

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

Testimony in SUPPORT of HB 2253
RELATING TO OVERDOSE PREVENTION AND EMERGENCY RESPONSE

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 8, 2016

Room Number: 329

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department strongly supports this bill and offers amendments.
3 The purpose of this bill is to remove barriers and increase the immediate availability of naloxone
4 to prevent the death of individuals experiencing an opiate overdose. Naloxone is an opioid
5 antagonist which reverses the effects of opiate overdose upon administration. The bill provides
6 immunity for health care professionals with prescribing authority to directly or through standing
7 order prescribe, dispense or distribute naloxone to an individual at risk of overdose or to other
8 individuals who may be in a position to assist the person overdosing. The measure: 1) provides
9 immunity for individuals administering naloxone in good faith; 2) authorizes emergency
10 personnel, law enforcement and fire fighters to administer naloxone; 3) requires Medicaid
11 coverage for naloxone; 4) provides immunity for individuals or organizations to store or
12 distribute naloxone; and 5) allows pharmacists to dispense naloxone to patients without a
13 prescription following standardized protocols that shall be developed by the Board of Pharmacy.

14 Implementation of the provisions of this measure will help reduce opiate overdose deaths in
15 Hawaii.

16 **The Department offers the following amendments:**

17 Page 4 line 17, delete [police officers] and replace with "law enforcement officers."

1 Throughout the bill replace use of the term [organization] with "harm reduction organization",
2 and add the following definition in the definitions section on page 2: Harm reduction
3 organization is "an organization that provides services, including medical care, counseling,
4 homeless services, or addiction treatment, to individuals at risk of experiencing an opiate-related
5 drug overdose event or to the friends and family members of an at-risk individual."

6 Add the following two definitions in the definitions section of page 2: "Protocol" means a
7 specific written plan for a course of medical treatment containing a written set of specific
8 directions created by a physician, group of physicians, hospital medical committee, or pharmacy
9 and therapeutics committee.

10 "Standing order" means a prescription order written by a health care professional who is
11 otherwise authorized to prescribe an opioid antagonist that is not specific to and does not identify
12 a particular patient.

13 Delete the following on page 4, lines 5 and 6: ...fire fighters [licensed to administer
14 medications] may administer an opioid antagonist...

15 Thank you for the opportunity to testify.

DAVID Y. IGE
GOVERNOR



RACHAEL WONG, DrPH
DIRECTOR

PANKAJ BHANOT
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

February 8, 2016

TO: The Honorable Della Au Belatti, Chair
House Committee on Health

FROM: Rachael Wong, DrPH, Director

SUBJECT: **HB 2253 - RELATING TO LIABILITY**
Hearing: Monday, February 8, 2016; 3:00 p.m.
Conference Room 329, State Capitol

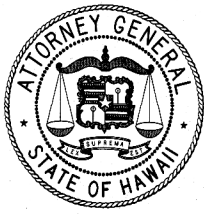
DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the opportunity to provide comments on this bill.

PURPOSE: The purpose of this bill expands access to opioid antagonists to prevent drug overdose fatalities. Establishes the Overdose Prevention and Emergency Response Act.

The Department provides comments on this measure related to the provision in the bill that would ensure Medicaid to cover costs of the opioid antagonist naloxone hydrochloride.

The Medicaid program, through its QUEST Integration and fee-for-service programs, already provide coverage for the drug. Individuals, who are allowed to prescribe within their scope of practice, may write a prescription for the opioid antagonist.

Thank you for the opportunity to testify on this measure.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-EIGHTH LEGISLATURE, 2016**

ON THE FOLLOWING MEASURE:

H.B. NO. 2253, RELATING TO OVERDOSE PREVENTION AND EMERGENCY RESPONSE.

BEFORE THE:

HOUSE COMMITTEE ON HEALTH

DATE: Monday, February 8, 2016

TIME: 3:00 p.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Douglas S. Chin, Attorney General, or
Jill T. Nagamine, Deputy Attorney General

Chair Belatti and Members of the Committee:

The Department of the Attorney General provides the following comments.

The purpose of this bill is to expand access to opioid antagonists to prevent fatal overdoses of drugs. It would do so by granting immunity to those in a position to prescribe and administer an opioid antagonist, and it would increase the ability of emergency personnel and first responders to administer an opioid antagonist.

For clarity and to ensure that all professionals involved in the process of making opioid antagonists available to those who would benefit from their use, we recommend the following modifications.

Immunity for pharmacists

This bill would provide immunity to health care professionals, as defined in this bill, who prescribe, dispense, or distribute an opioid antagonist to a person at risk of experiencing an overdose, but that definition does not include pharmacists. Because this measure would allow pharmacists to dispense naloxone hydrochloride to persons who do not hold a prescription, in order to encourage pharmacists to actually do so, it might be useful to provide immunity for them. To accomplish that purpose, a new subsection (c) for section -6 on page 5, lines 3-11, could be added:

"(c) A pharmacist who complies with the protocols adopted pursuant to subsection (a), and who, acting in good faith and with reasonable care dispenses or otherwise furnishes

an opioid antagonist shall not be subject to any criminal or civil liability or any professional disciplinary action for:

- (1) Dispensing or otherwise furnishing the opioid antagonist; or
- (2) Any outcomes resulting from the eventual administration of the opioid antagonist."

Additional definitions

"Standing order," as used at page 4, line 14, is not defined. It would be useful to provide a minimum guideline for what a standing order pertaining to the dispensing, storing, distributing, and use of an opioid antagonist can include.

"Organization," as used at page 4, line 14, is also not defined. This is important because the bill would allow an organization, among other things, to dispense an opioid antagonist. Guidance is needed to know what kind of organization can dispense, which responsible person at the organization can dispense, and whether there are criteria or training for distribution of an opioid antagonist. This could alternatively be provided as clarification to the new statutory section -5 of the bill at page 4, line 12, through page 5, line 2.

Possible title problem

Article III, section 14, of the Hawai'i Constitution provides in part: "No law shall be passed except by bill. Each law shall embrace but one subject, which shall be expressed in its title." The title of this bill, "Relating to Overdose Prevention and Emergency Response," arguably expresses two subjects—overdose prevention and emergency response. The bill expands access to opioid antagonists by (1) providing immunity to those who would make it available and those who would administer it, (2) allowing persons and organizations to store and dispense it without being subject to pharmacy licensing or permit requirements, and (3) allowing pharmacists to dispense it to persons who do not hold an individual prescription for it. But it goes beyond expanding access to permitting emergency personnel and first responders to administer an opioid antagonist in the case of an opioid-related overdose. Because the bill appears to include two subjects in its title, the bill may be subject to challenge as violative of article III, section 14, of the Hawai'i Constitution. We suggest this problem could be cured by providing an explanation in section 1 as to why "overdose prevention and emergency response" actually constitute a single subject. If this explanation cannot be made and there are really two subjects, we recommend that another vehicle with a title such as "Relating to Opioid

Antagonists" (HB 1671), or "Relating to Opioid Overdose" (HB 2355), be used to enact the provisions proposed by this bill.

If the Committee decides to pass this bill, we respectfully request it to consider the suggested modifications.

**PRESENTATION OF THE
BOARD OF PHARMACY**

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2016

Monday, February 8, 2016
3:00 p.m.

**TESTIMONY ON HOUSE BILL NO. 2253, RELATING TO OVERDOSE PREVENTION
AND EMERGENCY RESPONSE.**

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

My name is Lee Ann Teshima, Executive Officer for the Board of Pharmacy ("Board"). I appreciate the opportunity to testify on House Bill No. 2253, Relating to Overdose Prevention and Emergency Response, which expands access to opioid antagonists to prevent drug-overdose fatalities; and establishes the Overdose Prevention and Emergency Response Act.

The Board understands the urgency to make available opioid antagonists for emergency personnel and health care professionals who prescribe opioids. At the Board's January 21, 2016 meeting, the Board discussed this issue with representatives from the Department of Health.

Based on this discussion, we would like to offer the following comments as it pertains to pharmacists and pharmacies and the practice of pharmacy:

- Section 2, page 3, line 8, include the words "or pharmacist" after "health care professional". This amendment would include pharmacists to also be immune from any criminal or civil liability or any professional disciplinary action for dispensing an opioid antagonist.

