



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
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**Testimony in SUPPORT of (SB 0807 SD 1)**  
**RELATING TO THE ELECTRONIC PRESCRIPTION ACCOUNTABILITY SYSTEM**

SENATOR KARL RHOADS, CHAIR  
SENATE COMMITTEE ON JUDICIARY

Hearing Date: February 26, 2019

Room Number: 016

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department of Health (DOH) supports this bill to exempt  
3 licensed health care providers from consulting the electronic prescription accountability system  
4 also known as the Prescription Drug Monitoring Program (PDMP) of the Department of Public  
5 Safety (PSD) when the patient is in an inpatient or hospital setting, or in hospice care. The DOH  
6 also supports the proposed exemption to not require an informed consent agreement for patients  
7 who are administered controlled substances under the supervision of a health care provider. The  
8 DOH also concurs with the amendments raised by PSD and others in SB 0807 SD 1.

9 This measure aligns with the following prescriber education and pain management  
10 practice objectives of the Hawaii Opioid Action Plan (January 2019) that was developed by the  
11 Hawaii Opioid Initiative:

- 12 • In-Progress Objective 2-3a: “By December 2019, develop a standardized training on  
13 opioid-prescribing best practices and provide training to 50% of prescribers  
14 Statewide;”
- 15 • New Objective 2-2: “By December 2019, develop and recommend a plan for  
16 education for physicians specific to opioid prescribing and pain management  
17 practices that includes oversight to ensure that content remains relevant and current;”  
18 and
- 19 • In-Progress Objective 3-2: “By September 2018, develop a standardized framework  
20 for the collection, synthesis, and dissemination of data.”

1           The DOH supports a balanced implementation of this measure. The proposed exemptions  
2 promote both balance and faster relief for patients who are hospitalized or in hospice. Both  
3 exemptions also do not impact the PDMP whose purpose is to collect data on prescriptions  
4 dispensed in outpatient settings like doctor's offices or local pharmacies.

5           The DOH also defers to the PSD on the regulation and implementation of the proposed  
6 amendments to the Hawaii Uniform Controlled Substances Act.

7           Thank you for the opportunity to provide testimony.



## THE QUEEN'S HEALTH SYSTEMS

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To: The Honorable Karl Rhoads, Chair  
The Honorable Glenn Wakai, Vice Chair  
Members, Committee on Judiciary

From: Paula Yoshioka, Vice President, Government Relations and External Affairs, The  
Queen's Health Systems

Date: February 21, 2019

Hrg: Senate Committee on Judiciary Decision Making; Tuesday, February 26<sup>th</sup>, 2019 at 9:00  
AM in Room 016

Re: **Support for S.B. 807, S.D. 1, Relating to the Electronic Prescription Accountability  
System**

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The Queen's Health Systems (Queen's) is a not-for-profit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, 66 health care centers and labs, and more than 1,600 physicians statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in support of S.B. 807, S.D. 1, relating to the electronic prescription accountability system. The measure clarifies that a health care provider does not need to consult the electronic prescription accountability system when a patient is in an inpatient setting or in hospice care. It also specifies that an informed consent agreement is not required for patients whose prescription will be directly administered under supervision of a health care provider. We also concur with the testimony submitted by the Healthcare Association of Hawaii.

Since the passage of Act 153, Queen's has dedicated resources to be in compliance and ensure that the state's electronic prescription accountability system is consulted, in order to reduce the potential risk of abuse or addiction to a controlled substance, as needed to avoid harmful drug interactions, or as otherwise medically necessary. Thank you for your time and attention to this important issue.

*The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.*



**February 26, 2019 at 9:00 am**  
**Conference Room 016**

**Senate Committee on Judiciary**

To: Chair Karl Rhoads  
Vice Chair Glenn Wakai

From: Paige Heckathorn Choy  
Director of Government Affairs  
Healthcare Association of Hawaii

**Re: Testimony in Support**  
**SB 807 SD 1, Relating to the Electronic Prescription Accountability System**

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the healthcare continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you for the opportunity to testify in **support** of SB 807 SD 1. In the 2018 legislative session, the legislature passed Act 153, which requires all prescribers who prescribe a Schedule II, III, or IV controlled substance to check the state's electronic prescription accountability system (better known as the Prescription Drug Monitoring Program, or PDMP), in order 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. This legislation was passed amidst a national opioid crisis that is requiring lawmakers, providers, and the community to find ways to address access to these potentially dangerous drugs.

The Association's members have taken the charge of Act 153 seriously and have been working diligently to comply with the law. Indeed, many facilities are trying to find ways to make checking the PDMP as seamless as possible to ensure the highest level of patient care. However, in implementing the law, there were some areas highlighted as needing clarification to reflect actual clinical practice and workflow.

We are supportive of this legislation, in particular the sections that provide:

- Clarification that providers do not have to check the PDMP when a patient is receiving a drug directly under the supervision of a healthcare professional;
- An exemption for prescriptions written for hospice patients, which can create a barrier to appropriate end-of-life care; and
- Clarification on when an opioid therapy patient must complete informed consent to ensure that incapacitated patients in the hospital are not subject to this requirement.

We will continue to work with our members to ensure the safety of our communities. Thank you for the opportunity to provide comments in support of clarifications to this important law.

Phone: (808) 521-8961 | Fax: (808) 599-2879 | [HAH.org](http://HAH.org) | 707 Richards Street, PH2 - Honolulu, HI 96813

Affiliated with the American Hospital Association, American Health Care Association, National Association for Home Care and Hospice, American Association for Homecare and Council of State Home Care Associations

**SB-807-SD-1**

Submitted on: 2/22/2019 2:21:37 PM

Testimony for JDC on 2/26/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Linda Rosen, M.D., M.P.H.	Testifying for Hawaii Health Systems Corporation	Support	Yes

Comments:

We support this measure which clarifies important legislation from last year.



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**February 26, 2019 at 9:00 am**

**Senate Committee on Judiciary**

To: Chair Karl Rhoads  
Vice Chair Glenn Wakai

From: Kurt Akamine, Vice President  
Ohana Pacific Management Company

**Re: Testimony in Support**

**SB 807 SD 1, Relating to the Electronic Prescription Accountability System**

Ohana Pacific Management Company, Inc. (OPMC) owns and operates five post-acute care facilities servicing more than 500 patients on Oahu and Kauai as well as an adult day health program and home health agency on Kauai.

I would like to thank the committee for the opportunity to testify in **support** of SB 807 SD 1, which would provide a provisional license for clinical fellows.

the 2018 legislative session, the legislature passed Act 153, which requires all prescribers who prescribe a Schedule II, III, or IV controlled substance to check the state's electronic prescription accountability system (better known as the Prescription Drug Monitoring Program, or PDMP), in order 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. This legislation was passed amidst a national opioid crisis that is requiring lawmakers, providers, and the community to find ways to address access to these potentially dangerous drugs.

We are supportive of this legislation, in particular the sections that provide:

- Clarification that providers do not have to check the PDMP when a patient is receiving a drug directly under the supervision of a healthcare professional;
- An exemption for prescriptions written for hospice patients, which can create a barrier to appropriate end-of-life care; and
- Clarification on when an opioid therapy patient must complete informed consent to ensure that incapacitated patients in the hospital are not subject to this requirement.

Thank you for the opportunity to provide comments in support of clarifications for this time critical law.

**SB-807-SD-1**

Submitted on: 2/24/2019 11:06:25 PM

Testimony for JDC on 2/26/2019 9:00:00 AM

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

Comments:

**TESTIMONY OF NAHELANI WEBSTER ON BEHALF OF THE HAWAII  
ASSOCIATION FOR JUSTICE REGARDING S.B. 807 SD1**

Tuesday, February 26, 2019  
9:00 am, Room 016

To: Chair Karl Rhoads and Members of the Senate Committee on Judiciary.

My name is Nahelani Webster and I am presenting this testimony on behalf of the Hawaii Association for Justice (HAJ) with **comments** regarding **S.B. 807 SD1**, Relating to the Electronic Prescription Accountability System.

This testimony applies only to Section 3 of this measure, beginning on page 5. The language being added to *HRS* §329-38.5 would remove the need for informed consent when a patient undergoing opioid treatment therapy is incapacitated. The purpose of informed consent is to disclose to the patient what the risks are, as well as the benefits, of medical treatments or procedures. There is currently a process under *HRS* §671-3 which grants the authority to the Hawaii medical board to determine the correct procedure to follow when addressing informed consent for incapacitated persons. There is no need to bypass the current process and carve out an exception for patients undergoing opioid treatment from the process already laid out by the Hawaii medical board.

Therefore, as there is an existing process to address informed consent for a person who is incapacitated, it is unclear why the language on page 5, lines 13-16 is necessary. In order to clarify the intent, we recommend the following amendment at page 6, line 13:

**Delete lines 13 – 16 on page 5**, as *HRS* §671-3 *Informed consent*, already provides a process in which to address informed consent when the person is incapacitated. We believe it is an important part of medical treatment to be informed about the medication you are about to take and to agree to it, whether you are under the direct supervision of a health care provider or not,



and if incapacitated, it is important for the Hawaii medical board to be the ones to establish the appropriate criteria by which you would address informed consent.

Thank you for the opportunity to submit testimony on this matter.



**HAWAII MEDICAL ASSOCIATION**

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To:  
SENATE COMMITTEE ON THE JUDICIARY  
Sen. Karl Rhodes, Chair  
Sen. Glenn Wakai, Vice Chair

Date: February 26, 2019  
Time: 9:00 a.m.  
Place: Room 016  
From: Hawaii Medical Association  
Jerry Van Meter, MD, President  
Christopher Flanders, DO, Executive Director

**Re: SB 807 SB 1 – Relating to the Electronic Prescription Accountability System**  
**Position: Support, with Comments**

The Hawaii Medical Association supports SB 807 SD 1 and the changes contained. We would however ask that an exemption for palliative care be provided which is beyond the six month expectancy of death, as this population may be neither in-patient nor hospice eligible.

Thank you for allowing testimony on this issue.

**HMA OFFICERS**

President – Jerry Van Meter, MD    President-Elect – Michael Champion, MD    Secretary – Thomas Kosasa, MD  
Immediate Past President – William Wong, Jr., MD    Treasurer – Elizabeth A. Ignacio, MD  
Executive Director – Christopher Flanders, DO

Testimony of  
Jonathan Ching  
Government Relations Specialist

**LATE**

Before:  
Senate Committee on Judiciary  
The Honorable Karl Rhoads, Luna Ho‘omalu/Chair  
The Honorable Glenn Wakai, Hope Luna Ho‘omalu/Vice Chair

February 26, 2019  
9:00 a.m.  
Conference Room 016

**Re: SB807 SD1, Relating to the Electronic Prescription Accountability System**

Chair Rhoads, Vice Chair Wakai, and committee members, thank you for this opportunity to provide testimony on SB807 SD1, which specifies that a health care provider shall not be required to consult the electronic prescription accountability system for patients in certain instances and clarifies that an informed consent agreement is not necessary for patients whose prescription will be directly administered under the supervision of a health care provider.

**Kaiser Permanente Hawai‘i SUPPORTS SB807 SD1**

Kaiser Permanente Hawai‘i is Hawai‘i’s largest integrated health system that provides care and coverage for nearly 255,000 members. Each day, more than 4,500 dedicated employees and more than 600 Hawai‘i Permanente Medical Group physicians come to work at Kaiser Permanente Hawai‘i to care for our members at Moanalua Medical Center and our 27 medical clinics, providing high-quality care for our members and delivering on our commitment to improve the health of the 1.4 million people living in the communities we serve.

SB 807 SD1 clarifies when a health care provider is required to consult the electronic prescription accountability system. In 2018, the Legislature passed Act 153, Session Laws Hawai‘i, to require that prescribers of controlled substances check the electronic prescription accountability system, known as the prescription drug monitoring program (PDMP), prior to prescribing certain controlled substances.

Kaiser Permanente Hawai‘i generally supports prescribers checking the PDMP and concurs with the testimony submitted by the Healthcare Association of Hawai‘i. We believe SB807 SD1 will provide more clarity to Act 153 while helping to reduce the potential risk of abuse or addiction to a controlled substance, as needed to avoid harmful drug interactions, or as otherwise medically necessary.

Thank you for the opportunity to provide testimony on this measure.

**SB-807-SD-1**

Submitted on: 2/26/2019 7:10:44 AM

Testimony for JDC on 2/26/2019 9:00:00 AM



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

Comments:

Chair Rhoads, Vice Chair Wakai:

As we move forward with the requirement for prescribers to consult the state Electronic Prescription Accountability System, (also known as a Prescription Drug Monitoring Program, PDMP), we must continue to be mindful of unintended consequences.

Those consequences tend to fall into two categories:

1. Prescribers refraining from prescribing due to added labor;
2. Patients turning elsewhere for relief from pain when their prescriptions are ended.

These are not hypothetical concerns, [see this report from the Cato Intitute regarding recent research](#).

[T]wo separate studies published online in JAMA Surgery on August 22 that examined two different restrictive opioid policies that fell victim to the Law of Unintended Consequences.

To that effect, we appreciate the adopted amendment in the SD1 version of this bill, as proposed by Kaiser Permanent that the bill:

"should not apply to initial prescriptions for 4 patients being treated for post-operative pain with a limited 5 three-day supply, given that this is consistent with a 2016 6 Centers for Disease Control and Prevention recommendation on 7 acute pain management."

The Drug Policy Forum of Hawai'i appreciates the opportunity to provide these comments.

