

SB505

Measure Title: RELATING TO HEALTH.

Report Title: Opioid Therapy Informed Consent Process; Agreement; Narcotics Enforcement Division; Opioids; Benzodiazepines; Initial Prescription

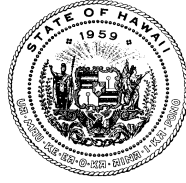
Description: Requires an opioid therapy informed consent process agreement to be executed between a patient and any prescriber of opioids within the State under certain conditions. Requires the administrator of the narcotics enforcement division to develop and make available a template of an opioid therapy informed consent process agreement for use in the State. Specifies the contents of the template. Limits initial prescriptions for opioids and benzodiazepines to a maximum of seven consecutive days.

Companion: [HB667](#)

Package: Women's Legislative Caucus

Current Referral: CPH

Introducer(s): BAKER, ESPERO, GREEN, IHARA, INOUYE, KIDANI, RUDERMAN, SHIMABUKURO, L. THIELEN, TOKUDA, S. Chang, Keith-Agaran, Kim, Kouchi



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

**Testimony COMMENTING on S.B. 505
RELATING TO HEALTH**

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

Hearing Date: February 22, 2017

Room Number: 229

1 **Fiscal Implications:** None

2 **Department Testimony:** The Alcohol and Drug Abuse Division of the Department of Health,
3 (DOH-ADAD) supports the intent of this measure to reduce addiction, overdose, and death
4 related to the use of opioids.

5 The DOH-ADAD strongly believes that a public health approach is necessary to address
6 the recent rise in opioid use disorder (OUD) in Hawaii. Such an approach takes into
7 consideration a balanced approach between the medically justified and necessary use of opioid
8 pain medications, and the reality of increased opioid misuse, abuse and related overdose. A
9 public health approach considers the needs of both patient groups. It considers OUD and risks of
10 developing an OUD from use of prescription opioids and seeks to effectively address both as
11 medical conditions. A public health approach also works to remove social stigma that may
12 further compound a patients's struggles to overcome such addiction; or to seek help to avoid
13 becoming addicted. To achieve such a balance, a public health approach encourages
14 collaboration among multiple advocates and stakeholders; including the Legislature, public
15 safety and the medical community. The DOH-ADAD humbly asks the Legislature to consider
16 whether the proposed opioid therapy informed consent process agreement would be better
17 developed by an alternative entity more suited to implement such agreements to help patients in
18 pain, as well as to educate and protect the community, reduce stigma and increase public health.

19 Thank you for the opportunity to provide testimony.

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

Jodie F. Maesaka-Hirata
Deputy Director
Corrections

Renee R. Sonobe Hong
Deputy Director
Law Enforcement

No. _____

**TESTIMONY ON SENATE BILL 505
RELATING TO HEALTH**

by

Nolan P. Espinda, Director
Department of Public Safety

Senate Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair

Wednesday, February 22, 2017; 9:00 a.m.
State Capitol, Conference Room 229

Chair Baker, Vice Chair Nishihara, and Members of the Committee:

The Department of Public Safety (PSD) **appreciates the intent** of Senate Bill (SB) 505, which would require: 1) an opioid therapy informed consent process agreement to be executed between a patient and any prescriber; and 2) would limit initial prescriptions for opioids and benzodiazepines to a maximum of seven (7) consecutive days. PSD, however, offers the following comments.

First, PSD expresses concern regarding the proposal on page 3, line 12 through page 5, line 17, which would require the Administrator of the Narcotics Enforcement Division (NED) to develop and make available a template of an opioid therapy informed consent process agreement. While PSD believes that the use of such agreements is a strong method of treatment and prevention, pain management agreements are specifically created between an individual doctor and/or practitioner and a patient. Such an agreement is tailored to meet the needs of the individual patient. Further, PSD believes that the criteria proposed in the informed consent process agreement, such as an outline of initial and ongoing treatment goals, a plan

for ongoing assessment of progress, consent to urine screening, and referral to a psychologist or psychiatrist for concurrent care if opioid therapy continues for more than six months, speaks to medical standards of care and licensure, which does not generally fall under the purview of the NED.

Second, PSD supports the language in SB 505 that would limit initial prescriptions for opiates and benzodiazepines to a maximum of seven consecutive days. PSD supports the intent to reduce addiction, overdose, and death related to the use of opioids by limiting these initial prescriptions as specified on page 10, lines 6-7.

Thank you for the opportunity to present this testimony.

**PRESENTATION OF THE
BOARD OF NURSING**

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

TWENTY-NINTH LEGISLATURE
Regular Session of 2017

Wednesday, February 22, 2017
9:00 a.m.

TESTIMONY ON SENATE BILL NO. 505, RELATING TO HEALTH.

TO THE HONORABLE ROSALYN H. BAKER, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Lee Ann Teshima, Executive Officer for the Board of Nursing (“Board”). I appreciate the opportunity to testify on Senate Bill No. 505, Relating to Health, which would require an opioid therapy informed consent process agreement to be executed between a patient and any prescriber of opioids within the State under certain conditions. The Board requests an amendment to the measure.

As part of the informed consent process, on page 5, lines 9 – 12, the agreement is to include “consent to be referred to a psychologist or psychiatrist for concurrent care or consultation if the opioid therapy continues for longer than six months”. **We respectfully request that “advanced practice registered nurse” be included in this section as a practitioner for referral for concurrent care or consultation.** Currently, advanced practice registered nurses (“APRNs”) have faced barriers to practice because statutes do not recognize the APRN as a primary care provider who is able to provide healthcare. In this case, an APRN with the appropriate

Testimony on Senate Bill No. 505
Wednesday, February 22, 2017
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education and training would be able to provide the concurrent care or consultation required under this section.

An APRN who has received the appropriate education by obtaining a graduate-level degree in nursing and maintains a national certification in a practice specialty to practice to his or her full scope, should be recognized and included in this section to provide the services for which they were educated and trained.

Thank you for the opportunity to provide comments with a suggested amendment to Senate Bill No. 505.



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

TO: Senate Committee on Commerce, Consumer Protection and Health
FROM: Carl Bergquist, Executive Director
HEARING DATE: 22 February 2017, 9 AM
RE: SB505, Relating to Health, **COMMENTS**

Dear Chair Baker, Vice Chair Nishihara, Members of the Committee:

While the Drug Policy Forum of Hawai'i (DPFHI) agrees with the intent behind this bill and supports the informed consent process agreement aspect, we disagree with the prescription validity provisions. Limiting the amount of pills in an initial prescription, or as this bill proposes: setting a seven-day maximum validity, risks running counter to patient needs as well as expert medical opinions.

As an organization, we have supported the legislature's past efforts in securing passage of Good Samaritan and Naloxone access legislation. Our Executive Director is also a member of the Governor's Hawai'i Advisory Commission on Drug Abuse and Controlled Substances (HACDACS). We advocate for harm reduction policies, like the aforementioned, that also aim to tackle the noble intent behind this bill, i.e. dealing with the growing opioid epidemic in our state.

However, this bill would not seem to make allowances for situations where health care professionals determine that a prescription for periods of longer than seven days are required for patient pain relief. It is a one-size fits all approach, criticized by both former President Obama (as unfair to rural Americans, a concern that is especially relevant in parts of Hawai'i) and the American Medical Association.

As the PEW Charitable Trusts outlines in this report on similar state legislation, there is greater consensus regarding other opioid prescription-related policies. Accordingly, we urge that the committee either reject this bill or pass an amended version (removing the seven-day prescription provisions). We would also suggest making the participation in the state's Prescription Drug Monitoring Program mandatory, as 20 other states have done. This, and other policies like "immunity from liability", can help curb any abuse without unduly burdening patients who are merely seeking relief from pain.

Mahalo for the opportunity to testify.



HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814

Phone (808) 536-7702 Fax (808) 528-2376

www.hawaiimedicalassociation.org

FROM:
HAWAII MEDICAL ASSOCIATION
Dr. Chris Flanders, Executive Director
Lauren Zirbel, Community and Government Relations

TO: COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Sen. Rosalyn H. Baker, Chair
Sen. Clarence K. Nishihara, Vice Chair

DATE: Wed., February 22, 2017
TIME: 9:00am
PLACE: Conference Room 229
State Capitol

Position: Comments

Regarding: SB 505

On behalf of the physician and medical student members of the Hawaii Medical Association, we are writing regarding our ongoing commitment to improving Hawaii's health care system.

We support the intent of further regulating narcotics use. However, this bill is drafted in Section 329, which means that any failed attempt to fill out a pain contract after a seven-day initial prescription would result in a Class C Felony. We do not feel that is it a fair punishment for a physician to lose their license for failing to complete an administrative task. We would suggest that the Board of Medicine instead draft rules to regulate narcotics and penalize further any bad actors. We would oppose this bill moving forward in section 329.

Many neighbor island residents fly to Oahu to receive surgery and then fly home. They can't go back to the office after seven days to request a re-fill on a prescription. This bill is a one size fits all solution to a very complicated issue. We don't feel that a seven-day initial prescription is appropriate for post-surgical patients and some acute traumatic pain patients. We would also request that the bill exempt palliative care, hospice, as well as prescriptions by a board certified pain management specialists.

Thank you for the opportunity to provide this testimony.


HMA OFFICERS

President – Bernard Robinson, MD President-Elect – William Wong, Jr., MD Secretary – Thomas Kosasa, MD
Immediate Past President – Scott McCaffrey, MD Treasurer – Michael Champion, MD
Executive Director – Christopher Flanders, DO



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Clarence K. Nishihara, Vice Chair
Members, Committee on Commerce, Consumer Protection, and Health

From: 
Paula Yoshioka, Senior Vice President, The Queen's Health Systems

Date: February 17, 2017

Hrg: Senate Committee on Commerce, Consumer Protection, and Health Hearing; Wednesday,
February 22, 2017 at 9:00AM in Room 229

Re: **Comments on SB 505, Relating to Health**

My name is Paula Yoshioka, and I am a Senior Vice President at The Queen's Health Systems (QHS). We would like to provide comments for SB 505, Relating to Health. This measure aims to reduce addictions, overdose, and death by establishing an opioid therapy informed consent process agreement and limits initial prescriptions for opioids and benzodiazepines. To the extent possible, we recommend that best practices be included in the template.

For the prescribed opioid dosing threshold, the National Board of Pharmacy has set the equivalent morphine dose to 120; as such QHS believes that Section 2, (a)(3) is a departure from this standard dose since it limits it to 90 equivalent morphine doses.

QHS would like to clarify the language in Section 2, (b)(1), that the seven day limit for initial prescriptions applies to opioids and benzodiazepines prescribed together. Benzodiazepines are used for other situations that do not apply to opioid abuse. For instance, benzodiazepines could be prescribed to cancer patients for nausea or could also be utilized to treat a patient with seizures. Limiting initial prescriptions of benzodiazepines to seven days would require patients to return for another prescription and potentially be detrimental to their health.

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

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 9:45 AM
To: CPH Testimony
Cc: wscruggs@hepa.net
Subject: Submitted testimony for SB505 on Feb 22, 2017 09:00AM

SB505

Submitted on: 2/21/2017

Testimony for CPH on Feb 22, 2017 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
William Scruggs	Hawaii College of Emergency Physicians	Comments Only	No

Comments: February 21, 2017 Senator Rozalyn Baker Chair Senate Committee on Commerce, Consumer Protection, and Health SB 505: Relating to Health COMMENTS Dear Senator Baker and Committee Members: I am writing with comments and suggestions for HB667. Emergency physicians in Hawaii recognize the potential hazards of opioid therapy in our patients, and believe in informed consent discussions between patients and physicians are an important part of medical care. We believe the measure can be improved upon to limit potential unintended consequences. First, we are very concerned that the bill is drafted in Section 329, which would mean that any failure to comply with this bill would result in a Class C Felony. We do not feel failing to complete an administrative task should result in a potential felony conviction. We suggest the legislation refer offenders to the Board of Medicine for potential disciplinary action. Next, we suggest removing coprescribing of benzodiazepines and opioids from the list of situations requiring informed consent. We agree that physicians should provide informed consent for chronic opioid therapy. However, while the increase in overdoses in patients taking both benzodiazepines and opioid medication is well documented, also well documented are risks in thousands of other drug combinations that physicians may prescribe. Physicians must consider the risk of drug-drug interaction with every prescription, and we have many points at which patients receive information about their medication and possible interactions – the prescribing physician, the pharmacist, the information provided in drug packaging inserts, and even information available on medical websites. It would be incredibly difficult to obtain signed informed consent for every possible drug-drug interaction and almost as difficult to ask physicians to remember to obtain signed informed consent for just one potential drug-drug interaction. Lastly, we suggest removing post-surgical care and pain management specialists from the restriction limiting initial opioid prescriptions to 7 days. Post-surgical patients frequently require more than 7 days of medication to treat their pain. Especially in Hawaii, where patients often travel between islands for surgical treatment, restricting their initial opioid prescription to 7 days would make it more difficult for physicians to appropriately treat their patient’s pain. Pain management physicians are true specialists in chronic opioid therapy and unlikely to be the victim of doctor

shopping. When a patient has been referred for chronic pain, they generally have already been started on high dose opioid therapy by other providers. Limiting the initial prescription in this setting would significantly hinder their ability to treat their patients and would be unlikely to benefit patients. Prescriptions from pain management physicians should not be restricted beyond legislation that is already in place. Sincerely,
William Scruggs, MD, RDMS, FACEP Chair, Department of Emergency Medicine
Castle Medical Center Immediate Past President Hawaii College of Emergency Physicians

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

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February 21, 2017

To: Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

From: Karen Worthington, Project Coordinator
Early Childhood Action Strategy

Re: SB505– Relating to Health
Hawaii State Capitol, Room 229, February 22, 2017, 9:00 AM

Position: Action Strategy supports SB505 Relating to Health

Dear Senator Baker, Senator Nishihara, and Committee Members:

Thank you for the opportunity to provide testimony on behalf of Hawaii’s Early Childhood Action Strategy, a public private collaborative that recognizes the strength of communities and works across sectors to increase the number of young children in Hawaii who are born healthy, developing on track, ready for school when they enter kindergarten, and proficient learners by third grade.

Action Strategy supports the passage of SB505 because the use of opioids or benzodiazepines by parents and by pregnant women can lead to negative outcomes for families and children, even when the medications are used legally under a physician’s care. Protections such as informed consent agreements and limitations on the number of days an initial prescription can cover will help to minimize the possibility of negative outcomes such as addiction to these medications.

One of the six Action Strategy focus area teams is Team 1, Healthy and Welcome Births. The work of Team 1 is carried out by the Hawaii Maternal Infant Health Collaborative (HMIHC). The HMIHC has a “pregnancy and delivery” work group and top priorities of that group include decreasing preterm birth rates and decreasing the

number of infants born substance-exposed. SB505 may impact these priorities by raising awareness about the dangers of using these medications through the informed consent process and by limiting the number of pills that can be initially prescribed. Action Strategy recommends that the bill be amended to include the following language, which would more directly impact these priorities to help reduce the number of women who are prescribed opioids while pregnant:

suggested addition to the bill in section 329 (b) 4: "An assessment of reproductive health plans for all women aged 18-50, and a statement that the patient has been advised of the risks of opioid use during pregnancy and that she has been offered information on how to avoid pregnancy while using opioids."

Another of the six Action Strategy focus area teams is Team 2, Safe and Nurturing Families. A priority of Team 2 is prevention of all forms of family violence including child abuse and neglect. The use of drugs and alcohol, including overuse of prescription drugs, is a strong risk factor for family violence, unhealthy and unsafe living situations, and child abuse and neglect. In 2015, "drug abuse" was listed as a "condition that was identified as contributing to the abuse or neglect of the child" in 42% of confirmed cases of abuse of individual children in Hawaii (DHS 2015 Statistical Report on Child Abuse and Neglect in Hawaii). Increasing awareness about the potential dangers of opioid and benzodiazepine use through an informed consent process in certain circumstances and by limiting a patient's access to the medications may help reduce the number of children who are victims of abuse or neglect because of their parents' addiction to prescription painkillers.

Action Strategy is committed to ensuring Hawaii's young children are healthy, safe and ready to learn and SB505 supports that vision. Please feel free to contact me for additional information. I can be reached at 808-214-9336 or karen@clnhawaii.org.

Sincerely,

A handwritten signature in black ink that reads "Karen Worthington". The signature is written in a cursive, slightly slanted style.

Karen Worthington, JD

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 2:48 PM
To: CPH Testimony
Cc: skaye@hawaii.edu
Subject: Submitted testimony for SB505 on Feb 22, 2017 09:00AM

SB505

Submitted on: 2/21/2017

Testimony for CPH on Feb 22, 2017 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Springer Kaye	Individual	Support	No

Comments: Aloha, Opioid addiction has absolutely become an epidemic in rural East Hawaii, as it is across the state. We all know someone who has become addicted, and many of us have lost friends or family members to overdoses. As a labor manager with up to 30 staff working in the outdoors, I oversee a good number of workplace injuries each year, and staff report being offered opioid prescriptions for minor injuries such as a sprained ankle, bruised ribs, or a stitched laceration, as well as more serious small fractures or broken bones. We have an active safety program that warns staff against accepting these prescriptions--that should be the doctor's job, not mine. Sending a bottle of pills home puts lives and families at risk to control pain that once would have been treated with aspirin and an ice pack. This informed consent agreement may not be the biggest step that can be taken, but it is a step forward. Please lend your support to this effort.

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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