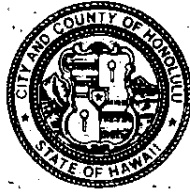
- Section 2, page 5, lines 3 – 11, requires the Board to adopt standardized protocols for pharmacists to dispense or furnish naloxone hydrochloride without a valid prescription. Currently, a “valid prescription” is required in order for a pharmacist to dispense a prescription drug. A “valid prescription” must include the name of the patient, pursuant to Hawaii Administrative Rules (“HAR”) §16-95-82. Naloxone hydrochloride is a prescription drug that would require a patient specific prescription in order for a pharmacist to “dispense” it. Pharmacists may work collaboratively with a health professional to, among other practices, administer drugs, initiate or adjust the drug regimen of a patient pursuant to a licensed physician’s written instructions and authorization. Pharmacists in a collaborative practice agreement may also initiate emergency contraception oral drug therapy. Perhaps amending the definition of “Practice of pharmacy” by including a section to allow a pharmacist to dispense naloxone hydrochloride to individuals, if the pharmacist has a written collaborative practice agreement with a practitioner, which would include the initiation of a prescription by the pharmacist for the practitioner in order to dispense the naloxone hydrochloride, would clarify this practice.
- Section 2, page 2, line 5, delete the words, “nurse practitioner” and replace with “advanced practice registered nurse”.

Thank you for the opportunity to testify on House Bill No. 2253.

1
HONOLULU EMERGENCY SERVICES DEPARTMENT .
CITY AND COUNTY OF HONOLULU

3375 KOAPAKA STREET-SUITE 8-1-450 • HONOLULU, HAWAII 96819-1869 .
Phone: (808)723-7800 • Fax: (808) 723-7836

• KIRK CALDWELL
MAYOR



MARK K. RIGG
DIRECTOR .

IAN T. T. SANTEE
DEPUTY DIRECTOR

February 8, 2016

The Honorable Della Au Belatti, Chair
The Honorable Richard P. Creagan Vice-Chair ,
Committee on Health
Twenty-Eighth Legislature
Regular Session of 2016

Re: HB2253, Relating to Overdose Prevention and Emergency
Response

Dear Chair Belatti: Vice-Chair Creagan and Members:

The Honolulu Emergency Services Department, -Emergency Medical Services
Division (EMS), would like to provide the following comments on HB2253.

The EMS treats and transports many patients due to a drug overdose, but many
of these cases could be assisted by our fellow first responders prior to our arrival.
Allowing first responders the ability to administer an opioid antagonist may help reduce
opioid, overdose, mortality rates.

We would like to recommend including ocean safety lifeguards to the list of first
responders and an education, prevention, and training section similar to HB1671.

Thank you for allowing EMS to provide comments on HB2253.

Sincerely,



Ian T. T. Santee
Deputy Director



HAWAII SUBSTANCE ABUSE COALITION

HB2253 RELATING TO OVERDOSE PREVENTION AND EMERGENCY RESPONSE:

COMMITTEE ON HEALTH: Representative Belatti, Chair; Representative Creagan, Vice Chair

- Monday, February 8, 2015 at 3:00 p.m.
- Conference Room 329

HSAC Supports HB2253:

Good Morning Chair Belatti; Vice Chair Creagan; And Distinguished Committee Members. My name is Alan Johnson, Chair of the Hawaii Substance Abuse Coalition, an organization of more than thirty treatment and prevention agencies across the State.

The Hawaii Substance Abuse Coalition fully supports the Overdose Prevention and Emergency Response Act creating immunity for individuals and emergency personnel who prescribe, possess, or administer an opioid antagonist such as naloxone hydrochloride during an opioid-related drug overdose. HSAC supports required Medicaid coverage, and exempting pharmacists as well as dispensing without a prescription.

HSAC supports immunity and prevention.

Across the nation, opioid abuse is becoming an epidemic, especially prescription painkillers and, increasingly, heroin. We have the proven science today to know what to do:

- **Use naloxone to curb overdose deaths and keep people alive long enough that they can be treated successfully.**
- Reduce drug diversion,
- Expand successful treatments programs (including medication-assisted treatments),
- Develop new medications for pain.

NALOXONE

If a person accidentally ingests too much pain medication or overuses prescription opioids, or abuses heroin, naloxone can very quickly restore normal respiration to a person whose breathing has slowed or stopped. Naloxone can be widely used by emergency medical personnel and other first responders for this purpose. Unfortunately, by the time a person having an overdose is reached and treated, it is often too late.

So far, 17 states have passed laws allowing for wider use of naloxone to prevent overdose fatalities. Almost half of the states in the U.S. provide limited immunity from arrest or prosecution for minor drug law violations for people who summon help at the scene of an overdose. Through these laws, family members and friends as well as emergency personnel,

such as police and firefighters, can use this life saving drug.

Good Samaritan laws do not protect people from arrest for other offenses, such as selling or trafficking drugs, or driving while drugged. These policies protect only the caller and overdose victim from arrest and/or prosecution for simple drug possession, possession of paraphernalia, and/or being under the influence.

Naloxone is currently the only FDA approved overdose medication. Moreover, it is relatively safe in its administration because it uses syringes fitted with an atomizer to enable the drug to be sprayed into the nose. NIDA and other agencies are working with the FDA and drug manufacturers to support this intranasal formulation. With overdose education and naloxone distribution (OEND) programs, naloxone can be applied directly to opioid users by their friends or loved ones, or other potential bystanders. OEND programs are an effective, as well as cost-effective way of saving lives.

With science, we can save people's lives in the event of overdose and reverse the current Healthcare trend by improving outcomes and reducing costs.

We appreciate the opportunity to testify and are available for questions



Hawaii's Voice for Sensible, Compassionate, and Just Drug Policy

TO: HOUSE COMMITTEE ON HEALTH

FROM: PAMELA LICHTY, M.P.H., PRESIDENT

DATE: FEBRUARY 8, 2016, ROOM 329

RE: H.B. 2253 RELATING TO OVERDOSE PREVENTION & EMERGENCY RESPONSE – **IN SUPPORT**

Good morning Chair Belatti, Vice Chair Creagan and members of the Committees. My name is Pam Lichty and I'm President of the Drug Policy Action Group (DPAG), the government affairs arm of the Drug Policy Forum of Hawaii.

We strongly support HB 2253 with its potential for saving lives.

Let me begin by thanking you for hearing this important bill today and for passing a medical amnesty law, also known as a Good Samaritan law, last Session. This measure today to expand access to opioid antagonists is a necessary addition to that excellent first step. As we move towards a compassionate, evidence-based, public health approach to drug control, this type of measure is literally a way to save lives.

I'm sure you will have heard from other testifiers, about the opioid epidemic that is ravaging many communities across the nation. The Hawaii numbers are delineated in the bill itself.

Naloxone, the drug most often used to reverse overdose, is now recommended by virtually all public health authorities including the Surgeon General of the U.S. Many of the overdose victims are patients, sometimes elderly people who have taken too much of their prescribed medicine. It behooves us to suspend any moral judgments we may harbor about those who use misuse drugs or alcohol and instead look at the best ways to save lives.

This issue is personal to me since I lost a nephew to an overdose death fifteen years ago. I was visiting his mother when Phillip Seymour Hoffman's death vividly brought back that terrible time to my family and me.

His death and those of so many others underscores the urgency of getting this type of bill in place immediately to prevent more of such tragedies.

I urge this committee to move H.B. 2253 Consumer Protection Committee today so that this important and necessary discussion can continue. Again thank you for hearing this measure and for giving us the opportunity to testify.



Monday February 8, 2016
3:00 PM.
Capitol Rm. 329

To: HOUSE COMMITTEE ON HEALTH
Rep. Della Au Belatti, Chair
Rep. Richard Creagan, Vice Chair

From: Hawaii Medical Association
Dr. Scott McCaffrey, MD, President
Dr. Linda Rasmussen, MD, Legislative Co-Chair
Dr. Ronald Keinitz, MD, Legislative Co-Chair
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

Re: HB 1952 – RELATING TO OVERDOSE PREVENTION AND EMERGENCY RESPONSE

IN SUPPORT

Chair, Vice Chair, and Committee Members:

The Hawaii Medical Association supports HB2253. This bill serves as a Good Samaritan act to enhance quick response and increased efficiency to accidental narcotic overdose therapy, especially to those of high risk. Through this bill, this can be accomplished with little risk and large benefit.

Thank you for the opportunity to provide this testimony.

OFFICERS

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IMMEDIATE PAST PRESIDENT – ROBERT SLOAN, MD, SECRETARY - THOMAS KOSASA, MD,
TREASURER – MICHAEL CHAMPION, MD, EXECUTIVE DIRECTOR – CHRISTOPHER FLANDERS, DO



Dedicated to safe, responsible, humane and effective drug policies since 1993

TO: House Committee on Health
FROM: Carl Bergquist, Executive Director
HEARING DATE: 8 February 2016, 3PM
RE: HB2253, Relating to Overdose Prevention and Emergency Response, **STRONG SUPPORT**

Dear Chair Belatti and Vice Chair Creagean:

The Drug Policy Forum of Hawai'i (DPFHI) **strongly supports** this harm reduction measure to increase access to naloxone, a drug that can help reverse all types of opioid overdoses and thereby help save lives. Naloxone, also known by brand names like Narcan & Evzio, is a generic drug that is completely safe in most instances, easy to administer and historically inexpensive.

In 2015, the White House hosted a summit on the national opioid epidemic and just last month, President Obama – who here has bipartisan support in Congress - requested over \$1 billion in his budget to help combat it. Hawai'i is no outlier in this prescription painkiller (e.g. oxycodone) and illicit drug (e.g. heroin) opioid epidemic. On average, our state has seen an average of 150 deaths from such overdoses per year, and in many cases, these happen in homes or in public. That is why it is vital to ensure that Naloxone gets into the hands of those best placed to help immediately or to reach vulnerable populations, namely loved ones and harm reduction organizations. In addition, pharmacies have a crucial role to play in helping to dispense Naloxone, and operating under standing orders, they could do so without prescriptions. HB2253 addresses all these key points.

One issue that has been widely discussed recently is the price of Naloxone. As states have increased access, pharmaceutical companies have increased the price. We believe that continuing to authorize administering and dispensing Naloxone, including for law enforcement and fire fighters who are often first on the scene after a 911 call, will help put pressure on the producers to break this trend. In addition, new, easier forms of delivery, including a nasal spray, are changing the market.

Regarding law enforcement and fire fighters, we would propose language to specifically authorize them to administer Naloxone, e.g. as can be found in [SB2962 §6](#).

In conclusion, this bill dovetails with last year's Good Samaritan Medical Amnesty law, Act 217. If those best positioned in the case of an overdose are both protected from prosecution as well as equipped with Naloxone, lives are more likely to be saved. Regardless of an individual's reaction post-Naloxone – and they may not always be grateful – we must never forget the obvious: the overdose reversal is the prerequisite to beginning any treatment at all.

Mahalo for the opportunity to testify.



Community Health Outreach Work

677 Ala Moana Blvd., Suite 226
Honolulu, HI 96813
Phone (808) 853-3292 • Fax (808) 853-3274

TESTIMONY in STRONG SUPPORT of HB 2253: RELATING TO OVERDOSE

TO: Representative Della Au Bellati, Chair and Representative Richard P. Creagan, Vice Chair, Committee on Health

FROM: Heather Lusk, Executive Director, CHOW Project
Hearing: Monday, February 8th, 2016 3:00 PM Conference Room 329

Dear Chair Au Belatti,, Vice Chair Creagan, and Members of the Committee:

The CHOW Project is in strong support of HB 2253 which provides increased access to Naloxone to prevent opioid-related overdose deaths and provides immunity to those who prescribe, dispense, store and/or administer Naloxone.

Accidental drug overdoses are the leading cause of fatal injuries in Hawaii and 37 jurisdictions have laws that increase access to this life-saving drug. With over 10,000 overdose reversals recorded nationwide due to Naloxone, it is time for Hawaii to adopt legislation that allows those at risk of an opioid-related overdose and those around them to have easy access to Naloxone and overdose prevention and response education.

The Community Health Outreach Work (CHOW) Project is dedicated to serving individuals, families, and communities adversely affected by drug use, through a participant-centered harm reduction approach. CHOW works to reduce drug related harms such as but not limited to HIV, hepatitis B/C and overdose. In 2015, 56% of CHOW's participants reported witnessing an overdose in the past three years, and a needs assessment among our participants indicates that access to Naloxone is a priority.

Research shows that community-based Naloxone education, training and distribution is effective. It needs to be immediately available were overdoses take place: in the home, on the streets and in public places. One study found that for every 164 Naloxone kits distributed through program like the CHOW Project, that one life was saved.

Please consider one amendment: organizations, like the CHOW Project, need to be able to store and distribute Naloxone which means that we need an exemption from all but Section VII of Chapter 328.

Thank you for the opportunity to provide testimony.
Heather Lusk, CHOW Executive Director

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 07, 2016 8:53 AM
To: HLTtestimony
Cc: alord@chowproject.org
Subject: Submitted testimony for HB2253 on Feb 8, 2016 15:00PM

HB2253

Submitted on: 2/7/2016

Testimony for HLT on Feb 8, 2016 15:00PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Adam Lord, MSW	The CHOW Project	Support	No

Comments: Naloxone reverses opioid overdose • Naloxone is a non-narcotic Opioid antagonist that blocks opioids, like heroin and oxycodone, yet has no potential for abuse and side effects are rare.i • When administered during an overdose, it blocks the effects of opioids and restores breathing within 3 minutes. • There have been over 10,000 overdose reversals using naloxone nationwide.ii • 37 jurisdictions have laws that increase access to Naloxone. • Providing take-home Naloxone to people who use opioids and their family, friends and caretakers not only saves lives, it saves money. • One study found for every 164 kits distributed, one life was saved.iii • Community-based naloxone education, training and distribu- tion is effective.iv • Naloxone is available in easy-to use nasal spray and IM injec- tion for effective administration. Unintentional drug overdoses are on the rise • Drug overdose is the leading cause of injury death for the past two decades in the U.S. — • more than 100 people die of accidental drug overdose each day in the U.S.v • From 2010-2014, drug poisoning/overdose was the leading cause of fatal injuries in Hawai’i — surpassing falls, motor ve- hicle, drowning and other injury-related deaths. • In Hawai’i there were 155 deaths in 2014 from drug poison- ings/overdose with a total of 1,465 over the past decade vii • 56% of the participants in Hawai’i’s syringe exchange program witnessed an overdose in the past three years.viii

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From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 05, 2016 5:21 PM
To: HLTtestimony
Cc: melanie.boehm@usw.salvationarmy.org
Subject: *Submitted testimony for HB2253 on Feb 8, 2016 15:00PM*

HB2253

Submitted on: 2/5/2016

Testimony for HLT on Feb 8, 2016 15:00PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Melanie Boehm	The Salvation Army Addiction Treatment Services and Family Treatment Services	Support	No

Comments:

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February 6, 2016

Representative Della Au Belatti
Chair
Committee of Health

HB 2253: Relating to Overdose Prevention and Emergency Response

Letter in SUPPORT

Dear Representative Belatti and Committee Members:

I am an emergency physician, and a member of the State Narcotic Task Force. I am also the president of the Hawaii College of Emergency Physicians. I represent our 150 emergency physician members, and the hundreds of thousands of patients we care for yearly in Hawaii's emergency departments. I am writing to express our strong support for HB 2253.

Tens of thousands of Americans die each year from fatal drug overdoses.¹ Much of the dramatic, six-fold increase in prescription drug related deaths we have observed over the last three decades is due to prescription opioid medications. In 2012, more people in the United States died of drug overdose than motor vehicle accidents. More than 16,000 of the overdose deaths involved prescription opioid medication.²

Opioid overdose is almost always reversible when an opioid antagonist is given, allowing time for the patient to receive emergency medical care. Naloxone (commonly known by its trade name Narcan), is the most commonly used opioid antagonist. It is a prescription drug, *but is not a controlled substance and does not cause addiction*. It is commonly carried by first responders and can be administered by lay citizens with little or no training.³ Unfortunately, it is generally not available when and where it is needed. Opioid overdoses generally occur when the victim is with other individuals, and symptoms can progress rapidly. Those who are with the victim have the greatest opportunity to save their life through rapid administration of Narcan. Unfortunately, neither the victim nor the general public typically carry the drug.

State law is at least partially responsible for the lack of access. Hawaii statute prohibits the prescription of drugs to persons other than the

OFFICE

3215-A Pawale Place
Honolulu, HI 96822-1152
hi.chapter@acep.org

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intended recipient. Practitioners may be hesitant to prescribe naloxone because of perceived liability.⁴ Even when naloxone is available, bystanders may be afraid to administer it or even call for emergency medical assistance out of concern for their liability or for fear of legal repercussions related to their own involvement.^{5,6}

This legislation will save lives by putting a very safe medication in the hands of people who are present when the overdose occurs. Several opioid antagonist bills are available in this year's legislative session. We have concerns that a request for appropriations in other bills may scuttle attempts to pass legislation. We trust the Chair's experience in the matter. Please do not let another year go by without addressing this incredibly important public health issue.

Sincerely,



William Scruggs, MD, RDMS, FACEP
President, Hawaii College of Emergency Physicians

