

STAND. COM. REP. NO.

1857

Honolulu, Hawaii

APR 04 2019

RE: H.B. No. 665
H.D. 2
S.D. 1

Honorable Ronald D. Kouchi
President of the Senate
Thirtieth State Legislature
Regular Session of 2019
State of Hawaii

Sir:

Your Committee on Judiciary, to which was referred H.B. No. 665, H.D. 2, S.D. 1, entitled:

"A BILL FOR AN ACT RELATING TO THE ELECTRONIC PRESCRIPTION ACCOUNTABILITY SYSTEM,"

begs leave to report as follows:

The purpose and intent of this measure is to specify that a health care provider is not required to consult the electronic prescription accountability system:

- (1) In an in-patient setting when the system is consulted at the time the patient is initially admitted to a hospital and the prescription will be directly administered under the supervision of a health care provider;
- (2) For patients in post-operative care with a prescription limited to a three-day supply; and
- (3) For patients with a terminal disease receiving hospice or other palliative care.

Your Committee received testimony in support of this measure from the Healthcare Association of Hawaii, Kaiser Permanente, Adventist Health Castle, The Queen's Health Systems, Hawaii Medical Association, Hawai'i Pacific Health, and O'ahu County



Democrats Legislative Priorities Committee. Your Committee received comments on this measure from the Drug Policy Forum of Hawaii.

Your Committee finds that the Prescription Drug Monitoring Program, commonly known as the PDMP, is an effective tool to identify and prevent opioid or other substance misuse issues or unintended drug interactions. However, patients who are terminally ill and receiving palliative care, certain post-operative patients, or patients in an in-patient setting face a lower risk of opioid abuse compared to other opioid users. Your Committee further finds that by exempting PDMP queries for post-operative patients prescribed a three-day or less supply of drugs, patients receiving prescriptions administered directly by health care providers, and terminally ill patients receiving hospice or other palliative care, this measure may increase compliance and efficiency of PDMP usage by providers and reduce obstacles to care for these specific patient populations.

As affirmed by the record of votes of the members of your Committee on Judiciary that is attached to this report, your Committee is in accord with the intent and purpose of H.B. No. 665, H.D. 2, S.D. 1, and recommends that it pass Third Reading.

Respectfully submitted on
behalf of the members of the
Committee on Judiciary,



KARL RHOADS, Chair



