

Testimony of  
John M. Kirimitsu  
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Senate Committee on Judiciary  
The Honorable Karl Rhoads, Chair  
The Honorable Jarrett Keohokalole, Vice Chair

February 15, 2022  
9:30 am  
Via Videoconference

**Re: SB 2030, SD1, Relating to the Prescription Drugs**

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on the Decision Making on SB 2030, SD1, regarding the prescription of certain drugs related to opioid overdose.

**Kaiser Permanente supports the amended version (SD1) of this bill.**

Kaiser Permanente recognizes that the Nation is in the midst of an unprecedented opioid epidemic. According to the Centers for Disease Control and Prevention, on average, 130 Americans die each day after overdosing on opioids. Kaiser understands that prevention and access to treatment for opioid addiction and overdose reversal drugs are critical to fighting this epidemic.

Since primary care settings have increasingly become a gateway to better care for fighting opioid overdose, Kaiser supports the amended version of this bill allowing pharmacists the same exemptions, as prescribers under this bill, for the dispensing of medication administered to a patient in an inpatient or outpatient setting. With opioid overdose serving as a prominent cause of emergency department and hospital admissions, hospital pharmacists will inevitably be exposed to the opioid crises, be it with patients at risk of experiencing overdose or with those admitted with overdose for medical or nonmedical use.

Thank you for your consideration.

**SB-2030-SD-1**

Submitted on: 2/12/2022 9:48:18 PM

Testimony for JDC on 2/15/2022 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Thaddeus Pham	Individual	Support	No

Comments:

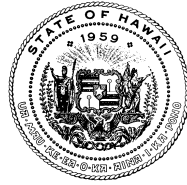
Aloha Chair Rhoads, Vice Chair Keohokalole, and JDC Committee Members,

As a public health professional and concerned community member, I am writing in strong support of SB2030 SD1, which requires providers and pharmacists to offer life-saving medication and education on opioid overdose prevention in certain circumstances.

In Hawai'i, as in the continental US, opioid use, misuse, and overdose are devastating our communities, and this measure would provide effective, evidence-based interventions to reduce the harm on our local families. A recent analysis of similar laws in other states found that such bills rapidly expand access to such life-saving medications: <https://ajph.aphapublications.org/doi/10.2105/AJPH.2020.305620>.

Thank you for your consideration.

Thaddeus Pham (he/him)



**STATE OF HAWAII**  
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**Testimony in SUPPORT of SB 2030 SD1  
RELATING TO PRESCRIPTION DRUGS**

SENATOR KARL RHOADS, CHAIR  
SENATE COMMITTEE ON JUDICIARY

Hearing Date: 2/15/2022

Room Number: Videoconference

- 1 **Fiscal Implications:** None
- 2 **Department Testimony:** The Department supports the intent of this measure and defers to the
- 3 Department of Public Safety and the Board of Pharmacy on its implementation.
- 4 The Department supports these efforts to educate patients and encourage the use of naloxone to
- 5 combat overdose and save lives and supports the proposed amendments.
- 6 The U.S. Food and Drug Administration encourages broader dissemination of opioid antagonists
- 7 to combat the U.S. opioid crisis, and SB 2030 SD1 remains consistent with that goal.
- 8 **Offered Amendments:** None
- 9 Thank you for the opportunity to testify on this measure.

**State of Hawaii Board of Pharmacy**

**Before the  
Senate Committee on Committee on Judiciary  
Tuesday, February 15, 2022  
9:30 a.m.  
Via Videoconference**

**On the following measure:  
S.B. 2030, S.D. 1, RELATING TO PRESCRIPTION DRUGS**

Chair Rhoads and Members of the Committee:

My name is James Skizewski, and I am the Executive Officer of the Board of Pharmacy (Board). The Board appreciates the intent of and offers comments on this bill.

The purposes of this bill are to: (1) require a prescriber to offer a prescription of certain drugs under certain circumstances related to opioid overdose; (2) require a prescriber to offer patient education under certain circumstances related to opioid overdose; (3) exempt veterinarians or prescriptions for animals; (4) require a pharmacist who dispenses a prescription order for an opioid to notify the individual of the potential dangers of a high dose of an opioid and to offer to dispense to the individual an opioid antagonist; provided that the individual is prescribed specific opioids at specified doses; (5) exempt patients in hospice or palliative care, residents of veterans community living centers, patients in inpatient or outpatient care; and (6) require a pharmacist to notify an individual receiving an opioid antagonist of the availability of generic and brand-name opiate antagonists.

This bill requires a pharmacist who dispenses an opioid to inform the individual of the potential dangers of high doses of an opioid and offer to dispense an opioid antagonist, including on at least an annual basis; however, page 5, lines 13 to 15, include a listing of drugs or drug categories that are not “scheduled” or considered controlled substances. Therefore, information regarding prescriptions for the drug or an opioid antagonist will not be included in the State’s Electronic Prescription Accountability System (EPAS). Drugs such as gabapentin are not included in the EPAS because it is not scheduled as a controlled substance. The inability to track the

dispensing of drugs such as gabapentin and select sedative hypnotic drugs that are not considered controlled substances would lead to many difficulties for pharmacists to discern if a patient has previously received an opioid antagonist and the required education, and whether the use of said information related to opiate antagonists. Because of these difficulties, the Board respectfully urges the committee to delete reference to “a sedative hypnotic drug” and “or gabapentin” on page 5 lines 14 and 15.

Further, this bill will also require all pharmacists who dispense opioids to offer to prescribe and dispense an opioid antagonist. For the Committee’s information, not all pharmacists have completed or elected to complete the required training program related to prescribing opioid antagonists. This would limit/restrict the availability of opioids for patients if the pharmacist did not complete the training required under Hawaii Revised Statutes section 461-11.8. Without completing this training program, the pharmacist would not be able to dispense the opioid because they would be unable to prescribe and dispense an opioid antagonist.

Thank you for the opportunity to testify on this bill.