



STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony in SUPPORT of (SB 0535 SD 1)
RELATING TO PHARMACISTS PRESCRIBING AND DISPENSING OF OPIOID
ANTAGONIST**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH

REPRESENTATIVE TAKASHI OHNO, CHAIR
HOUSE COMMITTEE ON INTRASTATE COMMERCE

Hearing Date: March 12, 2019

Room Number: 329

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department of Health (DOH) defers to the Board of Pharmacy on
3 the implementation of SB 0535 SD 1 however we strongly support the intent of this measure
4 since it aligns with objectives from the Hawaii Opioid Initiative. This measure amends §461-
5 11.8, Hawaii Revised Statutes to enable pharmacists to prescribe an opioid antagonist in the
6 name of the individual who is requesting the opioid antagonist and to allow pharmacist to
7 prescribe an opioid antagonist to any individual who requests them.

8 The DOH understands that the present “at risk for an opioid overdose” definition requires
9 pharmacists to collect information that they do not currently collect regarding prior history of
10 overdoses or substance use disorders. The DOH therefore recommends the following amendment
11 to page 3, lines 15-19 to modify the “at risk for an opioid overdose” definition in SB 535 SD 1 to
12 both reduce stigma to the client and to assure an individualized approach to prescribing and
13 dispensing a life-saving drug:

14 For purposes of this section, an individual is “at
15 risk for an opioid overdose” if the person has [an
16 increased risk for opioid overdose based on history of
17 overdoses, a history of substance use disorder,] higher

1 opioid dosages, or concurrent benzodiazepine and opioid
2 usage.”

3 The DOH also understands that stakeholders in the Hawaii Opioid Initiative’s Pharmacy
4 Interventions Worgroup prefer to limit the number of health insurance-covered doses. The DOH
5 does not have any concerns with the adoption of policies or guidelines related to distribution of
6 opioid antagonists provided that the underlying goal to make a life-saving drug widely available
7 is honored.

8 Pursuant to Act 154 HSL 2018 which this bill amends, so far these steps were achieved:

- 9 1. The University of Hawaii School of Pharmacy has developed a training program
10 for pharmacists approved by the Accreditation Council for Pharmacy Education
11 (ACPE). To date twenty-five (25) pharmacists have taken this training and others
12 have obtained ACPE-approved training through other programs.
- 13 2. The Hawaii Opioid Initiative’s Pharmacy-Based Interventions Workgroup has
14 developed fully-vetted written educational material on risk factors of opioid
15 overdose, signs of an overdose, overdose response steps, and the use of the opioid
16 antagonist.

17 The DOH also supports adding other individuals who request an opioid antagonist. The
18 U.S. Food and Drug Administration encourages broader dissemination of opioid antagonists to
19 combat the U.S. opioid crisis, and the original intent of this measure is consistent with that goal.

20 Thank you for the opportunity to provide testimony.

Testimony of the Board of Pharmacy

**Before the
House Committee on Health
And
House Committee on Intrastate Commerce
Tuesday, March 12, 2019
8:30 a.m.
State Capitol, Conference Room 329**

**On the following measure:
S.B. 535, S.D. 1, RELATING TO PHARMACISTS PRESCRIBING
AND DISPENSING OF OPIOID ANTAGONIST**

Chair Mizuno, Chair Ohno, and Members of the Committees:

My name is Lee Ann Teshima, and I am the Executive Officer of the Board of Pharmacy (Board). The Board supports this bill.

The purpose of this bill is to clarify the scope of practice of the pharmacist to authorize pharmacists to prescribe and dispense an opioid antagonist to patients, family members, and caregivers of opioid patients. S.D. 1 also includes a sunset date of June 30, 2024.

During the summer, the Board established a Pharmacy Working Group (Group), which consisted of major stakeholders in the pharmacy industry, including, but not limited to, representatives from both local independent and chain store pharmacies, the medical community, the Department of Health, the Department of Public Safety's Narcotics Enforcement Division, and the insurance industry. In particular, the Group discussed legislation introduced during the 2018 legislative session, including those measures that were enacted as law, those that did not pass, and other measures that affected the pharmacy scope of practice.

