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February 5, 2023

TO: The Honorable Representative John M. Mizuno, Chair
House Committee on Human Services

The Honorable Representative Della Au Belatti, Chair
House Committee on Health & Homelessness

FROM: Cathy Betts, Director

SUBJECT: [HB 883](#) – RELATING TO HEALTH.

Hearing: February 7, 2023, 8:45 a.m.
Conference Room 329 & Videoconferencing, State Capitol

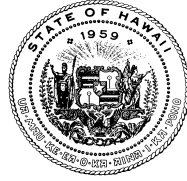
DEPARTMENT'S POSITION: The Department of Human Services (DHS) provides comments on this measure and defers to the Department of Health (DOH). DHS respectfully requests that any appropriation not replace or reduce priorities identified in the executive budget and forthcoming Governor's Messages.

PURPOSE: This bill appropriates moneys to the Department of Human Services to operate mobile clinics providing medication-assisted treatment throughout the State.

Medication-assisted treatment is an evidenced-based, clinically effective treatment for specific substance use disorders, usually opioid addiction. Hawaii currently faces a shortage of community resources that provide medication-assisted treatment, especially on the neighbor islands. Mobile clinics could be one way to expand access to such treatments. However, given that medication-assisted treatment uses Schedule II drugs, substantial security protocols are necessary to operate such a clinic.

Although such clinics may help address this treatment need, DHS has no expertise in any of its divisions to set up or operate such mobile clinics, nor do we operate or provide any direct substance use treatment services. DOH, as the Statewide Opioid Treatment Authority, does have the expertise regarding expanding access to medication-assisted treatment, and it currently has contracts with opioid treatment providers. Therefore, DHS defers to DOH on its current resource needs.

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



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**Testimony COMMENTING on HB0883
RELATING TO HEALTH**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HUMAN SERVICES

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH & HOMELESSNESS

Hearing Date: February 7, 2023

Room Number: 329

- 1 **Fiscal Implications:** This measure may impact the priorities identified in the Governor's
- 2 Executive Budget Request.

- 3 **Department Testimony:** The Department of Health (DOH) supports the intent of this measure,
- 4 provided the measure's passage does not replace or adversely impact priorities in the Governor's
- 5 Budget Request and offers the following comments.

- 6 This measure makes a blank appropriation to the Department of Human Services (DHS) for
- 7 FY24 and FY25 to operate mobile clinics providing medication assisted treatment (MAT) and
- 8 stipulates mobile clinics be staffed with professionals trained in trained in cognitive-behavioral
- 9 and contingency management interventions.

- 10 The Department of Health currently coordinates the Opioid Treatment Programs in the state
- 11 through the Alcohol and Drug Abuse Division. This program can more readily be implemented
- 12 by some of its current treatment providers.

- 13 The National Survey on Drug Use and Health for 2016-2018 estimates there are over 23,000
- 14 individuals aged 18 and older statewide were needing but not receiving treatment for illicit drug
- 15 use in the past year. Mobile clinics by themselves are not magic bullets but they play a key role.

1 For established OTPs, it may take up to nine months to purchase and mobilize and add a mobile
2 unit. This assumes they receive certification from the federal SAMHSA, state approval from the
3 Hawaii State Opioid Treatment Authority (SOTA), which is a part of the Department's Alcohol
4 and Drug Abuse Division, and are able to hire the necessary staff (medical director, dosing,
5 counselors, administrative support).

6 For new OTP startups with a mobile component, it could take up to twelve months because they
7 have to successfully complete the initial [certification and accreditation process](#) and meet other
8 requirements outlined in [42 CFR Part 8](#).

9 Thank you for the opportunity to testify.

10 **Offered Amendments:** Please amend lines 10 and 11 as follows:

11 The sums appropriated shall be expended by the department
12 of ~~human services~~ health for the purposes of this Act.



HB883 Mobile Vans for Medication Assisted Treatment

COMMITTEE ON HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Terez Amato, Vice Chair

COMMITTEE ON HEALTH & HOMELESSNESS

Rep. Della Au Belatti, Cha

Rep. Jenna Takenouchi, Vice Chair

Tues., Feb 7, 2023, 8:45 : Room 329 Videoconference

HSAC Supports HB883:

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 for substance use disorder and co-occurring mental health disorder treatment and prevention agencies and recovery services.

Mobile Outreach Vans (MOV) can help fill treatment gaps by making available health professionals that can serve “hard to reach populations” through community outreach.

- It’s for **people that don’t access traditional health care** due to rural communities and to address barriers such as mental illness, unstable housing, lack of transportation, and substance use disorders (SUDs).

Outreach is Important Part of Accessing Services

- **MOVs target communities** to provide people with health care, social services, and harm reduction assistance and have the flexibility to travel to high risk areas as well as new areas as drug use patterns emerge.
- MOV meet the people where they are at and in the condition they are.
- Outreach plays a significant role to **reduce stigma and overcome trust issues** as they become a recognizable presence.

Services – Methadone and Suboxone and More¹

- Services include **medication for addiction treatment (MAT), especially, for opioid use disorder (OUD)**

¹ Legislative Analysis and Policy and Public Policy Association: Mobile Outreach Vans
chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/http://legislativeanalysis.org/wp-content/uploads/2020/07/Mobile-Vans-Fact-Sheet-FINAL.pdf

- Mobile units can be used to provide **low-barrier buprenorphine treatment** such as for homeless people who can't easily access a pharmacy but could start buprenorphine treatment immediately through the MOV.
 - Provides **free buprenorphine treatment for up to 30 days** or until the patient enters a treatment program.
 - If no access to opioid treatment program (OTP), **MOV can bring methadone** (can't prescribe but can transport) especially for underserved population areas that have limited access to treatment.
 - **Need a qualified medical professional who can prescribe buprenorphine**, a formal treatment counselor, a case manager, and a peer recovery specialist.
- Also include *naloxone distribution, needle exchange services, fentanyl test strip dissemination, and pill disposal assistance*. Also *harm reduction services, including wound care, hepatitis and tuberculosis testing, STD and HIV screening, and pregnancy testing*. Additionally, MOV can offer toiletries, non-perishable food, clothing - especially during *critical emergency situations*.

Play a big role by referring to Treatment for ongoing recovery.²

- MOVs **help with referrals to SUD treatment**, including monetary incentives (e.g., gift certificates) to encourage individuals to seek care and follow up services.
- MOV staff assists individuals in **finding a treatment program that is right for them**.
- Some MOV **provide free buprenorphine treatment for up to 30 days** or until the patient enters a MAT or formal treatment program.
- Moreover, **MOV can bring methadone to Residential programs** who can't prescribe methadone.
- MOVs can also **go to homeless shelters, tent cities, and correctional facilities**. Jails don't have to worry about obtaining OTP certification when a mobile unit can bring methadone, buprenorphine, and naltrexone directly to the facility.
- MOV work well by **combining treatment services with harm reduction services**.

Summary

MOVs are growing in their use throughout the United States to provide some kind of **harm reduction as well as medication and outpatient treatment services** directly to those with hard to reach SUDs needs. **Medicaid can help** pay for services since most people are MedQuest. MOV staff can help the uninsured apply for insurance. Moreover having a mobile unit in place can help Hawaii be more competitive when **applying for federal grants to expand MOV services**.

HSAC appreciates the opportunity to provide testimony and are available for questions.

² The Pew Charitable Trusts: Mobile Medication Units Help Fill Gaps in Opioid Use Disorder Treatment; November 22, 2021 <https://www.pewtrusts.org/en/research-and-analysis/articles/2021/11/22/mobile-medication-units-help-fill-gaps-in-opioid-use-disorder-treatment>

HB-883

Submitted on: 2/6/2023 8:08:18 PM

Testimony for HUS on 2/7/2023 8:45:00 AM

Submitted By	Organization	Testifier Position	Testify
tyler green	Caring Hands Foster Home	Support	Written Testimony Only

Comments:

I,Tyler Green Green a Partner of Caring Hands Foster Home support Bill HB 883