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**TESTIMONY ON HOUSE BILL 667
RELATING TO HEALTH**

by

Nolan P. Espinda, Director
Department of Public Safety

House Committee on Health
Representative Della Au Belatti, Chair
Representative Bertrand Kobayashi, Vice Chair

Thursday, February 9, 2017; 8:30 a.m.
State Capitol, Conference Room 329

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

The Department of Public Safety (PSD) **supports the intent** of House Bill (HB) 667, which would require: 1) an opioid therapy informed consent process agreement to be executed between a patient and any prescriber; and 2) would limit initial prescriptions for opioids and benzodiazepines to a maximum of seven (7) consecutive days. PSD, however, offers the following comments.

First, PSD expresses concern regarding the proposal on page 3, line 12 through page 5, line 17, which would require the Administrator of the Narcotics Enforcement Division (NED) to develop and make available a template of an opioid therapy informed consent process agreement. While PSD believes that the use of such agreements is a strong method of treatment and prevention, pain management agreements are specifically created between an individual doctor and/or practitioner and a patient. Such an agreement is tailored to meet the needs of the individual patient.

Further, PSD believes that the criteria proposed in the informed consent process agreement, such as an outline of initial and ongoing treatment goals, a plan

for ongoing assessment of progress, consent to urine screening, and referral to a psychologist or psychiatrist for concurrent care if opioid therapy continues for more than six months, speaks to medical standards of care and licensure, which does not generally fall under the purview of the NED.

Second, PSD supports the wording in HB 667 that would limit initial prescriptions for opiates and benzodiazepines to a maximum of seven consecutive days. PSD supports the intent to reduce addiction, overdose, and death related to the use of opioids by limiting these initial prescriptions as specified on page 10, lines 6-7.

Thank you for the opportunity to present this testimony.



HB 667 Consents, Limits, Buprenorphine: Requires an opioid therapy informed consent process agreement to be executed between a patient and any prescriber of opioids within the State under certain conditions. Limits initial prescriptions for opioids and benzodiazepines to a maximum of seven consecutive days.

HOUSE COMMITTEE ON HEALTH:

- Representative Della Au Belatti, Chair; Representative Bertrand Kobayashi, Vice Chair
- Wednesday, Feb. 9th, 2017: 8:30 a.m.
- Conference Room 329

HSAC Supports with Recommended Changes to HB667.

ALOHA CHAIR BELATTI; VICE CHAIR KOBAYASHI; AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide hui of over 30 non-profit alcohol and drug treatment and prevention agencies.

HSAC supports the American Society of Addiction Medicine (ASAM) that recommends clarifying language to avoid unintended consequences.

1. While the word "detoxification" works, the more appropriate and accurate medical term is "medically-managed withdrawal." Detoxification has become wide spread in its use to encompass other definitions such as diet or cleansing powders, herbal remedies, etc.

2. Recommended language:

"~329-38 Prescriptions (g)(3) A prescription may not be issued for the dispensing of narcotic drugs listed in any schedule for the purpose of "medically-managed withdrawal aka detoxification treatment" or "maintenance treatment" except as follows:

(A)The administering or dispensing directly (but not prescribing) of narcotic drugs listed in any schedule to a narcotic drug-dependent person for "medically-managed withdrawal aka detoxification treatment" or "maintenance treatment" shall be deemed to be "in the course of a practitioner's

professional practice or research" so long as the practitioner is registered separately with the department and the federal Drug Enforcement Agency as require by section 329-32(e)and complies with Title 21 Code of Federal Regulations section 823(g) and any other federal or state regulatory standards relating to treatment qualification, security, records and unsupervised use of drugs; and

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



February 7, 2017

To: Rep. Della Au Belatti, Chair
Rep. Bertrand Kobayashi, Vice Chair
House Committee on Health

From: Karen Worthington, Project Coordinator
Early Childhood Action Strategy

Re: HB667– Relating to Health
Hawaii State Capitol, Room 329, February 9, 2017, 8:30 AM

Position: Action Strategy supports HB667 Relating to Health

Dear Representative Au Belatti, Representative Kobayashi, and Committee Members:

Thank you for the opportunity to provide testimony on behalf of Hawaii’s Early Childhood Action Strategy, a public private collaborative that recognizes the strength of communities and works across sectors to increase the number of young children in Hawaii who are born healthy, developing on track, ready for school when they enter kindergarten, and proficient learners by third grade.

Action Strategy supports the passage of HB667 because the use of opioids or benzodiazepines by parents and by pregnant women can lead to negative outcomes for families and children, even when the medications are used legally under a physician’s care. Protections such as informed consent agreements and limitations on the number of days an initial prescription can cover will help to minimize the possibility of negative outcomes such as addiction to these medications.

One of the six Action Strategy focus area teams is Team 1, Healthy and Welcome Births. The work of Team 1 is carried out by the Hawaii Maternal Infant Health Collaborative (HMIHC). The HMIHC has a “pregnancy and delivery” work group and top priorities of that group include decreasing preterm birth rates and decreasing the

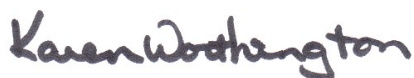
number of infants born substance-exposed. HB667 may impact these priorities by raising awareness about the dangers of using these medications through the informed consent process and by limiting the number of pills that can be initially prescribed. Action Strategy recommends that the bill be amended to include the following language, which would more directly impact these priorities to help reduce the number of women who are prescribed opioids while pregnant:

suggested addition to the bill in section 329 (b) 4: "An assessment of reproductive health plans for all women aged 18-50, and a statement that the patient has been advised of the risks of opioid use during pregnancy and that she has been offered information on how to avoid pregnancy while using opioids."

Another of the six Action Strategy focus area teams is Team 2, Safe and Nurturing Families. A priority of Team 2 is prevention of all forms of family violence including child abuse and neglect. The use of drugs and alcohol, including overuse of prescription drugs, is a strong risk factor for family violence, unhealthy and unsafe living situations, and child abuse and neglect. In 2015, "drug abuse" was listed as a "condition that was identified as contributing to the abuse or neglect of the child" in 42% of confirmed cases of abuse of individual children in Hawaii (DHS 2015 Statistical Report on Child Abuse and Neglect in Hawaii). Increasing awareness about the potential dangers of opioid and benzodiazepine use through an informed consent process in certain circumstances and by limiting a patient's access to the medications may help reduce the number of children who are victims of abuse or neglect because of their parents' addiction to prescription painkillers.

Action Strategy is committed to ensuring Hawaii's young children are healthy, safe and ready to learn and HB667 supports that vision. Please feel free to contact me for additional information. I can be reached at 808-214-9336 or karen@clnhawaii.org.

Sincerely,

A handwritten signature in black ink that reads "Karen Worthington". The signature is written in a cursive, slightly slanted style.

Karen Worthington, JD



Dedicated to safe, responsible, humane and effective drug policies since 1993

TO: House Committee on Health
FROM: Carl Bergquist, Executive Director
HEARING DATE: 9 February 2017, 8:30 AM
RE: HB667, Relating to Health, **IN OPPOSITION**

Dear Chair Belatti, Vice Chair Kobayashi, Members of the Committee:

While the Drug Policy Forum of Hawai'i (DPFHI) agrees with the intent behind this bill and supports the informed consent process agreement aspect, we must **oppose** it due to the prescription validity provisions. Limiting the amount of pills in an initial prescription, or as this bill proposes: setting a seven-day maximum validity, risks running counter to patient needs as well as expert medical opinions.

As an organization, we have supported the legislature's past efforts in securing passage of Good Samaritan and Naloxone access legislation, and we helped champion the creation of the statewide needle exchange over two decades ago. Our Executive Director is also a member of the Governor's Hawai'i Advisory Commission on Drug Abuse and Controlled Substances (HACDACS). We advocate for harm reduction policies, like the aforementioned, that also aim to tackle the noble intent behind this bill, i.e. dealing with the growing opioid epidemic in our state.

However, this bill would not seem to make allowances for situations where health care professionals determine that a prescription for periods of longer than seven days are required for patient pain relief. It is one-size fits all approach, criticized by both former President Obama ([as unfair to rural Americans, a concern that is especially relevant in parts of Hawai'i](#)) and the American Medical Association.

As [the PEW Charitable Trusts outlines in this report on similar state legislation](#), there is greater consensus regarding other opioid prescription-related policies. Accordingly, we urge that the committee either reject this bill or pass an amended version (removing the seven-day prescription provisions).

Mahalo for the opportunity to testify.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 7, 2017 9:14 AM
To: HLTtestimony
Cc: wscruggs@hepa.net
Subject: Submitted testimony for HB667 on Feb 9, 2017 08:30AM

HB667

Submitted on: 2/7/2017

Testimony for HLT on Feb 9, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
William Scruggs	Hawaii College of Emergency Physicians	Comments Only	No

Comments: February 7, 2017 Representative Della Au Belatti Chair House Committee on Health
HB667: Relating to health COMMENTS Dear Representative Belatti and Committee Members: I am writing with comments and suggestions for HB667. Emergency physicians in Hawaii recognize the potential hazards of opioid therapy in our patients, and believe in informed consent discussions between patients and physicians are an important part of medical care. I believe HB667 can be improved upon to limit potential unintended consequences. I suggest removing coprescribing of benzodiazepines and opioids from the list of situations requiring informed consent. I agree that physicians should provide informed consent for chronic opioid therapy. However, while the increase in overdoses in patients taking both benzodiazepines and opioid medication is well documented, also well documented are risks in thousands of other drug combinations that physicians may prescribe. Physicians must consider the risk of drug-drug interaction with every prescription, and we have many points at which patients receive information about their medication and possible interactions – the prescribing physician, the pharmacist, the information provided in drug packaging inserts, and even information available on medical websites. It would be incredibly difficult to obtain signed informed consent for every possible drug- drug interaction and almost as difficult to ask physicians to remember to obtain signed informed consent for just one potential drug-drug interaction. Second, I suggest removing post-surgical care and pain management specialists from the restriction limiting initial opioid prescriptions to 7 days. Post-surgical patients frequently require more than 7 days of medication to treat their pain. Especially in Hawaii, where patients often travel between islands for surgical treatment, restricting their initial opioid prescription to 7 days would make it more difficult for physicians to appropriately treat their patient’s pain. Also, pain management physicians are true specialists in chronic opioid therapy and unlikely to be the victim of doctor shopping. When a patient has been referred for chronic pain, they generally have already been started on high dose opioid therapy by other providers. Limiting the initial prescription in this setting would significantly hinder their ability to treat their patients and would be unlikely to be of benefit. Prescriptions from pain management physicians should not be restricted beyond legislation that is already in place. Sincerely, William Scruggs, MD, RDMS, FACEP Chair, Department of Emergency Medicine Castle Medical Center Immediate Past President Hawaii College of Emergency Physicians

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convening of the public hearing.

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FROM:

HAWAII MEDICAL ASSOCIATION

Dr. Chris Flanders, Executive Director

Lauren Zirbel, Community and Government Relations

TO:

HOUSE COMMITTEE ON HEALTH

Representative Della Au Belatti, Chair

Representative Bertrand Kobayoshi, Vice Chair

DATE: Thursday, February 9, 2017

TIME: 8:30 a.m.

PLACE: Conference Room 329
State Capitol

HB 667

Position: Comments

The Hawaii Medical Association is in support of efforts to encourage appropriate prescribing practices by health care providers, including the providing of patient informed consent. **However we have concerns as to the penalty for failure to comply with the program outlined in this bill.**

During the 2015 legislative session, the HMA was involved with a package of bills dealing with various aspects of opioid and benzodiazepine use. During legislative discussion, the Narcotics Enforcement Division raised the concern that, because several bills were to be placed in HRS Section 329, they would carry a criminal Class C felony charge for non-compliance. As a result, these bills were all deferred by the legislature.

House Bill 667, and its companion SB 505, likewise are destined for HRS Section 329. In that a prescribing physician may not have total personal control of this process, and that a Class C felony conviction is a career ending event for a physician, the HMA cannot support this bill as submitted. It is our hope that this issue can be clarified and worked out during the course of this legislative session.

Thank you for your consideration in this matter.

HMA OFFICERS

President – Bernard Robinson, MD President-Elect – William Wong, Jr., MD Secretary – Thomas Kosasa, MD

Immediate Past President – Scott McCaffrey, MD Treasurer – Michael Champion, MD

Executive Director – Christopher Flanders, DO



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The Honorable Rep. Della Au Belatti, Chair
Rep. Bertrand Kobayashi, Vice Chair
Re: Testimony in Strong of H.B.667 and to Request an Amendment
Hearing Date: 2/9/17 8:30 AM

Good morning Chair Au Belatti, Vice Chair Kobayashi, and members of the House Committee on Health:

My name is JoAnn Farnsworth and I am an active member of the Hawaii Maternal and Infant Health Collaborative whose mission is to improve birth outcomes and reduce infant mortality here in Hawaii. I am writing in support of H.B. 667 and to request that you add an amendment to the bill.

Millions of American women of childbearing age take opioids — and many are swallowing the prescription painkillers before realizing they're pregnant, endangering their unborn babies. In a first-ever analysis of the problem's scope, the Centers for Disease Control and Prevention found that a third of the young women enrolled in Medicaid and a quarter of the young women with private insurance filled opioid prescriptions every year from 2008 through 2012.

That raises deep concerns because roughly half of all Hawaii pregnancies are unplanned, and consuming opioids like oxycodone during the earliest weeks of pregnancy can cause birth defects. Recent research has observed an increased risk of some birth defects with the use of prescribed opioids by women in the month before or during the first trimester of pregnancy ¹.

The American College of Obstetricians and Gynecologists recommends that screening for substance abuse is a part of complete obstetric care and should be done in partnership with the pregnant woman. Both before pregnancy and in early pregnancy, all women should be routinely asked about their use of alcohol and drugs, including prescription opioids and other medications used for nonmedical reasons. Routine screening should rely on validated screening tools, such as is currently being implemented by the Department of Health's Prenatal SBIRT project.

To reflect the importance of this screening we would like to extend the screening take place in all primary care settings for women of childbearing age. We recommend the following amendment be added to the bill in section 329 (b) 4

"An assessment of reproductive health plans for all women aged 18-50, and a statement that the patient has been advised of the risks of opioid use during pregnancy and that she has been offered information on how to avoid pregnancy while using opioids"

¹ Broussard CS, Rasmussen SA, Reefhuis J, Friedman JM, Jann MW, Riehle-Colarusso T, et al. Maternal treatment with opioid analgesics and risk for birth defects. National Birth Defects Prevention Study. Am J Obstet Gynecol 2011.

kobayashi1- Oshiro

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 7, 2017 1:51 PM
To: HLTtestimony
Cc: rkorph@gmail.com
Subject: *Submitted testimony for HB667 on Feb 9, 2017 08:30AM*

HB667

Submitted on: 2/7/2017

Testimony for HLT on Feb 9, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Ron Okamura	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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To: The Honorable Della Au Belatti, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Members, Committee on Health

From: 
Paula Yoshioka, Senior Vice President, The Queen's Health Systems

Date: February 8, 2017

Hrg: House Committee on Health Hearing; Thursday, February 9, 2017 at 8:30AM in Room 329

Re: **Comments on HB 667, Relating to Health**

My name is Paula Yoshioka, and I am a Senior Vice President at The Queen's Health Systems (QHS). We would like to provide comments for HB 667, Relating to Insurance. This measure aims to reduce addictions, overdose, and death by establishing an opioid therapy informed consent process agreement and limits initial prescriptions for opioids and benzodiazepines. To the extent possible, we recommend that best practices be included in the template.

For the prescribed opioid dosing threshold, the National Board of Pharmacy has set the equivalent morphine dose to 120; as such QHS believes that Section 2, number (3) is a departure from this standard dose since it limits it to 90 equivalent morphine doses.

QHS would like to clarify the language in Section 2, number (3), (b)(1) that the seven day limit initial prescription applies to opioids and benzodiazepines prescribed together. Benzodiazepines are used for other situations that do not apply to opioid abuse. For instance, benzodiazepines could be prescribed cancer patients for nausea or could also be utilized to treat a patient with seizures. Limiting initial prescriptions of benzodiazepines to seven days would require patients to return for another prescription and potentially be detrimental to their health.

Thank you for your time and attention to this important issue.