

SB2269

Measure Title: RELATING TO PRESCRIPTION MEDICATION.

Report Title: Prescription Medication; Med-QUEST; Medicaid; Buprenorphine; Opioid Dependency; Treatment; Coverage

Description: Requires prescription drug coverage provided under the State's medicaid managed care and fee-for-service programs to include prescription drug coverage for buprenorphine, when used in the treatment of opioid dependency. Requires prescriptions for buprenorphine to be offered without copayments and without the need for prior authorization.

Companion:

Package: None

Current Referral: HMS, CPH

Introducer(s): GREEN, GABBARD, S. Chang, Galuteria, Ihara, Ruderman, Wakai

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 20, 2018

TO: The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health

FROM: Pankaj Bhanot, Director

SUBJECT: **SB2269 - RELATING TO PRESCRIPTION MEDICATION**

Hearing: Friday, February 23, 2018; 11:00 a.m.
Conference Room 229, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) offers comments on this bill.

PURPOSE: The purpose of the bill is to require prescription drug coverage provided under the State's Medicaid managed care and fee-for-service programs to include prescription drug coverage for buprenorphine, when used in the treatment of opioid dependency. Requires prescriptions for buprenorphine to be offered without copayments and without the need for prior authorization.

DHS appreciates the intent to provide best clinical practice for substance use disorders such as opioid dependence before our state sees the type of opioid epidemic that has struck much of the rest of the country. For this reason, the State's Medicaid program, QUEST Integration (QI) managed care and its fee-for-service program already cover buprenorphine in the treatment of opioid dependency. Additionally, the QI and fee-for-service programs do not impose copayments for this, or any, covered drugs.

DHS has reservations regarding exemption of any prior authorization requirements as we would prefer the option to prior authorize for buprenorphine. This would allow DHS to assure proper access to buprenorphine and restrict “off label” use from Federal Drug Administration (FDA) guidelines. There are also more than a dozen different medications with buprenorphine and DHS would want the ability to better control access to all brands of buprenorphine.

Finally, DHS respectfully suggests that best clinical practice, particularly surrounding substance use disorders is continually evolving. DHS prefers to have the ability to quickly adapt and adopt best practice regarding opioid dependence and substance use treatment, which a statute would not necessarily allow.

Thank you for the opportunity to provide comments on this measure.

SB-2269

Submitted on: 2/22/2018 2:22:26 AM

Testimony for CPH on 2/23/2018 11:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|--|---------------------------|---------------------------|
| Melodie Aduja | Testifying for OCC Legislative Priorities Committee, Democratic Party of Hawai'i | Support | No |

Comments:



SB 2269 (CPH) Opioid Treatment Buprenorphine Coverage: Requires MedQuest to cover buprenorphine without copay and prior authorizations.

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH:

- Senator Roz Baker, Chair; Senator Jill Tokuda, Vice Chair
- Friday, Feb. 23rd, 2018: 11:00 a.m.
- Conference Room 229

Hawaii Substance Abuse Coalition (HSAC) Supports SB2269:

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.

HSAC supports the federally approved medication: buprenorphine to treat Opioid Addiction.¹

1. With over 500,000 opioid prescriptions per year in Hawaii and about 34% of our population using opioids, buprenorphine is an essential part of Hawaii's Statewide Opioid Action Plan.
2. When patients and physicians were surveyed by SAMHSA² about the effectiveness of **buprenorphine**, they reported an average of an 80% reduction in illicit opioid use, along with significant increases in employment, and other indices of recovery.
3. Buprenorphine represents the latest advance in medication-assisted treatment (MAT). Medications such as buprenorphine, in combination with counseling and behavioral therapies, provide a whole-patient approach to the treatment of opioid dependency. When taken as prescribed, buprenorphine is safe and effective.
4. U.S. physicians can offer buprenorphine for opioid dependency in various settings, including in an office, community hospital, health department, or correctional facility.
5. Medication-Assisted Treatment such as buprenorphine has 3 phases: induction phase for the early stages of withdrawal; stabilization phase to control ongoing cravings when the patient has reduced misuse or has abstinence; and maintenance phase of which can include phasing out with the length of time tailored to each patient.

Treatment of opioid dependency with buprenorphine is most effective in combination with counseling services, which can include different forms of behavioral therapy and self-help programs.

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

¹ <https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>

² Substance Abuse Mental Health Services Administration, a federal agency under the Health and Human Services Department.

Testimony of
Jonathan Ching
Government Relations Specialist

Before:
Senate Committee on Commerce, Consumer Protection, and Health
The Honorable Rosalyn H. Baker, Chair
The Honorable Jill N. Tokuda, Vice Chair

February 23, 2018
11:00 a.m.
Conference Room 229

Re: SB2269, Relating to Prescription Medication

Chair Baker, Vice-Chair Tokuda, and committee members, thank you for this opportunity to provide testimony on SB2269, which requires prescription drug coverage provided under the State's Medicaid managed care and fee-for-service programs to include prescription drug coverage for buprenorphine, without copayments and without the need for prior authorization, when used in the treatment of opioid dependency.

Kaiser Permanente Hawaii offers the following COMMENTS on SB2269

As the state's largest integrated health care system, Kaiser Permanente Hawaii participates in QUEST Integration, which is the State Medicaid Program offered through managed care plans. Our QUEST Integration plan provides health coverage on Oahu and Maui for eligible lower-income, aged, blind, or disabled residents.

We recognize that providing access to buprenorphine (and buprenorphine/naloxone), which are prescriptions used for treatment of opioid use disorder, is critical to assist patients who are struggling with opioid dependency. Kaiser Permanente Hawaii already provides prescription drug coverage for these drugs without copayments or prior authorization, for QUEST Integration members.

Mahalo for the opportunity to testify on this important measure.

SB-2269

Submitted on: 2/22/2018 9:38:11 PM

Testimony for CPH on 2/23/2018 11:00:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|--|---------------------------|---------------------------|
| Carl Bergquist | Testifying for Drug Policy Forum of Hawaii | Support | No |

Comments:



An Independent Licensee of the Blue Cross and Blue Shield Association

February 23, 2018

The Honorable Rosalyn H. Baker, Chair
The Honorable Jill N. Tokuda, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

Re: SB 2269 – Relating to Prescription Medication

Dear Chair Baker, Vice Chair Tokuda, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 2269, which requires prescription drug coverage provided under the State's Medicaid managed care and fee-for-service programs to include prescription drug coverage for buprenorphine, when used in the treatment of opioid dependency. Additionally, prescriptions for buprenorphine are required to be offered without copayments and without the need for prior authorization.

HMSA appreciates the Committee's efforts to combat the opioid crisis and we have no issues with this measure.

Thank you for the opportunity to testify on SB 2269.

Sincerely,

Pono Chong
Vice-President, Government Relations