



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Comments in SUPPORT of SB 2392 SD1
RELATING TO OPIOID ANTAGONISTS**

SENATOR JILL N. TOKUDA, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: February 23, 2016

Room Number: 211

Fiscal Implications: None. There are no appropriations requested in this bill. The Department anticipates that passage of this measure will reduce statewide medical costs by reducing opiate overdose deaths and other severe medical impacts of overdose.

Department Testimony: The Department strongly supports this measure.

The purpose of this bill is to reduce the number of opiate overdose deaths in Hawaii by increasing access and use of opioid antagonists like naloxone hydrochloride. Between 2010 - 2014 there were 270 reported overdoses in Hawaii and this is an underestimate. The aim of the bill is to get naloxone into the hands of persons who use opiates and are at risk for overdose as well as those who may be able to assist them in case of overdose.

This bill provides immunity for individuals who prescribe, dispense, or possess an opioid antagonist such as naloxone or administer it during an opioid-related drug overdose; authorizes emergency personnel, law enforcement and first responders to administer an opiate antagonist; requires Medicaid coverage for opiate antagonists for this purpose; exempts pharmacists and pharmacies from licensure and permitting requirements, except for drug storage requirements, for storing and distributing opioid antagonists; and requires the DOH to collect, analyze and publish an annual report related to drug overdoses.

The Department urges passage of this bill as presented with no appropriation requested.

Thank you for the opportunity to comment on this measure.



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

February 23, 2016

TO: The Honorable Jill N. Tokuda, Chair
Senate Committee on Ways and Means

FROM: Rachael Wong, DrPH, Director

SUBJECT: **SB 2392 SD 1 - RELATING TO OPIOID ANTAGONISTS**
Hearing: Tuesday, February 23, 2016; 9:50 a.m.
Conference Room 211, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the opportunity to provide comments on this bill.

PURPOSE: The purpose of this bill creates immunity for health care professionals and pharmacists who prescribe, dispense, or administer an opioid antagonist such as naloxone hydrochloride to assist an individual at risk of experiencing an opioid-related drug overdose or to a harm reduction organization. Creates immunity for first responders, harm reduction organizations, and individuals who administer opioid antagonists to persons believed to be suffering an opioid-related drug overdose. Authorizes emergency personnel to administer an opioid antagonist. Requires medical coverage for opioid antagonists for outpatient use. Authorizes certain persons or organizations acting under standing orders issued by a licenses health care professional to store opioid antagonists without being subject to the Hawaii Food, Drug, and Cosmetic Act, except the portion regarding the storage of wholesale prescription drugs, and to distribute opioid antagonists without charge or compensation.

The Medicaid program, through its QUEST Integration and fee-for-service programs provides coverage for this drug. Additionally, individuals, who are allowed to prescribe within

their scope of practice, may write a prescription for the opioid antagonist. Therefore the language requiring Medicaid coverage is not needed.

Thank you for the opportunity to testify on this measure.

**PRESENTATION OF THE
BOARD OF PHARMACY**

TO THE SENATE COMMITTEE ON
WAY AND MEANS

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2016

Tuesday, February 23, 2016
9:50 a.m.

WRITTEN TESTIMONY ONLY

**TESTIMONY ON SENATE BILL NO. 2392, S.D. 1, RELATING TO OPIOID
ANTAGONISTS.**

TO THE HONORABLE JILL N. TOKUDA, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Lee Ann Teshima, Executive Officer for the Board of Pharmacy ("Board"). I appreciate the opportunity to submit written testimony on Senate Bill No. 2392, S.D. 1, Relating to Opioid Antagonists. This measure would create immunity for individuals who prescribe, dispense or administer an opioid antagonist; create immunity for first responders, harm reduction organizations and individuals who possess, furnish or administer an opioid antagonist; authorize emergency personnel to administer an opioid antagonists; require Medicaid coverage for opioid antagonists; and exempt harm reduction organizations from pharmacy licensure and permitting requirements, except for drug storage requirements, for storing and distributing opioid antagonists.

The Board understands the urgency to make opioid antagonists available for emergency personnel, health care professionals, and patients and has been working with proponents of this bill to ensure that the processes proposed in this measure will

Testimony on Senate Bill No. 2392, S.D. 1
Tuesday, February 23, 2016
Page 2

not compromise patient safety. The board appreciates the amendments made to this measure by the Senate Committees on Commerce, Consumer Protection, and Health and Judiciary and Labor, and it is available to continue working with stakeholders if necessary as this measure moves forward.

Thank you for the opportunity to submit written testimony on Senate Bill No. 2392, S.D. 1.

**PRESENTATION OF THE
BOARD OF NURSING**

TO THE SENATE COMMITTEE ON
WAY AND MEANS

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2016

Tuesday, February 23, 2016
9:50 a.m.

WRITTEN TESTIMONY ONLY

**TESTIMONY ON SENATE BILL NO. 2392, S.D. 1 RELATING TO OPIOID
ANTAGONISTS.**

TO THE HONORABLE JILL N. TOKUDA, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Lee Ann Teshima, Executive Officer for the Board of Nursing ("Board"). I appreciate the opportunity to submit written testimony on Senate Bill No. 2392, S.D. 1, Relating to Opioid Antagonists. This measure would create immunity for individuals who prescribe, dispense or administer an opioid antagonist; create immunity for first responders, harm reduction organizations and individuals who possess, furnish or administer an opioid antagonist; authorize emergency personnel to administer an opioid antagonists; require Medicaid coverage for opioid antagonists; and exempt harm reduction organizations from pharmacy licensure and permitting requirements, except for drug storage requirements, for storing and distributing opioid antagonists.

The Board offers the following comment:

On page 4, lines 8-11, we recommend that this definition be amended to read as follows:

Testimony on Senate Bill No. 2392, S.D. 1
Tuesday, February 23, 2016
Page 2

“Health care professional” includes a physician, physician assistant under the authority and supervision of a physician, or advanced practice registered nurse with prescriptive authority.”

This revision would clarify that only an advanced practice registered nurses with prescriptive authority may prescribe the opioid antagonist. To specify that an advanced practice registered nurse who is “authorized to prescribe an opioid antagonist” appears to be unnecessary.

Thank you for the opportunity to submit written testimony on Senate Bill No. 2392, S.D. 1.



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

TO: Senate Committee on Ways and Means
FROM: Carl Bergquist, Executive Director
HEARING DATE: 23 February 2016, 9:50AM
RE: SB2392 SD1, Relating to Opioid Antagonists, **STRONG SUPPORT**

Dear Chair Tokuda, Vice Chair Dela Cruz and Members of the Committee:

The Drug Policy Forum of Hawai'i (DPFHI) **strongly supports** the amended version of this harm reduction measure to increase access to naloxone, a drug that can reverse all types of opioid overdoses and thereby save lives. Naloxone, also known by brand names like Narcan & Evzio, is a generic drug that is completely safe in most instances, easy to administer and historically inexpensive.

In 2015, the White House hosted a summit on the national opioid epidemic and just last month, President Obama – who here has bipartisan support in Congress - requested over \$1 billion in his budget to help combat it. Hawai'i is no outlier in this prescription painkiller (e.g. oxycodone) and illicit drug (e.g. heroin) opioid epidemic. On average, our state has seen an average of 150 deaths from such overdoses per year, and in many cases, these happen in homes or in public. That is why it is vital to ensure that Naloxone gets into the hands of those best placed to help immediately or to reach vulnerable populations, namely friends, loved ones and harm reduction organizations. Pharmacies have a crucial role to play in helping to dispense Naloxone, and operating under collaborative agreements, they could do so without individualized prescriptions. Similarly, harm reduction organizations like the CHOW Project, with standing orders from doctors, will be able to obtain Naloxone and distribute it in affected communities. The amended SB2392 SD1 now addresses all of these key points.

One issue that has been widely discussed recently is the price of Naloxone. As states have increased access, pharmaceutical companies have increased the price. We believe that to authorizing the administering and dispensing of Naloxone, including for law enforcement and fire fighters who are often first on the scene after a 911 call, will help put pressure on the producers to break this trend. In addition, new, easier forms of delivery, including a nasal spray, are changing the market.

In conclusion, this bill dovetails with last year's Good Samaritan Medical Amnesty law, Act 217. If those best positioned in the case of an overdose are both protected from prosecution as well as equipped with Naloxone, lives are more likely to be saved. Regardless of an individual's reaction post-Naloxone – and they may not always be immediately grateful – we must never forget the obvious: the overdose reversal is the prerequisite to beginning any treatment at all.

Mahalo for the opportunity to testify.

From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: melanie.boehm@usw.salvationarmy.org
Subject: Submitted testimony for SB2392 on Feb 23, 2016 09:50AM
Date: Monday, February 22, 2016 9:09:51 AM

SB2392

Submitted on: 2/22/2016

Testimony for WAM on Feb 23, 2016 09:50AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Melanie Boehm	The Salvation Army Addiction Treatment Services and Family Treatment Services	Support	No

Comments: There have been over 10,000 overdose reversals using naloxone nationwide. In Hawaii, naloxone has been administered by EMS providers outside of a medical setting over 95% of the time. I have seen first hand how this saves lives.

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Community Health Outreach Work

677 Ala Moana Blvd., Suite 226
Honolulu, HI 96813
Phone (808) 853-3292 • Fax (808) 853-3274

TESTIMONY in STRONG SUPPORT of SB 2392: RELATING TO OPIOID ANTAGONISTS

TO: Senator Jill N. Tokuda, Chair and Senator Donovan M. Dela Cruz, Vice Chair, Senate Committee on Ways and Means

FROM: Heather Lusk, Executive Director, CHOW Project
Hearing: Tuesday, February 23, 2016 9:50 AM Conference Room 211

Dear Chair Tokuda, Vice Chair Dela Cruz, and members of the committee:

The CHOW Project is in strong support of SB 2392 which provides increased access to Naloxone to prevent opioid-related overdose deaths and provides immunity to those who prescribe, dispense, store and/or administer Naloxone.

Accidental drug overdoses are the leading cause of fatal injuries in Hawaii and 37 jurisdictions have laws that increase access to this life-saving drug. With over 10,000 overdose reversals recorded nationwide due to Naloxone, it is time for Hawaii to adopt legislation that allows those at risk of an opioid-related overdose and those around them to have easy access to Naloxone and overdose prevention and response education.

The Community Health Outreach Work (CHOW) Project is dedicated to serving individuals, families, and communities adversely affected by drug use, through a participant-centered harm reduction approach. CHOW works to reduce drug related harms such as but not limited to HIV, hepatitis B/C and overdose. In 2015, 56% of CHOW's participants reported witnessing an overdose in the past three years, and a needs assessment among our participants indicates that access to Naloxone is a priority.

Research shows that community-based Naloxone education, training and distribution is effective. It needs to be immediately available where overdoses take place: in the home, on the streets and in public places. One study found that for every 164 Naloxone kits distributed through program like the CHOW Project, that one life was saved.

Thank you for the opportunity to provide testimony.
Heather Lusk,
CHOW Executive Director

From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: nbienema@my.hpu.edu
Subject: Submitted testimony for SB2392 on Feb 23, 2016 09:50AM
Date: Monday, February 22, 2016 9:44:20 AM

SB2392

Submitted on: 2/22/2016

Testimony for WAM on Feb 23, 2016 09:50AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Nicole Bieneman	The CHOW Project	Support	No

Comments: Providing take-home Naloxone to people who use opioids and their family, friends, and caretakers not only saves lives, it saves money!

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22 February 2016

Senator Jill N. Tokuda, Chair, Committee on Ways and Means

Senator Donovan M. Dela Cruz, Vice Chair, Committee on Ways and Means

Subject: **Support SB 2392, SD1 (SSCR2361)**

Dear Chair Tokuda,

The Injury Prevention Advisory Committee strongly supports SB 2392 SD1, providing immunity for first responders and others who may administer an opioid antagonist (antidote) to a patient who has experienced a narcotic overdose.

