

SB2811

Measure Title: RELATING TO THE UNIFORM CONTROLLED SUBSTANCES ACT.

Report Title: Uniform Controlled Substances Act

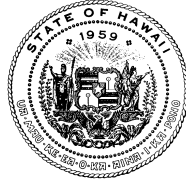
Description: Updates chapter 329, Hawaii Revised Statutes, as follows: amends sections 329-16 and 329-38(h) to be consistent with federal law, by allowing prescribing authorization of drugs which include buprenorphine and naloxone to patients undergoing "medically managed withdrawal", also known as "detoxification treatment" and "maintenance treatment" by practitioners who are properly registered.

Companion: [HB2384](#)

Package: Governor

Current Referral: CPH, JDC

Introducer(s): KOUCHI (Introduced by request of another party)



STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony in SUPPORT of S.B. 2811
RELATING TO THE UNIFORM CONTROLLED SUBSTANCES ACT**

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

Hearing Date: February 8, 2018

Room Number: 229

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department of Health (DOH) strongly supports this bill to clarify
3 how practitioners as defined under the State Uniform Controlled Substances Act may administer,
4 dispense and prescribe schedule III, IV or V narcotic drugs approved by the U.S. Food and Drug
5 Administration for use in maintenance or detoxification treatment, provided the practitioner
6 meets federal and state criteria for a narcotic treatment program. The DOH is aware that the
7 Department of Public Safety (PSD) has introduced language to update Chapter 329, Hawaii
8 Revised Statutes (HRS), to be consistent with federal law by allowing prescribing authorization
9 of drugs including buprenorphine to patients undergoing “medically managed withdrawal”, also
10 known as “detoxification treatment” and “maintenance treatment,” by practitioners who are
11 properly registered. The DOH defers to the PSD on the regulation and implementation of the
12 Uniform Controlled Substances Act and respectfully offers the following comments:

13 The DOH, Alcohol and Drug Abuse Division (ADAD) notes that the practice of
14 prescribing, administering and dispensing medications such as suboxone are critical components
15 of the treatment continuum for persons suffering from opioid use disorders. We also note that
16 the U.S. Substance Abuse and Mental Health Services Administration strongly supports the use
17 of these medications as important components of opioid treatment.

18 This measure is another example of how both the Department of Public Safety (PSD) and
19 the DOH are working together on a coordinated and balanced public safety/public health
20 approach to address narcotic addiction. The PSD has been an important and active partner in the

1 development and implementation of the Hawaii Opioid Action Plan. S.B. 2811 and its
2 companion H.B. 2384 aligns with Plan Objective 1-3: “By December 2018, increase the number
3 of prescribers licensed to prescribe and administer medication-assisted treatment (MAT) such as
4 buprenorphine and suboxone by 25 percent.” The full Plan is available at:
5 <https://health.hawaii.gov/substance-abuse/files/2013/05/The-Hawaii-Opioid-Initiative.pdf>.

6 Thank you for the opportunity to provide testimony.

DAVID Y. IGE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

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

By
Nolan P. Espinda, Director

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

Thursday, February 8, 2018; 8:30 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) 2811, 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 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 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 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 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.