
A BILL FOR AN ACT

RELATING TO OPIOID ANTAGONISTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that the nationwide
2 opioid epidemic continues to result in an alarming number of
3 opioid overdose deaths. According to the Centers for Disease
4 Control and Prevention, opioid overdose fatalities have
5 increased from 53,000 in 2015 to 64,000 in 2016. Unintentional
6 drug poisonings, commonly referred to as drug overdoses, are one
7 of the leading causes of injury-related mortality in Hawaii.
8 Furthermore, an average of four hundred non-fatal overdoses
9 occur in Hawaii per year, and opioid related overdoses resulted
10 in about \$9,800,000 in hospital costs in 2016.

11 The legislature further finds that deaths caused by opioids
12 are often preventable via timely administration of an opioid
13 antagonist, such as naloxone. Studies have found that providing
14 opioid overdose training and naloxone kits can help people
15 identify signs of an opioid-related drug overdose and can help
16 reduce opioid overdose mortality. Thus, there is a need for
17 increased public access to health care professionals who can



1 safely provide naloxone and related education about the risks of
2 opioid misuse.

3 The legislature also finds that pharmacists are well
4 situated to provide education and access to naloxone and assist
5 with the prevention and health care burden of addressing opioid
6 overdose in Hawaii. A good example of how pharmacists can
7 positively impact the overall public health continuum and reduce
8 health care costs is seen with pharmacists providing
9 immunizations. Pharmacists now immunize more patients than any
10 other group of health care professionals, and immunization rates
11 have grown, reducing disease and morbidity in the overall
12 population.

13 The legislature notes that there is significant precedent
14 in Hawaii law that supports expanded access to opioid
15 antagonists and the role of registered pharmacists in the
16 administration, dispensing, and prescription of opioid
17 antagonists, such as in Act 66, Session Laws of Hawaii 2017, Act
18 68, Session Laws of Hawaii 2016, and Act 217, Session Laws of
19 Hawaii 2015.

20 Accordingly, the purpose of this Act is to expand the scope
21 of registered pharmacists' practices by allowing registered



1 pharmacists to prescribe, dispense, and provide related
2 education of opioid antagonists without the need for a written,
3 approved collaborative agreement.

4 SECTION 2. Chapter 461, Hawaii Revised Statutes, is
5 amended by adding a new section to be appropriately designated
6 and to read as follows:

7 "§461- Opioid antagonist; authority to prescribe and
8 dispense; requirements. (a) A pharmacist may prescribe and
9 dispense an opioid antagonist to an individual who is at risk
10 for an opioid overdose or a family member or caregiver of an
11 individual who is at risk of an opioid overdose regardless of
12 whether the individual has evidence of a previous prescription
13 for an opioid antagonist from a practitioner authorized to
14 prescribe opioids. The opioid antagonist prescribed and
15 dispensed for a family member or caregiver of an individual who
16 is at risk for an opioid overdose may be prescribed and
17 dispensed in the name of the individual who is requesting the
18 opioid antagonist or who is an "Opioid Antagonist Recipient" or
19 "OAR".

20 (b) A pharmacist who prescribes and dispenses opioid
21 antagonists pursuant to subsection (a) shall:



- 1 (1) Complete a training program related to prescribing
- 2 opioid antagonists that is approved by the
- 3 Accreditation Council for Pharmacy Education (ACPE), a
- 4 curriculum-based program from an ACPE-accredited
- 5 college of pharmacy, a state or local health
- 6 department program, or a program recognized by the
- 7 board;
- 8 (2) Provide the individual who is receiving the opioid
- 9 antagonist with information and written educational
- 10 material on risk factors of opioid overdose, signs of
- 11 an overdose, overdose response steps, and the use of
- 12 the opioid antagonist; and
- 13 (3) Dispense the opioid antagonist to the individual who
- 14 is at risk for an opioid overdose, family member, or
- 15 caregiver as soon as practicable after the pharmacist
- 16 issues the prescription."

17 SECTION 3. Section 461-1, Hawaii Revised Statutes, is
 18 amended as follows:

19 1. By adding two new definitions to be appropriately
 20 inserted and to read:



1 "Caregiver" means an individual who has an established
2 personal or professional relationship with the individual at
3 risk for an opioid overdose.

4 "Family member" means an individual who can provide
5 assistance and is related to the individual at risk for an
6 opioid overdose."

7 2. By amending the definition of "practice of pharmacy" to
8 read:

9 "Practice of pharmacy" means:

- 10 (1) The interpretation and evaluation of prescription
- 11 orders; the compounding, dispensing, and labeling of
- 12 drugs and devices (except labeling by a manufacturer,
- 13 packer, or distributor of nonprescription drugs and
- 14 commercially legend drugs and devices); the
- 15 participation in drug selection and drug utilization
- 16 reviews; the proper and safe storage of drugs and
- 17 devices and the maintenance of proper records
- 18 therefor; the responsibility for advising when
- 19 necessary or where regulated, of therapeutic values,
- 20 content, hazards, and use of drugs and devices;



- 1 (2) Performing the following procedures or functions as
2 part of the care provided by and in concurrence with a
3 "health care facility" and "health care service" as
4 defined in section 323D-2, or a "pharmacy" or a
5 licensed physician or a licensed advanced practice
6 registered nurse with prescriptive authority, or a
7 "managed care plan" as defined in section 432E-1, in
8 accordance with policies, procedures, or protocols
9 developed collaboratively by health professionals,
10 including physicians and surgeons, pharmacists, and
11 registered nurses, and for which a pharmacist has
12 received appropriate training required by these
13 policies, procedures, or protocols:
- 14 (A) Ordering or performing routine drug therapy
15 related patient assessment procedures;
- 16 (B) Ordering drug therapy related laboratory tests;
- 17 (C) Initiating emergency contraception oral drug
18 therapy in accordance with a written
19 collaborative agreement approved by the board,
20 between a licensed physician or advanced practice
21 registered nurse with prescriptive authority and



1 a pharmacist who has received appropriate
2 training that includes programs approved by the
3 [~~American~~] Accreditation Council [~~of~~
4 ~~Pharmaceutical~~] for Pharmacy Education (ACPE),
5 curriculum-based programs from an ACPE-accredited
6 college of pharmacy, state or local health
7 department programs, or programs recognized by
8 the board of pharmacy;

9 (D) Administering drugs orally, topically, by
10 intranasal delivery, or by injection, pursuant to
11 the order of the patient's licensed physician or
12 advanced practice registered nurse with
13 prescriptive authority, by a pharmacist having
14 appropriate training that includes programs
15 approved by the ACPE, curriculum-based programs
16 from an ACPE-accredited college of pharmacy,
17 state or local health department programs, or
18 programs recognized by the board of pharmacy;

19 (E) Administering:

20 (i) Immunizations orally, by injection, or by
21 intranasal delivery, to persons eighteen



1 years of age or older by a pharmacist having
2 appropriate training that includes programs
3 approved by the ACPE, curriculum-based
4 programs from an ACPE-accredited college of
5 pharmacy, state or local health department
6 programs, or programs recognized by the
7 board of pharmacy;

8 (ii) Vaccines to persons between fourteen and
9 seventeen years of age pursuant to section
10 461-11.4; and

11 (iii) Human papillomavirus, Tdap (tetanus,
12 diphtheria, pertussis), meningococcal, and
13 influenza vaccines to persons between eleven
14 and seventeen years of age pursuant to
15 section 461-11.4;

16 (F) As authorized by the written instructions of a
17 licensed physician or advanced practice
18 registered nurse with prescriptive authority,
19 initiating or adjusting the drug regimen of a
20 patient pursuant to an order or authorization
21 made by the patient's licensed physician or



1 advanced practice registered nurse with
2 prescriptive authority and related to the
3 condition for which the patient has been seen by
4 the licensed physician or advanced practice
5 registered nurse with prescriptive authority;
6 provided that the pharmacist shall issue written
7 notification to the patient's licensed physician
8 or advanced practice registered nurse with
9 prescriptive authority or enter the appropriate
10 information in an electronic patient record
11 system shared by the licensed physician or
12 advanced practice registered nurse with
13 prescriptive authority, within twenty-four hours;

14 (G) Transmitting a valid prescription to another
15 pharmacist for the purpose of filling or
16 dispensing;

17 (H) Providing consultation, information, or education
18 to patients and health care professionals based
19 on the pharmacist's training and for which no
20 other licensure is required; or



1 (I) ~~[Dispensing an opioid antagonist in accordance~~
 2 ~~with a written collaborative agreement approved~~
 3 ~~by the board, between a licensed physician and a~~
 4 ~~pharmacist who has received appropriate training~~
 5 ~~that includes programs approved by the ACPE,~~
 6 ~~curriculum-based programs from an ACPE accredited~~
 7 ~~college of pharmacy, state or local health~~
 8 ~~department programs, or programs recognized by~~
 9 ~~the board,]~~ Prescribing and dispensing an opioid
 10 antagonist pursuant to section 461- ;

11 (3) The offering or performing of those acts, services,
 12 operations, or transactions necessary in the conduct,
 13 operation, management, and control of pharmacy; and

14 (4) Prescribing and dispensing contraceptive supplies
 15 pursuant to section 461-11.6."

16 SECTION 4. Section 328-16, Hawaii Revised Statutes, is
 17 amended as follows:

18 1. By amending subsections (a) to (c) to read:

19 "(a) A prescription drug shall be dispensed only if its
 20 label bears the following:



- 1 (1) The name, business address, and telephone number of
2 the seller. The business address shall be the
3 physical location of the pharmacy or the dispensing
4 practitioner's office;
- 5 (2) Except as otherwise authorized for expedited partner
6 therapy in section 453-52 [7] or an opioid antagonist
7 in section 461- , the name of the person for whom the
8 drug was prescribed or the name of the owner of the
9 animal for which the drug was prescribed;
- 10 (3) The serial number of the prescription;
- 11 (4) The date the prescription was prepared;
- 12 (5) The name of the practitioner if the seller is not the
13 practitioner;
- 14 (6) The name, strength, and quantity of the drug;
- 15 (7) The "use by" date for the drug, which shall be:
- 16 (A) The expiration date on the manufacturer's
17 container; or
- 18 (B) One year from the date the drug is dispensed,
19 whichever is earlier;
- 20 (8) The number of refills available, if any;



- 1 (9) In the case of the dispensing of an equivalent generic
2 drug product, the statement "same as (brand name of
3 the drug product prescribed or the referenced listed
4 drug name)", or words of similar meaning;
- 5 (10) In the case of the dispensing of an interchangeable
6 biological product, the statement "interchangeable
7 with (brand name of the biological product prescribed
8 or the referenced biological drug name)", or words of
9 similar meaning; and
- 10 (11) Specific directions for the drug's use; provided that
11 if the specific directions for use are too lengthy for
12 inclusion on the label, the notation "take according
13 to written instructions" may be used if separate
14 written instructions for use are actually issued with
15 the drug by the practitioner or the pharmacist, but in
16 no event shall the notation "take as directed",
17 referring to oral instructions, be considered
18 acceptable.
- 19 If any prescription for a drug does not indicate the number of
20 times it may be refilled, if any, the pharmacist shall not
21 refill that prescription unless subsequently authorized to do so



1 by the practitioner. The act of dispensing a prescription drug
2 other than a professional sample or medical oxygen contrary to
3 this subsection shall be deemed to be an act that results in a
4 drug being misbranded while held for sale.

5 (b) In addition to the requirements enumerated in
6 subsection (a), a prescription drug shall be dispensed only:

7 (1) By a pharmacist pursuant to a valid prescription~~[7]~~ or
8 section 461-1, 461-___, or ~~[section]~~ 453-52;

9 (2) By a medical oxygen distributor pursuant to a
10 prescription or certificate of medical necessity;
11 provided that the drug to be dispensed is medical
12 oxygen; or

13 (3) By a practitioner to an ultimate user; provided that:

14 (A) Except as otherwise authorized for expedited
15 partner therapy in section 453-52, the
16 practitioner shall inform the patient, prior to
17 dispensing any drug other than a professional
18 sample, that the patient may have a written,
19 orally ordered, or electronically transmitted or
20 conveyed prescription directed to a pharmacy or a



1 medical oxygen distributor of the patient's own
2 choice;

3 (B) The practitioner shall promptly record in the
4 practitioner's records:

5 (i) The prescription in full;

6 (ii) The name, strength, and quantity of the
7 drug, and specific directions for the drug's
8 use;

9 (iii) The date the drug was dispensed;

10 (iv) Except as otherwise authorized for expedited
11 partner therapy in section 453-52 [7] or for
12 an opioid antagonist in section 461- , the
13 name and address of the person for whom the
14 drug was prescribed or the name of the owner
15 of the animal for which the drug was
16 prescribed; and

17 (v) Prescription drugs dispensed or prescribed
18 for expedited partner therapy as authorized
19 under section 453-52 [7] or for an opioid
20 antagonist in section 461- ;



1 (C) The records described in subparagraph (B) shall
2 be subject to the inspection of the department or
3 its agents at all times; and

4 (D) No undisclosed rebate, refund, commission,
5 preference, discount, or other consideration,
6 whether in the form of money or otherwise, has
7 been offered to the practitioner as compensation
8 or inducement to dispense or prescribe any
9 specific drug in preference to other drugs that
10 might be used for the identical therapeutic
11 indication.

12 (c) A prescription may be communicated in writing, orally,
13 or by electronic transmission, and shall include the following
14 information:

15 (1) The authorization of the practitioner noted as
16 follows:

17 (A) Written prescriptions shall include the original
18 signature of the practitioner;

19 (B) Oral prescriptions shall be promptly recorded by
20 the pharmacist or medical oxygen distributor and



1 shall include the practitioner's oral code
2 designation; and

3 (C) Electronic prescriptions shall be irrefutably
4 traceable to the prescribing practitioner by a
5 recognizable and unique practitioner identifier
6 such as:

7 (i) A bitmap or graphic image of the
8 prescriber's handwritten signature and the
9 prescriber's oral code designation (or
10 license number or other identifier if the
11 prescriber is an out-of-state practitioner);

12 (ii) An electronic signature;

13 (iii) A digital signature; or

14 (iv) By other means as approved by the director;

15 (2) The date of issuance;

16 (3) The practitioner's name, business telephone number,
17 and business address, unless the practitioner is
18 otherwise uniquely identified and the pharmacy or
19 medical oxygen distributor dispensing the prescription
20 has the prescriber's contact information on file
21 accessible within the dispensing area;



- 1 (4) The name, strength, and quantity of the drug to be
2 dispensed, and specific directions for the drug's use;
- 3 (5) Except as otherwise authorized for expedited partner
4 therapy in section 453-52[7] or for an opioid
5 antagonist in section 461- , the name and address of
6 the person for whom the prescription was written or
7 the name of the owner of the animal for which the drug
8 was prescribed, unless the pharmacy or medical oxygen
9 distributor dispensing the prescription has the
10 address on file accessible within the dispensing area;
- 11 (6) The room number and route of administration, if the
12 patient is in an institutional facility; and
- 13 (7) The number of allowable refills, if the prescription
14 is refillable. If the number of refills authorized by
15 the practitioner is indicated using the terms "as
16 needed" or "prn", the prescription may be refilled up
17 to twelve months from the date the original
18 prescription was written. After the twelve-month
19 period, the "as needed" or "prn" prescription may be
20 refilled for a subsequent three-month period;
21 provided:



- 1 (A) The prescription is refilled only once during the
- 2 three-month period;
- 3 (B) The refill does not exceed a thirty-day supply of
- 4 the drug;
- 5 (C) The refill does not provide any amount of the
- 6 drug fifteen months beyond the date the original
- 7 prescription was written;
- 8 (D) In the case of medical oxygen, the duration of
- 9 therapy indicated on a certificate of medical
- 10 necessity shall supersede any limitations or
- 11 restrictions on refilling; and
- 12 (E) Subparagraphs (A) to (D) shall apply only to
- 13 pharmacies and medical oxygen distributors
- 14 practicing in the State."

15 2. By amending subsection (g) to read:

16 "(g) Any drug other than medical oxygen dispensed pursuant
17 to a prescription shall be exempt from the requirements of
18 section 328-15 (except paragraphs (1), (9), (11), and (12), and
19 the packaging requirements of paragraphs (7) and (8)), if the
20 drug bears a label containing:

- 21 (1) The name and address of the pharmacy;



1 (2) The serial number and the date of the prescription or
2 of its filling;

3 (3) The name of the practitioner;

4 (4) Except as otherwise authorized for expedited partner
5 therapy in section 453-52[7] or for an opioid
6 antagonist in section 461- , the name of the patient;

7 (5) The directions for use; and

8 (6) Any cautionary statements contained in the
9 prescription.

10 This exemption shall not apply to any drug dispensed in the
11 course of the conduct of a business of dispensing drugs pursuant
12 to diagnosis by mail, or to a drug dispensed in violation of
13 subsection (a), (b), (c), or (d)."

14 SECTION 5. Section 328-17.6, Hawaii Revised Statutes, is
15 amended as follows:

16 1. By amending subsections (c) and (d) to read:

17 "(c) Any pharmacist or medical oxygen distributor who
18 fills or refills a prescription from an out-of-state
19 practitioner shall:



- 1 (1) Note the following on the prescription record: the
2 out-of-state practitioner's full name, address, and
3 telephone number;
- 4 (2) Be responsible for validating and verifying the
5 practitioner's prescriptive authority by virtue of a
6 valid out-of-state license, a Drug Enforcement
7 Administration registration number, or other measures
8 as appropriate; and
- 9 (3) Except as otherwise authorized for expedited partner
10 therapy in section 453-52 [7] or for an opioid
11 antagonist in section 461- , demand proper
12 identification from the person whose name appears on
13 the prescription prior to filling the prescription, in
14 addition to complying with any identification
15 procedures established by the department for filling
16 and refilling an out-of-state prescription.
- 17 (d) Before refilling a transferred out-of-state
18 prescription, a pharmacist or medical oxygen distributor shall:
- 19 (1) Except as otherwise authorized for expedited partner
20 therapy in section 453-52 [7] or for an opioid
21 antagonist in section 461- , advise the person whose



1 name appears on the prescription that the prescription
2 on file at the originating out-of-state pharmacy or
3 medical oxygen distributor may be canceled; and

4 (2) Record all information required to be on a
5 prescription, including:

6 (A) The date of issuance of the original
7 prescription;

8 (B) The number of refills authorized on the original
9 prescription;

10 (C) The date the original prescription was dispensed;

11 (D) The number of valid refills remaining and the
12 date of the last refill;

13 (E) The out-of-state pharmacy's or out-of-state
14 medical oxygen distributor's name, telephone
15 number, and address, and the original
16 prescription number or control number from which
17 the prescription information was transferred; and

18 (F) The name of the transferor pharmacist or the
19 medical oxygen distributor's agent."

20 2. By amending subsection (f) to read:



1 "(f) An out-of-state prescription record shall state the
2 date of filling or refilling and, except as otherwise authorized
3 for expedited partner therapy in section 453-52[7] or for an
4 opioid antagonist in section 461- , the local address of the
5 person whose name appears on the prescription."

6 SECTION 6. Section 328-17.7, Hawaii Revised Statutes, is
7 amended by amending subsection (a) to read as follows:

8 "(a) Every practitioner, pharmacist, or medical oxygen
9 distributor who compounds, sells, or delivers any prescribed
10 drug to a patient or a patient's agent shall maintain records
11 that identify:

- 12 (1) The specific drug product dispensed, including:
 - 13 (A) The product's national drug code (NDC) number; or
 - 14 (B) The brand name or the established name and the
 - 15 name or commonly accepted abbreviation of the
 - 16 principal labeler of the drug product dispensed,
 - 17 the product strength, and the dosage form;
- 18 (2) The quantity of the drug;
- 19 (3) Directions for use;
- 20 (4) The number of allowable refills;



- 1 (5) The date of initial dispensing and the dates of all
- 2 refilling;
- 3 (6) The date of any transfer of the prescription;
- 4 (7) The name, business address, and telephone number of
- 5 the recipient pharmacist or medical oxygen distributor
- 6 for any transfer of prescription;
- 7 (8) The prescribing practitioner, including name, business
- 8 address, and telephone number;
- 9 (9) The format (oral, written, or electronic) in which the
- 10 prescription was received;
- 11 (10) Except as otherwise authorized for expedited partner
- 12 therapy in section 453-52[7] or for an opioid
- 13 antagonist in section 461- , the patient, including
- 14 name, address, and telephone number;
- 15 (11) The date of prescribing; and
- 16 (12) The name of the practitioner, pharmacist, or medical
- 17 oxygen distributor dispensing the drug.

18 Every prescription dispensed shall have the name of the
 19 pharmacist, dispensing practitioner, or medical oxygen
 20 distributor responsible for the dispensing appended to the
 21 prescription record, and every prescription record shall be



1 preserved and legible for a period of not less than five years.
2 The prescription records shall be subject at all times to the
3 inspection of the director of health or the director's agent."

4 SECTION 7. Statutory material to be repealed is bracketed
5 and stricken. New statutory material is underscored.

6 SECTION 8. This Act shall take effect on July 1, 2050.



Report Title:

Opioid Antagonists; Prescriptions; Dispensing; Pharmacists

Description:

Authorizes pharmacists to prescribe, dispense, and provide related education on opioid antagonists to individuals at risk of opioid overdose and to family members and caregivers of individuals at risk of opioid overdose without the need for a written, approved collaborative agreement; subject to certain conditions. (SB2247 HD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.



**PRESENTATION OF THE
BOARD OF PHARMACY**

TO THE HOUSE COMMITTEE ON
CONSUMER PROTECTION AND COMMERCE

TWENTY-NINTH LEGISLATURE
Regular Session of 2018

Wednesday, March 28, 2018
2:00 p.m.

**TESTIMONY ON SENATE BILL NO. 2247, S.D. 1, H.D. 1, RELATING TO OPIOID
ANTAGONISTS.**

TO THE HONORABLE ROY M. TAKUMI, CHAIR, AND MEMBERS OF THE
COMMITTEE:

My name is Lee Ann Teshima, and I am the Executive Officer for the Board of Pharmacy (“Board”). Thank you for the opportunity to testify in support of S.B. 2247, S.D. 1, H.D. 1, Relating to Opioid Antagonists.

This bill authorizes pharmacists to “prescribe and dispense” an opioid antagonist to opioid patients, as well as family members and caregivers of opioid patients.

According to the National Association of Boards of Pharmacy’s 2018 Survey of Pharmacy Law, ten states (Alabama, Connecticut, Idaho, Maryland, Nevada, New Mexico, North Dakota, Oregon, Vermont, and Wyoming), allow pharmacists to prescribe naloxone, an opioid antagonist. Another thirteen states allow pharmacists to prescribe naloxone through a collaborative practice agreement, protocol, or standing order.

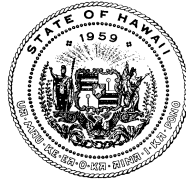
Allowing Hawaii pharmacists to prescribe and dispense an opioid antagonist without a collaborative practice agreement, protocol, or standing order to an individual who may be at risk of an opioid overdose, or to a family member or caregiver of the individual, can save lives. Pharmacists who complete a nationally accredited course related to prescribing an opioid antagonist should be allowed to help with the opioid epidemic by ensuring that opioid antagonists are available and accessible to

Senate Bill No. 2247, S.D. 1, H.D. 1
March 28, 2018
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individuals at risk of an opioid overdose, as well as family members and caregivers of opioid patients.

This bill would allow pharmacists to better serve their communities by providing access to opioid antagonists without unnecessary or burdensome requirements that could potentially affect patient safety.

Thank you for the opportunity to testify in support of S.B. 2247, S.D. 1, H.D. 1.



STATE OF HAWAII
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**Testimony in SUPPORT of SB 2247 HD 1
RELATING TO HEALTH**

REPRESENTATIVE ROY M. TAKUMI, CHAIR
HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Hearing Date: March 28, 2018

Room Number: 329

1 **Fiscal Implications:** None.

2 **Department Testimony:** The Department of Health (DOH) strongly supports SB 2247 HD 1,
3 which expands the scope of registered pharmacists' practices by allowing registered pharmacists
4 to prescribe, dispense, and provide related education of opioid antagonists without the need for a
5 written, approved collaborative agreement. The DOH also defers to the Board of Pharmacy of
6 the Department of Commerce and Consumer Affairs on the regulation and implementation of the
7 proposed requirements under HRS Chapter 461.

8 The DOH is greatly appreciative to the sponsors of this bill for emphasizing the need to
9 build upon the significant precedent in Hawaii law that supports expanded access to opioid
10 antagonists combined with the role of registered pharmacists as the primary point of contact for
11 those who need opioid and other narcotic prescriptions is necessary to help prevent opioid abuse,
12 misuse and overdose. Opioid antagonists are an important tool for the community to combat
13 opioid overdose and overdose fatalities. According to the Hawaii Opioid Action Plan
14 (December 2017), there is an average of nearly 400 nonfatal overdose incidents each year, nearly
15 half of which require hospitalization. Each opioid-related overdose costs an average of \$4,050
16 per emergency department visit in Hawaii, and about \$40,100 for each hospitalization.

17 This measure also allows the Hawaii Opioid and Substance Misuse Initiative to
18 accomplish the following objectives of the Hawaii Opioid Action Plan that pertain to prevention
19 and pharmacy-based interventions:

- 1 • Objective 4-1: “By April 2018, launch a public awareness campaign that includes
2 a website and collateral material to increase awareness of opioid issues, risks and
3 centralize resources in Hawaii;”
- 4 • Objective 5-1b: “By July 2019, modify Hawaii Revised Statutes to allow
5 pharmacists prescriptive authority to prescribe naloxone to patients and
6 community members to increase access to life-saving medication;”
- 7 • Objective 5-2: “By June 2018, provide continuing education presentation on
8 pharmacist role in screening for risk for patients with opioid prescriptions;” and
- 9 • Objective 5-3: “By October 2018, develop naloxone training program for
10 pharmacists.”

11 Thank you for the opportunity to testify on this measure.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Consumer Protection & Commerce
March 28, 2018 at 2:00 p.m.

By
Carolyn Ma, PharmD, BCOP
Dean
UH Hilo Daniel K. Inouye College of Pharmacy

SB 2247 SD1 HD1 – RELATING TO OPIOID ANTAGONISTS

Chair Takumi, Vice Chair Ichiyama, and members of the Committee:

My name is Carolyn Ma, and I am the Dean for the Daniel K. Inouye College of Pharmacy (DKICP). As the designated lead for UH Hilo and on behalf of Interim Chancellor Dr. Marcia Sakai, we fully support the SD1 HD1 version of the bill that will authorize pharmacists to prescribe and dispense an opioid antagonist to patients, family members and caregivers of patients who take opioids.

Pharmacists, regardless of type of practice, have extensive education and professional involvement with opioid use and abuse. A strong knowledge base regarding optimal pain management, including the use of opioids, has been an ongoing portion of our curriculum since the inception of the DKICP in 2007. All U.S. accredited colleges of pharmacy more than adequately prepare student pharmacists in courses related to this area of pharmacology and therapeutic practice.

Table 1 addresses the year of curriculum and course title that, in a recent request by the Hawai'i State Dept. of Health, outlines our curriculum based on six objectives related to opioids. The table further divides the curriculum into didactic and clinical experiential coursework. The DKICP currently provides 19 hours in didactic teaching on the subject area. Dedicated experiential hours will vary upon the practice site, the individual pharmacist preceptor as well as consideration to the specialty area. For instance, an oncology (cancer) or critical care rotation would contain much more exposure to pain management care as opposed to an ambulatory primary care clinic rotation.

This information details our current state of curriculum. In response to the recent change in HAR 461, "pharmacists to dispense an opioid antagonist in accordance with a written collaborative agreement", the DKICP plans to create a pharmacist certificate program for academic year 2018-2019. The course called "Planned Improvements to Pain Management/Opioid Related Education" will address the specifics of naloxone prescribing and dispensing.

Thank you for this opportunity to testify and support SB 2247 SD1 HD1.

TABLE 1. Coursework Relative to DOH Objectives

| Program Year | PharmD. Curriculum Course Title | Approx hours of instruction | DOH Objectives** | | | | | |
|--------------------------------|--|-----------------------------|------------------|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 | 6 |
| DIDACTIC CURRICULUM | | | | | | | | |
| 1 | Self Care I | 2 | | x | | | | |
| 2 | Pharmacy Law and Ethics | 2 | | | X | | | x |
| 3 | Integrated Therapeutics III | 5 | x | X | X | x | x | |
| 3 | Complementary Medicine | 3 | | x | | | | |
| 3 | Basic & Applied Toxicology | 7 | | | x | | X | |
| | Total Didactic Hours | 19 | | | | | | |
| EXPERIENTIAL CURRICULUM | | | | | | | | |
| 1 | IPPE: Community/Retail Pharmacy | 160* | | X | | | x | x |
| 2 | IPPE: Hospital | 80* | x | X | X | x | x | |
| 4 | APPE : Ambulatory | 240* | | | | | | |
| 4 | APPE : Community/Retail | 240* | | | | | x | x |
| 4 | APPE: Medicine, Acute Care | 240* | x | x | x | X | | |
| 4 | APPE: Hospital Pharmacy | 240* | X | X | | | | |
| 4 | APPE: ELECTIVE - Narcotics Enforcement Agency | 240* | | | | | | X |
| | *Hours include other content. Amount of student exposure to opioid-related issues may vary from rotation and preceptor/faculty | | | | | | | |
| | ** Objectives Per DOH: | | | | | | | |
| | 1. Prescribing guidance for opioid naïve patients who develop acute pain | | | | | | | |
| | 2. Appropriate use and alternatives to opioids for chronic pain | | | | | | | |
| | 3. Identifying and treating opioid dependence | | | | | | | |
| | 4. Appropriate use and alternatives to opioids for operative procedures and post-operative care | | | | | | | |
| | 5. Use of informed consent in opioid prescribing | | | | | | | |
| | 6. Use of prescription drug monitoring program (PDMP) database in opioid prescribing | | | | | | | |

Testimony for Public Hearing
by CPC
March 28, 2018, 2:00pm

Jhoana Gonzales
2056 Kaumana Dr
Hilo HI 96720

S.B. No. 2247 SD1 HD1 – RELATING TO OPIOID ANTAGONISTS

Good Afternoon. My name is Jhoana Gonzales and I am a Student Pharmacist at the UHH Daniel K. Inouye College of Pharmacy. I am also the current Generation Rx Chair for the National Community Pharmacist Association-Hawaii Chapter and the International Vice President for the American Pharmacists Association – Academy of Student Pharmacists, Hawaii Chapter. Our chapter has been very active in providing education and screening on chronic diseases that affect Hawaii today, but we want to do more.

I recently came from an APhA-ASP Conference at Nashville, Tennessee where I met and interacted with students from all over the United States about their patient care projects to tackle the opioid epidemic in their states. Chapters have been going out into the community and educating on the proper use of opioid antagonists, such as Naloxone. It inspired me to take on the same initiative here in the Big Island and Hawaii because we all know that the epidemic is happening here as well. In order to combat this growing problem, it starts with education and just like an army, we need to be trained in the administration of opioid antagonists.

Pharmacists are the most accessible healthcare providers in the community. This bill will enable us to provide the necessary education on opioid antagonists to individuals at risk and family members, and caregivers of patients at risk of opioid overdose. The opportunity for student pharmacists to go out into the community to educate on opioid overdose and the use of Naloxone will give our beloved State of Hawaii an advantage against this epidemic.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink that reads "Jhoana Gonzales". The signature is written in a cursive, flowing style.

Jhoana Gonzales

SB-2247-HD-1

Submitted on: 3/27/2018 6:57:32 AM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---|---------------------------|---------------------------|
| Thu Nguyen | Daniel K. Inouye College of Pharmacy | Support | No |

Comments:

To the Honorable: Chair Takumi, Vice Chair Ichiyama, and Members of the Committee on Consumer Protection and Commerce.

I am a student pharmacist and writing to offer strong support for SB 2247 SD1 HD1 with respectful recommendations to focus this initial effort, as proposed in this measure, on authorizing pharmacists to prescribe opioid antagonists. Thank you for the opportunity to testify.

Sincerely,
Thu Nguyen
Student Pharmacist, Class of 2019
The Daniel K. Inouye College of Pharmacy
University of Hawai'i at Hilo
thutn@hawaii.edu | (408) 726-2094



An Independent Licensee of the Blue Cross and Blue Shield Association

March 28, 2018

The Honorable Roy M. Takumi, Chair
The Honorable Linda Ichiyama, Vice Chair
House Committee on Consumer Protection and Commerce

Re: SB 2247, SD1, HD1 – Relating to Opioid Antagonists

Dear Chair Takumi, Vice Chair Ichiyama, and Members of the Committee:

The Hawaii Medical Association (HMSA) appreciates the opportunity to testify on SB 2247, SD1, HD1 which authorizes pharmacists to prescribe, dispense, and provide related education on opioid antagonists to individuals at risk of opioid overdose and to family members and caregivers of individuals at risk of opioid overdose without the need for a written, approved collaborative agreement; subject to certain conditions. We **support** SB 2247, SD1, HD1 but, **would respectfully ask the Committee to consider the following comments and amendments.**

We suggest amending subsection 2(b) by reinserting language that appeared in the original SB 2247 (2(b)3), that requires the pharmacist to notify the practitioner who authorized the original opioid prescription that an opioid antagonist was prescribed and dispensed by the pharmacy:

The pharmacist shall notify the practitioner who authorized the original opioid prescription that an opioid antagonist was prescribed and dispensed by the pharmacy.

Please note that we appreciate the intent of this measure to expand access to opioid antagonists, and our comments are provided in the interest of making sure our members and their dependents receive the safest and most effective medical services possible. That being said, we do ask the Committee to understand that the bill does not require a collaborative agreement between a pharmacist and a physician in order to ensure relevant information about a patient's medical history is taken into consideration for this type of prescription.

We also request that the Committee consider including a three-year sunset date for this proposed program.

Thank you for allowing us to testify on SB 2247, SD1, HD1.

Sincerely,

Jennifer Diesman
Senior Vice-President-Government Relations

SB-2247-HD-1

Submitted on: 3/25/2018 5:11:23 PM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|-----------------|--------------------------------|--------------------|--------------------|
| Patrick Uyemoto | Hawaii Pharmacists Association | Support | No |

Comments:

The Hawaii Pharmacists Association Strongly Supports SB2247 SD1 HD1

To the Honorable: Representative Roy M. Takumi, Chair, Representative Linda Ichiyama, Vice Chair, and Members of the Committee on Consumer Protection and Commerce

The Hawaii Pharmacists Association **strongly supports** SB2247 SD1 HD1, which will allow pharmacists to prescribe, dispense, and provide related education for an opioid antagonist such as naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

The latest statistics show that an estimated 64,000 drug overdose deaths occurred in 2016. Overdose deaths are now the leading cause of death among young Americans, killing more than HIV, gun violence, or car crashes. Majority of these deaths occurred in Americans younger than 50 years of age and the incidence of drug overdose deaths in younger Americans ages 20 to 30 are steadily increasing.

As a pharmacist, it is distressing to admit that the main culprit for these drug overdose deaths are prescription opioids. Due to their effect on the part of the brain which regulates breathing, opioids in high doses can cause respiratory depression and ultimately death. Fortunately, these deaths are preventable. If a person receives timely administration of an opioid antagonist such as naloxone, the effects of an opioid overdose can be reversed.

Over the past year, the Department of Health has spearheaded the Hawaii Statewide Opioid Initiative. Many state branches and community partners are working together to prevent the opioid epidemic from taking root in Hawaii. Pharmacists are the most accessible community healthcare providers and we believe that by leveraging that accessibility we can help get naloxone to the people who need it most. By supporting SB 2247 SD1 HD1 we hope that public access to naloxone will be expanded exponentially, resulting in a decrease of preventable opioid overdose deaths in our communities.

Thank you for this opportunity to provide testimony on SB 2247 SD1 HD1.

Testimony of
Jonathan Ching
Government Relations Specialist

Before:
House Committee on Consumer Protection & Commerce
The Honorable Roy M. Takumi, Chair
The Honorable Linda Ichiyama, Vice Chair

March 28, 2018
2:00 p.m.
Conference Room 329

Re: SB2247 SD1 HD1, Relating to Opioid Antagonists

Chair Takumi, Vice-Chair Ichiyama, and committee members, thank you for this opportunity to provide testimony on SB2247 SD1 HD1, which expands the scope of registered pharmacists' practices by allowing registered pharmacists to prescribe, dispense, and provide related education of opioid antagonists without the need for a written, approved collaborative agreement.

Kaiser Permanente Hawai'i SUPPORTS SB2247 SD1 HD1, as amended.

Kaiser Permanente Hawai'i unequivocally agrees with the Legislature's finding that deaths caused by opioids are often preventable via timely administration of an opioid antagonist such as naloxone and is firmly committed to empowering health care professionals, such as pharmacists, who can safely provide naloxone and related education about the risks of opioid misuse.

We appreciate the intent of SB2247 SD1 HD1 in seeking to further what the Legislature intended in its passage of Act 68, Session Laws of Hawai'i 2016, which took several steps to reduce opioid-related drug overdoses in the State by encouraging the use of opioid antagonists to assist individuals experiencing or at risk of experiencing an opioid-related drug overdose.

We appreciate the amendments made by the previous committee to clarify the name which the opioid antagonist is to be dispensed to

Thank you for the opportunity to testify on SB2247 SD1 HD1.

SB-2247-HD-1

Submitted on: 3/26/2018 12:19:22 PM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Kevin L. Nakagawa | Times Supermarket | Support | No |

Comments:

SB2247 SD1 HD1 - Relating to opioid antagonists

To the Honorable Representative Roy M. Takumi (Chair), Representative Linda Ichiyama (Vice Chair), and Members of the Committee on Consumer Protection and Commerce

I am a pharmacist practicing at Times Supermarket's Liliha branch. I am writing to offer strong support for SB2247 SD1 HD1, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

In my practice, I come across many patients who exceed the safe maximum daily Milligram Morphine Equivalent (MME) recommendations. Often, this limit is exceeded multi-fold and these patients prescribed such high dosages of opioids are at high risk of overdose death. As a pharmacist, I frequently see these patients have physical and cognitive limitations. It is not unusual for these patients to rely on medical and social support from friends or family. In these situations, I truly feel, that pharmacists are in a unique position to spot high risk situations where naloxone would be appropriate. It is time for Hawaii to be on par to allow pharmacist help in reducing the opioid overdose epidemic.

Thank you for this opportunity to provide testimony on SB2247 SD1 HD1



SB2247 SD1 Pharmacists Prescribe Opioid Antagonists

COMMITTEE ON CONSUMER PROTECTION AND COMMERCE:

- Representative Roy Takumi, Chair; Representative Linda Ichiyama, Vice Chair
- Wednesday, March 28, 2018: 2:00 pm
- Conference Room 329

HAWAII SUBSTANCE ABUSE COALITION (HSAC) Supports SB2247:

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 hui of almost 40 alcohol and drug treatment and prevention agencies.

The Hawaii Opioid Action Plan (Plan), the collaborative gathering of about 150 political, government, insurers and providers, including HSAC members, developed plans that included pharmacists prescribing and dispensing opioid antagonists such as naloxone.

- Naloxone is safe
- Saves lives.
- Following other states, we need it because opioid overdose is the leading cause of accidental deaths in Hawaii.

We came together with so many, accomplishing so much in a short time because we are cognizant of the impending crisis due to Hawaii's opioid misuse and high overdose.

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

SB-2247-HD-1

Submitted on: 3/27/2018 9:00:00 AM

Testimony for CPC on 3/28/2018 2:00:00 PM

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

Comments:

To the Honorable Roy M. Takumi, Chair; the Honorable Linda Ichiyama, Vice-Chair, and Members of the Committee on Consumer Protection & Commerce:

Good afternoon, my name is Melodie Aduja. I serve as Chair of the Oahu County Committee ("OCC") on Legislative Priorities of the Democratic Party of Hawaii. Thank you for the opportunity to provide written testimony on **SB2247 SD1 HD1**, relating to opioid antagonists; prescriptions; dispensing; and pharmacists.

The OCC Legislative Priorities Committee is in favor of **SB2247 SD1 HD1** and support its passage.

SB2247 SD1 HD1, is in alignment with the Platform of the Democratic Party of Hawai'i ("DPH"), 2016, as it authorizes pharmacists to prescribe and dispense an opioid antagonist to patients and to family members and caregivers of opioid patients without the need for a written, approved collaborative agreement.

Specifically, the DPH Platform states, "[w]e also support the establishment of adequate mental health and statewide drug rehabilitation programs set up in conjunction with policing policies aimed at enabling all that seek assistance to obtain whatever support assistance is needed to allow them to remain free of drug dependence. (Platform of the DPH, P. 7, Lines 382-384 (2016)).

Given that **SB2247 SD1 HD1** authorizes pharmacists to prescribe and dispense an opioid antagonist to patients and to family members and caregivers of opioid patients without the need for a written, approved collaborative agreement, it is the position of the OCC on Legislative Priorities to support this measure.

Thank you very much for your kind consideration.

Sincerely yours,

/s/ Melodie Aduja

Melodie Aduja, Chair, OCC on Legislative Priorities

Email: legislativepriorities@gmail.com, Text/Tel.: (808) 258-8889



SanHi

GOVERNMENT STRATEGIES

A LIMITED LIABILITY LAW PARTNERSHIP

DATE: March 27, 2018

TO: Representative Roy Takumi
Chair, House Committee on Consumer Protection and Commerce
Submitted Via Capitol Website

RE: **S.B. 2247, S.D.1, H.D.1, Relating to Opioid Antagonists**
Hearing Date: Wednesday, March 28, 2018 at 2:00 p.m.
Conference Room: 329

Dear Chair Takumi and Members of the Committee on Consumer Protection and Commerce,

We submit this testimony on behalf of Walgreen Co. (“Walgreens”). Walgreens operates stores at more than 8,200 locations in all 50 states, the District of Columbia, and Puerto Rico. In Hawaii, Walgreens now has 19 stores on the islands of Oahu, Maui, and Hawaii.

Walgreens **supports S.B.2247, S.D.1, H.D.1.**, which seeks to allow pharmacists to prescribe and dispense opioid antagonists to patients, family members or caregivers without the need for a written approved collaborative agreement.

Walgreens is committed to comprehensive efforts to combat drug abuse and has supported several measures aimed at helping curb the opioid crisis. We believe that making opioid antagonists widely available and obtainable is one way in which Hawaii can help to address opioid overdoses. Walgreens also notes that Hawaii is one of a handful of states remaining that has not fully operationalized making opioid antagonists available via pharmacies. This measure is a critical step towards addressing this issue.

We are in full support of the current draft of the bill which fixes an implementation issue in prior bill drafts and allows pharmacies to assign the prescription to the person who walks into the pharmacy to receive the opioid antagonist. Thank you for the opportunity to submit testimony regarding this bill.

SB-2247-HD-1

Submitted on: 3/27/2018 1:55:17 PM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|-----------------------------|---------------------------|---------------------------|
| Carl Bergquist | Drug Policy Forum of Hawaii | Support | Yes |

Comments:

The Drug Policy Forum of Hawai'i (DPFHI) **supports** this measure to authorize pharmacists to prescribe opioid antagonists like naloxone to patients, family members and caregivers. In 2016, we applauded the passage and enactment of Act 68, (Session Laws of 2016), which contained provisions related to pharmacists and opioid antagonists. It created immunity for pharmacists who dispense naloxone and other similar drugs, but required the use of a "written collaborative agreement" to make use of this possibility. Unfortunately, such agreements have not proved practical, and that is why we welcome this bill that will make it easier for pharmacists to begin prescribing and dispensing this life-saving medication. [According to CVS Pharmacy, naloxone is available at their pharmacies without a prescription on 41 states](#), but not Longs here in Hawai'i.

Since the enactment of Act 68, naloxone has been made increasingly available around the country and helped save countless lives. Pharmacies have played an important role in different states, dispensing naloxone pursuant to different access models. The model that this bill proposes is a very efficient way to make naloxone as widely available as possible without further delay. It is important that the passage of this bill be accompanied by public education by the Department of Health, the pharmacies and community-based organizations. Finally, we welcome that the term "caregiver" is defined as a person with a "personal relationship" with a patient – this will allow peers with the best knowledge of, and greatest access to, to some of the individuals most at risk, to procure naloxone.

Thank you for the opportunity to testify.



Life Foundation & The CHOW Project

677 Ala Moana Boulevard, Suite 226
Honolulu, HI 96813
(808) 521-2437 | (808) 853-3292



TESTIMONY IN SUPPORT OF SB2247 SD1 HD1: RELATING TO OPIOID ANTAGONISTS

TO: Representative Roy Takumi, Chair; Representative Linda Ichiyama, Vice Chair; House Committee on Consumer Protection and Commerce

FROM: Heather Lusk, Executive Director, CHOW Project

Hearing: Wednesday, March 28, 2018 2:00 PM Conference Room 329, State Capitol

Dear Chair Takumi, Vice Chair Ichiyama, and members of the Committee on Consumer Protection and Commerce

I thank you for this opportunity to testify in **support** of SB 2247 which allows pharmacists to prescribe, dispense, and provide naloxone related education to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

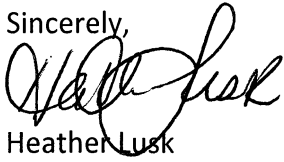
The opioid epidemic continues to plague our nation. According to the Center for Disease Control, opioid overdose fatalities have increased from 33,000 to 53,000 in 2016. Deaths caused by opioids are often preventable via timely administration of an opioid antagonist, such as naloxone. Since the launch of The CHOW Project's naloxone program, just a little over a year ago, there have been over 60 recorded overdose reversals. This is a prime example of the meaningful impact increased public access to naloxone can make.

This highlights the need for increased public access to health care professionals who can safely provide naloxone and related education about the risks of opioids. Pharmacists are the most accessible healthcare professionals and have the potential to drastically reduce the amount of opioid overdose fatalities.

SB 2247 will expand the scope of registered pharmacists' practices by allowing registered pharmacists to prescribe, dispense, and provide related education of opioid antagonists without the need for a written approved collaborative agreement. This action will significantly expand public access to naloxone, ultimately resulting in a decrease of preventable opioid-related deaths occurring in our community.

Thank you for this opportunity to testify in support of SB 2247.

Sincerely,

A handwritten signature in black ink, appearing to read "Heather Lusk". The signature is fluid and cursive, with the first name "Heather" written in a larger, more prominent script than the last name "Lusk".

Heather Lusk

Executive Director

CHOW Project + Life Foundation

SB-2247-HD-1

Submitted on: 3/23/2018 9:33:44 PM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|-------------------------------|---------------------|---------------------------|---------------------------|
| Ronald Taniguchi, Pharm.D. | Individual | Support | No |

Comments:

SB-2247-HD-1

Submitted on: 3/25/2018 2:06:01 PM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|-------------------------------|-------------------------------|
| Hiromi Saito | Individual | Support | No |

Comments:

SB-2247-HD-1

Submitted on: 3/26/2018 9:28:29 AM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Ron Okamura | Individual | Support | No |

Comments:

Expanding access to opioid antagonists through another qualified health care professional, the Pharmacist, will aid in our efforts to help prevent opioid abuse.

Strongly support SB2247 SD1 HD1.

SB-2247-HD-1

Submitted on: 3/26/2018 10:18:08 AM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Aryn You | Individual | Support | No |

Comments:

To the Honorable: Representative Roy M. Takumi (Chair), Representative Linda Ichiyama (Vice Chair), and Members of the Committee on Consumer Protection and Commerce

I am writing to offer **strong support** for SB2247 SD1 HD1, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

There is an opioid epidemic spreading across the Nation. Pharmacists are the most accessible healthcare professionals and have the potential to drastically reduce the amount of opioid overdose fatalities. As experts in medication management, pharmacists already have the skills and knowledge necessary to provide education on opioid antagonists, such as naloxone. By supporting SB2247 SD1 HD1, public access to naloxone will be dramatically expanded, resulting in a decrease of preventable opioid-related deaths occurring in our community.

Thank you for this opportunity to provide testimony on SB2247 SD1 HD1.

SB-2247-HD-1

Submitted on: 3/26/2018 10:46:20 AM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Kerri Okamura | Individual | Support | No |

Comments:

To the Honorable: Representative Roy M. Takumi (Chair), Representative Linda Ichiyama (Vice Chair), and Members of the Committee on Consumer Protection and Commerce

I am writing to offer **strong support** for SB2247 SD1 HD1, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

There is an opioid epidemic spreading across the Nation. Pharmacists are the most accessible healthcare professionals and have the potential to drastically reduce the amount of opioid overdose fatalities. As experts in medication management, pharmacists already have the skills and knowledge necessary to provide education on opioid antagonists, such as naloxone. By supporting SB2247 SD1 HD1, public access to naloxone will be dramatically expanded, resulting in a decrease of preventable opioid-related deaths occurring in our community.

Thank you for this opportunity to provide testimony on SB2247 SD1 HD1.

SB-2247-HD-1

Submitted on: 3/26/2018 11:30:51 AM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Anita E Ciarleglio | Individual | Support | No |

Comments:

Date: March 26, 2018

To: The Honorable Roy M. Takumi, Chair
The Honorable Linda Ichiyama, Vice Chair
Members of the House Committee on Consumer Protection and Commerce

Re: **SUPPORT for SB2247 SD1 HD1**, Relating to Opioid Antagonists
Hrg: March 28, 2018 at 2:00 pm at Conference Room 329

Respected Members of the House Committee on Consumer Protection and Commerce,

I am writing in strong **SUPPORT of SB2247 SD1 HD1** to authorize pharmacists to prescribe and dispense an opioid antagonist to patients and to family members and caregivers of opioid patients without the need for a written, approved collaborative agreement.

The opioid epidemic has taken a great toll nationally and in Hawai'i. Opioid antagonists prevent deaths from opioid overdoses and accidental ingestions. Naloxone, the most commonly available opioid antagonist, can be safely and effectively administered by non-health professionals but currently requires a practitioner's prescription.

Pharmacists are the most accessible health professionals. As part of our education, all pharmacists are trained in the appropriate indications, use and administration of naloxone, as well as in providing patient/care giver education for safe and effective naloxone administration.

Allowing pharmacists to prescribe and dispense naloxone to patients, family members and caregivers of patients taking opioids has been shown to increase the availability of naloxone at the time and place it is required, and to prevent needless deaths.

Passage of this measure will increase public access to naloxone and decrease preventable opioid-related deaths occurring in our community.

I strongly **support SB2247 SD1 HD1** and respectfully ask you to pass this bill out of committee.

Many thanks for your consideration,

Forrest Batz, PharmD
Keaau, HI

SB-2247-HD-1

Submitted on: 3/26/2018 2:23:56 PM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| June Gustina | Individual | Support | No |

Comments:

SB2247 SD1 HD1 - RELATING TO OPIOID ANTAGONISTS

To the Honorable: Representative Roy M. Takumi (Chair), Representative Linda Ichiyama (Vice Chair), and Members of the Committee on Consumer Protection and Commerce

I am writing to offer **strong support** for SB2247 SD1 HD1, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

There is an opioid epidemic spreading across the Nation. Pharmacists are the most accessible healthcare professionals and have the potential to drastically reduce the amount of opioid overdose fatalities. As experts in medication management, pharmacists already have the skills and knowledge necessary to provide education on opioid antagonists, such as naloxone. By supporting SB2247 SD1 HD1, public access to naloxone will be dramatically expanded, resulting in a decrease of preventable opioid-related deaths occurring in our community.

Thank you for this opportunity to provide testimony on SB2247 SD1 HD1.

SB-2247-HD-1

Submitted on: 3/26/2018 4:13:57 PM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|-------------------|--------------|--------------------|--------------------|
| Christine Chikuma | Individual | Support | No |

Comments:

To the Honorable: Representative Roy M. Takumi (Chair), Representative Linda Ichiyama (Vice Chair), and Members of the Committee on Consumer Protection and Commerce

I am writing to offer **strong support** for SB2247 SD1 HD1, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

There is an opioid epidemic spreading across the Nation. Pharmacists are the most accessible healthcare professionals and have the potential to drastically reduce the amount of opioid overdose fatalities. As experts in medication management, pharmacists already have the skills and knowledge necessary to provide education on opioid antagonists, such as naloxone. By supporting SB2247 SD1 HD1, public access to naloxone will be dramatically expanded, resulting in a decrease of preventable opioid-related deaths occurring in our community.

Thank you for this opportunity to provide testimony on SB2247 SD1 HD1.

Sincerely,

Christine Chikuma

SB-2247-HD-1

Submitted on: 3/26/2018 6:59:14 PM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Dalia Bowling | Individual | Support | No |

Comments:

SB2247 SD1 HD1 - RELATING TO OPIOID ANTAGONISTS

To the Honorable: Representative Roy M. Takumi (Chair), Representative Linda Ichiyama (Vice Chair), and Members of the Committee on Consumer Protection and Commerce

I am writing to offer **strong support** for SB2247 SD1 HD1, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

There is an opioid epidemic spreading across the Nation. Pharmacists are the most accessible healthcare professionals and have the potential to drastically reduce the amount of opioid overdose fatalities. As experts in medication management, pharmacists already have the skills and knowledge necessary to provide education on opioid antagonists, such as naloxone. By supporting SB2247 SD1 HD1, public access to naloxone will be dramatically expanded, resulting in a decrease of preventable opioid-related deaths occurring in our community.

Thank you for this opportunity to provide testimony on SB2247 SD1 HD1.

SB-2247-HD-1

Submitted on: 3/26/2018 8:53:41 PM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Clement Tran Tang | Individual | Support | No |

Comments:

To the Honorable: Chair Luke, Chair, Vice Chair Cullen and Members of the Committee on Finance.

I am a "pharmacist". "preceptor" "student pharmacist" and writing to offer strong support for SB 2247 SD1 HD 1 but with respectful recommendations to focus this initial effort, as proposed in this measure, to primary care including advanced practice nursing, medicine, and pharmacy. Thank you for the opportunity to testify.

SB-2247-HD-1

Submitted on: 3/26/2018 9:13:21 PM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Jessica Regpala | Individual | Support | No |

Comments:

SB-2247-HD-1

Submitted on: 3/26/2018 10:23:08 PM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Clifford Agcaoili | Individual | Support | No |

Comments:

To the Honorable: Chair Luke, Chair, Vice Chair Cullen and Members of the Committee on Finance.

I am a "pharmacist". "preceptor" "student pharmacist" and writing to offer strong support for SB 2247 SD1 HD1. Thank you for the opportunity to testify.

SB-2247-HD-1

Submitted on: 3/26/2018 11:28:41 PM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Shelley Nakasone | Individual | Support | No |

Comments:

To the Honorable: Representative Roy M. Takumi (Chair), Representative Linda Ichiyama (Vice Chair), and Members of the Committee on Consumer Protection and Commerce

I am writing to offer **strong support** for SB2247 SD1 HD1, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

We have all heard of the opioid epidemic in the United States. As a clinical pharmacist and health care organization leader, I can assure you that the epidemic is real. It is a pharmacist's responsibility to provide high quality care with excellent service, however, it is paramount that pharmacists keep our patients safe. This bill will empower all pharmacists in the state of Hawaii to ensure safety for our chronic pain patients by providing them, as well as their families members, with a life-saving medication that has the potential to reduce the number of opioid overdose fatalities in our community. As experts in medication management, pharmacists are the best suited to prescribe, dispense, and provide related education for opioid antagonists to patients, family members, and caregivers. Please allow us to decrease preventable opioid-related deaths by supporting SB2247 SD1 HD1.

Thank you for this opportunity to provide testimony.

SB-2247-HD-1

Submitted on: 3/27/2018 12:44:02 AM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Tin Le | Individual | Support | No |

Comments:

SB-2247-HD-1

Submitted on: 3/27/2018 8:15:29 AM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Nicole young | Individual | Support | No |

Comments:

To the Honorable: Representative Roy M. Takumi (Chair), Representative Linda Ichiyama (Vice Chair), and Members of the Committee on Consumer Protection and Commerce

I am writing to offer **strong support** for SB2247 SD1 HD1, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

There is an opioid epidemic spreading across the Nation. Pharmacists are the most accessible healthcare professionals and have the potential to drastically reduce the amount of opioid overdose fatalities. As experts in medication management, pharmacists already have the skills and knowledge necessary to provide education on opioid antagonists, such as naloxone. By supporting SB2247 SD1 HD1, public access to naloxone will be dramatically expanded, resulting in a decrease of preventable opioid-related deaths occurring in our community.

Thank you for this opportunity to provide testimony on SB2247 SD1 HD1.

SB-2247-HD-1

Submitted on: 3/27/2018 8:03:56 AM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|----------------------|---------------------|---------------------------|---------------------------|
| Christopher Nakagawa | Individual | Support | No |

Comments:

SB-2247-HD-1

Submitted on: 3/27/2018 11:17:11 AM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Patricia Juszczak | Individual | Support | No |

Comments:

As a constituent and a pharmacist, I strongly support this legislation. As the most accessible health care practitioner, pharmacists can use their medication expertise to identify at-risk behaviors, better manage pain treatments, and educate patients and families about the safe use of opioids as well as the potential need for and appropriate use of medications to reverse the effects of narcotic drugs, such as opioid antagonist naloxone.

In the midst of an opioid abuse epidemic, and in the interest of public health and the well-being of the people in the communities we serve, I strongly support this legislation and ask for your support with SB2247.

SB-2247-HD-1

Submitted on: 3/27/2018 10:46:08 AM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Melissa Machida | Individual | Support | No |

Comments:

SB2247 SD1 HD1 - RELATING TO OPIOID ANTAGONISTS

To the Honorable: Representative Roy M. Takumi (Chair), Representative Linda Ichiyama (Vice Chair), and Members of the Committee on Consumer Protection and Commerce

I am writing to offer **strong support** for SB2247 SD1 HD1, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

There is an opioid epidemic spreading across the Nation. Pharmacists are the most accessible healthcare professionals and have the potential to drastically reduce the amount of opioid overdose fatalities. As experts in medication management, pharmacists already have the skills and knowledge necessary to provide education on opioid antagonists, such as naloxone. By supporting SB2247 SD1 HD1, public access to naloxone will be dramatically expanded, resulting in a decrease of preventable opioid-related deaths occurring in our community.

Thank you for this opportunity to provide testimony on SB2247 SD1 HD1.

SB-2247-HD-1

Submitted on: 3/27/2018 1:16:03 PM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Chad Kawakami | Individual | Support | No |

Comments:

To the Honorable: Representative Roy M. Takumi (Chair), Representative Linda Ichiyama (Vice Chair), and Members of the Committee on Consumer Protection and Commerce

I am writing to offer **strong support** for SB2247 SD1 HD1, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

There is an opioid epidemic spreading across the Nation. Pharmacists are the most accessible healthcare professionals and have the potential to drastically reduce the amount of opioid overdose fatalities. As experts in medication management, pharmacists already have the skills and knowledge necessary to provide education on opioid antagonists, such as naloxone. By supporting SB2247 SD1 HD1, public access to naloxone will be dramatically expanded, resulting in a decrease of preventable opioid-related deaths occurring in our community.

Thank you for this opportunity to provide testimony on SB2247 SD1 HD1.

Very Humbly Submitted,

Chad Kawakami Pharm.D., BCPS

SB-2247-HD-1

Submitted on: 3/27/2018 3:58:07 PM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Bj Isaac Acosta | Individual | Support | No |

Comments:

SB2247 SD1 Pharmacists Prescribe Opioid Antagonists

COMMITTEE ON CONSUMER PROTECTION AND COMMERCE:

- Representative Roy Takumi, Chair; Representative Linda Ichiyama, Vice Chair
- Wednesday, March 28, 2018: 2:00 pm
- Conference Room 329

The Coalition for a Drug-Free Hawaii Supports SB2247:

ALOHA CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Greg Tjapkes (chap-kes), and I am the Executive Director of the Coalition for a Drug-Free Hawaii CDFH, a private, non-profit, 501(c) 3 organization that provides innovative programs and services that help keep Hawai'i's children and families healthy, strong, and resilient against drug and alcohol abuse.

I am a member of the Prevention Planning Group 4 for the Hawaii Opioid Action Plan (Plan), and I whole heartedly support SB2247 so that pharmacists so that prescribe and dispense opioid antagonists such as naloxone. Naloxone is safe, and it saves lives.

Thank you for the opportunity to provide my support for this important and life-saving bill.

Sincerely,



Greg Tjapkes (chap-kes)
Executive Director

LATE

SB-2247-HD-1

Submitted on: 3/27/2018 5:29:48 PM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|-------------------------------|---------------------------|---------------------------|
| Kat Brady | Community Alliance on Prisons | Comments | Yes |

Comments:

Community Alliance on Prisons is in strong support of this measure to allow pharmacists to dispense naloxone to patients, families, and caregivers. We have supported this important life-saving measure and are happy that Hawai'i has allowed the use of naloxone by first responders.

Act 68 contained provisions for pharmacists, yet Long's in Hawai'i does not allow their pharmacists to dispense naloxone without a written collaborative agreement.

Please pass this life-saving bill. Mahalo for this opportunity to testify.

LATE

SB-2247-HD-1

Submitted on: 3/27/2018 5:31:52 PM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Christopher J. Diaz | Individual | Support | No |

Comments:

SB2247 SD1 HD1 - RELATING TO OPIOID ANTAGONISTS

To the Honorable: Representative Roy M. Takumi (Chair), Representative Linda Ichiyama (Vice Chair), and Members of the Committee on Consumer Protection and Commerce

I am writing to offer **strong support** for SB2247 SD1 HD1, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

There is an opioid epidemic spreading across the Nation. Pharmacists are the most accessible healthcare professionals and have the potential to drastically reduce the amount of opioid overdose fatalities. As experts in medication management, pharmacists already have the skills and knowledge necessary to provide education on opioid antagonists, such as naloxone. By supporting SB2247 SD1 HD1, public access to naloxone will be dramatically expanded, resulting in a decrease of preventable opioid-related deaths occurring in our community.

Thank you for this opportunity to provide testimony on SB2247 SD1 HD1.

LATE

SB-2247-HD-1

Submitted on: 3/27/2018 5:53:40 PM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Carrie Shibata | Individual | Support | No |

Comments:

To the Honorable: Representative Roy M. Takumi (Chair), Representative Linda Ichiyama (Vice Chair), and Members of the Committee on Consumer Protection and Commerce

I am writing to offer strong support for SB2247 SD1 HD1, which will allow pharmacists to prescribe, dispense and provide related education for naloxone to patients, family members and caregivers of a person who is at risk for an opioid overdose.

There is an opioid epidemic spreading across the Nation. Pharmacists are the most accessible healthcare professionals and have the potential to drastically reduce the amount of opioid overdose fatalities. As experts in medication management, pharmacists already have the skills and knowledge necessary to provide education on opioid antagonists, such as naloxone. By supporting SB2247 SD1 HD1, public access to naloxone will be dramatically expanded, resulting in a decrease of preventable opioid-related deaths occurring in our community.

Thank you for this opportunity to provide testimony on SB2247 SD1 HD1.

Carrie Shibata

Pharmacist, Times Aiea Pharmacy

LATE

SB-2247-HD-1

Submitted on: 3/27/2018 10:26:04 PM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|----------------|--------------|--------------------|--------------------|
| Keri Oyadomari | Individual | Support | No |

Comments:

To the Honorable: Representative Roy M. Takumi (Chair), Representative Linda Ichiyama (Vice Chair), and Members of the Committee on Consumer Protection and Commerce

I am writing to offer **strong support** for SB2247 SD1 HD1, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

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Thank you for this opportunity to provide testimony on SB2247 SD1 HD1.

LATE

SB-2247-HD-1

Submitted on: 3/28/2018 12:18:40 AM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Kelli Goo | Individual | Support | No |

Comments:

SB2247 SD1 HD1 - RELATING TO OPIOID ANTAGONISTS

To the Honorable: Representative Roy M. Takumi (Chair), Representative Linda Ichiyama (Vice Chair), and Members of the Committee on Consumer Protection and Commerce

I am writing to offer **strong support** for SB2247 SD1 HD1, which will allow pharmacists to prescribe, dispense, and provide related education for naloxone to patients, family members, and caregivers of a person who is at risk for an opioid overdose.

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Thank you for this opportunity to provide testimony on SB2247 SD1 HD1.

LATE

SB-2247-HD-1

Submitted on: 3/28/2018 9:28:36 AM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|--|---------------------------|---------------------------|
| Melanie Boehm | The Salvation Army Addiction Treatment Services and Family Treatment Services | Support | No |

Comments:

Naloxone is safe, saves lives, and education about Naloxone and its increased access through pharmacists will greatly prevent opioid-related deaths.

LATE

SB-2247-HD-1

Submitted on: 3/28/2018 9:38:29 AM

Testimony for CPC on 3/28/2018 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Deanna Salse | Individual | Support | No |

Comments:

I am a pharmacist and am in Strong Support if SB2247. This is to allow pharmacists to prescribe and dispense Naloxine to patients, family or caregivers. Also to distribute educational materials on the use of Naloxone. With the opioid epidemic that is happening now this is very important to help save people's lives. I would appreciate your vote for this bill. Thank You