



HAWAII MEDICAL ASSOCIATION

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Senator Gilbert S.C. Keith-Agaran, Chair

Senator Maile S.L. Shimabukuro, Vice Chair

DATE: Wednesday, February 11, 2015

TIME: 1:20PM

PLACE: Conference Room 414

FROM: Hawaii Medical Association

Dr. Christopher Flanders, DO, Executive Director

Lauren Zirbel, Community and Government Relations

Re: SB 1229 RELATING TO PAIN MANAGEMENT

Position: proposed amendments

Dear Senators Green, Espero, and Keith-Agaran, and Committee Members

HMA was a member of the State Narcotic Task Force that helped to create the proposed legislation. Thank you for allowing me to comment on Senate Bill 1229.

The HMA generally agrees with the intent of the legislation that came from the Task Force. However, I feel Senate **Bill 1229 requires a number of amendments before HMA can support this bill.** The HMA's suggested amendments are below:

Part III

- SECTION 3: Remove #2

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Chapter 329, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"§329- Pain medication agreement. (a) A pain medication agreement shall be executed between a patient and any prescriber of a narcotic drug within this State for use as pain medication:

(1) Whenever the patient is determined to have chronic pain and is prescribed a narcotic drug for use as pain medication for three months or longer; or

(2) Any time the patient is prescribed a narcotic drug for use as pain medication in the patient's first encounter with the prescriber.

In many clinical settings, physicians and other practitioners prescribe short courses of opioid medications to treat acute pain. Whether or not it is the patient's first interaction with that provider, **if there is no expectation that opioid use will continue for a prolonged period of time, it is not necessary or appropriate for the patient and provider to enter into a pain contract.**

Moreover, in our emergency departments (ED), every patient visit is a first encounter. ER physicians frequently write prescriptions for short courses of opioid pain medications to treat acute pain, generally consisting of small numbers of tablets. As the proposed legislation is written, any prescription for a narcotic drug in the ED would require a pain medication agreement. When a patient is discharged from the ED, there is no expectation that the practitioner will be providing further care or prescriptions to that patient making any pain medication agreement, and the actions contained therein, superfluous. The legislation maintains the same impact if the above provision is deleted and pain contracts are created for patients receiving chronic opioid therapy.

We recently had a meeting with HAWAII ACOG, the OBGYN community stated that they prescribe short term narcotics for patients who have had to have a C-Section. It would not be appropriate for them to have to have a pain medication agreement with each of these patients, as the prescription of pain medication is a direct result of acute pain caused by surgery. This provision would add hours upon hours to their workday, time that they do not have as they are already over booked. The same can be said for all surgeons. We have to be very careful to not pass legislation that makes our wait times even longer for patients to see ER doctors, surgeons and all health care providers with a narcotics license.

Part IV

- Section 4: Change the phrase, "chronic pain therapy," to chronic opioid therapy. Precisely define chronic opioid therapy.
 - "Chronic **opioid** pain therapy" means at least three months of continuous treatment with **prescription opioid medication** for chronic pain.

While there are many therapies for chronic pain, we are attempting to address chronic opioid therapy, which can be defined as continuous treatment of pain with prescription opioid medications for three continuous months.

- Section 4: Amend the provision relating to practitioner registration as follows.
 - No practitioner may administer, prescribe, or dispense a controlled substance unless the practitioner is registered with the designated state agency to utilize the electronic prescription accountability system. Beginning January 1, **2017**, all practitioners prescribing or dispensing a controlled substance in schedules II through IV, **shall register with the electronic prescription accountability system as part of the renewal process for controlled substance registration** in any quantity, shall use the electronic prescription accountability system..

The HMA agrees with the intent of the provision that all practitioners prescribing and dispensing controlled substances in Hawaii should register with the database. The state can better institute the statute by tying the registration to the database with renewal of the controlled substance registration. The educational burden on the state to require physicians to register with the PDMP as an isolated event will be costly and difficult.

Also, 'shall use the electronic prescription accountability system,' is excessive. Practitioners should only be required to access the system if and when it is **necessary and appropriate**.

- Section 5, Number 2: Amend to exclude treatment of acute pain from the provision requiring a provider access the database as follows.
 - Beginning January 1, 2017, all practitioners and practitioner delegates shall request patient information from the central repository prior to prescribing or dispensing a controlled substance to a new patient, **excluding treatment of acute pain**, and shall request patient information from the central repository at least three times per year for a patient that receives chronic **opioid** pain therapy from the prescribing practitioner.

In the ED, all patients are new patients. Requiring a query of the Prescription Drug Monitoring Program (PDMP) for every prescription of a controlled substance is overly burdensome. Under the proposed legislation, if a patient presents to his or her established physician with a broken leg, the practitioner may prescribe opioid analgesics without a check of the PDMP. We object to the fact that if the same patient presented to an ED with the same clear cause of pain and need for opioid analgesics, the practitioner would have to access the PDMP only because the patient is new to that provider.

Pain is by far the most common presenting complaint to the ED. Even if access is delegated (a provision we very much support), the process of querying the PDMP for all ED patients prescribed a controlled substance will be a significant drain of resources in terms of staffing and lengthen stays in our departments. We argue that when a physician is providing a patient with

a prescription for a short course of opioid medication for acute pain, statute should allow the practitioner to decide if a database query is appropriate.

- Addition of an appropriation for expanded use, continued improvement of, and continuing funding of the electronic prescription accountability system.

Hawaii's PDMP is an incredibly valuable tool for physicians. We are concerned that improvements suggested by way of the proposed legislation will not be feasible without proper funding. The program has great potential to reduce illness and death related to controlled substances. We believe the return in terms of lives saved and reduced costs of treatment will be well worth the investment.

Prescription opioid abuse is a critical issue for Hawaii and the nation. Appropriate steps must be taken to make opioid prescribing safer for our patients. We hope we are able to come together to create legislation that works for Hawaii's patients and health care providers.

Thank you for the opportunity to submit testimony.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: hlusk@chowproject.org
Subject: Submitted testimony for SB1229 on Feb 11, 2015 13:20PM
Date: Tuesday, February 10, 2015 12:05:04 PM

SB1229

Submitted on: 2/10/2015

Testimony for HTH/PSM/JDL on Feb 11, 2015 13:20PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Heather Lusk	The CHOW Project	Support	Yes

Comments: This bill is an important move to address both the prescription pill epidemic as well as the overdose epidemic in Hawaii. While CHOW supports this bill and its intent, it is essential that opioid treatment is expanded when these provisions are implemented so that those who are addicted to prescription medications do not move on to heroin or other drugs. Thank you for the opportunity to testify.

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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**Testimony of Mihoko E. Ito
on behalf of
Walgreen Co.**

DATE: February 10, 2015

TO: Senator Josh Green
Chair, Committee on Health

Senator Will Espero
Chair, Committee on Public Safety, Intergovernmental and Military Affairs

Senator Gilbert Keith-Agaran
Chair, Committee on Judiciary and Labor

Submitted Via HTHtestimony@capitol.hawaii.gov

RE: **S.B. 1229 – Relating to Pain Management**
Hearing: Wednesday, February 11, 2015, 1:20 p.m.
Conference Room: 414

Dear Chair Josh Green, Chair Espero, Chair Keith-Agaran and Members of the Committees,

We submit these comments on behalf of Walgreen Co. (“Walgreens”). Walgreens operates more than 8,200 locations in all 50 states, the District of Columbia and Puerto Rico. In Hawai`i, Walgreens now has 20 stores on the islands of Oahu, Maui and Hawai`i.

Walgreens **supports** S.B. 1229, which proposes various measures which help to address the issue of narcotic prescription drug abuse. The bill proposes to 1) establish a take-back and education initiative, 2) establish a narcotics advisory committee, 3) require a pain medication agreement to be executed between a patient and prescriber, 4) require practitioners to register to use the electronic prescription monitoring system, and 5) authorize health care providers to prescribe naloxone in the event of an opioid overdose.

Gary M. Slovin
Mihoko E. Ito
C. Mike Kido
Tiffany N. Yajima

999 Bishop Street, Suite 1400
Honolulu, HI 96813
(808) 539-0840

Walgreens participated in and is in full support of the working group that convened to discuss systemic improvements to curbing the overuse of prescription narcotic drugs. The proposals contained in this bill help to establish several alternatives aimed at curbing the overuse of prescription narcotics. Walgreens especially appreciates that this measure would allow for greater participation of practitioners in monitoring patients who need to manage chronic pain, and work to educate the public through a drug take back program.

Walgreens would suggest two technical amendments as follows:

Part III (Pain medication agreement): In the requirements for the pain medication agreement, the agreement must include a statement recommending a single pharmacy to be used for all patients receiving chronic pain medications (page 8, lines 1-3). Walgreens suggests that this be amended to clarify that a patient would be permitted to use the different stores within a pharmacy network like Walgreens. Because a pharmacy network keeps detailed records on patients across their network, this would clarify that a patient could go to any pharmacy within the network and still satisfy prescription monitoring concerns.

Part IV (Electronic prescription monitoring): The definition of “practitioner” in this section (page 9, lines 3-5), conflicts with the existing law in HRS 329-1, which already defines practitioners. We would respectfully request that the Committee amend this definition, to ensure that the bill captures the intent of the working group which was to impose the registration requirement on prescribers.

Thank you very much for the opportunity to submit testimony on this measure.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: kglick@wheelchair-kauai.com
Subject: Submitted testimony for SB1229 on Feb 11, 2015 13:20PM
Date: Monday, February 09, 2015 6:44:09 PM

SB1229

Submitted on: 2/9/2015

Testimony for HTH/PSM/JDL on Feb 11, 2015 13:20PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Kevin Glick	Hawaii Community Pharmacists Association	Support	No

Comments: Hawaii Community Pharmacists Association supports the spirit of SB-1229. By passing this bill out of committee providers will be better situated to manage the needs patients in pain while serving the needs of society at large by lowering the diversion of controlled medications.

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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February 9, 2015

Senator Josh Green
Chair
Committee on Health

Senator Keith-Agaran
Chair
Committee on Judiciary and Labor

Senator Will Espero
Chair
Committee on Public Safety,
Intergovernmental and Military
Affairs

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SB 1229: RELATING TO PAIN MANAGEMENT

Letter in OPPOSITION, with proposed amendments

Dear Senators Green, Espero, and Keith-Agaran, and Committee Members

I am president of the Hawaii College of Emergency Physicians, representing 146 emergency physicians working in Hawaii, and a member of the State Narcotic Task Force that helped to create the proposed legislation. Thank you for allowing me to comment on Senate Bill 1229.

I generally agree with the intent of the legislation that came from the Task Force. However, I feel Senate Bill 1229 requires a number of amendments before emergency physicians in Hawaii can support this bill. My suggested amendments are below:

Part III

- SECTION 3: Remove #2

Chapter 329, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

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~~medication in the patient's first encounter with the prescriber.~~

In many clinical settings, physicians and other practitioners prescribe short courses of opioid medications to treat acute pain. Whether or not it is the patient's first interaction with that provider, if there is no expectation that opioid use will continue for a prolonged period of time, it is not necessary or appropriate for the patient and provider to enter into a pain contract.

Moreover, in our emergency departments (ED), every patient visit is a first encounter. We frequently write prescriptions for short courses of opioid pain medications to treat acute pain, generally consisting of small numbers of tablets. As the proposed legislation is written, any prescription for a narcotic drug in the ED would require a pain medication agreement. When a patient is discharged from the ED, there is no expectation that the practitioner will be providing further care or prescriptions to that patient making any pain medication agreement, and the actions contained therein, superfluous. The legislation maintains the same impact if the above provision is deleted and pain contracts are created for patients receiving chronic opioid therapy.

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I agree with the intent of the provision that all practitioners prescribing and dispensing controlled substances in Hawaii should register with the database. The state can better institute the statute by tying the registration to the database with renewal of the controlled substance registration. The educational burden on the

state to require physicians to register with the PDMP as an isolated event will be costly and difficult.

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Sincerely,

A handwritten signature in black ink, appearing to read 'W. Scruggs', written in a cursive style.

William Scruggs, MD, RDMS, FACEP
President, Hawaii College of Emergency Physicians
Assistant-Directors, Castle Medical Center Emergency Department