

**PRESENTATION OF THE  
BOARD OF PHARMACY**

TO THE HOUSE COMMITTEE ON  
HEALTH AND HUMAN SERVICES

TWENTY-NINTH LEGISLATURE  
Regular Session of 2018

Wednesday, March 14, 2018  
8:40 a.m.

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

TO THE HONORABLE JOHN M. MIZUNO, CHAIR, AND MEMBERS OF THE COMMITTEE:

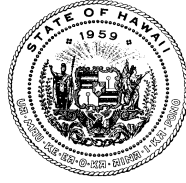
My name is Lee Ann Teshima, and I am the Executive Officer for the Board of Pharmacy ("Board"). Thank you for the opportunity to comment on S.B. 2247, S.D. 1, Relating to Opioid Antagonists. The Board supports this bill with suggested amendments.

The proposed measure authorizes pharmacists to "prescribe and dispense" an opioid antagonist to opioid patients, as well as family members and caregivers of opioid patients.

The Board offers an amendment that would clarify that the name of the family member or caregiver of an individual who is at risk for an opioid overdose or who is an "opioid antagonist recipient" or "OAR" may be on the prescription the pharmacist initiates and dispenses. Specifically, page 3, lines 14-19 of the bill should read: "The opioid antagonist prescribed and dispensed for a family member or caregiver of an individual who is at risk for an opioid overdose may be prescribed and dispensed in the name of the individual who is requesting the opioid antagonist or who is an "Opioid Antagonist Recipient" or "OAR".

This amendment 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.



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

**Testimony in SUPPORT of SB 2247 SD 1  
RELATING TO HEALTH**

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

Hearing Date: March 14, 2018

Room Number: 329

1 **Fiscal Implications:** None.

2 **Department Testimony:** The Department of Health (DOH) strongly supports SB 2247 SD 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 on  
6 the regulation and implementation of the proposed requirements under HRS Chapter 461.

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

16 This measure also allows the Hawaii Opioid and Substance Misuse Initiative to  
17 accomplish the following objectives of the Hawaii Opioid Action Plan that pertain to prevention  
18 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

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Testimony Presented Before the  
House Committee on Health & Human Services  
March 14, 2018 at 8:40 a.m.

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

### SB 2247 SD1 – RELATING TO OPIOID ANTAGONISTS

Chair Mizuno, Vice Chair Kobayashi, 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 UH Hilo lead and designee for Interim Chancellor Marcia Sakai, the DKICP fully supports this SD1 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 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 below 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.

**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
<b>DIDACTIC CURRICULUM</b>								
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						
<b>EXPERIENTIAL CURRICULUM</b>								
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							
	<b>** Objectives Per DOH:</b>							
	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 of  
Jonathan Ching  
Government Relations Specialist

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

March 14, 2018  
8:40 a.m.  
Conference Room 329

**Re: SB2247 SD1, Relating to Opioid Antagonists**

Chair Mizuno, Vice-Chair Kobayashi, and committee members, thank you for this opportunity to provide testimony on SB2247 SD1, 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 the intent of SB2247 SD1 and requests an AMENDMENT**

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 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.

While we support the intent of SB2247 SD1, we offer the following amendment:

- (1) We have concerns with Section 2, Page 3, lines 7-19 regarding the name which the opioid antagonist is to be dispensed to. As currently drafted, the requirement that the opioid antagonist prescribed and dispensed for a family member or caregiver of an individual who is at risk for an opioid overdose but prescribed and dispensed "in the name of the individual who is to be treated with the opioid antagonist or an "Opioid Antagonist Recipient" or "OAR"" raises some privacy issues. As drafted, an opioid antagonist may be dispensed to a "family

member or caregiver" in the name of the recipient who is to be treated with the opioid antagonist without the recipient's knowledge. We believe this may raise potential Health Insurance Portability and Accountability Act of 1996 issues. We suggest the committee consider the following amendment:

"§461- Opioid antagonist; authority to prescribe and dispense; requirements. (a) A pharmacist may prescribe and dispense an opioid antagonist to an individual who is at risk for an opioid overdose or ~~[prescribe and dispense an opioid antagonist to]~~ a family member or caregiver of ~~[such]~~ an individual who is at risk of for an opioid overdose regardless of whether the individual has evidence of a previous prescription for an opioid antagonist from a practitioner authorized to prescribe opioids. The opioid antagonist prescribed and dispensed for a family member or caregiver of an individual who is at risk for an opioid overdose may be prescribed and dispensed in the name of the individual who is ~~[to be treated]~~ requesting [with] the opioid antagonist or an "Opioid Antagonist Recipient" or "OAR".

We respectfully request consideration of our amendment and we look forward to working with the committee and stakeholders to further this measure. Thank you for the opportunity to testify on SB2247 SD1.



An Independent Licensee of the Blue Cross and Blue Shield Association

March 14, 2018

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

Re: SB 2247, SD1 – Relating to Opioid Antagonists

Dear Chair Mizuno, Vice Chair Kobayashi, and Committee Members:

The Hawaii Medical Association (HMSA) appreciates the opportunity to testify on SB 2247, SD1, 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 the intent of SB 2247, SD1 but, would respectfully ask the Committee to consider the following comments and amendments:

- We suggest including language that would 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 considered for this type of prescription.
- Consider deleting "caregiver" from Section 2(a); this is a departure from normal prescribing procedure and could present liability and operational issues. In particular, were these prescriptions to be issued to family and caregivers, who would be liable for administering the prescription and who would ultimately be billed for the service(s)?
- We suggest including language under Section 2(b) 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, and for opioid antagonists that are prescribed to "Opioid Antagonist Recipient" patients, to notify the practitioner if applicable.

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.

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

Sincerely,

Pono Chong  
Vice-President, Government Relations





An Independent Licensee of the Blue Cross and Blue Shield Association



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

TO: House Committee on Health and Human Service  
FROM: Carl Bergquist, Executive Director  
HEARING DATE: 14 March 2018, 8:40AM  
RE: SB2247 SD1, RELATING TO OPIOID ANTAGONISTS, **SUPPORT**

Dear Chair Mizuno, Vice Chair Kobayashi, Committee Members:

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.

**SB-2247-SD-1**

Submitted on: 3/13/2018 7:13:00 AM

Testimony for HHS on 3/14/2018 8:40:00 AM

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

Comments:

**The Hawaii Pharmacists Association Strongly Supports SB2247**

To the Honorable: Representative John M. Mizuno, Chair, Representative Bertrand Kobayashi, Vice Chair, and Members of the Committee on Health and Human Services

The Hawaii Pharmacists Association **strongly supports** SB 2247, 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 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.

**SB-2247-SD-1**

Submitted on: 3/13/2018 8:38:52 AM

Testimony for HHS on 3/14/2018 8:40:00 AM

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

Comments:

**PRESENTATION OF**

**THE COMMITTEE ON LEGISLATIVE PRIORITIES HAWAII**

**OAHU COUNTY**

**DEMOCRATIC PARTY OF**

THE COMMITTEE ON HEALTH & HUMAN SERVICES

THE HOUSE OF REPRESENTATIVES

TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

Wednesday, March 14, 2018

8:40 a.m.

Hawaii State Capitol, Conference Room 329

RE: **Testimony in Support of SB2247 SD1**, RELATING TO OPIOID ANTAGONIST

To the Honorable John M. Mizuno, Chair; the Honorable Bertrand Kobayashi, Vice-Chair and the Members of the Committee on Health & Human Services:

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

The OCC Legislative Priorities Committee is in favor of Senate Bill No. 2247

SD1 and support its passage.

**SB2247 SD1** 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** 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 Legislative Committee to support this measure.

Thank you very much for your kind consideration.

Sincerely yours,

/s/ Melodie Aduja

Melodie Aduja, Chair, OCC Legislative Priorities Committee

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

**SB-2247-SD-1**

Submitted on: 3/13/2018 12:56:29 AM

Testimony for HHS on 3/14/2018 8:40:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Wendy Gibson	Individual	Support	No

Comments:

Aloha Committee Chair, Vice Chair and Committee Members,

I am Wendy Gibson, a Cannabis Nurse who stands in support of harm reduction techniques such as those proposed in SB2247 SD1.

Naloxone (Narcan) should be available to all patients or family members who may be at risk of opioid overdose or witnessing a patient having an overdose. Naloxone is an effective "antidote" to opioid overdoses. I believe that pharmacies should be able to dispense naloxone without a prescription so that this antidote can be readily available to those who may need it to save a life.

As you know, the opioid overdose epidemic is largely from prescription drugs so it makes sense that a pharmacist should be able to provide the antidote alongside the prescription.

Thank you for the opportunity to testify on this important bill.

Wendy Gibson PTA/RN

**SB-2247-SD-1**

Submitted on: 3/12/2018 3:57:58 PM

Testimony for HHS on 3/14/2018 8:40:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Joy Marshall	Individual	Support	No

Comments:



DATE: March 13, 2018

TO: Representative John Mizuno  
Chair, House Committee on Health and Human Services  
*Submitted Via Capitol Website*

RE: **S.B. 2247, S.D.2, Relating to Opioid Antagonists**  
**Hearing Date: Wednesday, March 14<sup>th</sup>, 2018 at 8:40 a.m.**  
**Conference Room: 329**

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Dear Chair Mizuno and Members of the Committee on Health and Human Services,

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 the intent of S.B.2247, S.D.2, but requests an amendment to the bill.** S.B. 2247, S.D.2 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.

Walgreens would request that the following amendment be made to this measure to ensure that the bill can be effectively implemented:

**1) Opioid Antagonist Recipient (page 3, lines 7-19):**

"§461- Opioid antagonist; authority to prescribe and dispense; requirements.  
(a) A pharmacist may prescribe and dispense an opioid antagonist to an individual who is at risk for an opioid overdose or prescribe and dispense an opioid antagonist to a family member or caregiver of such individual regardless of whether the individual has evidence of a previous prescription for an opioid antagonist from a practitioner authorized to prescribe opioids. The opioid antagonist prescribed and dispensed for a family member or caregiver of an individual who is at risk for an opioid overdose may be prescribed and dispensed in the name of the individual who ~~is to be treated with~~ **requesting** the opioid antagonist or an "Opioid Antagonist Recipient" or "OAR".



Pharmacies need to assign every prescription to a person in their systems for reimbursement and billing purposes. As is the case in all other states that provide for pharmacist prescriptive authority, the prescription needs to be in the name of the person who walks into the pharmacy to receive the opioid antagonists.

With the above amendment, we are in full support of this measure. Thank you for the opportunity to submit testimony regarding this bill.

## **SB2247 SD1 Pharmacists Prescribe Opioid Antagonists**

COMMITTEE ON HEALTH AND HUMAN SERVICES:

- Representative John Mizuno, Chair; Representative Bertrand Kobayashi, Vice Chair
- Tuesday, March 14, 2018 8:40 am
- Conference Room 329

### **Hawaii Substance Abuse Coalition (HSAC) Supports SB2247 SD1:**

*GOOD MORNING CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of almost 40 alcohol and drug treatment and prevention agencies.*

The Hawaii Opioid Action Plan (Plan), the collaborative gathering of about 150 politicians, 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.