



STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony in SUPPORT of H.B. 1924
RELATING TO HEALTH**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES

Hearing Date: February 8, 2018

Room Number: 329

1 **Fiscal Implications:** Part II appropriates \$1 million in FY2019 for drug treatment.

2 **Department Testimony:** The Department of Health (DOH) strongly supports the intent of
3 Part I of H.B. 1924, which expands the scope of registered pharmacists' practices by allowing
4 registered pharmacists to prescribe, dispense, and provide related education of opioid antagonists
5 without the need for a written, approved collaborative agreement. Regarding Part II, the DOH
6 defers to the Governor's Supplemental Budget for appropriation priorities.

7 The DOH is greatly appreciative to the sponsors of this bill for emphasizing the need to
8 build upon the significant precedent in Hawaii law that supports expanded access to opioid
9 antagonists combined with the role of registered pharmacists as the primary point of contact for
10 those who need opioid and other narcotic prescriptions is necessary to help prevent opioid abuse,
11 misuse and overdose. Opioid antagonists are an important tool for the community to combat
12 opioid overdose and overdose fatalities. According to the Hawaii Opioid Action Plan
13 (Dec. 2017), there are an average of nearly 400 nonfatal overdose incidents each year, nearly half
14 of which require hospitalization. Each opioid-related overdose costs an average of \$4,050 per
15 emergency department visit in Hawaii, and about \$40,100 for each hospitalization.

16 This measure also allows the DOH to accomplish the following objectives of the Hawaii
17 Opioid Action Plan (Dec. 2017) that pertain to prevention and pharmacy-based interventions:

- 1 • Objective 4-1: “By April 2018, launch a public awareness campaign that includes
2 a website and collateral material to increase awareness of opioid issues, risks and
3 centralize resources in Hawaii;”
- 4 • Objective 5-1b: “By July 2019, modify Hawaii Revised Statutes to allow
5 pharmacists prescriptive authority to prescribe naloxone to patients and
6 community members to increase access to life-saving medication;”
- 7 • Objective 5-2: “By June 2018, provide continuing education presentation on
8 pharmacist role in screening for risk for patients with opioid prescriptions;” and
- 9 • Objective 5-3: “By October 2018, develop naloxone training program for
10 pharmacists.”

11 Section II of H.B. 1924 H.D. 1 includes an appropriation for substance abuse treatment
12 services to the DOH. While the DOH is greatly appreciative of the Legislature for this
13 consideration, we feel that the bill would better serve the community by narrowing its focus to
14 pharmacist’ expansion of scope of practice to provide opioid antagonists. The DOH
15 respectfully requests that H.B. 1924 H.D. 1 be amended by removing Part II in its entirety, in
16 order to better facilitate its passage into law. We also defer to the Governors Executive Budget
17 which includes \$800,000 for outreach and counseling services for chronically homeless persons
18 with severe substance use disorders and to implement the Law Enforcement Assisted Diversion
19 pilot program.

20 Thank you for the opportunity to testify on this measure.

**PRESENTATION OF THE
BOARD OF PHARMACY**

TO THE HOUSE COMMITTEE ON
HEALTH AND HUMAN SERVICES

TWENTY-NINTH LEGISLATURE
Regular Session of 2018

Thursday, February 8, 2018
9:00 a.m.

WRITTEN TESTIMONY ONLY

**TESTIMONY ON HOUSE BILL NO. 1924, PROPOSED H.D. 1, RELATING TO
HEALTH.**

TO THE HONORABLE JOHN M. MIZUNO, CHAIR, AND MEMBERS OF THE
COMMITTEE:

My name is Lee Ann Teshima, and I am the Executive Officer for the Board of Pharmacy (“Board”). Thank you for the opportunity to comment on H.B.1924, Proposed H.D. 1, which is a companion to S.B. 2247. The Board supports this bill with suggested amendments.

This proposed measure authorizes pharmacists to “prescribe and dispense” an opioid antagonist to opioid patients, as well as family members and caregivers of opioid patients.

The Board offers the following amendments:

Maintaining a signed acknowledgment form

Delete the following sentence on page 4, lines 12-14: “The pharmacy shall maintain the signed acknowledgment form with the prescription record[.]” The Board questions whether this requirement is necessary since the pharmacies are already required to maintain the prescription. Pharmacies have expressed concerns as to how to

maintain the “acknowledgment” form signed by the person receiving the opioid antagonist and whether this is appropriate. Unnecessary or burdensome requirements that do not afford consumer protection may prevent pharmacies from providing this service to their communities. Therefore, the Board respectfully requests deletion of this sentence.

Scheduling an appointment to prescribe and dispense an opioid antagonist

Delete subsection (c) on page 4, lines 19-23: “A pharmacist who prescribes an opioid antagonist pursuant to subsection (a) shall not require the individual who is at risk for an opioid overdose, family member, or caregiver to schedule an appointment with the pharmacist for the prescribing or dispensing of the opioid antagonist.” The Board respectfully submits that any law requiring pharmacists to immediately service an individual by prescribing and dispensing a drug or administering a drug is unreasonable. The Board does not believe this bill intends to provide an opioid antagonist in an emergency situation, but rather, to allow pharmacists to prescribe and dispense an opioid antagonist to an opioid patient, family member, or caregiver, should the patient overdose on opioids where no medical assistance is immediately available. Pharmacists should be allowed to have clients make an appointment, if necessary, to prescribe and dispense an opioid antagonist to ensure the pharmacist has an opportunity to consult and speak with the clients. The ability to schedule an appointment would also reduce the waiting time for the client to obtain the

prescription. For these reasons, the Board respectfully requests the deletion of subsection (c).

These amendments would allow pharmacists to better serve their communities by providing access to opioid antagonists without unnecessary or burdensome requirements that could potentially affect patient safety.

Thank you for the opportunity to provide comments on H.B. 1924, Proposed H.D. 1.



Testimony of
Hawaii Immunization Coalition (HIC)

Before:
Committee on Health and Human Services
Representative Mizuno
Representative Kobayashi

February 8, 2018
9:00 am
Conference Room 329

Re: HB1924 HD1 Relating to Health

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on HB1924 HD1.

The Hawaii Immunization Coalition (HIC) **supports this bill** and **recommends a revision of language to allow pharmacists to provide all ACIP recommended vaccines to adolescents 11-17 years of age**. Currently, pharmacists are able to administer all ACIP recommended vaccines to adolescents 14-17 years of age and only human papillomavirus (HPV), tetanus, diphtheria, pertussis (Tdap), meningococcal, and influenza vaccines to adolescents 11-14 years of age. By allowing pharmacists to administer all ACIP recommended vaccines, including measles, mumps, rubella (MMR), varicella, and hepatitis A vaccines, to persons 11-14, we will improve the public's access to vaccines, thus increasing vaccination rates and in turn decreasing disease outbreaks.

HIC supports updating the definition of "practice of pharmacy" to include providing opioid antagonists (e.g. naloxone) to prevent deaths from drug overdose. In these challenging times of thousands of opioid overdoses every day, this expansion of the role of pharmacists is a positive public health measure.

HIC supports pharmacists being able to administer vaccinations. Their ability to do so increases accessibility of vaccines to adolescents and adults. The Hawaii Immunization Coalition is pleased to see immunizations included in their scope of practice. Recent outbreaks of hepatitis A, mumps, and flu in both Hawaii and on the mainland were all vaccine-preventable. In Hawaii, access to pharmacies played a major role in ensuring that many people were protected in a timely manner.

Rationale for support of pharmacists providing vaccinations –

- To vaccinate, pharmacists face a rigorous curriculum and certification process.
- Pharmacists are trained to provide immunizations orally, by injection or by intranasal delivery.
- Pharmacy locations are ideal, especially in our rural communities; they provide increased access to vaccinations because of convenient evening and weekend times and flexible walk-in periods.
- Pharmacies can increase vaccination uptake in Hawaii.

HIC supports expansion of immunization delivery to improve the overall health of persons in Hawaii and to reduce the incidence of infectious diseases through vaccination.

HIC is a statewide, community-based non-profit 501(c)3 coalition of public and private organizations and concerned individuals whose mission is to promote effective strategies to ensure that all Hawaii's families are appropriately vaccinated against vaccine-preventable diseases. Focus: Immunizations across the lifespan. The coalition has been active in Hawaii since the early 1980's and has more than four hundred immunization supporters.

Thank you for your consideration.

The Hawaii Immunization Coalition (HIC) is a statewide, community-based 501C (3) non-profit organization working to ensure all of Hawaii's families are appropriately vaccinated against vaccine-preventable diseases
www.immunizehawaii.org Tax ID #20-2164266

Date: February 6, 2018

To: The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Members of the House Committee on Health and Human Services

Re: **SUPPORT for HB1924 HD1 Proposed**, Relating to Health
Hrg: February 8, 2018 at 9:00 am at Conference Room 329

Aloha House Committee on Health and Human Services,

I am writing in strong **SUPPORT of HB1924 HD1 Proposed** to authorize pharmacists to prescribe and dispense an opioid antagonist to patients and to family members and caregivers of opioid patients without the need for a written, approved collaborative agreement.

The opioid epidemic has taken a great toll nationally and in Hawai'i. Opioid antagonists prevent deaths from opioid overdoses and accidental ingestions. Naloxone, the most commonly available opioid antagonist, can be safely and effectively administered by non-health professionals, but currently requires a practitioner's prescription.

Pharmacists are the most accessible health professionals. As part of our education, all pharmacists are trained in the appropriate indications, use and administration of naloxone, as well as in providing patient/care giver education for safe and effective naloxone administration.

Allowing pharmacists to prescribe and dispense naloxone to patients, family members and caregivers of patients taking opioids has been shown to increase the availability of naloxone at the time and place it is required, and to prevent needless deaths.

Passage of this measure will enhance accessibility of naloxone and help save lives in communities across Hawai'i.

I strongly **HB1924 HD1 Proposed** and respectfully ask you to pass this bill out of committee.

Mahalo nui for your consideration,

Forrest Batz, PharmD
Keaau, HI

HB-1924

Submitted on: 2/7/2018 6:14:29 PM

Testimony for HHS on 2/8/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Patrick Uyemoto		Support	Yes

Comments:

The Hawaii Pharmacists Association Strongly Supports HB1924 HD1

To the Honorable: Rep. John Mizuno (Chair), Rep. Bertrand Kobayashi (Vice Chair), and Members of the Health and Human Services Committee

HB 1924 HD1 will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

There is an opioid epidemic spreading across the Nation. Pharmacists are the most accessible healthcare professionals and have the potential to drastically reduce the amount of opioid overdose fatalities. As experts in medication management, pharmacists already have the skills and knowledge necessary to provide education on opioid antagonists, such as naloxone. By supporting HB1924 HD1, public access to naloxone will be exponentially expanded, resulting in a decrease of preventable opioid-related deaths occurring in our community.

Thank you for this opportunity to provide testimony on HB1924 HD1.

DATE: February 7, 2018

TO: Representative John Mizuno
Chair, Committee on Health and Human Services
Submitted Via Capitol Website

RE: **H. B. 1924 Relating to Health**
Hearing Date: Thursday, February 8th, 2018 at 9:00 a.m.
Conference Room: 329

Dear Chair Mizuno and Members of the Committee on Health and Human Services:

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 19 stores on the islands of Oahu, Maui, and Hawaii.

Walgreens **supports the intent of H.B.1924 proposed HD 1, but requests amendments to the bill.** H.B. 1924 proposed HD1, part I seeks to allow pharmacists to prescribe and dispense opioid antagonists to patients, family members or caregivers without the need for a written approved collaborative agreement.

Walgreens is committed to comprehensive efforts to combat drug abuse and has supported several measures aimed at helping curb the opioid crisis. We believe that making opioid antagonists widely available and obtainable is one way in which Hawaii can help to address opioid overdoses. Walgreens also notes that Hawaii is one of a handful of states remaining that has not fully operationalized making opioid antagonists available via pharmacies. This measure is a critical step towards addressing this issue.

Walgreens would request the following amendments be made to this measure to ensure that the bill can be effectively implemented:

1) Opioid Antagonist Recipient (page 3, lines 4-14):

"§461- Opioid antagonist; authority to prescribe and dispense; requirements. (a) A pharmacist may prescribe and dispense an opioid antagonist to **an individual who is at risk of an overdose** ~~a patient~~ or family member or caregiver of a ~~patient~~ **an individual** who is at risk for an opioid overdose regardless of whether the patient has evidence of a previous prescription for an opioid antagonist from a practitioner authorized to prescribe opioids. The opioid antagonist prescribed and dispensed for a family member or caregiver of an individual who is at risk for an opioid overdose shall be prescribed and dispensed in the name of **the individual who is requesting the opioid antagonist "Opioid Antagonist Recipient" or "OAR"**.

Pharmacies need to assign every prescription to a person in their systems, for reimbursement and billing purposes. Not having a name as proposed by inserting the term "Opioid Antagonist Recipient" will create operational challenges for pharmacies.

2) **Acknowledgment form (page 4, lines 6-10):**

~~(3) Obtain an **a signed** acknowledgment form signed by the person receiving the opioid antagonist. The pharmacist shall notify the practitioner who authorized the original opioid prescription that an opioid antagonist was prescribed and dispensed by the pharmacy. For opioid antagonists that are prescribed to **the individual at risk of an overdose**, "Opioid Antagonist Recipients" patients, the practitioner **who authorized the original opioid prescription** shall be notified if applicable. The pharmacy shall maintain the signed acknowledgment form with the prescription record; and~~

As amended:

(3) Obtain a signed acknowledgment by the person receiving the opioid antagonist. For opioid antagonists that are prescribed to the individual at risk of an overdose, the practitioner who authorized the original opioid prescription shall be notified if applicable.

We would suggest simplifying this requirement as proposed above or removing it, as most states do not include an acknowledgment form requirement. There are problems with implementing the acknowledgement form as the language as drafted. For example, we would recommend striking the second sentence because it may not be possible in all cases to notify the prescriber if a family member or caregiver is not aware of who the prescriber is. In addition, there are concerns with the last sentence and how pharmacists would maintain the acknowledgement form depending on the format it is in.

With the above amendments, which address the implementation aspects of the bill, we are happy to support this measure. Thank you for the opportunity to submit testimony regarding this bill.



An Independent Licensee of the Blue Cross and Blue Shield Association

February 8, 2018

The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Health and Human Services

Re: HB 1924, Proposed HD1– Relating to Health Coverage for Port-Wine Stains

Dear Chair Takumi, Vice Chair Ichiyama, and Committee Members:

The Hawaii Medical Association (HMSA) appreciates the opportunity to testify on HB 1924, Proposed HD1, which authorizes pharmacists to prescribe and dispense an opioid antagonist to patients and to family members and caregivers of opioid patients without the need for a written, approved collaborative agreement.

HMSA acknowledges and shares the Committee’s concern with addressing the impact of opioid addiction in Hawaii. As such, we continue to work with stakeholders at all levels to prevent and treat opioid addiction and commend the State for its interim report on addressing this form of addiction.

We appreciate the intent of HB 1924 but, would respectfully ask the Committee to consider the following comments and amendments:

- We suggest including language that would require a collaborative agreement between a pharmacist and a physician in order to ensure relevant information about a patient’s medical history is taken into considered for this type of prescription.
- Consider deleting “caregiver” from Section 2(a); this is a departure from normal prescribing procedure and could present liability and operational issues. In particular, were these prescriptions to be issued to family and caregivers, who would liable for administering the prescription and who would ultimately be billed for the service(s)?

Please note that we appreciate the intent of this measure to expand access to opioid antagonists, and our comments are provided in the interest in making sure our members and their dependents receive the safest and most effective medical services possible.

Thank you for allowing us to testify on HB1924, Proposed HD1.

Sincerely,

Pono Chong
Vice-President, Government Relations