



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

Jodie F. Maesaka-Hirata
Deputy Director
Corrections

Renee R. Sonobe Hong
Deputy Director
Law Enforcement

No. _____

TESTIMONY ON HOUSE BILL 1132
RELATING TO THE UNIFORM CONTROLLED SUBSTANCES ACT

by

Nolan P. Espinda, Director
Department of Public Safety

House Committee on Health
Representative Della Au Belatti, Chair
Representative Bertrand Kobayashi, Vice Chair

Thursday, February 9, 2017; 8:30 a.m.
State Capitol, Conference Room 329

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

The Department of Public Safety (PSD) **supports** House Bill (HB) 1132, which proposes to amend Hawaii's controlled substances act to clarify the state law and mirror federal regulations which permit qualified practitioners to administer, dispense, and prescribe controlled substances for use as detoxification treatment or maintenance treatment, provided the practitioner complies with specific federal requirements.

HB 1132 clarifies that a prescription may not be issued for detoxification treatment or maintenance treatment unless the practitioner complies with Title 21 of the Code of Federal Regulations section 1301.28, the registration and any requirements of section 329-32(e) of this chapter, and "any other federal or state regulatory standards relating the treatment qualification, security, records, and unsupervised use of drugs."

Further, HB 1132 clarifies two additional situations. The first allows a physician to treat a person to relieve acute withdrawal symptoms for not more than three days, without renewal or extension. The second clarifies the situation wherein a doctor or

authorized hospital staff may administer or dispense narcotic drugs in a hospital to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment in limited situations. Both of these situations are referenced in title 21 Code of Federal Regulations section 1306.07 and are included in HB 1132.

Finally, the exclusion wording on page 1, lines 10 – 14 mirrors the wording in Title 21 of the Code of Federal Regulations section 1308.12. We would note that Section 1 of HB 1132 from Page 1, line 1 through Page 2 line 14 should also include subsections (2) – (5) of section 328-16(b) as currently written in the enacted statute.

Thank you for the opportunity to present this testimony.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-NINTH LEGISLATURE, 2017**

ON THE FOLLOWING MEASURE:

H.B. NO. 1132, RELATING TO THE UNIFORM CONTROLLED SUBSTANCES ACT.

BEFORE THE:

HOUSE COMMITTEE ON HEALTH

DATE: Thursday, February 9, 2017 **TIME:** 8:30 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Douglas S. Chin, Attorney General, or
Laura Maeshiro, Deputy Attorney General

Chair Bellati and Members of the Committee:

The Department of the Attorney General ("Department") supports this bill and recommends an amendment.

This measure serves to clarify that medical practitioners are authorized to prescribe medications such as Suboxone for the treatment of drug addiction by amending chapter 329, Hawaii Revised Statutes (HRS). All amendments to section 329-38(f), HRS, are made to be consistent with federal law, which allows prescribing authorization of drugs including buprenorphine and naloxone to patients undergoing detoxification treatment and maintenance treatment by practitioners who are properly registered.

Buprenorphine is classified as a Schedule III drug pursuant to section 329-18(7), HRS, and is an ingredient of Suboxone.

The proposed addition to section 329-38(f), HRS, of the new paragraph (7) on page 7, line 1, of the measure clarifies that practitioners may prescribe any Schedule III, IV, or V narcotic drug for the purpose of drug addiction maintenance or detoxification treatment. This wording is taken directly from the Code of Federal Regulations at 21 C.F.R. section 1306.07.

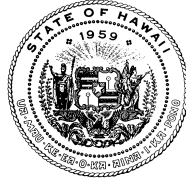
Another ingredient of Suboxone is naloxone, which is described as an opioid antagonist that aids to block the effects of opioid medication. Federal laws have expressly excluded naloxone and its derivatives from its Schedule II, even though it is

not a controlled substance. See 21 C.F.R. section 1308.12. For consistency and clarity, this measure proposes the same exclusion of naloxone and other substances as in the federal counterpart to chapter 329, by making an amendment to section 329-16 (b)(1) in section 1 of the measure.

Please note there is a drafting error in section 1 in that section 329-16(b) is not set forth in its entirety. If this measure is passed, an amendment to set forth subsection (b) in its entirety would be necessary.

This measure also includes other edits that are suggested for clarity and consistency with the federal law.

The Department of the Attorney General respectfully requests that the measure be passed, with the suggested amendments.



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

**Testimony in SUPPORT of H.B. 1132
RELATING TO THE UNIFORM CONTROLLED SUBSTANCES ACT**

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 9, 2017

Room Number: 329

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department of Health (DOH) supports the intent of this bill to
3 clarify how practitioners as defined under the State Uniform Controlled Substances Act may
4 administer, dispense and prescribe schedule III, IV or V narcotic drugs approved by the U.S.
5 Food and Drug Administration for use in maintenance or detoxification treatment, provided the
6 practitioner meets federal and state criteria for a narcotic treatment program.

7 The DOH, Alcohol and Drug Abuse Division (ADAD) notes that the practice of
8 prescribing, administering and dispensing medications such as suboxone are critical components
9 of the treatment continuum for persons suffering from opioid use disorders. We also note that
10 the U.S. Substance Abuse and Mental Health Services Administration strongly supports the use
11 of these medications as important components of opioid treatment.

12 The DOH also defers to the Department of Public Safety on the regulation and
13 implementation of the Uniform Controlled Substances Act.

14 Thank you for the opportunity to provide testimony.



HB 1132 Controlled Substances (Suboxone): Updates Hawaii Revised Statutes to be consistent with federal law which allows prescribing authorization of drugs including buprenorphine and naloxone to patients undergoing detoxification treatment and maintenance treatment by practitioners who are properly registered.

HOUSE COMMITTEE ON HEALTH:

- Representative Della Au Belatti, Chair; Representative Bertrand Kobayashi, Vice Chair
- Wednesday, Feb. 9th, 2017: 8:30 a.m.
- Conference Room 329

HSAC Supports with Recommended Changes to HB1132.

ALOHA CHAIR BELATTI; VICE CHAIR KOBAYASHI; AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide hui of over 30 non-profit alcohol and drug treatment and prevention agencies.

HSAC supports the American Society of Addiction Medicine (ASAM) that recommends clarifying language to avoid unintended consequences.

1. There is no reason to exclude Schedule II medications, given that the modifying wording explicitly qualifies only such medications within those categories (II-V) that have been approved for detoxification. This will cause problems if a misguided enforcer then applies it to methadone, despite that methadone prescribing operates under other statutes.

Also, the FDA often takes the approach to approve new, effective medications by first classifying it provisionally or even permanently for a time as Schedule II. Including Schedule II, given the existing protective language that it must be FDA approved detoxification medication, makes sense for current and future practices.

2. While the word "detoxification" works, the more appropriate and accurate medical term is "medically-managed withdrawal." Detoxification has become wide spread in its use to encompass other definitions such as diet or cleansing powders, herbal remedies, etc.
3. Recommended language:

(3) A prescription may not be issued for "medically-managed withdrawal aka detoxification treatment" or "maintenance treatment" unless the prescription is for a schedule II, III, IV, or V narcotic drug approved by the Food and Drug Administration specifically for use in maintenance or medically-managed withdrawal aka

detoxification treatment and the practitioner is in compliance with Title 21 Code of Federal Regulations section 1301.28, the registration requirements of section 329-32(e) of this chapter, and any other federal or state regulatory standards relating to treatment qualification, security, records and unsupervised use of drugs.

We appreciate the opportunity to provide testimony and are available for questions.

SanHi Government Strategies

a limited liability law partnership

Gary M. Slovin
Mihoko E. Ito
R. Brian Tsujimura

c/o Ashford & Wriston • 999 Bishop Street, Suite 1400
Honolulu, Hawaii 96813
(808) 539-0400
governmentaffairs@awlaw.com

gslovin@awlaw.com
mito@awlaw.com
rtsujimura@awlaw.com

DATE: February 8, 2017

TO: Representative Della Au Bellati
Chair, Committee on Health
Submitted Via Capitol Website

RE: **H.B. 1132 – Relating to the Uniform Controlled Substances Act**
Hearing Date: Thursday, February 9, 2017 at 8:30 a.m.
Conference Room: 329

Dear Chair Belatti and Members of the Committee on Health:

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

Walgreens **supports** H.B. 1132, which updates chapter 329, Hawaii Revised Statutes to be consistent with federal law, which permits qualified practitioners to administer, dispense, and prescribe detoxification treatments and maintenance treatments to practitioners who are properly registered.

Walgreens is committed to comprehensive efforts to combat drug abuse. Last year, Walgreens supported Act 68, Session Laws Hawaii 2016, which created immunity for practitioners, including pharmacists, to prescribe, dispense, distribute or administer opioid antagonists. H.B. 1132 furthers that concept and adopts federal law which allows the prescribing or dispensing of other qualified detoxification treatments to be used in the event of an overdose or as a maintenance treatment. Allowing pharmacists to dispense these detoxification treatments adds an important mechanism to saving lives and help combat drug overdoses in the community.

Gary M. Slovin
Mihoko E. Ito
R. Brian Tsujimura
C. Mike Kido
Tiffany N. Yajima
Matthew W. Tsujimura

Page 2

For the above reasons, Walgreens supports this measure and respectfully requests that it be passed out of Committee for further consideration. Thank you for the opportunity to testify in support of this measure.

kobayashi1- Oshiro

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 7, 2017 1:52 PM
To: HLTtestimony
Cc: rkorph@gmail.com
Subject: *Submitted testimony for HB1132 on Feb 9, 2017 08:30AM*

HB1132

Submitted on: 2/7/2017

Testimony for HLT on Feb 9, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Ron Okamura	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.

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