

# SB2392

Measure Title:	RELATING TO OPIOID ANTAGONISTS.
Report Title:	Opioid Antagonist; Naloxone Hydrochloride; Drug Overdose Prevention; Emergency Response; Medical Immunity; Appropriation (\$)
Description:	Creates immunity for individuals who prescribe, possess, or administer an opioid antagonist such as naloxone hydrochloride during an opioid-related drug overdose. Authorizes emergency personnel to administer naloxone hydrochloride. Requires medicaid coverage for naloxone hydrochloride. Exempts pharmacists and pharmacies from licensure and permitting requirements, except for drug storage requirements, for storing and distributing opioid antagonists. Makes an appropriation for drug overdose recognition, prevention, and response, including the distribution and administration of naloxone hydrochloride.
Companion:	<a href="#">HB1671</a>
Package:	None
Current Referral:	CPH/JDL, WAM
Introducer(s):	BAKER, CHUN OAKLAND, GALUTERIA, GREEN, INOUYE, KEITH-AGARAN, KIDANI, RUDERMAN, SHIMABUKURO, English, Gabbard



STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**

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

February 12, 2016

TO: The Honorable Rosalyn Baker, Chair  
Senate Committee on Commerce, Consumer Protection, and Health

The Honorable Gilbert S.C. Keith-Agaran, Chair  
Senate Committee on Judiciary and Labor

FROM: Rachael Wong, DrPH, Director

SUBJECT: **SB 2392 - RELATING TO OPIOID ANTAGONISTS**  
Hearing: Friday, February 12, 2016; 9:00 a.m.  
Conference Room 229, State Capitol

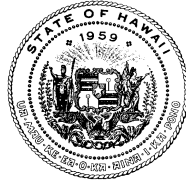
**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) appreciates the opportunity to provide comments on this bill.

**PURPOSE:** The purpose of this bill creates immunity for individuals who prescribe, possess, or administer an opioid antagonist such as naloxone hydrochloride during an opioid-related drug overdose. Authorizes emergency personnel to administer naloxone hydrochloride. Requires Medicaid coverage for naloxone hydrochloride. Exempts pharmacists and pharmacies from licensure and permitting requirements, except for drug storage requirements, for storing and distributing opioid antagonists. Makes an appropriation for drug overdose recognition, prevention, and response, including the distribution and administration of naloxone hydrochloride.

The Department of Human Services (DHS) provides comments on this measure related to the provision in the bill that would require Medicaid to cover an opioid antagonist such as naloxone hydrochloride.

The Medicaid program, through its QUEST Integration and fee-for-service programs, already 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.

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  
RELATING TO OPIOID ANTAGONISTS**

SENATOR ROSALYN H. BAKER, CHAIR  
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

SENATOR GILBERT S.C. KEITH-AGARAN, CHAIR  
SENATE COMMITTEE ON JUDICIARY AND LABOR

Hearing Date: February 12, 2016

Room Number: 016

**Fiscal Implications:** Appropriates an unspecified amount in fiscal year 2016 - 2017 for drug overdose recognition, prevention, and response, including the distribution and administration of naloxone.

**Department Testimony:** The Department strongly supports this measure and provides amendments.

The purpose of this bill is to reduce the number of opiate overdose deaths in Hawaii by increasing access and use of opioid antagonists like naloxone hydrochloride (naloxone). Between 2010 - 2014 there were 270 reported overdoses in Hawaii and this is an underestimate. The aim of the bill is to get naloxone into the hands of persons who use opiates and are at risk for overdose as well as those who may be able to assist them in case of overdose. Recent DOH data on naloxone use indicates that most overdose incidents took place in the home (54%) or publically accessible environments (32%) and on the street (8%). Currently, 42 states have naloxone access statutes in place with strong support from the federal administration.

