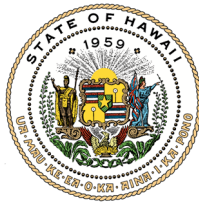


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TESTIMONY ON HOUSE BILL 951, HOUSE DRAFT 2, SENATE DRAFT 1
RELATING TO PRESCRIPTION DRUGS
Before the Senate Committee on
COMMERCE AND CONSUMER PROTECTION
Thursday, March 27, 2025, 9:30 AM
State Capitol Conference Room 229 & Videoconference
WRITTEN ONLY

Chair Keohokalole, Vice Chair Fukunaga, and members of the Committee:

The Department of Law Enforcement (DLE) supports House Bill 951, House Draft 2, Senate Draft 1, which allows a patient who has been seen in person by a health care provider who is in the same medical group as the prescribing provider authorized under section 329, HRS, to be prescribed an opiate prescription for a three-day supply or less via telehealth.

This measure represents a balanced approach to expanding telehealth services while maintaining appropriate safeguards for controlled substance prescriptions. By limiting telehealth opiate prescriptions to a three-day supply or less, the bill provides sufficient medication for acute pain management while reducing the risk of diversion and misuse. Additionally, the requirement that the patient must have been previously seen in person by a healthcare provider within the same medical group ensures continuity of care and proper patient evaluation.

The DLE recognizes that this legislation aligns with the goals of the Hawaii Opioid Initiative by implementing reasonable controls on opiate prescriptions while improving access to care. This is particularly important for patients in rural areas or those with limited mobility who may face barriers to in-person healthcare visits.

It is worth noting that this bill maintains compliance with controlled substance regulations under section 329, HRS while adapting to evolving healthcare delivery models. The carefully crafted limitations in this measure help ensure that telehealth prescribing privileges are not misused while still allowing legitimate patients to receive necessary care.

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

Testimony of
Jonathan Ching
Government Relations Director

LATE

Before:
Senate Committee on Commerce and Consumer Protection
The Honorable Jarrett Keohokalole, Chair
The Honorable Carol Fukunaga, Vice Chair

March 27, 2025
9:30 a.m.
Conference Room 229
Via Videoconference

Re: HB 951, HD 2, SD 1, Relating to Prescription Drugs.

Chair Keohokalole, Vice Chair Fukunaga, and committee members, thank you for this opportunity to provide testimony on HB 951, HD 2, SD1 which allows a patient who has been seen in person by a health care provider who is in the same medical group as the prescribing provider to be prescribed an opiate prescription for a three-day supply or less via telehealth

Kaiser Permanente Hawai‘i SUPPORTS HB 951, HD 2, SD1.

Kaiser Permanente Hawai‘i is one of the nation’s largest not-for-profit health plans, serving 12.6 million members nationwide, and more than 271,000 members in Hawai‘i. In Hawai‘i, more than 4,200 dedicated employees and more than 650 Hawai‘i Permanente Medical Group physicians and advanced practice providers work in our integrated health system to provide our members coordinated care and coverage. Kaiser Permanente Hawai‘i has more than 20+ medical facilities, including our award-winning Moanalua Medical Center. We continue to provide high-quality coordinated care for our members and deliver on our commitment to improve the health of our members and the people living in the communities we serve.

HB 951, HD 2, SD 1 permits patients who have seen their health care provider in-person to be prescribed a limited supply of opiates by another provider within the same medical group, via telehealth. Kaiser Permanente Hawai‘i supports this bill because it provides timely access to pain management while still protecting patients from the harmful effects of overprescribing, inappropriate long-term use, and addiction.

Acute pain requires prompt intervention, and this bill ensures patients receive immediate treatment for pain even when their regular provider is unavailable. Under current law, patients in this situation must try to quickly find another provider to satisfy the face-to-face requirement. This is

challenging given the ongoing shortage of healthcare providers and creates inefficiencies in care delivery.

HB 951, HD 2, SD 1 allows health care providers in the same medical group who have access to the patient's history to fill that gap by prescribing a limited supply—three days—of opiates. This balances the need for timely pain treatment with the responsibility to prevent opioid-related harm. **This safeguard ensures appropriate and safe pain management, minimizes the risk of misuse and addiction, and provides time for the patient to reach their usual provider or schedule an appointment to see a new provider.**

Allowing providers to prescribe a three-day supply of opiates based on another provider's evaluation, within the same medical group, offers significant benefits and supports care coordination. **It enhances access to pain management, ensures continuity of care, improves patient convenience, optimizes healthcare resources, enables swift response to acute pain, and adheres to clinical guidelines.** For these reasons, Kaiser Permanente Hawai'i supports this measure as a proactive step toward improving patient care and outcomes.

Mahalo for the opportunity to testify on this important measure.



DISABILITY AND COMMUNICATION ACCESS BOARD

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March 27, 2025

LATE

TESTIMONY TO THE SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

House Bill 951 HD2 SD1 – Relating to Prescription Drugs

The Disability and Communication Access Board (DCAB) supports House Bill 951 HD 2 SD1 – Relating to Prescription Drugs. This bill would allow a patient who has been seen in person by a health care provider who is in the same medical group as the prescribing provider authorized pursuant to section 329-33, HRS, to be prescribed an opiate prescription for a three-day supply or less via telehealth. (SD1)

This bill ensures that patients who have established in-person care within the same medical group as the prescribing provider can receive a short-term opiate prescription via telehealth. The proposed amendment clarifies that the prescribing provider does not need to be the same physician who conducted the in-person visit, as long as they are within the same medical group. This change aligns with federal guidelines, including recent extensions by the Drug Enforcement Administration (DEA) and the Department of Health and Human Services (HHS), which continue to allow telehealth prescribing of controlled substances under specific criteria.

By allowing this flexibility, House Bill 951 HD2 SD1 removes unnecessary barriers to timely pain management for individuals facing mobility, transportation, or other challenges. This change helps ensure that all patients, regardless of their circumstances, have equitable access to essential healthcare while upholding necessary protections against misuse.

Thank you for considering our position.

Respectfully submitted,

KIRBY L. SHAW
Executive Director