1. Warner M, Chen LH, Makuc DM, Anderson RN, Miniño AM. Drug poisoning deaths in the United States, 1980-2008. NCHS Data Brief 2011;(81):1-8.
2. Centers for Disease Control and Prevention (CDC). Prescription Drug Overdose in the United States: Fact Sheet [Internet]. www.cdc.gov. 2015 [cited 2015 Feb 7];:1-4. Available from: <http://www.cdc.gov/homeandrecrationalafety/overdose/facts.html>
3. Centers for Disease Control and Prevention (CDC). Community-based opioid overdose prevention programs providing naloxone - United States, 2010. MMWR Morb Mortal Wkly Rep 2012;61(6):101-5.
4. Beletsky L, Ruthazer R, Macalino GE, Rich JD, Tan L, Burris S. Physicians' Knowledge of and Willingness to Prescribe Naloxone to Reverse Accidental Opiate Overdose: Challenges and Opportunities. J Urban Health 2006;84(1):126-36.
5. Burris S, Beletsky L, Castagna CA, Coyle C, Crowe C, McLaughlin JM. Stopping an invisible epidemic: legal issues in the provision of naloxone to prevent opioid overdose. Available at SSRN 1434381 2009;
6. Tobin KE, Davey MA, Latkin CA. Calling emergency medical services during drug overdose: an examination of individual, social and setting correlates. Addiction 2005;100(3):397-404.

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 05, 2016 4:23 PM
To: HLTtestimony
Cc: veary@hawaii.edu
Subject: Submitted testimony for HB2253 on Feb 8, 2016 15:00PM

HB2253

Submitted on: 2/5/2016

Testimony for HLT on Feb 8, 2016 15:00PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Carly Correa	Individual	Support	No

Comments: As a registered nurse in the state of Hawaii, I support this bill which will help to reverse the effects of drug overdose, the leading cause of fatal injuries in Hawaii. Naloxone has no potential for abuse and side effects are rare, yet it can save lives if it is made readily available in Hawaii.

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To: HLTtestimony
Cc: stacylenze@yahoo.com
Subject: Submitted testimony for HB2253 on Feb 8, 2016 15:00PM

HB2253

Submitted on: 2/5/2016

Testimony for HLT on Feb 8, 2016 15:00PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Stacy	Individual	Support	No

Comments: On 2/3/15 I witnessed an overdose while doing outreach in Chinatown. I had finished doing a housing assessment with a man and he had gone down the street to his van, that her and his girlfriend were living in. He came rushing back to me, telling me that his girlfriend "wasn't right" and asked for my help. I followed him down the street and immediately recognized an overdose. She was hunched and unresponsive. Her lips where blue and she wasn't breathing. I helped him take her out of the van and lay her flat on the sidewalk. I called 911 over his protests (he was afraid of being arrested), and the operator guided me through nearly five minutes of chest compressions before the fire department and EMS arrived. Five minutes. The woman who'd overdosed spent those five minutes with a terrified first responder doing chest compressions. She spent five minutes without adequate oxygen to her brain and vital organs. Those five minutes could have been the difference between her living and dying. We were lucky that day. EMS was able to revive her. But I've spent many moments since that day thinking those five minutes. If I'd have had access to Naloxone (which typically revives a person within three minutes of administration), she'd have been sitting up and chatting when EMS arrived. Her chest wouldn't have ached for weeks after from chest compressions. She could have spent those five minutes breathing life saving oxygen. I do not have the words to express how strongly support this Bill. Thank you for taking the time to hear my testimony.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 05, 2016 5:38 PM
To: HLTtestimony
Cc: joyamarshall0416@gmail.com
Subject: *Submitted testimony for HB2253 on Feb 8, 2016 15:00PM*

HB2253

Submitted on: 2/5/2016

Testimony for HLT on Feb 8, 2016 15:00PM in Conference Room 329

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

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 07, 2016 4:26 PM
To: HLTtestimony
Cc: scalcagno@chowproject.org
Subject: Submitted testimony for HB2253 on Feb 8, 2016 15:00PM

HB2253

Submitted on: 2/7/2016

Testimony for HLT on Feb 8, 2016 15:00PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Sheila Calcagno	Individual	Support	No

Comments: I have seen people die because they overdosed and people were to afraid to help them or didn't know what to do. Passing this bill will make it so many people will be able to help the ones they love, to stay alive.

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I am writing to support HB2253 and SB 2392.

Naloxone is an opiate antagonist that reverses opiate effects on the mu opioid receptor. It has no intrinsic activity of its own and it cannot be abused. Overdoses with heroin and prescription narcotics are associated with respiratory depression. Stopping breathing can be reversed and deaths can be prevented with the increased availability and emergency use of naloxone.

Patients and their families should have access to naloxone, and they need to be educated about how to resuscitate their loved ones. The medication should be made easily available at pharmacies, even without prescription. It should be reimbursed by Medicaid and other health insurance plans. Emergency and health care professionals, police, family and friends should all have immunity from prosecution if they use naloxone and rescue persons from overdose.

Other states have encouraged access to naloxone with proven success.

Hawaii values each and every member of its community. Opiate addiction is an illness that responds to treatment. A loved one cannot be treated if they are dead.

Given the opioid epidemic and escalating number of opioid overdoses and deaths, increasing the availability of naloxone and giving immunity from prosecution to those who use it is both good medicine and is cost-effective.

Sincerely,

A handwritten signature in cursive script that reads "Lori D. Karan MD".

Lori D. Karan, MD, FACP, FASAM
Recent Publications Chair and Treasurer of the American Society of Addiction Medicine
Active Member, The Hawaii Society of Addiction Medicine
Active Member, The Hawaii Chapter of the American College of Physicians

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 06, 2016 8:29 PM
To: HLTtestimony
Cc: dr.suprinadorai@gmail.com
Subject: *Submitted testimony for HB2253 on Feb 8, 2016 15:00PM*

HB2253

Submitted on: 2/6/2016

Testimony for HLT on Feb 8, 2016 15:00PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Suprina Dorai	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 06, 2016 9:49 AM
To: HLTtestimony
Cc: takashi.nakamura@gmail.com
Subject: *Submitted testimony for HB2253 on Feb 8, 2016 15:00PM*

HB2253

Submitted on: 2/6/2016

Testimony for HLT on Feb 8, 2016 15:00PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Takashi Nakamura	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 08, 2016 8:27 AM
To: HLTtestimony
Cc: milesw@hawaii.edu
Subject: Submitted testimony for HB2253 on Feb 8, 2016 15:00PM

HB2253

Submitted on: 2/8/2016

Testimony for HLT on Feb 8, 2016 15:00PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Miles W. Tuttle	Individual	Support	Yes

Comments: This medication could potentially save the lives of our relatives, friends, neighbors, coworkers, or children. Increased access and availability leads to the potential of more lives saved.

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I am writing in support of HB 2253 and SB 392.

I have lived in Hawaii for over 35 years. In that time I have seen with my eyes many friends men and Women both young and old die from opioid overdoses. I have seen the tears and sadness of those left

- behind. Naloxone is a medication that can reverse an overdose that is caused by an opioid drug. The opioid Crisis has claimed far too many
- lives in Hawaii. We need to continue to use multiple strategies to decrease to addiction to opioids in our state and country. I encourage those impacted by addiction to seek treatment and I hope in the near future recommend Naloxone so' lives can be saved.

WALLACE I. THOMPSON

1021 ONAHA ST.
WAILUKU HI. 96793

RECEIVED
2016 FEB - 8 A 7:41
SERGEANT-AT-ARMS
HOUSE OF
REPRESENTATIVES

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 05, 2016 3:28 PM
To: HLTtestimony
Cc: suekta@gmail.com
Subject: Submitted testimony for HB2253 on Feb 8, 2016 15:00PM

HB2253

Submitted on: 2/5/2016

Testimony for HLT on Feb 8, 2016 15:00PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Suresh Tamang	Individual	Comments Only	No

Comments: I support this bill and hope to help needy people. Mahalo!

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From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 05, 2016 3:42 PM
To: HLTtestimony
Cc: hanabgood@hotmail.com
Subject: Submitted testimony for HB2253 on Feb 8, 2016 15:00PM

HB2253

Submitted on: 2/5/2016

Testimony for HLT on Feb 8, 2016 15:00PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Hana Barrineau	Individual	Comments Only	No

Comments: I am submitting my testimony

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From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 05, 2016 4:18 PM
To: HLTtestimony
Cc: akatz808@gmail.com
Subject: Submitted testimony for HB2253 on Feb 8, 2016 15:00PM

HB2253

Submitted on: 2/5/2016

Testimony for HLT on Feb 8, 2016 15:00PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Alan Katz	Individual	Comments Only	No

Comments: Thank you for the opportunity to provide my strong support of HB2253. I am a public health physician epidemiologist. Naloxone has been shown in evidence-based studies to be an effective and safe approach to reversing opioid overdoses. It literally can and has saved lives. Its distribution without prescription has been approved in at least 14 states. It is imperative to have naloxone widely available and readily on hand so it can be administered at the time of an opioid overdose. There is virtually no abuse potential for naloxone, and it reverses the adverse respiratory suppressive effects of opioids so dramatically that it has been referred to as a "Lazarus" drug (reference to the Biblical character who was raised from the dead). Passage of this bill will clearly help prevent fatal opioid drug overdoses and is keeping with best public health practices.

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