



STATE OF HAWAII  
**DEPARTMENT OF PUBLIC SAFETY**  
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Honolulu, Hawaii 96814

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No. \_\_\_\_\_

TESTIMONY ON SENATE BILL (SB) 810 SENATE DRAFT (SD) 1  
RELATING TO THE UNIFORM CONTROLLED SUBSTANCE ACT

By  
Nolan P. Espinda, Director  
Department of Public Safety

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

Friday, February 27, 2015, 09:05 AM  
State Capitol, Conference Room 016

Chair Keith-Agaran, Vice Chair Shimabukuro, and Members of the Committee:

Department of Public Safety (PSD) **strongly supports** SB 810 SD1 which proposes to require all practitioners who administer, prescribe or dispense controlled substances in Schedules II through IV to register to use the electronic prescription accountability system by January 1, 2016. SB 810 SD1 adds new definitions to allow access to the electronic prescription accountability system to “practitioner delegates, pharmacist delegates, the chief medical examiner and researchers and other entities or individuals authorized by the administrator to assist the program with projects which enhance the electronic prescription accountability system.”

PSD would like to recommend an amendment to SB 810 SD1 to address the issue of the definition of “Practitioner” that should be utilized in section 329 Part VIII the Electronic Prescription Accountability System to read as follows:

**“§329-101 Reporting of dispensation of controlled substances; electronic prescription accountability system; requirements; penalty.** (a) A controlled substance electronic accountability prescription system shall be established within six months of June 18, 1996. For the purpose of this Part the definition of “practitioner” shall be as follows.

"Practitioner" means a physician, dentist, veterinarian, advanced practice registered nurse with prescriptive authority, or physician assistant."

The PSD's Narcotics Enforcement Division's Electronic Prescription Accountability System, provides practitioners with a prescription history for anyone who is prescribed controlled substances in Schedules II to IV. This allows practitioners and pharmacists the ability to retrieve the prescription history of patients to avoid over-prescription and assist in providing them the most appropriate care, especially where controlled substance abuse is suspected. In addition, emergency room physicians are able to check the database to evaluate patients who periodically visit their facilities seeking controlled substances. Even though this is a highly effective evaluation tool, practitioners have not been utilizing the electronic prescription accountability system, possibly due to time limitations or they may lack awareness of the program. This results in substance abusers continuing to fraudulently obtain prescriptions from multiple physicians and/or fraudulent obtaining prescription drugs.

If passed, SB 810 SD1 will provide practitioners and their delegates a very powerful tool to make better, more informed treatment decisions, regarding the most appropriate medical care for their patients. Hawaii benefits from the use of the electronic prescription accountability system through improved medical care and by preventing the abuse and diversion of controlled substance prescription drugs.

Thank you for the opportunity to testify in support of this important bill.



STATE OF HAWAII  
DEPARTMENT OF HEALTH

P. O. Box 3378  
Honolulu, HI 96801-3378  
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WRITTEN ONLY

**Testimony COMMENTING on SB810 SD1  
Relating to the Uniform Controlled Substance Act**

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

Hearing Date: Friday, February 27, 2015, 9:05am Room Number: 016

1 **Fiscal Implications:** None.

2 **Department Testimony:** We support the intent of SB810 SD1, but defer to the Department of  
3 Public Safety as the lead agency in regards to the system's operation.

4 This measure requires all practitioners who administer, prescribe or dispense controlled  
5 substances in Schedules II through IV to utilize the electronic prescription accountability system  
6 by January 16, 2016, and describes the circumstances for required use.

7 Mandatory utilization of prescription drug monitoring programs is one of the most  
8 effective promising practices for reducing prescription drug abuse based on a comprehensive  
9 national review of policies and approaches.<sup>1</sup> In support of efforts outlined in SB810 SD1, the  
10 Department of Health is collaborating with the Department of Public Safety on a study to  
11 increase understanding of the type of substances responsible for drug poisoning and how these  
12 substances were accessed by decedents, as well as educational efforts to increase prescriber use  
13 of the Prescription Drug Monitoring Program and appropriate prescribing practices. The  
14 Department of Health also conducts ongoing surveillance and reporting related to drug poisoning  
15 to help guide program and policy efforts.

16 Drug Poisoning is a serious public health problem in Hawaii and across the nation.  
17 Based on Hawaii death certificate records, fatal drug poisonings among Hawaii residents have  
18 increased significantly over the last 20 years to make it the leading mechanism of fatal injuries,  
19 surpassing deaths from motor vehicle crashes and falls. There was an almost two-fold increase  
20 in deaths from drug poisonings from 78 deaths per year in the 1999-2003 period to 151 deaths

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<sup>1</sup> <http://healthyamericans.org/assets/files/TFAH2013RxDrugAbuseRptFINAL.pdf>

1 per year over the 2009-2013 period. Almost all of the fatal poisonings in the 2009-2013 period  
2 were drug-related (88%, or 754 of 856). Prescription drugs were implicated in nearly half (45%)  
3 of the unintentional poisonings, including 36% of deaths that involved opioid pain relievers.

4 Thank you for the opportunity to testify.



## HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814  
Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

TO:

COMMITTEE ON JUDICIARY AND LABOR  
Senator Gilbert S.C. Keith-Agaran, Chair  
Senator Maile S.L. Shimabukuro, Vice Chair

DATE: Friday, February 27, 2015  
TIME: 9:05 am  
PLACE: Conference Room 016

FROM: Hawaii Medical Association  
Dr. Christopher Flanders, DO, Executive Director  
Lauren Zirbel, Community and Government Relations

**Re: SB 810 SD 1**

### **Please find proposed amendments attached**

Hawaii Medical Association served on the State Narcotic Task Force, helping to create the proposed legislation related to the electronic prescription accountability system. HMA would like to provide the following comments in addition to our attachment, which highlights in red necessary changes to this bill. Without these changes, the medical community opposes this unfunded mandate.

HMA suggests that the legislature amend the phrase, “chronic pain therapy,” to “chronic opioid therapy”. While there are many types of therapy for chronic pain, we are attempting to address chronic opioid therapy. We do not believe it is appropriate or the intent of the legislature to require use of drug monitoring for chronic pain therapies such as Advil.

HMA suggests that the legislature amend the bill to exclude treatment of acute pain and injury from the provision requiring a provider access the database.

Many providers operate in a clinical setting in which most patients are new patients, and requiring a query of the electronic prescription accountability system for every prescription for pain treatment is overly burdensome.

Even if access is delegated, the process of accessing the drug monitoring system for all patients prescribed a pain medication will be a significant drain on resources in terms of staffing and delay in disposition. **We argue that when a physician is providing a patient with a prescription for a short course of opioid medication for acute pain, statute should allow the practitioner to decide if a database query is appropriate. Legislating the practice of medicine leads to many unforeseen complications.**

In order for the medical community to support this measure, there must be an addition of an

#### *Officers*

*President - Robert Sloan, MD, President-Elect – Scott McCaffrey, MD  
Immediate Past President – Walton Shim, MD, Secretary - Thomas Kosasa, MD  
Treasurer – Brandon Lee, MD Executive Director – Christopher Flanders, DO*

appropriation for training for providers, expanded use, continued improvement of, and continuing funding of the electronic prescription accountability system. Hawaii's electronic prescription accountability system is an incredibly valuable tool for providers. **We have concerns that improvements suggested in the proposed legislation will not be feasible without proper funding. If this mandate is going to be enforced, is only fair that providers must first be properly trained in order for them to register and utilize the electronic prescription accountability system. Many of our providers have experienced trouble registering and utilizing the system.**

Thank you for the opportunity to submit testimony.

THE SENATE  
TWENTY-EIGHTH LEGISLATURE, 2015  
STATE OF HAWAII

S.B. NO.

810  
S.D

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A BILL FOR AN ACT

RELATING TO THE UNIFORM CONTROLLED SUBSTANCE ACT.

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

SECTION 1. Section 329-1, Hawaii Revised Statutes, is amended by adding three new definitions to be appropriately inserted and to read as follows:

"Chronic ~~pain~~ opioid therapy" means at least three months of continuous treatment for chronic pain ~~with opioid drugs~~.

"Pharmacist delegate" means a pharmacy employee who is selected by a pharmacist to act as the pharmacist's agent and is delegated with the task of accessing the electronic prescription accountability system. The pharmacist shall take full responsibility for any action taken by the pharmacist delegate in its role as the pharmacist delegate.

"Practitioner delegate" means an agent or employee of a practitioner who is delegated with the task of accessing the electronic prescription accountability system. The practitioner shall take full responsibility for any action taken by the practitioner delegate in its role as the practitioner delegate."

SECTION 2. Section 329-101, Hawaii Revised Statutes, is amended as follows:

1. By amending subsection (b) to read:

"(b) The designated state agency shall determine those schedules of controlled substances, classes of controlled substances, and specific controlled substances that are purportedly being misused and abused in the State. No practitioner may administer, prescribe, or dispense a controlled substance unless the practitioner is registered with the designated state agency to utilize the electronic prescription accountability system. Beginning ~~January 1, 2016,~~ January 1, 2017, all practitioners administering, prescribing, or dispensing a controlled substance in schedules II through IV, shall register with the electronic prescription accountability system as part of the renewal process for controlled substance registration. ~~The state Narcotics Enforcement Division, or any other state agency, shall provide training to practitioners on how to register for and use the electronic prescription accountability system. Each provider must obtain training in how to register and use the electronic prescription accountability system prior to being subject to this mandate. No identified controlled substances may be dispensed unless information relevant to the dispensation of the substance is reported electronically or by means indicated by the designated state agency to the central repository established under section 329-102, in accordance with rules adopted by the department.~~"

2. By amending subsection (e) to read:

"(e) The system shall provide for the use of a central repository in accordance with section 329-102. Beginning ~~January 1,~~ January 1, 2018, after the practitioner has been trained on how to register for and use the prescription drug monitoring system by a state agency, all practitioners and practitioner delegates shall request patient information from the central repository prior to the practitioner administering, prescribing, or dispensing a controlled substance opioid drug to a new patient, excluding treatment of acute pain, and shall request patient information from the central repository at least three times per year for a patient that receives chronic pain opioid therapy. ; provided that a practitioner or practitioner delegate shall not be required to request patient information from the central repository pursuant to this subsection if the request is for a new patient to whom the practitioner administers, prescribes, or dispenses a supply of seven days or less of a controlled substance in an emergency room or department.—The operation of the system shall be overseen by the designated state agency. The system shall include provisions to protect the confidentiality of information in the system, in accordance with section 329-104."

SECTION 3. Section 329-104, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) This section shall not prevent the disclosure, at the discretion of the administrator, of investigative information to:

(1) Law enforcement officers, investigative agents of federal, state, or county law enforcement or regulatory agencies, United States attorneys, county prosecuting attorneys, or the attorney general; provided that the administrator has reasonable grounds to believe that the disclosure of any information collected under this part is in furtherance of an ongoing criminal or regulatory investigation or prosecution;

(2) Registrants authorized under chapters 448, 453, and 463E who are registered to administer, prescribe, or dispense controlled substances[;] and practitioner delegates; provided that the information disclosed relates only to the registrant's own patient;

(3) Pharmacists[;] or pharmacist delegates, employed by a pharmacy registered under section 329-32, who request prescription information about a customer relating to a violation or possible violation of this chapter; [ø]

(4) Other state-authorized governmental prescription-monitoring programs[-];

(5) The chief medical examiner or licensed physician designee who requests information and certifies the request is for the purpose of investigating the death of a person;

(6) Qualified personnel for the purpose of legitimate research or education; provided that any data that reasonably identifies a specific recipient, prescriber, or dispenser shall be deleted from the information prior to disclosure; provided further that release of the information shall be made pursuant to a written agreement between qualified personnel and the administrator to ensure compliance with this subsection; and

(7) Other entities or individuals authorized by the administrator to assist the program with projects that enhance the electronic prescription accountability system."

SECTION 4. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 5. There is appropriated out of the general revenues of the State of Hawaii the sum of \_\_\_\_\_ or so much thereof as may be necessary for fiscal year 2015-2016 and the same sum or so much thereof as may be necessary for fiscal year 2016-2017 for the implementation and operation of necessary training of providers to register and utilize the electronic prescription accountability system.

SECTION 6. This Act shall take effect upon its approval.





**Hawaiian Humane Society**  
**People for animals. Animals for people.**

2700 Waiālae Avenue Honolulu, Hawaii 96826  
808.946.2187 • hawaiianhumane.org

February 27, 2015

The Honorable Gilbert S. C. Keith-Agaran, Chair  
The Honorable Maile S.L. Shimabukuro, Vice Chair  
And Members  
Senate Committee on Judiciary and Labor  
Hawaii State Capitol  
Honolulu, HI 96813

RE: Written Comments on Senate Bill 810 SD1. Relating to the Uniform  
Controlled Substance Act

Senator Keith-Agaran, Senator Shimabukuro and Members of the Committee:

Thank you for accepting testimony on behalf of SB 810 SD1. The Hawaiian Humane Society has serious concerns regarding this bill's passage and the unintended consequences that would result as it pertains to veterinary practice.

At our shelter in Moiliili, about 85 animals come through our door each day. Each animal's health is evaluated after admission. Many of the animals are injured and suffering and require pain medication. If this bill passes we would not be able to provide relief to help with their suffering. Our surgery clinic performs over 8,000 sterilizations each year and controlled substances are used as pain relief for each procedure. Also, controlled substances are used for animal euthanasia which is in accordance with AVMA Guidelines.

We request that you amend this bill to specifically exempt veterinarians. If this bill passes it would result in significant suffering of animals.

Please amend SB 810 SD1 to exempt veterinarians.

Sincerely,

Mary Steiner  
Policy Advocate



The Honorable Gilbert S. C. Keith-Agaran, Chair  
The Honorable Maile S.L. Shimabukuro, Vice Chair  
And Members  
Senate Committee on Judiciary and Labor  
Hawaii State Capitol  
Honolulu, HI 96813

RE: Written Comments on Senate Bill 810 SD1, Relating to the Uniform Controlled Substance Act

Senator Keith-Agaran, Senator Shimabukuro and Members of the Committee:

Thank you for accepting testimony on behalf of SB 810 SD1. The Hawaii Island Humane Society stands with other Animal Welfare Organizations with serious concerns regarding this bill's passage and the unintended consequences that would result as it pertains to veterinary practice.

At our three shelters on the Big Island, we take in approximately 65 animals each day. Each animal's health is evaluated after admission. Many of the animals are injured and suffering and require pain medication. If this bill passes we would not be able to provide relief to help with their suffering. Our surgery clinics performs over 4,000 sterilizations each year and controlled substances are used as pain relief for each procedure. Also, controlled substances are used for animal euthanasia which is in accordance with AVMA Guidelines.

We request that you amend this bill to specifically exempt veterinarians. If this bill passes it would result in significant suffering of animals.

Please amend SB 810 SD1 to exempt veterinarians.

Respectfully Submitted,  
Donna Whitaker  
Executive Director

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

DATE: February 26, 2015

TO: Senator Gil Keith Agaran  
Chair, Committee on Judiciary and Labor

*Submitted Via [JDLtestimony@capitol.hawaii.gov](mailto:JDLtestimony@capitol.hawaii.gov)*

RE: **S.B. 810, SD1 – Relating to Uniform Controlled Substance Act  
Hearing: Friday, February 27, 2015, 9:05 a.m.  
Conference Room: 229**

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Dear Chair Keith Agaran and Members of the Committee on Judiciary and Labor,

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

Walgreens **comments** regarding S.B. 810, S.D.1. While we support the original intent of the bill which was to require practitioners to register to use the electronic prescription accountability system, we oppose a specific amendment made in the S.D.1, which would create significant unintended consequences for pharmacists.

Walgreens appreciates that this measure would require greater participation of practitioners in monitoring patients who need to manage chronic pain, and agrees that front-end prescribers are in the best position to make determinations regarding safe prescribing, and developing a specific prescribing protocol for narcotic drugs.

However, we note that when the prior Committees deleted the definition of “practitioner” in the bill, and instead used the existing definition in Chapter 329, this change made

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

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pharmacies subject to all of the requirements in the bill intended for prescribers. This appears to be contrary to the original purpose of the measure, which was to require prescribers to register to use the prescription drug monitoring program. Walgreens opposes this change, because it would impose onerous requirements on pharmacists. One such requirement would be checking the prescription drug monitoring program three times a year for chronic pain patients, when pharmacists have no way of even flagging these patients. It also important to note that pharmacies are already playing an important role, since they are registered with the prescription drug monitoring program for reporting data for the system to use.

Walgreens would suggest that the original definition of practitioners in S.B. 810 should be restored, and apply specifically to the proposed requirements in this bill, so that pharmacists are excluded from these requirements. We believe that that the Narcotics Enforcement Division has proposed language to make this amendment, and are in support of the proposed amendment.

Walgreens participated in and is in support of the working group that has been convening to discuss approaches to improving the monitoring of prescriptions for narcotic drugs. We believe that this measure, if amended, will be a positive step towards making such improvements.

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

Jill Yoshicedo, DVM  
Kailua Animal Clinic  
111 Hekili St. Ste 104  
Kailua HI 96734

February 26, 2015

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

RE: SB 810, SD1 Relating to the Uniform Controlled Substance Act

Dear Committee on Judiciary and Labor,

As a veterinarian actively practicing in Hawaii for the past 6 years, I am opposed to SB 810 due to its effective prohibition of critical aspects of veterinary care involving the administration and prescription of controlled substances such as euthanasia and treatment of seizure patients.

The current definition of "practitioner" in the existing Hawaii Revised Statutes Section 329-1 Uniformed Controlled Substance Act Definitions reads:

"Practitioner" means:

(1) A physician, dentist, **veterinarian**, scientific investigator, or other person licensed and registered under section 329-32 to distribute, dispense, or conduct research with respect to a controlled substance in the course of professional practice or research in this State;

Because the HRS 329 Uniform Controlled Substances Act definition of "practitioner" already includes veterinarians, the proposed changes in SB 810 would still apply to veterinarians, despite the amendments proposed in SB 810, SD1.

As I have testified before with many of my colleagues, the proposed changes in SB 810 would severely limit a veterinarian's ability to administer and prescribe the small amount of controlled substances used in our daily line of work because of the current difficulties in complying with the current electronic reporting system which is not designed for veterinary use.

Veterinarians have already had to deal with this electronic reporting system requirement regarding dispensing controlled substances; many of us have not been able to effectively comply with the requirement due to system errors and inconsistencies as the system is set

up for the human, not veterinary, medical field. The current electronic reporting system does not recognize many of the controlled substances veterinarians commonly use, and requests information impertinent to the veterinary-client-[animal]patient prescribing relationship. Additionally, the electronic system is difficult to use and error-prone, and technical support is often unavailable or unhelpful. Attempting to use the current system takes an unacceptable amount of the practitioner's time; the majority of Hawaii's veterinarians are very small businesses that do not have extra time or staff to deal with a reporting system that may take hours each week to file even a single controlled drug use event.

In dealing with the current HRS 329 Uniform Controlled Substances Act electronic reporting system requirement regarding dispensing controlled substances, my clinic has not been able to effectively comply with the requirement due to the above stated issues with the reporting system. Because of this, we have not been able to dispense controlled substance medications to patients in need, and have had to instead write prescriptions for these medications to be filled at an outside pharmacy, which is an inconvenience to our clients as well as a loss of business revenue. However, if SB 810 were to pass, restricting veterinary administration and prescribing of controlled substances, there are no alternatives to using these medications in my line of work. It would be inconceivable for me to continue to practice responsible veterinary medicine without being able to humanely euthanize a suffering animal or to stop active seizures in a hospitalized patient using these essential controlled substances.

Without first establishing a functioning reporting system for VETERINARY use, it is inappropriate to require veterinarians to adhere to the same restrictions on controlled substance use as the human medical field. Furthermore, controlled substance use in the veterinary field has a miniscule impact on the issue of controlled drug abuse in humans. Please note that veterinarians already log all controlled substance use for federal DEA requirements. SB 810 places an unjustified and insurmountable reporting burden upon most, if not all, veterinarians in Hawaii.

Please OPPOSE SB 810 unless it includes a specific amendment exempting veterinarians from these reporting requirements, at least until a functioning and effective reporting system is in place that would allow us to comply with the law.

Thank you for the opportunity to submit testimony, and your consideration of the unintended consequences of SB 810 on the veterinary medical field. Please contact me if I can be of further assistance.

Jill Yoshicedo, DVM

Hawaii Veterinary Medical Association  
President-Elect



Shannon Fujimoto Nakaya, DVM  
**Kindred Spirit Kindred Care, LLC**

PO Box 4955, Kailua Kona, HI 96745  
phone: (808) 896-1543  
email: sfnakaya@kindredspiritkindredcare.com

2015.02.25

### **Testimony**

I am a licensed veterinarian state of Hawaii and I am STRONGLY OPPOSED TO SB810 requiring (daily) electronic reporting of ALL controlled substances administered, prescribed, or dispensed, particularly as it applies to veterinarians.

The process of being a veterinarian licensed to practice and prescribe controlled substances to animal patients requires responsibility and accountability as it is; additional reporting simply impedes our ability to function efficiently, especially when the reporting process is designed around *human* patients and not animal ones.

Being a veterinarian who prescribed controlled substances requires: (1) a doctor of veterinary medicine (DVM) graduate degree; (2) passing of a national board examination and clinical competency test; (3) passing of a state examination in each individual state the veterinarian desires to practice in; (4) registration and licensing with the federal drug enforcement administration (DEA); (5) in some states like Hawaii, registration and licensing with a state narcotics enforcement administration (NEA). Depending on the license, renewals need to be done every one to 3 years. Part of the responsibility of being a licensed veterinary professional is upholding the rules and legislation of ethical and responsible practice. DEA licensing requires maintaining drugs logs, separate from patient medical records, accounting for every milligram of controlled substance that passes through the hands of the licensed practitioner. I have upheld and honored these responsibilities since 1995. SB810 is actually requiring MORE accountability than is already in place. The mandate, at least as it applies to veterinarians, crosses the line into excessive and will interfere with our ability to care for patients.

The proposed electronic reporting system was activated 4 years ago for dispensing of controlled substances. The system was not designed with veterinarians in mind, and since then, many veterinarians, myself included, have voluntarily giving up our ability to dispense controlled substances. Our submitted reports were more often than not, rejected by the system because our animal patients did not have state ID numbers. I work with a lot of wildlife where there isn't even an human that I can attach the patient to.

Many of our prescriptions are legitimate extralabel applications – there are no controlled substances labeled for use in avian (bird) species, for example. We sometimes use injectable products orally because they have been established to be effective (buprenorphine for pain management in cats, for example). We usually use much smaller quantities per dose than are used in humans, sometimes even dilutions of existing products. We often use “cocktails” or pre-mixed combinations of substances to achieve desired sedative effects without overdosing on any particular substance. These are all legitimate methods of dosing in veterinary practice that are not accommodated by systems focused on humans. Given the variety of species and doses of drugs used in veterinary medicine, setting automated parameters for “acceptable” dosing in order to screen for abuse snags (and rejects) most of our submissions.

Requiring daily reporting even if no controlled substances were used on that day is simply excessive scrutiny. Veterinary medicine is an underpaid profession as it is. Adding one more thing to our daily routine, whether we do it ourselves, or hire someone to do it for us, affects our ability to provide affordable care to patients. It is just aggravating when this one-more-thing is tedious and unnecessary. Are parolees scrutinized daily? We’ve been screened and licensed and sworn an oath multiple times to uphold the law; is this level of monitoring truly necessary?

The first stage of the reporting process, as it applied to dispensed controlled substance, became so painful, that many veterinarians opted to prescribe via compounding pharmacies rather than dispense controlled substances themselves. This meant that patients would have to wait for medications to be mailed to them from a compounding pharmacy before initiating therapy. Or they would have to stay in the veterinary hospital to receive treatment or endure trips back fourth to be medicated as an outpatient.

If SB810 is expanded to include administering and prescribing of controlled substances, it is simply going to drive veterinarians further away from full service care. Most of the controlled substances used in veterinary practice are about pain management, anesthesia, and seizure management. It the state makes it any more complicated for us to utilize these substances, patients are going to suffer for it.

Respectfully submitted,

shannon nakaya, dvm



**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [JDLTestimony](#)  
**Cc:**  
**Subject:** Submitted testimony for SB810 on Feb 27, 2015 09:05AM  
**Date:** Wednesday, February 25, 2015 1:15:09 PM

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**SB810**

Submitted on: 2/25/2015

Testimony for JDL on Feb 27, 2015 09:05AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Carolyn Naun	Individual	Oppose	No

Comments: I oppose this bill as it is currently written. Veterinarians need to be specifically exempted as we are legally defined as "practitioners" in Hawaii. The reporting system is not correctly set up for veterinarians to use, so if passed, this bill would make it impossible to perform anesthesia, treat seizures, euthanize patients, and do other tasks that are vital to veterinary practice. In addition to working in private practice on Oahu, I teach surgical nursing, anesthesia and dentistry in the Windward Community College Veterinary Technology program. Again, if this bill passes, I will not be able to continue running surgery labs associated with my courses. Without these labs, students are unable to acquire the skills mandated under our provisional accreditation by the American Veterinary Medical Association, and our current second year class of 24 students will be unable to graduate this spring. Thank you for your consideration. I hope you make the right decision for the welfare of animals across Hawaii. Carolyn Naun, DVM

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

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**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [JDLTestimony](#)  
**Cc:**  
**Subject:** Submitted testimony for SB810 on Feb 27, 2015 09:05AM  
**Date:** Wednesday, February 25, 2015 1:30:53 PM

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**SB810**

Submitted on: 2/25/2015

Testimony for JDL on Feb 27, 2015 09:05AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Carlene Takushi, DVM	Individual	Oppose	No

Comments: I am a practicing veterinarian and am opposed to bill SB810 as it will hinder my ability to alleviate pain and/or euthanize animals that are sick, injured or suffering. I request that an exemption for veterinarians be explicitly worded into the bill.

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

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February 25, 2015

Dear Members of the Judiciary Committee,

I strongly oppose SB810 as written. As a practicing veterinarian this bill will limit my ability to provide appropriate care for my patients. Veterinarians like myself use controlled substances on a daily basis as pain medications for surgery and injuries, anesthetics, anticonvulsants and for euthanasia to alleviate an animal's suffering. The proposed system is not designed for veterinary patients and would hinder our ability to provide animals with adequate pain relief and surgery. I urge you to include a specific exemption for veterinarians in this system if this legislation is otherwise beneficial to prevent the abuse of controlled substances.

Thank you,

Aleisha Swartz, DVM  
Chief Veterinarian  
Hawaiian Humane Society

Dear Honorable Legislators,

Aloha!

I oppose the bill SB810 for veterinarians. Please make an exemption for veterinarians....worded into the bill.

This bill would restrict and limit or would essentially prohibit the use of any controlled substances in our practices, including euthanasia solution and anti-seizure medications.

It would make it difficult if not impossible to sedate horses and small animals on a house call basis, as well as travel to the neighbor islands to treat animals and perform surgeries.

Please reconsider this bill for it will create unnecessary "pili kia" and strife for pet owners and their pets as well as veterinarians.

Mahalo nui loa,

Sincerely,

Ihor Basko, DVM, CVA  
ALL CREATURES GREAT & SMALL VETERINARY SERVICES  
6240 Helena Lane  
Kapaa, HI 96746

TESTIMONY ON SENATE BILL 810  
RELATING TO THE UNIFORM CONTROLLED SUBSTANCE ACT

To Members of the Committee:

As a veterinarian in an animal shelter, I **oppose** the proposed SB810 amendment in its current form. Specific language must be added to provide an exemption for veterinarians.

On a daily basis in my practice, I administer controlled substances to 20-30 animals a day in the course of spay/neuter surgery and euthanasia. Almost all of these patients would be considered “new patients.” Adding further requirements for reporting these usages would necessitate hiring an additional employee to handle the reporting and pose an undue burden to the non-profit organization that employs me.

Other veterinarians have already had to deal with this electronic reporting system requirement regarding dispensing controlled substances; many have not been able to effectively comply with the requirement due to system errors and inconsistencies, as the system is set up for the human, not veterinary, medical field.

SB810 must include an amendment to the definition of "practitioner" in HRS 329-1 exempting veterinarians, at least until there is a working and usable reporting system available for our use.

Sincerely,

Dawn Ushio, DVM

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**Date:** Wednesday, February 25, 2015 5:21:35 PM

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**SB810**

Submitted on: 2/25/2015

Testimony for JDL on Feb 27, 2015 09:05AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jamie Furutani	Mililani Mauka Veterinary Clinic	Oppose	No

Comments: Committee Members The online reporting system is not usable by veterinarians and SB810 would prohibit the use of any controlled substances in our practice, including euthanasia solution and anti-seizure medications. I, Jamie Furutani, oppose SB810 and request that an exemption for veterinarians be explicitly worded into the bill. SB810 must include an amendment to the definition of "practitioner" in HRS 329-1 exempting veterinarians, at least until there is a working and usable reporting system available for our use. Thank you for your consideration, Jamie Furutani Mililani Mauka Veterinary Clinic, LLC 808.626.7600

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## **SB810**

Submitted on: 2/25/2015

Testimony for JDL on Feb 27, 2015 09:05AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Eric Ako DVM	Hawaii Veterinary Medical Association	Oppose	No

Comments: Honorable Senator, Chair Keith-Agaran, and the members of the Committee on the Judiciary and Labor, The Hawaii Veterinary Medical Association is strongly opposed to SB810-SD1. Please amend it to ensure that the Narcotics Enforcement Division of the Department of Public Safety assists local veterinarians to comply, or exempt veterinarians. Veterinarians are good citizens, and we want to curb substance abuse. Our families are touched by this disease as any other. As professionals we are compliance advocates. However, the system used by the State for mandatory reporting is very veterinarian unfriendly. It is clearly intended for human medicine, and does not accommodate our profession. For example, SB810 calls for us to request patient information from the central repository. Well, most of our patients are cats, dogs, horses, or cows. They may be zoo animals. Or birds. Our clients are not our patients. Most veterinarians across the state report difficulties. We are on our 2nd vendor, and it has not gotten better. We are asking for help and no one is listening. Many of us cannot register despite sincere effort. Many can no longer dispense. Our big practices are 10-15 veterinarians, and even they have challenges. Most practices do not have dedicated IT staff. It is unusual for us to much to report, and we do not regularly dispense abused drugs. If passed, SB810 will severely hinder our delivery of service to the community. Yesterday, I did a housecall euthanasia on a 13 year old labrador retriever who could no longer stand or walk. My humble service was appreciated. In the future, I will not be allowed to serve. Please amend SB810-SD1, or exempt veterinarians. Respectfully, Eric ako DVM Executive Vice President, HVMA

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**SB810**

Submitted on: 2/25/2015

Testimony for JDL on Feb 27, 2015 09:05AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
alan nagakura	Individual	Oppose	No

Comments: I would like to reiterate comments that I previously submitted on 2/10/15, stating that I feel that requiring veterinarians to do the same reporting as physicians is leading to very unnecessary additional workload to veterinarians which will lead to hardship to ourselves and staff and subsequently affect our care for our patients and their families. As it is I spent so much time filling out the online report weekly as best as I can. the risk of abuse is low as we do keep track and logs of what we dispense and to whom. please consider the impracticality of this measure. thank you.

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**SB810**

Submitted on: 2/25/2015

Testimony for JDL on Feb 27, 2015 09:05AM in Conference Room 016

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

Comments: Dear Committee Members: Veterinarians have already had to deal with this electronic reporting system requirement regarding dispensing controlled substances; many of us have not been able to effectively comply with the requirement due to system errors and inconsistencies, as the system is set up for the human, not veterinary, medical field. If this bill passes, all veterinarians would need to register and use this system to euthanize animals or treat seizing patients within our clinics, as well as to write any prescription for controlled substances such as tramadol or phenobarbital at an outside pharmacy. I oppose this bill, as it is an undue burden upon veterinarians in Hawaii who do not significantly contribute to the abuse of controlled substances, particularly when there is no effective system in place for veterinary use. SB810 must include an amendment to the definition of "practitioner" in HRS 329-1 exempting veterinarians, at least until there is a working and usable reporting system available for our use.

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**SB810**

Submitted on: 2/25/2015

Testimony for JDL on Feb 27, 2015 09:05AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
reena shah	Individual	Oppose	No

Comments: My position stands firm in opposition of SB810. I insist that exemption for veterinarians is applied to the bill. As in my earlier statement, the current online reporting system is not usable by veterinarians, and this bill will inhibit our ability to effectively & efficiently use any controlled substances in our practices, thereby severely compromising animal health & welfare. I am not against a reporting system, but until a more veterinary-friendly system is in place, we veterinarians should not be subjected to a system which does not translate to our scope of work.