For the Committees' information, one of the many topics discussed was Act 154, Session Laws of Hawaii (SLH) 2018. Act 154, SLH 2018 authorizes pharmacists to prescribe, dispense, and provide related education on opioid antagonists to individuals at risk of opioid overdose and to family members and caregivers of individuals at risk of opioid overdose without the need for a written, approved collaborative agreement; subject to certain conditions.

The Group determined that in addition to family members, caregivers, or the individuals at risk for an opioid antagonist, further clarification is needed with respect to the name on the prescription written by the pharmacist and to whom the opioid antagonist can be dispensed. The Group appreciates the bill's inclusion of the language "the individual who is requesting the opioid antagonist" on page 2, lines 13-14, as the Group had previously recommended this language. This amendment would allow for more access to the opioid antagonist and may also maintain an individual's privacy if he or she is the individual who is at risk for an opioid overdose and is "requesting" the opioid antagonist.

Thank you for the opportunity to testify on this bill.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Health
and
House Committee on Intrastate Commerce
Tuesday, March 12, 2019 at 8:30 a.m., Room 329
by
Marcia Sakai
Interim Chancellor
and
Carolyn Ma, PharmD, BCOP
Dean
Daniel K. Inouye College of Pharmacy
University of Hawai'i at Hilo

SB 535 SD1 – RELATING TO PHARMACISTS PRESCRIBING AND DISPENSING OF OPIOID ANTAGONIST

Chairs Mizuno and Ohno, Vice Chairs B. Kobayashi and D. Kobayashi, and members of the committees:

My name is Carolyn Ma, I am the Dean for the Daniel K. Inouye College of Pharmacy (DKICP). The University of Hawai'i at Hilo fully supports this bill that will authorize pharmacists to prescribe and dispense an opioid antagonist to patients, family members and caregivers of patients who may be at risk for an opioid overdose. We support the amendment that allows for the prescription for the opioid antagonist be in the name of the individual being treated with the opioid antagonist, or in the name of the individual who is requesting the opioids antagonist or "Opioid Antagonist Recipient" or "OAR".

Thank you for this opportunity to provide testimony.



HAWAII SUBSTANCE ABUSE COALITION

SB535 SD1 Pharmacists Prescribe Naloxone

COMMITTEE ON HEALTH:

- Rep. Mizuno, Chair; Rep. B. Kobayashi, Vice Chair

COMMITTEE ON INTRASTATE COMMERCE:

- Rep. Takahashi, Chair; Rep. D. Kobayashi, Vice Chair
- Tuesday, Mar. 12 2019: 8:30 am
- Conference Room 329

Hawaii Substance Abuse Coalition Supports SB535 SD1:

GOOD MORNING CHAIRS, VICE CHAIRS 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 non-profit alcohol and drug treatment and prevention agencies.

Utilizing pharmacy-based strategies to address prescription harm reduction for potential opioid misuse and/or overdose is a key national prevention initiative for curtailing the risk of opioid misuse/overdose.

HSAC supports that pharmacies can provide opioid antagonist (naloxone) to individuals as well as their families or caregivers.

This bill is a huge opportunity for our community to effectively address opioid overdose and misuse problems.

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

SB-535-SD-1

Submitted on: 3/11/2019 6:54:03 AM

Testimony for HLT on 3/12/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	O`ahu County Committee on Legislative Priorities of the Democratic Party of Hawai`i	Support	No

Comments:

Testimony of
Jonathan Ching
Government Relations Specialist

Before:
House Committee on Health
The Honorable John H. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair

House Committee on Intrastate Commerce
The Honorable Takashi Ohno, Chair
The Honorable Dale T. Kobayashi, Vice Chair

March 12, 2019
8:30 a.m.
Conference Room 329

Re: SB535, SD1, Relating to Pharmacists Prescribing and Dispensing of Opioid Antagonists

Chair Mizuno, Chair Ohno, and committee members, thank you for this opportunity to provide testimony on SB535, SD1, which clarifies the scope of registered pharmacists' practices by allowing registered pharmacists to prescribe, dispense, and provide related education on opioid antagonists.

Kaiser Permanente Hawai'i SUPPORTS SB535 SD1 but requests an AMENDMENT.

Kaiser Permanente Hawai'i unequivocally agrees with the Legislature's finding that deaths caused by opioids are often preventable via timely administration of an opioid antagonist such as naloxone and is firmly committed to empowering health care professionals, such as pharmacists, who can safely provide naloxone and related education about the risks of opioid overdose.

SB535, SD1 further clarifies Act 154 Session Laws of Hawai'i 2018, which authorized pharmacists to prescribe and dispense opioid antagonists. Act 154 was passed to build upon Act 68, Session Laws of Hawai'i 2016, in which the Legislature took several steps to reduce opioid-related drug overdoses in the State by encouraging the use of opioid antagonists to assist individuals experiencing or at risk of experiencing an opioid-related drug overdose.

Kaiser Permanente notes that SB535, SD1 will help to address objectives in the *Hawaii Opioid Initiative Action Plan*, which is a statewide road map for prevention and treatment of opioid and other substance misuse issues. One of the key focus areas pertains to prevention and pharmacy-based interventions. Specifically, it will help in furtherance of Object 5-1b, which seeks to

“modify Hawaii Revised Statutes to allow pharmacists prescriptive authority to prescribe Naloxone to patients and **community members** to increase access to life-saving medication” (emphasis added).¹

We would like to note that the definition of an individual “at risk for an opioid overdose” in page 3, lines 15-19 appears to be inconsistent with the Legislature’s intent in Act 68 and Act 154. Inclusion of this verbiage may preclude individuals from legally obtaining a pharmacist-prescribed naloxone prescription.

In addition to access issues, this language will create operational challenges. Since the passage of Act 154, the number of pharmacist-generated naloxone prescriptions has not seen a drastic increase as originally anticipated. Because opioid use disorders are a complex, multifaceted problem, many different factors can contribute to an increased risk of opioid overdoses and it is nearly impossible to pinpoint one specific, underlying cause. SB535, SD1 in its current form does not allow the pharmacist to use his/her discretion when prescribing naloxone. Basing eligibility strictly on “history of overdoses, a history of substance use disorder, higher opioid dosages, or concurrent benzodiazepine and opioid usage” does not consider the many, other opioid overdose risk factors (e.g. reduced opioid tolerance, age greater than 65 years old, or diagnoses of certain medical conditions like sleep apnea or decreased kidney or liver function, etc.). Therefore, the family member of a 72-year old woman with a 3-day supply of oxycodone-acetaminophen 5-325mg for pain following dental surgery may not have been able to get naloxone and the 72-year old woman could have suffered from an unintentional opioid overdose. Increased community access to life-saving medications like naloxone has shown to reduce the incidence of opioid deaths due to overdose.

Therefore, **we request the committees’ consideration in striking page 3, lines 15-19:**

~~[For purposes of this section, an individual is "at risk for an opioid overdose" if the person has an increased risk for opioid overdose based on history of overdoses, a history of substance use disorder, higher opioid dosages, or concurrent benzodiazepine and opioid usage.]~~

Thank you for the opportunity to testify on this important measure.

¹ *The Opioid Initiative 2.0: A Statewide Response to Opioid Use and Other Substance Misuse*, page 17, available at: https://health.hawaii.gov/substance-abuse/files/2019/01/The-Hawaii-Opioid-Initiative_2.pdf.