Established in 1990, the Injury Prevention Advisory Committee (IPAC) is an advocacy group committed to preventing and reducing injuries in Hawai'i. IPAC members include representatives from public and private agencies, physicians and professionals working together to address leading areas of injury, including poisoning and overdose.

Nationally, and specifically here in Hawaii, overdose deaths have surpassed motor vehicle crashes as the leading cause of death from injury. In our state, the number of deaths from drug poisonings in recent years has nearly doubled. Most of those (88%) were drug-related, and over a third of those deaths were from opiates, drugs that suppress the body's breathing and other vital signs.

When a severe opiate overdose occurs and breathing and/or circulation are impaired, victims may die within minutes. Life-saving antidotes such as naloxone, however, have historically only been carried by paramedics, who in spite of every effort sometimes arrive too late to resuscitate victims of overdose. Naloxone is an extremely safe drug, and whereas it can save the life of someone suffering from a severe opiate overdose, it typically would not cause any untoward effect even if it were administered to someone whose condition did not warrant it. Administration systems now provide intramuscular and/or intranasal options, which are intuitive and require minimal training. Any initiative that would expand first responder and even layperson access to naloxone would have a very high likelihood of saving lives in our community, and providing those saved with an opportunity to pursue sustainable recovery.

Again, drug overdose deaths constitute a nationwide epidemic. In Hawaii, we have excellent emergency dispatchers, first responders, EMTs and paramedics – some are members of our committee. Unless naloxone is broadly available, however, our paramedics may not be able to help people whose lives slip away due to a treatable overdose. This measure is one important element in the system of care that is needed to prevent deaths from narcotic overdoses. Thank you for the opportunity to testify.

Sincerely,

David Kingdon, MPH, Paramedic
Co-Chair, IPAC

Deborah Goebert, DrPH
Co-Chair, IPAC



HAWAII SUBSTANCE ABUSE COALITION

SB2392 SD1 RELATING TO OVERDOSE PREVENTION AND EMERGENCY RESPONSE:

COMMITTEE ON WAYS AND MEANS: Senator Tokuda, Chair; Senator Dela Cruz, Vice Chair

- Tuesday, February 23, 2016 at 9:50 a.m.
- Conference Room 211

HSAC Supports SB2392 SD1:

Good Morning Chair Tokuda, Vice Chair Dela Cruz, And Distinguished Committee Members. My name is Alan Johnson, Chair of the Hawaii Substance Abuse Coalition, an organization of more than thirty treatment and prevention agencies across the State.

The Hawaii Substance Abuse Coalition fully supports creating immunity for individuals and emergency personnel who prescribe, possess, or administer an opioid antagonist such as naloxone hydrochloride during an opioid-related drug overdose. HSAC supports required Medicaid coverage, and exempting pharmacists as well as dispensing without a prescription.

Across the nation, opioid abuse is becoming an epidemic, especially prescription painkillers and increasingly heroin. We have the proven science today to know what to do:

- **Use naloxone to curb overdose deaths and keep people alive long enough that they can be treated successfully.**
- Reduce drug diversion,
- Expand successful treatments programs (including medication-assisted treatments),
- Develop new medications for pain.

NALOXONE

If a person accidentally ingests too much pain medication or overuses prescription opioids, or abuses heroin, naloxone can very quickly restore normal respiration to a person whose breathing has slowed or stopped. Naloxone can be widely used by emergency medical personnel and other first responders for this purpose. Unfortunately, by the time a person having an overdose is reached and treated, it is often too late.

So far, 17 states have passed laws allowing for wider use of naloxone to prevent overdose fatalities. Almost half of the states in the U.S. provide limited immunity from arrest or prosecution for minor drug law violations for people who summon help at the scene of an overdose. Through these laws, family members and friends as well as emergency personnel, such as police and firefighters, can use this life saving drug.

Good Samaritan laws do not protect people from arrest for other offenses, such as selling or trafficking drugs, or driving while drugged. These policies protect only the caller and overdose victim from arrest and/or prosecution for simple drug possession, possession of paraphernalia, and/or being under the influence.

Naloxone is currently the only FDA approved overdose medication. Moreover, it is relatively safe in its administration because it uses syringes fitted with an atomizer to enable the drug to be sprayed into the nose. NIDA and other agencies are working with the FDA and drug manufacturers to support this intranasal formulation. With Overdose Education and Naloxone Distribution (OEND) programs, naloxone can be applied directly to opioid users by their friends or loved ones, or other potential bystanders. OEND programs are an effective as well as cost-effective way of saving lives.

With science, we can save people's lives in the event of overdose and reverse the current Healthcare trend by improving outcomes and reducing costs.

We appreciate the opportunity to testify and are available for questions

From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: lcCook@kualoha.org
Subject: *Submitted testimony for SB2392 on Feb 23, 2016 09:50AM*
Date: Monday, February 22, 2016 9:35:08 AM

SB2392

Submitted on: 2/22/2016

Testimony for WAM on Feb 23, 2016 09:50AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Cook	Ku Aloha Ola Mau	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: toyofuku@hiadvocates.com
Subject: Submitted testimony for SB2392 on Feb 23, 2016 09:50AM
Date: Monday, February 22, 2016 9:06:34 AM

SB2392

Submitted on: 2/22/2016

Testimony for WAM on Feb 23, 2016 09:50AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Bob Toyofuku	Hawaii Association for Justice	Comments Only	No

Comments: Not opposed but making comments only

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Senate Committee on Ways and Means

Aloha Senate Chair Tokuda and Vice Chair Dela Cruz

My name is Jean L. Mooney and I am a recovering heroin addict. Back when I was abusing heroin, I unfortunately witnessed the accidental overdose death of a fellow addict, whom was not able to receive life-saving naloxone treatment in time to save her life. Although I executed rescue breathing and called 911 (at that time taking a chance of getting arrested, myself), her life was needlessly lost because naloxone, a non-narcotic opioid agonist, was not available to private citizens, nor the community at large. In fact, In Hawaii, naloxone has been administered by EMS providers *outside of a medical setting* over 95% of the time.

Naloxone is amazing in that when administered during an overdose, it blocks the effects of opioids and restores breathing within 3 minutes. It now is formulated in a safe and easy to use nasal spray, that any adult could administer to save someone's life. Therefore, implementing community-based naloxone education, training and distribution would be effective. It needs to be immediately available where overdoses take place, in the home, on the streets and in public places.

From 2010-2014, drug poisoning/overdose was the leading cause of fatal injuries in Hawaii — surpassing falls, motor vehicle, drowning and other injury-related deaths. These poisonings and overdoses were not only from illicit drug use/abuse, but many were from medications prescribed to the individual from their Physicians.

In Hawai'i there were 155 deaths in 2014 from drug poisonings/overdose with a total of 1,465 over the past decade. This is a total of almost 1,500 lives that potentially could have been saved, but instead were lost due to unavailability of naloxone.

I am in Strong Support of Senate Bill SB2392 and ask that you please consider expanding access to naloxone in order to save lives. It could be our Mother, Father, Grandparent or Child who needlessly dies because of unwarranted restrictions on a non-narcotic, non-addictive, life-saving miracle drug.

Mahalo,

Jean L. Mooney

From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: rontthi@gmail.com
Subject: *Submitted testimony for SB2392 on Feb 23, 2016 09:50AM*
Date: Saturday, February 20, 2016 10:14:19 PM

SB2392

Submitted on: 2/20/2016

Testimony for WAM on Feb 23, 2016 09:50AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Ronald Taniguchi, Pharm.D.	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: wendygibson9@gmail.com
Subject: Submitted testimony for SB2392 on Feb 23, 2016 09:50AM
Date: Sunday, February 21, 2016 5:07:19 PM

SB2392

Submitted on: 2/21/2016

Testimony for WAM on Feb 23, 2016 09:50AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Wendy Gibson	Individual	Support	No

Comments: Naloxone is an easy to administer, life-saving drug, useful at a time when opiate overdoses are the leading cause of accidental death in Hawaii. Please pass this harm-reduction bill.

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From: [Leah Koonce](#)
To: [WAM Testimony](#)
Subject: SB 2392
Date: Monday, February 22, 2016 5:53:25 AM

I am in support of SB 2392 as I believe health care workers need immunity while attempting to save lives by administering Naloxone Hydrochloride. I am a former Substance Abuse Counselor at a methadone clinic here in Honolulu and I believe Naloxone Hydrochloride is an essential tool for saving lives and therefor the health care workers administering this opioid antagonist ought to be protected.

Mahalo,
Leah M Koonce

From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: leilani.maxera@gmail.com
Subject: Submitted testimony for SB2392 on Feb 23, 2016 09:50AM
Date: Monday, February 22, 2016 8:55:44 AM

SB2392

Submitted on: 2/22/2016

Testimony for WAM on Feb 23, 2016 09:50AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Leilani Maxera	Individual	Support	No

Comments: I strongly support SB2392. In Hawai'i there were 155 deaths in 2014 from drug poisonings/overdose with a total of 1,465 over the past decade. Naloxone has been proven to save lives. Please pass this bill and do your part!

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From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: stacylenze@yahoo.com
Subject: Submitted testimony for SB2392 on Feb 23, 2016 09:50AM
Date: Monday, February 22, 2016 9:07:58 AM

SB2392

Submitted on: 2/22/2016

Testimony for WAM on Feb 23, 2016 09:50AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Stacy Lenze	Individual	Support	No

Comments: Overdose has been the leading cause of accidental death in Hawaii since 2010. Creating access to Naloxone is the first step to preventing these unnecessary tragedies. I strongly support SB2392. Thank you for your time.

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Thank you for this opportunity to submit testimony in support of SB2392.

When a popular magazine "Men's Health" has a major article on the value of Narcan on SAVING Lives it is clear that Narcan is definitely in mainstream news. (Men's Health. Mar 2016 pp. 85-89). There has been considerable testimony presented last year and now again this year to demonstrate broad community support for making Narcan available at the point where it can be of most value - those community workers especially who are often the first person to be able to save the lives through the simple process of giving a pill.

We have an emerging epidemic of unnecessary death and the means to cheaply and effectively prevent many of those deaths.

I would strongly urge Committee Members to support SB 2392.

Thank you.

From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: dakoppe@nhlchi.org
Subject: Submitted testimony for SB2392 on Feb 23, 2016 09:50AM
Date: Monday, February 22, 2016 9:27:22 AM

SB2392

Submitted on: 2/22/2016

Testimony for WAM on Feb 23, 2016 09:50AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
David Kopper	Individual	Support	No

Comments: I support 2392. Overdose deaths are preventable. Nalaxone is a critical component in the battle to prevent the loss of lives needlessly lost to opioid overdose. Nalaxone has no potential for abuse and side effects are rare. This bill is necessary to make this important life saving medication effectively available.

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From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: marilynrick@pobox.com
Subject: Submitted testimony for SB2392 on Feb 23, 2016 09:50AM
Date: Sunday, February 21, 2016 2:08:46 PM

SB2392

Submitted on: 2/21/2016

Testimony for WAM on Feb 23, 2016 09:50AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Marilyn Mick	Individual	Support	No

Comments: In Hawai'i there were 155 deaths in 2014 from drug poisonings/overdose with a total of 1,465 over the past decade Community-based naloxone education, training and distribution is effective. It needs to be immediately available where overdoses take place, in the home, on the streets and in public places. - In Hawaii, naloxone has been administered by EMS providers outside of a medical setting over 95% of the time. It works! There have been over 10,000 overdose reversals using naloxone nationwide.

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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From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: joyamarshall0416@gmail.com
Subject: *Submitted testimony for SB2392 on Feb 23, 2016 09:50AM*
Date: Monday, February 22, 2016 4:33:16 PM

SB2392

Submitted on: 2/22/2016

Testimony for WAM on Feb 23, 2016 09:50AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Joy Marshall	Individual	Support	No

Comments:

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