NEIL ABERCROMBIE
GOVERNOR

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
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No. _____

TESTIMONY ON SENATE BILL 40 SD2
A BILL FOR AN ACT RELATING TO PSEUDOEPHEDRINE
Jodie F. Maesaka-Hirata, Director
Department of Public Safety

House Committee on Health
Representative Ryan I. Yamane, Chair
Representative Dee Morikawa, Vice Chair

Tuesday, March 22, 2011, 9:00 AM
State Capitol, Room 329

Chair Yamane, Vice Chair Morikawa, and Members of the Committee:

The Department of Public Safety (PSD) supports the intent of Senate Bill 40 SD2 that proposes to make pseudoephedrine and pseudoephedrine containing products a Schedule V controlled substance. The Legislature passed Act 184 in 2008 that mandated that all retail distributors selling products, mixtures, or preparations containing pseudoephedrine electronically report all retail sales data to the Narcotics Enforcement Division (NED) on a monthly basis. Pseudoephedrine control and tracking has been very successful in Hawaii in reducing the amount of clandestine laboratories manufacturing methamphetamine / ICE. NED formed a partnership with the Western States Information Network (WSIN/RISS) whose mission is to support law enforcement efforts nationwide to combat illegal drug trafficking, identity theft, human trafficking, violent crime, terrorist activity, and to promote officer safety in Alaska,

California, Hawaii, Oregon, Washington, as well as Canada and Guam to host the pseudoephedrine tracking database.

The electronic tracking log was a great first step for the State to attempt to track retail pseudoephedrine sales and decrease the production of methamphetamine / ICE. This tracking system has a few shortcomings, unlike Hawaii's electronic prescription monitoring program this system that reports all controlled substance prescription data the pseudoephedrine tracking program does not report information relating to persons purchasing just under the 3 grams a day or 9 gram a month limits. Presently most of the sales of pseudoephedrine containing products is sold at pharmacies and that many of the non-pharmacy retail distributors no longer carry pseudoephedrine containing products and are now selling over the counter pseudoephedrine PE products that cannot be utilized to manufacture methamphetamine.

PSD would like to recommend an amendment to Senate Bill 40 SD2 Section 2 page, lines 13 to 14, that amend Section 329-11(c) to read as follows:

"(c) Stimulants. Unless specifically exempted or excluded or unless listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers[~~.~~]:

(1) Pyrovalerone; and

(2) Pseudoephedrine and pseudoephedrine containing products.

In the case of a drug containing pseudoephedrine, as classified under schedule V a pharmacist may dispense pseudoephedrine under the following circumstances:

(A) The quantity dispensed is limited to an amount adequate to treat the patient during a short period of time and does not exceed 3.6 grams per day; and no more than 9 grams in a thirty-day period;

(B) Prior to dispensing the drug, the pharmacist enters the patient's name, identification number and signature into a log that:

(i) Is maintained by the pharmacy as a complete and accurate record of all of patients who were administered drugs containing pseudoephedrine without a prescription;

(ii) Includes the date the drugs described in clause (i) were dispensed, the names, identification numbers, address, signatures of the patients, and the quantities of the drugs administered; and

(iii) Is reported as required by Part VIII of this Chapter and maintained for at least five years."

Due to the amendments being proposed, PSD requests that Section 2 of Senate Bill 40 SD2 be deleted.

Senate Bill 40 SD 2 if enacted would allow pharmacies to report all sales on Hawaii's electronic prescription monitoring program, saving on the reporting of data on two separate systems as well as allow the NED to monitor all sales ever those just under the existing State and Federal 3 grams a day or 9 gram a month limits.

For these reasons, PSD strongly supports the passage of Senate Bill 40 SD 2 with the proposed amendments. Thank you for the opportunity to testify on this matter.

DEPARTMENT OF THE PROSECUTING ATTORNEY

CITY AND COUNTY OF HONOLULU

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THE HONORABLE RYAN I YAMANE, CHAIR
HOUSE HEALTH COMMITTEE
Twenty-sixth State Legislature
Regular Session of 2011
State of Hawai`i

March 22, 2011

RE: S.B. 40, S.D. 2; RELATING TO PSEUDOEPHEDERINE.

Chair Yamane, Vice Chair Morikawa, and members of the House Committee on Health, the Department of the Prosecuting Attorney, City and County of Honolulu submits the following testimony in support of S.B. 40, S.D. 2.

The purpose of this bill is to reclassify pseudoephedrine as a schedule V drug, which may only be dispensed with a prescription.

Currently, pseudoephedrine is regulated as a List 1 Chemical that is allowed to be sold, transferred, or furnished over the counter without a prescription. A pseudoephedrine permit is required for any person transporting more than three packages. A pharmacy or retailer can sell or distribute to a person without a prescription not more than 3.6 grams per day of any product containing any detectable quantity of pseudoephedrine, provided the product is sold from an area not accessible to the customers such as behind the counter or in a locked glass casing. The pharmacy or retailer is further required to record information in an electronic log on software provided by the Narcotics Enforcement Division of the Department of Public Safety. Also, every wholesaler must report to the Narcotics Enforcement Division of the Department of Public Safety all sales of products containing any detectable quantity of pseudoephedrine. Currently, individuals cannot purchase more than 9 grams of any product containing any detectable quantity of pseudoephedrine within a thirty day period, unless the individual has a valid prescription. Failure to comply with the mentioned requirements would result in criminal and civil penalties.

The policy of reclassifying pseudoephedrine as a Schedule V Drug rather than as a List 1 Chemical is to better regulate it as a prescriptive drug rather than an "over the counter drug" that is not accessible to customers because of its use in illegal manufacturing of methamphetamine or crystal meth that is sold in the black market. Methamphetamine has shown to be dangerous to one's physical and mental health. With pseudoephedrine as a Schedule V Drug, it is subject to requirements for registration, labeling, identification, record keeping, filing of reports, etc. Violations of these requirements are subject to criminal and civil penalties.

Methamphetamine increases alertness, concentration, energy, and in high doses, can induce euphoria, enhance self-esteem, and increase libido. It has a high potential for abuse and addiction by activating the psychological reward system via triggering a cascading release of dopamine, norepinephrine and serotonin in the brain.

Methamphetamine is FDA approved for the treatment of ADHD and exogenous obesity, marketed in the USA under the trademark name Desoxyn. However, methamphetamine is illicitly synthesized and then sold in a crystalline form resembling small shards of odorless, bitter-tasting crystals; leading to the colloquial nickname "crystal meth". Following a period of heavy use, also known as "binging", which typically last days or even weeks, a severe withdrawal syndrome lasting up to ten days can occur, primarily consisting of depression, fatigue, excessive sleeping and an increased appetite. Chronic methamphetamine abuse may result in prolonged psychiatric disorders, cognitive impairment, as well as an increased risk of developing Parkinson's disease.

As a result of methamphetamine-induced neurotoxicity to dopaminergic neurons, chronic abuse may also lead to withdrawal symptoms which persist beyond the withdrawal period for months, and even up to a year. Research has found that 20% of methamphetamine addicts experience a psychosis resembling schizophrenia, which persists for longer than six months post-methamphetamine use; this amphetamine psychosis can be resistant to traditional treatment. In addition to psychological harm, physical harm, primarily consisting of cardiovascular damage, may occur with chronic abuse or acute overdose.

Further, a number of individuals addicted to methamphetamine resort to theft, prostitution, and other illegal activity in order to pay for the drugs. Also, a number of violent crimes involve individuals “high” on methamphetamine or disagreements in the distribution of such drugs.

For these reasons, we support the passage of S.B. 40, S.D. 2. Thank you for this opportunity to testify.

the Drug Policy Forum of hawai'i

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March 22, 2011

To: Rep. Ryan Yamane, Chair
Rep. Dee Morikawa, Vice Chair and
Members of the Committee on Health

From: Jeanne Y. Ohta, Executive Director

RE: SB 40 SD 2 Relating to Pseudoephedrine
Hearing: Tuesday, March 22, 2011, 9:00 a.m., Room 329

Position: Opposed

The Drug Policy Forum of Hawai`i writes in opposition to SB 40 SD2 Relating to Pseudoephedrine which would reclassify pseudoephedrine as a schedule V drug, making it available with a prescription with certain exceptions.

This measure is wrong-headed. It makes pseudoephedrine products more difficult to obtain for legal users, adds unnecessarily to healthcare costs and yet, past efforts to limit pseudoephedrine to "behind the counter" have shown that methamphetamines are just as available in our community. This measure would not solve the problem of meth use or affect its supply.

This proposal is not an effective drug policy. *The New York Times* reported on December 4, 2010 that illegal manufacturers have found a way around the pseudoephedrine laws: "American meth-makers have expanded their use of a technique called 'smurfing,' when groups of people go to pharmacies to buy small, legally acceptable quantities of pseudoephedrine, which then are pooled to make meth." Indeed, even drugs such as oxycodone and oxycontin which require prescriptions find their way to the black market.

In some other cases, more dangerous chemicals were substituted for pseudoephedrine in the manufacture of meth. Because of the profits involved in manufacturing meth, and other illegal drugs, proposals like SB 40 SD 2 will not be effective. Those intent on the manufacture of meth will find ways around such provisions.

For effective methamphetamine policies, we suggest the Drug Policy Alliance publication, "A Four-Pillars Approach to Methamphetamine." (http://www.drugpolicy.org/docUploads/FourPillarsMethamphetamine.pdf)

We ask that you hold this measure. Thank you for this opportunity to provide testimony.

HAWAII FOOD INDUSTRY ASSOCIATION (HFIA)
1050 Bishop St. Box 235
Honolulu, HI 96813
Fax : 808-791-0702
Telephone : 808-533-1292

DATE: Tuesday, March 22, 2011 TIME: 9:00 A.M. PLACE: Conference Room 329

TO: COMMITTEE ON HEALTH

Rep. Ryan I. Yamane, Chair; Rep. Dee Morikawa, Vice Chair

FROM: Hawaii Food Industry Association - Lauren Zirbel, Government Relations

RE: SB 40 SD2 RELATING TO PSEUDOEPHEDRINE

Chairs & Committee Members:

In opposition.

HFIA opposes this measure because reductions to the gram amounts available under our current and very similar logging requirements will result in allergy sufferers being unable to purchase two week supplies of drugs. We believe the 2 week supply requirement currently in existence is very reasonable.

An up to date, real – time tracking system can be achieved without changes to schedule V drug requirements or Federal gram quantity requirements (3.6 grams per day, or no more than 9 grams per thirty days). Please see proposed language at the end of this testimony.

It is well known that there have been no meth lab busts in Hawaii in the past several years and that the vast majority of meth in the US is imported. **The last meth lab bust in Hawaii was in 2006.**

We estimate sales of pseudoephedrine in Hawaii to be around 250,000 packages.

Most meth is imported into the U.S. as a finished product. Approximately 20% is sourced from the U.S., with 80% from "superlabs" and less than 20% from small

labs.

Electronic Tracking of PSE Sales Presents a Real Solution for Combating Meth Abuse. **E-logs provide real-time approval or denial of PSE purchases at the point-of-sale, creating no access barriers for the 19 million American households that purchase non-prescription cold and allergy medicines to treat their symptoms.**

E-logs enable law enforcement to track real-time activity and search histories, thus identifying "smurfing" operations and labs that would otherwise go undetected. For example, electronic tracking led to 70% of meth lab busts in key Kentucky counties, and reduced illegal sales by more than 90% in a Florida pilot. Ten states have enacted laws that require electronic tracking of PSE sales: Alabama, Arkansas, Illinois, Iowa, Kansas, Kentucky, Louisiana, Missouri, Oklahoma, and Washington.

Law enforcement officials have testified before members of Congress about the effectiveness of e-logs, and communicated their concerns that a prescription-only policy would fail to limit PSE sales or enable meth lab detection.

Federal law currently limits all PSE-containing OTCs to behind the counter, with sales per customer of no more than 3.6 grams per day and 9 grams per 30 days, and requires purchasers to show ID and sign a logbook.

Electronic tracking allows retailers to block illegal sales and enhances law enforcement's suppression and investigative efforts. **Establishing a multistate electronic tracking system for medicines that contain PSE will prevent smurfing across different retailers, even across state lines, and provide a highly efficient law enforcement tool. At the same time, it will create no new barriers for the millions of cold and allergy sufferers looking for relief.**

E-tracking can also be combined with a state's meth conviction records. Oklahoma became the first state to enact a law prohibiting sales of PSE to individuals with meth convictions. State officials used their tracking system to identify individuals who had been blocked from making illegal pseudoephedrine purchases and discovered that as many as 60 percent of those being blocked had prior criminal records, many for drug charges. Now Oklahoma will deny any sales of pseudoephedrine to those individuals, even within otherwise legal quantity limits.

What is the Downside of Rx pseudephedrine?

Unfortunately, reducing or cutting off supply does not guarantee a reduction in demand or use. Mexico, for example, banned pseudoephedrine nearly three years ago. Yet the country is once again the "primary source of methamphetamine" in the U.S., according to the Justice Department's National Drug Intelligence Center's 2010 threat assessment. In fact, Oklahoma estimates that 70 percent of the meth in their state is from Mexico, in a potent, smokeable form called "ice."

Despite extreme actions taken by the Mexican government, drug traffickers and meth cooks have simply found alternative ingredients to use, such as phenylacetic acid, or they illegally smuggle pseudoephedrine to keep meth production viable and profitable.

What is the cost to consumers and taxpayers?

- If only half of the estimated 16 million Americans who use pseudoephedrine each year went to a doctor once a year to obtain a prescription for pseudoephedrine, this would **add three quarters of a billion dollars in healthcare costs** for office visits alone.

- Restricting access to pseudoephedrine products would also decrease sales tax revenues in many states, as over-the-counter medications are subject to sales tax while prescription medications are not.

- Medicaid programs and state employee health and retiree insurance plans would likely face an average of $11.5 million in added costs for increased provider visits and provision of prescription pseudoephedrine.

The Good News:

The OTC industry offering to pay for this system! The Consumer Healthcare Products Association (CHPA)—the trade association representing U.S. manufacturers of nonprescription medicines—supports a multistate electronic tracking system in retail outlets that will monitor all over-the-counter (OTC) PSE purchases in real-time to prevent criminals from exceeding legal limits. Providing an enforcement mechanism for the purchase limits is the best way to curb the diversion of PSE for meth production. States have been passing laws requiring such systems, but in some cases, the laws do not take effect unless funding for them is provided. States began asking for industry support, and industry agreed to help.

Thank you for the opportunity to provide this testimony.

The following is a draft of Model Pseudoephedrine Electronic Tracking Legislation.

Model Pseudoephedrine Electronic Tracking Legislation

(a) (1)A retailer shall not sell to the same person, and a person shall not purchase, products containing more than three and six tenths (3.6) grams per day or more than nine (9) grams per thirty day period of ephedrine or pseudoephedrine base, or their salts, isomers, or salts of isomers. The limits shall apply to the total amount of base ephedrine and pseudoephedrine contained in the products, and not the overall weight of the products. (2) Nonprescription products containing pseudoephedrine or ephedrine shall be maintained behind the counter or in a locked case where the customer does not have direct access.

(b) The retailer shall require any person purchasing a nonprescription product that contains pseudoephedrine or ephedrine to present valid government issued photo identification at the point of sale. The retailer shall record the name and address of the purchaser; name and quantity of product purchased; date and time purchased; and purchaser identification type and number, such as driver license state and number, and require the purchaser's signature in a logbook.

(c) Beginning January 1, 2012, a retailer shall, before completing a sale under this section, electronically submit the required information to the National Precursor Log Exchange (NPLEx) administered by the National Association of Drug Diversion Investigators (NADDI). Absent negligence, wantonness, recklessness, or deliberate misconduct, any retailer utilizing the electronic sales tracking system in accordance with this subdivision shall not be civilly liable as a result of any act or omission in carrying out the duties required by this subsection and shall be immune from liability to any third party unless the retailer has violated any provision of this subsection in relation to a claim brought for such violation.

(d) If a retailer selling a nonprescription product containing pseudoephedrine or ephedrine experiences mechanical or electronic failure of the electronic sales tracking system and is unable to comply with the electronic sales tracking requirement, the retailer shall maintain a written log or an alternative electronic recordkeeping mechanism until such time as the retailer is able to comply with the electronic sales tracking requirement.

(e) NADDI shall forward state transaction records in NPLEx to the appropriate state agency weekly, and provide real-time access to NPLEx information through the NPLEx online portal to law enforcement in the state as authorized by the agency.

(f) This system shall be capable of generating a stop sale alert, which shall be a notification that completion of the sale would result in the seller or purchaser violating the quantity limits set forth in this section. The seller shall not complete the sale if the system generates a stop sale alert. The system shall contain an override function that

may be used by a dispenser of ephedrine or pseudoephedrine who has a reasonable fear of imminent bodily harm if they do not complete a sale. Each instance in which the override function is utilized shall be logged by the system.

(g) A violation of any provision of this section is a Class A misdemeanor, punishable by fine only. If a product is dispensed in violation of subsection (a), the owner or operator of the wholesale or retail establishment dispensing
the product shall be in violation of subsection (a).

(h) This section does not apply to a person who obtains the product pursuant to a valid prescription.

(i) This section shall supersede any local laws or ordinances regulating sales of products containing pseudoephedrine or ephedrine.

McKESSON

Empowering Healthcare

McKesson Corporation
Testimony on S.B. 40 SD2
Classifying Pseudoephedrine as a Schedule V Controlled Substance
House Health Committee
March 22, 2011

Good morning. My name is Todd Schrick, and I am the Distribution Center Manager for McKesson's full-service wholesale drug distribution center located here in Honolulu. On behalf of McKesson and our 60 employees here, I am respectfully submitting the following testimony on S.B.40.

As a strong advocate for the safe, reliable, and efficient distribution of the nation's healthcare products, McKesson applauds the goal of preventing precursor chemicals used for manufacturing methamphetamine and other illegal substances—such as pseudoephedrine (PSE)—from being purchased in large quantities or stolen at the pharmacy level for such purposes. However, without additional clarifying language, S.B. 40 will have a significant, negative impact on legitimate drug distribution that we believe may be unintended.

Specifically, classifying products containing PSE as Schedule V controlled substances would substantially change current inventory practices and safeguards for distributors in Hawaii by triggering federal Drug Enforcement Administration regulations requiring that, in effect, the large volume of over-the-counter products containing pseudoephedrine be stored in smaller cages and/or vaults located within already-secure warehouses (see 21 C.F.R. §1301.72(b)). These DEA requirements were created with the intent of securing the typically much smaller quantities of controlled substances that are commonly stored within it.

Whether storing controlled substances, prescription or OTC drugs—or typically all of them—licensed and registered drug distribution centers are highly regulated and secure facilities that must comply with strict federal and state regulatory requirements, and pass regular DEA and Hawaii Board of Pharmacy inspections. If a facility is—as most are—licensed to distribute controlled substances, prescription and OTC drugs, it must comply with federal requirements for storing controlled substances—even while appropriately storing non-controlled substance drugs within the facility, but outside of the vaults or cages reserved for controlled substances.

Federal regulations concerning storage of controlled substances mandate multiple and specific security procedures, such as (1) employee screening; (2) restricted access; (3) alarm systems; (4) self-locking and closing doors; (5) detailed, tamper-protected, recordkeeping; and (6) inventory control systems. Thus, DEA-registered wholesale drug distributors already meet the objectives of S.B. 40—storing drug products in highly secure facilities with limited opportunities for access, even if not all drug products being warehoused are schedule I–V controlled substances. As a result of these strict requirements, these facilities have not been a source of pseudoephedrine diversion.

Therefore, McKesson respectfully asks you to consider adding the following language as a new subsection to the bill, exempting distributors from the additional (and unnecessary) storage and handling burdens triggered by S.B. 40:

"This section does not apply to wholesale drug distributors licensed and regulated by the Hawaii Board of Pharmacy and registered with, and regulated by, the United States Drug Enforcement Administration, and exempts such wholesale drug distributors from storage, reporting, recordkeeping or physical security control requirements for controlled substances containing pseudoephedrine."

Twelve states passing similar legislation or regulations classifying pseudoephedrine as either a Schedule III-V controlled substance have included this specific exemption from the additional storage and handling requirements as described above for wholesale drug distributors. These states recognize that to require DEA-registered wholesale distributors' compliance with unnecessary, expensive, and otherwise inapplicable security burdens fails to contribute towards the goal of reducing illegal access to PSEs.

Thank you in advance for your consideration of our comments. If you have any questions, need additional information, or are interested in touring our distribution center, please do not hesitate to contact me at 808-847-3911.

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March 22, 2011

House Committee on Health - Tuesday @ 9:00 a.m. in CR 329
Rep. Ryan I. Yamane, Chair
Rep. Dee Morikawa, Vice Chair

By: Richard C. Botti
On Behalf of LISH, and the Consumer Healthcare Products Association

Re: SB 40 SD2 RELATING TO PSEUDOEPHEDRINE

Chairs & Committee Members:

Pseudoephedrine (PSE) is a safe and effective active ingredient found in leading cold and allergy medicines to provide congestion relief. An estimated 16 million Americans purchase pseudoephedrine each year. To help prevent illegal diversion of PSE for meth production, Hawaii law moved all PSE products behind the counter, limits purchases to 3.6 grams per day and 9 grams per 30 days, and requires a purchaser's signature in a logbook that is accessible by law enforcement.

Although meth lab incidents have remained low in Hawaii, legislation to further restrict access to PSE is now being considered. The Consumer Healthcare Products Association opposes requiring a prescription for PSE that is approved by the Food and Drug Administration for nonprescription sale. S.B. 40 no longer contains a prescription requirement for all OTC doses of PSE, however, it is missing critical language.

S.B. 40 should be amended to fill in the missing quantity limits in Section 2, so that Section 329-38 of HRS subsection (a)(3)(A) provides that pseudoephedrine may be dispensed without a prescription by a pharmacist when the quantity dispensed does not exceed 3.6 grams per day or nine grams in 30 days. This is the therapeutic nonprescription dose, and is consistent with federal law.

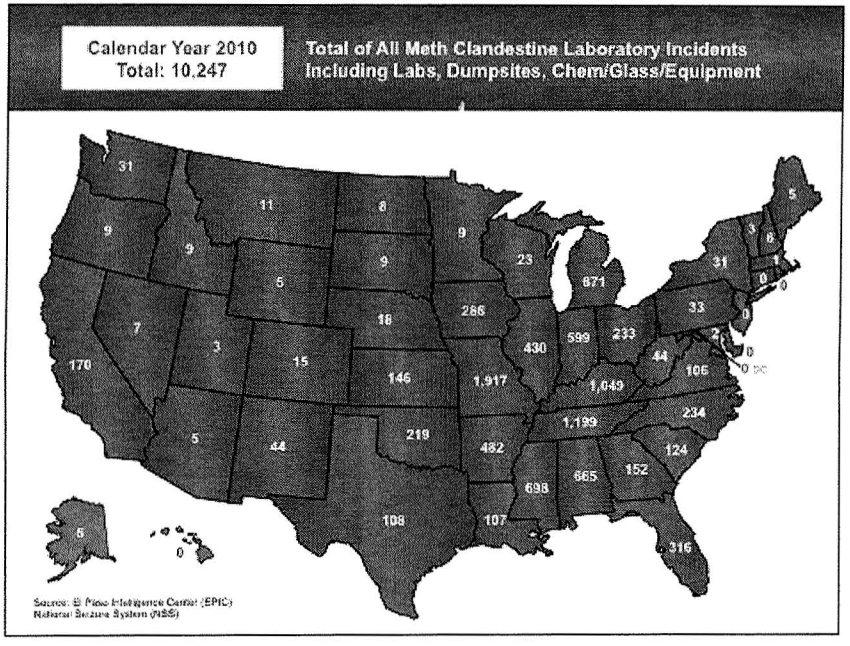
Federal law includes similar restrictions, but meth lab incidents in some states have increased because of "smurfing" – when criminals move from store to store to purchase illegal amounts of PSE to be used for the production of meth. Twelve states have gone a step further and enacted laws requiring electronic stop sale systems, or e-tracking, of PSE sales. Hawaii law can be further enhanced by adopting this requirement for electronic tracking. Electronic tracking unifies the logbooks that were previously kept in each individual store, preventing criminals from skirting the limits by visiting multiple stores.

