

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

ON THE FOLLOWING MEASURE:

S.B. NO. 2392, S.D. 2, H.D. 1, RELATING TO OPIOID ANTAGONISTS.

BEFORE THE:

HOUSE COMMITTEES ON CONSUMER PROTECTION AND COMMERCE
AND ON JUDICIARY

DATE: Wednesday, March 23, 2016 **TIME:** 2:10 p.m.

LOCATION: State Capitol, Room 325

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

Chairs McKelvey and Rhoads and Members of the Committees:

The Department of the Attorney General provides the following comments.

This bill would create a new chapter in the Hawaii Revised Statutes (HRS) that would: (1) create immunity for individuals who prescribe, possess, or administer an opioid antagonist such as naloxone hydrochloride to persons at risk of an opioid-related drug overdose; (2) authorize emergency personnel to administer naloxone hydrochloride; (3) require medicaid coverage for naloxone hydrochloride; and (4) allow harm reduction organizations to store and distribute opioid antagonists.

We recommend some technical changes to the wording in the bill as follows and as indicated in the attached, to achieve greater clarity and make the measure easier to implement.

(1) The definition of "health care professional," at page 4, lines 6-8, by using the word "includes," is too broad, and may be interpreted to include people who are not licensed under chapters 453 and 457, HRS. We recommend that this should be clarified.

(2) The use of "standing order" in section -5, at page 7, line 17, limits the current definition of "standing order" by making it apply to only those health care professionals who are licensed under chapter 453 and 457, HRS. The issue would be resolved by redefining "health care professional" as suggested above, and then using the term "standing order" consistently without adding a limitation to its meaning.

(3) The definition of "standing order" at page 5, lines 3-6, could be made more specific to this chapter by making it specifically applicable for purposes of the new chapter and by clarifying that a standing order may be applicable to multiple patients.

(4) The immunity provision at section -2(a) at page 5, lines 7-19, seems to intend to provide immunity for those health care professionals who "prescribe, dispense, and distribute" an opioid antagonist, but at page 5, line 17, only "prescription" is regarded as being for a legitimate medical purpose. We recommend specifically making it applicable to "prescribing, dispensing, or distributing of an opioid antagonist pursuant to this chapter."

(5) Section -2(d) at page 6, lines 10-15, provides immunity for all persons who administer an opioid antagonist in good faith and with reasonable care. Therefore, it is redundant when at page 6, line 21, though page 7, line 9, the same immunity is repeated for emergency medical technicians, law enforcement officers, firefighters, and lifeguards. While redundancy isn't necessarily a bad thing, in this situation it might appear that the Legislature intended to treat immunity of first responders differently than it treats all persons' immunity, and some first responders may have been left off of the list. The immunity for all persons in section -2, is sufficient to cover all persons who administer opioid antagonist, regardless of whether they are first responders.

(6) Other technical suggestions are written on the attached draft.

We respectfully ask the Committees to consider our recommended changes. Thank you for the opportunity to provide these comments.

A BILL FOR AN ACT

*Changes to
pp. 4, 5, 6, 7, 13*

RELATING TO OPIOID ANTAGONISTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that drug overdose deaths
2 in the United States have more than doubled since 1999.
3 According to the most recent data from the federal Centers for
4 Disease Control and Prevention, in 2013, more than 16,000 deaths
5 associated with opioid pain relievers were reported. Deaths
6 involving heroin have also doubled in recent years, with more
7 than 8,000 deaths reported in 2013. According to the Centers
8 for Disease Control and Prevention, overdoses involving
9 prescription painkillers are at epidemic levels. However,
10 deaths caused by opioids are often preventable via timely
11 administration of an opioid antagonist, such as naloxone
12 hydrochloride. Studies have found that providing opioid
13 overdose training and naloxone kits can help people identify
14 signs of an opioid-related drug overdose and can help reduce
15 opioid overdose mortality.

16 The legislature further finds that opioid antagonist use
17 has been approved by the federal Food and Drug Administration



1 and used for more than forty years by emergency medical services
2 personnel to reverse opioid overdose. Opioid antagonists have
3 no psychoactive effects and do not have any potential for abuse,
4 and first responders and family members with no medical training
5 can learn to administer them safely. Furthermore, research has
6 shown that the increased availability of opioid antagonists does
7 not encourage people to use more drugs or engage in riskier
8 behavior.

9 The legislature additionally finds that over half of the
10 states in the country have enacted some form of a 911 drug
11 immunity law or have implemented a law or developed a pilot
12 program to allow administration of medication, like opioid
13 antagonists, to reverse the effects of an opiate-related
14 overdose. Numerous state and national organizations also
15 support increased access to naloxone hydrochloride, including
16 but not limited to the American Public Health Association,
17 American Medical Association, American Pharmacists Association,
18 Harm Reduction Coalition, American Society of Addiction
19 Medicine, National Governors Association, law enforcement
20 organizations, and organizations representing first responders.

21 Accordingly, the purpose of this Act is to:



- 1 (1) Create immunity for health care professionals and
2 pharmacists who prescribe, dispense, distribute, or
3 administer an opioid antagonist such as naloxone
4 hydrochloride to persons who are at risk of
5 experiencing or who are experiencing an opioid-related
6 drug overdose;
- 7 (2) Create immunity for emergency personnel and first
8 responders, who administer an opioid antagonist to a
9 person suffering from an opioid-related drug overdose;
- 10 (3) Authorize emergency personnel and first responders to
11 administer opioid antagonists;
- 12 (4) Require medicaid coverage for opioid antagonists; and
- 13 (5) Allow harm reduction organizations to store and
14 distribute opioid antagonists.

15 SECTION 2. The Hawaii Revised Statutes is amended by
16 adding a new chapter to be appropriately designated and to read
17 as follows:

18 "CHAPTER

19 OVERDOSE PREVENTION AND EMERGENCY RESPONSE ACT

20 § -1 Definitions. The following definitions apply
21 throughout this chapter:



1 "Harm reduction organization" means an organization that
2 provides services, including medical care, counseling, homeless
3 services, or addiction treatment, to individuals at risk of
4 experiencing an opiate-related drug overdose event or to the
5 friends and family members of an at-risk individual.