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**SB810**

Submitted on: 2/26/2015

Testimony for JDL on Feb 27, 2015 09:05AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Keri Jones	Individual	Oppose	No

Comments: I have a single doctor veterinary practice in an underserved area of South Kona with no employees. I do this to keep costs down in an economically depressed area, where dogs and cats simply don't get care otherwise. When tramadol became controlled, I had to stop using it in my practice even though it is the safest and most effective drug for dogs after surgery. If this law passes, I'm not sure what I'll do because I literally cannot practice without controlled drugs. Either I will have to shut down or hire someone to deal with this system. Even then, I'm not sure how to do that because it's a human based system (which sounds like a HIPPA violation to me having veterinarians looking up drug information on the owners of their patients). Some of my patients don't even have owners --they are rescues that I spay and neuter so that they can get adopted. This system is not designed for veterinarians and is difficult if not impossible for veterinarians to comply with. Please exclude veterinarians from this newest reporting requirement, at least until a better system can be put in place for our industry.

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**SB810**

Submitted on: 2/26/2015

Testimony for JDL on Feb 27, 2015 09:05AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kimberly Steinberg, DVM	Individual	Oppose	No

Comments: I have been a practicing veterinarian in Hawaii since 1992. The online reporting system is so inappropriate for, and unusable by veterinarians that I can no longer dispense any controlled substances. SB810 would stop me from being able to provide essential services for my patients such as seizure control, safe anesthetic protocols and euthanasia. I strongly oppose SB810 and request that an exemption for veterinarians be explicitly worded into the bill. Sincerely, Dr. Steinberg

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## **SB810**

Submitted on: 2/26/2015

Testimony for JDL on Feb 27, 2015 09:05AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jacob Head	Individual	Oppose	No

Comments: TO WHOM IT CONCERNS: In reference to Bill SB810 - I submit the following comments in relation to the bill and how it relates specifically to veterinarians: "Practitioner" means: (1) A physician, dentist, veterinarian, scientific investigator, or other person licensed and registered under section 329-32 to distribute, dispense, or conduct research with respect to a controlled substance in the course of professional practice or research in this State; (accessed from <http://law.justia.com/codes/hawaii/2011/division1/title19/chapter329/329-1/> on 2/21/2015) Because the HRS 329 Uniform Controlled Substances Act definition of "practitioner" already includes veterinarians, this would mean the proposed changes in SB810 would still apply to veterinarians. As discussed before, the proposed changes in SB810 would limit a veterinarian's ability to administer and prescribe the small amount of controlled substances used in our daily line of work because of the current difficulties in complying with the current electronic reporting system which is not designed for veterinary use. Veterinarians have already had to deal with this electronic reporting system requirement regarding dispensing controlled substances; many of us have not been able to effectively comply with the requirement due to system errors and inconsistencies as the system is set up for the human, not veterinary, medical field. If this bill passes, all veterinarians would need to register and use this system to euthanize animals or treat seizing patients within their clinics, as well as to write any prescription for controlled substances such as tramadol or phenobarbital at an outside pharmacy. The HVMA opposes this bill as it is an undue burden upon veterinarians in Hawaii who do not significantly contribute to the abuse of controlled substances, particularly when there is no effective system in place for veterinary use. SB810 must include an amendment to the definition of "practitioner" in HRS 329-1 exempting veterinarians, at least until there is a working and usable reporting system available for our use.

Hawaii Kai Veterinary Clinic  
7192 Kalaniana'ole Highway, G102  
Honolulu, Hawaii 96825

To whom this may concern,

I oppose SB810 for the reason that this electronic reporting system is not geared for the veterinary field – too many inconsistencies and system errors will render it ineffective and inaccurate. The proposed system is suited more for the human medical field, not a veterinary one. SB810 would essentially prohibit the use of any controlled substances in our practices, including euthanasia solution and anti-seizure medications.

Sincerely,

Dr. Kerry K. Yoon, D.V.M.

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**SB810**

Submitted on: 2/26/2015

Testimony for JDL on Feb 27, 2015 09:05AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Bertram Lau DVM	Individual	Oppose	No

Comments: Please, Please, Please, exempt veterinarians from this bill. It is not only unnecessary but puts another layer of bureaucracy and paper work burden and increase economic cost that will have to be passed on to the consumer for maintaining this extra paper work. Our useage is small and not prone to abuse. Monitoring can be satisfactorily met through invoices and inventory without having to log and report every patient who gets 1 pill of phenobarb or other controlled substance in the hospital daily. Thank you for your consideration. Sincerely, Bertram Lau DVM

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