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DEPARTMENT OF HEALTH
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**Testimony in SUPPORT of HB0883 HD1
RELATING TO HEALTH**

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing Date: March 20, 2023

Room Number: 225

- 1 **Fiscal Implications:** This measure may impact the priorities identified in the Governor's
2 Executive Budget Request.
- 3 **Department Testimony:** The Department of Health supports the intent of this measure,
4 provided the measure's passage does not replace or adversely impact priorities in the Governor's
5 Budget Request and offers the following comments and an amendment.
- 6 This measure makes a blank appropriation to the Department for FY24 and FY25 to operate
7 mobile clinics providing medication assisted treatment and stipulates mobile clinics be staffed
8 with professionals trained in cognitive-behavioral and contingency management interventions.
9 We estimate it will take approximately \$1,500,000 per year to operate a pilot program for mobile
10 clinics.
- 11 The Department currently coordinates the Opioid Treatment Program (OTP) in the state through
12 the Alcohol and Drug Abuse Division. This program can more readily be implemented by some
13 of its current providers.
- 14 The National Survey on Drug Use and Health for 2016-2018 estimates there are over 23,000
15 individuals aged 18 and older statewide were needing but not receiving treatment for illicit drug
16 use in the past year. Mobile clinics by themselves are not magic bullets but they play a key role.

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

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

10 Thank you for the opportunity to testify.

11 **Offered Amendments:** Amend Section 1, line 2 as follows:

12 revenues of the State of Hawaii the sum of \$1,500,000 or so



HB883 HD1 (S) Mobile Vans for Medication Assisted Treatment

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Monday, Mar 20, 2023, 1:00 : Room 225 Videoconference

HSAC Supports HB883 HD1:

GOOD MORNING CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization for substance use disorder and co-occurring mental health disorder treatment and prevention agencies and recovery services.

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

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

Outreach is Important Part of Accessing Services

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

Services – Methadone and Suboxone and More¹

- Services include **medication for addiction treatment (MAT), especially, for opioid use disorder (OUD)**
 - Mobile units can be used to provide **low-barrier buprenorphine treatment** such as for homeless people who can’t easily access a pharmacy but could start buprenorphine treatment immediately through the MOV.
 - Provides **free buprenorphine treatment for up to 30 days** or until the patient enters a treatment program.

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

- If no access to opioid treatment program (OTP), **MOV can bring methadone** (can't prescribe but can transport) especially for underserved population areas that have limited access to treatment.
 - **Need a qualified medical professional who can prescribe buprenorphine or methadone**, a formal treatment counselor, a case manager, and a peer recovery specialist.
- Also include *naloxone distribution, needle exchange services, fentanyl test strip dissemination, and pill disposal assistance. Also harm reduction services, including wound care, hepatitis and tuberculosis testing, STD and HIV screening, and pregnancy testing.* Additionally, MOV can offer toiletries, non-perishable food, clothing - especially during *critical emergency situations*.

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

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

Summary

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

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

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