



## DISABILITY AND COMMUNICATION ACCESS BOARD

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March 17, 2025

### TESTIMONY TO THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

#### House Bill 951 HD2 – Relating to Prescription Drugs

The Disability and Communication Access Board (DCAB) supports House Bill 951 HD 2 – 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 physician to be prescribed an opiate prescription for a three-day supply or less via telehealth. Effective 7/1/3000. (HD2)

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 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 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

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



MIKE LAMBERT  
DIRECTOR

SYLVIA LUKE  
LT GOVERNOR  
KE KE'ENA

STATE OF HAWAII | KA MOKU'ĀINA O HAWAII  
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JARED K. REDULLA  
Deputy Director  
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## TESTIMONY ON HOUSE BILL 951, HOUSE DRAFT 2

### RELATING TO PRESCRIPTION DRUGS

Before the Senate Committee on

HEALTH AND HUMAN SERVICES

Monday, March 17, 2025, 1:00 PM

State Capitol Conference Room 225, Via Videoconference

Chair San Buenaventura, Vice Chair Aquino and members of the Committee:

The Department of Law Enforcement (DLE) supports House Bill 951, House Draft 2, 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 physician to be prescribed an opiate prescription for a three-day supply or less via telehealth.

This bill represents a balanced approach to modernizing healthcare delivery while maintaining appropriate controls over controlled substances. By limiting opiate prescriptions via telehealth to a three-day supply and requiring a prior in-person relationship with a provider in the same medical group, the bill incorporates important safeguards while increasing access to pain management for patients in need.

The DLE recognizes that this measure aligns with our ongoing efforts to combat prescription drug misuse while ensuring legitimate patient access to pain relief. The three-day limit is particularly appropriate as it provides short-term pain management while minimizing risks associated with longer-term opiate use. Additionally, the requirement that the patient must have been previously seen in-person within the same

medical group ensures continuity of care and proper medical evaluation before opiates are prescribed.

The safeguards built into this legislation are consistent with our department's focus on preventing prescription drug diversion while supporting appropriate medical care.

Allowing limited telehealth prescribing under these specific conditions provides reasonable accommodation for patients with legitimate pain management needs while maintaining appropriate controls to prevent misuse.

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

Testimony of  
Jonathan Ching  
Government Relations Director

Before:  
Senate Committee on Health and Human Services  
The Honorable Joy A. San Buenaventura, Chair  
The Honorable Henry J.C. Aquino, Vice Chair

March 17, 2025  
1:00 p.m.  
Conference Room 225  
Via Videoconference

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

Chair San Buenaventura, Vice Chair Aquino, and committee members, thank you for this opportunity to provide testimony on HB 951, HD 2, 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 physician to be prescribed an opiate prescription for a three-day supply or less via telehealth.

**Kaiser Permanente Hawai‘i SUPPORTS HB 951, HD 2, and requests an AMENDMENT.**

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 advance 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 permits patients who have seen their physician in-person to be prescribed a limited supply of opiates by another physician 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 allows physicians 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.

Hawaii law grants prescriptive authority for opiates to physicians (MD/DO), advanced practice registered nurses (APRN/NP), and physician assistants (PA), and to acknowledge the vital role each of these providers plays in ensuring our community has access to safe, high quality health care, we request the following amendment:

SECTION 2. Section 453-1.3, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) Treatment recommendations made via telehealth, including issuing a prescription via electronic means, shall be held to the same standards of appropriate practice as those in traditional physician-patient settings that do not include [+]an[+] in-person visit but in which prescribing is appropriate, including on-call telephone encounters and encounters for which a follow-up visit is arranged. Issuing a prescription based solely on an online questionnaire is not treatment for the purposes of this section and does not constitute an

acceptable standard of care. For the purposes of prescribing opiates or certifying a patient for the medical use of cannabis, a physician-patient relationship shall only be established after an in-person consultation between the prescribing physician and the patient[-]; provided that a patient seen in-person by a health care provider in the same medical group as the prescribing [physician] provider authorized pursuant to section 329-33, Hawaii Revised Statutes, may be prescribed an opiate prescription for a three-day supply or less via telehealth."

This amendment will eliminate unnecessary administrative burden that hinders healthcare professionals from practicing at the top of their license as provided by Hawaii Revised Statutes and Hawaii Administrative Rules.

Mahalo for the opportunity to testify on this important measure.