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Testimony COMMENTING on SB 2646 SD 1
RELATING TO PRESCRIPTION DRUGS

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

Hearing Date: March 14, 2018 Room Number: 329

Fiscal Implications: Undetermined

Department Testimony: The Department of Health (DOH) supports this bill to require prescribers to use the electronic prescription accountability system also known as the Prescription Drug Monitoring Program (PDMP) of the Department of Public Safety (PSD) before writing prescriptions for certain narcotics.

This measure aligns with the following prescriber education and pain management practice objectives of the Hawaii Opioid Action Plan, developed by the Governor's Opioid and Substance Misuse Initiative:

- Objective 2-1: "By December 2018, increase primary care provider PDMP registration rates by twenty-five percent by providing training to prescribers;"
- Objective 2-1a: "By December 2018, increase prescriber PDMP utilization rates by ten percent;" and
- Objective 3-2: "By September 2018, develop a standardized framework for the collection, synthesis, and dissemination of data."

The DOH also respectfully submits the following statistics:

- Forty-nine states have an operational PDMP;
- Thirty-six states have laws in place to require use of state PDMP; and
- Forty-four states have laws in place that allow delegates to use the PDMP.

The federal Centers for Disease Control highlights the following examples from Florida, New York, and Tennessee to illustrate the association between the enactment of state-level PDMP policy enactments and changes in prescribing behavior (https://www.cdc.gov/drugoverdose/policy/successes.html):

Florida

- 2010 Action: Regulated pain clinics and stopped health care providers from dispensing prescription opioid pain relievers from their offices, in combination with establishing a PDMP.
- 2012 Result: Saw more than fifty percent decrease in oxycodone overdose deaths. These changes might represent the first documented substantial decline in drug overdose mortality in any state during the previous ten years.

New York

- 2012 Action: Required prescribers to check the state's PDMP before prescribing opioids.
- 2013 Result: Saw a seventy-five percent drop in patients seeing multiple prescribers for the same drugs.

Tennessee

- 2012 Action: Required prescribers to check the state's PDMP before prescribing painkillers.
- 2013 Result: Saw a thirty-six percent decline in patients seeing multiple prescribers for the same drugs.

Additionally, the National Governor's Association, the Center for Disease Control, the Substance Abuse and Mental Health Administration, and other national entities recommend that states mandate the use of the PDMP for certain controlled substances. Additionally, despite a registration mandate in Hawaii (like other states) the actual review of the PDMP by prescribers prior to writing a prescription has not increased because of registration. Finally, Hawaii already allows delegation by prescribers to support staff to access the PDMP on their behalf to reduce the time burden to the actual prescriber/practitioner.

The DOH is aware that while mandates are less preferable to voluntary compliance, this measure will nonetheless achieve the results of Objectives 2-1 and 2-1a of the Hawaii Opioid Action Plan and as noted above have had compelling positive impact in other states.

The DOH also defers to the PSD on the regulation and implementation of the proposed amendments to the Hawaii Uniform Controlled Substances Act.

Thank you for the opportunity to provide testimony.

DAVID Y. IGE
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TESTIMONY ON SENATE BILL 2646, SENATE DRAFT 1
RELATING TO PRESCRIPTION DRUGS
by
Nolan P. Espinda, Director
Department of Public Safety

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

Wednesday, March 14, 2018; 8:40 a.m.
State Capitol, Conference Room 329

Chair Mizuno, Vice Chair Kobayashi, and Members of the Committee:

The Department of Public Safety (PSD) **supports** Senate Bill (SB) 2646, Senate Draft (SD) 1, which would require prescribers of certain controlled substances to consult the electronic prescription monitoring accountability system before issuing a prescription for a controlled substance. PSD offers the following comments.

First, PSD notes that section (d) of the bill allows for disciplinary action under sections 453-8 and 457-12 of the Hawaii Revised Statutes (HRS). In Hawaii, physicians, physician's assistants, advanced practice registered nurses, veterinarians, and dentists are all prescribers who would be covered under this measure. Sections 453-8 and 457-12, HRS, however, refer to the disciplinary statutes for physicians and nurses only. PSD respectfully recommends that the Committee amend SB 2646, SD 1, to add section 448-17, HRS, for dentists and section 471-10, HRS, for veterinarians, to ensure that those prescribers are also covered under this bill.

Second, PSD has collaborated closely with the Department of Health (DOH) and other government and private stakeholders to create Hawai'i's Opioid Action

Plan. One of the plan's goals is to increase the number of practitioners who use the electronic prescription accountability system, otherwise known as the Prescription Drug Monitoring Program (PDMP). PSD supports SB 2646, SD 1, as this would significantly increase the number of PDMP users.

Finally, PSD is aware of several states that have mandated use of the PDMP before the prescription of controlled substances. According to information from the DOH, 36 states currently have laws in place requiring the use of the PDMP. Those states have significantly reduced the effects of opioids.

Thank you for the opportunity to testify on this measure.

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 2646, SD1 – Relating to Prescription Drugs

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 2646, SD1, which requires prescribers of certain controlled substances to consult the electronic prescription accountability system before issuing a prescription for the controlled substance, and provides that a violation by a prescriber shall not be subject to criminal penalty provisions but that a violation may be grounds for professional discipline pursuant to section 453-8 or 457-12, Hawaii Revised Statutes. HMSA supports the intent of this Bill, to reduce the access of the public to potentially addictive substances.

Thank you for the opportunity to testify in support of this measure.

Sincerely,

Pono Chong
Vice-President, Government Relations

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www.hawaiimedicalassociation.org

TO:
COMMITTEE ON HEALTH & HUMAN SERVICES
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

DATE: Wednesday, March 14, 2018
TIME: 8:40 a.m.
PLACE: Conference Room 329

FROM: Hawaii Medical Association
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Government and Community Relations

Re: SB 2646 RELATING TO PRESCRIPTION DRUGS

Position: Comments with Amendments

Chairs & Committee Members:

The electronic prescription accountability system requires money to update and improve the program. We would request that an appropriation be added to improve the functionality and reliability of the electronic prescription accountability system.

While we encourage the use of electronic prescription accountability system, and supported mandatory registration with the system for all providers with controlled substance prescriptive authority, we do not believe it is necessary to have to check it for every single prescription.

The passage of this bill may encourage providers to not even register for the ability to prescribe controlled substances, which would severely limit access to needed care. Given that Hawaii is currently one of the least viable places in the nation to practice medicine, we can only imagine what such a heavy-handed approach, as outlined in this bill, would do to our existing physician shortage.

If this bill moves forward we would ask that at the mandate be in place only for a 7-day or greater prescription. We would also ask for an exemption for post-surgical care.

Thank you so much for the opportunity to testify.

the Drug Policy Forum of hawai'i

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

TO: House Committee on Health and Human Services
FROM: Carl Bergquist, Executive Director
HEARING DATE: 14 March 2018, 8:40AM
RE: SB2646 SD1, RELATING TO PRESCRIPTION DRUGS, **COMMENTS**

Dear Chair Mizuno, Vice Chair Kobayashi, Committee Members:

The Drug Policy Forum of Hawai'i (DPFHI) offers the following **comments** about this measure to require physicians to consult the state electronic prescription accountability system, also known as a prescription drug monitoring program (PDMP), when prescribing certain controlled substances. While such requirements are now commonplace, the evidence remains scant that the requirement actually results in the intended result of lower opioid usage. When the legislature debated SB505 last year (enacted as Act 72, Sessions Law of 2017), it also considered such a requirement before disregarding it. While we appreciate the amendments made by the Senate Committee on Commerce, Consumer Affairs and Health, we remain concerned.

In 2017, our testimony on this issue linked to the then US Surgeon-General's seminal report "Facing Addiction in America" from 2016 that stated the following about PDMP mandates:

> *Collectively, these early results suggest the potential influence of PDMPs to reduce unsafe controlled substance prescribing and rates of misuse and diversion, but there is a need to conduct additional research on the effectiveness of specific strategies for implementation and use of PDMPs. Multiple efforts to address prescription drug misuse within states occurring in concert with mandatory PDMP legislation may limit the ability to draw causal conclusions about the effectiveness of mandatory use of PDMPs.*[1]

Subsequent research has reinforced this conclusion. The Davis Institute of Healthcare Economics at the University of Pennsylvania published an Issue Brief entitled "Prescription Drug Monitoring Programs: Evolution and Evidence" in June 2017, summarizing the evidence in the following way:

> *The overall effectiveness of PDMPs is difficult to ascertain, given the state-specific attributes of each system and the evolving nature of state policies and provider participation. . . . <u>When the researchers differentiated between registration mandates and use mandates, they found</u>*

[1] P. 3-26, https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf

> *that the reduction in prescriptions of Schedule II opioids were largely attributable to mandates of registration. Mandates of use, either alone or in combination with a mandate of registration, were not associated with (incremental) reductions in Schedule II opioid prescriptions received by Medicaid enrollees. . . While enforcement of registration mandates can be relatively low-cost (for example, if paired with prescriber license renewal),* ***enforcing mandates of use will be costly if not impossible****.*[2]

Hawai'i already requires registration with the PDMP and as such may well already be reaping the benefits described above.

Mandating PDMP use *could* have additional benefits. However, we worry that unintended consequences may result from the mandate even before we know its value. These include doctors refraining from prescribing entirely, or under-prescribing, to patients then turning elsewhere for pain relief. Another concern is that health care professionals do not understand the data, but orient their prescriptions to what will please regulators rather than what the patient needs. Further, a recent study by the Society for Academic Emergency Medicine highlighted that the majority of patients with opioid dependency do not appear in the PDMP, concluding that "*PDMPs may be helpful in identifying patients with certain aberrant drug-related behavior, but are unable to detect many patients with opioid use disorder*."[3]

Finally, I note that this kind of mandate was not mentioned in the Hawai'i Opioid Initiative, released in December 2017.[4] DPFHI was part of the collaborative effort to produce this plan and participated in a working group that specifically looked at the PDMP (among other issues). The Initiative, however, did recommend granting greater Department of Health access to the PDMP for research purposes that can help evaluate the PDMP's effectiveness. That recommendation is moving through the legislature as SB2818/HB2391.

Thank you for the opportunity to testify.

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[2] https://ldi.upenn.edu/brief/prescription-drug-monitoring-programs-evolution-and-evidence
[3] https://www.ncbi.nlm.nih.gov/labs/articles/29165853/
[4] https://governor.hawaii.gov/newsroom/latest-news/doh-news-release-state-releases-hawaii-opioid-initiative-action-plan/

LATE

March 14, 2018

Representative John Mizuno
Chairman
Hawaii House Committee on Health and Human Services
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

Dear Chairman Mizuno,

The Hawaii Society of Clinical Oncology (HSCO) and the American Society of Clinical Oncology (ASCO) are pleased to provide **comments on the amended version of Hawaii SB 2646, relating to prescription drugs**.

HSCO is a diverse community of oncology professionals whose mission is to be identified as the voice of Hawaii's oncologists, promote high-quality oncology care through patient advocacy, continuing education, multidisciplinary engagement, and participation in the public forum. ASCO is the national organization representing nearly 45,000 physicians and other healthcare professionals specializing in cancer treatment, diagnosis, and prevention.

HSCO and ASCO are deeply committed to supporting efforts to address the opioid epidemic and believe that a well-utilized prescription drug monitoring program can be an incredibly useful tool in combatting this crisis. However, we are concerned that the amendments made to SB 2646 in the Senate fail to address the problematic language that could negatively impact the practice of oncology in your state.

With that in mind, we would like to reiterate **the following policy recommendations to SB 2646: Relating to Prescription Drugs** in order to help the measure work more seamlessly with the demands of cancer care:

- **Providers should review the state electronic prescription accountability system (EPAS) for the initial script and subsequently every 6 months**. As SB 2646 currently reads, the required review of EPAS records seems to apply to all controlled substance prescriptions including refills for known patients receiving ongoing treatment. Those who treat cancer pain may prescribe opioids to relatively large numbers of patients and may provide some with multiple controlled drugs at relatively high doses. These providers should not repeatedly trigger review by regulators or law enforcement simply for meeting the needs of their specialized patient population.

- **Clinicians should be able to delegate authority for requesting EPAS information to other practice staff/clinicians.** Language stipulating the EPAS administrator will promptly disclose "only the requested data to the requesting prescribers" implies that the prescribing physician is the only member of the practice that can request EPAS data. Delegating authority for review to a designated staff member would relieve administrative burden and allow the clinician to spend more time caring for their patients.

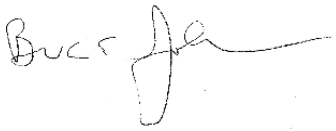
- **Physician practices should be allowed to "batch" check patients at the front end.** This would involve a delegated practice staff member checking each day's patients in a "batch" at the beginning of the day, or up to 24 hours beforehand, depending on what the practice knows about the needs of

these patients in advance. The physician would be able to look at a report of all of the day's patients at the beginning of the day and would be responsible for interpreting the results contextually for each patient.

For a more detailed understanding of our policy on this issue, we invite you to read the ASCO Policy Statement on Opioid Therapy: Protecting Access to Treatment for Cancer-Related Pain. HSCO and ASCO welcome the opportunity to be a resource for you. Please contact Allison Rollins at ASCO at allison.rollins@asco.org or Keola Beale M.D., the President of HSCO, at Keola.K.Beale@kp.org if you have any questions or if we can be of assistance.

Sincerely,

Keola K. Beale, MD
President
Hawaii Society of Clinical Oncology



Bruce E. Johnson, MD, FASCO
President
American Society of Clinical Oncology