



HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

DATE: Tuesday, January 28, 2014
TIME: 8:30AM
PLACE: Conference Room 229

TO:

COMMITTEE ON HEALTH

Senator Josh Green, Chair
Senator Rosalyn H. Baker, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair

FROM:

Hawaii Medical Association
Dr. Walton Shim, MD, President
Dr. Linda Rasmussen, MD, Legislative Co-Chair
Dr. Ron Keinitz, DO, Legislative Co-Chair
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

RE: SB 2055 RELATING TO NARCOTIC DRUGS

Position: In opposition to part of this bill.

This measure amends prescriptive authority for narcotic drugs listed in schedule III of the controlled substances act by: requiring a written prescription from a practitioner; limiting the prescriptions to a thirty day supply with no refill; and limiting who may prescribe these drugs.

HMA is very concerned about page 3 lines 1 and 2 of this bill, which state that, “prescriptions for narcotic drugs listed in schedule 3 shall be limited to a thirty day supply and may not be refilled.”

When we discussed this bill in our government affairs committee some of the members of our committee who are orthopedic surgeons noted that there are times that they see a patient who legitimately needs narcotic painkillers for longer than thirty days. They also stated that if there was a thirty-day limitation and the patient needed an additional supply after that, they would likely not be able to get an appointment again for at least another two to six months. This would leave the patient open to months of severe pain without treatment. It is difficult to get appointments with physicians, especially orthopedic surgeons, due to a shortage of these providers.

OFFICERS

PRESIDENT - WALTON SHIM, MD PRESIDENT-ELECT – ROBERT SLOM
SECRETARY - THOMAS KOSASA, MD IMMEDIATE PAST PRESIDENT – ROGER KIMURA, MD
TREASURER – BRANDON LEE, MD EXECUTIVE DIRECTOR – CHRISTOPHER FLANDERS, DO

Requiring that prescriptions be limited to a 30 days supply could cause unnecessary suffering for legitimate pain management patients.

Thank you for introducing this bill and for the opportunity to provide testimony.

**Testimony of Mihoko E. Ito
on behalf of
Walgreen Co.**

DATE: January 27, 2014

TO: Senator Josh Green
Chair, Committee on Health

Senator Rosalyn Baker
Chair, Committee on Commerce and Consumer Protection

Submitted Via HTHtestimony@capitol.hawaii.gov

RE: **S.B. 2055 - Relating to Narcotic Drugs**
Hearing Date: Tuesday, January 28, 2014 at 8:30 a.m.
Conference Room: 229

Dear Chairs Green and Baker and Members of the Joint Committees on Health and Commerce and Consumer Protection,

We submit this testimony on behalf of Walgreen Co. (“Walgreens”). Walgreens operates stores at more than 8,200 locations in all 50 states, the District of Columbia and Puerto Rico. In Hawaii, Walgreens now has 17 stores on the islands of Oahu, Maui and Hawaii.

Walgreens **submits comments** regarding S.B. 2055, which proposes to require a written prescription from a practitioner for narcotic schedule III controlled substances, limits the prescriptions to a thirty day supply with no refill, and also limits who may prescribe these drugs.

Walgreens is committed to working with the Legislature and appropriate stakeholders to help control prescription drug abuse in Hawaii. We encourage the Committee to consider the following concerns we have with S.B. 2055, as well as consider some alternative solutions.

Gary M. Slovin
Mihoko E. Ito
Tiffany N. Yajima
Jennifer C. Taylor

1099 Alakea Street, Suite 1400
Honolulu, HI 96813
(808) 539-0840

Walgreens believes that any legislation to curb prescription drug abuse must be balanced with consideration for patients to need to manage chronic pain. Clinically, narcotic schedule III drugs are often prescribed for acute pain, but these medications are also critical for helping patients manage chronic cancer and non-cancer pain. These medications allow patients to sleep through the night, continue to work and earn a living, and otherwise engage in and enjoy typical activities of everyday life. The proposed legislation would restrict access to legitimate patients with chronic pain, because it does not allow an authorized practitioner to issue refills, or provide a quantity sufficient to meet the needs of those patients. Additionally removing the ability for these drugs to be prescribed through electronic, facsimile or oral methods would result in a greater inconvenience to these patients. In some ways, the prescriptive standard would become more restrictive than what is currently applied to schedule II drugs. This may result in increased cost to patients and to the healthcare delivery system due to more frequent office visits, and an increased likelihood that patients with a legitimate clinical need would endure symptoms of pain for longer periods of time.

The proposed requirements in this bill also raise the question of what specific problem this bill is intended to solve. If the intent of the bill is to curb the overuse of hydrocodone, Walgreens notes that a federal effort is currently underway to reclassify hydrocodone as a schedule II substance. Specifically, the Food and Drug Administration has recommended that the Drug Enforcement Administration reclassify hydrocodone from a schedule III drug to a schedule II drug. If the drug is reclassified, it will automatically be subject to stricter prescriptive standards. Given that this effort is underway, the Committee may prefer allowing the federal standards to be developed.

Walgreens also notes that creating education programs may be alternatives to pursuing legislation restricting access to schedule III drugs. Specifically, the Committee might consider education programs that provide training to practitioners regarding pain management and safe prescribing, and developing a specific prescribing protocol for narcotic drugs. Such additional education could help practitioners identify patterns of patient abuse or misuse and practice safe prescribing. An example of one such program has been recently enacted in New York.

We respectfully request that the Committee consider the above concerns and alternative approaches, so that legitimate patients are not negatively impacted. Walgreens is committed to participating in further discussion on this important topic.

Thank you for the opportunity to submit testimony on this measure.