SanHi

GOVERNMENT STRATEGIES

A LIMITED LIABILITY LAW PARTNERSHIP

DATE: March 11, 2019

TO: Representative John Mizuno
Chair, Committee on Health

Representative Takashi Ohno
Chair, Committee on Intrastate Commerce
Submitted Via Capitol Website

FROM: Mihoko Ito

RE: **S.B. 535, SD1 – Relating to Pharmacists Prescribing and Dispensing of Opioid Antagonist**
Hearing Date: Tuesday, March 12, 2019 at 8:30 a.m.
Conference Room: 329

Dear Chair Mizuno, Chair Ohno and Members of the Joint Committees:

We submit this testimony on behalf of Walgreen Co. (“Walgreens”). Walgreens operates stores at more than 8,200 locations in all 50 states, the District of Columbia, and Puerto Rico. In Hawaii, Walgreens now has 19 stores on the islands of Oahu, Maui, and Hawaii.

Walgreens is in **support** of S.B. 535, SD1, which seeks to clarify the name on the prescription for an opioid antagonist by allowing pharmacists to prescribe and dispense opioid antagonists to patients, family members or caregivers of an individual who is at risk for an opioid overdose.

This measure addresses an implementation issue in Act 154 (2018) that was passed last year by making clear that pharmacists may prescribe and dispense an opioid antagonist in the name of the individual requesting it. Expanding the availability of this medication is an essential part of the public health response to the opioid epidemic. Without this clarifying language, opioid antagonists cannot be made widely available to individuals at risk for an opioid overdose and those who are in contact with them.

Hawaii is one of the last states where opioid antagonists are not made widely available to the community via pharmacies, and yet community involvement and training in preventing opioid overdoses is essential. Opioid antagonists remain underutilized in many overdose situations because many overdoses occur in places where immediate access to opioid antagonists is unavailable and first responders cannot reach a patient in time. Allowing this medication to be prescribed and dispensed in the name of the individual requesting it would make opioid antagonists more widely available in the community to aid in the reduction of drug overdoses in this state.

Walgreens is committed to comprehensive efforts to combat drug abuse. Nationally, Walgreens is engaged in a comprehensive plan to combat drug abuse by stocking Narcan®, an FDA-approved nasal form of naloxone, in its 8,000 pharmacies across the nation. Pharmacies play a key role in dispensing opioid antagonists because of the accessibility of pharmacies throughout the community, and because pharmacists are trusted, knowledgeable, accessible members of the community. Walgreens believes this bill is one way in which Hawaii can help to address opioid overdoses in the state.

We note that, in the current version of the bill, we have some concerns with the inclusion of a definition for “at risk” individuals at page 3, lines 15-19. We believe that the inclusion of this language may require an additional layer of verification for at-risk individuals, and ultimately make it more difficult to dispense opioid antagonists to the people who need them the most. Since this is contrary to the overall public policy intended, we would respectfully ask for this language to be deleted.

Thank you for the opportunity to submit testimony in strong support of this bill.



March 11, 2019

The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Health

The Honorable Takashi Ohno, Chair
The Honorable Dale T. Kobayashi, Vice Chair
House Committee on Intrastate Commerce

Re: SB 535, SD1 – Relating to Pharmacists Prescribing and Dispensing of Opioid Antagonist

Dear Chair Mizuno, Chair Ohno, Vice Chair Bertrand Kobayashi, Vice Chair Dale Kobayashi,
and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 535, SD1, which clarifies the scope of practice of pharmacists to authorize pharmacists to prescribe and dispense an opioid antagonist to individuals at risk for an opioid overdose or the family members and caregivers of individuals at risk for an opioid overdose or individuals requesting the opioid antagonist. Additionally, this measure includes a sunset date of June 30, 2024.

HMSA appreciates the intent of this Bill and we support the clarifications that are being introduced by the Board of Pharmacy with agreement from all stakeholders.

Thank you for allowing us to testify on SB 535, SD1.

Sincerely,

Pono Chong
Vice President, Government Relations

SB-535-SD-1

Submitted on: 3/8/2019 3:49:14 PM

Testimony for HLT on 3/12/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ronald Taniguchi, Pharm.D.	Individual	Support	No

Comments:

SB-535-SD-1

Submitted on: 3/9/2019 1:23:10 PM

Testimony for HLT on 3/12/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Wilson Datario	Individual	Support	No

Comments:

SB-535-SD-1

Submitted on: 3/10/2019 7:57:00 AM

Testimony for HLT on 3/12/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Chad Kawakami	Individual	Support	No

Comments:

Dear Committee Members,

My name is Dr. Chad Kawakami and I am an Assistant Professor for the Daniel K. Inouye College of Pharmacy. I strongly support this bill. Pharmacists are the most accessible health care professional. In addition, encouraging and prescribing naloxone to at risk individuals at the point of dispensing is among the most effective ways to get this life saving medication into the hands of those who need it most.

A yes vote on this measure is a vote to save a life. Thank you very much for your consideration.

Respectfully Submitted,

Chad Kawakami Pharm.D., BCPS CDE

SB-535-SD-1

Submitted on: 3/10/2019 9:22:06 PM

Testimony for HLT on 3/12/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dave Kisor	Individual	Comments	No

Comments:

Has anyone looked into the PDR (Physicians Desk Reference) to determine whether this drug may cause more problems than it is supposed to cure? This smells of the pharmaceutical industry lobby. What other drugs are these people going to have to take to cancel out the effects of the drug you made them take? A friend's wife ws prescribed premerin, a drug known to cause breast cancer. Now she's a lung and a breast lighter. The doctor said he hoped the good effects would outweigh the bad effects. If that is the mentality of modern western medicine, we are in very deep kimchee!

LATE

The Hawaii Opioid Initiative Focus Area 5: Pharmacy-Based Interventions Strongly Supports SB535 SD1 with comments.

Aloha Chair Mizuno, Chair Ohno, and Members of the Committees,

The Hawaii Opioid Initiative is a comprehensive strategy to aggressively counteract the increased abuse and misuse of opioids in Hawaii. The collaborative effort is led by the Department of Health, together with the Department of the Attorney General, Department of Human Services Med-Quest Division, Department of Public Safety Narcotics Enforcement Division and a wide range of community partners.

Last year with the help of progressive legislatures such as yourselves, Act 154 was signed into law allowing pharmacists to prescribe and dispense the life-saving medication, naloxone. This year SB535 and HB700 were introduced to amend Act 154 because the version and language that was enacted into law currently restricts a number of pharmacies in our state from participating and providing naloxone to the public.

In the process of amending the language so that all pharmacies could provide naloxone within their communities, the definition of an individual who is “at risk” for an opioid overdose was added in SB535 SD1.

For purposes of this section, an individual is "at risk for an opioid overdose" if the person has an increased risk for opioid overdose based on history of overdoses, a history of substance use disorder, higher opioid dosages, or concurrent benzodiazepine and opioid usage."

We are humbly asking the legislature to remove this “at risk” definition. The intent of Act 154 was and still is, to increase community access to naloxone and to decrease preventable opioid overdose deaths. This new “at risk” definition would prevent individuals who do not meet the criteria from being able to get a pharmacist-prescribed naloxone prescription. There are number examples where a parent, caregiver, or spouse will be denied naloxone if this definition is not removed.

Our workgroup recognizes that cost is a big concern for payers such as HMSA and we have been meeting with them to discuss strategies on how we can address their concerns and continue to maintain the community’s access to pharmacist-prescribed naloxone. One compromise was to limit the number of insurance-funded naloxone kits provided to an individual to no more than two kits in every 6 months. This is a much better way to address concerns about insurance costs than to limit access to specific a population potentially excluding individuals who truly need the medication. The latter, although well intended, will end up being a barrier to pharmacist-prescribed naloxone and the goal of making this life-saving medication available to individuals who need it.

Thank you for the opportunity to provide comments on SB535 SD1.

LATE

SB-535-SD-1

Submitted on: 3/11/2019 4:36:02 PM
Testimony for HLT on 3/12/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
cathy wilson	Work Injury Medical Association of Hawaii	Support	No

Comments:

LATE

SB-535-SD-1

Submitted on: 3/12/2019 12:19:32 AM
Testimony for HLT on 3/12/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carl Bergquist	Drug Policy Forum of Hawaii	Support	No

Comments: