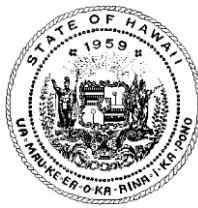


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No. \_\_\_\_\_

TESTIMONY ON HOUSE BILL 2631, HOUSE DRAFT 1  
RELATING TO THE ELECTRONIC PRESCRIPTION  
ACCOUNTABILITY SYSTEM

by

Nolan P. Espinda, Director  
Department of Public Safety

Senate Committee on Public Safety, Intergovernmental, and Military Affairs  
Senator Clarence K. Nishihara, Chair  
Senator Glenn Wakai, Vice Chair

Tuesday, March 13, 2018; 1:30 p.m.  
State Capitol, Conference Room 229

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

The Department of Public Safety (PSD) appreciates the intent of House Bill (HB) 2631, House Draft (HD) 1, which would enhance the electronic prescription accountability system to inform prescribers of the percentile ranking of their opiate prescription practices as compared to their peers. PSD offers the following comments.

First, the Department notes that HB 2631, HD1 would require PSD's Narcotics Enforcement Division (NED) to annually determine the mean and median quantity and the volume of prescriptions for opiates contained in Schedule II and Schedule III, as defined by the HRS. Furthermore, the measure would require that the mean and median quantities be determined within categories of practitioners of a similar specialty or practice type as determined by the Department. PSD contracts with a vendor to operate Hawaii's electronic prescription accountability system, commonly known as the Prescription Drug Monitoring Program (PDMP). According to our vendor, to meet the requirements proposed by HB 2631, HD1, our PDMP system would have to be enhanced at the cost of at least \$30,000.00 per year, with the exact costs yet to be determined.

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Second, in addition to these burdensome costs for which no appropriation has been made to sustain on a recurring basis or even to cover one time, it would be difficult for NED to report the data required by HB 2631, HD1, with regard to “practitioners of a similar specialty or practice type.” In NED’s experience, practitioners have wide discretion in how they self-identify their field of practice. For example, a psychiatrist by training might identify his/her practice as “pain management”, while a similarly trained psychiatrist with a similar practice might self-identify his/her practice as “clinical psychiatry.” Furthermore, NED does not collect data to identify a prescriber’s specialty or practice type. Instead, NED requires only that prescribers hold a professional vocational license in a field that has statutory prescriptive authority to prescribe controlled substances. Collection of this data would require enhancements to NED’s controlled substances registration system at additional cost, and would take at least a year to complete, based on the annual controlled substances registration cycle. These exact costs are yet to be determined.

Third, the bill would require that PSD NED coordinate with the respective boards of licensure to make resources available to prescribers regarding ways to change prescribing practices and incorporate alternate pain management options into a prescriber’s practice. PSD has been working closely and collaboratively with the Department of Health and other government and private stakeholders to assist with improvements and advancements in this area. These improvements and advancements are included in Hawaii’s Opioid Action Plan, which was published in late 2017.

Thank you for the opportunity to testify on this measure.