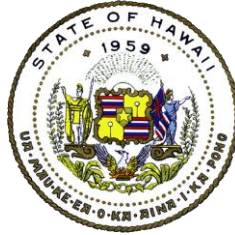


DAVID Y. IGE
GOVERNOR



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

NOLAN P. ESPINDA
DIRECTOR

Cathy Ross
DEPUTY DIRECTOR
ADMINISTRATION

DEPUTY DIRECTOR
CORRECTIONS

Shawn H. Tsuha
DEPUTY DIRECTOR
LAW ENFORCEMENT

No. _____

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

Nolan P. Espinda, Director
Department of Public Safety

Senate Committee on Health
Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

Senate Committee on Commerce and Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair

Tuesday, February 10, 2015, 09:00 AM
State Capitol, Conference Room 229

Chairs Green and Baker, Vice Chairs Wakai and Taniguchi, and Members of the Committee:

Department of Public Safety (PSD) **strongly supports** Senate Bill (SB) 810 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 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 Department would like to offer a few minor amendments to SB 810. On Page 1, Lines 12 through 14, the Department recommends that the definition of “Practitioner” be deleted, as HRS Section 329-1 already defines “practitioner” and “physician assistant”.

PSD also recommends that the term “administering” be added on Page 2, Line 15 to read as follows:

“...practitioners administering, prescribing or dispensing a controlled substance...”

And again on Page 3, Line 8 to read as follows:

“...prior to administering, prescribing or dispensing a controlled substance to a...”

The 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. The issue has always been that 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 fraudulently obtaining prescription drugs undetected.

If passed, SB 810 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.



SB810 RELATING TO THE UNIFORM CONTROLLED SUBSTANCE ACT

COMMITTEE ON HEALTH: Senator Josh Green M.D., Chair; Senator Glenn Wakai, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION: Senator Rosalyn Baker., Chair;

Senator Brian Taniguchi, Vice Chair

- Tuesday, February 10, 2015 at 9:00 a.m.
- Conference Room 229

HSAC Supports SB810:

Good Morning Chair Green; Chair Espero; Vice Chair Wakai; Vice Chair Baker; 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
To: [HTHTestimony](#)
Cc: pethospital@hawaiiintel.net
Subject: Submitted testimony for SB810 on Feb 10, 2015 09:00AM
Date: Monday, February 09, 2015 8:45:27 AM

SB810

Submitted on: 2/9/2015

Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------------------------|---------------------------|---------------------------|
| alan nagakura | Hawaii veterinary medical association | Oppose | No |

Comments: I would like to comment that the proposed legislation to require veterinarians to have to submit to the same requirements that human physicians is leading to unnecessary workload to the veterinarians which will cause hardship to ourselves and staff and therefore to our patients and their families. the risk for abuse is much less. please consider the practicality/impracticality of this type of legislation. thank you for your time.

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

February 6, 2015

Senator Josh Green
Chair
Committee on Health

Senator Rosalyn Baker
Chair
Committee on Commerce and Consumer Protection

RE: SB116 RELATING TO THE UNIFORM CONTROLLED SUBSTANCE ACT

Letter in SUPPORT, WITH AMMENDMENTS

Dear Senator Green, Senator Baker, and Members of the Senate Health and Commerce and Consumer Protection Committees

OFFICE

3215-A Pawale Place
Honolulu, HI 96822-1152
hi.chapter@acep.org

BOARD OF DIRECTORS

William Scruggs, MD, FACEP
President
Danny Bamber, MD, FACEP
President-Elect
Jay Ishida, MD, FACEP
Immediate Past President
Carolyn Annerud, MD, FACEP
Mark Baker, MD, FACEP
Libby Char, MD, FACEP
Paul Eakin, MD, FACEP, FAAP

COUNSILORS

Malia Haleakala, MD, FACEP
Rich McDowell, MD, FACEP

I am writing on behalf of the 146 members of the Hawaii College of Emergency Physicians (HACEP). I am also a member of the State Narcotic Task Force, helping to create the proposed legislation related to the electronic prescription accountability system. I would like to express support for Senate Bill 810, with the following amendments:

1) Section 1: Change the phrase, "chronic pain therapy," to chronic opioid therapy. While there are many therapies for chronic pain, we are attempting to address chronic opioid therapy, which can be defined as continuous treatment of pain with prescription opioid medications for three continuous months.

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

2) Section 1: Amend the provision relating to practitioner registration:

a. 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, all practitioners 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 ~~in any quantity, shall use the electronic prescription accountability system.~~

We agree with the intent of the provision that all practitioners prescribing and dispensing controlled substances in Hawaii should register with the database. The state can better institute the statute by tying the registration to the database with renewal of the controlled substance registration. The educational burden on the state to require physicians to register with the PDMP as an isolated event will be significant. Lastly, 'shall use the electronic prescription accountability

system,' is excessive. Practitioners should only be required to access the system if and when it is necessary and appropriate.

- 3) Section 2, Number 2: Amend to exclude treatment of acute pain from the provision requiring a provider access the database.
 - a. Beginning January 1, 2017, all practitioners and practitioner delegates shall request patient information from the central repository prior to prescribing or dispensing a controlled substance 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 opioid pain therapy from the prescribing practitioner.

In the emergency department (ED), all patients are new patients. Requiring a query of the PDMP for every prescription of a controlled substance is overly burdensome. Under the proposed legislation, if a patient presents to his or her established physician with a broken leg, the practitioner may prescribe opioid analgesics without a check of the prescription drug monitoring program (PDMP). We object to the fact that if the same patient presented to an ED with the same clear cause of pain and need for opioid analgesics, the practitioner would have to access the PDMP only because the patient is new to that provider.

Pain is by far the most common presenting complaint to the ED. Even if access is delegated, the process of querying the PDMP for all ED patients prescribed a controlled substance will be a significant drain of 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.

- 4) Addition of an appropriation for expanded use, continued improvement of, and continuing funding of the electronic prescription accountability system. Hawaii's PDMP is an incredibly valuable tool for physicians. We have concerns that improvements suggested by way of the proposed legislation will not be feasible without proper funding. The program has great potential to reduce illness and death related to controlled substances. We believe the return in terms of lives saved and reduced costs of treatment will be well worth the investment.

Please feel free to contact me if I can be of any assistance to your committees.

Sincerely,



William Scruggs, MD, RDMS, FACEP
President, Hawaii College of Emergency Physicians
Assistant Director, Castle Medical Center Emergency Department

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: AKOE002@hawaii.rr.com
Subject: Submitted testimony for SB810 on Feb 10, 2015 09:00AM
Date: Monday, February 09, 2015 1:18:23 PM

SB810

Submitted on: 2/9/2015

Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

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

Comments: Honorable Chair Senator Dr.Greene,and the Committee on Health, Honorable Chair Senator Baker,and the Committee on Commerce and Consumer Protection, The Hawaii Veterinary Medical Association strongly opposes SB810.If passed unamended,SB810 would not allow many veterinarians to attend to the health of their patients,and would block the delivery of quality services to the community. Veterinarians across the state are good citizens,wish to curtail substance abuse,and would be willing to go the extra mile to do so. The mandatory reporting issue has plagued our profession for a number of years.One of the problems is that the system is human oriented and does not accommodate us.For example,the law refers to the patient and client as one,which in our case,they are not. I have personally made many attempts to log on to the system.I have failed.As is so for most veterinarians across the state.The system requires long (30-60 minutes)phone communication with distant(mainland) vendors.Even those veterinarians in compliance report the repeated need to call in,for example with changing passwords.It is not just a matter of logging in prescriptions.Veterinarians have had to designate personel to comply.Small practices lack the power to do so.(A big practice is 10-15 veterinarians)Some practices dispense 2-3 times a week,most,usually none.And yet,we are required to report weekly.Few are.We are not human hospitals,who I would think dispense hundreds per day. We have attempted to work with the Department of Public Safety(Narcotics Enforcement Division).We were hopeful of working things out,but have not earned their attention.Currently,many of us are no longer dispensing..Adding administration and prescribing will totally cut us off. Please amend SB810 to exempt veterinarians(legislation that I introduced 3 years ago),or put something in there to get them to help us be compliant. We want to be good citizens,the system does not allow to be so. Respectfully yours, Eric Ako DVM Executive Vice President,HVMA

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.

Do not reply to this email. This inbox is not monitored. For assistance please email

webmaster@capitol.hawaii.gov



HAWAII MEDICAL ASSOCIATION

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

COMMITTEE ON HEALTH

Senator Josh Green, Chair

Senator Glenn Wakai, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair

Senator Brian T. Taniguchi, Vice Chair

DATE: Tuesday, February 10, 2015

TIME: 9:00AM

PLACE: Conference Room 229

FROM: Hawaii Medical Association

Dr. Christopher Flanders, DO, Executive Director

Lauren Zirbel, Community and Government Relations

Re: SB 810

Position: comments

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.

- 1) Section 1: Change 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, which can be defined as continuous treatment of pain with prescription opioid medications for three continuous months.
 - a. “Chronic **opioid** pain therapy” means at least three months of continuous treatment **with prescription opioid medication** for chronic pain.
- 2) Section 2, Number 2: Amend to exclude treatment of acute pain and injury from the provision requiring a provider access the database.
 - a. Beginning January 1, 2017, all practitioners and practitioner delegates shall

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*

request patient information from the central repository prior to prescribing or dispensing a controlled substance 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 opioid therapy from the prescribing practitioner.

Many providers operate in a clinical setting in which all patients are new patients, and requiring a query of the PDMP for every prescription for a controlled substance is overly burdensome. Under the proposed legislation, if a patient presents to his or her established physician with a broken bone, the practitioner may prescribe opioid analgesics without a check of the PDMP. We object to the fact that if the same patient presented to an emergency department with the same clear cause of pain and need for opioid analgesics, the practitioner would have to access the PDMP only because the patient is new to that provider.

Pain is by far the most common presenting complaint to the emergency department. Even if access is delegated, the process of accessing the PDMP for all emergency department patients prescribed a controlled substance will be a significant drain of 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.

- 3) Addition of an appropriation for expanded use, continued improvement of, and continuing funding of the electronic prescription accountability system. Hawaii's PDMP is an incredibly valuable tool for physicians. We have concerns that improvements suggested in the proposed legislation will not be feasible without proper funding. The program has great potential to reduce morbidity and mortality related to controlled substances. We believe the return in terms of lives saved and reduced costs of treatment will be well worth the investment.
- 4) We request the following amendment to the section 2 stating, "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, **2017**, all practitioners prescribing or dispensing a controlled substance in schedules **I1** through **IV**, in any quantity, shall use the electronic prescription accountability system." We request this amendment because some physicians may need to be educated on how to register with the electronic prescription accountability system.

Thank you for the opportunity to submit testimony.

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

DATE: February 9, 2015

TO: Senator Josh Green
Chair, Committee on Health

Senator Roz Baker
Chair Committee on Commerce and Consumer Protection

Submitted Via HTHtestimony@capitol.hawaii.gov

RE: **S.B. 810 – Relating to Uniform Controlled Substance Act**
Hearing: Tuesday, February 10, 2015, 9:00 a.m.
Conference Room: 229

Dear Chair Green and Chair Baker and Members of the Joint Committees,

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 17 stores on the islands of Oahu, Maui and Hawai`i.

Walgreens **supports** the intent of S.B. 810, which requires practitioners to register to use the electronic prescription accountability system.

Walgreens participated in and is in full support of the working group that has convened in the interim to discuss alternatives to improving the monitoring of prescriptions for narcotic drugs. This measure is a result of the activities of the working group, and is intended to require that a physician, dentist, veterinarian, advanced practice registered nurse with prescriptive authority, or physician assistant and/or their delegates register to use the electronic prescription accountability system.

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

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

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, Walgreens notes that adding a definition of “practitioner” in this bill (page 1, lines 12-14), conflicts with the existing law in HRS 329-1, which already defines practitioners. We respectfully request that the Committee review the definitions to make sure that the bill captures the intent of the working group to impose the registration requirement on prescribers.

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

Hawaii Kai Veterinary Clinic
7192 Kalaniana'ole Highway, G102
Honolulu, Hawaii 96825
(808) 395-2302

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.

Sincerely,

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

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: byronizuka@gmail.com
Subject: Submitted testimony for SB810 on Feb 10, 2015 09:00AM
Date: Thursday, February 05, 2015 5:12:45 PM
Attachments: [SB 810.docx](#)

SB810

Submitted on: 2/5/2015

Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Byron Izuka, MD | Individual | Oppose | No |

Comments: To Whom It May Concern- This letter is in regards to SB 810 RELATING TO THE UNIFORM CONTROLLED SUBSTANCE ACT. I believe this Bill is too wide ranging and should exclude acute care situations such as after controlling pain for patients after surgery and isolated traumatic events such as fractures and other injuries. To not exclude such instances places an unnecessary burden and cost on the physicians who provide such care on a routine basis and for whom the spirit of this Bill is not intended to address. I also believe that terms such as "chronic pain" need to be clearly defined so as to avoid confusion amongst practitioners who may have differing ideas of what this constitutes. Respectfully submitted, Byron H. Izuka, M.D.

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: dr.yoshicedo@gmail.com
Subject: Submitted testimony for SB810 on Feb 10, 2015 09:00AM
Date: Sunday, February 08, 2015 11:18:04 PM

SB810

Submitted on: 2/8/2015

Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Jill Yoshicedo, DVM | Individual | Oppose | No |

Comments: Dear Committee, As a veterinarian actively practicing in Hawaii for the past 6 years, I am opposed to SB810. The mandatory controlled drug reporting system for dispensing controlled drugs has already placed an undue burden upon veterinarians. SB810 would further this burden in limiting administering and prescribing controlled substances in critical aspects of veterinary care including euthanasia and treatment of seizure patients. The online reporting system does NOT work for veterinarians as it is set up for the human medical field only. It 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 already having to deal with this 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 SB810 were to pass restricting veterinary administration and prescribing of controlled substances, there are no alternatives to being able to use 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 drug 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. SB810 would further this unjustified reporting burden upon veterinarians in Hawaii. Please do not pass SB810. Please exempt veterinarians from these reporting requirements, at least until a functioning and

effective reporting system is in place for us. Thank you for your consideration, Jill Yoshicedo, DVM Kailua Animal Clinic Kailua, HI

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: johnhaddockdvm@gmail.com
Subject: Submitted testimony for SB810 on Feb 10, 2015 09:00AM
Date: Monday, February 09, 2015 7:09:02 AM

SB810

Submitted on: 2/9/2015

Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| John Haddock | Individual | Oppose | No |

Comments: I oppose the inclusion of veterinary practitioners that require the documentation of prescription medications for control of seizures in companion animals or prescription medications for the relief of suffering from pain in companion animals because the system is virtually impossible to use for a veterinarian in practice. Pharmacists can provide all the necessary documentation at point of sale to effectively monitor this small amount of dispensed medication to the general pet-owning public.

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: kljonesdvm@aol.com
Subject: Submitted testimony for SB810 on Feb 10, 2015 09:00AM
Date: Monday, February 09, 2015 9:19:27 AM

SB810

Submitted on: 2/9/2015

Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Keri Jones | Individual | Oppose | No |

Comments: I am a veterinarian in South Kona, an area underserved by other veterinarians due to lack of profitability (it is a chronically depressed area). In order to keep costs down, I am 100% mobile and have no employees, but do all paperwork, accounting, etc. myself. A significant part of my job is providing spay and neuter services for the dogs and cats of South Kona. Nearly every drug I use for anesthesia and pain management in these patients is controlled. I feel this bill, requiring weekly reporting regardless of use, would create a significant increase in time required to run my practice. I am also a farmer, so this is time I simply do not have. Unlike human healthcare, animals have a monetary value. When prices get too high for care, they simply don't get any. Please help the animals of South Kona keep the care they have and oppose this bill which creates an unnecessary strain on all of the veterinarians of Hawai'i. Mahalo

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: kaiwahine1@hawaii.rr.com
Subject: Submitted testimony for SB810 on Feb 10, 2015 09:00AM
Date: Monday, February 09, 2015 1:05:49 PM

SB810

Submitted on: 2/9/2015

Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|----------------------------|---------------------|---------------------------|---------------------------|
| Kimberly Steinberg, DVM | Individual | Oppose | No |

Comments: As a practicing veterinarian in the state of Hawaii since 1992 I am STRONGLY opposed to SB810. The current requirements for online prescription reporting are so time consuming and non-user friendly that I am no longer dispensing any controlled substances. This has been an extreme inconvenience for my patients owners, as well as, causing a marked increase in the cost for them to treat their pets. If this bill were passed it would be crippling to my small practice.

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: dvmpal54@yahoo.com
Subject: Submitted testimony for SB810 on Feb 10, 2015 09:00AM
Date: Monday, February 09, 2015 10:57:37 AM

SB810

Submitted on: 2/9/2015

Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Patrick Leadbeater | Individual | Oppose | No |

Comments: As a practicing veterinarian, SB 810 creates an impossible position to be able to function under. The electronic registration system contains errors and inconsistencies that does not permit a standard approach to recordation. Therefore, appropriate professional standards of care cannot be provided under these circumstances. There are numerous situations when controlled substances must be used expediently to care for a sick or injured patient. Truly the thrust of this bill can only create a situation whereby our patients will not be provided appropriate care and therefore, perhaps inadvertently, the presumed benefits of this bill will simply create needless additional delays and suffering in the patients we strive to help.

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: rontthi@gmail.com
Subject: *Submitted testimony for SB810 on Feb 10, 2015 09:00AM*
Date: Wednesday, February 04, 2015 10:44:48 PM

SB810

Submitted on: 2/4/2015

Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

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

Comments:

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov



Shannon Fujimoto Nakaya, DVM
Kindred Spirit Kindred Care, LLC

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

2015.02.09

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. 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. If 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

www.kindredspiritkindredcare.com

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: kimkdv719@gmail.com
Subject: Submitted testimony for SB810 on Feb 10, 2015 09:00AM
Date: Monday, February 09, 2015 8:36:32 AM

SB810

Submitted on: 2/9/2015

Testimony for HTH/CPN on Feb 10, 2015 09:00AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|------------------|---|--------------------|--------------------|
| Dr. Kim N Kozuma | Hawaii Department of Ag, 2 Girls Farm LLC | Oppose | No |

Comments: I am writing to oppose SB810 which would require all health practitioners including veterinarians to register and use the electronic prescription reporting system in order to administer or prescribe any controlled substance. 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. Please join us in making sure the voices of veterinarians are heard on this issue that will impact all of us. This bill was obviously written without the fundamental understanding of the nature of our profession and has been applied in a blanket way without input by veterinarians. This is no different than the lack of understanding when the DEA mandated that mobile veterinarians were in violation of their laws by having controlled substances in their vehicles which directly negatively impacted their profession. It is poorly written, narrow minded and leaves out a significant segment of the medical community, your "other" family doctor.

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov