

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 HD2
RELATING TO OPIOID ANTAGONISTS**

REPRESENTATIVE SYLVIA LUKE, CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date: April 1, 2016

Room Number: 308

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. It may also increase the
4 possibility of securing federal funds to address opiate and opioid-related problems.

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

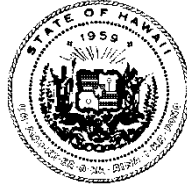
6 The purpose of this bill is to reduce the number of opiate overdose deaths in Hawaii by
7 increasing access and use of opioid antagonists like naloxone hydrochloride. Between 2010 -
8 2014 there were 270 reported overdoses in Hawaii and this is an underestimate. The aim of the
9 bill is to get naloxone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

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

18

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.



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

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

March 30, 2016

TO: The Honorable Sylvia Luke, Chair
House Committee on Finance

FROM: Rachael Wong, DrPH, Director

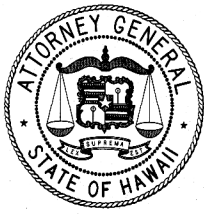
SUBJECT: **SB 2392 SD2 HD2 - RELATING TO OPIOID ANTAGONISTS**
Hearing: Friday, April 1, 2016; 11:00 a.m.
Conference Room 308, State Capitol

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.



**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. 2, RELATING TO OPIOID ANTAGONISTS.

BEFORE THE:

HOUSE COMMITTEE ON FINANCE

DATE: Friday, April 1, 2016

TIME: 11:00 a.m.

LOCATION: State Capitol, Room 308

TESTIFIER(S): WRITTEN COMMENTS ONLY. For more information, call
Jill T. Nagamine, Deputy Attorney General at 587-3050.

Chair Luke and Members of the Committee:

The Department of the Attorney General provides the following technical 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 two technical changes to the wording in the bill for clarity. Page 5, lines 18 through 21, currently provides:

"Any such prescribing, dispensing, or distributing or an opioid antagonist pursuant to this chapter, shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice."

We recommend changing the second "or" in the first line to "of" because this appears to be a typographical error that occurred when that sentence was modified in the current draft. We also recommend deleting the word "issued" in the second line, because that word does not relate to "dispensing" or "distributing" in the first part of the sentence. Our recommendations are as follows:

"Any such prescribing, dispensing, or distributing [or] of an opioid antagonist pursuant to this chapter, shall be regarded as being [~~issued~~] for a legitimate medical purpose in the usual course of professional practice."

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

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 30, 2016 7:40 PM
To: FINTestimony
Cc: wailua@aya.yale.edu
Subject: *Submitted testimony for SB2392 on Apr 1, 2016 11:00AM*

SB2392

Submitted on: 3/30/2016

Testimony for FIN on Apr 1, 2016 11:00AM in Conference Room 308

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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COMMUNITY ALLIANCE ON PRISONS

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

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



COMMITTEE ON FINANCE

Chair: Rep. Sylvia Luke

Vice Chair: Rep. Scott Nishimoto

Friday, April 1, 2016

11:00 a.m.

Room 308

STRONG SUPPORT FOR SB2392 SD2, HD2 - OPIOID ANTAGONISTS

Aloha Chair Luke, Vice Chair Nishimoto and Members of the Committee!

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.

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.

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

² Id.

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>



1 April 2016

Rep. Sylvia Luke, Chair of the Committee on Finance
Rep. Scott Y Nishimoto, Vice-Chair of the Committee on Finance

Subject: **Support SB 2392, SD2, HD2**

Dear Chair Luke, Vice-Chair Nishimoto and Members of the Committee,

The Injury Prevention Advisory Committee strongly supports SB 2392, SD2, HD2, providing immunity for first responders and others who may administer an opioid antagonist (antidote) to a patient who has experienced a narcotic overdose.

Established in 1990, the Injury Prevention Advisory Committee (IPAC) is an advocacy group committed to preventing and reducing injuries in Hawai'i. IPAC members include representatives from public and private agencies, physicians and professionals working together to address leading areas of injury, including poisoning and overdose.

Nationally, and specifically here in Hawaii, overdose deaths have surpassed motor vehicle crashes as the leading cause of death from injury. In our state, the number of deaths from drug poisonings in recent years has nearly doubled. Most of those (88%) were drug-related, and over a third of those deaths were from opiates, drugs that suppress the body's breathing and other vital signs.

When a severe opiate overdose occurs and breathing and/or circulation are impaired, victims may die within minutes. Life-saving antidotes such as naloxone, however, have historically only been carried by paramedics, who in spite of every effort sometimes arrive too late to resuscitate victims of overdose. Naloxone is an extremely safe drug, and whereas it can save the life of someone suffering from a severe opiate overdose, it typically would not cause any untoward effect even if it were administered to someone whose condition did not warrant it. Administration systems now provide intramuscular and/or intranasal options, which are intuitive and require minimal training. Any initiative that would expand first responder and even layperson access to naloxone would have a very high likelihood of saving lives in our community, and providing those saved with an opportunity to pursue sustainable recovery.

Again, drug overdose deaths constitute a nationwide epidemic. In Hawaii, we have excellent emergency dispatchers, first responders, EMTs and paramedics – some are members of our committee. Unless naloxone is broadly available, however, our paramedics may not be able to help people whose lives slip away due to a treatable overdose. This measure is one important element in the system of care that is needed to prevent deaths from narcotic overdoses. Thank you for the opportunity to testify.

Sincerely,

David Kingdon, MPH, Paramedic
Co-Chair, IPAC

Deborah Goebert, DrPH
Co-Chair, IPAC



Friday April 1, 2016
11:00 AM.
Capitol Rm. 329

To: HOUSE COMMITTEE ON FINANCE
Rep. Sylvia Luke, Chair
Rep. Scott Nishimoto, 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: SB 2392 SD2 HD2 – RELATING TO OPIOID ANTAGONISTS

IN SUPPORT

Chair, Vice Chair, and Committee Members:

The Hawaii Medical Association supports SB2392 SD2 HD2. 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.

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.

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



April 1, 2016 at 11:00 AM
Conference Room 308

House Committee on Finance

To: Chair Sylvia Luke
Vice Chair Scott Y. Nishimoto

From: George Greene
President and CEO
Healthcare Association of Hawaii

Re: **Submitting comments**
SB 2392 SD 2 HD 2, Relating to Opioid Antagonists

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 180 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

The Healthcare Association of Hawaii would like to thank the committee for the opportunity to **submit comments** on SB 2392 SD 2 HD 2. While we support this measure, we would respectfully request that your committee strike section 6(b), which would require hospital emergency departments to report on adverse drug reactions to opioid antagonist use. We have a number of concerns with this section, including the burdens it would place on our providers to comply with the new reporting requirement and the efficacy of the data in determining whether antagonists are administered safely. We have been engaging with the Department of Health on this provision and understand that they are amenable to the proposed amendment.

Mahalo for your consideration of our concerns.



HAWAII SUBSTANCE ABUSE COALITION

SB2392 SD2 HD2 RELATING TO OVERDOSE PREVENTION AND EMERGENCY RESPONSE:

COMMITTEE ON FINANCE: Representative Luke, Chair; Representative Nishimoto, Vice Chair

- Friday, April 1, 2016 at 11:00 a.m.
- Conference Room 308

HSAC Supports SB2392 SD2 HD2:

Good Morning Chair Luke; Vice Chair Nishimoto, 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

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. The federal agency that funds research for drug abuse, the National Institute for Drug Abuse (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.

