
HOUSE CONCURRENT RESOLUTION

REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL
EFFECTS OF REQUIRING HEALTH INSURERS IN HAWAII TO PROVIDE
COVERAGE FOR TREATMENT FOR OPIOID DEPENDENCE.

1 WHEREAS, opioids are a class of drugs that include the
2 illegal drug heroin, synthetic opioids such as fentanyl, and
3 prescription pain relievers such as oxycodone, hydrocodone,
4 codeine, and morphine; and
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6 WHEREAS, while opioids are generally safe when taken for a
7 short period of time as prescribed by a physician, regular use
8 of opioid pain killers, even as prescribed by a physician, can
9 lead to dependence; and
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11 WHEREAS, because opioid pain relievers produce euphoria in
12 addition to pain relief, they are prone to misuse and can easily
13 lead to overdoses and deaths; and
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15 WHEREAS, the Centers for Disease Control and Prevention
16 formally declared an opioid epidemic in 2011; and
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18 WHEREAS, according to the American Society of Addiction
19 Medicine, more than 2,500,000 Americans have an opioid use
20 disorder; and
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22 WHEREAS, the opioid epidemic is the deadliest drug crisis
23 in United States history, claiming more than 200,000 lives, or
24 more than three times the number of United States military
25 deaths in the Vietnam War; and
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27 WHEREAS, in 2016 alone, drug overdoses claimed more lives
28 than motor vehicle accidents or gun violence, and every three
29 weeks the opioid epidemic causes about the same number of deaths
30 as occurred in the September 11, 2001, terrorism attacks; and



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2 WHEREAS, Hawaii is also experiencing the effects of the
3 opioid epidemic, with two hundred seventy-five individuals dying
4 from opioid overdoses between 2012 and 2016 and about two
5 thousand more suffering from nonfatal overdoses; and
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7 WHEREAS, at the heart of the opioid epidemic is OxyContin,
8 which is a brand name for the prescription pain killer
9 oxycodone, a dangerous opioid that was developed in the 1990s by
10 Purdue Pharma, a Stamford, Connecticut-based company that is
11 owned and operated by certain members of the Sackler family; and
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13 WHEREAS, the Sacklers are best known as philanthropists
14 whose family name is prominently featured in exhibits at a
15 number of notable institutions, including the Metropolitan
16 Museum of Art, Harvard University, and the Louvre; and
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18 WHEREAS, because the members of the Sackler family who
19 control Purdue Pharma have managed to write their family name
20 out of the history of the family business, most visitors to
21 these establishments are unaware that these family members made
22 their fortune by being one of the prime beneficiaries of the
23 current epidemic of opioid use; and
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25 WHEREAS, as detailed in an article published in the New
26 Yorker on October 30, 2017, Purdue Pharma's OxyContin generated
27 great profits for the company and its owners at the expense of
28 millions of people who fell prey to drug addiction due to
29 OxyContin's intrinsic addictive properties; and
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31 WHEREAS, Purdue Pharma was well aware of OxyContin's
32 addictive potential, but denied any knowledge and launched
33 OxyContin with a marketing campaign that misinformed doctors
34 about the dangerous risks of opioids; and
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36 WHEREAS, in September 2017, the attorneys general of forty-
37 one states banded together to investigate the role that
38 deceptive marketing campaigns by opioid manufacturers and
39 distributors, including Purdue Pharma, had in the current crisis
40 of opiate addictions and overdose deaths; and
41



1 WHEREAS, meanwhile, Congress in April 2016 yielded to
2 pressure from the drug industry by passing a law that
3 effectively stripped the federal Drug Enforcement Administration
4 of its authority to freeze suspicious shipments from drug
5 distribution companies, which was its most effective weapon
6 against large drug companies suspected of spilling prescription
7 narcotics onto the nation's streets; and
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9 WHEREAS, the passage of this law has severely undermined
10 the Drug Enforcement Administration's previously aggressive
11 enforcement efforts; and
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13 WHEREAS, in this regulatory vacuum of ineffective law
14 enforcement efforts, states must increase their own efforts to
15 combat the opioid epidemic through a multi-faceted approach,
16 including requiring insurers to provide health care coverage and
17 benefits for a minimum of six months of inpatient and outpatient
18 treatment for opioid dependence; and
19

20 WHEREAS, section 23-51, Hawaii Revised Statutes, requires
21 that "[b]efore any legislative measure that mandates health
22 insurance coverage for specific health services, specific
23 diseases, or certain providers of health care services as part
24 of individual or group health insurance policies, can be
25 considered, there shall be concurrent resolutions passed
26 requesting the auditor to prepare and submit to the legislature
27 a report that assesses both the social and financial effects of
28 the proposed mandated coverage"; and
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30 WHEREAS, section 23-51, Hawaii Revised Statutes, further
31 provides that "[t]he concurrent resolutions shall designate a
32 specific legislative bill that:
33

34 (1) Has been introduced in the legislature; and
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36 (2) Includes, at a minimum, information identifying the:
37

38 (A) Specific health service, disease, or provider
39 that would be covered;
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41 (B) Extent of the coverage;
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(C) Target groups that would be covered;

(D) Limits on utilization, if any; and

(E) Standards of care.

For purposes of this part, mandated health insurance coverage shall not include mandated optionals"; and

WHEREAS, section 23-52, Hawaii Revised Statutes, further specifies the minimum information required for assessing the social and financial impact of the proposed health coverage mandate in the Auditor's report; and

WHEREAS, the social factors that section 23-52, Hawaii Revised Statutes, requires the Auditor to examine include:

- (1) The extent to which the treatment or service is generally utilized by a significant portion of the population;
- (2) The extent to which the insurance coverage is already generally available;
- (3) If coverage is not generally available, the extent to which the lack of coverage results in persons being unable to obtain necessary health care treatment; and
- (4) If the coverage is not generally available, the extent to which the lack of coverage results in unreasonable financial hardship on those persons needing treatment; and

WHEREAS, anecdotal evidence have suggested that patients currently face a variety of gaps and barriers when seeking insurance coverage for opioid dependence treatment; and

WHEREAS, the Legislature is concerned that these gaps and barriers may prevent patients from receiving necessary opioid dependence treatment, resulting in those patients relapsing and suffering fatal or near fatal overdoses; and



1 WHEREAS, the Hawaii Opioid Initiative found that, in
2 addition to being deadly, opioid overdoses can be very costly,
3 with each emergency department visit costing an average of
4 \$4,050, and each hospitalization costing an average of \$40,100;
5 and

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7 WHEREAS, these high medical costs could be avoided if
8 patients are able to receive drug treatment before overdosing;
9 and

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11 WHEREAS, House Bill No. 1603 (2018) mandates health care
12 coverage and benefits for a minimum of six months of inpatient
13 and six months of outpatient treatment for opioid dependence,
14 beginning after December 31, 2018; and

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16 WHEREAS, the Legislature believes that mandatory health
17 insurance coverage specifically for opioid dependence, as
18 provided in House Bill No. 1603 (2018), will prevent the loss of
19 precious lives, ensure that those addicted to opioids receive
20 needed treatment, and help to eradicate the current epidemic of
21 opioid overdoses in Hawaii; now, therefore,

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23 BE IT RESOLVED by the House of Representatives of the
24 Twenty-ninth Legislature of the State of Hawaii, Regular Session
25 of 2018, the Senate concurring, that the Auditor is requested to
26 conduct an impact assessment report, pursuant to sections 23-51
27 and 23-52, Hawaii Revised Statutes, of the social and financial
28 impacts of mandating health care coverage and benefits for a
29 minimum of six months of inpatient treatment and six months of
30 outpatient treatment specifically for opioid dependence
31 beginning after December 31, 2018, as provided in House Bill No.
32 1603 (2018); and

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34 BE IT FURTHER RESOLVED that the Auditor is requested to
35 submit findings and recommendations to the Legislature,
36 including any necessary legislation, twenty days prior to the
37 convening of the Regular Session of 2019; and

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39 BE IT FURTHER RESOLVED that certified copies of this
40 Concurrent Resolution be transmitted to the Auditor and to the
41 Insurance Commissioner, who in turn is requested to transmit



H.C.R. NO. 24

1 copies to each insurer in the State that issues health insurance
2 policies.
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