6 "Health care professional" ^{means} ~~includes~~ a physician, ^{licensed under chapter 453} physician
7 assistant under the authority and supervision of a physician, or
8 advanced practice registered nurse with prescriptive authority. ^{licensed under chapter 457}

9 "Opioid antagonist" means any drug that binds to opioid
10 receptors and blocks or disinhibits the effects of opioids
11 acting on those receptors, and that is approved by the United
12 States Food and Drug Administration for treating opioid-related
13 drug overdose.

14 "Opioid-related drug overdose" means a condition including
15 but not limited to extreme physical illness, decreased level of
16 consciousness, respiratory depression, coma, or death resulting
17 from the consumption or use of an opioid, or another substance
18 with which an opioid was combined, or a condition that a
19 layperson would reasonably believe to be an opioid-related drug
20 overdose that requires medical assistance.



1 "Pharmacist" means a registered pharmacist as defined in
2 chapter 461.

3 "Standing order" ^{for purposes of this chapter} means a prescription order ^{for an opioid antagonist} ~~written~~ by a
4 health care professional who is otherwise authorized to
5 prescribe an opioid antagonist that is not specific to and does
6 not identify a particular patient. ^{and which may be applicable to more than}
^{one patient.}

7 § -2 Immunity. (a) Notwithstanding any other law ~~or~~
8 ~~regulation~~ to the contrary, a health care professional otherwise
9 authorized to prescribe an opioid antagonist may, directly or by
10 standing order, prescribe, dispense, and distribute an opioid
11 antagonist to:

unnecessary
limitation -
"law"
includes
regulations,
rules, etc

- 12 (1) An individual at risk of experiencing an opioid-
- 13 related overdose;
- 14 (2) Another person in a position to assist an individual
- 15 at risk of experiencing an opioid-related overdose; or
- 16 (3) A harm reduction organization.

needs
to
refer
back
to
line
10

17 Any such ~~prescription~~ ^{prescribing, dispensing, or distributing of an opioid} shall be regarded as being ~~issued~~ ^{issued} for
18 a legitimate medical purpose in the usual course of professional
19 practice.

antagonist
pursuant
to this
chapter,

20 (b) A health care professional or pharmacist who, acting
21 in good faith and with reasonable care, prescribes, dispenses,



pursuant to this chapter

1 or distributes an opioid antagonist, shall not be subject to any
2 criminal or civil liability or any professional disciplinary
3 action for:

4 (1) Prescribing, dispensing, or distributing the opioid
5 antagonist; and

6 (2) Any outcomes resulting from the eventual
7 administration of the opioid antagonist.

8 (c) Notwithstanding any other law ~~or regulation~~ to the
9 contrary, any person may lawfully possess an opioid antagonist.

unnecessary limitation

10 (d) A person who, acting in good faith and with reasonable
11 care, administers an opioid antagonist to another person whom
12 the person believes to be suffering an opioid-related drug
13 overdose shall be immune from criminal prosecution, sanction
14 under any professional licensing ~~statute~~, and civil liability
15 for acts or omissions resulting from the ~~act~~.

law

administration

refers back to line 11

16 § -3 Opioid antagonist administration; emergency
17 personnel and first responders. By January 1, 2017, every
18 emergency medical technician licensed and registered in Hawaii
19 and all law enforcement officers, firefighters, and lifeguards
20 shall be authorized to administer an opioid antagonist as
21 clinically indicated. ~~Any emergency medical technician licensed~~

Delete through p.7 line 9



1 ~~and registered in Hawaii and all law enforcement officers,~~
 2 ~~firefighters, and lifeguards who, acting in good faith and with~~
 3 ~~reasonable care, administers an opioid antagonist to another~~
 4 ~~person whom the emergency medical technician, law enforcement~~
 5 ~~officer, firefighter, or lifeguard believes to be suffering an~~
 6 ~~opioid-related drug overdose shall be immune from criminal~~
 7 ~~prosecution, sanction under any professional licensing statute,~~
 8 ~~and civil liability, for acts or omissions resulting from the~~
 9 ~~act.~~

Redundant
to
§ 2(d) at
p 6 lines
10-15.
This is
already
in the
immunity
section
for
"persons"

10 § -4 Medicaid coverage. The department of human
 11 services shall ensure that opioid antagonists for outpatient use
 12 are covered by the medicaid prescription drug program on the
 13 same basis as other covered drugs.

14 § -5 Harm reduction organization; opioid antagonist;
 15 exemption. Notwithstanding any other law or regulation to the
 16 contrary, a person or harm reduction organization acting under a
 17 standing order ~~issued by a health care professional licensed~~
 18 ~~under chapter 453 or chapter 457~~ ^{physicians, osteopaths nurses} who is otherwise authorized to
 19 ~~prescribe an opioid antagonist~~ may store an opioid antagonist
 20 without being subject to chapter 328, except part VII, and may

Unnecessary
limitation
on the
definitions
of "standing
order" and
"health care
professional"



1 distribute an opioid antagonist; provided that the distribution
2 is without charge or compensation.

3 § -6 Unintentional drug overdose; reporting. (a) The
4 department of health shall ascertain, document, and publish an
5 annual report on the number of, trends in, patterns in, and risk
6 factors related to unintentional drug overdose fatalities
7 occurring each year within the State. The report shall provide
8 information on interventions that would be effective in reducing
9 the rate of fatal or nonfatal drug overdose.

10 (b) The department of health shall monitor adverse drug
11 reaction from opiate antagonist use. In order to do so,
12 hospital emergency departments shall report to the department of
13 health adverse drug reactions occurring after administration of
14 an opiate antagonist.

