

**PRESENTATION OF THE
HAWAII MEDICAL BOARD**

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2015

Wednesday, February 18, 2015
8:30 a.m.

**TESTIMONY ON HOUSE BILL NO. 1176, RELATING TO CONSUMER
PROTECTION.**

TO THE HONORABLE DELLA AU BELATTI, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Ahlani Quiogue, Executive Officer of the Hawaii Medical Board ("Board"). Thank you for the opportunity to testify on House Bill No. 1176, Relating to Consumer Protection. The Board had an opportunity to review this bill at its meeting on February 12, 2015, and expressed its support.

The purpose of the bill would be to prohibit persons licensed pursuant to Hawaii Revised Statutes chapters 453 and 463E from prescribing more than a thirty-day supply of narcotic drugs. This bill would also prohibit the automatic refill of narcotic drugs.

The Board supports this measure because it believes that it would deter licensed practitioners from overprescribing, and limit drug abusers from doctor shopping.

However, the Board does query whether this measure would preempt what is already established in Title 21 USC §829, as stated below:

(a) Schedule II substances

Except when dispensed directly by a practitioner, other than a pharmacist, to an ultimate user, no controlled substance in schedule II, which is a prescription drug as determined under the Federal Food, Drug, and Cosmetic

Act [21 U.S.C. 301 et seq.], may be dispensed without the written prescription of a practitioner, except that in emergency situations, as prescribed by the Secretary by regulation after consultation with the Attorney General, such drug may be dispensed upon oral prescription in accordance with section 503(b) of that Act [21 U.S.C. 353(b)]. Prescriptions shall be retained in conformity with the requirements of section 827 of this title. ***No prescription for a controlled substance in schedule II may be refilled.***

(b) Schedule II and IV substances

Except when dispensed directly by a practitioner, other than a pharmacist, to an ultimate user, no controlled substance in schedule III or IV, which is a prescription drug as determined under the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 301 et seq.], may be dispensed without a written or oral prescription in conformity with section 503(b) of that Act [21 U.S.C. 353(b)]. ***Such prescriptions may not be filled or refilled more than six months after the date thereof or be refilled more than five times after the date of the prescription unless renewed by the practitioner.***

Emphases added.

Thank you for the opportunity to submit testimony in support of House Bill No. 1176, Relating to Consumer Protection.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 17, 2015 8:56 AM
To: HLTtestimony
Cc: kbhealth@yahoo.com
Subject: Submitted testimony for HB1176 on Feb 18, 2015 08:30AM

HB1176

Submitted on: 2/17/2015

Testimony for HLT on Feb 18, 2015 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Kerrey Taylor DO MBA	Hawaii Society of Physical Medicine & Rehabilitation	Oppose	No

Comments: The physicians of the Hawaii Society of Physical Medicine & Rehabilitation oppose this bill as written as it will place undue hardship on many of our patients to receive their medical care. Medications for our varied patient population can include those of scheduled II and scheduled III. The bill which restricts an automatic refill of a scheduled III medication can affect our patients as many have physical functional challenges that make it difficult to function in community and social activities which may include trying to get their medications. Restricting a refill of a medication makes it difficult for the patient to continue their medical treatments especially if they are stable on a medication and the medical treatment is appropriate for a refill at that time. For example, medical care may dictate continued medication verses an office visit for that month. Furthermore, limiting a scheduled II medication beyond thirty days places undue hardship on the ability of medical physicians to deliver the appropriate medical care a patient needs if they in fact do need the medication beyond a thirty day period. Our specialty treats a wide variety of patients with many severe medical conditions. They may have spinal cord injuries, trauma, strokes, brain injuries, work injuries, cancer, multiple sclerosis, musculoskeletal conditions, sports injuries, post surgical conditions, Parkinson's disease, Chronic pain, Neuropathic pain and many other conditions that are treated by Physical Medicine and Rehabilitation physicians. This bill as written we are opposed as it affects our ability to deliver, in some cases, appropriate medical care for our patients. We appreciate your time and attention to our concerns. Aloha. Submitted by Dr. Kerrey Taylor President of Hawaii Society of Physical Medicine & Rehabilitation.

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THE QUEEN'S HEALTH SYSTEMS

**HB 1176, Relating to Consumer Protection
House Committee on Health
Hearing--February 18, 2015 at 8:30 AM**

Dear Chairwoman Belatti and Members of the House Committee on Health:

My name is Daniel Fischberg, MD, PhD, and I am the Medical Director of the Pain and Palliative Care Department at The Queen's Medical Center-Punchbowl. I would like to take this opportunity to provide testimony in opposition to HB 1176.

The intent of the bill, which is to reduce problematic opioid prescribing and use, is laudable. I was part of a group that consisted of lawmakers, providers and other key stakeholders to discuss this issue. For 18 months, we discussed ways to reduce the abuse of opioids in our community with a particular focus on preventing overdose deaths and education both patients and providers about the risks of opioids and narcotics. Our recommendations, many of which are based off of demonstration projects in other states, have made their way into legislation being discussed right now in the state legislature.

Limiting the supply of narcotics to patients to no more than 30 days and prohibiting automatic refills was not one of those recommendations. This legislation would cost both patients and providers a sizable amount of both time and money if passed. In my own practice, I have patients who are on stable doses that do not need to come in a dozen or more times a year. Stable patients who do not need to see their doctor every month would be required to pay for every visit, driving up their out-of-pocket costs. Moreover, the increase in billing for multiple visits could drive up costs for the whole healthcare system.

Providers must have the flexibility to manage their patients based on their individual needs and conditions. This legislation would likely not result in reduced abuse of opioids and other narcotics; instead, it would likely create barriers for patients. For these reasons, I would ask that you defer this measure.

Thank you for your time and consideration of this matter.

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

**Testimony of
Gary Slovin / Mihoko Ito
on behalf of
Walgreens**

DATE: February 17, 2015

TO: Representative Della Au Belatti
Committee on Health
Submitted Via HLTestimony@capitol.hawaii.gov

RE: **H.B. 1176 – Relating to Consumer Protection**
Hearing: Wednesday, February 18, 2015, 8:30 a.m.
Conference Room: 329

Dear Chair Belatti, and Members of the Committee on Health,

We submit these comments on behalf of Walgreen Co. (“Walgreens”). Walgreens operates more than 8,200 locations in all 50 states, the District of Columbia and Puerto Rico. In Hawai`i, Walgreens now has 20 stores on the islands of Oahu, Maui and Hawai`i.

Walgreens submits **comments** regarding H.B. 1176, which prohibits prescribers from issuing more than a thirty-day supply of narcotic drugs, and prohibits the automatic refill of narcotic drugs.

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. Patients with pain may rely upon prescriptions to be issued for greater than 30 days supply or automated refill services to help ensure they will have uninterrupted access to the medications that help them maintain an acceptable quality of life. The proposed legislation would restrict access to legitimate patients with chronic pain.

Gary M. Slovin
Mihoko E. Ito
Tiffany N. Yajima
C. Mike Kido

999 Bishop Street, Suite 1400
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The proposed requirements in this bill also raise the question of what specific problem this bill is intended to solve. The bill prevents physicians and podiatrists from prescribing schedule II and schedule III drugs in more than 30 day supplies, and prohibits automatic refills. If the intent of the bill is to curb the overuse of hydrocodone, Walgreens notes that as of last year, hydrocodone was rescheduled as a schedule II substance and is now subject to stricter prescriptive standards.

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.

Walgreens is committed to working with the Legislature and appropriate stakeholders to help control prescription drug abuse in Hawaii. We note that a working group was formed last year to discuss this issue, and that there are several Senate bills moving with proposals that reflect some of the work of this group.

We respectfully request that the Committee consider the above concerns and alternative approaches, so that legitimate patients are not negatively impacted.

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

creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 16, 2015 3:11 PM
To: HLTtestimony
Cc: joyamarshall0416@gmail.com
Subject: *Submitted testimony for HB1176 on Feb 18, 2015 08:30AM*

HB1176

Submitted on: 2/16/2015

Testimony for HLT on Feb 18, 2015 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Joy Marshall	Individual	Support	No

Comments:

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To: HLTtestimony
Cc: kbhealth@yahoo.com
Subject: Submitted testimony for HB1176 on Feb 18, 2015 08:30AM

HB1176

Submitted on: 2/15/2015

Testimony for HLT on Feb 18, 2015 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Kerrey Taylor DO MBA	Individual	Oppose	No

Comments: I oppose the bill as it reads. It is not clear if the prescription for a schedule II or III limited at 30 days is for a one time fill to a patient and then no more prescriptions of the medication are allowed by the bill. It also does not allow for an automatic refill of these medications. I am concerned over this bill as a Physical Medicine & Rehabilitation and Pain Management physician. Opioid medications can be part of a treatment plan for patients that suffer from different medical conditions including chronic pain, cancer pain, specific conditions such as post surgical pain, centralized pain, and trauma. These medications are helpful to allow function, decreased pain, improvement in social and community activities. While they are part of a treatment plan for an individual patient, they many times are a extremely important as part of the management plan. Many conditions require opioid therapy beyond thirty days. Also, certain medical conditions which require a schedule III pain medication would benefit from the ability to have a refill as they may be stable on the medication and a refill is appropriate without an office visit or monthly workup and an automatic refill is appropriate medical care. As a physician who treats many patients with severe painful medical conditions I am concerned in legislation that may affect their needed, appropriate medical care. I am also concerned with singling out medications such as opioids for restriction solely based on their class without explanation. This is not done in other medical conditions such as hypertension, diabetes, cardiac disease. I truly understand the need for continued attention and in certain cases oversight regarding opioids (I believed referenced as narcotics) in this bill but I recommend caution in attempts to regulate medications based on their class without needed explanation. Narcotics are increasingly getting attention due to the problem with diversion, overdose, in-appropriate prescribing by practioners. However,pain medications (opioids, narcotics) r remain an integral part of treatment for certain medical conditions. Legislation is not solely the answer to solve certain social problems associated with narcotics, it will take a combined approach from the medical community and the State. As a dedicated physician, I am also concerned of the stigma of those that need pain medications for their medical condition and the availability for them to obtain their prescriptions. This is a concern echoed across the country by medical associations as scheduled II and III medications are under more attention. I appreciate your time. I again oppose this legislation as written. Much Aloha, Dr. Kerrey Taylor

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HB1176

Submitted on: 2/15/2015

Testimony for HLT on Feb 18, 2015 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Kerrey Taylor DO MBA	Individual	Oppose	No

Comments: Aloha, As an addendum to the previous testimony that I submitted I did omit that restricting a narcotic prescription to thirty days can also be a hardship when a vacation coverage is needed beyond thirty days to continue medication management, when a military person is deployed for several months and continued medical care with medications is needed and when a patient is moving to another area and a prescription is needed beyond thirty days while they establish medical care in their new community. Aloha, Dr. Kerrey Taylor

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Re: HB1176

February 16, 2015

My name is Christopher Taylor and I am a physician here in Hawaii practicing interventional spine, pain, musculoskeletal and sports medicine. I am submitting testimony that OPPOSES the wording of HB 1176. First of all there is no explanation for this bill or any reasoning for its purpose. I understand that opioid medications need to be controlled and regulation put in place to prevent abuse and diversion. However, I can tell you from experience that limiting the prescriptions to 30 days and eliminating renewals is not the answer. Most pain doctors already limit the number of pills to a 28-30 day fill already including myself. However, there are times when stable patients who are not undergoing any changes in their dosage or frequency schedules may receive a refill, especially if it is a schedule II class drug. There may also be a necessary time to provide a refill to a patient for practical reasons. For example, if a patient is coming from off island and there are no pain medicine prescribing doctors on said island, they will have to travel here to Oahu for their care and medications. If they cannot travel monthly due to finances or personal/work schedule conflicts, allowing them 1 refill on their medications enables them to be seen every other month provided their pain is stable.

Secondly, limiting the amount of medications to only 30 days again presents a problem for patients when they travel either inter islands or elsewhere for longer than 30 days. How are they to receive their medications with that limitation when they are not able to be seen on a follow up visit? There needs to be the freedom (at the physicians discretion) to be able to provide for more than 30 days of medicine if the need arises.

Again, most doctors, especially pain physicians, already have their own limitations in place to control the medications the patients are using. The language in this bill is arbitrary to say the least and is without rational explanation. Therefore, I am opposing this bill and urge others in the committee to dispose of this bill in its current form.

Thank you,

Christopher Taylor, MD