This bill provides immunity for individuals who prescribe, dispense, or possess an opioid antagonist such as naloxone or administer it during an opioid-related drug overdose; authorizes emergency personnel, law enforcement and first responders to administer naloxone; requires Medicaid coverage for naloxone; exempts pharmacists and pharmacies from licensure and

permitting requirements, except for drug storage requirements, for storing and distributing opioid antagonists; and requires the DOH to collect, analyze and publish an annual report related to drug overdoses. The Department is also mandated to establish or provide education and training related to naloxone use.

The bill, as written, contains many of the provisions needed to achieve its purpose. The Department working in collaboration with community partners such as Hawaii Medical Association, the CHOW Project and the Hawaii Drug Policy Forum would like to offer the following amendments:

**Offered Amendments:**

1. Add immunity for licensed prescribers to prescribe using “standing orders” to a “harm reduction organization” to provide naloxone to clients or peers potentially at risk for overdose.
2. Add definitions for harm reduction organization and for standing orders.
3. Page 3, line 20, delete “but is not limited to” in definition of health care professional.
4. Page 6, line 1, add and all law enforcement officers, firefighters and lifeguards.
5. Add immunity for lay distribution of naloxone via standing orders.
6. Add request for Board of Pharmacy to develop rules for pharmacies to dispense naloxone to patients with an unnamed prescription for naloxone.
7. Concur with the Attorney General’s recommendation to add immunity for pharmacists to dispense naloxone to patients who do not hold a prescription.
8. Delete the request for appropriations as the Department in collaboration with community partners can meet the requirement for naloxone education and treatment without General Funds.

The Department has submitted an amended draft of this bill with these changes for your consideration.

Thank you for the opportunity to testify.

# SB 2392 SD1 Proposed

A BILL FOR AN ACT

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 in  
2 the United States have more than doubled since 1999. According  
3 to the most recent data from the federal Centers for Disease  
4 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 naloxone injection has  
17 been approved by the federal Food and Drug Administration and  
18 used for more than forty years by emergency medical services  
19 personnel to reverse opioid overdose. Naloxone has no  
20 psychoactive effects and does not have any potential for abuse,  
21 and first responders and family members with no medical training  
22 can learn to administer it safely. Furthermore, research has  
23 shown that the increased availability of naloxone does not  
24 encourage people to use more drugs or engage in riskier  
25 behavior.

## SB 2392 SD1 Proposed

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

13           Accordingly, the purpose of this Act is to:

14           (1) Create immunity for individuals who prescribe,  
15 possess, or administer an opioid antagonist such as naloxone  
16 hydrochloride during an opioid-related drug overdose;

17           (2) Authorize emergency personnel to administer naloxone  
18 hydrochloride;

19           (3) Require [medicaid]Medicaid coverage for naloxone  
20 hydrochloride; [and]

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1 (4) Exempt pharmacists and pharmacies from licensure and  
2 permitting requirements, except for drug storage requirements,  
3 for storing and distributing opioid antagonists; and[.]

4 (5) Exempt harm reduction organizations from licensure and  
5 permitting requirements, except for drug storage requirements,  
6 for storing opioid antagonists.

7 SECTION 2. The Hawaii Revised Statutes is amended by  
8 adding a new chapter to be appropriately designated and to read  
9 as follows:

**"CHAPTER**

**OVERDOSE PREVENTION AND EMERGENCY RESPONSE ACT**

12 § -1 **Immunity.** (a) The following definitions apply  
13 throughout this section:

14 "Harm reduction organization" means an organization that  
15 provides services, including medical care, counseling, homeless  
16 services, or addiction treatment, to individuals at risk of  
17 experiencing an opiate-related drug overdose event or to the  
18 friends and family members of an at-risk individual.

19 "Health care professional" includes [but is not limited to]  
20 a physician, physician assistant under the authority and  
21 supervision of a physician, or advanced practice registered  
22 nurse who is authorized to prescribe an opioid antagonist.



## SB 2392 SD1 Proposed

1 "Opioid antagonist" means any drug that binds to opioid  
2 receptors and blocks or disinhibits the effects of opioids  
3 acting on those receptors.

4 "Opioid-related drug overdose" means a condition including  
5 but not limited to extreme physical illness, decreased level of  
6 consciousness, respiratory depression, coma, or death resulting  
7 from the consumption or use of an opioid, or another substance  
8 with which an opioid was combined, or a condition that a  
9 layperson would reasonably believe to be an opioid-related drug  
10 overdose that requires medical assistance.

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

15 (b) Notwithstanding any other law or regulation to the  
16 contrary, a health care professional otherwise authorized to  
17 prescribe an opioid antagonist may, directly or by standing  
18 order, prescribe, dispense, and distribute an opioid antagonist  
19 to an individual at risk of experiencing an opioid-related  
20 overdose, [or]to another person in a position to assist an  
21 individual at risk of experiencing an opioid-related overdose,  
22 or to a harm reduction organization. Any such prescription

## SB 2392 SD1 Proposed

1 shall be regarded as being issued for a legitimate medical  
2 purpose in the usual course of professional practice.

3 (c) A health care professional who, acting in good faith  
4 and with reasonable care, prescribes, dispenses, or distributes  
5 an opioid antagonist shall not be subject to any criminal or  
6 civil liability or any professional disciplinary action for:

7 (1) Prescribing, dispensing, or distributing the opioid  
8 antagonist; and

9 (2) Any outcomes resulting from the eventual  
10 administration of the opioid antagonist.

11 (d) Notwithstanding any other law or regulation to the  
12 contrary, any person may lawfully possess an opioid antagonist.

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

19 § -2 **Opioid antagonist administration; emergency**  
20 **personnel and first responders**. By January 1, 2017, every  
21 emergency medical technician licensed and registered in Hawaii,  
22 and all law enforcement officers, firefighters and lifeguards

## SB 2392 SD1 Proposed

1 shall be authorized to administer an opioid antagonist as  
2 clinically indicated.

3       **§ -3 Medicaid coverage.** The department of human  
4 services shall ensure that naloxone hydrochloride for outpatient  
5 use is covered by the [medicaid]Medicaid prescription drug  
6 program on the same basis as other covered drugs.

7       **§ -4 Naloxone hydrochloride; pharmacy**  
8 **exemption.** (a) Prescription orders for naloxone hydrochloride  
9 are exempt from the pharmacy license requirements and pharmacy  
10 permit requirements of chapter 461.

11       (b) Notwithstanding any other law and pursuant to a standing  
12 order and protocols adopted by the board of pharmacy pursuant to  
13 chapter 91, a pharmacist may dispense an opioid antagonist to:

14       (1) An individual at risk of experiencing an opioid-  
15 related overdose;

16       (2) A person in a position to assist an individual at  
17 risk of experiencing an opioid-related overdose; or

18       (3) A harm reduction organization.

19       ([b]c) Notwithstanding any other law or regulation to the  
20 contrary, a person or harm reduction organization acting under a  
21 standing order issued by a health care professional licensed

## SB 2392 SD1 Proposed

1 under chapter 453 or chapter 457 who is otherwise authorized to  
2 prescribe an opioid antagonist may store an opioid antagonist  
3 without being subject to chapter 328 except part VII and may  
4 dispense an opioid antagonist provided that the dispensing is  
5 without charge or compensation.

6 **§ -5 Protocols.** The Board of Pharmacy shall adopt rules  
7 in accordance with chapter 91 to implement this chapter.

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

15 **§ -[6]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 naloxone hydrochloride administration;

20 (2) Training on drug overdose prevention, recognition, and  
21 response, including naloxone hydrochloride administration, for  
22 patients receiving opioids and their families and caregivers;

**SB 2392 SD1 Proposed**

1 (3) Naloxone hydrochloride prescription and distribution  
2 projects; and

3 (4) Education and training projects on drug overdose  
4 response and treatment, including naloxone hydrochloride  
5 administration, for emergency services and law enforcement  
6 personnel, including volunteer firefighters, lifeguards and  
7 emergency services personnel."

8 [SECTION 3. There is appropriated out of the general  
9 revenues of the State of Hawaii the sum of \$ or so much  
10 thereof as may be necessary for fiscal year 2016-2017 for drug  
11 overdose recognition, prevention, and response, including the  
12 distribution and administration of naloxone hydrochloride, as  
13 described in section -6, Hawaii Revised Statutes, pursuant to  
14 section 2 of this Act.

15 The sum appropriated shall be expended by the department of  
16 health for the purposes of this Act.]

17 SECTION 3[4]. This Act does not affect rights and duties  
18 that matured, penalties that were incurred, and proceedings that  
19 were begun before its effective date.

20 SECTION 4[5]. This Act shall take effect on July 1, 2016.

21 INTRODUCED BY: \_\_\_\_\_

22 BY REQUEST

# SB 2392 SD1 Proposed

1 **Report Title:**

2 Opioid Antagonist; Naloxone Hydrochloride; Opioid Overdose;  
3 Prevention; Emergency Response; Medical Immunity; Appropriation  
4

5 **Description:**

6 Creates immunity for individuals who prescribe, possess, or  
7 administer an opioid antagonist such as naloxone hydrochloride  
8 during an opioid-related drug overdose. Authorizes emergency  
9 personnel/first responders to administer naloxone  
10 hydrochloride. Requires [medicaid]Medicaid coverage for  
11 naloxone hydrochloride. Exempts pharmacists and pharmacies from  
12 licensure and permitting requirements, except for drug storage  
13 requirements, for storing and distributing opioid antagonists.  
14 [Makes an appropriation for drug overdose recognition,  
15 prevention, and response, including the distribution and  
16 administration of naloxone hydrochloride.] Exempts individuals  
17 and harm reduction organizations from licensure and permitting  
18 requirements for storing opioid antagonists.

19

20

21

22

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

**PRESENTATION OF THE  
BOARD OF PHARMACY**

TO THE SENATE COMMITTEE ON  
COMMERCE, CONSUMER PROTECTION, AND HEALTH

AND

TO THE SENATE COMMITTEE ON JUDICIARY AND LABOR

TWENTY-EIGHTH LEGISLATURE  
Regular Session of 2016

Friday, February 12, 2016  
9:00 a.m.

**TESTIMONY ON SENATE BILL NO. 2392, RELATING TO OPIOID ANTAGONISTS.**

TO THE HONORABLE ROSALYN H. BAKER, CHAIR,  
TO THE HONORABLE GILBERT S. C. KEITH-AGARAN, CHAIR,  
AND MEMBERS OF THE COMMITTEES:

My name is Lee Ann Teshima, Executive Officer for the Board of Pharmacy ("Board"). I appreciate the opportunity to testify on Senate Bill No. 2392, Relating to Opioid Antagonists, that would create immunity for individuals who prescribe, possess, or administer an opioid antagonist; authorize emergency personnel to administer naloxone hydrochloride; require Medicaid coverage for naloxone hydrochloride; and exempt prescription orders for naloxone hydrochloride from pharmacy license requirements and pharmacy permits requirements.

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

Based on this discussion, the Board would like to offer the following comments as it pertains to pharmacists and pharmacies:

- “Dispensing” a prescription drug pursuant to a valid prescription –Although this bill is designed to provide for expedient availability of naloxone hydrochloride, prescriptions are a critical means of tracking both the name of the patient and the prescribed dosage. For health care professionals who prescribe opioids, the Board recommends that the health care provider issue a prescription to the patient for an opioid antagonist.
- Immunity – In this bill at page 5, lines 3 – 10, “health care professionals” are immune from criminal or civil liability or professional disciplinary action for prescribing, **dispensing** or distributing an opioid antagonist, however, **pharmacists** are not included in the definition of “health care professional” although they will be “dispensing” the opioid antagonist. The Board recommends that “pharmacist” be included on page 5, line 3 to read as follows, “(c) A health care professional or pharmacist who, acting in good faith and with reasonable care, prescribes, dispenses, or distributes an opioid antagonist shall not be subject to any criminal or civil liability or any professional disciplinary action for:”.
- Pharmacy exemption – On page 6, lines 7 – 10, this section exempts naloxone hydrochloride prescriptions from the pharmacy license and permit requirements. If the intent is to exempt prescriptions from health care professionals from



Testimony on Senate Bill No. 2392  
Friday, February 12, 2016  
Page 3

obtaining a pharmacist license or pharmacy permit in order to dispense naloxone hydrochloride to his/her own patients, the pharmacy law, HRS §461-19, already exempts practitioners from these requirements if they are dispensing to their own patients.

Thank you for the opportunity to testify on Senate Bill No. 2392.



February 3, 2016

Senator Rosalyn Baker  
Chair  
Committee of Health

Senator Gilbert Keith-Agaran  
Chair  
Committee on Judiciary and Labor

SB 2392: Relating to opioid antagonists

Letter in SUPPORT

Dear Senator Baker, Senator Keith-Agaran, and Committee Members,

I am an emergency physician, and a member of the State Narcotic Task Force. I am also the president of the Hawaii College of Emergency Physicians. I represent our 150 emergency physician members, and the hundreds of thousands of patients we care for yearly in Hawaii's emergency departments. I am writing to express our strong support for Senate Bill 2392.

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

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

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

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

Hawaii has an opportunity to reduce opioid related deaths with this bill. Improving access to naloxone, a very safe and non-addictive medication, has great potential to save lives if we put it in the hands of those who are most available to help.

Sincerely,



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

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

02/09/2016

CPH and JDL Hearing 02/12/2016

Committee Chairs Honorable Senators Baker and Keith-Agaran

Vice-Chairs Honorable Senators Kidani and Shimabukuro

Senate Bill 2392

**Testimony in STRONG Support**

Hawaii Community Pharmacists Association (HCPA) members strongly support the intent of SB-2392 and urges the passage of this legislation. HCPA offers the following suggested amendments:

- 1) Under "Health Care Professional" include pharmacists as they increasingly dispense medications under collaborative agreements
- 2) Under Medicaid coverage add Medicaid Managed Care and Commercial insurance to assure coverage under the largest possible number of plans

Thank you for your time and consideration in this very important issue.

Aloha,

A handwritten signature in black ink, appearing to read "Kevin Glick". The signature is fluid and cursive, with a long horizontal stroke at the end.

Kevin Glick, R.Ph.

HCPA Co-Chair



To:

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair

Senator Michelle N. Kidani, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR

Senator Gilbert S.C. Keith-Agaran, Chair

Senator Maile S.L. Shimabukuro, Vice Chair

DATE: Friday, February 12, 2016

TIME: 9:00am

PLACE: Conference Room 229

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**

**Position: Support**

Hawaii Medical Association supports this legislation. We believe that allowing more individuals to have access to opioid antagonist such as naloxone during a drug overdose could help to save lives.

Thank you for the opportunity to provide 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**



HAWAII SUBSTANCE ABUSE COALITION

## **SB2392 RELATING TO OVERDOSE PREVENTION AND EMERGENCY RESPONSE:**

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH: Senator Baker, Chair; Senator Kidani, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR: Senator Keith-Agaran, Chair; Senator Shimabukuro, Vice Chair

- Friday, February 12, 2016 at 9:00 a.m.
- Conference Room 229

## **HSAC Supports SB2392:**

*Good Morning Chair Baker, Chair Keith-Agaran; Vice Chair Kidani, Vice Chair Shimabukuro; 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. 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