15 § -7 Drug overdose recognition, prevention, and
16 response. The department of health shall work with community
17 partners to provide or establish any of the following:

- 18 (1) Education on drug overdose prevention, recognition,
19 and response, including opioid antagonist
20 administration;



- 1 (2) Training on drug overdose prevention, recognition, and
- 2 response, including opioid antagonist administration,
- 3 for patients receiving opioids and their families and
- 4 caregivers;
- 5 (3) Opioid antagonist prescription and distribution
- 6 projects; and
- 7 (4) Education and training projects on drug overdose
- 8 response and treatment, including opioid antagonist
- 9 administration, for emergency services and law
- 10 enforcement personnel, including volunteer
- 11 firefighters, lifeguards, and emergency services
- 12 personnel."

13 SECTION 3. Section 461-1, Hawaii Revised Statutes, is

14 amended by amending the definition of "practice of pharmacy" to

15 read as follows:

16 ""Practice of pharmacy" means:

- 17 (1) The interpretation and evaluation of prescription
- 18 orders; the compounding, dispensing, and labeling of
- 19 drugs and devices (except labeling by a manufacturer,
- 20 packer, or distributor of nonprescription drugs and
- 21 commercially legend drugs and devices); the



1 participation in drug selection and drug utilization
2 reviews; the proper and safe storage of drugs and
3 devices and the maintenance of proper records
4 therefor; the responsibility for advising when
5 necessary or where regulated, of therapeutic values,
6 content, hazards, and use of drugs and devices;
7 (2) Performing the following procedures or functions as
8 part of the care provided by and in concurrence with a
9 "health care facility" and "health care service" as
10 defined in section 323D-2, or a "pharmacy" or a
11 licensed physician, or a "managed care plan" as
12 defined in section 432E-1, in accordance with
13 policies, procedures, or protocols developed
14 collaboratively by health professionals, including
15 physicians and surgeons, pharmacists, and registered
16 nurses, and for which a pharmacist has received
17 appropriate training required by these policies,
18 procedures, or protocols:
19 (A) Ordering or performing routine drug therapy
20 related patient assessment procedures;
21 (B) Ordering drug therapy related laboratory tests;



- 1 (C) Initiating emergency contraception oral drug
2 therapy in accordance with a written
3 collaborative agreement approved by the board,
4 between a licensed physician and a pharmacist who
5 has received appropriate training that includes
6 programs approved by the American Council of
7 Pharmaceutical Education (ACPE), curriculum-based
8 programs from an ACPE-accredited college of
9 pharmacy, state or local health department
10 programs, or programs recognized by the board of
11 pharmacy;
- 12 (D) Administering drugs orally, topically, by
13 intranasal delivery, or by injection, pursuant to
14 the patient's licensed physician's order, by a
15 pharmacist having appropriate training that
16 includes programs approved by the ACPE,
17 curriculum-based programs from an ACPE-accredited
18 college of pharmacy, state or local health
19 department programs, or programs recognized by
20 the board of pharmacy;
- 21 (E) Administering:



- 1 (i) Immunizations orally, by injection, or by
- 2 intranasal delivery, to persons eighteen
- 3 years of age or older by a pharmacist having
- 4 appropriate training that includes programs
- 5 approved by the ACPE, curriculum-based
- 6 programs from an ACPE-accredited college of
- 7 pharmacy, state or local health department
- 8 programs, or programs recognized by the
- 9 board of pharmacy; and
- 10 (ii) Vaccines to persons between fourteen and
- 11 seventeen years of age pursuant to section
- 12 461-11.4;
- 13 (F) As authorized by a licensed physician's written
- 14 instructions, initiating or adjusting the drug
- 15 regimen of a patient pursuant to an order or
- 16 authorization made by the patient's licensed
- 17 physician and related to the condition for which
- 18 the patient has been seen by the licensed
- 19 physician; provided that the pharmacist shall
- 20 issue written notification to the patient's
- 21 licensed physician or enter the appropriate



1 information in an electronic patient record
2 system shared by the licensed physician, within
3 twenty-four hours;

4 (G) Transmitting a valid prescription to another
5 pharmacist for the purpose of filling or
6 dispensing; [~~or~~]

7 (H) Providing consultation, information, or education
8 to patients and health care professionals based
9 on the pharmacist's training and for which no
10 other licensure is required; [~~and~~] or

11 (I) Dispensing an opioid antagonist in accordance
12 with a written collaborative agreement approved
13 by the board, between a licensed physician and a
14 pharmacist who has received appropriate training
15 that includes programs approved by the American
16 Council on Pharmaceutical Education (ACPE),
17 curriculum-based programs from an ACPE-accredited
18 college of pharmacy, state or local health
19 department programs, or programs recognized by
20 the board; and

*Is this a
standing
order? \Rightarrow
If so,
use that
term.
If not,
define.*



1 (3) The offering or performing of those acts, services,
2 operations, or transactions necessary in the conduct,
3 operation, management, and control of pharmacy."

4 SECTION 4. This Act does not affect rights and duties that
5 matured, penalties that were incurred, and proceedings that were
6 begun before its effective date.

7 SECTION 5. Statutory material to be repealed is bracketed
8 and stricken. New statutory material is underscored.

9 SECTION 6. This Act shall take effect on July 1, 2112.



Report Title:

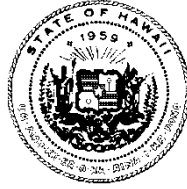
Opioid Antagonist; Naloxone Hydrochloride; Drug Overdose Prevention; Emergency Response; Medical Immunity

Description:

Creates immunity for health care professionals and pharmacists who prescribe, dispense, or administer an opioid antagonist such as naloxone hydrochloride to assist an individual at risk of experiencing an opioid-related drug overdose or to a harm reduction organization. Creates immunity for first responders, harm reduction organizations, and individuals who administer opioid antagonists to persons believed to be suffering an opioid-related drug overdose. Authorizes emergency personnel to administer an opioid antagonist. Requires medicaid coverage for opioid antagonists for outpatient use. Authorizes certain persons or organizations acting under standing orders issued by a licensed health care professional to store opioid antagonists without being subject to the Hawaii Food, Drug, and Cosmetic Act, except the portion regarding the storage of wholesale prescription drugs, and to distribute opioid antagonists without charge or compensation. (SB2392 HD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.





STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

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

March 21, 2016

TO: The Honorable Angus McKelvey, Chair
House Committee on Consumer Protection and Commerce

The Honorable Karl Rhoads, Chair
House Committee on Judiciary

FROM: Rachael Wong, DrPH, Director

SUBJECT: **SB 2392 SD2 HD1 - RELATING TO OPIOID ANTAGONISTS**
Hearing: Wednesday, March 23, 2016; 2:10 p.m.
Conference Room 325, State Capitol

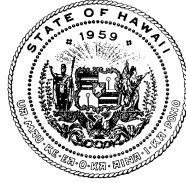
DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the opportunity to provide comments on this bill.

PURPOSE: The purpose of this bill creates immunity for health care professionals and pharmacists who prescribe, dispense, or administer an opioid antagonist such as naloxone hydrochloride to assist an individual at risk of experiencing an opioid-related drug overdose or to a harm reduction organization. Creates immunity for first responders, harm reduction organizations, and individuals who administer opioid antagonists to persons believed to be suffering an opioid-related drug overdose. Authorizes emergency personnel to administer an opioid antagonist. Requires medical coverage for opioid antagonists for outpatient use. Authorizes certain persons or organizations acting under standing orders issued by a licenses health care professional to store opioid antagonists without being subject to the Hawaii Food, Drug, and Cosmetic Act, except the portion regarding the storage of wholesale prescription drugs, and to distribute opioid antagonists without charge or compensation.

The Medicaid program, through its QUEST Integration and fee-for-service programs, provides coverage for this drug. Additionally, individuals, who are allowed to prescribe within

their scope of practice, may write a prescription for the opioid antagonist. Therefore the language requiring Medicaid coverage is not needed.

Thank you for the opportunity to testify on this measure.



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

**TESTIMONY in SUPPORT of SB 2392 SD2 HD1
RELATING TO OPIOID ANTAGONISTS**

REPRESENTATIVE ANGUS L. K. McKELVEY, CHAIR
HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

REPRESENTATIVE KARL RHOADS, CHAIR
HOUSE COMMITTEE ON THE JUDICIARY

Hearing Date: March 23, 2016

Room Number: 325

1 **Fiscal Implications:** There are no appropriations requested in this bill. The Department
2 anticipates that passage of this measure will reduce statewide medical costs by reducing opiate
3 overdose deaths and other severe medical impacts of overdose.

4 **Department Testimony:** The Department strongly supports this measure.

5 The purpose of this bill is to reduce the number of opiate overdose deaths in Hawaii by
6 increasing access and use of opioid antagonists like naloxone hydrochloride. Between 2010 -
7 2014 there were 270 reported overdoses in Hawaii and this is an underestimate. The aim of the
8 bill is to get naloxone into the hands of persons who use opiates and are at risk for overdose as
9 well as those who may be able to assist them in case of overdose.

10 This bill provides immunity for individuals who prescribe, dispense, or possess an opioid
11 antagonist such as naloxone or administer it during an opioid-related drug overdose; creates
12 immunity for emergency personnel, law enforcement, first responders, harm reduction
13 organizations and individuals to administer an opiate antagonist; requires Medicaid coverage for
14 opiate antagonists for this purpose; permits pharmacists to dispense naloxone with a written
15 collaborative agreement between the pharmacist and a physician; and requires the DOH to
16 collect, analyze and publish an annual report related to drug overdoses and monitor any adverse
17 drug reactions related to naloxone administration reported by hospital emergency departments.

1 This bill will save lives in Hawaii and is in keeping with recent strong federal initiatives
2 and statutes in over 30 states to reduce opiate overdose deaths. The Department urges passage of
3 this bill.

4 Thank you for the opportunity to testify on this measure.

**Testimony of
Gary M. Slovin / Mihoko E. Ito
on behalf of
Walgreen Company**

DATE: March 22, 2016

TO: Representative Angus McKelvey
Chair, Committee on Consumer Protection and Commerce

Representative Karl Rhoads
Chair, Committee on Judiciary

CPCTestimony@capitol.hawaii.gov

RE: **S.B. 2392, S.D.2, H.D.1 – Relating to Opioid Antagonists**
Hearing Date: Wednesday, March 23, 2016 at 2:10 p.m.
Conference Room: 325

Dear Chair McKelvey, Chair Rhoads and Members of the Joint Committees:

We submit these comments 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 20 stores on the islands of Oahu, Maui and Hawaii.

Walgreens **supports** S.B. 2392, S.D.2, H.D.1, which, among other things, creates immunity for health care professionals and pharmacists who prescribe, dispense, or administer an opioid antagonist such as naloxone hydrochloride to assist an individual at risk of experiencing an opioid-related drug overdose or to a harm reduction organization. The bill also allows pharmacists to dispense opioid antagonists pursuant to a collaborative agreement between a licensed physician and a pharmacist.

Walgreens is committed to comprehensive efforts to combat drug abuse. Naloxone can be used in the event of an overdose to reverse the effects of heroin or other opioid drugs, and is administered by injection or nasal spray. By allowing pharmacists to dispense opioid antagonists and providing immunity for dispensing and administering the same, S.B. 2392, S.D.2, H.D.1 provides an important mechanism to save lives and help combat drug overdoses. Thank you for the opportunity to testify in support of this measure.

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

999 Bishop Street, Suite 1400
Honolulu, HI 96813
(808) 539-0840



An Independent Licensee of the Blue Cross and Blue Shield Association

March 23, 2016

The Honorable Angus McKelvey, Chair
House Committee on Consumer Protection and Commerce
The Honorable Justin Woodson, Vice-Chair
House Committee on Consumer Protection and Commerce

The Honorable Karl Rhoads, Chair
House Committee on Judiciary
The Honorable Joy A. San Buenaventura, Vice-Chair
House Committee on Judiciary

Re: SB 2392, SD2, HD1 – Relating to Opioid Antagonists

Dear Chair McKelvey, Chair Rhoads, Vice-Chair Woodson, Vice-Chair San Buenaventura and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments supporting SB 2392, SD2, HD1 which, among other things, governs how opioid antagonists such as naloxone hydrochloride are administered.

HMSA appreciates the Committees' willingness to address opioid related health complications and deaths in our state through SB 2392, SD2, HD1. We would note that this issue is receiving national attention with fourteen other states making naloxone hydrochloride more safely accessible for individuals and populations most in need. In November 2015 the FDA provided fast-track approved a naloxone nasal spray for outpatient use.

It is also worth noting the U.S. Senate's recent passage of the Comprehensive Addiction Recovery Act that expands prevention and education efforts within the Department of Justice and the Department of Health and Human Services', and part of President Obama's fiscal year 2017 budget proposal specifically provides the following:

- \$1 billion in new mandatory funding to address the prescription opioid abuse and heroin use epidemic. The budget proposal contains approximately \$500 million—an increase of more than \$90 million—to continue and build on current efforts across the Departments of Justice and HHS to expand state-level prescription drug overdose prevention strategies, increase the availability of medication-assisted treatment programs, improve access to the overdose-reversal drug naloxone, and support targeted enforcement activities.

Thank you for allowing us to testify in support of SB 2392, SD2, HD1.

Sincerely,

Jennifer Diesman
Vice President, Government Relations

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, March 19, 2016 9:08 PM
To: CPCtestimony
Cc: wailua@aya.yale.edu
Subject: *Submitted testimony for SB2392 on Mar 23, 2016 14:10PM*

SB2392

Submitted on: 3/19/2016

Testimony for CPC/JUD on Mar 23, 2016 14:10PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Wailua Brandman	Hawaii Assoc. of Professional Nurses	Support	No

Comments:

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: Monday, March 21, 2016 11:19 AM
To: CPCtestimony
Cc: lcook@kualoha.org
Subject: Submitted testimony for SB2392 on Mar 23, 2016 14:10PM

SB2392

Submitted on: 3/21/2016

Testimony for CPC/JUD on Mar 23, 2016 14:10PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Cook	Ku Aloha Ola Mau	Support	No

Comments: Aloha Thank you for hearing this important bill that will save lives. Overdose is a fact of life in Hawaii Nei. Ku Aloha Ola Mau serves 350 persons addicted to opioids every day. There are many more not in treatment. Overdose is a daily threat to many who are using drugs. Your support is very much appreciated. Mahalo Nui, Lisa Cook, Executive Director

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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**COMMENTS OF ROBERT TOYOFUKU ON BEHALF OF THE HAWAII
ASSOCIATION FOR JUSTICE (HAJ) REGARDING S.B. NO. 2392, HD 1**

Date: Wednesday, March 23, 2016

Time: 2:10 pm

Room: 325

To: Chairman Angus McKelvey and Members of the House Committee on Consumer Protection and Commerce and Chairman Karl Rhoads and Members of the House Committee on Judiciary:

My name is Bob Toyofuku and I am presenting comments on behalf of the Hawaii Association for Justice (HAJ) regarding S.B. No. 2392, HD 1 Relating to Opioid Antagonists.

The Hawaii Association for Justice generally opposes any limitation of civil liability which reduces protection for consumers and limits or lessens the incentive for everyone to act responsibly to reduce or eliminate harm to others. This measure does reduce civil protections for by eliminating strict products liability and strict liability for use of dangerous material, however, it does at least prohibit unreasonable conduct and requires good faith compliance with its terms in order to qualify for reduced liability.

HAJ recognizes that this measure is well intended and addresses an important option for those who suffer opioid-related drug overdoses. Accordingly, HAJ does not object to the liability provision as currently drafted, but will object to any amendments that decrease patient protection or provide additional immunity.

Thank you very much for allowing me to testify regarding this measure. Please feel free to contact me should you have any questions or desire additional information.



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 SB 2392: RELATING TO OPIOID ANTAGONISTS

TO: Chair Angus LK. McKelvey, House Committee on Consumer Protection and Commerce
and Chair Karl Rhoads, Chair House Committee on Judiciary

FROM: Heather Lusk, Executive Director, CHOW Project

Hearing: Wednesday, March 23, 2016 at 2:10 PM in conference room 325.

The CHOW Project is in strong support of SB 2392 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 where 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.

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

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 21, 2016 12:09 PM
To: CPCtestimony
Cc: kglick@wheelchair-kauai.com
Subject: Submitted testimony for SB2392 on Mar 23, 2016 14:10PM

SB2392

Submitted on: 3/21/2016

Testimony for CPC/JUD on Mar 23, 2016 14:10PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Kevin Glick	Hawaii Community Pharmacists Association	Support	No

Comments: Hawaii Community Pharmacists Association **STRONGLY** supports this legislation. With Narcotic Overdoses exceeding 270 per year in Hawaii the ability to provide Narcan to patients and their caregivers is a nationally recognized effective way to save hundreds of lives yearly in Hawaii. Sincerely, Kevin Glick, R.Ph. HCPA Co-Chair

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Wednesday March 23, 2016

2:10 PM.

Capitol Rm. 325

To: HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE
Rep. Agnus McKelvey, Chair
Rep. Justin Woodson, Vice Chair

HOUSE COMMITTEE ON JUDICIARY
Rep. Karl Rhoads, Chair
Rep. Joy San Buenaventura

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: SB 2392 SD2HD1 – RELATING TO OPIOID ANTAGONISTS

IN SUPPORT

Chair, Vice Chair, and Committee Members:

The Hawaii Medical Association supports SB2392 SD2HD1. For more than 40 years, naloxone has been saving the lives of people who overdose on an opioid. With the United States in the midst of an opioid misuse, overdose and death epidemic, the Hawaii Medical Association strongly encourages widespread access to naloxone as well as broad Good Samaritan protections to those who aid someone experiencing an overdose. Combined, these two policies have saved tens of thousands of lives across the nation.