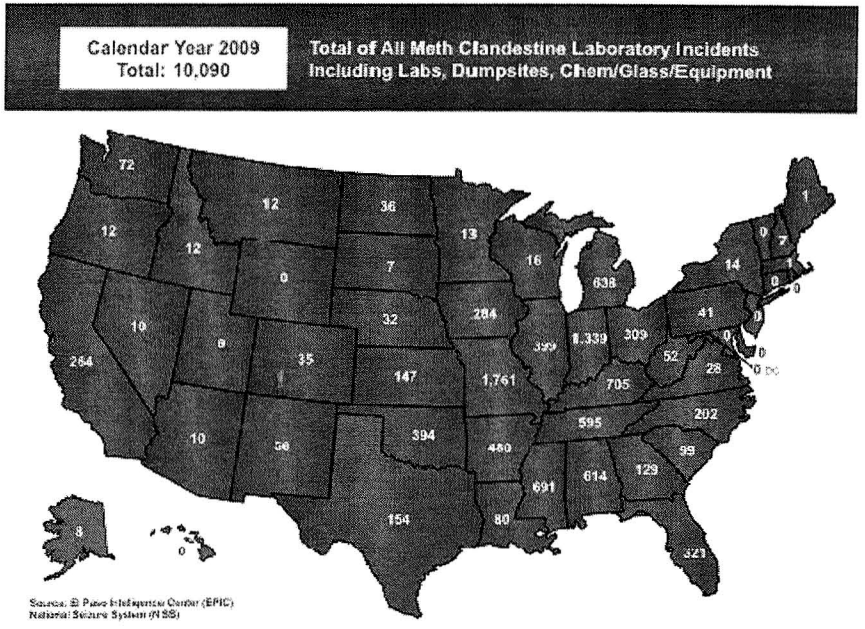
Electronic blocking technology stops meth crimes before they happen by blocking illegal sales. It blocks 40,000 grams of PSE sales in IL, IA, KY and LA alone each month. CHPA supports requiring the use of real-time electronic tracking technology in Hawaii and provides an industry-funded program to implement such a requirement. We urge policymakers to strike the right balance between preventing illegal PSE sales and protecting access to these needed medicines for legitimate consumers.

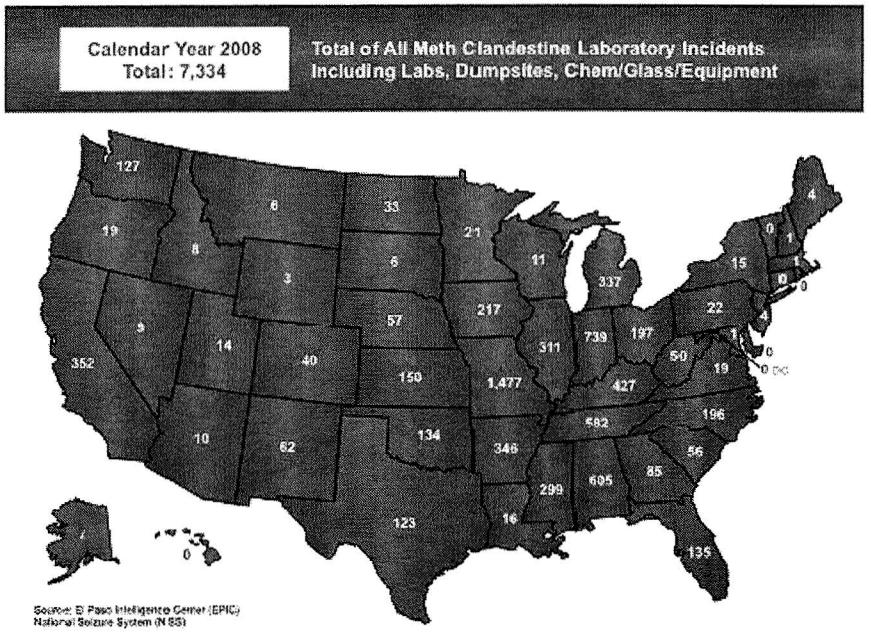
We have attached a copy of the Model Pseudoephedrine Electronic Tracking Legislation that covers the issue more specifically. This would apply to language described on Page 7 of SB 40, SD1.

Methamphetamine Lab Incidents, 2004-2010

NOTE: These maps include all meth incidents, including labs, "dumpsites" or "chemical and glassware" seizures.



