A BILL FOR AN ACT

RELATING TO HEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1	SECTION 1. (a) According to the American College of
2	Physicians, internal medicine section, most pain from disease
3	and chronic conditions can be controlled or even eliminated.
4	For example, even advanced pain can be controlled in ninety to
5	ninety-nine per cent of cases. In nine out of ten cases,
6	physicians can control pain by using pills alone without having
7	to use injections, operations, or other methods. In those few
8	cases in which pain from disease and chronic conditions cannot
9	be eliminated completely, it can be reduced so that the person
10	can live with the pain from day to day and still accomplish
11	activities that are important to the person. The American
12	College of Physicians further states that:
13	(1) Pain from disease and chronic conditions can be
14	controlled;
15	(2) The person with advanced pain from disease and chronic

conditions has a right to effective pain control;

16

1	(3)	Part	of	the	job	as	a	caregiver	is	to	ensure	effective
2		pain	cor	ntrol	L;							

- 3 (4) Pain control takes time to achieve, so persistence is 4 vital;
- 5 (5) Only the person with pain knows what the pain is like;6 and
- (6) Never assume that pain means the underlying medicalcondition is spreading.
- 9 (b) Furthermore, a pain initiative in Texas states that,
 10 while alternatives to drug treatment, such as biofeedback,
 11 hypnosis, and acupuncture can be effective for some types of
 12 pain:
- 13 (1) Most pain patients will also require narcotics;
- 14 (2) Addiction is extremely rare when narcotics are used to
 15 treat pain from disease and chronic conditions; and
- 16 (3) Virtually all pain from disease and chronic conditions
 17 can be relieved.
- 18 (c) A 1999 national pain survey revealed that fifty
 19 million Americans suffer from chronic pain as a result of
 20 chronic disease, disorder, or accident. It was estimated that
 21 another twenty-five million people live with acute pain from
 22 accidents or surgery. Pain is a silent epidemic that affects

SB2157 SD1 LRB 08-1703.doc

- 1 the lives of individuals and their families. According to the
- 2 American Academy of Pain Management, effective pain and symptom
- 3 management is an ethical obligation for all health care
- 4 providers and organizations.
- 5 The publication, 2000 Pain in America: A Research Report,
- 6 showed that, although eighty per cent of Americans feel that
- 7 pain is a natural part of aging, only sixty-four per cent would
- 8 seek medical treatment for intolerable pain. The report also
- 9 found that sixty per cent of Americans believe that pain is
- 10 "just something you have to live with." The perception of
- 11 twenty-eight per cent of the population is that there is no
- 12 effective treatment for pain. It is thus important for
- 13 individuals, their families, and their caregivers to know that
- 14 there are many effective treatment options for the management of
- 15 pain and that people do not have to suffer from chronic,
- 16 debilitating, intolerable pain.
- 17 (d) The legislature finds that Hawaii law should permit
- 18 pain patients to be prescribed appropriate narcotic pain
- 19 medication. The legislature further finds that pain patients
- 20 deserve appropriate medical care that relieves the debilitating
- 21 and intolerable discomforts of pain as much as possible, so that
- 22 they can lead normal lives to the greatest extent possible and



1 so that their caregivers can be relieved of stress and anxiety 2 in witnessing the ravaging effects of pain on the quality of 3 life of the pain patient in their care. The purpose of this Act is to clarify a pain patient's 4 (e) 5 right to be prescribed controlled substances to relieve pain. 6 SECTION 2. Section 327H-2, Hawaii Revised Statutes, is 7 amended to read as follows: "[+]§327H-2[+] Bill of rights. (a) The pain patient's 8 9 bill of rights includes the following: 10 (1) A patient who suffers from severe acute pain or severe chronic pain has the option to request or reject the 11 use of any or all modalities to relieve the pain; 12 13 (2)A patient who suffers from severe acute pain or severe 14 chronic pain has the option to choose from appropriate 15 pharmacologic treatment options to relieve severe 16 acute pain or severe chronic pain, including opiate 17 medications, without first having to submit to an 18 invasive medical procedure. 19 For purposes of this paragraph, "invasive medical procedure" means surgery, destruction of a nerve or 20 21 other body tissue by manipulation, or the implantation 22 of a drug delivery system or device;

1	. (3)	A patient's physician may refuse to prescribe opiate
2		medication for a patient who requests a treatment for
3		severe acute pain or severe chronic pain. However,
4		that physician may inform the patient of physicians
5		who are qualified to treat severe acute pain and
6		severe chronic pain employing methods that include the
7		use of opiates;
8	(4)	A physician who uses opiate therapy to relieve severe
9		acute pain or severe chronic pain may prescribe a
10		dosage deemed medically necessary to relieve the pain;
11	(5)	A patient may voluntarily request that the patient's
12		physician provide an identifying notice of the
13		prescription for purposes of emergency treatment or
14		law enforcement identification; and
15	(6)	With regard to pain patients, the application of this
16		section shall be guided by the medical principle that
17	ž	physical tolerance and dependence are normal
18		consequences of sustained use of opiate medication,
19		distinguishable from psychological dependency or
20		addiction that bears no relationship to pain
21		experienced by a patient. For the purposes of this
22		section, psychological dependency shall be

1		characterized by a patient's compulsion to take a drug
2		notwithstanding the fact that the patient knows the
3		harmful and destructive effect of the drug on the
4		patient. The distinction is one of treatment of pain
5		as opposed to feeding a psychological need. A patient
6		who suffers severe acute pain or severe chronic pain
7		secondary to a diagnosis in any form of disease and
8		chronic conditions may be entitled to receive a
9		prescription of opiate medication for the treatment of
10		the pain, if requested by that patient; provided that:
11		(A) The patient is not addicted to the opiate; and
12		(B) The particular opiate is appropriate to the
13		treatment of that pain.
14		For purposes of this paragraph, the term "addicted"
15		refers to a psychological dependence, rather than a
16		progressive physical tolerance for the opiate to
17		relieve the pain; provided that the term does not
18		include a narcotic-dependent person as defined in
19		section 329-40.
20	[(6)]	(b) Nothing in this section shall be construed to:
21		[-(A)-] (1) Expand the authorized scope of practice of
22		any licensed physician;

SB2157 SD1 LRB 08-1703.doc

1	[(B)] <u>(2)</u>]	Limit any reporting or disciplinary
2	provis	sions applicable to licensed physicians and
3	surge	ons who violate prescribing practices; and
4	[(C)] <u>(3)</u> 1	Prohibit the discipline or prosecution of a
5	licens	sed physician for:
6	[(1)] _	(A) Failing to maintain complete, accurate,
7	ć	and current records that document the
8	,	physical examination and medical history of
9	ć	patient, the basis for the clinical
10	C	diagnosis of a patient, and the treatment
11	F	olan for a patient;
12	[(ii)] <u>(</u>	B) Writing false or fictitious
13	ŗ	prescriptions for controlled substances
14	S	cheduled in the Federal Comprehensive Drug
15	F	abuse Prevention and Control Act of 1970, 21
16		J.S.C. 801 et seq. or in chapter 329;
17	[(111)] <u>(</u>	C) Prescribing, administering, or
18	c	dispensing pharmaceuticals in violation of
19	t	the provisions of the Federal Comprehensive
20	C	rug Abuse Prevention and Control Act of
21	1	970, 21 U.S.C. 801 et seq. or of chapter
22	3	29;

1	[(iv)]	(D) Diverting medications prescribed for a
2		patient to the licensed physician's own
3		personal use; and
4	[-(·v)-]	(E) Causing, or assisting in causing, the
5		suicide, euthanasia, or mercy killing of any
6		individual; provided that it is not
7		"causing, or assisting in causing, the
8		suicide, euthanasia, or mercy killing of any
9		individual" to prescribe, dispense, or
10		administer medical treatment for the purpose
11		of treating severe acute pain or severe
12		chronic pain, even if the medical treatment
13		may increase the risk of death, so long as
14		the medical treatment is not also furnished
15		for the purpose of causing, or the purpose
16		of assisting in causing, death for any
17	•	reason."
18	SECTION 3. Sec	ction 329-38, Hawaii Revised Statutes, is
19	amended by amending	subsection (b) to read as follows:
20	"(b) A schedul	le II controlled substance prescription
21	shall:	

S.B. NO. 2157 S.D. 1

1	(1)	Be filled within [three] seven days following the date
2		the prescription was issued to the patient; and
3	(2)	Be supplied to a patient only if the prescription has
4		been filled and held by the pharmacy for not more than
5		seven days."
6	SECTI	ON 4. Statutory material to be repealed is bracketed
7	and strick	en. New statutory material is underscored.
8	SECTI	ON 5. This Act shall take effect upon its approval.

Report Title:

Controlled Substances; Pain Patient's Bill of Rights

Description:

Clarifies the prescribing of opiates for pain treatment. Extends the time limit in which scheduled II controlled substances prescriptions must be filled. (SB2157 SD1)