



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Consumer Protection and Commerce
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by
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SB 1210 SD1 – RELATING TO INSURANCE

Chair Takumi, Vice Chair Ichiyama, and members of the committee:

My name is Carolyn Ma, and I am the Dean for the UH Hilo Daniel K. Inouye College of Pharmacy (DKICP). The University of Hawai'i fully supports this bill especially stated in S432:1-Reimbursement to providers, (a) coverage for services provided shall include reimbursement to health care providers who perform services required by this article, or to the insured members as appropriate and (b) a health care provider who performs as service shall be eligible for reimbursement for the performed services.

The DKICP graduates highly trained professionals with the terminal degree of Doctor of Pharmacy. The four-year professional curriculum includes didactic integrated sciences, therapeutics and disease, treatment and management, management, communication, interprofessional education. More than 30% of the curriculum is held in experiential clinical rotations at sites for hospital acute care medicine, acute care ambulatory care clinics, retail community pharmacies, pharmacy specialty clinics, and a variety of medicine and public health areas.

Due to the complexities of today's patient care, pharmacists have become indispensable primary care extenders for physicians and advanced practice nurse practitioners. Common medication therapy problems include inadequate therapy (56.86%), Non-adherence (14.89%), Adverse Reaction (14.7%), Too High of a Dose (6.83%), and Unnecessary Therapy (6.68%).¹ Pharmacist expertise in Medication Therapy Management (MTM) encompasses intervention in all of the aforementioned areas, as well as skill in managing new medication regimes, monitoring and adjusting medications especially in the chronic diseases of diabetes, cardiovascular disease, anticoagulation and other diseases.^{2,3,4} A multitude of research studies and published articles detail the value of a clinical pharmacist on a care team. In 2010, Chisolm et al,

provided a comprehensive literature review (298 studies) that describe positive results of pharmacist interventions in a number of areas such as lowered cholesterol, diabetes markers (hgbA1c), blood pressure and adverse drug events.⁵ Results also support the fact that pharmacists improve patient education, help with medication adherence and improve measures of better general health.⁵

Clinical pharmacists, especially in the ambulatory care, specialty care and acute care settings, provide direct patient care through collaborative practice agreements with physicians and nurse under either general or direct supervision. Almost all health care professions have the ability to bill for provided services for third party insurers and Medicare fee structures. Pharmacists do not have reimbursement privileges. Very limited billing and reimbursement can be made under “incident-to billing”, which is inadequate in terms of reimbursing for cost, time or expertise. This lack of insurance coverages severely limits primary care providers from affording the expertise and skill of a clinical pharmacist.

This bill will allow for coverage of activities that the clinical pharmacist provides and will help health care organizations, clinics and other medical offices areas afford a pharmacist to improve patient care and health outcomes. Pharmacists are also the most accessible health care professional and can help to bridge the primary care provider shortage in this state.

Thank you for the opportunity to submit testimony.

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1. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Transitional-Care-Management-Services-Fact-Sheet-ICN908628.pdf>.
 2. Isetts BJ, Schondelmeyer SW, Artz MB, Lenzard LA, Heaton AH. Clinical and economic outcomes of medication therapy management services: The Minnesota Experience. *J Am Pharm Assoc*. 2008;48:203-211.
 3. Kiel PJ, McCord AD. Pharmacist Impact on Clinical Outcomes in Diabetes Disease Management Program via Collaborative Practice. *Ann Pharmacother* 2005;39:1828-32.
 4. Machado M, Bajcar J, Guzzo GC, Einarson TR. Sensitivity of Patient Outcomes to Pharmacist Interventions. Part I: Systematic Review and Meta-Analysis in Diabetes Management. *Ann Pharmacother* 2007;41:1569-82.
 5. Chisolm-Burns, MA, Lee JK, Spivey, CA, Slack, M, Herrier RN, et al. US Pharmacists' Effect as Team Members on Patient Care Systematic Review and Meta-analyses. *MedCare* 2010;48:923-933