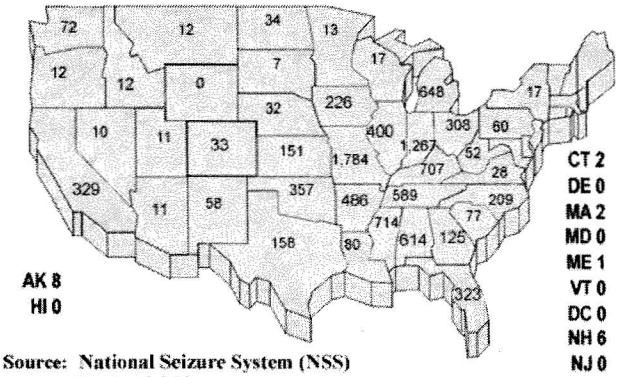




Maps of Methamphetamine Lab Incidents

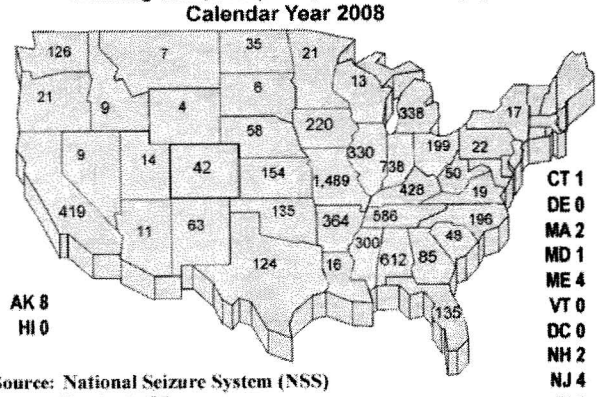
NOTE: These maps include all meth incidents, including labs, "dumpsites" or "chemical and glassware" seizures.

Total of All Meth Clandestine Laboratory Incidents
Including Labs, Dumpsites, Chem/Glass/Equipment
Calendar Year 2009



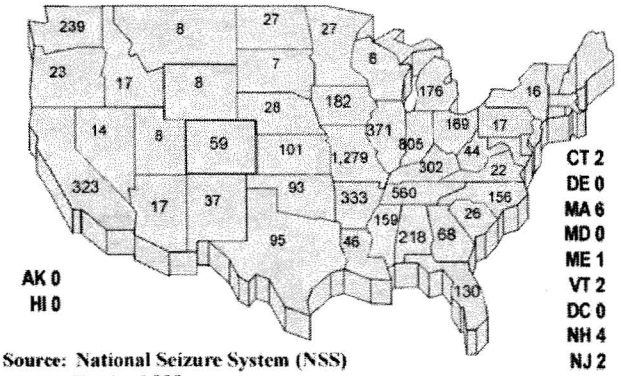
Source: National Seizure System (NSS)
Total: 10,064
Dates: 1/1/2009 to 12/31/2009
Map last updated September 2010

Total of All Meth Clandestine Laboratory Incidents
Including Labs, Dumpsites, Chem/Glass/Equipment
Calendar Year 2008



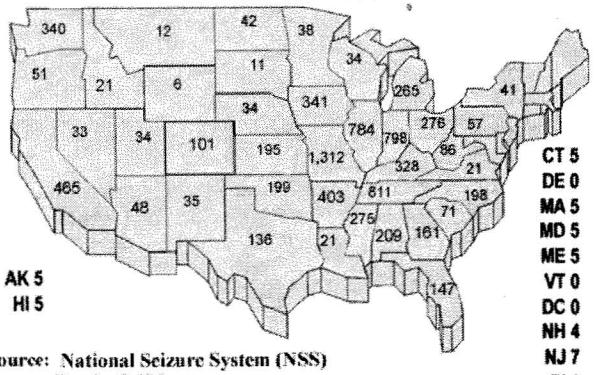
Source: National Seizure System (NSS)
Total: 7,485
Dates: 1/1/2008 to 12/31/2008
Map last updated September 2010

Total of All Meth Clandestine Laboratory Incidents
Including Labs, Dumpsites, Chem/Glass/Equipment
Calendar Year 2007



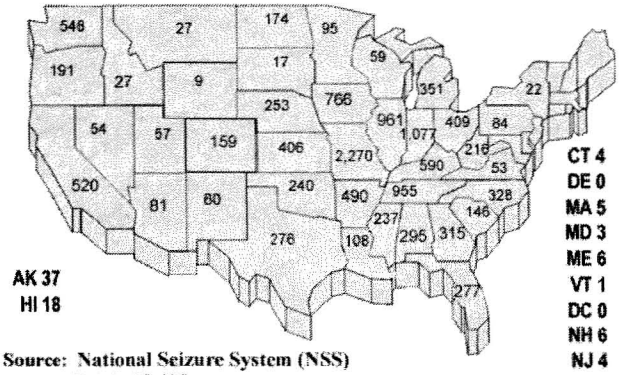
Source: National Seizure System (NSS)
Total: 6,233
Dates: 1/1/2007 to 12/31/2007
Map last updated September 2010

Total of All Meth Clandestine Laboratory Incidents
Including Labs, Dumpsites, Chem/Glass/Equipment
Calendar Year 2006



