

JOSH GREEN, M.D.  
GOVERNOR



KEITH T. HAYASHI  
SUPERINTENDENT

STATE OF HAWAII  
DEPARTMENT OF EDUCATION  
KA 'OIHANA HO'ONA'AUAO  
P.O. BOX 2360  
HONOLULU, HAWAII 96804

**Date:** 02/28/2023

**Time:** 02:00 PM

**Location:** 329 VIA VIDEOCONFERENCE

**Committee:** House Consumer Protection  
& Commerce

**Department:** Education

**Person Testifying:** Keith T. Hayashi, Superintendent of Education

**Title of Bill:** HB 0378, HD1 RELATING TO CONTROLLED SUBSTANCES.

**Purpose of Bill:** Requires the registration and registration renewal for methadone clinics and substance use disorder services clinics to be deemed a clinic and for the handling of controlled substances to be contingent upon its location being at least 750 feet away from a school. Establishes a substance use disorder services clinic working group to collaborate and consult on issues relating to addiction recovery and public safety. Requires report to the legislature. Gives methadone clinics and substance use disorder services clinics three years from the effective date of this Act to comply with this Act. Effective 6/30/3000. (HD1)

**Department's Position:**

The Hawaii State Department of Education (Department) supports HB 0378, HD1, and respectfully offers an additional amendment.

The Department also defers to the Department of Law Enforcement on the implementation of this measure.

Principals are concerned about the safety of school children. They find these clinics are important services but should be located further than 750 feet away from schools. The traffic these types of clinics bring does not align with school safety and wellness support. For example, Ke'elikolani Middle School school children experience conflict with loiterers, the homeless, and substance abusers. Since the methadone clinic was

located across the street, which is at least 750 feet away, clinic clients have lined up against the school fence line and created negative conditions for parents and students. Vulnerability assessments done find that having a methadone clinic nearby compromises schools' safety and security.

We would request the following amendment:

On page 3, lines 4-5 to read "(6) The clinic will be located [~~at least seven hundred fifty feet away~~] half a mile away (2,640 feet) from any school.

Principals shared that they agree that the needs of those receiving treatment for substance use disorders should be addressed but wish to balance this with addressing the needs for schools' safety and security.

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



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
KA 'OIHANA OLAKINO  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on HB378 HD1  
RELATING TO CONTROLLED SUBSTANCES**

REPRESENTATIVE MARK NAKASHIMA, CHAIR  
HOUSE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Hearing Date: February 28, 2023

Room Number: 329

1 **Fiscal Implications:** Undetermined

2 **Department Testimony:** The Department of Health defers to the Department of Law  
3 Enforcement on the implementation of this measure and offers the following comments.

4 The measure amends the Hawaii Uniformed Controlled Substances Act to prohibit methadone  
5 and substance use disorder (SUD) services clinics within 750 feet of schools, and establishes a  
6 substance use disorder services clinic working group (WG) to report to the Legislature to balance  
7 SUD treatment with public safety.

8 The Department will actively participate in the WG, and wants to ensure that those who need  
9 help have access to needed services while being good neighbors in the community.

10 Please note that SUD clinics cannot prescribe nor dispense methadone (a Schedule II drug). Only  
11 an Opioid Treatment Program physician can prescribe and dispense methadone. Outpatient SUD  
12 clinics typically include suboxone (a Schedule III drug because it contains buprenorphine and the  
13 life-saving drug naloxone) as part of a client's treatment plan. Prescriptions for suboxone are not  
14 dispensed at the SUD clinic, the clients pick them up at a pharmacy.

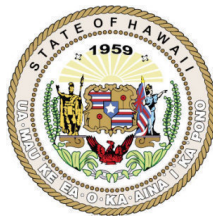
15 The Alcohol and Drug Abuse Division is working with the Med-QUEST Division to expand  
16 Medication Assisted Treatment options for those with opioid use disorders (OUD), which  
17 includes the use of buprenorphine, suboxone, and methadone. According to the National Survey

1 on Drug Use and Health, over 23,000 Hawaii adults statewide need but are not receiving  
2 treatment for illicit drug use disorders that includes use of marijuana, cocaine and heroin. There  
3 are [over 170 Hawaii practitioners with an approved federal waiver to provide buprenorphine](#) to  
4 treat OUD. And to increase the number of available practitioners, the federal Substance Abuse  
5 and Mental Health Services Administration or [SAMHSA in January 2023 removed the federal](#)  
6 [requirement for practitioners to submit a waiver to prescribe medications, like buprenorphine, for](#)  
7 [the treatment of OUD.](#)

8 Thank you for the opportunity to testify.

9 **Offered Amendments: None**

JOSH GREEN  
GOVERNOR



JORDAN LOWE  
DIRECTOR

MICHAEL S. VINCENT  
Deputy Director  
Administration

STATE OF HAWAII | KA MOKU'ĀINA O HAWAI'I  
**DEPARTMENT OF LAW ENFORCEMENT**  
*Ka 'Oihana Ho'opalekana Lehulehu*

1177 Alakea Street  
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(808) 587-2562

**Vacant**  
Deputy Director  
Law Enforcement

No.

TESTIMONY ON HOUSE BILL 378, HD. 1  
RELATING TO CONTROLLED SUBSTANCES  
Before the House Committee on Consumer Protection & Commerce  
Tuesday, February 28, 2023; 2:00 p.m.  
State Capitol Conference Room 329, Via Videoconference

**WRITTEN TESTIMONY ONLY**

Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

The Department of Law Enforcement offers several comments on House Bill 378, HD. 1, which: requires the registration and registration renewal for methadone clinics and substance use disorder services clinics to be deemed a clinic and for the handling of controlled substances to be contingent upon its location being at least 750 feet away from a school; establishes a substance use disorder services clinic working group to collaborate and consult on issues relating to addiction recovery and public safety; and gives methadone clinics and substance use disorder services clinics three years from the effective date of this Act to comply with this Act.

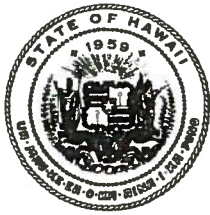
First, the Department strongly opposes the bill because of its potentially damaging, unintended, and unanticipated impacts on methadone and substance use disorder treatment clinics in Hawaii. The language in this bill is overbroad and may have the unintended consequence of adversely impacting potentially every healthcare business in Hawai'i that uses the clinic business model and not just methadone and substance use disorder treatment clinics. The consequences of those effects are potentially devastating and far reaching.

The Department supports the bill's proposal to formalize communication between the drug treatment community and schools with the creation of a working group to bring interested parties together to address the problems underlying the introduction of this bill. During a prior hearing on this measure, testimony was submitted that indicates that that communication between a Downtown Honolulu Clinic and a neighboring clinic is inconsistent at best. Increasing and strengthening lines of communication between the school and the clinic may help to resolve future problems without the need for State intervention.

The Department would like to request that the House to consider alternative legislation to hold controlled substances registrants responsible for the conduct of their clients and patients much like the County Liquor Commissions holds liquor licensees responsible for suppressing the bad conduct of patrons.

The Department does not believe it is in the public's interest to restrict the registration of methadone and substance use disorder clinics within 750 feet of a school. However, the Department is supportive of the working group proposed in the HD1 version of the bill and the use of alternative legislation to hold controlled substances registrants responsible for the conduct of their clients.

Thank you for the opportunity to present this testimony.



## DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Richards Street, Room 118 • Honolulu, Hawaii 96813  
Ph. (808) 586-8121 (V) • TTY (808) 586-8162 • Fax (808) 586-8129

February 28, 2023

### TESTIMONY TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

#### House Bill 378 HD1 – Relating to Controlled Substances

The Disability and Communication Access Board (DCAB) offers comment on House Bill 378 HD1 – Relating to Controlled Substances. This bill would prohibit the issuance or renewal of a controlled substance registration for a methadone clinic or substance use disorder services clinic if the clinic is within seven hundred fifty feet of a school and allow the revocation or suspension of a controlled substance registration if the registrant is a methadone clinic or substance use disorder services clinic that has located or relocated within seven hundred fifty feet of a school.

According to the U.S. Department of Justice Civil Rights Division guidance titled “The Americans with Disabilities Act and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery,” the ADA protects individuals who are taking legally prescribed medication, such as methadone, to treat their opioid use disorder (OUD) if the individual is not engaged in the illegal use of drugs. The guidance further explains that the ADA protects organizations, such as OUD treatment clinics, from discriminatory enforcement of zoning rules based on the organization’s known association with or relationship to individuals with OUD. In June 1999, a United States Court of Appeals, Ninth Circuit decision in Bay Area Addiction Research v. City of Antioch held that the disability discrimination protections of Title II of the ADA and Section 504 of the Rehabilitation Act apply to zoning ordinances. Continued discussion in this area is needed and should include the Department of the Attorney General.

Thank you for the opportunity to provide testimony.

Respectfully submitted,

KIRBY L. SHAW  
Executive Director

JOSH GREEN, MD  
GOVERNOR



STATE OF HAWAII | KA MOKU'ĀINA O HAWAI'I  
**DEPARTMENT OF PUBLIC SAFETY**  
**KA 'OIHANA HO'OPALEKANA LEHULEHU**  
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**TOMMY JOHNSON**  
DIRECTOR

**Melanie Martin**  
Deputy Director  
Administration

**Michael Hoffman**  
Deputy Director  
Corrections

**William Oku Jr.**  
Deputy Director  
Law Enforcement

No. \_\_\_\_\_

TESTIMONY ON HOUSE BILL 378, HOUSE DRAFT 1  
RELATING TO CONTROLLED SUBSTANCES

By

Tommy Johnson, Director  
Committee on Consumer Protection and Commerce  
Representative Mark M. Nakashima, Chair  
Representative Jackson D. Sayama, Vice Chair

Tuesday, February 28, 2023; 2:00 p.m.

Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

The Department of Public Safety (PSD) **offers several comments** on House Bill (HB) 378, House Draft (HD) 1, which: 1) requires the registration and registration renewal for methadone clinics and substance use disorder services clinics to be deemed a clinic and for the handling of controlled substances to be contingent upon its location being at least 750 feet away from a school, 2) establishes a substance use disorder services clinic working group to collaborate and consult on issues relating to addiction recovery and public safety and 3) gives methadone clinics and substance use disorder services clinics three years from the effective date of this Act to comply with this Act.

First, PSD continues to strongly oppose the bill because of its potentially damaging and sweeping impacts on methadone and substance use disorder treatment clinics in Hawaii. The language in this bill is overbroad and can impact potentially every healthcare business that uses the clinic business model and not just methadone and substance use disorder treatment clinics in Hawaii. As we pointed out in our earlier testimony before the Health and Homelessness Committee, this proposal may have far reaching, unintended, and unanticipated effects on participants and businesses in Hawaii's drug treatment community. The consequences of those effects may be devastating.



Second, PSD does support the bill's proposal to create a working group to formalize communication between the drug treatment community and schools. Based on the testimony submitted to the Health Committee, communication between a Downtown Honolulu Clinic and a neighboring school is inconsistent at best. Consequently, healthier lines of communication between the school and the clinic may help to resolve future problems without the need for State intervention.

Finally, PSD would encourage the House to consider alternative legislation to hold controlled substances registrants responsible for the conduct of their clients and patients much like the County Liquor Commissions holds liquor licensees responsible for suppressing the bad conduct of patrons.

For the reasons cited in our testimony, PSD does not believe it is in the public's interest to restrict the registration of methadone and substance use disorder clinics within 750 feet of a school. However, PSD is supportive of the working group proposed in the HD1 version of the bill.

Thank you for the opportunity to present this testimony.

**HB-378-HD-1**

Submitted on: 2/24/2023 8:56:29 PM

Testimony for CPC on 2/28/2023 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Louis Erteschik	Hawaii Disability Rights Center	Comments	In Person

Comments:

We have serious concerns about the legality of the provision which restricts the placement of clinics administering or dispensing controlled substances to at least 750 from any school. We are sympathetic to community concerns and believe that the work group established in the bill is a sound idea so that stakeholders can talk to each other and attempt to address outstanding issues.

However, based upon our research it would appear that restricting the location of such clinics would violate the ADA. There is little argument that the patients at such clinics are covered under the ADA as “individuals with disabilities” per DOJ guidance. Further, this issue was discussed in a journal article entitled [“MUNICIPALITIES CAN’T TREAT METHADONE FACILITIES DIFFERENTLY FROM CLINICS; LAND USE AND PLANNING.”](#) June 10, 2014.

That article pointed to a Third Circuit US Court of Appeals decision which favorably cited the Ninth Circuit’s decision in Bay Area Addiction Research and Treatment v. City of Antioch, 179 F.3d 725 (9th Cir. 1999), which noted that a discriminatory regulation similar to the location-based restriction in that case "could only have been rendered facially neutral by expanding the class of entities that may not operate within 500 feet of a residential neighborhood to include all clinics at which medical services are provided, or by striking the reference to methadone clinics entirely." It concluded that if a municipality desires to apply more stringent regulations to methadone clinics in order to eliminate and/or lessen associated detrimental impacts to the health and safety of the community, such regulations must be facially neutral and apply to all medical clinics in the same zoning district.”

Based upon that, we believe that the proposed bill would be subject to a clear legal challenge. If this Committee wanted to explore that issue in more depth, we would suggest seeking an opinion from the Attorney General or the Legislative Reference Bureau.



## **HB378 HD1 Outpatient and Methadone clinics restricted location and violates ADA laws.**

COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Mark M. Nakashima, Chair

Rep. Jackson D. Sayama, Vice Chair

Tuesday, Feb 28, 2023: 2:00 : Room 329 Videoconference

### **Hawaii Substance Abuse Coalition Opposes HB378 HD1.**

*ALOHA 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.*

#### **Opposition:**

### **Substance abuse clinics and methadone clinics fall under the Americans with Disability Act (ADA) Protection.**

- 1. People in recovery are a class of people with a disability.** ADA laws protect recovering individuals with disabilities who are currently drug free and also people who are involved in continuing professional rehabilitation and mentoring programs.<sup>1</sup>
- 2. It is unlawful to label all people in that category with respect to restrictions of their rights for treatment and recovery.**

**Federal courts have upheld in precedence that the ADA, based upon the U.S. Supreme Court rulings, protects substance abuse outpatient and methadone clinics from zoning laws, including being near a school.**

- The laws for recovering people are the same as if a person had any other disabilities such as an individual with a physical or mental impairment as well as for the treatment of that disability.

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<sup>1</sup> National Network Information, Guidance and Training on the American with Disabilities Act: The ADA. Addiction and Recovery: <https://adata.org/factsheet/ada-addiction-and-recovery>

## **HSAC Supports the Work Group since there has not been active dialogue.**

1. We have empathy for schools who are frustrated for any poor performance issues in the community; however, some states have proposed regulations to legislate substance abuse clinics and methadone clinics, only to see them struck down in Federal court.
2. Instead, the school must pursue legal avenues for individual accountability same as they would for any other clinic or people with disabilities who are doing something illegal.
3. **HSAC supports the formation of a work group to identify and communicate the concerns of the school to the methadone clinic.**
  - a. Let's start with dialogue to work towards problem resolution and enforce individual accountability.

## **However, HSAC opposes any language in HB378 that is in violation of ADA laws. Federal courts strictly enforce those rights for people in recovery.**

- National coalitions have formed in recent years to help protect those rights.
- Independent operators have been successful in other states to win settlements from states for any loss of business due to state laws that are in violations of Federal laws.

## **Substance Abuse Clinics prescribe suboxone, not methadone.**

### **Remove Substance Use Disorder (SUD) clinics because they don't dispense methadone; a family doctor needs a license to prescribe suboxone, and patients go to pharmacies to fill the prescription:**

- a. Suboxone, a schedule III drug, is needed to help people with opioid misuse and has low to moderate risk to the community because it includes both naloxone as well as buprenorphine.
- b. Other Schedule III drugs are codeine, hydrocodone with aspirin or hydrocodone with Tylenol and certain barbiturates.
- c. There are no lines of people waiting to get their dosage because pharmacists dispense suboxone directly to the patient based on a prescription.
- d. The Federal government, in tangent with the Department of Health, has set goals to have every primary care physician office in the state prescribing suboxone or any other new medications that come along.
- e. This could potentially impact with unintended consequences now and in the future because community health clinics, pain management clinics, and all family doctor offices can now prescribe suboxone. Moreover, the government's vision for opioid disorders is that every clinic, or hospital has some SUD outpatient and that every SUD outpatient has a primary care physician or access to it.

## Why we Need Methadone Clinics

1. **Methadone clinics are an essential part of the U.S. and Hawaii's plan to prevent opioid pandemic and overdose deaths.**
2. **There are only two Opioid Treatment Programs (OTP) in the state because they need a special license to dispense methadone, a schedule II drug.**
3. **Methadone clinics are medical treatments, targeting interventions aimed at high-risk individuals.**<sup>2</sup> They can be a critical referral source to access higher levels of formalized treatment to help with patient's addiction.<sup>3</sup>
4. **The Narcotic Enforcement Division licenses and monitors them.**
5. **The Champs OTP that is near a school has been in that location in China Town for over 25 years.**
6. **CDC's Stop Overdose campaign wants to reduce stigma around recovery and treatment, a form of discrimination, that labels groups of people.** Methadone clinics educate people who use drugs about the dangers of fentanyl, the risks and consequences of mixing drugs, and the lifesaving power of naloxone without judgement, stigma, or discrimination.<sup>4</sup>
7. **Methadone clinics, such as Champs, are most effective when located in the community where they are needed the most.**<sup>5</sup> Champs is strategically located in a high-risk area. They are for people who need more support than formalized treatment to sustain their long-term recovery.

## CAUTIONARY ALERT

**Without Methadone clinics, people with drug addiction don't leave, they continue in the area without intervention or supervision,** leading to increased crime, spreading addiction, and leading to a culture of increased behavioral problems. People will resort back to heroin, fentanyl, and misuse of opioid pain medications. Without Methadone clinics, our schools and children will have much higher risk for exposure while relapsing people would be at risk of dying.

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<sup>2</sup> U.S. Health and Human Services: Overdose Prevention Strategy: <https://www.hhs.gov/overdose-prevention/primary-prevention>

<sup>3</sup> U.S. Health and Human Services: Evidence-Based Practices: <https://www.hhs.gov/overdose-prevention/treatment>

<sup>4</sup> U.S. Health and Human Services: Harm Reduction: <https://www.hhs.gov/overdose-prevention/harm-reduction>

<sup>5</sup> U.S. Health and Human Services: Recovery Support: <https://www.hhs.gov/overdose-prevention/recovery-support>

## Summary

1. It is unlawful in Federal courts to move a substance abuse clinic or a methadone clinic because it is near a school. ADA rules protect them.
  - a. Suboxone is a schedule III drug and any reference to SUD outpatient suboxone should be removed.
  - b. Champs, a methadone schedule II drug clinic, has been there in this high-risk area with the school for over 25 years.
2. We have empathy for the school, but their proper course of action is to report to police any illegal activity of a particular individual, same as they would do for any other protected class of people.
3. A work group is great idea to start a dialogue for problem resolution to see what can be done.

**As a community it's imperative that we change our attitudes about drug treatment and recognize addiction as a medical disease<sup>6</sup> while we support people in recovery.**

We appreciate the opportunity to provide testimony and can answer any questions.

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<sup>6</sup> U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Spotlight on Opioids. Washington, DC: HHS, September 2018  
[https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids\\_09192018.pdf](https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids_09192018.pdf)

## TESTIMONY IN OPPOSITION TO HB 378, HD 1

TO: Chair Nakashima, Vice Chair Sayama, & CPC Committee Members

FROM: Nikos Leverenz  
Grants & Advancement Manager

DATE: February 28, 2023 (2:00 PM)

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Hawai'i Health & Harm Reduction Center (HHRC) **opposes** HB 378, HD 1, which provides that methadone clinics and substance use disorder services clinics be located at least 750 feet away from a school. With the understanding that this bill is directed at the continued operation of a particular methadone clinic in downtown Honolulu, its provisions would also reach those clinics that provide intensive outpatient services that may include buprenorphine. As such, this bill is an overbroad measure that will negatively impact our state's ability to provide medication-assisted treatment (MAT) for substance use disorder. MAT is currently underutilized across the state.

A December 2022 article in the *Hawai'i Journal of Health & Social Welfare* notes the absence of methadone clinics on Kaua'i, Moloka'i, and Lana'i, with limited availability on the other islands. The article notes: "[Methadone is a full opioid agonist and studies have shown better retention rate as compared to buprenorphine, a partial opioid agonist which can be filled as a regular prescription. Increasing availability of MAT will provide additional sites and support PCP \[referrals to treatment\].](#)"

The [Hawai'i Opioid Initiative](#) has been working since 2017 to implement a strategic plan and promote system improvement by integrating substance use prevention, treatment, recovery, and harm reduction within our state's healthcare system. We also hope that a significant portion of the \$78 million received from the [\\$26 billion settlement with opioid manufacturers and wholesalers will be used to expand treatment capacity, including stabilization services.](#)

HHRC's mission is to reduce harm, promote health, create wellness, and fight stigma in Hawai'i and the Pacific. We work with many individuals who are impacted by poverty, housing instability, and other social determinants of health. Many have behavioral health problems, including those relating to substance use and underlying mental health conditions, and have been deeply impacted by trauma from physical, sexual, and psychological abuse.

Thank you for the opportunity to testify on this measure.

**HB-378-HD-1**

Submitted on: 2/27/2023 8:53:32 AM

Testimony for CPC on 2/28/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ilima DeCosta	Ho'opono Na Mea Ola	Oppose	Written Testimony Only

Comments:

Chair, Vice Chair and Members of the Committee,

Mahalo for the opportunity to testify in **opposition to** HB 378, which provides that methadone clinics and substance use disorder services clinics be located at least 750 feet away from a school.

With the understanding that this bill is directed at the continued operation of a particular methadone clinic in downtown Honolulu, its provisions would also reach those clinics that provide intensive outpatient services that may include buprenorphine. As such, it is an overbroad measure that will negatively impact our state's ability to provide medication-assisted treatment (MAT) for substance use disorder. MAT is currently underutilized across the state.

A December 2022 article in the *Hawai'i Journal of Health & Social Welfare* notes the absence of methadone clinics on Kaua'i, Moloka'i, and Lana'i, with limited availability on the other islands. The article notes: "[Methadone is a full opioid agonist and studies have shown better retention rate as compared to buprenorphine, a partial opioid agonist which can be filled as a regular prescription. Increasing availability of MAT will provide additional sites and support PCP \[referrals to treatment\].](#)"

The [Hawai'i Opioid Initiative](#) has been working since 2017 to implement a strategic plan and promote system improvement by integrating substance use prevention, treatment, recovery, and harm reduction within our state's healthcare system. We also hope that a significant portion of the \$78 million received from the [\\$26 billion settlement with opioid manufacturers and wholesalers will be used to expand treatment capacity, including stabilization services.](#)

Thank you for the opportunity to testify in support of this measure.



February 25<sup>th</sup>, 2023

I am writing now on behalf of the patient/clients of CHAMP Clinic, of which nearly **200 have expressed STRONG OPPOSITION** to this bill, with just as many offering to appear in person to testify to this end. While this would provide a powerful face to the issue for congress, in lieu of presenting our case in that way, and out of respect for the time constraints of the committee members and not to overwhelm the legislative process itself, I am presenting an overview of some items brought forward by our people.

Shortly after the hearing on the 10<sup>th</sup> of February, 2023, CHAMP staff took it upon ourselves to conduct a survey of clients presenting to dose. As we interviewed, our guiding question was: How many current clients would be directly negatively impacted by a clinic relocation, should this bill come to pass? We surveyed 82 patient/clients and received feedback that 34 of those surveyed live in the immediate vicinity of the clinic and walk or use wheelchairs to access services. Thirty-seven of those surveyed work nearby and walk from the clinic to their workplace after dosing, and twenty-eight of respondents utilize other services (Medical, Legal, Judicial, and/or Social Services) in the immediate vicinity of the clinic. That is roughly 42%, 45% and 34% respectively.

Extrapolating these numbers to represent our entire active client base of around 270 individuals, you are looking at disrupting service provision of a *medically necessary treatment* for the **deadly and socially dangerous disease of addiction** for over 108 people living and working within a few square blocks of the clinic. Is this the so-called safety you are seeking for the schools? The schools which, I should not have to remind you, had no quarrel with the clinic until specifically reached out to by representatives of congress to support this discriminatory bill.

Is this the legacy you are willing to leave? Will you be proud to tell your friends and family that you, personally, stood in the way of people who are doing their best to live clean and sober lives? Will you boast that, by casting out the clinic they rely on to maintain that momentum, you had a hand in forcing them back into active addiction? Will you look in the faces of the nearly 300 clients that offered to come here in person and tell them that their lives mean nothing to you? Out of respect for the decorum expected in these proceedings, we declined to bring all these clients down to protest this measure. However we, and they, are not ready to acquiesce to the obscene suggestion that the clinic move anywhere. We are right where we need to be.

Attached, you will find hard copies of the hand-written response forms to the aforementioned survey. The other testimonials submitted earlier in the month are included as an addendum to the other testimony I presented both for the hearing on the 10<sup>th</sup>, and for now.

It is time to look at the facts- that this bill is not only in violation of federal law and the protections offered by the Americans with Disabilities Act, but it is also in violation of sound, rational, and ethical treatment of the citizens which you claim to represent.

Thank you for your time,

A. Leanne Simon  
CHAMP Counselor

A. Leanne Simon

REGARDING: SB983 and HB378 impact on CHAMP Clinic.

9 February 2023

My name is Leanne Simon, and I am one of the counselors at CHAMP Clinic, located at 173 S. Kukui St., District 13, Honolulu, HI 96813. I have lived and worked in harm reduction and addictions services in District 13 since 2020, and in organizations providing services to underrepresented residents nationally and internationally since 2009. This testimony is written on behalf of the clients<sup>1</sup>, staff (including myself), and owner of CHAMP Clinic.

CHAMP Clinic has been in business for over 30 years, with 28 of those years in its current location. We have recently been re-certified with CARF, and remain in good standing with the FDA and DEA, and are fully licensed as a Substance Abuse Rehabilitation Clinic/Methadone Clinic with the State of Hawaii. Our facility has helped over 3500 people on Oahu, and even more in our Maui location. This bill, like others before it, seeks to single out specifically and unfairly target our clinic as it is the only one of its kind in the state that is within 750 feet of a school.

To challenge this discriminatory bill and request its immediate dismissal, I present the following:

1. CHAMP Clients are required to submit to multiple, random urine-analysis drug screenings per month. These tests must prove the presence of methadone at levels appropriate to their prescribed doses and the ***absence of all other drugs*** for no fewer than 6 months, as well as approval from their counselor, before take-home doses are allowed. This privilege is immediately revoked should a test come back unsatisfactory.
2. Each dose is strictly regulated by the DEA, and each has a unique "signature" that can be traced back to the point of production and sale. This means that doses are easily traced by lot number. We have never had a complaint from the DEA - demonstrating that any methadone diverted into the community has not come from a patient at our clinic.
3. CHAMP employs a security guard that monitors the area all along the block between the clinic and the school. He ensures that clients remain on the clinic side of the street, and enforces our zero tolerance presence on school side rule that has been in place for nearly 20 years. CHAMP also has 24-hour, independently monitored, surveillance cameras installed that record all activity on the front and sides of the clinic building, as well as capturing activity on the school sidewalk. Footage is held securely, off-site, for a minimum of 90 days.
4. In the 28 years that CHAMP has been at this location, we haven't had any official complaint from the school about any of our practices, procedures, nor people. In fact, most at the school do *not even know we are here* (see their testimony regarding this).

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<sup>1</sup> Clients also provided handwritten submissions. Please see addendum at the end of this testimony.

*Re-submission of testimony provided for Feb 10 hearing.*

5. CHAMP's current location is of the utmost importance to deliver services as:

- a) We are at the epicenter of public transportation; 95% of the public bus routes for the entire island have stops within one city block of our front door. Most of our clients are living on limited incomes and rely heavily on public transportation. Additionally, many have some form of physical or cognitive disability and proximity to bus stops is crucial to protecting their right to mobility under the Americans with Disabilities Act (ADA).
- b) Three of the major hospitals on Oahu are within walking distance of the clinic. This means that if, for whatever reason, we are unable to provide dosing services to them, or they are experiencing another urgent medical issue, they can quickly and independently get help without reliance on calling 911, which uses public money to access emergency services.
- c) The clinic is located within a few blocks of the courthouse, probation offices, and other legal aid outlets. This nearness means that there is less recidivism, or return to incarceration, due to unnecessarily missed appointments, thereby saving city and state money. Additionally, the clinic is able to maintain communication with parole officers, et al, regarding progress and potential hurdles they may be facing now or in the future.
- d) We are nearby all the major social service departments. Our clients rely heavily on welfare options such as SNAP/EBT, social security, disability, child care subsidy, and employment services to cover their necessities and train them up on skills necessary to engage positively in our society.
- e) The clinic is nearby other venues that host other addiction services, such as 12-step and other support groups, and intensive outpatient addiction services. Continuity of care is critical, especially in the first few years of recovery to find new ways to get their needs met and prevent bad habits from returning.
- f) As we saw in the 1992 move, and is reflected by other clinics that have been forced to relocate in other areas of the nation, the clinic stands to lose about 50% of our clients in any move- even if just down the block. I saw evidence of this first hand when I was running the syringe exchange for HHHRC. When we moved the outreach van, usually parked at the corner of River and Kukui St., just a few parking spaces down the block, our clients would often miss us, not having seen us just up the road. This is due to the repetitive and habitual nature that is characteristic in addiction.
- g) Fifty percent is a substantial number of people returning to active addiction. Imagine several hundred people relapsing simultaneously, each returning to behaviors that they used in the past- usually illegal, potentially violent, to get the drugs that they need to prevent the onset of withdrawal symptoms. Removal of

*Re-submission of testimony provided for Feb 10 hearing.*

the clinic's safe, free alternatives to crime is just a drop in the bucket of social ills possible if this bill passes.

6. Moving the clinic would be too great a financial burden on the clinic owner. When he bought this building nearly 5 years ago, it was at 3% interest rate. The going rate for this area is now at 8%. That is more than double, and creates a substantial financial loss. Renting another space is not an option, as any landlord would be subject to the same social, financial, and now legislative bullying as is being suffered currently by CHAMP. The clinic would be at the mercy of someone unaffiliated to maintain their space. This is highly unlikely, given the amount of pressure put upon CHAMP as it is.
7. If this bill passes, the reality is that the clinic will close, along with its sister clinic in Maui. That means that an untold number of people would be returning to active addiction and all that comes with it. And, as stated earlier, the clinic did not bring the problems here- it came to meet the people where they are at. Removing the clinic will not remove the problem, just one of the solutions. I hardly think that a revival of active addiction, and its attendant crimes against property and person, is what one might call "luxury living".
8. Let's face it- this bill is not about the safety of school children. Nowhere in the bill does it mention anything about safety- only distance. And that is precise to singling out a CHAMP. They think that the clinic is an eyesore and that, by forcing us out, in keeping with their NIMBY ("Not In My Back Yard") stance, they will be able to milk even more money from the bourgeoisie new residents that are willing to pay for downtown "cool" at uptown price points.
9. I have not, in my 15 years in the industry across six countries, seen any wealthy business owner with the same passion and fervor for helping the downtrodden as I have seen in Ayman. Though CHAMP is a for-profit clinic, all services are free for the clients, including pricey urine analysis drug screenings. He does this, not because he is trying to get their vote, or campaign donations, and his wealth is certainly not from these clients lining his pockets. He does this because it is the right thing to do. Not just for the clients that show up at our door, ravaged by the effects of drugs and life on the streets, trying to find a better way to live- but also for those new residents, the ones that turn their noses up at us - and for the school. Why? Because none among us is too wealthy, too smart, nor too "good" to be affected hell that drug addiction brings.

The wealthy in this area have the option to go to the high-priced doctors operating nearby that offer a month's worth of take-home methadone at a time, with zero oversight, through prescription easily fillable at the pharmacy. But no one is lobbing legislation at them. And why not? Isn't the point of this to protect the community from the possibility of access to controlled substances due to drug diversion? Hardly.

Please consider my testimony carefully, and weigh the actual repercussions of closing CHAMP Clinic should this bill pass. There are serious consequences facing this entire zone should services be cut or displaced for this vulnerable population. Do you want to be one of the ones

*Re-submission of testimony provided for Feb 10 hearing.*

responsible for those grim nightly news stories? Or do you want to go to sleep at night knowing that you are on the right side of history?

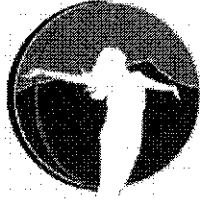
Thank you for your time.

Yours in Service,

A. Leanne Simon  
Counselor, CHAMP Clinic  
MA – Human Development  
MpaCS – Peace & Conflict Studies

#### ADDENDUM:

In addition to my own testimony, most of the CHAMP clients were eager to add their voices to this discussion. It is, after all, a decision that most impacts them and the direction that their lives might take should this invaluable resource be snatched away. In accordance with HIPAA law, names and identifying information has been redacted, except in the cases we have signed permission to disclose. There are over 100 individual cards by as many clients, completed in handwriting which are being submitted in person by Aisha Esker. I have randomly selected a representative sample of these testimonials, categorized by general topic (as labeled at top of each page).



# CHAMP Clinic

173 Kukui St.  
Honolulu, HI 96813  
808-426-4515

Testimony from clients that work nearby:

1418

It is important to me that CHAMP  
stay in its current location because:

CHAMP has been important in  
this location as it is close to  
my work downtown. I have  
worked downtown for 12 years and  
have been coming to CHAMP for  
12 years as well Bradley Chung

It is important to me that CHAMP  
stay in its current location because:

It is very important  
for me to get to work on  
time this place is perfect  
location we need to keep  
it open please

BHP #640



# CHAMP Clinic

173 Kukui St.  
Honolulu, HI 96813  
808-426-4515

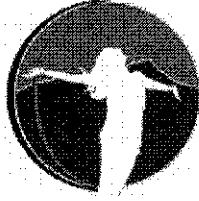
Testimony from clients that work nearby:

It is important to me that CHAMP  
stay in its current location because:

I work and  
this program  
helped me get a  
normal life  
I like this location  
2457 JMS

It is important to me that CHAMP  
stay in its current location because:

Because it keeps me clean  
and I have a SOD shop nearby  
Jesse  
2329



# CHAMP Clinic

173 Kukui St.  
Honolulu, HI 96813  
808-426-4515

Testimony from clients that use bus service to attend:

#1000

It is important to me that CHAMP  
stay in its current location because:

This location really matters  
to me because I cannot ride  
the bus & I have to walk  
here close to living. Please

*[Signature]*

#2383

It is important to me that CHAMP  
stay in its current location because:

KK

It is easy for me to get to  
the bus along with other  
services in the area.  
Please don't take it away.

Thank You





# CHAMP Clinic

173 Kukui St.  
Honolulu, HI 96813  
808-426-4515

Testimony from clients that use bus service to attend:

Leticia Luna 971 2090855

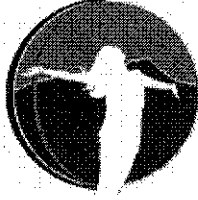
It is important to me that CHAMP  
stay in its current location because:

we really need to stay  
open at this location  
I ride the bus here  
everyday, I walk here  
for so please don't  
move our location.

#2288

It is important to me that CHAMP  
stay in its current location because:

ITS A VERY CONVENIENT LOCATION  
FOR ME. I TAKE ONE BUS ROUTE  
TO GET HERE WHICH ALLOWS ME  
TO SAVE ~~WHATEVER~~ WHATEVER I CAN ON  
OTHER NECESSITIES. AFTER WORK  
I FINISH IN THE MORNING I COME  
STRAIGHT TO THIS LOCATION WHICH  
MAKES THINGS ALOT EASIER FOR MY  
SCHEDULE THROUGHOUT THE WEEK.



# CHAMP Clinic

173 Kukui St.  
Honolulu, HI 96813  
808-426-4515

Testimony from clients that use bus service to attend:

It is important to me that CHAMP  
stay in its current location because:

It's convenient for  
me. I'm 75 yrs. young &  
take the bus from  
Kaneohe #101

It is important to me that CHAMP  
stay in its current location because:

It's near all my  
other services

Thank you.

2411 J.K.



# CHAMP Clinic

173 Kukui St.  
Honolulu, HI 96813  
808-426-4515

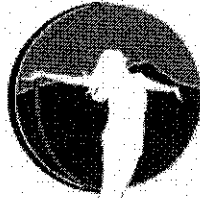
Testimony from clients that use bus service to attend:

It is important to me that CHAMP  
stay in its current location because:

this location is important because  
it is so centrally located. I live  
in Kalihi and don't drive so my  
ride comes from Kalaheo  
This is the ideal location. The bus  
comes right here if I don't get a ride

It is important to me that CHAMP  
stay in its current location because:

It is close to rapid transit and  
convenient for going to other Dr.'s  
appointments. We have come  
here for 20+ yrs. Mt 872



# CHAMP Clinic

173 Kukui St.  
Honolulu, HI 96813  
808-426-4515

Testimony from clients that use nearby medical services:

Client # 2232

It is important to me that CHAMP  
stay in its current location because:

I have appointments at queens  
Right After I go to /champs  
(almost daily). please dont  
move the clinic it will make  
it very hard for me to get to  
clinic.

JK

#31 KC

It is important to me that CHAMP  
stay in its current location because:

Champ location is convenient  
for me because, of its location  
I come from Kailua and  
I am disable and Champ  
is centrally located to my  
doctors as well



# CHAMP Clinic

173 Kukui St.  
Honolulu, HI 96813  
808-426-4515

Testimony from clients that use nearby medical services:

Paula Campos  
Paula Campos  
808-426-4515

It is important to me that CHAMP stay in its current location because:

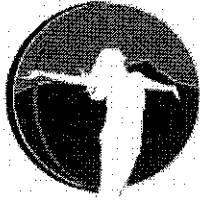
I have regular medical visits near here and I ride the bus to Champ here

PLEASE understand my situation Thank You

1041 EH

It is important to me that CHAMP stay in its current location because:

It is close to the Hospital and other services for us (patients)



# CHAMP Clinic

173 Kukui St.  
Honolulu, HI 96813  
808-426-4515

Testimony from clients that use nearby medical services:

**It is important to me that CHAMP  
stay in its current location because:**

*it saved my life - its close to  
my doctor and I'm a terminal  
cancer patient.*



# CHAMP Clinic

173 Kukui St.  
Honolulu, HI 96813  
808-426-4515

Testimony from clients that work nearby:

It is important to me that CHAMP  
stay in its current location because:

Because it keeps me clean  
and I have a \$20 now nearby

Jesse

2329

It is important to me that CHAMP  
stay in its current location because:

It is very important  
for me to get to work on  
time this place is perfect  
location we need to keep  
it open please

B. H. P. #640



# CHAMP Clinic

173 Kukui St.  
Honolulu, HI 96813  
808-426-4515

Testimony from clients that live nearby:

702 JK

It is important to me that CHAMP  
stay in its current location because:

I live near here and  
would be difficult for  
me to move

116

It is important to me that CHAMP  
stay in its current location because:

I live here.  
A CHAMP has always been here for me  
and the location is key. All the people  
that work at CHAMP are my friends.  
Anywhere else would be a big mistake,  
The community here accepts us. The  
security keeps things calm on the block.





# CHAMP Clinic

173 Kukui St.  
Honolulu, HI 96813  
808-426-4515

Testimony from clients that live nearby:

702 JL

It is important to me that CHAMP  
stay in its current location because:

I live near here and  
would be difficult for  
me to move

116

It is important to me that CHAMP  
stay in its current location because:

I live here.  
CHAMP has always been here for me  
and the location is key. All the people  
that work at CHAMP are my friends.  
Anywhere else would be a big mistake.  
The community here accepts us. The  
security keeps things calm on the block.



# CHAMP Clinic

173 Kukui St.  
Honolulu, HI 96813  
808-426-4515

Testimony from clients that live nearby:

702 JL

It is important to me that CHAMP  
stay in its current location because:

I live near here and  
would be difficult for  
me to move

116

It is important to me that CHAMP  
stay in its current location because:

I live here.  
A CHAMP has always been here for me  
and the location is key. All the people  
that work at CHAMP are my friends.  
Anywhere else would be a big mistake.  
The community here accepts us. The  
security keeps things calm on the block.



# CHAMP Clinic

173 Kukui St.  
Honolulu, HI 96813  
808-426-4515

Testimony from clients that live nearby:

2337

JTM

It is important to me that CHAMP  
stay in its current location because:

Cant afford 2 travel far,  
I need my methudone so I  
can stay clean.

It is important to me that CHAMP  
stay in its current location because:

I live in this area, whether  
you like it or not Peoples LIVES  
ARE AT STAKE HERE. AND IT IS LIFE  
AND DEATH



# CHAMP Clinic

173 Kukui St.  
Honolulu, HI 96813  
808-426-4515

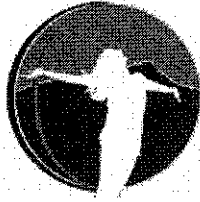
Testimony from clients that live nearby:

It is important to me that CHAMP  
stay in its current location because:

I live close by and  
I have a hard time dealing  
with it for delay  
Mary Lou

It is important to me that CHAMP  
stay in its current location because:

CHAMP's central location is vital  
for the many clients to easily  
access its location. Many  
of the clinic's clients have  
serious mobility issues ~~and~~ & would  
face serious difficulties if the  
clinic were moved.



# CHAMP Clinic

173 Kukui St.  
Honolulu, HI 96813  
808-426-4515

Testimony from clients that live nearby:

1750

**It is important to me that CHAMP  
stay in its current location because:**

*R. M.*

*Close to where I  
live*

**It is important to me that CHAMP  
stay in its current location because:**

*It's close to my house and helps me get to  
my two jobs quicker. If relocated by the airport,  
it would take me almost twice as long to get to  
and from the new location (if moved)*



# CHAMP Clinic

173 Kukui St.  
Honolulu, HI 96813  
808-426-4515

Testimony from clients that live nearby:

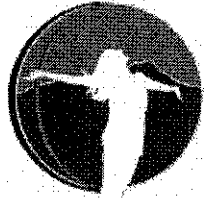
It is important to me that CHAMP  
stay in its current location because:

2407 AM  
I CAN'T GET AROUND WITHOUT  
A WALKER AND IT IS CONVENIENT  
I HAVE NO TRANSPORTATION  
CHAMP NEEDS TO STAY HERE!

From: 1210 - W-C

It is important to me that CHAMP  
stay in its current location because:

Majority of us (1) travel on  
foot, (2) come from the other  
side of island (3) majority of  
us can't afford bus passes,  
(4) or we are traveling w/  
pain due to injuries in bones.  
cannot drive at all but to make  
it to this location stay here



# CHAMP Clinic

173 Kukui St.  
Honolulu, HI 96813  
808-426-4515

Testimony from clients that live nearby:

To whom it may concern:

It is important to me that CHAMP stay in its current location because: it is very convenient for me as a disabled person. It is close to all the bus routes and makes it so easy for me to come to this clinic. The other clinic is too far and only 2 buses go that way. This place has saved my life. It would be very upsetting if it were relocated. Please let it stay where it's been for the 20yrs

It is important to me that CHAMP stay in its current location because:

cuz I'm Homeless & I stay  
 in downtown

Alana Shipman

## CHAMP Clinic Client Demographic Survey

➤ **Client Number:** \_\_\_\_\_

➤ **Age:** Under 25    26-35    36-45    46-55    56-65    66-75    76-85    86+

➤ **Disabled (other than SUD/ODU):** Physical: \_\_\_\_\_ Mental/E  
motional: \_\_\_\_\_

➤ **Thinking about the place where you sleep most often- is it nearby (within reasonable walking distance?)**    Y / N

➤ **If not, how do you use public transportation to get to the clinic?**    Y / N

➤ **If you Work, is your business located nearby?**    Y / N

➤ **Do You Access Other Services with Offices Located Nearby the Clinic?:**    Y / N

➤ **Type:**    Medical    Legal    Judicial(Courthouse)    Social Services

**Client Initials:** \_\_\_\_\_



**HB-378-HD-1**

Submitted on: 2/25/2023 9:31:09 PM

Testimony for CPC on 2/28/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
ayman el dakhakhni	champ clinic	Oppose	Written Testimony Only

Comments:

To Whom It May Concern:

This testimony is in regard to HB 378. Some key changes were made to this bill which seems to specifically target our business. We are the only methadone clinic within 750ft from a school and as such, our Honolulu clinic alone would be targeted by this bill and action. The 750ft law was originally put into place for Drug Dealers, not for recovery clinics. However, it seems this new bill directly impedes the operation of our rehabilitation center.

To begin, our Methadone clinic has been in operation for the past 30 years and at this location for the past 28 years. Our facility has helped over 3000 clients on their way to recovery. We are licensed and certified by the State of Hawaii and CARF, and we are heavily regulated by the DEA. We are in good standing and have been so for the past 30 years.

Bill HB378 seems to specifically target CHAMP Clinic Honolulu due to its location. As stated earlier, we have been in operation in good standing for the past 30 years.

1. This Bill seems very strange to us because it proposes that we move within 3 years and then a committee will decide the impact on the community. This is a classic case of shoot then aim. It's like saying, let's hang this person and then afterward hold a trial to see if they are guilty or not. If we take this approach, it will be near impossible to reverse this bill because someone needs to sponsor a new bill and get the votes, and we all know this won't happen, and the damage would be done to the community and nearly 300 clients. Instead, we need to put this bill on hold. We agree with having a committee, and then after the committee makes recommendations, a bill should be proposed, not passed, before any discussion has taken place.
2. We would also like to bring to the attention of the committee that this bill is against federal law as Methadone Clinics are protected from discriminatory zoning under the ADA. I would like to remind the committee that every time this has gone to court in other states (New York, Pennsylvania, Florida, Texas, Maryland etc.) the federal court sided with the methadone clinic against discriminatory zoning and prohibition of federally protected citizens from receiving treatment. People with Opioid Use Disorder (OUD) have a disability, and they are protected from discrimination by the American Disability Act ADA. They must be allowed to take their medication in a federally approved facility that is accessible to them. Passing this law would be in violation of the American

Disability Act. We are protected, and our clients are protected by the Federal Government

3. For the past 28 years there have been no documented cases of clients interacting with schools or students in the vicinity or on school grounds.
4. The clinic is in operation from 6:30 AM to 12:30 AM and clients are monitored by a security guard. We are only open 12 hours concurrently with school hours.
5. We have installed 24 Hr surveillance cameras which are independently monitored. The sidewalk in front of and on the side of the clinic as well as the school side walk are monitored with cameras that record and maintain footage for 90 days at a time. They have been in position for the last 15 years.
6. We have a security guard that monitors the sidewalk in front of the building as well as across the street including the school sidewalk. He is sitting on the school sidewalk. No client is allowed to loiter around the building, across the street, or near the school. The security guard sitting on the school sidewalk does not allow any of our clients to loiter or stand on the sidewalk. This policy has been maintained for the last 15 years.
7. Patients dose at the clinic under the supervision of a doctor and a nurse. None of our patients are allowed take home doses unless they demonstrate clean U/A's for at least six months. This is strictly regulated by the DEA.
8. The take home doses are in clear liquid form in small sealed bottles. Liquid doses make it much harder to sell to a second party unlike some physician offices that might prescribe a 30 day dose in pill form which are much more easily sold on the black market.
9. Our location is of utmost importance as we are conveniently located amid all major bus lines. We are within 2 blocks of major hospitals and government assistance facilities. It is extremely important for us to maintain this location for the convenience and ease of access for our clients.
10. Many of our clients are disabled and require easy access from bus service lines.
11. It is our belief that removal of our clinic from this location would make it difficult for our clients to receive recovery services. This would force them back onto the streets rather than remaining in treatment.
12. Forcing the clinic to move its location would cause a huge financial hardship for our business which could prohibit our business from existing. We believe that we should be granted a grandfathered position.
13. In addition, if the clinic were to be moved, it would cause great hardship to the business. I would like to bring to the attention of the committee that we own our clinic which we bought five years ago at 3%. If we were to purchase another building we would be exposed to the high price of current interest rates which is approximately 8% for commercial properties. If we were to rent, it would be nearly impossible to find a lease or a landlord who will not be pressured to move us. In the first four years on Oahu, we had to move four times due to pressure from landlords. And in Maui in the first three years we had to move three times, due to pressure from the landlords. This put tremendous pressure on us and our clients, but to keep peace we were forced to move.
14. It is our opinion that major development occurring in the surrounding area may be influencing policy to specifically target and remove our clinic because they feel it might lower property values. It seems to be a case of "not in my neighborhood" when it comes to substance abuse rehabilitation. In the past, the outskirts of downtown Honolulu remained underdeveloped. We built our business in this area to serve the underprivileged

who were neglected for so many years. We have operated successfully for the past 26 years serving the people of this community. In recent years, big business seeking to install luxury condominiums, have specifically targeted our business because it does not fit in with their vision of luxury living. If big business gets its way, our clients, the silent underprivileged, would suffer and they would be the one to pay the price. We are their voice and we will fight to have their needs met. We are not in business to satisfy the concerns of luxury condo owners. We seek to help the underprivileged citizens who need a helping hand on their path to recovery.

We would like to humbly submit this testimony to the House in regards to our opposition of bill HB378 as we feel this bill specifically targets our business and clients receiving substance abuse rehabilitation services.

Thank you

Mohamed El-Dakhkhni

President Champ Inc.

To Whom it May Concern,

I have been employed by CHAMP Clinic for over 4 years now. This location is vital to the community as the majority of our clients are centrally located, and we make it easy for them to access services.

All the major bus routes stop within a couple blocks of the clinic. Also, most major medical facilities are within walking distance from CHAMP.

Our clients do not do well with change. If you change our location, after being here for nearly 30 years, it would be a major shock for most of them. Our clients will be lost in this community without us here to help guide them to their appointments, which are centrally located.

We are working hard to make this community a better place for all to share, work, live, and play in. Relocating our clinic would be disastrous for all parties here. Crime would increase.

Our clinic would best serve our community if it is to stay in its location, where it has been for nearly three decade. Change would do more harm than good to this community. We love this community and care for it to the best of our abilities. To change that would be harmful to the people we serve and we are here for the people who need help. So help us help them, by not making big changes to their lives.

Sincerely,

Brian Peroff

*Lab Tech / Receptionist*

*Brian Peroff*

To Whom it may concern,

My Name is Lane Lee. I am a counselor at Champ Clinic. I have worked for champ for almost 2 yrs. I'm writing this letter in regards to a specific bill that is trying to get passed which would force champ clinic to move and relocate, somewhere probably far and out of the way from its current location.

Basically the bill points to champ clinic being to close to the middle school across the street . It is obvious that certain individuals and organizations believe champ clinic may pose some type of threat or danger. This idea is incorrect. One, the school itself doesn't consider us a danger, and when asked, verbally confirmed, even to the point of not knowing we existed across the street.

Secondly, we have a caring and capable security guard, who literally sits across the street up against the fence separating the school grounds and the city and county sidewalk. For years he has specifically been posted there making sure our clients stay on Champ's side of the street. He's posted there from the time we open to well after we close, periodically patrolling the school side of the sidewalk, making sure our clients are not loitering across the street, and also cleans any rubbish throughout his shift.

Third, my son used to be a student at that middle school between the years of 2017-2018. My schedule permitted me to personally be able to pick up my son from school almost everyday. I say this because for the two years my son attended that specific middle school and daily I would pick him up afterschool, that I myself and including my son, had no idea there was a methadone clinic across the street. There was absolutely no indication that a methadone clinic existed across the street, nor did I ever hear talk of such a one among my fellow parents. Also, I never heard my son and his friends ever mention or show any signs of having any knowledge of such a place across the street. I can honestly say that at no point did my son and I ever feel or experience any type of danger or threat due to the Clinics close proximity.

Lastly, the ones who will suffer the most from this move would be our clients. A large percentage our clients are homeless, living in the surrounding area. They would greatly be affected by no longer being in close proximity to the clinic, having no consistent access to proper transportation, and so would the ability to properly access our much needed services. Also, I personally know that a lot of my clients doctors, Therapists, Psychs, and other important appointments are all located near the clinic, which makes our location valuable and reachable to them. Moving this clinic would cause a shockwave that this community, in my opinion, would feel in a very negative way. Without Champ here, there would be hundreds of opiate addicts left with a very unaccessible way to receive their medication, and so eventually drifting back to the familiar once again, which for them is Heroin and other illicit narcotics. Those said narcotics are obviously not covered by their insurances , unlike the methadone which is, and so turning to crime to fund such purchaces of illegal substances. That would set off a chain of events which will undoubtedly cause the crime rate to spike, and that will then pose a real and immediate danger to that specific middle school.

**HB-378-HD-1**

Submitted on: 2/24/2023 7:53:43 PM

Testimony for CPC on 2/28/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jeff Nash	Habilitat, Inc	Oppose	Written Testimony Only

Comments:

Aloha Chair Belatti, Vice Chair Takenouchi, and Members of the Committee:

Habilitat, Inc strongly opposes HB378. This bill is blatantly discriminatory against a class of citizens protected by the ADA (American's with Disabilities Act.) It seems clear that a few citizens are uncomfortable with having sick people getting their life saving medicine in their neighborhood. This bill is blatant discrimination, breaking federal law. Passing this will expose the state to federal lawsuits for discrimination, in direct violation of the ADA.

If a state passes a bill that violates the ADA, individuals and advocacy groups file a lawsuit challenging the law. The Department of Justice (DOJ) will also bring a lawsuit against the state to enforce the ADA. If a court finds that the state's law violates the ADA, the court can order the state to stop enforcing the law and may also order the state to provide remedies for individuals who were harmed by the law. Do we really have the time or the money to waste on federal lawsuits?

States cannot discriminate against substance abuse by limiting the locations of treatment programs. Discrimination against individuals with substance use disorders is illegal under federal law, and state laws and regulations must comply with federal anti-discrimination laws.

Furthermore, substance abuse is a public health issue that affects individuals, families, and communities. Limiting the locations of treatment programs would only serve to restrict access to treatment and potentially worsen the problems associated with substance abuse.

Instead, we should work to ensure that individuals with substance use disorders have access to a range of evidence-based treatment options, including medical assisted treatment, outpatient and residential programs and that these programs are in areas where they can best serve those in need. This clinic is situated downtown, where people have easy access.

There have been numerous cases where states have been sued for passing laws that discriminate against ADA protected classes, including individuals with substance use disorders.

We already have laws in place to deal with drug use, drug sales and even *paraphernalia* offenses. The laws in place should be enforced if indeed laws have been broken.

We have an opiate epidemic in Honolulu. People are dying at an alarming rate. These people at the clinic are trying to get help for a life-threatening situation. Would be ban cancer clinics? Heart clinics?

Furthermore, while this bill obviously attempts to target one program, it also places a huge burden on every other program in the state. Most of us have no issue with our neighbors. This business of regulating everyone, because someone has an issue with one of us, has got to stop.

We have a severe drug epidemic in Hawaii. Does the state government really want to make the problem worse? Everyone wants a solution to the drug problem, which adds significantly to the crime problem. Yet, nobody wants it in their neighborhood. If this clinic is forced to shut down, people will die. If this bill passes, the state government will place undue burden on all the treatment programs in Hawaii. This type of discriminatory regulation makes Hawaii an undesirable place to provide lifesaving services. Please stop passing legislation that makes it hard to help people with disabilities.

Thank you for your sincere consideration in this matter. Please oppose HB378.

Mahalo,

Jeff Nash

Executive Director



**Testimony to the House Committee on Consumer Protection and Commerce  
Tuesday, February 28, 2023; 2:00 p.m.  
State Capitol, Conference Room 329  
Via Videoconference**

**RE: HOUSE BILL NO. 0378, HOUSE DRAFT 1, RELATING TO CONTROLLED SUBSTANCES.**

Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA offers **COMMENTS** on House Bill No. 0378, House Draft 1, RELATING TO CONTROLLED SUBSTANCES.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This bill, as received by your Committee, would, among other things:

- (1) Prohibit the issuance or renewal of a controlled substance registration for a "clinic" situated within 750 feet of a school; and
- (2) Allow the revocation or suspension of a controlled substance registration if the "clinic" is located within 750 feet of a school.

While it would appear that the bill seeks to be applied solely to a methadone or substance abuse disorder services clinic, the Uniform Controlled Substances Act does not distinguish these programs in the definition of a "clinic". Section 329-31.5, Hawaii Revised Statutes, defines a "clinic" to mean *"an out-patient medical facility owned and operated by a legal entity that employs individual practitioners for the treatment of patients and which may or may not provide after-hours emergency or urgent care."* Although this bill makes technical, nonsubstantive amendments to this definition, it would appear that the 750 foot restriction would apply to any "clinic", including those that provide services other than for a methadone or substance abuse disorder services clinic.



**Testimony on House Bill No. 0378, House Draft 1**  
**Tuesday, February 28, 2023; 2:00 p.m.**  
**Page 2**

FQHCs have long provided essential primary care services at and near schools. Not only are FQHC facilities imbedded within the heart of rural communities where they are in close proximity to numerous schools, FQHCs also employ mobile "clinics" as part of outreach to the homeless and other marginalized populations. These services have included the occasional prescription and dispensation of controlled substances. In fact, at one point, Koolauloa Community Health Center had established a dental theater on the campus of Kahuku High School, where anesthetics were given for various dental procedures. These anesthetics are controlled substances that would violate the restrictions proposed in this bill.

It should also be noted that this Legislature is considering numerous measures that would expand the provision of mental health services provided at our public schools.. Many of these proposals build on the efforts initiated through FQHC involvement in the provision of COVID-19 vaccines at schools. In the future, there may be instances where FQHC personnel from either mobile vans or at locations on campus prescribe or dispense controlled substances to students for attention deficit disorder or other behavioral maladies, which this bill, as presently drafted, would preclude.

While we understand the intention of this bill, we are gravely concerned that the enactment of this bill, as it is presently drafted, would greatly hamper the provision of school-based health care and the general operations of FQHC. As such, we will continue to monitor this measure in the hope that a more surgical approach can be deployed.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or [eabe@hawaiiipca.net](mailto:eabe@hawaiiipca.net).



# Hawai'i Society of Addiction Medicine

TESTIMONY ON HOUSE BILL 378

RELATING TO CONTROLLED SUBSTANCES

By

Angela Gough, DO, FASAM

President, Hawaii Society of Addiction Medicine

House Committee on Consumer Protection & Commerce

Representative Mark N. Nakashima, Chair

Representative Jackson D. Sayama, Vice Chair

February 28, 2:00 PM

Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

The Hawaii Society of Addiction Medicine (HSAM) **strongly opposes** House Bill (HB) 378, which requires the registration and registration renewal for methadone clinics and substance use disorder services clinics to be deemed a clinic and for the handling of controlled substances to be contingent upon its location being at least 750 feet away from a school.

HSAM agrees with statutes that protect the community, particularly children, from societal harms of public drug trafficking and usage. However there is no evidence that substance use disorder treatment centers, including methadone clinics, pose any increased risk of crime to the surrounding community. In fact, methadone treatment has again and again been shown to *decrease* criminal activity. The concerns raised about methadone clinics near schools are not really methadone problems, but homelessness problems. Methadone and other substance use disorder treatment are part of the solution. When people with substance use

disorders are able to access quality treatment, the whole community benefits. Conversely, if existing methadone and other substance use disorder treatment clinics were forced to close as a result of this bill, the surrounding areas would only see a worsening of conditions as potentially hundreds of people are cut off from their treatment and face relapse.

The most recent data available tells us that about 29,000 people in Hawaii need but do not receive treatment at a specialty facility for illicit drug use. HB378 would further limit available treatment when resources are already scarce. Additionally, this bill would further stigmatize addiction treatment and dissuade more people from seeking help.

Medications for substance use disorders, particularly those for opioid dependence like methadone, unequivocally save lives. HSAM asks that the Committee not limit the reach of this life-saving care, and we respectfully request the deferral of this measure.

Thank you for the opportunity to present this testimony.

**HB-378-HD-1**

Submitted on: 2/28/2023 8:31:45 AM

Testimony for CPC on 2/28/2023 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Zhizi Xiong	CARES Community Art Recreation Education Services	Support	Remotely Via Zoom

Comments:

CARES testifies in strong support. Being restrictive with good purpose, especially when it comes to protecting children & schools, is absolutely necessary. This measure protects our schools & children from methadone clinics. These clinics handle controlled substances which are highly illegal if abused or used without a perscription or exemption.

**HB-378-HD-1**

Submitted on: 2/27/2023 5:52:15 PM

Testimony for CPC on 2/28/2023 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Joseph Passantino	Ke'elikolani Middle School	Oppose	Written Testimony Only

Comments:

I do appreciate the board hearing our concern on safety but I would still advocate for the center to be further away. We have had many challenges with people around our campus. If our goal is to really support our school community and keep our students safe before school, during school, and after school it would be helpful to move the facility farther away. Once again, we are not against the facility supporting people who need care, what we are against is that it is so close to a school and even though the clinic is there to support people it can not manage the people outside walking to or waiting outside of the center who may act inappropriately or do things that the care center itself can manage.

**HB-378-HD-1**

Submitted on: 2/27/2023 6:20:15 PM

Testimony for CPC on 2/28/2023 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Sheila Leong	Ke`elikolani Middle School	Support	Written Testimony Only

Comments:

Good morning,

I am writing in support of HB378. I'm a faculty member at Ke`elikolani Middle School, located right across the street from a methadone clinic. I've been a faculty member for over twenty years and have seen the activity from the clinic becoming increasingly unstable and, at times, dangerous. Prior administration tried to have the clinic move, but they were allowed to continue their business right across the street for whatever reason. I understand the need for the methadone clinic, as they provide services to assist people with their drug addiction. However, they should be further away from schools.

Our students face challenges in our community every day as they walk to and from school. The clinic adds to its challenge. The clients sleep, sit, and camp out along the sidewalks and medians along Kukui St and Pali Hwy. Their personal belongings and trash are all over the sidewalk. Their human feces are on the sidewalk.

These clients are a danger to our students and the people who live and work in our community. Police have been to the clinic due to arguments and altercations, sometimes every week. I've even witnessed the clinic locking the doors when their clients become unruly. Their clients illegally park in our parking lot and sometimes block our driveway into our parking lot, waiting for their colleagues at the clinic.

The safety of our students, faculty, and staff is a priority. Our school should not have to deal with this challenge when there must be a more suitable location for a methadone clinic. Our students deserve to live in a beautiful community and a safe learning environment.

Thank you for taking the time to read my testimony.

**HB-378-HD-1**

Submitted on: 2/28/2023 6:16:42 AM

Testimony for CPC on 2/28/2023 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Yukiko Yamada	Ke'elikolani Middle School	Support	Written Testimony Only

Comments:

Good afternoon,

I am writing in support of HB378. I am a current faculty member at Ke'elikolani Middle School, located in downtown Honolulu. Directly across from our school is a methadone clinic. While I support people receiving help through the methadone clinic, I strongly feel that the clinic, or other similar businesses, should be located further from schools.

I have worked at Ke'elikolani Middle School for 20 years. Since the methadone clinic arrived, I have witnessed a steady decline in the immediate neighborhood. There is a daily stream of individuals who go to the clinic and then proceed to hang out on the grassy median on Pali Hwy or on the sidewalks around our school.

The clinic's close proximity to our school has impacted the safety and security of our school, students, and surrounding community. Clients of the clinic illegally park or wait in our school parking lot. There are frequent loud, unruly, arguments and/or altercations between the clinic's clients that disrupt the learning in the classrooms which are right across the street. Despite the efforts of the clinic's security officer, police are often called to handle these situations. The constant conflict stemming from the clinic threatens the safety of our students and staff, and is not conducive to learning.

Our students already face many challenges in their daily life. The unsafe and disruptive conditions that directly stem from the methadone clinic's location should not be an added challenge for them. Our students deserve a safe and healthy environment in which to learn and grow.

Thank you

**HB-378-HD-1**

Submitted on: 2/25/2023 9:35:47 PM

Testimony for CPC on 2/28/2023 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Aisha Esker	Individual	Oppose	In Person

Comments:

Aisha Esker MA

Manager CHAMP Inc.

173 S Kukui St.

Honolulu, HI, 96813

February, 8, 2023

To Whom It May Concern:

My name is Aisha Esker, I was hired as office manager at CHAMP Inc. approximately two years ago. A few days ago, Mr. Eldakhakhni requested that I do a survey of the surrounding community. We regularly survey the surrounding community in terms of suggestions and improvements we can make. I called Central Middle School to leave a message for the Vice Principal Jon Hamilton, to ask if he had any suggestions for us. Although, I have not received a direct reply from him (as of this moment, two days later I have received no response), the administrative assistant Joel, was very helpful. He was not familiar with our business and did not know we existed, but he said as far as he knows the school has no suggestions for us to improve services. I told him that he probably wasn't aware of us because we open before school hours begin (three days out of the work week) and are closed before school lets out in the afternoon, therefore he probably never noticed us because we have so few coinciding hours. I mentioned this to Mr. Eldakhakhni, and he informed me that this business has been at this location for 28 years and in that time, there have been no formal complaints to him or the previous office manager; no complaints from the school, its attendants or any surrounding business or resident.

Over the past two years, I have overseen many activities at CHAMP Clinic. I have gotten to know the staff and clientele quite well. My work day starts early in the morning on some days and I am often here past closing time. We have an excellent security guard who monitors the perimeter, and I have never had an issue with any clients who attend the clinic. In the entire time that I have worked here, I have never gotten a formal complaint from any business, resident or school attendant in regard to any client who participates in the program. Nor have I gotten any formal complaint about our business being in this location. Quite the contrary, I have gotten



many comments and compliments about the good work we do in the community and how our being at this location has saved people's lives.

In addition to this Here at CHAMP we take great pride in the work that we do and service we provide to the community. Not only do we provide services to a population of people protected by the American Disability Act who are suffering from Opioid Use Disorder (OUD) but we are centrally located which enables access for the entire Island. As I am sure people are becoming more and more aware, the opioid epidemic is widespread in the United States and it has hit Hawaii with tragic results. People suffering from OUD need help and services. They must have access to those services at a central location. We are located in the heart of a community ravaged by drug abuse, but the job of this clinic is to provide a way out of that viscous cycle. If help is not provided in an easily accessible location then these people have no options to seek treatment. We provide that helping hand, and I am proud to be of service and work at an establishment that takes its responsibility to the community and its residents so seriously.

Thank you,

Aisha Esker

Manager CHAMP Inc.

PaijBritt Nakamura  
1423 Lusitana Street # C  
Honolulu, Hawaii 96813  
808-979-4177

To whom it may concern,

Back in the early 1990s, I was struggling with active addiction. My life had become completely overtaken by drugs; I was despondent and frequently felt suicidal. One day I heard an advertisement for medically assisted treatment on the radio and decided to look into it. That was the beginning of my journey to recovery with the help of Champ clinic. I had lost custody of my two young children at the time but when I got on the clinic and stabilized, Judge Uale returned them to me, My sons father refused to take me to dose in the morning, but I didn't know how to drive. I had no choice but to get in the car and drive myself. I learned how to drive so I could get to the methadone clinic in Kapahulu because there was no nearby bus route to get there easily from my home

Time went by and I experienced a lot of adversity; relapse, acrimonious divorce, incarceration, serious health issues, homelessness and the overwhelming specter of chronic addiction. I was living under the Kuikini bridge and trying to survive on the streets of Honolulu while strung out on heroin. One day while at I was receiving services at the syringe exchange van, I was offered a scholarship for methadone treatment at Champ clinic. I had no money no insurance nothing but they accepted back into treatment, no judgement. Being homeless and broke on the streets made it unduly hard if I had to go anywhere. So I was so grateful to be able to walk to treatment every morning.

Later on after becoming stable again on the program, I found an affordable apartment in the area that put me in proximity to the clinic, so I would have no reason not to make it there every day by 11 am to take my dose. Consistency is the key to successful methadone maintenance treatment and having a geographically easy to access place to get that treatment from is imperative. Without that access I wouldn't have been able to take that first step and make it there to begin with let alone continue for several years.

On February 6<sup>th</sup> this year I celebrated 11 years of continuous recovery. I have been able to take all those years of adversity and turn them into a viable resource from which I now help others struggling with the same issues. I salute Champ clinic for its service to community and for giving the foundation for my new life.

Sincerely,  
PaijBritt Nakamura

**HB-378-HD-1**

Submitted on: 2/24/2023 4:20:06 PM

Testimony for CPC on 2/28/2023 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
LIBRADO COBIAN	Individual	Oppose	Written Testimony Only

Comments:

I STRONGLY OPPOSE HB 378 for TAX PAYER MONEY Going to support the addiction of METH CRACK . This is absolutely absurd that the government will have a program to Make Crack more safe and more accessible. WE NEED THESE ZOMBIES OFF THE STREETS , their addiction does not need to be supported. Tough love is what these people need , NOT ENABLING THEIR ADDICTION SO THAT THEY CAN STAY UP ALL NIGHT COMMITTING CRIMES . THIS IS NOT HELP . Li Cobian

**HB-378-HD-1**

Submitted on: 2/24/2023 6:57:25 PM

Testimony for CPC on 2/28/2023 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Dr. RaeDeen M. Keahiolalo	Individual	Oppose	Written Testimony Only

Comments:

February 24, 2023

Dear Chair and Committee,

I respectfully submit my strong opposition to HB378 HD1. Not only is this bill counter-productive to the state's position on creating more pathways to treatment, reentry into community and related wrap around services, I am very concerned that this measure lacks transparency and evidence-based research to advance the proposal. Furthermore, Oahu simply has little physical space, making the parameters set forth in this measure unreasonable.

I am curious to know where this bill is coming from, who has done the research, who is pushing for it and what the State hopes to accomplish by making it more difficult for people in need to get help.

Again, I strongly oppose this measure and hope you will investigate how detrimental this course of action can be and how counter-intuitive it is to the state's campaigns to reduce incarceration, increase treatment and public safety and other related subjects.

Mahalo,

Dr. RaeDeen M. Keahiolalo

**HB-378-HD-1**

Submitted on: 2/24/2023 6:49:49 PM

Testimony for CPC on 2/28/2023 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Mae Yoro	Individual	Comments	Written Testimony Only

Comments:

I have been a resident of Capitol Place since June 2010. I support the removal of the methadone clinic from its current location but do not support the amendments to this bill as it will ensure the methadone clinic will be in its current location for a very long time.

I have repeatedly seen individuals lingering around the clinic blocking the public sidewalks and access to our parking garage as well as vehicles frequently parked illegally (not in marked stalls) which limit our visibility of oncoming traffic while trying to get out of our building.

While the clinic has stated they have a security guard, he was nowhere to be found last week when I tried to enter our parking garage but it was blocked with parked cars which were also blocking both lanes.

It is my hope that the clinic would either relocate to a more suitable location or do a better job of being a good neighbor.

Thank you!

**HB-378-HD-1**

Submitted on: 2/24/2023 10:07:03 PM

Testimony for CPC on 2/28/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Becky Harrison	Individual	Oppose	Written Testimony Only

Comments:

Representative Mark M. Nakashima, Chair

Representative Jackson D. Sayama, Vice Chair

[Committee on Consumer](#) Protection & Commerce

Friday, February 24, 2023

Strong opposition to HB378

I strongly oppose HB378. This bill discriminates against a class of people who are protected by the American Disabilities Act.

We have a substance abuse problem in our state. We need to make treatment more accessible, not restrict it. Making it harder for people to get the treatment they need will only compound the problem. We should support people when they decide they're ready to make a positive change in their life, not make things more difficult.

We need programs in the area's where the people who need help can access them. This includes urban areas where schools are within 750 feet.

Thank you for the opportunity to give testimony in opposition HB378,

Becky Harrison

**HB-378-HD-1**

Submitted on: 2/25/2023 11:28:26 AM

Testimony for CPC on 2/28/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Thaddeus Pham	Individual	Oppose	Written Testimony Only

Comments:

Dear Chair Nakashima, Vice Chair Sayama, and CPC Committee Members,

**I write in strong opposition to HB378**, which would require methadone clinics in Hawai'i to only be able to provide services "contingent upon its location being at least 750 feet away from a school".

As a public health professional and concerned citizen, this bill does not take into account the impact on existing methadone clinics that may already be in such locations. With only 4 methadone clinic sites statewide, this bill would effectively reduce access to evidence-based and necessary care. As the opioid epidemic has now evolved into a poly-drug use crisis, we cannot afford to reduce the number of resources to manage substance use among our community members. Furthermore, less access to stable substance treatment will lead to more chaotic substance use, which can easily lead to increases in HIV and hepatitis C outbreaks.

For the sake of our community's health, I urge you not to pass this bill.

With thanks,

Thaddeus Pham (he/him)

**HB-378-HD-1**

Submitted on: 2/25/2023 7:56:00 PM

Testimony for CPC on 2/28/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
DOMINIC CHOW	Individual	Oppose	Written Testimony Only

Comments:

Dear Chair Nakashima, Vice Chair Sayama, and Committee Members,

I am writing to **oppose HB 378**. The language in this proposed bill will require “methadone clinics and substance use disorder services clinics” have a “location being at least 750 feet away from a school”. This proposed location requirement is not feasible in Honolulu’s urban core. There is already a lack of methadone clinics on Oahu, and this proposed location requirement will shut down an existing methadone clinic in Honolulu. Some community benefits of methadone clinics: reduction in infectious disease due to stopping opiate abuse (particularly injection drug use), reduction in criminal activity due to stopping illicit drug use, better chance of long-term recovery success, and overall improvement in quality of life for the participant. Like the rest of the United States, Hawaii is in the midst of an opioid epidemic and reduction of services will not help this issue.

I am recommending that **HB 378 be amended** to remove the language regarding clinic “location being 750 feet away from a school”. The language regarding “registration”, “registration renewal”, establishing “working group to collaborate and consult”, and “requires report to the legislature” is feasible and supported.

I appreciate your careful consideration on amending HB 378.

Respectfully,

Dominic Chow



**HB-378-HD-1**

Submitted on: 2/26/2023 7:17:48 AM

Testimony for CPC on 2/28/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Thomas Sheeran	Individual	Oppose	Written Testimony Only

Comments:

Dear Chair Nakashima, Vice Chair Sayama, and Committee Members,

I am writing to **oppose HB 378**. The language in this proposed bill will require “methadone clinics and substance use disorder services clinics” have a “location being at least 750 feet away from a school”. This proposed location requirement is not feasible in Honolulu’s urban core. There is already a lack of methadone clinics on Oahu, and this proposed location requirement will shut down an existing methadone clinic in Honolulu. Some community benefits of methadone clinics: reduction in infectious disease due to stopping opiate abuse (particularly injection drug use), reduction in criminal activity due to stopping illicit drug use, better chance of long-term recovery success, and overall improvement in quality of life for the participant. Like the rest of the United States, Hawaii is in the midst of an opioid epidemic and reduction of services will not help this issue.

I am recommending that **HB 378 be amended** to remove the language regarding clinic “location being 750 feet away from a school”. The language regarding “registration”, “registration renewal”, establishing “working group to collaborate and consult”, and “requires report to the legislature” is feasible and supported.

I appreciate your careful consideration on amending HB 378.

Respectfully,

Tom Sheeran

Mo‘ili‘ili

**HB-378-HD-1**

Submitted on: 2/26/2023 11:47:36 AM

Testimony for CPC on 2/28/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shanda Lewis	Individual	Oppose	Written Testimony Only

Comments:

Dear Chair Nakashima, Vice Chair Sayama, and Committee Members,

I am writing to **oppose HB 378**. The language in this proposed bill will require “methadone clinics and substance use disorder services clinics” have a “location being at least 750 feet away from a school”. This proposed location requirement is not feasible in Honolulu’s urban core. There is already a lack of methadone clinics on Oahu, and this proposed location requirement will shut down an existing methadone clinic in Honolulu. Some community benefits of methadone clinics: reduction in infectious disease due to stopping opiate abuse (particularly injection drug use), reduction in criminal activity due to stopping illicit drug use, better chance of long-term recovery success, and overall improvement in quality of life for the participant. Like the rest of the United States, Hawaii is in the midst of an opioid epidemic and reduction of services will not help this issue.

I am recommending that **HB 378 be amended** to remove the language regarding clinic “location being 750 feet away from a school”. The language regarding “registration”, “registration renewal”, establishing “working group to collaborate and consult”, and “requires report to the legislature” is feasible and supported.

I appreciate your careful consideration on amending HB 378.

Respectfully,

Shanda Lewis, APRN

**HB-378-HD-1**

Submitted on: 2/27/2023 9:26:42 AM

Testimony for CPC on 2/28/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Aaron Ruddick	Individual	Oppose	Written Testimony Only

Comments:

Dear Chair Nakashima, Vice Chair Sayama, and Committee Members,

I am writing to **oppose HB 378**. The language in this proposed bill will require “methadone clinics and substance use disorder services clinics” have a “location being at least 750 feet away from a school”. This proposed location requirement is not feasible in Honolulu’s urban core. There is already a lack of methadone clinics on Oahu, and this proposed location requirement will shut down an existing methadone clinic in Honolulu. Some community benefits of methadone clinics: reduction in infectious disease due to stopping opiate abuse (particularly injection drug use), reduction in criminal activity due to stopping illicit drug use, better chance of long-term recovery success, and overall improvement in quality of life for the participant. Like the rest of the United States, Hawaii is in the midst of an opioid epidemic and reduction of services will not help this issue.

I am recommending that **HB 378 be amended** to remove the language regarding clinic “location being 750 feet away from a school”. The language regarding “registration”, “registration renewal”, establishing “working group to collaborate and consult”, and “requires report to the legislature” is feasible and supported.

I appreciate your careful consideration on amending HB 378.

Respectfully,

Aaron Ruddick

**HB-378-HD-1**

Submitted on: 2/26/2023 7:49:54 PM

Testimony for CPC on 2/28/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Leilani Maxera	Individual	Oppose	Written Testimony Only

Comments:

I am writing to **oppose HB 378**. The language in this proposed bill will require “methadone clinics and substance use disorder services clinics” have a “location being at least 750 feet away from a school.” This would shut down at least one methadone clinic that serves our community. We do not have enough services at this time for all of the people who need it; it makes zero sense to propose a bill that would make services even harder to access. This bill discriminates against people who are seeking help with their substance use and actually would make it harder for them to get off drugs. Proximity to where people live matters when it comes to seeking services, and taking essential programs out of the urban core of Honolulu would absolutely negatively affect our community. Please oppose HB 378.

# CHAMP CLINICS™

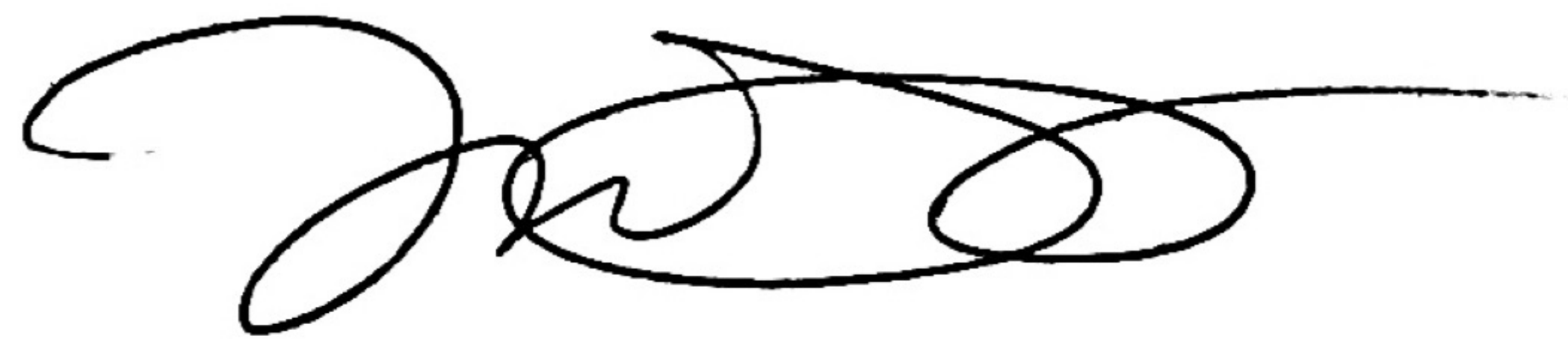
*We're here for you, because we're here with you.*

February 7, 2023

Being employed at CHAMP Clinic for 21 years; this location is very convenient for our clients. Everything is within walking distance for them such as post office, banks, stores, & the courthouse. Where we can help our clients when they have to appear in court, and need us to speak on their behalf. Or have appointments with their P.O. everything is nearby for us to help them.

Few of our clients used to live/hang out in the park behind the fire station on Pali/Beretania; because of resources that are close by they now have housing and no longer live at the park. And with respect to our neighbors we ensure that our Security person duties includes keeping our client away from the school area, and not loiter around businesses next to our clinic.

Being centrally located the bus stop is just around the corner which is very good especially for clients who travel from the West & Leeward side of the island. Also few of our clients who have to travel from the North Shores , and the windward side.



Marie Paishon  
Program Director  
CHAMP Clinic

**HB-378-HD-1**

Submitted on: 2/27/2023 11:56:48 AM

Testimony for CPC on 2/28/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kuulei Salzer	Individual	Oppose	Written Testimony Only

Comments:

Dear Chair Nakashima, Vice Chair Sayama, and Committee Members,

I am writing to **oppose HB 378**. The language in this proposed bill will require “methadone clinics and substance use disorder services clinics” to have a “location being at least 750 feet away from a school”. This proposed location requirement is not feasible in Honolulu’s urban core. There is already a lack of methadone clinics in Oahu, and this proposed location requirement will shut down an existing methadone clinic in Honolulu. Some community benefits of methadone clinics: a reduction in infectious disease due to stopping opiate abuse (particularly injection drug use), a reduction in criminal activity due to stopping illicit drug use, a better chance of long-term recovery success, and overall improvement in quality of life for the participant. Like the rest of the United States, Hawaii is in the midst of an opioid epidemic and a reduction of services will not help this issue.

I am recommending that **HB 378 be amended** to remove the language regarding the clinic's “location being 750 feet away from a school”. The language regarding “Registration”, “registration renewal”, establishing a “working group to collaborate and consult”, and “requires a report to the legislature” is feasible and supported.

I appreciate your careful consideration of amending HB 378.

Respectfully,

Ku‘ulei Salzer, MSW, MPA

## TESTIMONY IN OPPOSITION TO HB 378, HD 1

TO: Chair Nakashima, Vice Chair Sayama, & CPC Committee Members

FROM: Nikos Leverenz  
Grants & Advancement Manager

DATE: February 27, 2023 (12:06 PM)

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Chairperson and members of the committee, my name is Jeremy Sakamaki and I am testifying in opposition to HB378. While this bill may appear to be a solution to public safety concerns, it fails to consider the potential unintended consequences it may have on individuals struggling with addiction.

Research shows that people with substance use disorders face significant stigma, which often hinders their willingness to seek treatment. Strategically locating methadone clinics and substance use disorder services clinics near schools can help reduce this stigma by removing the perception of shame associated with seeking treatment. Studies have shown that individuals who seek treatment at clinics located near schools are more likely to remain engaged in treatment, leading to better treatment outcomes and reduced likelihood of relapse.

Furthermore, these clinics often provide additional amenities, such as housing assistance, employment resources, and other support services, that are crucial to individuals in recovery programs. These services help individuals maintain stability in their recovery and reintegrate into society as productive members.

HB378 does nothing to address the underlying issues associated with addiction, such as poverty and lack of access to healthcare or mental health services. Moving methadone clinics away from schools would not eliminate the presence of drug addiction in the community, nor would it provide any solutions towards aiding those suffering from addiction-related issues.

In addition, the 750-foot proximity requirement may not be supported by evidence-based research. In fact, studies have shown that a greater availability of substance use disorder treatment facilities is associated with lower rates of drug use and related harm in the surrounding area.

While the establishment of the substance abuse disorder services clinic working group is a positive step, it is not enough to address the complex issue of addiction. We must take steps towards addressing the root causes of addiction, such as poverty reduction initiatives, increased access to mental health care, and education around drug prevention. These efforts will help to reduce the need for treatment facilities in the first place.

In conclusion, I urge you not to pass HB378 as it will ultimately cause more harm than good. Thank you for your time and consideration.

**HB-378-HD-1**

Submitted on: 2/27/2023 12:51:13 PM

Testimony for CPC on 2/28/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Daniel Saltman	Individual	Comments	Written Testimony Only

Comments:

Dear Chair Nakashima, Vice Chair Sayama, and Committee Members,

I am writing to **oppose HB 378, as written (see below)**. The language in this proposed bill will require “methadone clinics and substance use disorder services clinics” have a “location being at least 750 feet away from a school”. This proposed location requirement is not feasible in Honolulu’s urban core. There is already a lack of methadone clinics on Oahu, and *this proposed location requirement will shut down an existing methadone clinic in Honolulu*. Some community benefits of methadone clinics: reduction in infectious disease due to stopping opiate abuse (particularly injection drug use), reduction in criminal activity due to stopping illicit drug use, better chance of long-term recovery success, and overall improvement in quality of life for the participant. Like the rest of the United States, Hawaii is in the midst of an opioid epidemic and reduction of services will not help this issue.

I am recommending that **HB 378 be amended** to remove the language regarding clinic “location being 750 feet away from a school”. The language regarding “registration”, “registration renewal”, establishing “working group to collaborate and consult”, and “requires report to the legislature” is feasible and supported.

I appreciate your careful consideration on amending HB 378.

Respectfully,

Daniel Saltman, MD

Associate Clinical Professor, Dept of Medicine, John A. Burns School of Medicine



**HB-378-HD-1**

Submitted on: 2/27/2023 1:47:50 PM

Testimony for CPC on 2/28/2023 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Michael Paul	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Nakashima, Vice Chair Sayama, and Committee Members,

My name is Michael Paul, I work in tobacco treatment in Honolulu, and I oppose HB378. Working in tobacco treatment I have seen firsthand how much of a positive impact medication can have on substance use. I am against any efforts to reduce the availability of treatment to those impacted by substance use. This bill is overly broad. While it seems to target one specific methadone clinic, the unintended consequences will have an outsized impact on the people seeking/receiving treatment as well their families and loved ones. This bill would affect clinics that may distribute other opioid antagonists like buprenorphine. We need to be expanding access to care, not restricting where care can be accessed. I urge the committee to please not pass this bill.

Mahalo for your time,

-Michael Paul

## TESTIMONY IN OPPOSITION TO HB 378, HD 1

TO: Chair Nakashima, Vice Chair Sayama, & CPC Committee Members

FROM: David Shaku, LCSW

DATE: February 28, 2023 (2:00 PM)

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I currently reside in House District 25 and am testifying to **strongly oppose** HB 378, HD 1, which provides that methadone clinics and substance use disorder services clinics be located at least 750 feet away from a school.

As the Department of Health has advised, neither methadone clinic or substance use disorder services clinic are clearly defined by the measure. In coordination with the department of health, a variety of agencies, including hospitals, provide outpatient care for substance use disorder. In addition, substance use disorder is a general term of use that does not translate to clinical diagnosis or treatment. Such a broad term could, for instance, impact clinics offering services as mild as smoking cessation for tobacco. These terms are still utilized on p 7, line 21 and p 8, line 1 of HB 378 HD 1.

In alignment with the Public Safety Division's (PSD) advisement, it is important to note that there are very few methadone clinics operating in the state, and only two on Oahu. This measure would further impair the state's ability to provide a critical medical service to those in recovery from opioid use disorder.

To speak frankly, this measure is both poorly designed and short-sighted. HB 378 will not only make it inherently difficult to provide medical care to an underserved population but will also likely only aggravate the conditions it seeks to solve.

Legislating segregation in the community for certain kinds of disorders only exacerbates the stigmatization and isolation people in recovery face. It tells the story that people who seek treatment for their illness are outsiders in our community to be tolerated, not supported, which—for many—plays no small part in the continuation of their illness.

I suggest the committee both defer this measure and advise the legislature to take up PSD on their offer to increase communication and prevention efforts near the school to mitigate any negative impacts from areas where schools and clinics are near one another.

Thank you for the opportunity to testify on this measure.

**HB-378-HD-1**

Submitted on: 2/27/2023 3:41:22 PM

Testimony for CPC on 2/28/2023 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Dr. Christina MB Wang	Individual	Oppose	Written Testimony Only

Comments:

Chair Tarnas, Vice Chair Takayama, & Members of the Judiciary & Hawaiian Affairs Committee:

I am writing in strong opposition to HB 378, HD1, which would place location limits upon methadone clinics and other clinics providing substance use disorder services. This kind of restriction would needlessly limit the provision of medication-assisted treatment on Oahu and across the state.

The unmet demand for substance use disorder services, including buprenorphine and stabilization, far exceeds our state's current capacity to provide such.

This bill will have far reaching negative ramifications that will undermine our state's prospective ability to provide more community-based treatment for substance use disorder.

**Dr. Christina M.B. Wang**

DNP, MPH, APRN-Rx, AGPCNP-C

Aloha Owners and residents,

We have received reports from a couple of unit owners in the “12” stack that they are experiencing “gurgling” sounds and foul odors emanating from their kitchen drainpipes.

In a plumbing study conducted by Coffman Engineering in 2019, it was determined that obstructions in our main Sovent system **main** drain line would need to be cleared via apartment units every three floors starting with the seventh floor. This process will entail, cutting into the wall on the other side of your kitchen sinks - inside your closet, installing a cleanout, running a descaling auger down the main pipe, flushing the pipes, then closing the pipe again and installing an access panel, pictured below.



Having this panel will also make it convenient moving forward if your service branch lines are ever clogged.

Emergency Plumbing and Solar, has done this with our laundry drain lines in October of 2020 and they will be engaged to conduct this cleaning as well. We will be conducting this project starting as soon as possible to avoid potential water damage to any unit. EPS is tentatively scheduled to start this project on November 14, 2022. The following units will need to have the access panels installed: 7, 10, and 13 initially. If visual inspection at the time indicates a greater degree of obstruction, then 16, 19, 22, 25, 28, 31, 34, 36, & 39<sup>th</sup> floors will also be included. EPS expects to complete 3 to 4 units daily between 9:00 am and 4:00 pm. They are projecting to complete all work within a week. During this project we ask that all units in the 12-stack refrain from using any water during work hours as all drainpipes except the laundry drain will lead to these pipes and any water leakage due to someone using it will cause severe damage to the exposed units below. We do appreciate your patience, understanding, and cooperation during this much needed project. If you have any questions, feel free to contact our facilities manager, Milton Miyasato at [milton@capitolplace.net](mailto:milton@capitolplace.net) or at (808) 695-2004.

Mahalo,

**HB-378-HD-1**

Submitted on: 2/27/2023 4:32:03 PM

Testimony for CPC on 2/28/2023 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
June Sasaki	Individual	Support	Written Testimony Only

Comments:

I support HB378 HDI as it embraces my concerns regarding our neighborhood, My comments are based on my experiences regarding the meth clinic located next door to my residence and driveway. It is also across the street from a middle school, separated by a narrow roadway, narrow sidewalk and a low chain link fence. I've seen children out for recess during police presence at the clinic.

In view of the proximity of children, I feel that this meth clinic should be relocated to an area as suggested by HB378.