On March 20, 2016, the State of Pennsylvania announced that the lives of more than 650 Pennsylvanians have been saved due to the use of naloxone by police officers alone in the past 15 months.

OFFICERS

**PRESIDENT – D. SCOTT McCAFFREY, MD, PRESIDENT ELECT – BERNARD ROBINSON, MD
IMMEDIATE PAST PRESIDENT – ROBERT SLOAN, MD, SECRETARY - THOMAS KOSASA, MD,
TREASURER – MICHAEL CHAMPION, MD, EXECUTIVE DIRECTOR – CHRISTOPHER FLANDERS, DO**

Opioid overdose is most often accidental and can occur in patients with and without substance use disorders. Naloxone can save lives. The HMA applauds the public support for naloxone access and Good Samaritan protections from the U.S. Department of Health and Human Services, the U.S. Office of National Drug Control Policy, the U.S. Substance Abuse and Mental Health Services Administration and other key federal agencies.

Thank you for the opportunity to provide this testimony.



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

TO: House Committees on Consumer Protection & Commerce, Judiciary

FROM: Carl Bergquist, Executive Director

HEARING DATE: 23 March 2016, 2:10PM

RE: SB2392 SD2 HD1, Relating to Opioid Antagonists, **STRONG SUPPORT**

Dear Chairs McKelvey & Rhoads, Vice Chairs Woodson & San Buenaventura, Members of the Committees:

The Drug Policy Forum of Hawai'i (DPFHI) **strongly supports** the SD2 HD1 amended version of this harm reduction measure to increase access to naloxone, a drug that can reverse all types of opioid overdoses and thereby 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.

This bill is not just time-sensitive, but it is also timely. Earlier this month, on March 10, the U.S. Senate in a nearly unanimous vote passed the **Comprehensive Addiction and Recovery Act (CARA) of 2015** that treats the national opioid epidemic as a public health crisis rather than as part of the failed War on Drugs. It would **make federal grants available** to combat the epidemic, and it give **priority to states that have civil liability protections such as the ones proposed in this bill**. Further, in 2015 the White House hosted a related 50 state summit, and just last month, President Obama – who here clearly has bipartisan support in Congress - requested over \$1 billion in his budget to help combat this scourge.

Hawai'i is no outlier in this prescription painkiller (e.g. oxycodone) and illicit drug (e.g. heroin) addiction crisis. On average, our state has seen an average of 150 deaths from opioid overdoses per year, and in 95% of cases, these happen in homes or in public. That is why it is so vital to ensure that Naloxone gets into the hands of those best placed to help immediately or to reach vulnerable populations, namely friends, loved ones and harm reduction organizations. Pharmacies also have a crucial role to play in helping to dispense Naloxone, and operating under collaborative agreements, they could do so without individualized prescriptions. Similarly, harm reduction organizations like the CHOW Project, with standing orders from doctors, would be able to obtain Naloxone and distribute it in affected communities.

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 to authorizing the administering and dispensing of 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.

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. We must never forget the obvious: an overdose reversal is the prerequisite to beginning any treatment at all.

Mahalo for the opportunity to testify.



HAWAII SUBSTANCE ABUSE COALITION

SB2392 SD2 RELATING TO OVERDOSE PREVENTION AND EMERGENCY RESPONSE :

COMMITTEE ON CONSUMER PROTECTION & COMMERCE: Representative McKelvey, Chair;
Representative Woodson, Vice Chair

COMMITTEE ON JUDICIARY: Representative Rhoads, Chair; Representative San Buenaventura, Vice Chair

- Wednesday, March 23, 2016 at 2:10 p.m.
- Conference Room 325

HSAC Supports SB2392 SD2 HD1:

Good Morning Chair McKelvey and Chair Rhoads; Vice Chair Woodson and Vice Chair San Buenaventura, 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 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.

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

HSAC supports the amendments.

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 CONSUMER PROTECTION & COMMERCE AND
HOUSE COMMITTEE ON JUDICIARY

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

DATE: MARCH 23, 2016, 2:10 PM, ROOM 325

RE: S.B. 2392 SD2, HD1 RELATING TO OPIOID ANTAGONISTS – **IN SUPPORT**

Good afternoon Chairs McKelvey and Rhoads, Vice Chairs Woodson and San Buenaventura 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 SB 2392, SD2, HD1 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 legally 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 out S.B. 2392 to Finance 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.

COMMUNITY ALLIANCE ON PRISONS

P.O. Box 37158, Honolulu, HI 96837-0158

Phone/email: (808) 927-1214 / kat.caphi@gmail.com



COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Chair: Rep. Angus McKelvey

Vice Chair: Rep. Justin Woodson

COMMITTEE ON JUDICIARY

Chair: Rep. Karl Rhoads

Vice Chair: Rep. Joy San Buenaventura

Wednesday, March 23, 2016

2:10 p.m.

Room 325

STRONG SUPPORT FOR SB2392 SD2, HD1 - OPIOID ANTAGONISTS

Aloha Chairs McKelvey and Rhoads and Members of the Committees!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies in Hawai'i for almost two decades. This testimony is respectfully offered on behalf of the 6,000 Hawai'i individuals living behind bars or under the "care and custody" of the Department of Public Safety. We are always mindful that approximately 1,400 of Hawai'i's imprisoned people are serving their sentences abroad thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Native Hawaiians, far from their ancestral lands.

Community Alliance on Prisons is in strong support of this important life-saving measure.

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. When administered during an overdose, it blocks the effects of opioids and restores breathing within 3 minutes.

From 2010-2014, drug poisoning/overdose was the leading cause of fatal injuries in Hawai'i¹ – surpassing falls, motor vehicle, drowning and other injury-related deaths.

In Hawai'i there were 155 deaths in 2014 from drug poisonings/overdose and over the past decade, there were a total of 1,465 overdose deaths².

¹ Hawaii State Department of Health, Injury Prevention and Control Program

² Id.

On September 17, 2015, HHS Secretary Sylvia M. Burwell announced a \$1.8 million in \$100,000 grants to help 18 rural communities in 13 states to reduce morbidity and mortality related to opioid overdoses.

The Rural Opioid Overdose Reversal (ROOR) Grant Program supports the purchase and distribution of naloxone (a drug that reverses symptoms of a drug overdose), and the training for its use by licensed healthcare professionals and emergency responders in rural areas. According to the CDC, prescription opioid abuse is more common in rural communities. In 2013, rates of death involving an overdose of prescription opioids were higher in rural counties than urban counties.

As data gathering organizations like the CDC, the National Council on Alcoholism and Drug Dependence, American Society of Addiction Medicine and National Institute on Drug Abuse work to accurately gauge the severity of the problem (no easy task), the U.S. Department of Health and Human Services (HHS) recently established a fund to make available, to rural communities, a drug that can save lives by reversing the body's innate response to an overdose.³

The CDC reported that deaths from opioid drug overdoses have hit an all-time record in the U.S., rising 14 percent in just one year. More than 47,000 people died from these drug overdoses last year. "These findings indicate that the opioid overdose epidemic is worsening," the CDC's Rose Rudd and colleagues wrote in their report.⁴

**"SINCE 2000, THE RATE OF DEATHS FROM DRUG OVERDOSES
HAS INCREASED 137 PERCENT."**

This is a common-sense measure that saves the lives of our community members.

Community Alliance on Prisons urges the legislature to pass a good naloxone bill this session for the sake of the families in our communities. No one has to die from an overdose!

Mahalo for this opportunity to testify.

³ *Heroin Doesn't Care Where It Is: HHS to Distribute Naloxone to Rural Areas*, By John Collins, Thursday, September 24, 2015. <http://inthesetimes.com/rural-america/entry/18444/heroin-doesnt-care-where-it-is>

⁴ *Drug Overdose Deaths Hit 'Alarming' New Record in U.S., CDC Says*, by Maggie Fox, December 18, 2015. <http://www.cdc.gov/media/releases/2015/p1218-drug-overdose.html>

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 22, 2016 6:40 AM
To: CPCtestimony
Cc: wscruggs@hepa.net
Subject: Submitted testimony for SB2392 on Mar 23, 2016 14:10PM

SB2392

Submitted on: 3/22/2016

Testimony for CPC/JUD on Mar 23, 2016 14:10PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
William Scruggs	Hawaii ACEP	Support	No

Comments: Thank you for the opportunity to testify in SUPPORT of SB2392 SD2. The Hawaii College of Emergency Physicians fully endorses the improved access to naloxone this bill would provide. Emergency physicians see the devastating consequences of opioid overdose on a regular basis. Naloxone is a medication that Hawaii's emergency physicians, nurses, and paramedics use regularly and understand well. Unfortunately, by the time EMS arrives or patients arrive to our facilities, it is often too late to prevent tragic consequences. Complications from naloxone administration are very rare, and the benefit of the medication in the case of overdose greatly outweighs the risks. Studies clearly demonstrate that lay-people can safely administer the medication, and access to naloxone by the lay-public saves lives. Patients who overdose on opioid medications need emergency medical attention. By placing a safe, life-saving antidote in the hands of the people who are most likely to be with an individual when overdose occurs, we can save lives and reduce the impact of opioid addiction and overdose.

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From: mailinglist@capitol.hawaii.gov
Sent: Saturday, March 19, 2016 3:01 PM
To: CPCtestimony
Cc: joyamarshall0416@gmail.com
Subject: *Submitted testimony for SB2392 on Mar 23, 2016 14:10PM*

SB2392

Submitted on: 3/19/2016

Testimony for CPC/JUD on Mar 23, 2016 14:10PM in Conference Room 325

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, March 20, 2016 7:43 AM
To: CPCtestimony
Cc: lenora@hawaii.edu
Subject: *Submitted testimony for SB2392 on Mar 23, 2016 14:10PM*

SB2392

Submitted on: 3/20/2016

Testimony for CPC/JUD on Mar 23, 2016 14:10PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Lenora Lorenzo	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 20, 2016 7:08 PM
To: CPCtestimony
Cc: maukalani78@hotmail.com
Subject: Submitted testimony for SB2392 on Mar 23, 2016 14:10PM

SB2392

Submitted on: 3/20/2016

Testimony for CPC/JUD on Mar 23, 2016 14:10PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
E. Ileina Funakoshi	Individual	Support	No

Comments: SB2392 SD1 PLEASE PASS THIS MEASURE TO HELP PEOPLE SURVIVE AN OVERDOSE.

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 20, 2016 7:51 PM
To: CPCtestimony
Cc: alnnovak@msn.com
Subject: *Submitted testimony for SB2392 on Mar 23, 2016 14:10PM*

SB2392

Submitted on: 3/20/2016

Testimony for CPC/JUD on Mar 23, 2016 14:10PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Allen Novak	Individual	Support	No

Comments:

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LATE

My name is Wallace Thompson and I am humbly asking for your support on SB2392 SD2 HD1. I have lived on Maui for over 35 years. In that time I have seen with my own eyes many friends and neighbors both young and old die from opioid overdose. I have in my memory the tears and sadness of those left behind. Naloxone is a non-narcotic medication that can reverse an overdose caused by an opioid overdose. I have many friends from the mainland where naloxone is legal and many human beings are alive and doing positive things because naloxone was given to them. We need to continue to use multiple strategies to decrease the addiction to opioids in our state and country. Many avenues are there for the opioid user. Naloxone will save many lives. Thank You.

WALLACE THOMPSON HD1. I have lived on Maui for over 35 years. I have seen with my own eyes many friends and neighbors both young and old die from opioid overdose. I have in my memory the tears and sadness of those left behind. Naloxone is a non-narcotic medication that can reverse an overdose caused by an opioid overdose. I have many friends from the mainland where naloxone is legal and many human beings are alive and doing positive things because naloxone was given to them. We need to continue to use multiple strategies to decrease the addiction to opioids in our state and country. Many avenues are there for the opioid user. Naloxone will save many lives. Thank You.

1021 ONAHA ST.
WAILUKU HI 96793
808-264-1982

THOMPSON HD1. I have lived on Maui for over 35 years. I have seen with my own eyes many friends and neighbors both young and old die from opioid overdose. I have in my memory the tears and sadness of those left behind. Naloxone is a non-narcotic medication that can reverse an overdose caused by an opioid overdose. I have many friends from the mainland where naloxone is legal and many human beings are alive and doing positive things because naloxone was given to them. We need to continue to use multiple strategies to decrease the addiction to opioids in our state and country. Many avenues are there for the opioid user. Naloxone will save many lives. Thank You.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 21, 2016 11:04 AM
To: CPCtestimony
Cc: casken@hawaii.edu
Subject: Submitted testimony for SB2392 on Mar 23, 2016 14:10PM

SB2392

Submitted on: 3/21/2016

Testimony for CPC/JUD on Mar 23, 2016 14:10PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
John Casken	Individual	Support	No

Comments: Making Nalaxone in Hawaii means Hawaii will join the majority of states who have already approved this life saving measure. It is rare to have the opportunity to save lives in such a simple way. canIt is rare that a bill can save lives in such a simple and cost effective way.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 21, 2016 11:06 AM
To: CPCtestimony
Cc: leilani.maxera@gmail.com
Subject: *Submitted testimony for SB2392 on Mar 23, 2016 14:10PM*

SB2392

Submitted on: 3/21/2016

Testimony for CPC/JUD on Mar 23, 2016 14:10PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Leilani Maxera	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 21, 2016 11:25 AM
To: CPCtestimony
Cc: hokuokekai50@msn.com
Subject: *Submitted testimony for SB2392 on Mar 23, 2016 14:10PM*

SB2392

Submitted on: 3/21/2016

Testimony for CPC/JUD on Mar 23, 2016 14:10PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Lacques	Individual	Support	No

Comments:

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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

House Committee on Consumer Protection and Commerce
House Committee on Judiciary

Aloha House Chair McKelvey and House Vice-Chair Woodson, and
House Chair Rhoads and House Vice-Chair San Buena Ventura:

My name is Jean L. Mooney and I am a recovering heroin addict. Back when I was abusing heroin, I unfortunately witnessed the accidental overdose death of a fellow addict, whom was not able to receive life-saving naloxone treatment in time to save her life. Although I executed rescue breathing and called 911 (at that time taking a chance of getting arrested, myself), her life was needlessly lost because naloxone, a non-narcotic opioid agonist, was not available to private citizens, nor the community at large. In fact, In Hawaii, naloxone has been administered by EMS providers *outside of a medical setting* over 95% of the time.

Naloxone is amazing in that when administered during an overdose, it blocks the effects of opioids and restores breathing within 3 minutes. It now is formulated in a safe and easy to use nasal spray, that any adult could administer to save someone's life. Therefore, implementing community-based naloxone education, training and distribution would be effective. It needs to be immediately available where overdoses take place, in the home, on the streets and in public places.

From 2010-2014, drug poisoning/overdose was the leading cause of fatal injuries in Hawaii — surpassing falls, motor vehicle, drowning and other injury-related deaths. These poisonings and overdoses were not only from illicit drug use/abuse, but many were from medications prescribed to the individual from their Physicians.

In Hawai'i there were 155 deaths in 2014 from drug poisonings/overdose with a total of 1,465 over the past decade. This is a total of almost 1,500 lives that potentially could have been saved, but instead were lost due to unavailability of naloxone.

I am in Strong Support of Senate Bill SB2392 SD2 HD1 and ask that you please consider expanding access to naloxone in order to save lives, period. It could be our Mother, Father, Grandparent or Child who needlessly dies because of unwarranted restrictions on the non-narcotic, non-addictive, life-saving miracle drug, Naloxone

Mahalo,

Jean I. Mooney

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 22, 2016 9:12 AM
To: CPCtestimony
Cc: avance2@my.hpu.edu
Subject: *Submitted testimony for SB2392 on Mar 23, 2016 14:10PM*

SB2392

Submitted on: 3/22/2016

Testimony for CPC/JUD on Mar 23, 2016 14:10PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Austan Vance	Individual	Support	Yes

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 22, 2016 10:10 AM
To: CPCtestimony
Cc: wendygibson9@gmail.com
Subject: Submitted testimony for SB2392 on Mar 23, 2016 14:10PM

SB2392

Submitted on: 3/22/2016

Testimony for CPC/JUD on Mar 23, 2016 14:10PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Wendy Gibson	Individual	Support	No

Comments: Naloxone-the fast-acting, antidote to opiate overdoses is a safe and effective medicine that can be easily administered by anyone witnessing an opiate overdose. As PRESCRIPTION opiate drugs still outpace illicit opiate drug overdoses in Hawaii (and many other states), it is important to educate the public on its use and get it into the hands of those who may save another person's life. That means getting it into patient's homes, on the streets and in public places. This program has been successful in other states with estimates of over 10,000 lives saved. In Hawaii, there were 155 deaths from drug poisoning/overdose in 2014. Federal funding is now available if we act--and pass SB2392. Please support this bill.

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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SB2392

Submitted on: 3/22/2016

Testimony for CPC/JUD on Mar 23, 2016 14:10PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Cherrie Castillo	Individual	Support	No

Comments:

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