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

TO: Senate Committees on Commerce, Consumer Protection and Health; Judiciary and Labor  
FROM: Carl Bergquist, Executive Director  
HEARING DATE: 12 February 2016, 9AM  
RE: SB2392, Relating to Opioid Antagonists, **STRONG SUPPORT**

Dear Chairs Baker and Keith-Agaran, Vice Chairs Kidani & Shimabukuro, Members:

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

In 2015, the White House hosted a summit on the national opioid epidemic and just last month, President Obama – who here has bipartisan support in Congress - requested over \$1 billion in his budget to help combat it. Hawai'i is no outlier in this prescription painkiller (e.g. oxycodone) and illicit drug (e.g. heroin) opioid epidemic. On average, our state has seen an average of 150 deaths from such overdoses per year, and in many cases, these happen in homes or in public. That is why it is vital to ensure that Naloxone gets into the hands of those best placed to help immediately or to reach vulnerable populations, namely loved ones and harm reduction organizations. In addition, pharmacies have a crucial role to play in helping to dispense Naloxone, and operating under standing orders, they could do so without prescriptions. SB2392 addresses all these key points.

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

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

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

Mahalo for the opportunity to testify.



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

Date: Friday, February 12, 2016

Time: 9:00 am

Room: 016

To: Chairs Rosalyn Baker and Gilbert Keith-Agaran and the Members of the Senate Committees on Commerce, Consumer Protection and Health, and Judiciary and Labor:

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



An Independent Licensee of the Blue Cross and Blue Shield Association

February 12, 2016

The Honorable Rosalyn H. Baker, Chair  
The Honorable Michelle N. Kidani, Vice Chair  
Senate Committee on Commerce, Consumer Protection and Health

The Honorable Gilbert S.C. Keith-Agaran, Chair  
The Honorable Maile S.L. Shimabukuro, Vice Chair  
Senate Committee on Judiciary and Labor

Re: SB 2392 – Relating to Opioid Antagonists

Dear Chair Baker, Chair Keith-Agaran, Vice Chair Kidani, Vice Chair Shimabukuro and  
Committee Members:

The Hawaii Medical Association (HMSA) appreciates the opportunity to provide comments supporting SB 2392 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. 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 that 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.

Sincerely,

Jennifer Diesman  
Vice President, Government Relations

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**SB2392**

Submitted on: 2/9/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Austan Vance	CHOW Project/Hep Free Hawaii	Support	Yes

Comments: 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. It's now a safe and easy to use nasal spray. 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 Hawaii — surpassing falls, motor vehicle, drowning and other injury-related deaths. In Hawai'i there were 155 deaths in 2014 from drug poisonings/overdose with a total of 1,465 over the past decade 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. In Hawaii, naloxone has been administered by EMS providers outside of a medical setting over 95% of the time. There have been over 10,000 overdose reversals using naloxone nationwide.

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**Date:** Friday, February 05, 2016 5:22:11 PM

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**SB2392**

Submitted on: 2/5/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 229

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

Comments:

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## Community Health Outreach Work

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

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### TESTIMONY in STRONG SUPPORT of SB 2392: RELATING TO OPIOID ANTAGONISTS

TO: Senator Rosalyn H. Baker, Chair and Senator Michelle N. Kidani, Vice Chair, Committee on Commerce, Consumer Protection and Health  
Senator Gilbert S.C. Keith-Agaran, Chair and Senator Maile S. L. Shimabukuro, Vice Chair, Committee on Judiciary and Labor

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

Dear Chair Baker, Chair Keith-Agaran and members of the committee:

**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.

Please consider two amendments: organizations, like the CHOW Project, need to be able to store and distribute Naloxone which means that we need an exemption from all but Section VII of Chapter 328. Additionally, a provision that authorizes standing orders and/or 3<sup>rd</sup> party prescriptions is essential in ensuring access to those who need it most.

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

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**Subject:** Submitted testimony for SB2392 on Feb 12, 2016 09:00AM  
**Date:** Sunday, February 07, 2016 8:58:55 AM

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**SB2392**

Submitted on: 2/7/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 229

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

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

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**SB2392**

Submitted on: 2/5/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Alan Katz	Individual	Support	No

Comments: Thank you for the opportunity to provide my strong support of SB2392. 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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**SB2392**

Submitted on: 2/5/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Carly Correa	Individual	Support	No

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

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**SB2392**

Submitted on: 2/5/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Christina Wang	Individual	Support	No

Comments:

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**Date:** Tuesday, February 09, 2016 2:28:28 PM

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**SB2392**

Submitted on: 2/9/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
David Kingdon	Individual	Support	No

Comments: As a paramedic and injury prevention specialist, I can personally attest to the critical importance of legislation that improves access to life-saving opioid antagonist medication. Once a preventable death is avoided, an opportunity for recovery from narcotic dependence is also provided.

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**SB2392**

Submitted on: 2/10/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
E. Ileina Funakoshi	Individual	Support	No

Comments:

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**SB2392**

Submitted on: 2/9/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Hana Barrineau	Individual	Support	No

Comments:

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Senate Committee on Commerce, Consumer Protection and Health  
Senate Committee on Judiciary and labor

Aloha Senate Chair Rosalyn Baker and Senate Vice-Chair Michelle Kidani,  
Senate Chair Gilbert Keith-Agaran and Senate Vice Chair Maile Shimabukuro:

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 and ask that you please consider expanding access to naloxone in order to save lives. It could be our Mother, Father, Grandparent or Child who needlessly dies because of unwarranted restrictions on a non-narcotic, non-addictive, life-saving miracle drug.

Mahalo,

Jean l. Mooney

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**SB2392**

Submitted on: 2/10/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Joy Marshall	Individual	Support	No

Comments:

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**SB2392**

Submitted on: 2/10/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kalani Napihaa	CHOW Project	Support	No

Comments: Aloha, my name is Kalani I am in favor of SB2392. I'd like to first say that Naloxone isn't a drug but a life saving tool for people. Whether you are aware of or not aware in the many cases of overdosed. When a person overdoses it's usually an accident and not a suicide or deliberate act of getting the high. Every person has a love one and with this life saving tool we can save many people from dying accidentally. Thank you and God bless please pass bill SB2392

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**SB2392**

Submitted on: 2/10/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kavika Puahi	Individual	Support	No

Comments: No potential for abuse, no side effects, and it SAVES LIVES!

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# KŪ ALOHA OLA MAU



## **SB2392 RELATING TO OPIOID ANTAGONIST:**

COMMITTEE ON COMMERCE, CONSUMER Protection & Health: Senator Rosalyn Baker, Chair;  
Senator Michelle Kidani, Vice Chair

COMMITTEE ON JUDICIARY & LABOR: Senator Gilbert S.C. Keith-Agaran, Chair

- Friday, February 12, 2016 at 09:00 a.m..
- Conference Room 229

## **KŪ ALOHA OLA MAU Supports SB 2392:**

Submitted by: Lisa Cook, Executive Director *K*

**Kū Aloha Ola Mau fully SUPPORTS the OPIOID ANTAGONISTS BILL.**

### **Overdose is a problem and Does Happen**

Kū Aloha Ola Mau is one of the largest provider of treatment for opioid dependence. Since 1976 we have seen over 13,000 people most who reported the experience of seeing friends and acquaintances overdosing on opioids and benzodiazepines. The nation is now experiencing an opioid “epidemic” as called by the Centers for Disease Control. We need strong measures in Hawaii to prevent unnecessary deaths of our growing numbers of youth overdosing from this disease and to prevent succumbing to the epidemic of opioid use and deaths across the nation.

During the early stages of HIV/AIDS in Hawaii, the State acted quickly to address this population through prevention, treatment, testing and education. **Hawaii was spared from the large numbers of Injection Drug Users becoming infected and spreading the virus which saved millions of dollars in health care costs.**

**We need to do the same for deaths from opioid overdose.**

This important bill:

- **Will save lives.**
- **Provides the means and protection for people and families to save lives.**
- **Provides education for prevention.**
- **Provides the opportunity for people to access long term treatment/solutions.**

Thank you for supporting this bill and taking care of our families and helping professionals.

Main Office: 1130 N. Nimitz Hwy., #C302 Honolulu, HI 96817 Tel: (808) 538-0704 Fax: (808) 538-0474  
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**SB2392**

Submitted on: 2/9/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Leilani Maxera	Individual	Support	No

Comments: I previously lived in California where laypersons were able to get prescriptions to carry naloxone. I personally know over a dozen people who saved the lives of others with their naloxone prescription. From 2010-2014, drug poisoning/overdose was the leading cause of fatal injuries in Hawai'i — surpassing falls, motor vehicle, drowning and other injury-related deaths. In Hawai'i there were 155 deaths in 2014 from drug poisonings/overdose with a total of 1,465 over the past decade There have been over 10,000 overdose reversals using naloxone nationwide. Why wouldn't we want to give the citizens of Hawai'i the ability to save lives? There is no good reason to oppose SB2392.

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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

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**Cc:** [mmiyoshi@waikikihealth.org](mailto:mmiyoshi@waikikihealth.org)  
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**SB2392**

Submitted on: 2/10/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mari Miyoshi	Individual	Support	No

Comments: Please choose to save lives!

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**Cc:** [marilynmick@pobox.com](mailto:marilynmick@pobox.com)  
**Subject:** Submitted testimony for SB2392 on Feb 12, 2016 09:00AM  
**Date:** Wednesday, February 10, 2016 3:26:20 PM

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**SB2392**

Submitted on: 2/10/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Marilyn Mick	Individual	Support	No

Comments: 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.

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**Cc:** [longt1919@gmail.com](mailto:longt1919@gmail.com)  
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**Date:** Wednesday, February 10, 2016 12:15:43 PM

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**SB2392**

Submitted on: 2/10/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Michael Long	Individual	Support	No

Comments:

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**Date:** Tuesday, February 09, 2016 2:42:21 PM

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**SB2392**

Submitted on: 2/9/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
nicole bieneman	Individual	Support	No

Comments: In Hawai'i there were 155 deaths in 2014 from drug poisonings/overdose with a total of 1,465 over the past decade 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. I strongly support SB2392 and encourage you to do the same! Thank you for your time, it is greatly appreciated.

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**SB2392**

Submitted on: 2/10/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Stacy Lenze	Individual	Support	No

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

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**To:** [CPH Testimony](#)  
**Cc:** [dr.suprinadorai@gmail.com](mailto:dr.suprinadorai@gmail.com)  
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**SB2392**

Submitted on: 2/6/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Suprina Dorai	Individual	Support	No

Comments:

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**Subject:** Submitted testimony for SB2392 on Feb 12, 2016 09:00AM  
**Date:** Friday, February 05, 2016 3:28:45 PM

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**SB2392**

Submitted on: 2/5/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Suresh Tamang	Individual	Comments Only	No

Comments: I support this bill. Thanks

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**Date:** Saturday, February 06, 2016 9:50:13 AM

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**SB2392**

Submitted on: 2/6/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Takashi Nakamura	Individual	Support	No

Comments:

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**Date:** Wednesday, February 10, 2016 8:24:51 AM

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**SB2392**

Submitted on: 2/10/2016

Testimony for CPH/JDL on Feb 12, 2016 09:00AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Teri Heede	Individual	Support	No

Comments:

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I am writing in support of SB 2392. I have lived in Hawaii for over 35 years. In that time I have seen many friends both men and women young and old die from opioid overdoses. I have seen firsthand the tears and sadness of those left behind from opioid overdoses.

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

Wallace I. Thompson

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