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

January 25, 2018

TO: The Honorable Senator Josh Green, M.D., Chair
Senate Committee on Human Services

FROM: Pankaj Bhanot, Director

SUBJECT: SB2269 - RELATING TO PRESCRIPTION MEDICATION

Hearing: Friday, January 26, 2018; 2:45 p.m.
Conference Room 16, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this measure and offers comments on this bill.

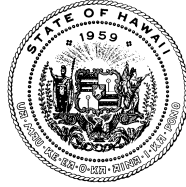
PURPOSE: The purpose of the bill is to require prescription drug coverage provided under the State's Medicaid managed care and fee-for-service programs to include prescription drug coverage for buprenorphine, when used in the treatment of opioid dependency. Requires prescriptions for buprenorphine to 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 requirement 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.



STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony COMMENTING on S.B. 2269
RELATING TO HEALTH INSURANCE**

SENATOR JOSH GREEN, M.D., CHAIR
SENATE COMMITTEE ON HUMAN SERVICES

Hearing Date: January 26, 2018

Room Number: 016

1 **Fiscal Implications:** Undetermined

2 **Department Testimony:** The Department of Health (DOH) applauds the intent of this bill and
3 the commitment of your Senate Committee to expand insurance benefits for those struggling
4 with opioid use disorder (OUD).

5 The DOH defers to the Department of Human Services regarding prior authorization and
6 coverage related policies for medications, and works closely with them to evaluate and improve
7 access to opioid treatment resources.

8 The DOH offers the following comments. Under the federal Drug Addiction Treatment
9 Act of 2000 (DATA) waiver qualified physicians in Hawaii can already dispense and prescribe
10 buprenorphine in opioid treatment programs and other settings like methadone clinics,
11 community hospital, their office, or a correctional facility. The DATA waiver reduces the
12 regulatory burden on physicians who choose to practice opioid dependence treatment, and who
13 apply for and receive it. To apply for this waiver, licensed physicians with an M.D. or D.O.
14 degree complete an eight-hour training to qualify, then provide documentation that they meet any
15 one or more of the following criteria:

- 16 • Have completed the required training of not less than eight hours;
- 17 • Have a specialty board certification in addiction psychiatry from the American
18 Board of Medical Specialties;
- 19 • Hold an addiction certification from the American Society of Addiction Medicine
20 (ASAM);

- 1 • Hold a subspecialty board certification in addiction medicine from the American
2 Osteopathic Association;
- 3 • Have participated as an investigator in one or more clinical trials leading to the
4 approval of a narcotic medication in Schedule III, IV, or V for maintenance or
5 detoxification treatment;
- 6 • Have other training or experience that the state medical licensing board where the
7 physician will provide maintenance or detoxification treatment considers a
8 demonstration of the physician’s ability to treat and manage patients with opioid
9 dependency; or
- 10 • Have completed other training or experience that the federal Department of
11 Health and Human Services considers a demonstration of the physician’s ability
12 to treat and manage patients with an opioid dependency.

13 Further information for licensed physicians interested in the DATA waiver is located at:
14 [https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-](https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/buprenorphine-waiver)
15 [resources/buprenorphine-waiver](https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/buprenorphine-waiver).

16 The DOH, Alcohol and Drug Abuse Division (ADAD) believes that opioid misuse
17 represents only one facet of the broader addiction problem in Hawaii, since those who suffer
18 from addiction often misuse more than one substance. From a larger chronic illness perspective,
19 substance misuse and addiction represents significant public health and economic burdens for
20 Hawaii. This is presented in more detail in the Hawaii Opioid Action Plan.

21 Thank you for the opportunity to provide testimony.

SB-2269

Submitted on: 1/25/2018 3:51:27 PM

Testimony for HMS on 1/26/2018 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	OCC Legislative Priorities	Support	No

Comments:

**PRESENTATION OF THE
OAHU COUNTY COMMITTEE ON LEGISLATIVE PRIORITIES**

DEMOCRATIC PARTY OF HAWAII

TO THE COMMITTEE ON HUMAN SERVICES

THE HAWAII STATE SENATE

TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

Friday, January 26, 2018

2:45 p.m.

Hawaii State Capitol, Conference Room 16

RE: Testimony in Support of SB 2269, RELATING PRESCRIPTION MEDICATION

To the Honorable Josh Green, Chair; the Honorable Stanley Chang, Vice-Chair and Members of the Committee on Human Services:

Good afternoon, my name is Melodie Aduja. I serve as Chair of the Oahu County Committee ("OCC") Legislative Priorities Committee of the Democratic Party of Hawaii. Thank you for the opportunity to provide written testimony on Senate Bill No. 2269, relating to prescription medication. The OCC Legislative Priorities Committee is in favor of Senate Bill No. 2269 and support its passage.

Senate Bill No. 2269, is in accord with the Platform of the Democratic Party of Hawai'i ("DPH"), 2016, as it relates to prescription medication, i.e. buprenorphine as a treatment for opioid dependency and coverage via Med-Quest and

Medicaid. Specifically, the DPH Platform states, “We 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 Senate Bill No. 2269 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, and it requires prescriptions for buprenorphine to be offered without copayments and without the need for prior authorization, it is the position of the OCC Legislative Priorities 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



An Independent Licensee of the Blue Cross and Blue Shield Association

January 26, 2018

The Honorable Josh Green, Chair
The Honorable Stanley Chang, Vice Chair
Senate Committee on Human Services

Re: SB 2269 – Relating to Prescription Medication

Dear Chair Green, Vice Chair Chang, 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



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

SENATE COMMITTEE ON HUMAN SERVICES:

- Senator Josh Green, Chair; Senator Stanley Chang, Vice Chair
- Friday, Jan. 26th, 2018: 2:45 p.m.
- Conference Room 16

HAWAII SUBSTANCE ABUSE COALITION (HSAC) Supports SB2269:

GOOD MORNING CHAIR GREEN, VICE CHAIR CHANG 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 non-profit 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.

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.

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.

SB-2269

Submitted on: 1/26/2018 9:37:02 AM

Testimony for HMS on 1/26/2018 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Cynthia Santiago	Ohana Makamae, Inc.	Comments	No

Comments:

Be careful to ensure measures are in place so that the prescribers are not free to prescribe without oversight or measures... meaning that if Doctors do not need prior authorizations, that they be monitored for the amounts they are prescribing, as Buprenorphine does have street value; and is also extremely addictive. It is another form of opioid.

Testimony of
Jonathan Ching
Government Relations Specialist

Before:
Senate Committee on Human Services
The Honorable Josh Green, Chair
The Honorable Stanley Chang, Vice Chair

January 26, 2018
2:45p.m.
Conference Room 016

Re: SB2269, Relating to Prescription Medication

Chair Green, Vice-Chair Chang, 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: 1/25/2018 9:53:45 PM

Testimony for HMS on 1/26/2018 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
William Haning, MD		Support	No

Comments:

Honored Committee Members:

This brief written testimony is to express my unequivocal support for the measure, SB2269. My patients, those ill with substance use disorders, are generally ill-suited to advocate for themselves. The exceptional usefulness of medications such as buprenorphine and naltrexone, in the treatment, respectively, of opioid use disorders and alcohol use disorder, is meaningless if they are inaccessible to the patients. Parity of payment across all illness states is a requirement of equitable care.

I write as a Director-at-large of the American Society of Addiction Medicine and as a professor whose specialty has for over three decades centered on the treatment of addictive disorders. I appreciate the effort and technical understanding that went into crafting this legislation, and trust that you will approve it without hesitation. Its implementation carries a terrifically large benefit-to-cost ratio.

(My views are not intended to represent the policy or opinions of the University of Hawai`i or of the John A. Burns School of Medicine)

Very respectfully,

William F. Haning, III, MD, DFASAM, DFAPA

Clinical Professor of Psychiatry

Captain, MC, USN (ret.)

(808) 586-7436

SB-2269

Submitted on: 1/26/2018 9:47:59 AM

Testimony for HMS on 1/26/2018 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kaleb Glass		Support	No

Comments: