

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 HOUSE BILL 2384, HOUSE DRAFT 1  
RELATING TO THE UNIFORM CONTROLLED SUBSTANCES ACT

by  
Nolan P. Espinda, Director

Senate Committee on Judiciary  
Senator Brian T. Taniguchi, Chair  
Senator Karl Rhoads, Vice Chair

Thursday, March 29, 2018; 9:30 a.m.  
State Capitol, Conference Room 016

Chair Taniguchi, Vice Chair Rhoads, and Members of the Committee:

The Department of Public Safety (PSD) **supports** House Bill (HB) 2384, House Draft (HD) 1, which proposes to amend Hawaii's controlled substances act to clarify state law and mirror federal regulations which permit qualified practitioners to administer, dispense, and prescribe controlled substances for use as medically managed withdrawal treatment, provided that the practitioner complies with specific requirements which mirror federal regulations.

First, HB 2384, HD 1 clarifies that a prescription may not be issued for medically managed withdrawal treatment unless the practitioner complies with Title 21 of the Code of Federal Regulations (CFR) section 1301.28, the registration and any requirements of section 329-32(e), HRS, and "any other federal or state regulatory standard relating to the treatment qualification, security, records, and unsupervised use of drugs."

Second, HB 2384, HD 1 also clarifies that a practitioner who holds a separate Drug Enforcement Administration (DEA) registration as a narcotic treatment program and is in compliance with DEA regulations regarding treatment qualifications, security,

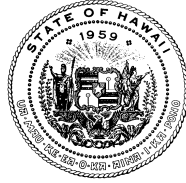
records, and unsupervised use of drugs pursuant to this chapter, may administer or dispense directly (but not prescribe) a narcotic drug listed in any schedule for the purpose of medically managed withdrawal.

Third, HB 2384, HD 1 clarifies two additional situations which are referenced in Title 21, CFR, section 1306.07. This bill allows a physician to treat a person to relieve acute withdrawal symptoms for not more than three days without renewal or extension. Also, this bill clarifies the situation wherein a physician 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.

Fourth, HB2384, HD 1 clarifies that practitioners who are in compliance with federal and state registration requirements related to medically managed withdrawal treatment, and who are also in compliance with federal and state regulatory standards relating to treatment qualification, security, records, and unsupervised drugs may administer, dispense, **and prescribe** any schedule III, IV, or V narcotic drug approved by the United States Food and Drug Administration (FDA) for use in medically managed withdrawal treatment to a narcotic dependent person.

Finally, the exclusionary wording on page 1, lines 10-14, mirrors the wording in Title 21, CFR, section 1308.12. This wording specifically excludes the drug “naloxone” from scheduling as a controlled substance. This allows Naloxone to be administered, dispensed, or prescribed without the regulatory controls of a scheduled controlled substance.

Thank you for the opportunity to testify on this measure.



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

**Testimony in SUPPORT of HB 2384 HD 1  
RELATING TO THE UNIFORM CONTROLLED SUBSTANCES ACT**

SENATOR Brian T. Taniguchi, CHAIR  
SENATE COMMITTEE ON Judiciary

Hearing Date: March 29, 2018

Room Number: 016

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department of Health (DOH) strongly supports this bill to clarify  
3 how practitioners as defined under the State Uniform Controlled Substances Act may administer,  
4 dispense and prescribe schedule III, IV or V narcotic drugs approved by the U.S. Food and Drug  
5 Administration for use in maintenance or detoxification treatment, provided the practitioner  
6 meets federal and state criteria for a narcotic treatment program. The DOH is aware that the  
7 Department of Public Safety (PSD) has introduced language to update Chapter 329, Hawaii  
8 Revised Statutes (HRS), to be consistent with federal law by allowing prescribing authorization  
9 of drugs including buprenorphine to patients undergoing “medically managed withdrawal”, also  
10 known as “detoxification treatment” and “maintenance treatment”, by practitioners who are  
11 properly registered. The DOH defers to the PSD on the regulation and implementation of the  
12 Uniform Controlled Substances Act and respectfully offers the following comments:

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

18 This measure is another example of how both the PSD and the DOH are working together  
19 on a coordinated and balanced public safety/public health approach to address narcotic addiction.  
20 The PSD has been an important and active partner in the development and implementation of the

1 Hawaii Opioid Action Plan. HB 2384 HD1 and its companion SB 2811 SD1 aligns with Plan  
2 Objective 1-3: “By December 2018, increase the number of prescribers licensed to prescribe and  
3 administer medication-assisted treatment (MAT) such as buprenorphine and suboxone by 25  
4 percent.” The full Plan is available at: [https://health.hawaii.gov/substance-](https://health.hawaii.gov/substance-abuse/files/2013/05/The-Hawaii-Opioid-Initiative.pdf)  
5 [abuse/files/2013/05/The-Hawaii-Opioid-Initiative.pdf](https://health.hawaii.gov/substance-abuse/files/2013/05/The-Hawaii-Opioid-Initiative.pdf).

6 Thank you for the opportunity to provide testimony.

**HB-2384-HD-1**

Submitted on: 3/28/2018 12:12:01 AM

Testimony for JDC on 3/29/2018 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Carl Bergquist	Testifying for Drug Policy Forum of Hawaii	Support	No

Comments:

**HB-2384-HD-1**

Submitted on: 3/27/2018 9:51:03 PM

Testimony for JDC on 3/29/2018 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Melodie Aduja	Testifying for Oahu County Committee on Legislative Priorities of the Democratic Party of Hawai'i	Support	No

Comments:

**LATE**



## **HB2384 HD1 (S JUD) Allows Prescription Drugs for Medical Withdrawal – Buprenorphine**

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH:

- Senator Brian Taniguchi, Chair; Senator Karl Rhoads, Vice Chair
- Thursday, March 29, 2018: 9:30 am.
- Conference Room 016

### **Hawaii Substance Abuse Coalition Supports HB2384 HD1:**

*GOOD MORNING CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of almost 40 alcohol and drug treatment and prevention agencies.*

Buprenorphine, naltrexone, vivitrol, and naloxone are FDA approved and supported by the federal funding agency: Substance Abuse Mental Health Services Administration (SAMHSA) for the treatment for alcohol, methamphetamine and opioid use disorders.

- They are essential evidenced-based practices for “Medication-Assisted Treatment.”
- This bill updates language to ensure existing practices that have been happening for almost a decade are now supportive of U.S. FDA approved medications for use in maintenance or detoxification treatment, provided the practitioner is properly registered.

While these medications don’t replace counseling or formal addiction treatment, they certainly improve outcomes for receptive or clinically appropriate patients.

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