NIDA-Sponsored User Friendly Naloxone (nasal spray)

- ***AntiOp***, developing a single-dose, disposable naloxone nasal spray
 - Investigational New Drug (IND) application filed in 2012
 - Product could be on the market 2015
- ***Lightlake Therapeutics***, conducting clinical trials with intranasal naloxone for binge eating disorder will test this technology for the treatment of opioid overdose
 - Clinical trials began 2012



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

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 30, 2016 8:27 PM
To: FINTestimony
Cc: pamelalichty@gmail.com
Subject: Submitted testimony for SB2392 on Apr 1, 2016 11:00AM

SB2392

Submitted on: 3/30/2016

Testimony for FIN on Apr 1, 2016 11:00AM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Pamela Lichty	Drug Policy Action Group	Support	No

Comments: The Drug Policy Action Group strongly endorses this critical bill. Its passage is very timely as there is growing concern throughout the nation and in Hawaii about the spiraling opioid epidemic. We urge the committee to help this bill get past the finish line! Thank you for scheduling it today and for allowing us to testify.

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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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: 1 April 2016, 11AM

RE: SB2392 SD2 HD2, Relating to Opioid Antagonists, **STRONG SUPPORT**

Dear Chair Luke, Vice Chair Nishimoto, Members of the Committee:

The Drug Policy Forum of Hawai'i (DPFHI) **strongly supports** the SD2 HD2 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. Just last 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**. 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. Finally, [this week the President followed up on this commitment](#) with additional actions including release of more federal funds.

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.

**COMMENTS OF ROBERT TOYOFUKU ON BEHALF OF THE HAWAII
ASSOCIATION FOR JUSTICE (HAJ) REGARDING S.B. NO. 2392, S.D. 2, H.D. 2**

DATE: Friday, April 1, 2016

TIME: 11:00 am

ROOM: 308

To: Chair Sylvia Luke and Members of the House Committee on Finance:

My name is Bob Toyofuku and I am presenting comments on behalf of the Hawaii Association for Justice (HAJ) regarding S.B. No. 2392, S.D. 2, H.D. 2, relating to Opioid Antagonists.

HAJ has no objection to this measure as currently drafted.

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 for the opportunity to testify on this measure. Please feel free to contact me should there be any questions.



An Independent Licensee of the Blue Cross and Blue Shield Association

April 1, 2016

Honorable Sylvia Luke, Chair
Honorable Scott Nishimoto, Vice-Chair
House Committee on Finance

Re: SB 2392, SD2, HD2 – Relating to Opioid Antagonists

Dear Chair Luke, Vice-Chair Nishimoto, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments supporting SB 2392, SD2, HD2 which, among other things, governs how opioid antagonists such as naloxone hydrochloride are administered.

HMSA appreciates the Committee's willingness to address opioid related health complications and deaths in our state through SB 2392, SD2, HD2. 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 President Obama's fiscal year 2017 budget proposal which 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 on SB 2392, SD2, HD2.

Sincerely,

Jennifer Diesman
Vice President, Government Relations



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 SD2 HD1: RELATING TO OPIOID ANTAGONISTS

TO: Chair Sylvia Luke, Chair and Scott Y. Nishimoto, Vice Chair, House committee on Finance

FROM: Heather Lusk, Executive Director, CHOW Project

Hearing: Friday, April 1, 2016 11 AM Conference Room 308

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.

There is no appropriation in this bill!

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: Thursday, March 31, 2016 9:08 AM
To: FINTestimony
Cc: melanie.boehm@usw.salvationarmy.org
Subject: *Submitted testimony for SB2392 on Apr 1, 2016 11:00AM*

SB2392

Submitted on: 3/31/2016

Testimony for FIN on Apr 1, 2016 11:00AM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Melanie Boehm	The Salvation Army Addiction Treatment Services and Family Treatment Services	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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To: The Honorable Sylvia Luke, Chair, Committee on Finance
The Honorable Scott Y. Nishimoto, Vice Chair, Committee on Finance
Members, Committee on Finance

From: Paula Yoshioka, Senior Vice President, The Queen's Health Systems
Date: March 31, 2016
Hrg: House Committee on Finance Hearing; Friday, April 1, 2016 at 11:00am in Room 308

Re: **Comments for SB 2392, SD2, HD2, Relating to Opioid Antagonists**

My name is Paula Yoshioka and I am a Senior Vice President at The Queen's Health Systems (Queen's). I would like to comment on SB2392, SD2, HD2, Relating to Opioid Antagonists.

While Queen's supports the intent of the measure to promote the responsible use of opioid antagonists to treat drug overdoses, we concur with the testimony submitted by the Healthcare Association of Hawaii (HAH) expressing concerns with Section 6(b). This section would require hospital emergency departments to report on adverse drug reactions to opioid antagonist use. We are concerned about the burdens this requirement would place on providers to comply with the new reporting requirement and the efficacy of the data in determining whether antagonists are administered safely.

Therefore, we agree with HAH's testimony respectfully requesting that the section be removed and are looking forward to engaging with the Department of Health on this issue.

Thank you for your time and consideration.

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

DATE: March 30, 2016

TO: Representative Sylvia Luke
Chair, Committee on Finance

FINtestimony@capitol.hawaii.gov

RE: **S.B. 2392, S.D.2, H.D.2– Relating to Opioid Antagonists**
Hearing Date: Friday, April 1, 2016, 11:00 a.m.
Conference Room: 308

Dear Chair Luke and Members of the Committee on Finance:

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.2, 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.2 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

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 30, 2016 12:16 PM
To: FINTestimony
Cc: akatz808@gmail.com
Subject: Submitted testimony for SB2392 on Apr 1, 2016 11:00AM

SB2392

Submitted on: 3/30/2016

Testimony for FIN on Apr 1, 2016 11:00AM in Conference Room 308

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

Comments: Thank you for the opportunity to provide my strong support of SB2329 SD2 HD2. 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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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 30, 2016 2:41 PM
To: FINTestimony
Cc: wendygibson9@gmail.com
Subject: Submitted testimony for SB2392 on Apr 1, 2016 11:00AM

SB2392

Submitted on: 3/30/2016

Testimony for FIN on Apr 1, 2016 11:00AM in Conference Room 308

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

Comments: Naloxone is a non-addictive, effective, antidote to opiate drug overdoses. It should be in more people's hands in the event they witness an overdose (prescription drugs as well as illegal drugs). Naloxone is easy to administer and those who do administer it should be giving some immunities. For these reasons, I support SB2392. I hope you will too.

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Cc: maukalani78@hotmail.com
Subject: Submitted testimony for SB2392 on Apr 1, 2016 11:00AM

SB2392

Submitted on: 3/31/2016

Testimony for FIN on Apr 1, 2016 11:00AM in Conference Room 308

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

Comments: SUPPORT SB2392 SD2 HD2 SO MANY FAMILIES WILL BE GREATFUL TO YOU FOR SAVING LIVES OF THEIR LOVED ONES WHEN THEY OVERDOSE. MAHALO

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Cc: alnnovak@msn.com
Subject: *Submitted testimony for SB2392 on Apr 1, 2016 11:00AM*

SB2392

Submitted on: 3/30/2016

Testimony for FIN on Apr 1, 2016 11:00AM in Conference Room 308

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

Comments:

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Cc: lady.flach@gmail.com
Subject: *Submitted testimony for SB2392 on Apr 1, 2016 11:00AM*

LATE

SB2392

Submitted on: 3/31/2016

Testimony for FIN on Apr 1, 2016 11:00AM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Teri Heede	Individual	Support	No

Comments:

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Cc: mark@pibcohana.org
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LATE

SB2392

Submitted on: 3/31/2016

Testimony for FIN on Apr 1, 2016 11:00AM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Mark Turansky	New Horizons Counseling	Comments Only	No

Comments: As a member of the Hawaii Substance Abuse Coalition, I fully support 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. We at HSAC support required Medicaid coverage, and exempting pharmacists as well as dispensing without a prescription. Please pass this bill and lets save lives together

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