



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

**Testimony in SUPPORT of SB810 SD2
Relating to the Uniform Controlled Substance Act**

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: 03/18/15, 8:45am

Room Number: 329

1 **Fiscal Implications:** None.

2 **Department Testimony:** We support SB810 SD2. However, we defer to the Department of
3 Public Safety as the lead agency in regards to implementation of this measure.

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 (PDMPs) is one of the
8 most effective promising practices for reducing prescription drug abuse based on a
9 comprehensive national review of policies and approaches.¹ States that mandated PDMPs,
10 which include Kentucky, New York and Tennessee, saw significant increases in registration and
11 use of PDMPs, and associated declines in opioid prescribing.² Fully utilizing PDMPs along with
12 other promising drug diversion prevention efforts will help to reduce abuse and misuse of
13 prescription drugs.

14 In support of efforts outlined in SB810 SD2, the Department of Health is collaborating
15 with the Department of Public Safety on a joint study and analysis of fatal drug poisonings and
16 on educational efforts to increase prescriber use of the Prescription Drug Monitoring Program
17 and appropriate prescribing practices. The Department of Health also conducts ongoing
18 surveillance and reporting related to drug poisoning to help guide program and policy efforts.

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

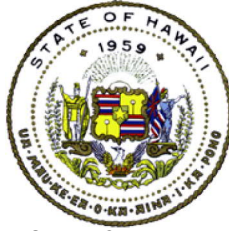
2

http://www.pdmpexcellence.org/sites/all/pdfs/COE%20briefing%20on%20mandates%20revised_a.pdf

1 Drug poisoning is a serious public health problem in Hawaii and across the nation. Based
2 on Hawaii death certificate records, fatal drug poisonings among Hawaii residents have
3 increased significantly over the last 20 years to make it the leading mechanism of fatal injuries,
4 surpassing deaths from motor vehicle crashes and falls. There was an almost two-fold increase
5 in deaths from drug poisonings from 78 deaths per year in the 1999-2003 period to 151 deaths
6 per year over the 2009-2013 period. Almost all of the fatal poisonings in the 2009-2013 period
7 were drug-related (88%, or 754 of 856). Prescription drugs were implicated in nearly half (45%)
8 of the unintentional poisonings, including 36% of deaths that involved opioid pain relievers.

9 Thank you for the opportunity to testify.

DAVID Y. IGE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
919 Ala Moana Boulevard, 4th Floor
Honolulu, Hawaii 96814

NOLAN P. ESPINDA
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DEPUTY DIRECTOR
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LAW ENFORCEMENT

No. _____

TESTIMONY ON SENATE BILL (SB) 810, SENATE DRAFT (SD) 2
RELATING TO THE UNIFORM CONTROLLED SUBSTANCE ACT

by
Nolan P. Espinda, Director
Department of Public Safety

House Committee on Health
Representative Della Au Belatti, Chair
Representative Richard P. Creagan, Vice Chair

Wednesday, March 18, 2015; 8:45 AM
State Capitol, Room 329

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

The Department of Public Safety (PSD) **strongly supports** SB 810, SD2 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, SD2 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.”

The PSD would like to suggest an amendment to address the redundancy of an existing definition for “practitioner” that already exist in HRS Section 329-1. The Department suggests that the new definition of “practitioner” being proposed in SB 810, SD2 only 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 has been in operation since 1993, and has evolved over the years to require all pharmacies and dispensing practitioners to submit prescription data into an electronic database. The program is capable of providing 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. Although 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 fraudulently obtaining prescription drugs undetected.

If passed, SB 810, SD2 will provide practitioners and their delegates a very powerful tool to make better, more informed treatment decisions, allowing them to provide the most appropriate medical care for their patients. Ultimately, all Hawaii citizens will benefit from the use of the electronic prescription accountability system through improved medical care and in reductions in the abuse and diversion of controlled substance prescription drugs.

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



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 Health
Rep. Della Au Belatii, Chair
Rep. Richard P. Creagan, Vice Chair

DATE: Wed., March 18, 2015
TIME: 8:45 a.m.
PLACE: Conference Room 329

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

Re: SB 810, SD2 RELATING TO THE UNIFORM CONTROLLED SUBSTANCE ACT

Hawaii Medical Association served on the State Narcotic Task Force. After seeing this measure we shared it HMA members as well as other specialty groups that represent OBYGYNs, Orthopedic Surgeons, Ophthalmologists, Psychiatrists and more. The overwhelming consensus is that this bill cannot be supported in its current form. This bill, as drafted, would make it a felony for any medical provider not look up every single patient that they prescribe a narcotic or non-narcotic pain medication in the electronic prescription accountability system. It has been confirmed that violating any part of Section 329 is a felony, so if this bill it to move forward in any form it must be moved to a different section.

Our doctor shortage to increased by 20% last year. Please be mindful that surveys show administrative burdens are one of the top reasons that physicians leave the state. New estimates on physician supply and demand peg the current shortage at 890, and that's expected to jump as high as 1,500 by 2020, according to the latest figures from the University of Hawaii John A. Burns School of Medicine's Area Health Education Center. This is devastating for patients and absolutely results in deaths and poor care. We should be focusing on solving this problem together not increasing administrative burdens and threatening physicians with felonies for not registering each pain prescription on an electronic tracking system. This is especially true considering may of our providers have had issues attempting to use the electronic tracking system.

Residents cannot log into the electronic prescription accountability system, as they do not have a narcotics identification number yet. Many providers do not have a nurse designated for them to use as a delegate to do additional administrative work such as this mandate. We fear that this means that each attending would have to log into the electronic prescription accountability system for every single pain prescription written by each of the residents they are overseeing. This not only provides no patient benefit but it means that providers will not be able to see as many patients and wait lists will get even longer. It's inappropriate to treat ALL patients like they are chronic pain patients. It is inappropriate to treat ALL patients like they are drug seekers.

If it is possible, we would request that we move this language to a section that would not make

Officers

*President - Robert Sloan, MD, President-Elect – Scott McCaffrey, MD
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Treasurer – Brandon Lee, MD Executive Director – Christopher Flanders, DO*

violations of the section a felony, that would be very appropriate. The last thing we need to have even more physicians leave the state for fear of getting a felony for forgetting to enter one patient into a prescription drug tracker.

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 all pain medication. For example this bill currently includes Benzodiazepines (Xanax, Ambien, Ativan).

Here is the amendment we offer:

"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.

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. Again, one of the top reasons physicians leave the state is administrative burden. We take the concerns our members have voiced on this issue very seriously, and it is our duty to relay those concerns to you so we do not worsen our current physician shortage crisis.

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.

Here is the amendment we offer:

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, 2017, 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 substancee 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.

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

We suggest the following amendments to the following sections:

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 supply of three months of continuous treatment for chronic pain with opioid drugs 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 at least three months of continuous treatment for chronic pain with opioid drugs 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.

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.

Thank you for the opportunity to submit testimony. Please note that we can't support this bill if it stays in section 329. We cannot support a felony charge for failing to comply with an administrative requirement. We look forward to continuing to work with stakeholders on this issue.



THE QUEEN'S HEALTH SYSTEMS

To: Chair Della Au Belatti
Vice Chair Richard P. Creagan
House Committee on Health

From: Daniel Fischberg, MD, PhD
Medical Director, Pain and Palliative Care Department
The Queen's Medical Center

Re: SB 810 SD 2, Relating to the Uniform Controlled Substance Act
Hearing—March 18, 2015 at 8:45 AM

The Queen's Health Systems would like to provide an amendment to SB 810 SD 2. While we support the intent of this legislation, we have reservations about the bill as written. We believe that the amendment outlined below will help to better reflect the realities of patient care while maintaining the intent of this legislation to reduce abuse or misuse of opioids for chronic pain.

We would respectfully ask the committee that the requirement that practitioners "check" the electronic prescription accountability system three times a year (page 8, lines 2-8) be modified so as to provide more direction and clarification about what this "check" is meant to achieve. There is no clear delineation about what the practitioner should be checking for. Moreover, this requirement has the potential to give practitioners "cover" by allowing him or her to continue problematic prescription practices while still following the exact terms of the law.

This provision does not allow the flexibility that practitioners need in handling a wide variety of patient cases and needs. For example, what if a practitioner sees a patient for four months, after which time that patient elects hospice care or passes away from their illness? If the practitioner did not check the system three times within those four months, would he be penalized? In order to give this provision more clarity, we would suggest that the "three times a year" language be replaced with a provision requiring that practitioners use and refer to the system in a manner consistent with recommendations made by the narcotics enforcement and prescription drug monitoring advisory committee, which would be established by SB 807 SD 2. Our suggested amendment is:

"(e) The system shall provide for the use of a central repository in accordance with section 329-102. Beginning January 1, 2017, all practitioners and practitioner delegates shall request patient information from the central repository prior to the practitioner administering, prescribing, or dispensing a controlled substance to a new patient and shall request patient information from the electronic prescription accountability system in a manner consistent with recommendations made by the narcotics enforcement and prescription drug monitoring advisory committee central repository at least three times per year for a patient that receives chronic opioid therapy; provided that a practitioner or practitioner delegate shall not be required to request patient

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

information from the ~~electronic prescription accountability system 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 an opioid drug 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."

We share your commitment to reducing accidental opioid fatalities and problematic prescription of these dangerous drugs and support the intent of this legislation. We would ask that your committee include the amendments suggested in this testimony to provide greater clarity and flexibility for providers and patients alike.

Thank you for your time and attention to this important matter.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 16, 2015 1:12 PM
To: HLTtestimony
Cc: doctord@hawaii.rr.com
Subject: Submitted testimony for SB810 on Mar 18, 2015 08:45AM

SB810

Submitted on: 3/16/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
diane shepherd	hawaii veterinary medical assn	Support	No

Comments: Dear Sirs: I strongly urge you to support this bill as amended. The current reporting system was designed for human medicine, not veterinary and has been a severe burden on veterinary practitioners. Thank you, Dr. Diane Shepherd

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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SB810 SD2 RELATING TO THE UNIFORM CONTROLLED SUBSTANCE ACT
COMMITTEE ON HEALTH: Representative Belatti, Chair; Representative Richard Creagan, Vice Chair

- Wednesday, March 18, 2015 at 8:45 a.m.
- Conference Room 329

HSAC Supports SB810 SD2:

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

The Hawaii Substance Abuse Coalition supports the requirement that practitioners register to use the electronic prescription accountability system in order to administer, prescribe, or dispense a controlled substance.

Because of concerns over a national epidemic of abuse of opioids, prescription drug monitoring programs (PDMPs) have been established in most U.S. states to track prescriptions of opioid analgesics, sedatives, and amphetamine-type stimulants.

- PDMPs can help authorities monitor and curb diversion through illegal practices like “doctor shopping,” prescription forgery, and theft.
- While there is clear evidence that PDMPs can benefit law enforcement, it is unclear yet on the impact is to overall healthcare delivery and drug use, hence this bill can address:
 - Greater interstate cooperation,
 - More standardization among programs,
 - Proactive issuing routine reports of suspicious activity even if unsolicited.

However, PDMPs can also be used by doctors to improve patient care providing they:

- Educate and train providers about effective PDMP use,
- Better integrating such programs into the workflow of clinicians,
- Increase funding support
- Institute further evaluation

This bill will allow health care providers to begin using data from PDMPs to help improve patient safety and quality of care. Because PDMP programs have strengths and weaknesses, we believe that improving the efficacy of prescription drug monitoring programs will require better training of providers, and ongoing evaluation.

We appreciate the opportunity to testify and are available for questions.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 17, 2015 6:59 AM
To: HLTtestimony
Cc: AKOE002@hawaii.rr.com
Subject: Submitted testimony for SB810 on Mar 18, 2015 08:45AM

SB810

Submitted on: 3/17/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Eric Ako DVM	Hawaii Veterinary Medical Association	Support	No

Comments: Honorable Chair Representative Belatti and members of the Committee on Health, The Hawaii Veterinary Medical Association is in SUPPORT of SB810-SD2. Veterinarians want to curb substance abuse in our community as much as any good citizens. It touches our families as much as anyone and is counter to our pledge to do no harm. The mandatory reporting required by the Uniform Controlled Substance Act has proven difficult for veterinarians to comply with. We wish to thank Senator Gilbert Keith-Agaran for amending SB810-SD1 to exempt veterinarians. I would be very pleased to meet with you to explain the intricacies of our dilemma. Respectfully yours, Eric Ako DVM Executive Vice President, HVMA

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

DATE: March 17, 2015

TO: Representative Della Au Belatti,
Chair, Committee on Health

Submitted Via HLTestimony@capitol.hawaii.gov

RE: **S.B. 810, SD1 – Relating to Uniform Controlled Substance Act
Hearing: Wednesday, March, 18, 2015, 8:45 a.m.
Conference Room: 329**

Dear Chair Au Belatti and Members of the Committee on Health,

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.2. We appreciate that the Senate amended the bill to restore the original definition of practitioner, and it appears the intent was **to** require practitioners to register to use the electronic prescription accountability system. However, the current language in the S.D.2 is still problematic, and might 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 Senate Committee on Judiciary restored the original definition of practitioners in S.B. 810, it did not limit this definition specifically to the

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

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

electronic prescription accountability system, to make it clear that pharmacists are excluded from these requirements.

If the bill remains in its present form, it would appear to be contrary to the original purpose of the measure, which was to require prescribers to register to use the prescription drug monitoring program. The bill would impose onerous requirements on pharmacists, including 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 is 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.

We believe that the Narcotics Enforcement Division has proposed amendments to ensure that the definition only applies to section 2 of the bill and excludes pharmacies, and we are in support of these proposed amendments.

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

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, March 14, 2015 7:49 AM
To: HLTtestimony
Cc: lenora@hawaii.edu
Subject: Submitted testimony for SB810 on Mar 18, 2015 08:45AM

SB810

Submitted on: 3/14/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

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

Comments: Mahalo for the opportunity to speak in support of this important bill to address the many concerns and safety requirements RELATING TO THE UNIFORM CONTROLLED SUBSTANCE ACT. There is a nationwide trend for states to pass Prescription Drug Monitoring Program legislation. These are worthwhile efforts, to protect patient care.

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Dear Representative Thielen,

I hope you will support SB810.

I am the owner of Kailua Animal Clinic since 1987, and a licensed practitioner in Hawaii since 1978. The previous rules and regulations regarding the reporting of prescription and dispensing of controlled drugs through the Hawaii PDMP has negatively impacted my patients and my ability to practice appropriate veterinary medicine by restricting my ability to responsibly use controlled pharmaceuticals for their treatment and comfort.

This amended bill addresses those concerns that have constrained my ability to practice the high quality veterinary medicine that my patients and my clients expect and deserve.

1. The previous law made it impossible for veterinarians to navigate the website for reporting, as it is set up for human patients, doctors and practitioners.
2. The DEA and the Hawaii NED effectively monitor and control the use of controlled drugs by veterinarians.
3. My veterinary practice, my colleagues and the American Veterinary Medical Association support a client's right to have their prescription filled at the pharmacy of their choice.
4. The prescribing veterinarian is the most appropriate professional to provide guidance and education when dispensing a prescription product.

Thank you for considering my support of SB810.

Sincerely,

John Haddock, DVM

Kailua Animal Clinic
111 Hekili Street, Ste 104
Kailua HI 96734
Tel 263-8863

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, March 13, 2015 8:55 PM
To: HLTtestimony
Cc: kljonesdvm@aol.com
Subject: Submitted testimony for SB810 on Mar 18, 2015 08:45AM

SB810

Submitted on: 3/13/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Keri Jones	Individual	Support	No

Comments: I believe the exclusion of veterinarians as practitioners fixes a serious flaw in this bill and creates a much more viable, practical, and enforceable system. Mahalo for listening to prior input from the veterinary community.

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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, March 13, 2015 4:57 PM
To: HLTtestimony
Cc: rontthi@gmail.com
Subject: *Submitted testimony for SB810 on Mar 18, 2015 08:45AM*

SB810

Submitted on: 3/13/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Ronald Taniguchi, Pharm.D.	Individual	Support	No

Comments:

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

March 16, 2015

Committee on Health
Representative Della Au Belatti, Chair
Representative Richard P. Creagan, Vice Chair

RE: SB 810, SD2 Relating to the Uniform Controlled Substance Act

Dear Committee on Health,

As a veterinarian actively practicing in Hawaii for the past 6 years, I am in support of SB 810 SD2. The redefinition of “practitioner” excluding veterinarians in SB 810 SD2 is appropriate as the current electronic reporting system does not allow veterinarians to comply with the HRS 329 Uniform Controlled Substance Act reporting requirements.

SB 810 SD2 would relieve the current restriction preventing veterinarians from dispensing controlled substances, as well as allow us to continue to use these essential drugs within our clinics in areas such as treating seizure patients and providing euthanasia to terminally ill or suffering pets.

Please note that veterinarians already log all controlled substance use for federal DEA requirements. Controlled substance use in the veterinary field has a miniscule impact on the issue of controlled drug abuse in humans due to the rarity of prescribed controlled substances ending up in the pet owner’s household. Within the veterinary field, the majority of controlled drug use is at the hospital and administered by the veterinarian directly to the patient. While the veterinary community supports efforts to curtail controlled substance abuse in humans, our experience with HRS 329 has proven the current reporting system is not set up to accommodate veterinarian input.

Please SUPPORT SB 810 SD2 and its exemption of veterinarians from HRS 329 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 HRS 329 on the veterinary medical field. Please contact me if I can be of further assistance.

Jill Yoshicedo, DVM
Hawaii Veterinary Medical Association
President-Elect

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 16, 2015 9:24 PM
To: HLTtestimony
Cc: candimd@gmail.com
Subject: Submitted testimony for SB810 on Mar 18, 2015 08:45AM

SB810

Submitted on: 3/16/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Candice Denham- Soquena DVM	Individual	Support	No

Comments: I am a small animal veterinarian and I support SB810 SD2.

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***American Congress of Obstetricians and Gynecologists
District VIII, Hawaii (Guam & American Samoa) Section***

Lori Kamemoto, MD, MPH, FACOG, Chair
94-235 Hanawai Circle, #1B
Waipahu, Hawaii 96797



March 18, 2015
8:45 AM
Conference Room 329

TO: House Committee on Health
Representative Della Au Belatti, Chair
Representative Richard Creagan, Vice Chair

FROM: Lori Kamemoto, MD, MPH, FACOG – Chair
Greigh Hirata, MD, FACOG – Vice Chair
American Congress of Obstetricians and Gynecologists
Hawaii (Guam & American Samoa) Section

RE: **SB810SD2—Relating to the Uniform Controlled Substance Act**

POSITION: **Oppose the Bill’s Creation of Felony Prosecution of Medical Providers, and Agree with Hawaii Medical Association Testimony’s (Christopher Flanders, DO, Executive Director) Request for Amendments**

The American Congress of Obstetricians and Gynecologists, Hawaii Section (Hawaii ACOG) opposes SB810SD2 in its current form. While well-intended, this bill will have significant negative consequences for obstetrician-gynecologists and their patients.

It is our understanding that this bill, in its current form, allows felony prosecution of health care providers if they do not follow exactly any portion of this bill, for example - looking up every patient for which narcotic AND non-narcotic pain medication is prescribed in the electronic prescription accountability system. **Felony prosecution of medical providers created by this bill is not justified, fair, nor reasonable and if passed into law, would be one more reason why medical providers would not want to practice in Hawaii.**

The bill also places an undue administrative burden on those who care for surgical patients, who reasonably require pain medication in the immediate post-operative period – adding to the time and cost of caring for surgical patients. On a daily basis,

obstetrician-gynecologists care for many women who have surgical procedures such as cesarean section, hysterectomy, and other surgery requiring post-operative narcotics for pain control. In this acute care setting, mandating doctors to request information from the central repository prior to narcotic administration is burdensome, especially for large group practices where physicians may have ten to twenty postoperative patients in the hospital.

In addition, **it is our understanding that resident physicians in-training would not have access to register with the electronic prescription accountability system.** Therefore, this bill would prevent resident physicians from being able to prescribe narcotics, potentially impacting a large portion of the patient population, especially affecting our most vulnerable populations that residents care for.

Narcotic abuse is a significant health problem that appears to be on the rise in Hawaii as well as nationally, and we applaud the Legislature for working on this important issue. However, **Hawaii ACOG cannot support this bill in its current form and we agree with the Hawaii Medical Association's testimony** (please see Christopher Flanders, DO, HMA Executive Director testimony) **with request for amendments.**

We also **request exemption be made for acute care surgical settings where effective pain management is essential for patient care** and has been shown to decrease hospital stays and costs (as an example, 30 days or less immediately after surgery).

Mahalo for the opportunity to testify on this important Women's Health issue.

Wednesday- March 18, 2015
8:45AM
Conference Room 329

To: House Committee on Health
Representative Della Au Belatti, Chair
Representative Richard P. Creagan, Vice Chair

From: Autumn Broady, MD, MPH

Re: SB810SD2—RELATING TO THE UNIFORM CONTROLLED SUBSTANCE ACT

Position: Oppose

As a practicing Obstetrician-Gynecologist and Maternal-Fetal Medicine fellow, I am in opposition of S.B. 810, relating to the uniform controlled substance act. This bill, while well-intended, will have significant negative consequences for practitioners and their patients. We take care of many women on a daily basis who have surgical procedures performed including cesarean sections, hysterectomies, and a variety of other surgeries who require post-operative narcotics for pain control. **Mandating doctors to request information from the central repository prior to narcotic administration is burdensome** for practitioners, especially in large group practices where physicians may have ten to twenty postoperative patients admitted to the hospital.

Additionally, resident physicians in-training do not have access to register with the electronic prescription accountability system. **This bill could prevent resident physicians from being able to prescribe narcotics, which would impact a large portion of the patient population.**

Narcotic abuse is a significant health problem, and chronic narcotic users should be under the care of one physician who is responsible for prescribing. However, **pain control, especially after surgery, improves outcomes and it essential to patient care. Effective pain management leads to earlier mobilization, shorter hospital length-of-stay, and reduced hospital costs. S.B. 810 creates many barriers for prescribing narcotics, which could lead to the under-treatment of post-operative pain.** S.B. 810 should be amended to include an exemption from acute-use narcotic prescribing (for example: 14 days or less) for surgical procedures, in order to avoid the negative consequences of this bill, for both physicians and patients.

Thank you for allowing me to submit testimony on this important women's health issue.

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 17, 2015 2:34 PM
To: HLTtestimony
Cc: islandvetcare@gmail.com
Subject: Submitted testimony for SB810 on Mar 18, 2015 08:45AM

SB810

Submitted on: 3/17/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Bertram Lau DVM	Individual	Support	No

Comments: Thank you for revising the HB to exclude Veterinarians as practitioners in regards to reporting controlled substance SB810 SD2s. With this revision I support the current SB810 SD2. It would eliminate the not only burdensome paperwork and the frustration of the reporting system that is faulty. It was not designed for veterinary parameters. Mahalo, Bertram Lau DVM

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

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 18, 2015 7:50 AM
To: HLTtestimony
Cc: docwong@docwong.net
Subject: Submitted testimony for SB810 on Mar 18, 2015 08:45AM

SB810

Submitted on: 3/18/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
William Wong	Hawaii Ophthalmological Society	Oppose	No

Comments: Hawaii Ophthalmological Society opposes this bill. The overwhelming consensus is that this bill cannot be supported in its current form. This bill, as drafted, would make it a felony for any medical provider not look up every single patient that they prescribe a narcotic or non-narcotic pain medication in the electronic prescription accountability system. It has been confirmed that violating any part of Section 329 is a felony, so if this bill it to move forward in any form it must be moved to a different section. Our doctor shortage to increased by 20% last year. Please be mindful that surveys show administrative burdens are one of the top reasons that physicians leave the state. New estimates on physician supply and demand peg the current shortage at 890, and that's expected to jump as high as 1,500 by 2020, according to the latest figures from the University of Hawaii John A. Burns School of Medicine's Area Health Education Center. This is devastating for patients and absolutely results in deaths and poor care. We should be focusing on solving this problem together not increasing administrative burdens and threatening physicians with felonies for not registering each pain prescription on an electronic tracking system. This is especially true considering many of our providers have had issues attempting to use the electronic tracking system. Residents cannot log into the electronic prescription accountability system, as they do not have a narcotics identification number yet. Many providers do not have a nurse designated for them to use as a delegate to do additional administrative work such as this mandate. We fear that this means that each attending would have to log into the electronic prescription accountability system for every single pain prescription written by each of the residents they are overseeing. This not only provides no patient benefit but it means that providers will not be able to see as many patients and wait lists will get even longer. It's inappropriate to treat ALL patients like they are chronic pain patients. It is inappropriate to treat ALL patients like they are drug seekers. If it is possible, we would request that we move this language to a section that would not make violations of the section a felony, that would be very appropriate. The last thing we need to have even more physicians leave the state for fear of getting a felony for forgetting to enter one patient into a prescription drug tracker. 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 all pain medication. For example this bill currently includes Benzodiazepines (Xanax, Ambien, Ativan). Here is the amendment we offer: "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. 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. Again, one of the top reasons physicians leave the state is administrative burden. We take the concerns our members have voiced on this issue very seriously, and it is our duty to relay those concerns to you so we do not worsen our current physician shortage crisis. 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. Here is the amendment we offer: 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, 2017, 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. In order for the medical community to support this measure, there must be an addition of an 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. We suggest the following amendments to the following sections: 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 supply of three months of continuous treatment for chronic pain with opioid drugs 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 at least three months of continuous treatment for chronic pain with opioid drugs 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. 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. Thank you for the opportunity to submit testimony. Please note that we can't support this bill if it stays in section 329. We cannot support a felony charge for failing to comply with an administrative requirement. We look forward to continuing to work with stakeholders on this issue.

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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