

LATE

To: Committee on Public Safety, Intergovernmental and Military Affairs

Subject: Pass SB 868 Relating to the Controlled Substances Act

Dear Senator Baker, Senator Nishihara and other members of the CPH Committee:

Thank you for the opportunity to submit testimony on Senate Bill 505. I support passage of this bill with some caveats.

I am an Associate Professor of Obstetrics, Gynecology and Women's Health and an adjunct Associate Professor of Psychiatry at the University of Hawaii. I have been serving the women of Hawaii for the past 14 years, and have been licensed to prescribe buprenorphine (Suboxone®, Subutex®, Zubsolv®, Bunavail® and others) for the treatment of opioid use disorders since 2009. On September 15, 2016, I and others were notified by pharmacists that they would no longer fill prescriptions for patients on buprenorphine as state statute was interpreted that it was not legal to prescribe these medications for the use of detoxification or maintenance. This cut off several patients from their life-saving medications, including pregnant women, putting their lives and the lives of their unborn children in jeopardy. Luckily the state Attorney General intervened and the patients were able to get their medications. Portions of this bill serves to bring state law into compliance with federal law and I urge you to pass it. I also support the ability to prescribe schedule 3-5 medications electronically.

I also support requiring consent for the treatment of pain with opioids and requiring contracts for this purpose, however, legislating the consent process into law can be challenging and have unintended consequences. The limit for 7 days of medications for an initial prescription could also have unintended consequences for patients who live a great distance from a provider.

Sincerely,

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COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair

Senator Clarence K. Nishihara, Vice Chair

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Everyone now seems to know someone in our state affected by the public health crisis of addiction and overdose. Three years ago the legislature created the formation of the Hawaii Opioids & Overdose Leadership Action Working Group (HO'OLA). As Chairman, I have been honored by the dedication and commitment of these incredible leaders from our state (see list at the end of the testimony).

I want to describe the process the committee used over the past year. We focused on best practice evidence based policy. Most of these were targeting the goals of immediately impacting the loss of life from overdose, creating public awareness and attempting to decrease the number of pills in circulation in our state.

Over the past 6 months we refocused our effort to draft comprehensive policy statements based off numerous ideals and research:

- 1) Best Practices drawn from Evidence based Literature
- 2) Outcome studies, especially focused on the work of other states
- 3) National Organizations recommendations including SAMSHA,NIDA,the CDC and our respective Speciality Medical Societies and Organizations
- 4) Hawaii specific evidence and data from state, judicial and others sources
- 5) From the input and tremendous experience of the leaders in our group

Each item was discussed and debated. Members were then allowed to vote on the resolutions. Four options were 1) Unanimous 2) Super majority (>75%) 3) a Simple majority (>50%) and 4) Defeated (<50).

Summary of the group consensus on the individual items in SB 505

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|---|--------------------|
| 1) Informed Consent requirement- | Super Majority 92% |
| 2) Benzodiazepine / Opiate co prescribing | SM 75% |
| 3) Greater than 90 meq of Morphine | SM 92% |
| 4) Creation of State Template | SM 91% |
| 5) Benzo-Opiate (see 2. Above) | |

6) Co Prescription Rx of Naloxone	Majority 67%
7) Discuss non Opiate treatment options	Unanimous 100%
8) Functional Treatment Goal	SM 82%
9) Using a risk screen tool	M 64%
10) Consent for Urine Drug Screen	M 70%
11) Referral to Behavioral Health after 6 months	M67%
12) Checking the PDMP	M 61%
13) Limit initial Rx on first time visit to 7 days	M 64%

Please accept the following amendments to the SB 505.

First, consider the State Department of Health Harm Reduction Division to take the lead on the creation of the template with a sub group of the committee as advisors.

Second, add a Board Certified Pain management specialist, and a specialist trained in Addiction management as options for referral.

Third, have ADAD, Department of Health create acceptable screening tools and templates with a sub group of the committee as advisors

Fourth, Allow the following exceptions to the seven day rule for initial prescriptions.

- 1) Post operative patients
- 2) Board Certified Pain Specialists and/or Psychiatrists
- 3) Hospice
- 4) Palliative Care. This statute should be written to reflect it's intent. The goals is for providers to limit an initial prescription to seven days for new diagnosis of pain or the initial visit with a patient for that condition. Furthermore, the providers should consider shorter options if appropriate or not using opiates if possible. Then, a follow up in seven days if clinically indicated is appropriate.

This encourages the patient and the provider to pause and reflect on other treatment options, which follows best practice in our country in 2017. Consider non-opiate options for care.

Finally, an amendment that should be added that eliminates the penalty for

violating this statute 329 as a felony. Violations should be referred to The State Medical Board for enforcement and discipline. This may require appropriation for an additional FTE to both NED and RICO.

As Chairman of the committee, I applaud this bold legislation that will set an example for the rest of the United States. It is comprehensive and inclusive of best practice concepts in our country. Our group has agreed on the following goals as minimum thresholds for our state:

Goals to Be Attained by 2019

Goal 1: Curtail illicit drug consumption in Hawaii

- 1a . Decrease the 30-day prevalence of drug use among 12- to 17-year-olds by 15 percent
- 1b . Decrease the lifetime prevalence of 8th graders who have used drugs, alcohol, or tobacco by 15 percent
- 1c . Decrease the 30-day prevalence of drug use among young adults aged 18–25 by 10 percent
- 1d . Reduce the number of chronic drug users by 15 percent

Goal 2: Improve the public health and public safety of the people of Hawaii by reducing the consequences of drug abuse

- 2a . Reduce drug-induced deaths by 15 percent
- 2b . Reduce drug-related morbidity by 15 percent
- 2c . Reduce the prevalence of drugged driving by 10 percent

Sincerely,

Scott J Miscovich MD
Chairman
Hawaii Opioids & Overdose Leadership Action Working Group

Committee Members

Dean Jerris Hedges JABSOM

Lisa Steinmueller MSN MBA APRN FNP-BC President of the Hawaii Professional Nurses Association

Jared K Redulla Acting Administrator Hawaii Narcotic Enforcement Division

Scott Mccaffrey MD President Hawaii Medical Association

Hiromi Saito, RPh. BCACP. CDE. AAHIVP Clinical Pharmacist President Hawaii Pharmacist Association and HPA legislative chair

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Rodney Williams MD Chief Medical Officer Straub Hospital and Clinics

Peter Whiticar Hawaii Department of Harm Reduction Service Branch

Dan Galanis Hawaii Department of Hawaii Injury and Epidemiology
Edward Mersereau, LCSW, CSAC, Chief, Alcohol and Drug Abuse Division

Emily K. Roberson, PhD, MPH Hawaii Pacific University College of Health & Society Department of Public Health

Lisa Cook, ACSW, LSW, CSAPA Executive Director KU ALOHA OLA MAU “a place of healing and recovery”

Heather Lusk Executive Director The C.H.O.W. Project

Josh Green MD Senator/Emergency Physician

Hon Steve Alm Founder Project HOPE (now international drug court /Washington DC)-via email only!

Alan Johnson CEO Hina Mauka President Addiction Treatment Provider Coalition/Hawaii

Daniel Fischberg MD Director Pain and Palliative Care Queens Medical Center

Kerrey Barton -Taylor DO President Hawaii Academy of Pain

Will Scruggs MD - President ACEP Hawaii American College of Emergency Physicians

Jon Streltzer MD -UH Addiction Psychiatry and substitute Addiction Psychiatry
UH Rep

Chris Flanders DO Executive Director Hawaii Medical Association

Kenneth Luke MD Medical Director HMSA -Behavioral Health and HMSA
Pharmacist

Jerry Van Meter MD Kaiser Past President Hawaii Orthopedic Society

George McPheeters MD Chief Medical Officer UHA

Rhonda Perry PA-C UHA

Karen Ching MD Director of Pain Kaiser Hawaii

Barbara Kashiwabara PharmD Kaiser Pain Director

Daria A.Loy-Goto Director DCCA State of Hawaii

Kevin Glick Pharm D Independent Pharmacy rep

Ken Zeri CMO Hospice Hawaii Local and National Representative Hawaii
Hospice Providers (Host facility)

Painhiag v.Nengchu -Military Treatment Facility Pain Director, 1st meeting only

Kyle.Liao Pharm D VA Hawaii Director of Pain

Daryl Tomita Pharm D VA Hawaii Director ER Pain

Keith Kamita Retired Director of Hawaii Narcotic Enforcement Divison

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Subject: *Submitted testimony for SB505 on Feb 22, 2017 09:00AM*
Date: Tuesday, February 21, 2017 10:27:05 PM

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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
Susan J. Wurtzburg	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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