



STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony COMMENTING on SCR 168
REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A SUBSTANCE
ABUSE TASK FORCE

SENATOR JOSH GREEN, CHAIR
SENATE COMMITTEE ON HEALTH

Hearing Date: April 1, 2015

Room Number: 414

1 **Fiscal Implications:** No funds are appropriated in this measure, however, costs will be incurred to
2 convene and staff the proposed task force.

3 **Department Testimony:** This measure requests the Department of Health (DOH) “to convene a
4 substance abuse task force to address health care and payment to implement an effective addiction
5 treatment system and justice system reform steps to reduce the toll of collateral sanctions, with the goal of
6 improving overall outcomes and reducing the financial and social costs of drug use” in Fiscal Year
7 2015-2016 and Fiscal Year 2016-2017. A preliminary report is due to the Legislature no later than twenty
8 days prior to the convening of the Regular Session of 2016, and a final report of task force findings and
9 recommendations is due to the Legislature no later than twenty days prior to the convening of the Regular
10 Session of 2017.

11 The Department is concerned that the topics to be covered by the proposed task force extend
12 beyond the public health functions assigned to DOH. Of particular concern are the technical expertise
13 needed to conduct behavioral health research and analysis that would inform the decision-making process
14 on the topics discussed, and the legal expertise needed to address issues pertaining to the Uniform
15 Collateral Sanctions and Disqualifications Act. As written, a significant commitment of resources would

1 be needed for staffing and operating costs to be incurred to support the convening, documenting and
2 reporting of task force deliberations over a two-year period.

3 As multiple agencies exercise jurisdiction over the topics to be discussed -- the Department of
4 Commerce and Consumer Affairs has jurisdiction over insurance regulation and enforcement, the
5 Department of Labor and Industrial Relations administers the Prepaid Health Care Act, the Department of
6 Human Services administers the State's Medicaid program, and the Department of the Attorney General
7 with respect to the Uniform Collateral Sanctions and Disqualifications Act provisions -- there are
8 concerns about the challenges of the proposed task force integrating the various entities responsible for
9 the various topics to be covered.

10 Through contracts with community-based organizations, the Department of Health, Alcohol and
11 Drug Abuse Division (ADAD), provides adult and adolescent substance abuse treatment services which
12 are funded by the federal Substance Abuse Prevention and Treatment Block Grant and State general
13 funds. The Department of Human Services, MedQUEST covers qualified individuals who are enrolled.
14 To better focus discussions, and in the interest of shaping a viable product, we recommend that the tasks
15 assigned be narrowed and the composition of task force membership be aligned accordingly.

16 **Recommended amendments:** If the Committee takes further action on this measure, we
17 respectfully recommend:

- 18 • Formation of a working group (versus a task force) that would focus on publicly-funded substance
19 abuse treatment services and the highly represented population(s) that use publicly-funded
20 services; and
- 21 • Reducing the duration of working group deliberations to one rather than two years.

22 Attached are amendments to accomplish the above recommendations.

23 Thank you for the opportunity to testify on this measure.

Attachment to Testimony for SCR 168

Page	Line(s)	Text
1	32	thru page 2, line 15: delete text
2	17-25	BE IT RESOLVED by the Senate of the Twenty-eighth Legislature of the State of Hawaii, Regular Session of 2015, the House of Representatives concurring, that the Department of Health is requested to convene a working group to address the availability and accessibility of publicly-funded substance abuse treatment services for highly represented populations that use publicly-funded services.; and
2	27	thru page 3, line 40: BE IT FURTHER RESOLVED that the working group is requested to: <ol style="list-style-type: none"> (1) Review and recommend policy changes to publicly-funded services for substance use disorders, including but not limited to, the federal model of recovery-oriented system of care as outlined by the Substance Abuse and Mental Health Services Administration; (2) Explore approaches for integrating healthcare with addiction treatment, including but not limited to, education and training for primary care providers dealing with patients with a substance use or co-occurring disorder; (3) Ensure publicly-funded substance abuse treatment services are available and accessible to subpopulations, such as offenders, pregnant and parenting women, and co-occurring populations with legal involvement; and (4) Determine the level of resources needed to improve outcomes for substance abuse treatment services.
4	1-39	BE IT FURTHER RESOLVED that the Department of Health request the following persons to participate in the working group: <ol style="list-style-type: none"> (1) The director of health or the director's designee, who shall serve as the chairperson of the work group; (2) One member of the house of representatives, to be appointed by the speaker of the house of representatives; (3) One member of the senate, to be appointed by the president of the senate; (4) The director of human services or the director's designee; (5) The director of public safety or the director's designee; (6) The chair of the Hawaii paroling authority or the chair's designee; (7) One member representing the Hawaii Substance Abuse Coalition, to be invited by the chairperson of the working group; (8) One member representing the Hawaii Psychiatric Medical Association, to be invited by the chairperson of the work group; (9) One member representing a Hawaii inpatient or emergency room hospital, to be invited by the chairperson of the working group; (10) One member representing Hawaii Primary Care Association, to be invited by the chairperson of the working group; and (11) Any other member as assigned by the working group not to exceed a total of fifteen members.
4	41	thru page 5, line 7: BE IT FURTHER RESOLVED that the working group submit to the legislature a report concerning the publicly-funded coverage of substance abuse treatment services no later than twenty days prior to the convening of the regular session of 2016; and

Attachment to Testimony for SCR 168

Page	Line(s)	Text
5	9-10	BE IT FURTHER RESOLVED that the working group be dissolved on June 30, 2017; and
5	12-19	BE IT FURTHER RESOLVED that that certified copies of this Concurrent Resolution be transmitted to the Governor, Director of Health, Speaker of the House of Representatives, Senate President, Director of Human Services, Director of Public Safety, Chair of the Hawaii Paroling Authority, Hawaii Substance Abuse Coalition, Hawaii Psychiatric Medical Association, and Hawaii Primary Care Association.



National Kidney Foundation™

of Hawaii

March 31, 2015
Senate Concurrent Resolution
S.C.R. No. 161

THE SENATE
THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015

COMMITTEE ON HEALTH
Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

NOTICE OF HEARING

DATE: Wednesday, April 01, 2015
TIME: 2:00PM
PLACE: Conference Room 414
State Capitol
415 South Beretania Street

From: Diana Benningfield

Re: Testimony in opposition of SCR No. 161 Requesting the Queen's Transplant Center to share information on the matchingdonors.com online registry with new patients beginning the Kidney Transplant Qualifying process and with patients currently on the waiting list for a kidney donation.

My name is Diana Benningfield and I am Senior Director with the National Kidney Foundation of Hawaii as well as a non-directed living kidney donor.

We at the National Kidney Foundation of Hawaii are passionate about the need for living organ donation in the State of Hawaii and in fact we are working on a living donor project to inform our residents about the dire need for living donation. Unfortunately, we find that we must oppose the current resolution simply because neither my colleagues at the National Kidney Foundation of Hawaii nor myself have had an opportunity to study the implications of the bill. We would need more time to review the merit of this legislation and would need more time to formulate an informed opinion.

Mahalo for the opportunity to provide testimony in support of this bill.

Sincerely,

Diana Benningfield
Senior Director
National Kidney Foundation of Hawaii



PO Box 241042, Honolulu, HI 96824 ~ (808) 988-4386

Dedicated to promoting safe, responsible, and effective drug policies since 1993

TO: SENATE COMMITTEE ON HEALTH

FROM: PAMELA LICHTY, M.P.H., PRESIDENT

DATE: April 1, 2015, ROOM 414, 2:00 p.m.

RE: SCR 168: Requesting the Department of Health to Convene a Substance Abuse Task Force. - SUPPORT

Good afternoon Chair Green, Vice Chair Wakai, and members of the Committee. My name is Pam Lichty and I'm President of the Drug Policy Action Group (DPAG), the government affairs arm of the Drug Policy Forum of Hawaii.

The Drug Policy Action Group supports this resolution. We appreciate the way in which the initial clauses lay out the financial and social costs of substance abuse to our state - especially since the latter aspect is sometimes downplayed. Granted they may not be as easy to measure as financial costs, but the social consequences of substance abuse touch virtually all of us, whether directly or indirectly.

We are pleased to see that the Uniform Collateral Sanctions and Disqualification Act is referenced and that the proposed Task Force is asked to make recommendations about it. In our view this is an area that has been long ignored and needs to be researched and addressed.

We do have some questions and concerns about this resolution, however. In the Whereas clause on page 1, line 25 and following, S.B. 1036 is mentioned. That measure is still alive and is currently in the House Finance Committee. The House Draft 1 of that measure changes a proposed Task Force to a Working Group and also changes the focus to publicly-funded substance abuse treatment services.

This very critical element is not included in SCR 168. Nonetheless, we question the need for two similar measures both of which would set up entities within DOH

to study substance abuse issues (NB: S.B. 1036, H.D. 1 has a narrow title referring only to “Substance Abuse Treatment Services.”)

Our other issue is that we think the scope of SCR 168 is overly broad. We question whether an all-volunteer task force, limited to two years, can do the research and investigation required on the more than 10 topics they are asked to study. Many of these enumerated “requests” are extremely complex e.g. “Develop offender re-entry programs that target offenders with chronic substance abuse disorders...” There are other efforts of this nature happening in Hawaii and we see no mention here of efforts here to coordinate such initiatives.

Having said all this, the Drug Policy Forum would be pleased to have “a seat at the table” and contribute our perspective and whatever expertise we can lend to the proposed task force.

Thank you for the opportunity to testify today.



Hawaii's voice for sensible, compassionate, and just drug policy

COMMITTEE ON HEALTH
Senator Josh Green, Chair,
Senator Glenn Wakai, Vice Chair.

Wednesday, April 1 2015,

2:00PM

Conference Room 414
State Capitol
415 South Beretania Street

**Executive Director Rafael Kennedy,
Testimony in support of SCR168**

Aloha Chair Green, Vice Chair Wakai, and members of the committee.

Thank you for your time and consideration in hearing this resolution. We urge the committee to pass this resolution, creating a task force to look into a couple of seemingly disparate issues relating to improving and coordinating treatment for people with substance abuse problems, and relating to the damage done by collateral sanctions of marijuana related convictions.

As I see it, these issues are linked by a common thread of social cost. The high and rising medical costs associated with addiction are only one facet of this problem. Addiction imposes all manner of costs on individuals and on our society as a whole, and a holistic, reality based approach to reducing these social costs is a meaningful first step in dealing with the problem. Providing a continuum of care for those people who are suffering from addiction will give them the support that they need to improve their situation, and the evidence is strong that money spent in support of this care outside of emergencies and crises is a worthwhile investment. That said, this is of course an area in which there are many pitfalls, and it is important to develop these policies with an eye to upholding the rights of all citizens. To that end, the Drug Policy Forum would welcome the opportunity to work with other experts and stakeholders in suggesting policy approaches to this more encompassing support system for those with substance abuse problems.

Another issue that is addressed by the resolution deals with collateral sanctions associated with marijuana. This is also, in its way, a problem of social costs. The law in the state currently can impose immense costs on individuals and on society in response to relatively minor infractions relating to the possession of marijuana. An arrest or conviction relating to marijuana can cost an

individual access to innumerable educational and career opportunities, and therefore also deprives the state of the chance to benefit from the work that people who suffer unduly from collateral sanctions relating to marijuana possession would otherwise have produced.

This resolution offers us the opportunity to investigate several new ways that the state can become proactive in dealing with problems, legal and otherwise, related to drug use, and as such the Drug Policy Forum of Hawaii is at once excited to be involved in the process, and cautious that we always keep in mind the human element of the policies that we consider. Mahalo for your time and consideration, and for the opportunity to testify on this resolution.

Rafael Kennedy
Executive Director
The Drug Policy Forum of Hawaii

The Drug Policy Forum of Hawaii works to educate policymakers and the public about effective ways of addressing drug issues in Hawai'i with sensible and humane policies that reduce harm, expand treatment options, and adopt evidence-based practices while optimizing the use of scarce resources.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: regoa@hawaii.rr.com
Subject: Submitted testimony for SCR168 on Apr 1, 2015 14:00PM
Date: Sunday, March 29, 2015 7:08:24 AM

SCR168

Submitted on: 3/29/2015

Testimony for HTH on Apr 1, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
ANSON REGO	Individual	Comments Only	No

Comments: Speaking for myself as a former prosecutor in the 1970s and presently as a defense attorney and having practiced representing juveniles under age 18, especially in the late 1990s and early 2000s, I support the task force study especially the Uniform Collateral Sanctions and Disqualifications Act and increasing treatment to assist individuals who have made errors of judgment or mistakes to not arbitrarily lose vital rights given others by a one-time or minor occasional use or possession of an illegal drug, especially those who have been rehabilitated through the criminal system. Despite supporting this resolution and in doing so, I would like the committee to understand I totally oppose for the same reasons the decriminalization of possession or use of marijuana to a civil penalty of \$100 of Senate bill 879 because: 1) A juvenile or young offender if just fine will NOT be given the counseling or rehabilitation necessary or required under current law, but simply pay a civil fine. Such an individual, if continues the use of drugs, can find himself addicted or otherwise impaired or aggravated mentally as shown in various national studies. See Nami National's -- the national alliance for mental illness ---website as simply one Web site of various mental health organizations and drug agencies showing the deleterious effects of marijuana on the mental health of young people....<https://www.nami.org/>. 2) The studies cited and findings in committee for the Senate bill 879 in my opinion are flawed. In truth, numerous studies are ongoing. First, the committee fails to state or find that most mental health organization say more studies son marijuana use should be done before the decriminalizing or legalizing. Second, committee picks and chooses 2 or 3 studies to cite. Besides one Harvard professor, the Senate committee's cites the Center on juvenile and criminal justice, an admitted advocacy agency to change the system of regulating marijuana and punishment in the United States, which says unabashedly to us to pay no attention to drug use surveys and its relationship to measuring youth well-being and then contradictorily states after decriminalization of marijuana in California teenaged behaviors have improved. In other words, simply disregard all other studies except ours. The committee also fails to note that a few states have only recently decriminalized and that studies there have not been done yet, and there are already many annotations of huge problems and of mixed results. Third, the Senate committee also neglects to state that the 2013 economics study of enforcement of marijuana in Hawaii is flawed as it does not look at simply \$100 fine for possession of

1 ounce or less but all marijuana and related drug enforcement, and it also did not measured against the society costs because those costs was not studied or compared in the study. Really, how is it clear, as the Senate committee finds, that the cost of enforcing criminalization law greatly outweighs the benefits of doing so? How do we measure even one life greatly affected by marijuana addiction, a dangerous drug if continually taken? The Senate committee supports a proposal which does not treat repeated violations of 1 ounce of last marijuana more strictly----thus. a person can become addicted without any review or assistance by society, a total hands off approach to the consequences in our families in Hawaii. In summary, although I support this resolution to assist those who have made errors of judgment using marijuana, the civil violation punishment of just \$100 does NOT provide a more humane system and because a civil fine alone does not provide direct services for those in need to avoid addiction. Many addicts have said until they were forced into a drug rehabilitation unit, by the court, they would have continued their addiction to marijuana and other drugs. THEREFOR, this drafted resolution should be enlarged to study the in advance the consequences of Senate Bill 879 to decriminalization of possession and Senate Bill 879 should be deferred until a full study is completed.
Anson Rego Attorney

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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