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No. \_\_\_\_\_

TESTIMONY ON HOUSE BILL 2384  
RELATING TO THE UNIFORM CONTROLLED SUBSTANCES ACT

By  
Nolan P. Espinda, Director

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

Friday, February 9, 2018; 8:30 a.m.  
State Capitol, Conference Room 329

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

The Department of Public Safety (PSD) **supports** House Bill (HB) 2384, 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 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 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,

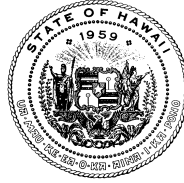
records, and unsupervised use of drugs pursuant to this chapter, may administer or dispense directly (but not prescribe) a narcotic drug listed in any schedule for the purpose of medically managed withdrawal.

Third, HB 2384 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 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  
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**Testimony in SUPPORT of H.B. 2384  
RELATING TO THE UNIFORM CONTROLLED SUBSTANCES ACT**

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

Hearing Date: February 9, 2018

Room Number: 329

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 Department of Public Safety (PSD) and  
19 the DOH are working together on a coordinated and balanced public safety/public health  
20 approach to address narcotic addiction. The PSD has been an important and active partner in the

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

6 Thank you for the opportunity to provide testimony.



## **HB2384 Medications for Opioid Treatment**

COMMITTEE ON HEALTH & HUMAN SERVICES:

- Representative John Mizuno, Chair; Representative Bertrand Kobayashi, Vice Chair  
Friday, February 9th, 2018: 8:30 am
- Conference Room 329

## **HAWAII SUBSTANCE ABUSE COALITION (HSAC) Supports HB2384:**

*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.”

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

### **Recommendations:**

- Section 2 (4) (can’t prescribe) appears to contradict Section 2 (7) (can prescribe). Not sure what the difference is, unless the latter is for physicians and the former is for non-physicians. We want the physicians to be able to prescribe while pharmacies dispense and non-licensed medical support people would administer.
- Section 2 (3) is too restrictive stating that prescriptions can only be for schedule III, IV, V for suboxone because the FDA may very likely reclassifies suboxone as schedule II, which then we would have to revise this bill. Given that the prescription must be for medically managed withdrawal, the bill could include schedule II as well.

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

**HB-2384**

Submitted on: 2/7/2018 11:30:15 AM

Testimony for HHS on 2/9/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Hannah Preston-Pita	Big Island Substance Abuse Council	Support	No

Comments:

**HB-2384**

Submitted on: 2/7/2018 11:01:45 AM

Testimony for HHS on 2/9/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sione Naeata	Bobby Benson Center	Support	No

Comments: