



HAWAII SUBSTANCE ABUSE COALITION

SB2811 SD1 Medications for Opioid Treatment

COMMITTEE ON JUDICIARY:

- Senator Brian Taniguchi, Chair; Senator Karl Rhoads, Vice Chair
- Tuesday, February 27th, 2018: 9:30 am
- Conference Room 016

HAWAII SUBSTANCE ABUSE COALITION (HSAC) Supports SB2811 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.

Buprenorphine, naltrexone, vivitrol, and naloxone are FDA approved and supported by the federal funding agency: Substance Abuse Mental Health Services Administration (SAMHSA) for the treatment for alcohol, methamphetamine and opioid use disorders. They are essential evidenced-based practices for “Medication-Assisted Treatment.”

While these medications don’t replace counseling or formal addiction treatment, they improve outcomes for receptive or clinically appropriate patients.

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

DAVID Y. IGE
GOVERNOR



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TESTIMONY ON SENATE BILL 2811, SENATE DRAFT 1
RELATING TO THE UNIFORM CONTROLLED SUBSTANCES ACT

By

Nolan P. Espinda, Director

Senate Committee on Judiciary
Senator Brian T. Taniguchi, Chair
Senator Karl Rhoads, Vice Chair

Tuesday, February 27, 2018; 9:30 a.m.
State Capitol, Conference Room 016

Chair Taniguchi, Vice Chair Rhoads, and Members of the Committee:

The Department of Public Safety (PSD) **supports** Senate Bill (SB) 2811, Senate Draft (SD) 1, which proposes to amend Hawaii's controlled substances act to clarify state law and mirror federal regulations which permit qualified practitioners to administer, dispense, and prescribe controlled substances for use as medically managed withdrawal treatment, provided that the practitioner complies with specific requirements which mirror federal regulations.

First, SB 2811, SD 1 clarifies that a prescription may not be issued for medically managed withdrawal treatment unless the practitioner complies with Title 21 of the Code of Federal Regulations (CFR) section 1301.28, the registration and any requirements of section 329-32(e), HRS, and "any other federal or state regulatory standard relating to the treatment qualification, security, records, and unsupervised use of drugs."

Second, SB 2811, SD 1 also clarifies that a practitioner who holds a separate Drug Enforcement Administration (DEA) registration as a narcotic treatment program and is in compliance with DEA regulations regarding treatment qualifications, security,

records, and unsupervised use of drugs pursuant to this chapter, may administer or dispense directly (but not prescribe) a narcotic drug listed in any schedule for the purpose of medically managed withdrawal.

Third, SB 2811, SD 1 clarifies two additional situations which are referenced in Title 21, CFR, section 1306.07. This bill allows a physician to treat a person to relieve acute withdrawal symptoms for not more than three days without renewal or extension. Also, this bill clarifies the situation wherein a physician or authorized hospital staff may administer or dispense narcotic drugs in a hospital to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment in limited situations.

Fourth, SB 2811, SD 1 clarifies that practitioners who are in compliance with federal and state registration requirements related to medically managed withdrawal treatment, and who are also in compliance with federal and state regulatory standards relating to treatment qualification, security, records, and unsupervised drugs may administer, dispense, **and prescribe** any schedule III, IV, or V narcotic drug approved by the United States Food and Drug Administration (FDA) for use in medically managed withdrawal treatment to a narcotic dependent person.

Finally, the exclusionary wording on page 1, lines 10-14, mirrors the wording in Title 21, CFR, section 1308.12. This wording specifically excludes the drug “naloxone” from scheduling as a controlled substance. This allows Naloxone to be administered, dispensed or prescribed without the regulatory controls of a scheduled controlled substance.

Thank you for the opportunity to testify on this measure.

SB-2811-SD-1

Submitted on: 2/24/2018 10:25:04 PM

Testimony for JDC on 2/27/2018 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	Testifying for OCC Legislative Priorities Committee, Democratic Party of Hawaii	Support	No

Comments:

**PRESENTATION OF THE
OAHU COUNTY COMMITTEE ON LEGISLATIVE PRIORITIES
DEMOCRATIC PARTY OF HAWAII'
TO THE COMMITTEE ON JUDICIARY
THE SENATE
TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018
Tuesday, February 27, 2018
9:30 a.m.**

Hawaii State Capitol, Conference Room 016

RE: Testimony in Support of Senate Bill **2811 SD1** RELATING TO UNIFORM
CONTROLLED SUBSTANCES ACT

To the Honorable Brian T. Taniguchi, Chair; the Honorable Karl Rhoads, Vice-Chair, and Members of the Committee on Commerce, Consumer Protection and Health:

Good morning. My name is Melodie Aduja. I serve as Chair of the Oahu County ("OCC") Legislative Priorities Committee of the Democratic Party of Hawaii. Thank you for the opportunity to provide written testimony on Senate Bill No. **2811 SD1** relating to the Uniform Controlled Substances Act; and Medically Managed Withdrawal.

The OCC Legislative Priorities Committee is in favor of Senate Bill No .**2811 SD1** and supports its passage.

Senate Bill No.**2811 SD1** is in accord with the Platform of the Democratic Party of Hawai'i ("DPH"), 2016, as it updates chapter 329, Hawaii Revised Statutes, to be consistent with federal law, by allowing prescribing authorization of drugs which include buprenorphine and naloxone to patients undergoing "medically managed withdrawal", also known as "detoxification treatment" and "maintenance treatment" by practitioners who are properly registered.

Specifically, the DPH Platform provides that 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 382-284 (2016)).

Given that Senate Bill No.**2811 SD1** updates chapter 329, Hawaii Revised Statutes, to be consistent with federal law, by allowing prescribing authorization of drugs which include buprenorphine and naloxone to patients undergoing "medically managed withdrawal", also known as "detoxification treatment" and "maintenance treatment" by practitioners who are properly registered, 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

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