



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

**Testimony COMMENTING on HCR 24  
REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL  
EFFECTS OF REQUIRING HEALTH INSURERS IN HAWAII TO PROVIDE  
COVERAGE FOR TREATMENT FOR OPIOID DEPENDENCE.**

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

Hearing Date: March 21, 2018

Room Number: 329

1 **Fiscal Implications:** Undetermined.

2 **Department Testimony:** The Department of Health (DOH) supports the intent but defers to the  
3 Department of Commerce and Consumer Affairs on the proposed amendments to HRS Chapter  
4 431M regarding a benefits structure for opioid treatment.

5 The DOH recommends that the Legislature include language in this resolution that directs  
6 the study to consider the pros and cons of time-based benefits of all substance use disorders  
7 (SUD), not just opioid dependence, and that the study shall consult with the DOH Alcohol &  
8 Drug Abuse Division (ADAD) for content expertise regarding recommended lengths of stay and  
9 level of care placement for those struggling with SUD.

10 Currently, the ADAD requires its contracted care providers to utilize the most current  
11 version of the American Society for Addiction Medicine Patient Placement Criteria (ASAM  
12 PPC) for determining the most appropriate and effective level of care. ASAM is the “industry  
13 standard” for determining level of care placement and also informs length of stay based on six  
14 “dimensions”. The six dimensions:

- 15 • Explore an individual’s past and current experiences of substance use and  
16 withdrawal;
- 17 • Explore an individual’s health history and current physical condition;
- 18 • Explore an individual’s thoughts, emotions, and mental health issues;

- 1 • Explore an individual’s readiness and interest in changing;
- 2 • Explore an individual’s unique relationship with relapse or continued use or
- 3 problems; and
- 4 • Also explore an individual’s recovery or living situation, and the surrounding
- 5 people, places, and things.

6 These decisions are based on the individual’s response to treatment, and similar to many other  
7 chronic illnesses are generally not static and are not easily generalized to an arbitrary timeframe.

8 Third, substance use services are already covered under most insurance plans, including  
9 Medicaid, based on clinical necessity. Pre-prescribing levels of care and lengths of stay may  
10 cause unforeseen impacts on the overall availability of services for persons struggling with  
11 chronic substance abuse. The DOH continues to work with the Medicaid administrator of the  
12 Department of Human Services to address barriers to access and quality of care. The Hawaii  
13 Opioid Action Plan released in December, 2017 outlines a comprehensive and multisystemic  
14 roadmap for addressing opioids and other substance abuse in the state from a balanced public  
15 health/public safety approach.

16 Finally, the DOH would respectively point out that opioid misuse represents only one  
17 facet of the broader addiction problem in Hawaii, since those who suffer from addiction often  
18 misuse more than one substance. According to the Hawaii Opioid Action Plan (Dec. 2017):

- 19 • There is an average of nearly 400 nonfatal overdose incidents each year, nearly
- 20 half of which require hospitalization; and
- 21 • The issue of opioid misuse and addiction cannot be fully appreciated unless seen
- 22 from a broader context of a chronic illness perspective, which shows that
- 23 substance misuse and addiction represents significant public health and economic
- 24 burdens for Hawaii:
  - 25 ○ Workplace drug tests positive for methamphetamine were 410% higher
  - 26 than the national average in 2011;
  - 27 ○ Impaired driving deaths in Hawaii (2010-2014) were 39.4% compared to
  - 28 the national average of 30.0%; and

- 1                   ○ Data from ADAD-funded providers suggests that methamphetamine was  
2                   reported as the primary drug of choice upon admission for 53.4% of adults  
3                   receiving substance misuse treatment in FY2017.

4                   Treatment admission data from 2010-2016 in Hawaii further underscores the need for a  
5 focus on the broader addiction issue in the state and for a coordinated and comprehensive  
6 approach to addiction in Hawaii.

7                   The DOH, ADAD believes that focusing on the overall system of substance abuse  
8 prevention, treatment and recovery is paramount and that creating policy focused on one  
9 substance of abuse does not adequately encompass this goal. This stance is presented in more  
10 detail in the Hawaii Opioid Action Plan.

11                  Thank you for the opportunity to provide testimony.

Testimony of John Kirimitsu  
Legal & Government Relations Consultant

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

March 21, 2018  
8:30 am  
Conference Room 329

**HCR 24      REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND  
FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS IN  
HAWAII TO PROVIDE COVERAGE FOR TREATMENT FOR OPIOID  
DEPENDENCE.**

Chair, vice chair, and committee members, thank you for this opportunity to provide testimony on HCR 24 requesting an auditor study regarding coverage for opioid dependence.

**Kaiser Permanente Hawaii supports this resolution.**

We think the information from this study will be very useful to determine the extent to which health insurance is already generally available for opioid dependence, and whether this mandate is necessary if such services are already covered by health insurance plans under the State and federal mental health parity laws. With this report the legislature can consider how they can best participate in assuring appropriate care is available for patients needing it.

Accordingly, Kaiser supports requesting the legislative auditor to conduct a social and financial impact assessment report pursuant to Sections 23-51 and 23-52 of the Hawaii Revised Statutes.

Thank you for your consideration.

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

Joint Public Hearing – Wednesday, March 21, 2018  
State Capitol, 415 South Bertainia Street,  
8:30 a.m., Conference Room 329

Chris Ferguson  
[cwferg33@hawaii.edu](mailto:cwferg33@hawaii.edu)

Monday 19, 2018

**Support of HCR24**, REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS IN HAWAII TO PROVIDE COVERAGE FOR TREATMENT FOR OPIOID DEPENDENCE.

I am writing in strong support of HCR24

As a graduate student of Social Work at UH Manoa and a crisis counselor who works with individuals with drug and alcohol issues, I have seen the impacts of what widespread drug use, including opioids, can do to individuals, the community, and to society in general. I see individuals struggle with their addictions and it often leads them down a path of self-destruction which has a great impact on their lives. This can often lead to loss of employment, family disruption such as domestic violence, crime, and homelessness. Many of these individuals do not have the means to pay for drug treatment which leaves them with little to no options. This monetary issue is one of the barriers that is mentioned directly in the bill. To have insurance companies cover some of the costs to assist in the treatment of these unfortunate individuals would make a great difference. Please pass this bill so that individuals with addiction issues and do not have the means to pay for it can get the help they need and once again become productive members of our community.

Thank you for your time and the opportunity to submit testimony

Sincerely,

Chris Ferguson

Graduate Student

Myron B. Thompson School of Social Work

University of Hawaii at Manoa

[cwferg33@hawaii.edu](mailto:cwferg33@hawaii.edu)

**HCR-24**

Submitted on: 3/19/2018 4:50:52 PM

Testimony for HHS on 3/21/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Christopher Tipton	Individual	Support	No

Comments:

I support the teaching of this simple maneuver to reduce the risk of car-bike incidents.

**HCR-24**

Submitted on: 3/20/2018 11:37:18 PM

Testimony for HHS on 3/21/2018 8:30:00 AM

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

Comments: