

Testimony of the Board of Pharmacy

**Before the
Senate Committee on Health & Human Services
Monday, February 9, 2026
1:05 p.m.
Conference Room 225 & Via Videoconference**

**On the following measure:
S.B. 2283, RELATING TO PRESCRIPTION DRUGS**

Chair San Buenaventura and Members of the Committee:

My name is Christopher Fernandez, and I am the Executive Officer of the Board of Pharmacy (Board). The Board supports the intent of this measure and offers the following comments.

The purpose of this bill is to repeal certain prohibitions on the imposition of fees, conditions, or requirements on community retail pharmacies that are not imposed on mail-order pharmacies.

The Board believes this measure aligns with the State's public health priorities by promoting patient safety and improved clinical outcomes. The bill would also advance greater equity between in-person community pharmacies and their mail-order counterparts, while preserving consumer access to timely medications and pharmacy services without additional or disparate financial or regulatory burdens. The Board further notes that patients benefit from face-to-face pharmacist counseling and the prompt resolution of prescription related issues, and that reducing these restrictions on community retail pharmacies, would enhance patient safety.

Thank you for the opportunity to testify on this bill.



**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, MD
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

February 9, 2026

TO: SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair
Honorable Members

FROM: John C. (Jack) Lewin, MD, Administrator, SHPDA, and Sr. Advisor to
Governor Josh Green, MD on Healthcare Innovation

RE: **SB 2283 -- RELATING TO PRESCRIPTION DRUGS**

HEARING: Friday, February 13, 2026 @ 1:00 pm; Conference Room 225

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA supports SB 2283 with comments.

This bill seeks to update Hawai'i's rules for prescription drug benefit plans and pharmacy benefit managers by revising how plans may structure mail-order pharmacy options compared to retail community pharmacies. The intent is to remove certain statutory restrictions that currently limit differential terms between retail and mail order, while preserving core consumer protections that prevent mandatory mail-order use and prohibit plan requirements that would materially and unreasonably interfere with a beneficiary's ability to use the community retail pharmacy of their choice. Overall, the measure aims to provide plans greater flexibility in benefit design while maintaining guardrails to protect patient access and pharmacy choice.

This bill can benefit patients and the health system by giving prescription drug plans more flexibility to design pharmacy benefits that encourage lower-cost dispensing options, including mail order, which may reduce overall drug spending and improve convenience for beneficiaries who prefer home delivery. By allowing plans to align copayments, quantity limits, and refill policies with their cost-management strategies, the bill may support better medication adherence and more predictable plan costs. In addition, it preserves key patient protections by continuing to prohibit mandatory mail-order use and by barring requirements that would materially and unreasonably interfere with a beneficiary's ability to use a retail community pharmacy.

SB 2283 testimony of SHPDA (2026), continued.

In closing, this bill offers a balanced approach that modernizes prescription benefit plan design while maintaining important safeguards for patient choice. By providing plans and PBMs greater flexibility to manage costs and promote convenient access to medications without requiring beneficiaries to use mail order exclusively. The bill supports affordability, adherence, and continued access to Hawai'i's retail community pharmacies.

Thank you for hearing SB 2283

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA



February 9, 2026

The Honorable Joy A. San Buenaventura, Chair
The Honorable Angus L.K. McKelvey, Vice Chair

Senate Committee on Health and Human Services

Re: SB 2283 – RELATING TO PRESCRIPTION DRUGS

Dear Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide testimony in support of SB 2283, which repeals certain prohibitions on the imposition of fees, conditions, or requirements on community retail pharmacies that are not imposed on mail order pharmacies.

HMSA shares the committee's commitment to ensuring affordability and access for Hawaii's residents. In the context of growing shifts in federal health policy, many residents are faced with difficult choices regarding health care. The provisions in HRS 431R were created during a period when the safety and reliability of mail order pharmacy services were still developing. Since then, advancements in technology, delivery systems, and pharmacy operations have ensured that mail order pharmacy is a safe and efficient means for consumers to access their medications.

Given these improvements, HMSA believes that these cost savings should be passed on to our residents. At the same time, we agree that patients should retain freedom to choose the method by which they receive their medication. We appreciate the legislature's effort to find ways to support our residents as they navigate through these challenging times.

Thank you for the opportunity to offer testimony in support of SB 2283.

Sincerely,

Walden Au
Director of Government Relations



Testimony in Support of SB 2283
Committee on Health and Human Services
Chair: Senator Joy A. San Buenaventura
Vice Chair: Senator Angus L.K. McKelvey

Hearing: Monday, February 9, 2026

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

The Pharmaceutical Care Management Association (PCMA) is the national association of America's pharmacy benefit managers (PBMs). We appreciate the opportunity to comment on SB 2283.

PCMA supports SB 2283 because it expands plan sponsor flexibility and preserves consumer choice by allowing employers, unions, and public purchasers to design pharmacy benefits that work best for their members.

Five Things To Know About PBMs

Before getting into specifics on SB 2283, there are five things to know about PBMs:

- PBMs are hired by employers, unions, government programs and others to drive down prescription drug costs and administer prescription drug plans for more than **289 million Americans**.
- PBMs are the only part of the drug supply chain whose primary role is to lower prescription drug costs. On average, they save patients and families about **\$1,154 per person each year**.
- PBMs are extremely effective at reducing prescription drug costs for employers and patients, which is why some industries that profit from high drug prices oppose them. PBMs work for employers, unions, and government programs who have the ultimate say on what a drug benefit looks like. PBMs carry out the chosen plan by negotiating lower drug prices, processing claims, performing safety checks, and handling related services.
- For the enormous savings and value that PBMs provide, they operate on thin profit margins.
- Hiring a PBM is optional. Employers, unions, government programs, and others choose to use PBMs because they help lower drug costs and manage prescription benefits more efficiently.

Pharmaceutical Care Management Association
505 Ninth Street, NW, 10th Floor
Washington, DC 20004
www.pcmnet.org

SB 2283,

Restores Benefit Design Flexibility Across Retail and Mail Order. In practical terms, SB 2283 allows plan sponsors to use common tools that help manage costs and utilization, including:

1) Expands Options For Employers, Unions, And Public Purchasers

- Plan sponsors need multiple levers to manage drug spend without cutting benefits.
- SB 2283 gives sponsors flexibility to design benefits that fit their workforce, geography, and budget.

2) Supports Lower Costs Through Competition And Choice

- Mail service can be an efficient channel for many maintenance medications.
- Allowing plan sponsors to vary cost-sharing and rules by channel can encourage use of lower-cost options and help hold down premiums.

3) Protects Specialty Access While Enabling Appropriate Management

- Specialty medications often require coordinated distribution, clinical support, and adherence tools.
- Flexibility helps sponsors maintain safe, high-touch specialty models while managing total cost.

PCMA appreciates the Committee's efforts to preserve plan sponsor flexibility and protect affordable access for patients—without undermining the tools that keep premiums and out-of-pocket costs down. We look forward to continuing to work with the Committee as the measure moves forward.

Thank you.

Tonia Sorrell-Neal
Sr. Director of State Affairs
425-246-2785



February 13, 2026

To: Chair San Buenaventura, Vice Chair McKelvey, and Members of the Senate Committee on Health and Human Services (HHS)

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: Feb. 13, 2026; 1:00 p.m./Conference Room 225 & Videoconference

Re: Comments on SB 2283 – Relating to Prescription Drugs

The Hawaii Association of Health Plans (HAHP) offers this testimony in support of SB 2283. HAHP is a statewide partnership that unifies Hawaii's health plans to improve the health of Hawaii's communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

HAHP appreciates the efforts of legislators to lower costs and improve access to life saving drugs, especially for those living on the Neighbor Islands or in rural areas where accessing a physical pharmacy can be uniquely challenging. This bill, which would allow for meaningful choice in how consumers access prescription medication, has numerous benefits, including cost savings, convenience, and improved medication adherence. Mail-order pharmacies can reduce copayments by thirty-three percent, improve adherence to maintenance medications, and help address retail shortages.

Thank you for the opportunity to testify in **support** of SB 2283.

Sincerely,

HAHP Public Policy Committee
cc: HAHP Board Members



**Testimony to the Senate Committee on Health and Human Services
Monday, February 9, 2026; 1:05 p.m.
State Capitol, Conference Room 225
Via Videoconference**

RE: SENATE BILL NO. 2283, RELATING TO PRESCRIPTION DRUGS.

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

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA offers **COMMENTS** on Senate Bill No. 2283, RELATING TO PRESCRIPTION DRUGS.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This bill, as received by your Committee, purports to repeal certain prohibitions on the imposition of fees, conditions, or requirements on community retail pharmacies that are not imposed on mail order pharmacies for the benefit of the consuming public.

After reviewing this measure with our member Pharmacy Directors, this measure, as presently written, would have the opposite effect by removing all protections in current law to retail pharmacies.

If enacted, this bill would allow pharmacy benefit managers to charge higher co-pays at retail pharmacies and lower co-pay amounts for mail order pharmacies. This would also allow pharmacy benefit managers to limit how many fill or pills that the patient could pick up from a retail pharmacy, as well as restrict refills at retail but not mail order.

In effect, this bill, as written, would limit consumer choice rather than expand choice by allowing pharmacy benefit managers to dictate to the patient that prescriptions be obtained through mail order.

Testimony on Senate Bill No. 2283
Monday, February 9, 2026; 1:05 p.m.
Page 2

The HPCA recognizes that the laws applicable to prescription drugs are incredibly complex and in flux at both the federal and state levels. Because of this, we offer an amendment to this measure that would truly benefit Hawaii's citizens.

Attached please find a proposed Senate Draft 1. We propose amending the bill by adding a new section to Chapter 431R, HRS, that would prohibit prescription drug benefit plans, pharmacy benefit managers, and prescription drug benefit plan providers from charging a price at retail sale that exceeds the ceiling amount authorized under the federal 340B Program. The 340B Program has been in existence for decades and was established to provide meaningful cost savings to patients. However, over the years, much of the savings intended to go to patients are taken away by unscrupulous prescription drug benefit plans, pharmacy benefit managers and prescription drug provider bad actors through the application of surcharges and other fees that are passed along to the consumer at retail.

The language proposed in the draft Senate Draft 1, was modeled after legislation currently pending action in Congress -- House Resolution No. 7391, the Community Health Center Drug Pricing Protection Act.

For your review, attached please find the draft Senate Draft 1, a copy of House Resolution No. 7391, and additional information concerning the federal legislation.

Accordingly, the HPCA urges your favorable consideration of our proposed amendments.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.

attachments

A BILL FOR AN ACT

RELATING TO PRESCRIPTION DRUGS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that allowing for
2 meaningful choice in how consumers access prescription
3 medication has numerous benefits, including cost savings,
4 convenience, and improved medication adherence.
5 As Hawaii residents continue to face economic hardship, the
6 legislature finds that there is an obligation to explore all
7 opportunities for cost savings, especially those that do not
8 compromise quality or access to care. Mail-order pharmacies can
9 reduce copayments by thirty-three per cent, improve adherence to
10 maintenance medications, and help address retail shortages that
11 often force patients to pay for higher-cost brand-name drugs or
12 visit multiple locations. These savings also extend to employer
13 groups that pay a significant share of health plan premiums
14 under the Prepaid Health Care Act.

15 However, under the guise of providing greater choice in the
16 marketplace, certain unscrupulous prescription drug benefit

1 plans, pharmacy benefit managers, and prescription drug
2 providers are utilizing the confusion caused by the myriad of
3 federal and state laws to add surcharges and other fees to the
4 retail price of prescription drugs thus withholding savings that
5 were intended by lawmakers to be realized by needy consumers.
6 Such actions exacerbate the financial difficulties of citizens
7 to the benefit of "the bottom line" for bad actor prescription
8 drug benefit plans, pharmacy benefit managers, and prescription
9 drug providers.

10 Accordingly, the purpose of this Act is to restrict the
11 ability of prescription drug benefit plans, pharmacy benefit
12 managers, and prescription drug providers from charging the
13 consumer of prescription drugs a price greater than the amount
14 authorized under federal drug price reduction laws.

15 SECTION 2. Chapter 431R, Hawaii Revised Statutes, is
16 amended by adding a new section to be appropriately designated
17 and to read as follows:

18 **"§431R- Upfront Discounted Pricing for Prescription**
19 **Drugs.** No prescription drug benefit plan, pharmacy benefit
20 manager, nor prescription drug benefit plan provider shall enter
21 into an agreement with a manufacturer of outpatient drugs under

1 which the amount required to be paid to the manufacturer for
2 outpatient drugs exceeds, at the point of purchase of the drug
3 by the beneficiary of the prescription drug benefit plan, the
4 applicable ceiling prices for such drug as specified under
5 Section 340B of the Public Health Service Act (42 U.S.C.
6 256b(1)), as amended."

7 SECTION 3. Statutory material to be repealed is bracketed
8 and stricken. New statutory material is underscored.

9 SECTION 4. This Act shall take effect upon its approval.

Report Title:

340B Program; Prescription Drug Benefit Plans; Pharmacy Benefit Managers; Prescription Drug Benefit Plan Providers

Description:

Prohibits prescription drug benefit plans, pharmacy benefit managers, and prescription drug benefit plan providers from charging a price at retail sale that exceeds the ceiling amount authorized under the federal 340B Program.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

.....
(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. R. _____

To amend title III of the Public Health Service Act to ensure that Federally-qualified health centers are not required to pay more than the 340B ceiling price for covered outpatient drugs at the time of purchase.

IN THE HOUSE OF REPRESENTATIVES

Mr. BERGMAN introduced the following bill; which was referred to the
Committee on _____

A BILL

To amend title III of the Public Health Service Act to ensure that Federally-qualified health centers are not required to pay more than the 340B ceiling price for covered outpatient drugs at the time of purchase.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Community Health
5 Center Drug Pricing Protection Act”.

1 **SEC. 2. ENSURING UPFRONT 340B DISCOUNTED PRICING**
2 **FOR FEDERALLY-QUALIFIED HEALTH CEN-**
3 **TERS.**

4 (a) IN GENERAL.—Section 340B(a) of the Public
5 Health Service Act (42 U.S.C. 256b(a)) is amended by
6 adding at the end the following new paragraph:

7 “(11) UPFRONT DISCOUNTED PRICING FOR
8 FEDERALLY-QUALIFIED HEALTH CENTERS.—The
9 Secretary may not enter into an agreement with a
10 manufacturer of covered outpatient drugs under
11 paragraph (1) under which the amount required to
12 be paid to the manufacturer for covered outpatient
13 drugs by a covered entity described in paragraph
14 (4)(A) exceeds, at the point of purchase of such
15 drug, the applicable ceiling price for such drug (as
16 described in paragraph (1)).”.

17 (b) RULE OF CONSTRUCTION.—Nothing in this sec-
18 tion, or the amendment made by this section, shall be con-
19 strued to permit under paragraph (1) of section 340B(a)
20 of the Public Health Service Act (42 U.S.C. 256b(a)) any
21 arrangement under which a covered entity described in
22 paragraph (4)(A) of such section pays to the manufacturer
23 of a covered outpatient drug an amount in excess of the
24 applicable ceiling price for such drug (as described in such
25 paragraph (1)) at the time of purchase, with later rec-
26 onciliation by rebate, reimbursement, or other payment.

1 (c) EFFECTIVE DATES.—

2 (1) IN GENERAL.—The amendments made by
3 this section shall take effect on the date of the en-
4 actment of this section and shall apply to drugs pur-
5 chased on or after the date of the enactment of this
6 section.

7 (2) APPLICATION TO EXISTING AGREEMENTS.—
8 Beginning on the date of the enactment of this sec-
9 tion, the amendments made by this section shall be
10 taken into account in determining whether an agree-
11 ment with a manufacturer of covered outpatient
12 drugs meets the requirements of section 340B(a) of
13 the Public Health Service Act (42 U.S.C. 256b(a)).



H.R. 7391

Community Health Center Drug Pricing Protection Act

Rep. Jack Bergman & Rep. Jake Auchincloss

Background:

The **340B Drug Pricing Program** requires drug manufacturers participating in Medicaid to sell certain outpatient drugs to eligible safety-net providers at significantly discounted ceiling prices.

Community Health Centers (CHCs), including **Federally Qualified Health Centers (FQHCs)**, are core 340B participants, largely serving medically underserved, rural, and low-income communities. Operating on the thinnest margins in the health care system – and providing care regardless of a patient’s ability to pay – CHCs rely on the up-front 340B discount to stretch their scarce resources as far as possible and reinvest savings directly into patient care.

In 2025, HRSA announced a **340B Rebate Model Pilot Program** that would require 340B participants to purchase drugs at full price and wait for manufacturers to reimburse the difference between the purchase price and the 340B ceiling price. Even before HRSA’s pilot, several manufacturers have sought in recent years to unilaterally shift their participation in the 340B Program to a rebate-based model.

Any rebate model would be **uniquely harmful to CHCs**, which lack the financial reserves to front the full cost of high-priced drugs and then wait for reimbursement. Turning an up-front discount into a delayed rebate would undermine the ability of CHCs to immediately reinvest savings into patient care, threatening the very patients the 340B program was created by Congress to serve.

Summary:

The **Community Health Center Drug Pricing Protection Act** would protect FQHCs (and FQHC-lookalikes and Urban Indian Organizations participating in the 340B Program as FQHCs) from being forced into a 340B rebate-based pricing model by:

- Prohibiting HRSA from approving any agreement with a drug manufacturer that requires an FQHC to pay more than the 340B ceiling price for covered outpatient drugs at the time of purchase, with later reconciliation through a rebate, reimbursement, or other payment; and
- Clarifying that no arrangement under the 340B Program may permit manufacturers to charge FQHCs more than the 340B ceiling price up-front, regardless of how the payment is later reconciled.

Please contact Colin Gwillim (colin.gwillim@mail.house.gov) in Rep. Bergman’s office with any questions.



H.R. 7391

Community Health Center Drug Pricing Protection Act

Rep. Jack Bergman & Rep. Jake Auchincloss

Endorsing Organizations:

State/District Organizations

- Michigan Primary Care Association
- Georgia Primary Care Association
- Idaho Community Health Center Association
- Illinois Primary Health Care Association
- Iowa Primary Care Association
- Missouri Primary Care Association
- Mid-Atlantic Association of Community Health Centers (Maryland and Delaware)
- North Carolina Community Health Center Association
- Oregon Primary Care Association
- Rhode Island Health Center Association
- Washington Association for Community Health
- Ohio Association of Community Health Centers
- Arizona Alliance for Community Health Centers
- Indiana Primary Health Care Association
- Association for Utah Community Health
- Bi-State Primary Care Association (Vermont and New Hampshire)
- Community Care Network of Kansas
- Colorado Community Health Network
- Tennessee Primary Care Association
- Maine Primary Care Association
- Community Health Center Association of Connecticut
- Pennsylvania Association of Community Health Centers
- Community Health Care Association of New York State
- Massachusetts League of Community Health Centers
- Nevada Primary Care Association
- Minnesota Association of Community Health Centers
- Health Center Association of Nebraska
- Community Healthcare Association of the Dakotas (North Dakota and South Dakota)
- Community Health Centers of Arkansas, Inc.
- Florida Association of Health Centers
- Montana Primary Care Association
- Oklahoma Primary Care Association
- DC Primary Care Association
- Kentucky Primary Care Association
- Alabama Primary Care Association
- West Virginia Primary Care Association
- Wyoming Primary Care Association
- Alaska Primary Care Association
- Virginia Community Health Association
- Wisconsin Primary Health Care Association
- California Primary Care Association Advocates
- Hawaii Primary Care Association

National Organizations

- National Association of Community Health Centers
- Advocates for Community Health
- National Council of Urban Indian Health
- National Health Care for the Homeless Council
- Association of Asian Pacific Community Health Organizations

Local Organizations

- Coalition of Orange County Community Health Centers

Please contact Colin Gwillim (colin.gwillim@mail.house.gov) in Rep. Bergman's office with any questions.



SanHi

GOVERNMENT STRATEGIES

A LIMITED LIABILITY LAW PARTNERSHIP

DATE: February 12, 2026

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

Senator Angus McKelvey
Vice Chair, Senate Committee on Health and Human Services

FROM: Tiffany Yajima

RE: **S.B. 2283 - Relating to Prescription Drugs**
Hearing Date: Friday, February 13, 2026 at 1:00 p.m.
Conference Room: 225

Dear Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee:

We submit these **comments** 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 13 stores on the islands of Oahu and Maui.

S.B. 2283 repeals the statutory protections enacted under H.B. 65 (2013) codified as Act 226. Act 226 was enacted to help retail community pharmacies – particularly those serving rural and underserved areas – operate under conditions comparable to mail-order pharmacies. It sought to promote parity by limiting the use of fees, conditions, or requirements that only were applied to retail community pharmacies that were not also imposed on mail-order pharmacies.

By removing these prohibitions, S.B. 2283 would permit differential pricing, reimbursement approaches, or operational requirements that could influence how patients access their medications, including the potential for stronger incentives to use mail-order services.

Retail community pharmacies play a critical role in patient health by providing face-to-face counseling, medication management, and real-time intervention when issues arise. These services improve adherence and reduce downstream health costs. Preserving a framework that supports patient choice and maintains fair competition among pharmacy service providers remains important to sustaining these benefits.

Thank you for the opportunity to submit these comments.



MOLOKA'I DRUGS, INC.

EST. 1935

February 8, 2026

Testimony in Opposition – SB2283 – Relating to Pharmacy

Dear Chair San Buenaventura, Vice Chair McKelvey, and members of the Health & Human Services Committee:

On behalf of the 6,800 residents of Molokai, I respectfully submit testimony in **strong opposition to SB2283**. This bill would provide less access to patients, especially in rural Hawaii.

Molokai Drugs provides prescription drugs for many on our island, especially our kupuna. We manage over 700 patients in a synchronization program so they only have to come in once a day; we deliver for free; we call providers all over Hawaii for their refill requests; we call our patients to confirm that they have no refills and need to see their doctors.

- Three days ago, I personally delivered medicine to a kupuna at Hale Mahaolu. She did not have one medicine since January 22nd due to a glitch where her provider accidentally sent her medicine to a mail order pharmacy. I was able to give her what she needed. She had five medicines and her copays were less than two dollars and never wants to leave Molokai Drugs.
- Another “nana” in her late 60s was forced by a mainland salesperson over-the-phone to switch to their mail order pharmacy. They said we will deliver straight to you. The person was obviously not from Molokai because Nana would have to ask her daughter to drive to the post office to pick up her medicine. Once our pharmacist talked to her, she realized Molokai Drugs delivers straight to her doorstep with our driver. She thought Molokai Drugs was calling her!

We can tell you many stories of these patients—especially kupuna—being coerced to switch to mail order and walking into our pharmacy and wondering why their medicines are not on our shelf.

These tactics are used by mail order pharmacies and these conversations are on a recorded line. When they are questioned, they can state that the patient said, “Yes,” even if he or she did not fully understand the issue.

On Molokai, almost all residents need to go to one of five post offices to pick-up their mail. Because of our small numbers, the post offices maintain limited numbers. One post office is only open Monday to Friday from 9am to 12pm. If you do not pick-up your box by Friday noon, your mail order insulin on ice may be stored in a non-air-conditioned facility for 69 hours until Monday at 9am. When this happens, we almost guarantee the ice is melted since no mail comes to Molokai overnight. Airline delays and cancellations are also more common during the winter months. This past week was an example of this with the February storms throughout Hawaii and the mainland.

I am also here for our 23 full-time and part-time employees who are taxpayers and support 102 people in their household. If a bill such as SB2283 passes, it will cause pharmacies such as Molokai Drugs to cut hours, lay-off employees, and possibly close our business. Pharmacy is a very challenging industry, but is especially tough with the logistics of bringing in 100% of our medicines from the outside.

As a ***rural*** healthcare provider, access to comprehensive, high-quality health care services is our mission at Molokai Drugs, Inc. Thank you for the opportunity to provide testimony and for your commitment to protecting the health of Hawaii’s consumers.

Sincerely,

/s/ Kimberly Mikami Svetin

Kimberly Mikami Svetin
President
Molokai Drugs, Inc.
P.O. Box 558
Kaunakakai, HI 96748
Work 808-553-5790

Testimony in Opposition to SB2283

Senate Committee on Health and Human Services

Monday, February 9, 2026

To the Honorable Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee,

As the Owner of an independent pharmacy in Hawaii, I respectfully submit testimony **in strong opposition to SB2283** because, despite its stated intent to promote patient choice and access, this bill would ultimately harm patients by undermining independent community pharmacies, which are essential to healthcare access in Hawaii. In addition to the patients who would lose access, our pharmacy employs 100 full-time employees who would also lose their jobs if independent local pharmacies were no longer sustainable.

While the bill is framed as expanding “choice,” it fails to address the reality that pharmacy benefit managers (PBMs) control reimbursement, network participation, and preferred dispensing channels. When reimbursement is inadequate or unsustainable, independent pharmacies are forced to reduce services or close altogether.

When local community pharmacies close, patients do not gain choice, they lose it. This is especially dangerous in Hawaii, where neighbor islands often have only a few local pharmacies, mail delays are common, and many patients lack stable housing or reliable mailing addresses. In addition, behavioral health and elderly patients rely on in-person support, which community pharmacies provide for them. Mail-order pharmacies cannot replace the role of community pharmacies in these settings.

Independent community pharmacies provide high-touch, patient-centered services that are critical for patient safety and adherence. This includes in-person counseling, same-day medication access, adherence monitoring, vaccination and injectable medication administration, and support for complex patients. Mail-order pharmacies cannot provide these services. Weakening independent pharmacies directly translates to worse health outcomes, increased emergency room utilization, and higher long-term healthcare costs.

Without these safeguards, this bill accelerates the erosion of community pharmacy infrastructure. The result is a system that may appear convenient on paper but fails patients in real-world conditions. This can specifically affect those who are elderly, disabled, homeless, or managing serious mental illness.

Policies that favor mail order and large, vertically integrated pharmacy corporations may function differently on the mainland, but they are poorly suited for Hawaii. Our geographic isolation, neighbor island access issues, and reliance on small, community-based providers require policies that strengthen and not weaken local care delivery.

For these reasons, I respectfully urge you to oppose SB2283 and instead pursue policies that protect patient access by supporting fair reimbursement, care continuity, and the sustainability of community pharmacies.

Thank you for the opportunity to provide testimony and for your commitment to protecting the health of Hawaii's people.

Sincerely,
Derek Tengan
Owner
5 Minute Pharmacy



Testimony in OPPOSITON of SB 2283 presented before the
Senate Committee on Health and Human Services
Monday, February 9, 2026

Corrie L. Sanders on behalf of
The Hawai'i Pharmacists Association

Honorable Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee,

The Hawai'i Pharmacists Association (HPhA) **stands in strong opposition of SB 2283**, which would remove long-standing protections that prevent pharmacy benefit managers and health plans from imposing unequal fees on community retail pharmacies compared to mail-order pharmacies. While this measure is framed as a cost-saving and access-enhancing initiative, available evidence demonstrates that expanded reliance on mail-order pharmacy services frequently leads to higher prescription drug spending, reduced patient choice, and weakened access to local pharmacy care—particularly in geographically isolated communities like those seen across our neighbor islands.

Independent analyses consistently show that mail-order pharmacy does not reliably lower costs and, in many cases, drives them higher. Research evaluating prescription claims has found that mail-order pharmacies can charge substantially higher prices for the same medications, with markups far exceeding those of community pharmacies.¹ A 2024 Wall Street Journal investigation further reported that automatic and early refills associated with mail-order dispensing generated approximately **\$3 billion in excess costs to Medicare and patients over a two-year period**, despite mail-order accounting for a relatively small share of total prescriptions.² Additional national studies confirm that waste from oversupply and automatic refills is significantly more common in mail-order pharmacy models leading to increased overall system costs without improving adherence or patient outcomes.³

Equally important are patient experience and safety considerations. National polling shows that roughly **85 percent of patients prefer to receive their medications from a local pharmacist**, citing trust, access to counseling, and timely problem resolution as key reasons for that preference.⁴ Surveys of pharmacists and patients also document recurring mail-order failures—including delayed deliveries, lost shipments, temperature-sensitive medications exposed to heat, and dispensing errors—that local pharmacies must often correct.^{4,5}

Removing safeguards that prevent discriminatory treatment of community pharmacies would accelerate consolidation toward mail-order models that have not proven to be more affordable, efficient, or patient-centered. For these reasons, the Hawai'i Pharmacists Association strongly urges the Committee to oppose SB 2283. Mahalo for the opportunity to testify.

Very respectfully,

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

References

1. National Community Pharmacists Association (NCPA). *Study Shows Mail-Order Drugs Drive Costs*. June 26, 2024.
2. Wall Street Journal. *Higher Drug Costs Are Linked to Mail-Order Prescriptions*. 2024.
3. NCPA. *Waste Not, Want Not: The Hidden Cost of Mail-Order Pharmacy*. January 2026.
4. NCPA. *National Poll Results: Patient Preferences for Pharmacy Care*. March 2021.
5. NCPA. *Mail-Order Pharmacy Survey Results*. December 2020.
6. NCPA. *Mail-Order Pharmacy One-Pager*. January 2021.

February 6, 2026

The Honorable Joy A. San Buenaventura
Chair, Senate Committee on Health and Human Services
The Honorable Senator Angus L.K. McKelvey
Vice Chair, Senate Committee on Health and Human Services

RE: SB 2283 – NCPA Opposes

Dear Chair Buenaventura, Vice Chair McKelvey and Members of the Committee:

I am writing on behalf of the National Community Pharmacists Association (NCPA) in strong opposition to SB 2283, legislation that would eviscerate sensible policies that preserve patient access to their local community pharmacies.

NCPA represents the interest of America's community pharmacists, including the owners of more than 19,400 independent community pharmacies across the United States and approximately 41 independent community pharmacies in Hawaii. These pharmacies employed approximately 508 residents, and they filled over 2.7 million prescriptions in 2024.

Community pharmacists have long known that opaque PBM practices not only hamper patients' ability to obtain pharmacy services from their trusted community pharmacists, but those practices can also lead to higher drug costs for both patients and plan sponsors. Due to the massive consolidation and vertical integration in the health insurance market¹, the three largest PBM's control 80% of the prescription drug market² giving them the power to engage in abusive practices which limit patient access, increase drug costs and threaten the viability of small business pharmacies.

The premise of the legislation as laid out in the preamble is misinformed. The bill suggests that mail order is preferred by patients. One study indicates that 85% of patients prefer to get their prescriptions at a local pharmacy.³ A provider survey asked about specific mail order concerns and huge percentages voiced concerns about wrong products being delivered, products arriving late or not at all, and products left outside in harsh conditions.⁴ To this latter concern, states are beginning to legislate out of concern for product integrity. SB 2283 sets Hawaii in the wrong direction on these concerns.

¹ <https://ncpa.org/sites/default/files/2023-01/verical-bus-chart.jpg>

² [Drug Channels: The Top Pharmacy Benefit Managers of 2021: The Big Get Even Bigger](#)

³ <https://ncpa.org/sites/default/files/2021-03/mo-nationalpollresults3.pdf>

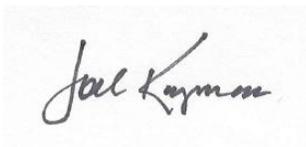
⁴ <https://ncpa.org/sites/default/files/2020-12/ncpa-mail-order-survey-results-120720.pdf>

Mail order does not reduce cost. To the contrary, it is vehicle for patient steering that leads to higher costs. PBMs regularly require patients to utilize a PBM-owned or affiliated mail-order pharmacy. The PBM is then free to reimburse its pharmacy at higher rates, thereby forcing patients and plan sponsors to pay higher costs to the PBM. One study from Washington State found mail order was three times more expensive than brick and mortar pharmacies for generic drugs and an astonishing 35 times higher for brand name drugs relative to an independent pharmacy.⁵

Mail order is also wasteful. Larger quantities are shipped to patients, often without counseling, and much of this product expires and remains unused.⁶ Early refills and automatic refills only make matters worse. Perhaps worst of all is how mail order disrupts the relationship between a patient and their trusted community pharmacist. Community pharmacies are on the front lines of health care, often the most accessible health care provider. Patients rely on the counseling and expertise of their pharmacist.

We urge you to stop this critical legislation. If you have any questions, please do not hesitate to contact me at (703) 600-1186 or joel.kurzman@ncpa.org.

Sincerely,

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

Joel Kurzman
Director, State Government Affairs

CC: Members of the Senate Committee on Health and Human Services

⁵ <https://www.3axisadvisors.com/projects/2024/6/25/understanding-drug-pricing-from-divergent-perspectives-state-of-washington-prescription-drug-pricing-analysis-jh92>

⁶ <https://ncpa.org/sites/default/files/2026-01/waste-not-want-not.pdf>



MOLOKA'I DRUGS, INC.

EST. 1935

February 8, 2026

Testimony in Opposition

SB2283

Relating to Pharmacy

Dear Chair San Buenaventura, Vice Chair McKelvey, and members of the Health and Human Services (HHS) Committee:

My name is Kelly Go and I am the pharmacist-in-charge at Molokai Drugs, Inc. (MDI).

MDI is a community pharmacy and we have been providing services to Molokai and her people since 1935. My sister, Kimberly Mikami Svetin, and I manage this small business. Our pharmacy was started by our late grandfather 91 years ago.

I am respectfully submitting testimony in strong opposition to SB2283.

This bill would provide less access to patients, especially in rural Hawaii, and especially for our fragile, senior citizens who need extra care, in-person, to manage their medical needs, which includes prescription drug dispensing.

On a daily basis, I manage dozens of Molokai residents. Many do not have family on the island and need their doctor's office and Molokai Drugs to help them stay healthy.

Many of our senior citizens do not have computers and smart phones and some do not have phones.

Our staff helps our kupuna:

- decipher the insurance snail mail and brochures that come to the post office;
- make phone calls to Hawaii Medicaid (Quest) for them;
- register online so they know some of their benefits;
- contact their providers for refills and other questions;
- check to see which of their medicines may have drug-drug interactions;
- with many other duties that are too numerous to list here.

--more--

Testimony in Opposition
SB2283
Relating to Pharmacy
Page 2 of 2

I have worked at Molokai Drugs since I was a teenager and these patients are more than a number. They are our neighbors, friends, community members and family. I can tell you dozens of situations of our patients being coerced to switch to mail order by very aggressive salespeople via phone.

Even our late grandmother (her two sons are part of the ownership of Molokai Drugs) was taken advantage of and frauded into buying over-the-counter vitamins by mail order by a tricky salesperson.

Another situation we have on Molokai -- almost all residents need to go to a USPS post office to pick-up their mail. We all have a private post office box. This would include mail-order prescription drugs that are not always stored in safe and proper temperatures. This is especially the case from May to October when temperatures can go over safe conditions during the hot months of summer.

I work for a rural healthcare provider and access to comprehensive, high-quality health care services for our Molokai residents is our mission at Molokai Drugs, Inc.

Thank you for this opportunity to provide written testimony and for your commitment as our elected officials to pass Hawaii state laws that will provide the highest level of quality and safe healthcare to our Hawaii (and Molokai) residents and consumers.

With aloha,

Kelly Go /s/

Kelly S.M. Go
Pharmacist-in-Charge and Vice President
Molokai Drugs, Inc.
PO Box 558
Kaunakakai, Molokai, HI 96748
Work 808-553-5790
Fax 808-553-5038

SB-2283

Submitted on: 2/8/2026 4:16:35 PM

Testimony for HHS on 2/13/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kevin L Carter	Testifying for Westside Specialty Pharmacy	Oppose	Written Testimony Only

Comments:

Greetings,

I am a Informational technology support personnel for a local pharmacy in Hawaii. It seems the bill is making it more cost effective for mail order and less for local pharmacy. Im understanding the budget conflict is a bigger problem than the solution being offered. I have in tables comparisons below of what i analyzed. I am persuaded more investigation into the financial trouble should be investigated to handle this. The history of how it got to this point needs attention as decisions that have made in the past are affecting decisions to be made now. We are creatures of habit , we continue to do same things unless we seek clarity and many times someone that cares and knows better can help correct the person having trouble or community guide in a different way. I hope and pray we can reslove to a better solution for all to prosper and continue working with most fair chance to succeed with liberty and justice for all. I have learned in life sometimes not making the decision as it can be haste as i've been victim of that thinking it needs to be done and really i had agendas or other things in mind other than the ultimate good of others. Its no easy task to lead a nation a state , my prayers are for you.

The God of the Universe says in book of Isaiah about decisions and direction

Isaiah 52:12 states, "For you shall not go out in haste, and you shall not go in flight, for the Lord will go before you, and the God of Israel will be your rear guard" (ESV).

But I bless you with this

Mah Tov

Numbers 24:5

“How beautiful are your tents, Jacob,
your dwelling places, Israel!

If you are not sure you are included in this blessing United States and i declare it over you as we have made the I AM , the Lord the God of this country he can help get us out of whatever it is as

he told Jeremiah in book of Jeremiah "Is there anything too hard for the Lord" Jeremiah 32:27 and echoes in the psalms.

Psalm 46:10

Be still, and know that I am God; I will be exalted among the nations, I will be exalted in the earth.

Please consider.

Have a good and blessed day

Feature	Independent Pharmacy	Mail-Order Pharmacy
Local Impact	Employs local pharmacists, techs, and staff. Keeps tax dollars in Hawaii.	Usually located on the Mainland. Employs no local residents.
Personal Care	Can offer immediate face-to-face consultation and emergency fills.	No face-to-face contact; delayed shipping times.
Survival Risk	High. If PBMs can charge \$50 at a local store but \$10 via mail, patients will leave, and the store will close.	Low. They are often owned by the insurance companies themselves, ensuring a steady profit.

Feature	Community / Independent Pharmacy	Mail-Order Pharmacy
Co-pays	CON: They can no longer legally demand the same low co-pay that mail-order offers. They will likely look "more expensive" to you.	BENEFIT: They can offer lower "exclusive" co-pays to lure customers away from local stores.
90-Day Supply	CON: PBMs can now block local stores from giving you 3 months of meds at once, forcing you to come in every 30 days.	BENEFIT: They keep the exclusive "convenience" of 90-day fills, which is a major draw for busy people.
Refill Rules	CON: PBMs can place more "red tape" (extra calls, forms) on local refills that aren't required for mail-order.	BENEFIT: They get a "fast lane" with fewer administrative hurdles.
Payment	CON: PBMs can make you pay 100% out-of-pocket at a local store and wait for a check in the mail (reimbursement).	BENEFIT: They offer seamless, instant "point-of-sale" billing.

SB-2283

Submitted on: 2/8/2026 9:54:18 AM

Testimony for HHS on 2/13/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Krizia Lugaro	Individual	Oppose	Remotely Via Zoom

Comments:

Aloha Chair and Members of the Committee,

My name is Kiki Rosario, and I am submitting testimony in strong opposition to SB2283 / HB1539.

I oppose this bill because my partner has hemophilia and relies on a community specialty pharmacy for life-saving care. For individuals with hemophilia, pharmacy services go far beyond medication delivery. They require rapid access, continuity of care, and deep case familiarity to prevent medical emergencies.

The community pharmacy that supports my partner provides wraparound services that are essential to safety. This includes advocacy with insurance, immediate problem-solving when treatment plans change, coordination with medical providers, and education for both the patient and family. The pharmacists know my partner's case in depth and understand the urgency required when care needs shift suddenly.

This level of care cannot be replicated by corporate or mail-order pharmacy systems.

In our experience, large corporate pharmacies are slow, fragmented, and ill-equipped to respond to urgent changes in treatment. Being required to navigate rotating representatives, long response times, and rigid systems creates serious medical risk for someone with a life-threatening bleeding disorder. Delays or errors in accessing clotting factor are not minor inconveniences; they can result in emergency room visits, permanent damage, or worse.

SB2283 / HB1539 removes existing protections that help prevent community pharmacies from being disproportionately burdened compared to mail-order pharmacies. In practice, this opens the door for insurers and pharmacy benefit managers to impose additional requirements or barriers on community pharmacies, making them harder to use and less sustainable. The predictable outcome is that patients with complex conditions are pushed toward corporate mail-order systems that prioritize efficiency over safety.

For people with hemophilia, time is critical. Reliability is critical. Access to pharmacists who know their case and can respond immediately is critical. Weakening community pharmacies places medically vulnerable individuals at heightened risk and undermines continuity of care.

I urge you to oppose SB2283 / HB1539 and protect access to community-based pharmacy care that keeps high-risk patients safe and alive.

Mahalo for the opportunity to submit testimony and for considering the real-world impact this bill would have on Hawai'i families.

Respectfully,

Kiki Rosario

SB-2283

Submitted on: 2/8/2026 10:00:31 AM

Testimony for HHS on 2/13/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alec Marian Rola	Individual	Oppose	Remotely Via Zoom

Comments:

Aloha Chair and Members of the Committee,

My name is Alec Rola and I strongly oppose HB1539 and SB2283.

I am a hemophilia patient who depends on specialty pharmacy services to access life-saving medication. Having the ability to choose my pharmacy is critical to my health, continuity of care, and quality of life. Independent specialty pharmacies provide personalized support, timely delivery, and direct access to pharmacists who understand complex conditions like mine.

In the past, large corporate pharmacies have caused delays, limited communication, and disruptions in care. These bills would reduce patient choice and allow PBMs to restrict where patients can obtain essential medications, putting individuals like me at risk.

Limiting access to community and independent pharmacies will negatively impact patients with chronic and rare conditions and could jeopardize our health outcomes.

I urge you to oppose these bills and protect patient choice, access to care, and continuity of treatment.

Mahalo for the opportunity to testify.

Alec Rola

February 5, 2026

**Hawaii State Legislature
Senate Committee on Health and Human Services
Senate Committee on Commerce and Consumer Protection
State Capitol, Room 229
415 South Beretania Street
Honolulu, HI 96813**

Subject: Strong Opposition of SB2283 – Relating to Prescription Drugs

Dear Honorable Members of the Hawaii Legislature,

I am writing to express my **strong opposition to SB2283**, which concerns regulations surrounding prescription drugs and pharmacy practices in our state. This bill proposes the imposition of additional fees on retail pharmacies while exempting mail order pharmacies from such charges. This disparity creates an anticompetitive financial environment that unfairly disadvantages our local pharmacies.

In Hawaii, community and retail pharmacies form a solid backbone of our healthcare continuum. Every day, Hawaii residents and visitors walk into local pharmacies and receive face-to-face consultations, immediate access to care, and support from pharmacists who promptly address and fill their health care needs. Imposing financial burdens on these essential businesses is not only unfair, it threatens their continued existence. Over the past seven years, more than 35 community pharmacies have been sold or closed in Hawaii. Those that remain continue to diligently care for our many residents and visitors, helping to ease pressure and costs on emergency rooms and physicians' offices. Community and retail pharmacies in Hawaii need to be supported and protected to ensure their existence continues as they are critical infrastructure in Hawaii's healthcare system throughout communities across our islands.

There are also inherent dangers with mail order pharmacy services, dangers that Hawaii is especially prone to, given our geographic isolation. Many mail order prescriptions are shipped from the mainland, crossing the ocean and facing unpredictable conditions. Medications may sit in Hawaii's hot mailboxes and surpass recommended temperatures for storing the medications. The medications may get soaked in the rain, or as I have witnessed firsthand from my patients many times during my thirty years as a pharmacist, arrive late, damaged or unusable. I have had patients receive overheated insulin, experience delays, or not even receive their medications at all—resulting in preventable hospitalizations, emergency visits to my pharmacies for help.

For example, a Kauai patient's box of insulin was left at her front door and was kicked around by neighborhood children playing "soccer" with it, damaging and breaking the seal and contaminating the \$1,500 prescription of insulin that she needed to inject into her body. She needed her dose and called me as she was about to inject contaminated insulin into her body, posing a risk for infection, sepsis. I had another patient whose child went to the mailbox and opened the mail and the parent found their young child playing with their tablets of controlled substance medications. These examples highlight the real risks mail order presents to our community. A mail order pharmacist is also not able to see the patient in person to be able to best counsel the patient and see the ailments, conditions that the patient presents, whereas a community pharmacist is accessible in person and can better identify and address the patient's needs.

By selectively applying additional fees and financial burden to retail and community pharmacies, SB2283 undermines the accessibility and personalized care that local pharmacies provide, while favoring mail order services that cannot match the reliability or immediacy our community deserves. Penalizing retail pharmacies could lead to reduced services, closures, and further strain on Hawaii's healthcare infrastructure. For these reasons, **I respectfully urge you to OPPOSE SB2283** and seek solutions that promote fairness, support local businesses, and protect patient access to essential medications and access to pharmacists across our Hawaii islands. This bill is very important to Hawaii's people and their families.

Thank you for your attention to this critical issue.

Respectfully Submitted,

Lianne Malapit, Pharm.D.
Lifeway Pharmacies

SB-2283

Submitted on: 2/6/2026 10:28:50 AM

Testimony for HHS on 2/9/2026 1:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Kevin Glick	Individual	Oppose	Written Testimony Only

Comments:

I respectfully submit this testimony in Extremely Strong Opposition to this bill. Pharmacy Benefit Managers and affiliated Insurance providers already have COMPLETE control over what patients pay in terms of copayment, reimbursement to pharmacies and what employee groups are charged for medications dispensed. SB2283 would eviscerate patients free choice of where they receive their pharmacy care and allow an already monopolistic vertically integrated healthcare system to further eliminate competition. Were such a bill be introduced affecting any other business the outrage would be palpable.

HOUSE OF REPRESENTATIVES THE THIRTY-THIRD LEGISLATURE REGULAR SESSION OF 2026 COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing on Friday, February 9, 2026 at 1:05pm

Testimony in OPPOSITION for SB2283

To the honorable Chair Buenaventura and members of the Committee on Health and Human Services

I am writing to express my OPPOSITION for SENATE BILL 2283, which wants to repeal certain prohibitions on the imposition of fees, conditions, or requirements on community retail pharmacies that are NOT imposed on mail order pharmacies. As a pharmacist who has worked more than 30 years in a community pharmacy, I have witnessed the unfair practice of Pharmacy Benefit Managers and mail order pharmacies, owned by the Pharmacy Benefit Managers coerce and lure the consumers to their pharmacies with lowered copayments, larger quantities, and no fees. Hawaii Revised Statutes Section 431R-3 was approved for a reason and protects the Independent, Community, Retail Pharmacy. These pharmacies provide a service to our communities we serve. We are there for the patient, available and in-person. By repealing the fees, you will have more and more Independent, Community, Retail Pharmacies having to close their business, unemployed, and the community will not have a pharmacy or pharmacists to go to. Some of these pharmacies are in rural locations of the state. Health care access will be compromised.

Thank you for your consideration.

Sincerely,

SueAnn Yasuoka, RPh

SueAnn Yasuoka, RPh

SB-2283

Submitted on: 2/6/2026 1:49:58 PM

Testimony for HHS on 2/9/2026 1:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Ronald Taniguchi, Pharm.D., MBA	Individual	Oppose	Written Testimony Only

Comments:

Oppose. Mahalo

SB-2283

Submitted on: 2/7/2026 11:13:28 AM

Testimony for HHS on 2/9/2026 1:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Brian Carter	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill. It would effectively eliminate competition and increase cost and reduce the access to medicine.

I have worked in pharmacy for almost 30 years and the majority of the problems in pharmacy are related to PBM's 'negotiating better prices' with manufacturers and with providers. Restrictions on formulary based on which manufacturer gives the biggest rebates has caused the cost of medicines to explode during my time. This bill will be no different and will cause not only higher costs but less access and more disruption in service for patients.

See this article on the latest Federal legislation on PBM's .

<https://www.nytimes.com/2026/02/04/health/prescription-drug-prices-pharmacy-benefit-managers-congress.html?smid=nytcore-ios-share>

This bill does the exact opposite of the direction the federal government is going.

This bill must be stopped for the good of the people who depend on community pharmacies and for those that may need this care in the future.

thank you for the opportunity to testify on this very important issue.

Brian Carter

809.645.0491

SB-2283

Submitted on: 2/7/2026 12:43:24 PM

Testimony for HHS on 2/9/2026 1:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Jennifer Chun	Individual	Oppose	Written Testimony Only

Comments:

Dear Representative Matayoshi and Representative Nakada,

My name is Jennifer Chun from Kāne‘ohe, O‘ahu. I am a mother of six; three of my children have a chronic genetic disorder that requires lifesaving home self-infusions. HB65 preserves our right to choose the pharmacy that best meets our family’s needs and allows us to continue supporting locally owned, small Hawaii pharmacies. My family has relied on a small pharmacy in Hānapepe, Kaua‘i for the past ten years. **HB1539 could drastically harm small, locally owned Hawaii pharmacies and potentially put them out of business.**

I write on behalf of my ‘ohana and the Hawaii bleeding disorder community, together with the Hawaii Coalition for Health, to express strong opposition to granting HB1539 a hearing before the Health Committee. None of the committee members are sponsors of the bill.

For decades, the Hawaii Coalition for Health has advocated for consumer access to health care across the state. We partnered with AARP and other organizations to advance the Patient Bill of Rights and Responsibilities (HRS Chapter 432) and have assisted numerous consumers and providers in securing critically necessary care, preserving competition, and maintaining access—especially in rural areas.

HCFH supported HB65 (2013), which protected consumer choice, competition, and access to medically necessary pharmaceuticals. HB65 became Act 226 (codified as HRS Chapter 431R) after extensive vetting, hearings, and testimony; the legislative record is available on the Legislature’s website. That process demonstrated that the Legislature and Governor Abercrombie acted properly to protect consumer interests.

HB1539 would repeal those consumer protections while being presented as a cost-saving measure. The Legislature’s 2013 findings—on which your committee relied—concluded that the protections enacted were necessary to prevent higher costs, diminished access to services, denial or loss of prescribed medications, and unlawful combinations that could result if health plans and pharmacy benefit managers were allowed to impose financial disincentives against community pharmacies or compel mail-order use. Nothing has changed since 2013; repealing these provisions would reintroduce the harms HB65 was designed to prevent.

Granting HB1539 a hearing would suggest the Health Committee believes the 2013 Legislature and Governor acted improvidently and imposed unnecessary costs on consumers for the past

decade. We do not believe such a view is warranted, and we urge you to decline Representative Takayama's request for a hearing on HB1539.

Thank you for your consideration.

Sincerely,
Jennifer Chun
Kāne'ōhe, O'ahu

SB-2283

Submitted on: 2/7/2026 8:47:04 PM

Testimony for HHS on 2/9/2026 1:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Lauren A Holomalia	Individual	Oppose	Written Testimony Only

Comments:

I am writing to express my **strong opposition** to these bills. My son lives with severe Hemophilia A. His medication is not just a prescription; it is his life-line.

We have previously been forced to use large corporate pharmacies, and the experience was dangerous. On multiple occasions, we faced delivery failures that risked my son's health. In one specific instance, a corporate pharmacy delivered his life-saving medication to an abandoned house next door. Despite my insistence that it had not arrived, the pharmacy refused to listen. The medicine sat in a neighbor's garage for days.

For a child with a severe bleeding disorder, these delays are life-threatening. This is why our family chooses a local specialty pharmacy. They provide the accountability, reliability, and personalized care that a large corporation cannot.

These bills would take away my right as a parent to choose a pharmacy I trust to keep my son alive. I urge you to protect patient choice and safety by **opposing SB2283 and HB1539**.

Mahalo for your time and for protecting our community's most vulnerable patients.

Sincerely, Lauren Holomalia

SB-2283

Submitted on: 2/7/2026 8:51:29 PM

Testimony for HHS on 2/9/2026 1:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Mason Holomalia-Mulu	Individual	Oppose	Written Testimony Only

Comments:

My name is Mason Holomalia, I am 14 years old, and I live with severe Hemophilia A. I am writing to ask you to **oppose SB2283 and HB1539.**

Having severe hemophilia means that if I don't have my medicine, a small injury can become a very big problem. I need to know that my medicine will be there when I need it.

When we had to use a big corporate pharmacy, it was scary. They didn't know who I was, and they didn't seem to care if my medicine actually got to me. One time, they left my medicine at an abandoned house next door. It sat in a hot garage for days while we were worried about what would happen if I had a bleed.

I feel much safer using a local pharmacy because they know me and my family. They make sure I have what I need to stay healthy and active. Please don't take away our choice to use a pharmacy we trust.

Please vote **NO** on these bills.

Mahalo, Mason Holomalia

SB-2283

Submitted on: 2/7/2026 9:07:44 PM

Testimony for HHS on 2/9/2026 1:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Stephen McGrail	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

My name is Stephen McGrail and I am a pharmacist.

I graduated from Albany College of Pharmacy in 1992.

I worked 2 years at a hospital pharmacy in NY and moved to Hawaii in 1994.

When I moved to Hawaii I switched to retail pharmacy because I missed interacting with patients. I really enjoy being out in public and getting to know the patients I was serving.

I have enjoyed living on Oahu, Maui and Kauai over the last 34 years.

I have spent most of my time practicing on Maui, but have worked in pharmacies on all 3 of those islands and had the pleasure of getting to know and helping many patients.

I prefer to work for an independent pharmacy because I feel the corporate Big Box pharmacies were not as concerned about patient care.

When I first started working on Maui there were 9 independent pharmacies in Haiku, Lahaina, Kihei, Kahului, Makawao, Pukalani and Wailuku. There is ONLY 1 LEFT!!

As all the independent pharmacies disappeared I decided to work for Foodland. At least they were based in Hawaii and I believed they were more concerned about the people in Hawaii than the big mainland chains.

I managed the busiest pharmacy Foodland owned for over 10 years. They treated me well, respected and advocated for us to practice pharmacy for the benefit of our patients. I really enjoyed my time there.

Eventually, even Foodland closed all 7 of its pharmacies. This happened about 4 years ago in 2022.

These retail pharmacies are all being closed due to the financial strain and practices of the Pharmacy Benefit Managers. They have a negative effect on both pharmacies and patients!!

These PBM's are only concerned with PROFIT and have no regard for patient care or access to medication.

If given the option they will steer everyone to their own mainland pharmacies. Where they can limit doctor and patient choice for better medications and more cost effective solutions. They have repeatedly shown they have little concern for better health outcomes over profitability!!

I strongly oppose this bill. One can easily see that it would effectively eliminate any competition. This will only increase cost while at the same time reducing access to medicine for the people of Hawaii.

This bill is in complete opposition to the "Patient Bill of Rights and Responsibilities, HRS CHAPTER 432" that was passed in 2013. Which advocates for access to medication and encourages competition, when critically necessary medication is needed especially in rural or underserved areas.

This bill is an INSULT to the patients who depend on community pharmacies and for those that may need access to them in the future.

I respectfully request you to decline to grant this bill 2283 SB a hearing.

Thank you for your time and allowing me to be heard on this very important issue.

Aloha

SB-2283

Submitted on: 2/7/2026 9:11:46 PM

Testimony for HHS on 2/9/2026 1:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Juliana Massenburg	Individual	Oppose	Written Testimony Only

Comments:

As a pharmacist who has worked in retail pharmacy on the island of Maui since 1990, I oppose SB2283. I have witnessed first hand how mail order pharmacies have failed our patients here in Hawaii. In theory, the cost savings looks appealing but in actuality, patient's medications have been lost in the mail, delayed due to mail service snafus or left out in mail boxes or on doorsteps where medication degradation could occur. Who do you think is able to take care of our Hawaiian patients when problems arise? Of course, it is the brick and mortar pharmacies that come to the rescue. Please consider opposing SB2283 and allow patients to have a choice in their pharmacy care.

Thank you for your time and consideration in this matter.

Sincerely,

Juliana Massenburg RPh

SB-2283

Submitted on: 2/7/2026 10:05:53 PM

Testimony for HHS on 2/9/2026 1:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Ashley McElheny Pieklo	Individual	Oppose	Written Testimony Only

Comments:

I am writing in strong opposition to this bill.

My name is Ashley Pieklo, and I am a mother of two sons with life-threatening bleeding disorders. We live in a rural community where access to healthcare is already limited and often requires careful planning and coordination.

My sons rely on specialty medications that must be refrigerated and handled properly to remain safe and effective. Timely and reliable access to these medications is not just a matter of convenience — it is a matter of life and death.

Having options for how and where we obtain their medicine is critical. Limiting access to community pharmacies or reducing choices for families like mine creates unnecessary risk, stress, and delays. If shipments are late, mishandled, or unavailable, my children’s health and safety are directly impacted.

SB2283 would reduce flexibility and limit options for families who depend on specialty medications. For those of us living in rural areas, fewer choices can mean longer wait times, delivery challenges, and interruptions in care. This directly affects our children’s health and our family’s quality of life.

Families managing serious medical conditions should have more access and support, not fewer options.

For these reasons, I respectfully urge you to oppose SB2283.

Mahalo for your time and consideration,

Ashley Pieklo

Haleiwa, Hawaii

SB-2283

Submitted on: 2/7/2026 11:02:20 PM

Testimony for HHS on 2/9/2026 1:05:00 PM

Submitted By	Organization	Testifier Position	Testify
David Slaski	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill. It would eliminate competition and increase cost and reduce the access to medicine.

I have worked in pharmacy for 25 years and the majority of the problems in pharmacy are caused by the PBM's. They place unfair restrictions on their 'formulary' based on which manufacturer gives the biggest rebates. This has caused the cost of medication to increase dramatically in my experience. This bill will be no different and will cause not only higher costs but less access and more disruption in service for patients.

Hawaii has a very unique population to serve. Access to immediate 'specialty medications' is crucial to survival for many patients. Anything that causes a delay of medication delivery or administration will have a detrimental effect on patient's health care. Thank you for your time and for your commitment to the health of Hawaii patients. Please oppose bill SB2283.

Mahalo,

David P Slaski RPh. LMT

SB-2283

Submitted on: 2/7/2026 11:28:21 PM

Testimony for HHS on 2/9/2026 1:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Sara pavao	Individual	Oppose	Written Testimony Only

Comments:

As a family that resides on an outer island, we are writing in strong opposition to this bill. This bill threatens the survival of our community pharmacy that provides 2 of my sons with life saving medication. For families like us, these local pharmacies are a lifeline. When we need medication that isn't commonly stocked and bigger pharmacies, our community pharmacy is able to get it to us within 24 hrs, compared to others we have worked with in the past, taking sometimes 7 days. Every hour counts when we need these medications. Insurance companies have restricted how much we are able to have on hand, so our community pharmacy has been crucial for our sons. Please vote NO and prioritize patients' lives over efficiency. Thank You for letting me testify.

Sara Pavao

Testimony in Opposition to SB2283

Senate Committee on Health and Human Services

Monday, February 9, 2026

To the Honorable Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee,

As a community pharmacist practicing in Hawaii, I respectfully submit testimony in **strong opposition to SB2283**. Although this bill is presented as expanding patient choice and access, it would ultimately harm patients by weakening independent community pharmacies, which are essential to healthcare access in Hawaii.

In daily practice, I see how pharmacy benefit managers (PBMs) control reimbursement, pharmacy networks, and preferred dispensing channels. When reimbursement is inadequate or unsustainable, community pharmacies are forced to reduce services or close. When local pharmacies disappear, patients do not gain choice, they lose it.

This is especially concerning in Hawaii, where neighbor islands have limited pharmacy access, mail delays are common, and many patients lack stable housing or reliable mailing addresses. Elderly patients, and individuals with behavioral health conditions rely on in-person pharmacy care that mail-order pharmacies cannot provide.

Community pharmacists deliver high touch, patient-centered services critical to safety and adherence, including face-to-face counseling, same day medication access, adherence monitoring, and vaccination and injectable medication administration. Weakening these services leads to poor outcomes. Policies that favor mail order and vertically integrated corporations are poorly suited for Hawaii's geographic and healthcare realities.

For these reasons, I respectfully urge you to oppose SB2283 and support policies that protect patient access through fair reimbursement and continuity of care.

Thank you for the opportunity to provide testimony.

Sincerely,

Keri Oyadomari

Testimony in Opposition to SB2283

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For these reasons, I respectfully urge you to oppose SB2283 and support policies that protect patient access through fair reimbursement and continuity of care.

Thank you for the opportunity to provide testimony.

Sincerely,
Shawna Bajet

Testimony in Opposition to SB2283

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For these reasons, I respectfully urge you to oppose SB2283 and support policies that protect patient access through fair reimbursement and continuity of care.

Thank you for the opportunity to provide testimony.

Sincerely,
Stephanie Ung

SB-2283

Submitted on: 2/8/2026 9:00:29 AM

Testimony for HHS on 2/13/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Zachary Stein	Individual	Oppose	Written Testimony Only

Comments:

It has come to my attention that **SB2283** would significantly reduce patient access to local community specialty pharmacies. If enacted, this bill would eliminate my ability to receive care through my preferred pharmacy, which provides critical services essential to maintaining my health and wellness.

I transferred my prescriptions to my current pharmacy only after experiencing repeated delayed shipments from other providers that failed to account for the unique logistical challenges of Hawai'i. These delays resulted in the loss and destruction of an entire month's supply of medication, representing a billed loss exceeding **\$100,000** and placing my health at serious risk.

Since transitioning to my current pharmacy, I have consistently received exceptional care and logistical support. The pharmacy team provides specialized consultation related to international travel, inter-island delivery coordination, and active monitoring of shipment data to ensure a zero-loss approach for these complex and time-sensitive medications. Most importantly, they reliably deliver medication well before I reach a low-inventory threshold, ensuring uninterrupted prophylactic treatment.

This continuity of care is essential to preventing potentially life-threatening complications. Disrupting this established system would not only jeopardize my health but could also increase strain on Hawai'i's already overburdened healthcare system through avoidable emergency care and hospitalizations.

For these reasons, I am deeply concerned that SB2283 would negatively impact patients who rely on specialized, locally informed pharmacy services, and I urge the Legislature to carefully consider the real-world consequences for patient safety and continuity of care.

Respectfully,

Zack

SB-2283

Submitted on: 2/8/2026 1:07:24 PM

Testimony for HHS on 2/13/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shana Metsch	Individual	Oppose	Written Testimony Only

Comments:

Testimony in Opposition to SB2283

My name is Shana Metsch, and I respectfully submit this testimony in **strong opposition to SB2283**.

SB2283 would repeal critical consumer protections established under HRS §431R. These protections are being misrepresented as unnecessary or as a cost-saving measure for consumers, when in fact the opposite is true. The Legislature has already examined this issue thoroughly and reached a clear conclusion.

In 2013, based on compelling and substantial evidence, the Legislature determined that the provisions SB2283 now seeks to repeal were *necessary* to protect consumers. The findings at that time showed that, absent these protections, consumers would face higher costs, reduced access to pharmacy services, increased incidents involving the loss or denial of prescribed medications, and the harmful effects of unlawful combinations. These harms were expected to result if health plans and pharmacy benefit managers were allowed to impose financial disincentives on consumers who choose community pharmacies or to compel the use of mail-order pharmacies.

Nothing has changed since 2013 that would justify reversing those conclusions. The market dynamics, incentives, and risks identified then remain fully present today. Repealing these safeguards would reintroduce the very harms the Legislature acted decisively to prevent through the passage of HB65.

Even granting SB2283 a hearing implies that the Legislature and Governor Abercrombie acted improvidently in 2013 and that consumers have borne unnecessary costs for more than a decade as a result. There is no evidence to support such a conclusion. I am confident that the record developed for SB2283 would not differ in content or character from the extensive record already established for HB65.

For these reasons, I respectfully urge you to reject SB2283 and to maintain the consumer protections that have proven necessary and effective in safeguarding access, affordability, and patient choice in pharmacy services.

Thank you for the opportunity to submit this testimony. I respectfully urge the Committee to take a hard and careful look at SB2283 and the serious consumer harms its proposed repeal would reintroduce.

Respectfully,
Shana Metsch

SB-2283

Submitted on: 2/9/2026 5:33:16 PM

Testimony for HHS on 2/13/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ronald Taniguchi, Pharm.D., MBA	Individual	Oppose	Written Testimony Only

Comments:

I oppose SB2283. Mahalo

**Testimony in OPPOSITION to SB2283
Repealing HRS Chapter 431R Patient Protections
offered to the
Senate Committee on Health and Human Services**

Chair, Senator San Buenaventura,
Vice Chair, Senator Angus McKelvey,
and Members of the Committee:

I submit this testimony in opposition to SB2283 as a private citizen from personal experience to help the Committee members understand why the proponents' characterizations of the benefits of the appeal are misleading. Payer costs are not the only, and certainly not the most consequential, costs on which the Legislature turned its focus in enacting HRS Chapter 431R. The payer cost argument also omits to disclose the potential advantages payers would gain in controlling access to pharmacy. When the disadvantages and costs the repeal would visit on consumers are brought into focus, it is clear that the proposed repeal would be harmful and must be rejected.

I have a long history with Chapter 431R. I attended the 2013 hearings on HB65 and was present to observe the testifiers as the bill progressed through committees to its ultimate reading before the Legislature. My attendance and observation was occasioned by my commitment to helping consumers overcome third party payer obstacles to medically necessary services, and also at the request of the Hawaii Community Pharmacists Association for my advice and guidance in offering their support for HB65. I also have for several years represented pharmacies engaging in fulfilling prescriptions via mail order, some of which are involved nationwide. Those clients are aware of my position on HRS Chapter 431R, that it is irresponsible to use mail order to pursue potential payer savings until all of the consumer-related costs are eliminated.

I have distinct memories of consumers testifying at the hearings in 2013 on HB65. As the bill progressed from its early hearings through the later committees, more and more consumers and caregivers came forward in opposition, including frail elderly consumers and consumers managing chronic illnesses. All testified they relied on their longstanding relationships with community pharmacists and described, in very personal terms, how those relationships had helped them avoid medication errors, maintain adherence to treatment, and in some cases avoid hospitalization. Some testified that they had experienced delays in receiving medications by mail, or had experienced difficulty managing refills through mail-order but never through face-to-face service at their community pharmacies.

The opposition testimony dwelled solely on the position that providing prescription pharmaceuticals via home delivery was cheaper for payers than when consumers access prescriptions face-to-face with pharmacists at local retail sites. HB65 became law because the consumer testimony in 2013 proved that a focus on payer savings is dangerously premature while the potential costs to consumers have not been eliminated.

It pains me greatly to confirm with this testimony that thirteen years after Chapter 431R became law, I know personally that the costs and burdens the Legislature acted to prevent remain. In the fourth quarter of last year, someone acquainted with me and my practice called upon me to assist when she was prescribed a rarely ordered therapy for a life-threatening disease

and was told she could only obtain via mail order. She was warned in counseling by her prescriber she should not miss any doses because resuming therapy even following a brief disruption would be suboptimal. She understood that to mean it is not reasonably possible to predict the short- or long-term consequences of missing one or more doses. She was therefore distressed because understood that mail-order only meant that she would not be able to obtain a temporary refill at a community pharmacy if a shipment was lost or damaged.

Upon investigation I found that the payer reimbursement is substantially below the costs a local pharmacy would incur to dispense and sourcing it locally by private pay would cost tens of thousands annually. I was forced to conclude that attempting to override the mail-order-only arrangement—or pursue sufficiently higher reimbursement—would delay the commencement of the therapy for an unknown period of time. It was reassuring that she had received a prior authorization for three years. It was further reassuring that the dispensing mail order pharmacy delivers nearly 3,000 such therapies per month, conducted a lengthy initial counseling session by telephone, and telephoned prior to shipping the first fill and the first refill, both which arrived timely.

The patient did not receive a phone call from the pharmacy before the date she expected the second refill to be shipped for her to continue therapy uninterrupted. After waiting a couple of days for the call, she telephoned the mail-order pharmacy seeking assurances she could expect delivery. It was only then that the mail order pharmacy told her she would not receive a refill shipment because her coverage had been denied—that and nothing more. As I have found to be the case with a large majority of consumers, particularly in stressful circumstances, she unsuccessful in securing any further information from the mail order pharmacy about the denial of coverage. Having previously consulted me on the mail-order only issue, she turned again to me for help and I succeeded in persuading the mail-order pharmacy to disclose that the secondary payer, HMSA, had denied coverage for the copayment, an amount that in this case incredibly happens to be less than 1% of the cost of the medication.

Incredibly, the mail-order pharmacy was *the only party HMSA informed* it was denying coverage. HMSA never notified her or her hematologist, so persistent investigation through multiple contacts with the mail-order pharmacy was the only way she found out that HMSA had denied coverage of the co-payment. Her refill *was ultimately delayed and she could not continue her therapy without interruption* as she was advised by doctor's orders. My practice has introduced me to some of the top hematologists in the world. They are unable to offer a definitive opinion the impact of the delay in continuing therapy for her illness. On information and belief, clinical trials are rarely, if ever, designed to determine *the effects of interrupting therapy*. She thus is left with questions that cannot be answered with any assurance: what consequences can she expect from the delay in continuing her therapy. She reports having a rough time after the recent delay. We cannot know if the delay was the cause. We cannot know whether further consequences are in store for her. Prayer is all that remains.

The case is rare under the regime of HRS Chap 431R. The urgency associated with commencing the therapy prohibited pursuing the right Chapter 431R guarantees to choose a community pharmacy to provide the therapy. All consumers have had a protected right to access their prescriptions at community pharmacies instead of mail order since the enactment of Chapter 431R, a right the repeal would deny them and there is no way of predicting what consequences consumers may suffer or how many.

The case I have related raises the question whether payers have eliminated the potential lost or damaged or destroyed refills resulting in cessation or disruptions of therapies with

unknown or unknowable consequences to virtually all consumers. The proffer of SB2283 and its companion HB1539 does not disclose whether payers seeking to reduce their costs can provide competent proof that the potential costs to consumers have been eliminated.

This Legislature must not restrict its consideration of SB2283 to payers' costs as justification for repealing the consumer-protection sections of HRS Chapter 431R that it was mindful to include in 2013.

Until the risks and potential costs to consumers have been eliminated, all of the provisions of HRS Chapter 431R must remain in force to protect consumers because no one—certainly not HMSA nor any other proponent of SB2283—can put the bullet back in the gun for my client who now faces unknown consequences from the disruption of her therapy.