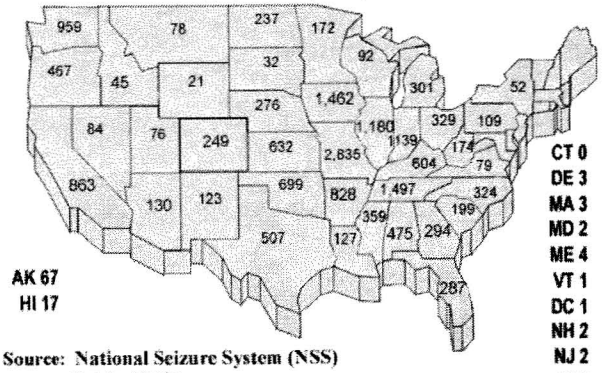
Source: National Seizure System (NSS)
Total: 8,486
Dates: 1/1/2006 to 12/31/2006
Map last updated September 2010

Total of All Meth Clandestine Laboratory Incidents
Including Labs, Dumpsites, Chem/Glass/Equipment
Calendar Year 2005



Source: National Seizure System (NSS)
Total: 13,403
Dates: 1/1/2005 to 12/31/2005
Map last updated September 2010

Total of All Meth Clandestine Laboratory Incidents
Including Labs, Dumpsites, Chem/Glass/Equipment
Calendar Year 2004



Source: National Seizure System (NSS)
Total: 18,581
Dates: 01/01/2004 - 12/31/2004
Map last updated September 2010

Presented with Testimony in opposition to SB40SD2 by Consumer Healthcare Products Assn.

Model Pseudoephedrine Electronic Tracking Legislation

(a) (1)A retailer shall not sell to the same person, and a person shall not purchase, products containing more than three and six tenths (3.6) grams per day or more than nine (9) grams per thirty day period of ephedrine or pseudoephedrine base, or their salts, isomers, or salts of isomers. The limits shall apply to the total amount of base ephedrine and pseudoephedrine contained in the products, and not the overall weight of the products.

(2) Nonprescription products containing pseudoephedrine or ephedrine shall be maintained behind the counter or in a locked case where the customer does not have direct access.

(b) The retailer shall require any person purchasing a nonprescription product that contains pseudoephedrine or ephedrine to present valid government issued photo identification at the point of sale. The retailer shall record the name and address of the purchaser; name and quantity of product purchased; date and time purchased; and purchaser identification type and number, such as driver license state and number, and require the purchaser's signature in a logbook.

(c) Beginning January 1, 2011, a retailer shall, before completing a sale under this section, electronically submit the required information to the National Precursor Log Exchange (NPLEx) administered by the National Association of Drug Diversion Investigators (NADDI). Absent negligence, wantonness, recklessness, or deliberate misconduct, any retailer utilizing the electronic sales tracking system in accordance with this subdivision shall not be civilly liable as a result of any act or omission in carrying out the duties required by this subsection and shall be immune from liability to any third party unless the retailer has violated any provision of this subsection in relation to a claim brought for such violation.

(d) If a retailer selling a nonprescription product containing pseudoephedrine or ephedrine experiences mechanical or electronic failure of the electronic sales tracking system and is unable to comply with the electronic sales tracking requirement, the retailer shall maintain a written log or an alternative electronic recordkeeping mechanism until such time as the retailer is able to comply with the electronic sales tracking requirement.

(e) NADDI shall forward state transaction records in NPLEx to the appropriate state agency weekly, and provide real -time access to NPLEx information through the NPLEx online portal to law enforcement in the state as authorized by the agency.

(f) This system shall be capable of generating a stop sale alert, which shall be a notification that completion of the sale would result in the seller or purchaser violating the quantity limits set forth in this section. The seller shall not complete the sale if the system generates a stop sale alert. The system shall contain an override function that may be used by a dispenser of ephedrine or pseudoephedrine who has a reasonable fear of imminent bodily harm if they do not complete a sale. Each instance in which the override function is utilized shall be logged by the system.

(g) A violation of any provision of this section is a Class A misdemeanor, punishable by fine only. If a product is dispensed in violation of subsection (a), the owner or operator of the wholesale or retail establishment dispensing the product shall be in violation of subsection (a).

(h) This section does not apply to a person who obtains the product pursuant to a valid prescription.

(i) This section shall supersede any local laws or ordinances regulating sales of products containing pseudoephedrine or ephedrine.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Friday, March 18, 2011 6:27 PM
To: HLTtestimony
Cc: babyjean@hotmail.com
Subject: Testimony for SB40 on 3/22/2011 9:00:00 AM

Testimony for HLT 3/22/2011 9:00:00 AM SB40

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Ronnie Perry
Organization: Individual
Address:
Phone:
E-mail: babyjean@hotmail.com
Submitted on: 3/18/2011

Comments:
I use this medication all the time for my allergies and to sleep. I cannot afford to go to the doctor all the time to get this medication. I am opposed to this bill.