SB2646

Measure Title:	RELATING TO PRESCRIPTION DRUGS.
Report Title:	Electronic Prescription Accountability System; Prescription Drugs
Description:	Requires prescribers of certain controlled substances to consult the electronic prescription accountability system before issuing a prescription for the controlled substance.
Companion:	HB2531
Package:	None
Current Referral:	CPH
Introducer(s):	BAKER, INOUYE, KIDANI, Gabbard, Galuteria, Ihara, Keith-Agaran, Nishihara, K. Rhoads, L. Thielen

DAVID Y. IGE
GOVERNOR OF HAWAII

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
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Testimony COMMENTING on S.B. 2646
RELATING TO PRESCRIPTION DRUGS

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date: February 22, 2018 Room Number: 229

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 PMP 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 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
GOVERNOR

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DEPARTMENT OF PUBLIC SAFETY
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No. _____

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

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

Thursday, February 22, 2018; 9:30 a.m.
State Capitol, Conference Room 229

Chair Baker, Vice Chair Tokuda, and Members of the Committee:

The Department of Public Safety (PSD) **supports** Senate Bill (SB) 2646, 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 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, as this would significantly increase the number of PDMP users.

Second, 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.

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TO: COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH

Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair

DATE: Thursday, February 22, 2018
TIME: 9:30 AM
PLACE: Conference Room 229
State Capitol

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

Re: SB 2646 RELATING TO PRESCRIPTION DRUGS

Position: OPPOSE

Chairs & Committee Members:

Any violation of Section 329 is a felony charge, which would result is a physician loosing their license.

This bill would make it a career-ending event for a physician to forget to check the PDMP for prescriptions of schedule 2,3, OR 4 controlled substances. This bill states that no prescriber shall prescribe a schedule 2, 3, or 4 controlled substance without first requesting, receiving, and considering records of the ultimate user from the state electronic prescription accountability system as needed to reduce the risk of abuse of or addiction to a controlled substance, as needed to avoid harmful drug interactions, or as otherwise medically necessary. **However, it is unclear what happens if the electronic prescription accountability system is down and the physician is unable to log in and obtain this information at the time of the prescription. We would request and amendment to clarify this circumstance. 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

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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 a minimum it be removed from a felony offense and that the mandate be in place only for a 7-day or greater prescription.

Thank you so much for the opportunity to testify.

Hawaii Senate Committee on Commerce, Consumer Protection, and Health

Comments on SB 2646: Relating to Prescription Drugs

February 22, 2018

Honorable Chair, Vice-Chair, and Members of the Senate Committee, the Hawaii Society of Clinical Oncology (HSCO) and the American Society of Clinical Oncology (ASCO) are pleased to provide comments on 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. With that in mind, we would like to offer **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.

HAWAII EMERGENCY PHYSICIANS ASSOCIATED

February 20, 2018

Senate Committee on Commerce, Consumer Protection, and Health
Senator Roz Baker, Chair
Senator Jill Tokuda, Vice Chair

TESTIMONY ON SB 2646

Position: OPPOSE

Chair Baker, Vice Chair Tokuda, and Committee Members:

I am writing to express our opposition to SB 2646. Hawaii Emergency Physicians Associated is the largest group of emergency physicians in the state. Our emergency physicians cover 9 hospitals on 4 islands, including 6 of Hawaii's critical access hospitals. We consider Hawaii's prescription drug monitoring program (PDMP) to be an essential part to Hawaii's effort to combat the opioid epidemic. However, mandating that physicians check the PDMP for every patient is unnecessarily burdensome.

It is not uncommon that an emergency physician will write several prescriptions for controlled substances during an 8-hour shift at a busy site. In our experience, accessing the PDMP takes up to 5 minutes per event. If a physician were to write 6-10 prescriptions for a controlled substance, up to 10% of their shift would be dedicated to accessing the PDMP.

We think that is excessive when you consider the types of patients for whom we prescribe opioids. Most of these patients have a clear cause for their pain and are very low risk for abuse and diversion. A 16 year-old female accompanied by her parents with a severely broken ankle is very low risk for abusing her opioid prescription and certainly needs the medication. Mandating a physician check the PDMP under threat of a criminal charge in such patients is not helpful and unnecessary.

We have worked with the NED office, but have been unable to find a successful way to assign delegates to check the system for emergency physicians due to the nature of our practice. Emergency departments are unlike an office with a small number of physicians and office personnel. The large number of physicians and staff and the high turnover rate make delegating access appropriately extremely difficult.

We ask for an exclusion for prescriptions written for less than seven days from Hawaii's emergency departments. Additionally, we want to recognize the efforts of Hawaii ACEP to bring the EDIE system to Hawaii, which would push PDMP data in real time to emergency physicians within their electronic health record and solve this problem for emergency departments.

Respectfully,

Craig Thomas, MD
President
Hawaii Emergency Physicians Associated

Hawaii Emergency Physicians Associated Inc
PO Box 1266, Kailua Hawaii 96734-1266 • (808)261-3326 • (808)261-3092

An Independent Licensee of the Blue Cross and Blue Shield Association

February 22, 2018

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

Re: SB 2646 – Relating to Prescription Drugs

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 2646, which requires prescribers of certain controlled substances to consult the electronic prescription accountability system before issuing a prescription for the controlled substance. 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

SB2646 Doctors Must Use PDMP Before Prescriptions

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH:

- Senator Rosalyn Baker, Chair; Senator Jill Tokuda, Vice Chair
- Thursday, February 22nd, 2018: 9:30 am
- Conference Room 229

HAWAII SUBSTANCE ABUSE COALITION (HSAC) Supports SB2646:

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 doctors using PDMP before prescribing as a means to better control excess prescriptions to opioid patients.

- Studies indicate that PDMPs are effective for improving clinical decision-making, reducing doctor-shopping, and diverting controlled substance in efforts to curb the opioid use epidemic.1
- The need is great because addiction to narcotic pain relievers is rising dramatically across the U.S.
- PDMPs play an essential role as important resources for good information that is crucial for providing good medical care.
- The economic benefits far exceed the costs of operation.

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.

1. Briefing on PDMP Effectiveness, Bureau of Justice Assistance, September 2014. http://www.pdmpassist.org/pdf/COE_documents/Add_to_TTAC/Briefing%20on%20PDMP%20Effectiveness%203rd%20revision.pdf

HAWAII / ACEP
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

February 20, 2018

Senate Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn Baker
Chair
Senator Jill Tokuda
Vice Chair

Testimony in **OPPOSITION** to Senate Bill 2646

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

We, the physicians of Hawaii ACEP, support the intent of SB 2646 but oppose the bill in its current form. We have significant concerns with the potential implications of mandating PDMP checks and have several suggestions for improving the language and content of the bill.

We are sincerely concerned for our patients. Hawaii's physicians can and should be part of the solution to the opioid epidemic. Further, we agree that use of the prescription drug monitoring program (PDMP) is a best practice when prescriptions are written for at risk patients.

We do not believe that medical practice should be legislated. Hawaii's PDMP is flawed. Data is often delayed or missing, prescriptions filled at military institutions are not available on the PDMP, the system is cumbersome to use requiring several minutes to obtain data, and the State of Hawaii has yet to fund needed upgrades of the PDMP that would allow for easier use and integration into our electronic medical record systems. Mandating use of an inadequate system for all patients would be burdensome and slow care in already busy emergency departments. Finally, the system is new to many; the State of Hawaii only began to mandate registration for the system this year. We fully support mandatory provider registration and believe it will have a significant impact.

We recognize that many states do require PDMP use by providers. If Hawaii is to mandate PDMP use, we ask for several amendments:

1. Exempt prescriptions written for 7 days or less of a controlled substance from an emergency department.

Many states that mandate review of PDMP data exclude prescriptions for small numbers of pills (New York and Michigan are two specific examples). The highest

risk patients are those receiving chronic opioid therapy and our efforts should be focused on those patients.

Two years ago, legislation was passed that allows physicians to delegate access to the PDMP. We want to stress that the nature of staffing emergency departments does not allow us to appropriately assign delegates as might be done in an office based practice.

2. **Include a clause protecting providers when they are unable to access the PDMP for technical reasons or for patient safety.**

There will be times when providers are unable to access the PDMP for reasons beyond their control. Neither patients nor providers should suffer because of unforeseen events that limit the ability of providers to access the system.

3. **Statement in support efforts to push PDMP data to providers.**

Technology is available that can solve this problem. Hawaii ACEP is working with health care facilities and the state to bring a system to Hawaii that would safely push PDMP data to providers in their electronic health records in real time along with a notification for at risk patients. Funding is needed to update the PDMP to allow for improved data distribution. Push notification would eliminate the need for a legislative mandate to review PDMP data for emergency department patients. I believe that the system could be active within the next year.

4. **Appropriate funding to improve the PDMP system.**

The Hawaii PDMP requires funding for improved functionality and integration into electronic medical records. We defer to the NED for further details.

5. **A statement in support of interstate sharing of PDMP data and a direction of the appropriate agency to review state law for necessary changes.**

Sharing of PDMP data between states is a key aspect of combatting opioid misuse and diversion. Review of state law as it applies will be needed. We should start that process now.

6. **Require real time uploading of information from large pharmacies into the PDMP.**

We understand the concerns of small pharmacies. Larger pharmacies have the ability and means to upload information to the PDMP real time, improving the information contained in the PDMP and reducing provider frustration.

7. **Move the proposed legislation from Section 329. Refer violations to the Hawaii Medical Board.**

During the 2017 legislative session, it was confirmed that violation of Section 329 would lead to a felony charge. Rather than criminalizing an error in documentation, allow for a peer review process to affect change. Referral to the state medical board is common practice in other states that mandate PDMP use.

We appreciate being a part of the Governor's Opioid Commission and thank you for the opportunity to testify. We look forward to further dialogue.

Sincerely,

William Scruggs, MD
Immediate Past President, Hawaii College of Emergency Physicians
Medical Director, Emergency Department, Castle Medical Center

the Drug Policy Forum of hawai'i

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

TO: Senate Committee on Commerce, Consumer Protection and Public Health
FROM: Carl Bergquist, Executive Director
HEARING DATE: 22 February 2018, 9:30AM
RE: SB2646, RELATING TO PRESCRIPTION DRUGS, **COMMENTS**

Dear Chair Baker, Vice Chair Tokuda, 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.

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 that the reduction in prescriptions of Schedule II opioids were largely attributable to mandates of registration</u>. Mandates of use, either alone or in combination with a mandate of*

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

> *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.

It may well be the case that mandating PDMP use could have additional benefits. However, we are concerned 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/

SB-2646
Submitted on: 2/21/2018 9:44:12 AM
Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Matthew Du Mouchel	Testifying for TEG	Oppose	No

Comments:

I am writing on behalf of The Emergency Group in opposition to SB 2646, we staff Queen's medical center, both the downtown campus and West. The PDMP is a powerful tool for suspected or known abuse patterns, and to help guide interactions with that population of patients, however the mandated screening on all patients that require opioid pain medications would be a waste of precious resources for emergency physicians, including time which could be better utilized to serve other often very sick patients. The PDMP, in Hawaii, although an important tool, is not without flaw, in that military prescriptions are not included, as well as the cumbersome time to utilize the PDMP, and the issue of delayed or missing data. It is hopeful that EMR can consolidate data from the PDMP simultaneously with patient encounters, however until that resource is available, it is important to allow emergency physicians to utilize the PDMP as needed at their discretion. We understand the epidemic that is opioid abuse, we see and deal with it every day, but mandating a flawed system, with the very real possible of patient harm to other patients due to loss of time to evaluate and treat sick patients, is not the answer.

Matthew Du Mouchel, MD

Emergency Physician, The Emergency Group, Inc.

The Queen's Medical Center Clinical Faculty, Dept. of Surgery, John A. Burns School of Medicine

SB-2646
Submitted on: 2/20/2018 9:25:04 PM
Testimony for CPH on 2/22/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Takashi Nakamura	Individual	Oppose	No

Comments:

On behalf of The Emergency Group at The Queens Medical Center and HACEP: We do not believe that medical practice should be legislated. Hawaii's PDMP is flawed. Data is often delayed or missing, prescriptions filled at military institutions are not available on the PDMP, the system is cumbersome to use requiring several minutes to obtain data, and the State of Hawaii has yet to fund needed upgrades of the PDMP that would allow for easier use and integration into our electronic medical record systems. Mandating use of an inadequate system for all patients would be burdensome and slow care in already busy emergency departments. Finally, the system is new to many; the State of Hawaii only began to mandate registration for the system this year. We fully support mandatory provider registration and believe it will have a significant impact.

We recognize that many states do require PDMP use by providers. If Hawaii is to mandate PDMP use, we ask for several amendments per HACEP recommendations.

Sincerely,

Takashi Nakamura, MD, FACEP

Emergency Physician, The Emergency Group, Inc., The Queen's Medical Center

Clinical Faculty, Dept. Of Surgery, John A. Burns School of Medicine

Director, Hawaii Chapter, American College of Emergency Physicians (HACEP)

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