Testimony in SUPPORT of HB 655
RELATING TO HEALTH

REPRESENTATIVE JOHN MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: 02/12/19 Room Number: 329

1 Fiscal Implications: NONE

2 Department Testimony: HB 655 amends SECTION 2, Chapter 8, Hawaii Revised Statutes by
3 adding a new section to designate the month of September as “Suicide Prevention and
4 Awareness Month”.

5 In response to HCR66 passed by the 2016 Legislature, the Prevent Suicide Hawaii Task Force,
6 (PSHTF) in collaboration with the Emergency Medical Services and Injury Prevention System
7 Branch (EMSIPSB) developed and launched a strategic plan to reduce suicides in Hawaii by
8 25% by 2025.

9 From 2013 to 2017, 926 Hawaii residents died from suicide. The annual average was 185. It was
10 the leading cause of fatal injuries accounting for 25% of the 3,695 total deaths during this time
11 period. Suicides were the 9th leading cause of death among state residents over that time, but the
12 3rd leading cause among residents under 50 years of age.

13 A key goal of the plan is to establish a sustained media and communication strategy to raise
14 awareness around suicide prevention. Codifying September as Suicide Prevention and
15 Awareness Month in Hawaii is one of the strategies for achieving this objective since it provides
16 a yearly focus for coordinated statewide public awareness activities.

17 Thank you for the opportunity to testify.
HB-655
Submitted on: 2/7/2019 9:11:32 PM
Testimony for HLT on 2/12/2019 9:00:00 AM

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<th>Organization</th>
<th>Testifier Position</th>
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<tbody>
<tr>
<td>Katrina Obleada</td>
<td>Hawaii Psychological Association (HPA)</td>
<td>Support</td>
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Comments:
HEARING  February 12, 2018  9:00 a.m. in room 329

TO:  COMMITTEE ON HEALTH
     Rep. John Mizuno, Chair
     Rep. Bertrand Kobayashi, Vice Chair

FROM:  Eva Andrade, President

RE:  Strong Support for HB 655 Suicide Prevention Month

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening life, family and religious freedom in Hawaii. We are committed to defending the sanctity of human life from conception until natural death, and everything that comes between. We are very concerned about suicide, because it affects the vulnerable people in our community, especially our youth, elderly and infirm.

A report to the 2018 Hawaii Legislature indicated that between 2012-2016, suicide was the most common cause of fatal injuries among Hawaii residents, accounting for one-quarter of all fatal injuries. The most striking statistic was that one person dies by suicide in Hawaii every two days.\(^1\)

We believe, however, that it is not just the young people who are victims of suicide and depression. Many elderly people and people who are terminal, are also at risk for depression and suicide. The CDC reported that it was the eighth leading cause among people 55 to 64 years of age.\(^2\) Even if that number is not as high as youth, it is still not what we want for our kupuna.

Experts rightly point out that suicidal behaviors, for people of any age, are usually rooted in many different factors, with mental health issues playing an important role in the overall mix. It is a "perfect storm" of emotional issues and the only way to begin making a difference, is by identifying and treating each person. And the good news, is that it is fixable by awareness and treatment.

Designating the month of September of each year as Suicide Prevention and Awareness Month is a step in the right direction because it sends a message that suicide is never a solution by providing education, resources, and support to the community. This bill makes a strong statement on something with which the community can agree.

Mahalo for the opportunity to testify in strong support!

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\(^1\) Hawaii Suicide Task Force Report, 2018

To: Representative John Mizuno, Chair, Representative Bertrand Kobayashi, Vice Chair, Members, House Committee on Health

From: Trisha Kajimura, Executive Director

Re: TESTIMONY IN SUPPORT OF HB 655 RELATING TO HEALTH

Hearing: February 12, 2019, 9:00 am, CR 329

Thank you for hearing HB 655, which designates September as Suicide Prevention and Awareness Month in state statute. Mental Health America of Hawaii supports HB 655. This bill will help to bring community education and awareness to the important and tragic issue of suicide as well as the help and hope available through suicide prevention strategies.

Mental Health America of Hawaii is a 501(c)3 organization founded in Hawai‘i 77 years ago, that serves the community by promoting mental health through advocacy, education and service. One of our signature services is a training for middle and high school age youth on Youth Suicide and Bullying Prevention that we developed here in Hawaii called “Ho‘olohe Pono.” This training has been evaluated to show that over 80% of participants increase their knowledge of bullying, suicide, helpful resources, and how they can assist someone in need.

In Hawai‘i, we unfortunately have very high rates of suicide, suicide attempts, and suicidal ideation amongst various age groups. Shockingly, our state’s most recent Youth Risk Behavioral Survey (part of a national survey) results show that 23.2% of middle age youth in Hawaii self-report suicidal ideation, 16.3% has made a suicide plan, and 12.4% have made a suicide attempt. Suicide-related behavior has a serious and profound impact on communities that can be reduced with education, awareness, and appropriate mental health treatment services.

We are working to shed light on this important issue with our partners in the Prevent Suicide Hawaii Task Force. Designating September as Suicide Prevention and Awareness Month would help us to bring more attention to suicide and suicide prevention in Hawaii, making solutions and resources more accessible to those who need them.

Thank you for considering my testimony in support of HB 655. Please contact me at trisha.kajimura@mentalhealthhawaii.org or (808)521-1846 if you have any questions.

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1 Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance System, Hawaii, 2017
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<tr>
<td>Melodie Aduja</td>
<td>O<code>ahu County Committee on Legislative Priorities of the Democratic Party of Hawai</code>i</td>
<td>Support</td>
<td>No</td>
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<tr>
<td>Brent Oto</td>
<td>U.S. Army - Hawaii</td>
<td>Support</td>
<td>No</td>
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Comments:
TO: Chair Mizuno, Vice Chair Kobayashi, and Members of the House Committee on Health

FROM: Ryan Kusumoto, President & CEO of Parents And Children Together (PACT)

DATE/LOCATION: February 12, 2019; 9:00 a.m., Conference Room 329

RE: TESTIMONY IN SUPPORT OF HB 330– RELATING TO SUICIDE PREVENTION

We ask you to support HB 330 which appropriates money for youth suicide early intervention, prevention, and education initiatives in Kauai and Hawaii counties. We support this bill which will appropriate funding to the Department of Health to support our youth particularly on Kauai and Hawaii Island, which have been hardest hit by natural disasters during 2018. As a provider of services on both Kauai and Hawaii Island, we saw firsthand how lives were upended during the extreme flooding and lava disasters causing stress and trauma to many local residents.

There is a growing need to address our youth’s social, emotional and mental health needs.

- Suicide awareness and prevention was a top priority voiced by Hawaii’s youth at the Hawaii Children’s and Youth Summit held at the Capitol last year.
- Suicide rates in Hawaii have increased nearly 20% since 1999 with an annual average of about 170 deaths.
- In Hawaii, suicide (as well as non-fatal injury) rates tend to be higher on neighbor islands where there is greater difficulty in accessing mental health or other medical care.
- Nationally, nearly 45,000 lives were lost to suicide in 2016 according to CDC.

It is imperative that we put in place preventative measures that connect youth with resources BEFORE it’s too late. Suicide intervention, prevention and education initiatives for youth can be life saving. It also raises the awareness of caring for one’s mental health and can help to reduce the negative stigma associated with mental health related issues. These initiatives can allow for open conversations about the importance of one’s whole health, create safe opportunities for youth to reach out for help when they need and enable the community to be equipped with connecting our youth to appropriate supportive resources.
Founded in 1968, Parents And Children Together (PACT) is one of Hawaii’s not-for-profit organizations providing a wide array of innovative and educational social services to families in need. Assisting more than 15,000 people across the state annually, PACT helps families identify, address and successfully resolve challenges through its 18 programs. Among its services are: early education programs, domestic violence prevention and intervention programs, child abuse prevention and intervention programs, childhood sexual abuse supportive group services, child and adolescent behavioral health programs, sex trafficking intervention, poverty prevention and community building programs.

Thank you for the opportunity to testify. Please contact me at (808) 847-3285 or rkusumoto@pacthawaii.org if you have any questions.
February 11, 2019

TO: Chair John M. Mizuno  
Vice Chair Bertrand Kobayashi  
Members of the House Committee on Health  

FROM: Pharmaceutical Research and Manufacturers of America  
(William Goo)  

RE: HB 267 - Relating to Prescription Drugs  
Hearing Date: February 12, 2019  
Time: 9:00 am  

My name is William Goo. I represent the Pharmaceutical Research and Manufacturers of America (PhRMA).

PhRMA opposes the passage of HB 267. Attached is PhRMA’s testimony in opposition.

Thank you for considering this testimony.
In Opposition to House Bill 267 (HB 267)

February 8, 2019

Position: The Pharmaceutical Research and Manufacturers of America (PhRMA) strongly opposes HB 267, which would require prescription drug manufacturers to notify state purchasers and private payers about certain price increases and the price of new drugs. The bill would not help patients better afford their medicine and would create increased administrative and financial burdens on the state.

Discussions about the cost and affordability of medicines are important. No patient should have to worry about whether they can afford the health care they need. However, the notion that spending on medicines is the primary driver of health care cost growth is false - and ignores cost savings that medicines provide to the health care system overall. Medicines lead to fewer physician visits, hospitalizations, surgeries and other preventable procedures – all of which translate to lower health care costs. New medicines are making crucial contributions to medical advances and changing the direction of healthcare as we know it.

The information disclosed by this legislation would not help patients and ignores all other players in the prescription drug supply chain.

There are a variety of stakeholders involved in determining what consumers ultimately pay for a medicine, including insurers, pharmacy benefit managers (PBMs), wholesalers, and government agencies like Medicaid. For example, pharmacy benefit managers and payers which dictate the terms of coverage for medicines use their control over which medicines patients can access as leverage to negotiate substantial rebates and discounts. The role these entities play and the impact they have on patient cost and access is not acknowledged in this legislation. By not addressing these entities, this bill does not help patients with improved access or change practices that impact patient out-of-pocket costs.

Contrary to common belief, the growth rate of prescription drug costs has slowed in recent years: Net spending, or costs after accounting for discounts and rebates, on medicines grew by 0.6% in 2017, according to the IQVIA Institute. Express Scripts, a major PBM, announced drug spending increased only 1.5% in 2017, down from 3.8% in 2016, CVS Health reported growth in drug spending was only 1.9% in 2017, down from 3.2% in 2016, Prime Therapeutics reported negative growth in drug spending, at -0.2% in 2017, down from 2.5% in 2016, and CMS reported that retail prescription drug spending growth was only 0.4% in 2017, down from 2.3% in 2016. Prescription drug spending is at a historic low. And prescription drug costs are expected to remain a relatively small and stable share of total health care costs into the future. This, of course, does not necessarily reconcile with what patients are feeling at the pharmacy counter, which is why looking at the whole system is so important.
Advance notice of price increases raises constitutionality concerns, and could be harmful to consumers and interfere with market competition

HB 267 mandates 60-day advance price notification of wholesale acquisition cost (WAC) for branded and generic drugs. The constitutionality of advance notification requirements is questionable and is currently the subject of litigation in California.

Advance price notification creates a new incentive for some distributors — especially those that do not enter into contractual agreements with manufacturers — to profit from purchasing medicine at the “old” price and selling them at the “new” price once the increase is made public. Such speculative purchasing could, in turn, lead to downstream effects such as product stockpiling and medicine shortages, while not reducing costs to patients in Hawaii.

Gray Market Incentives

Advance notification of WAC price increases creates financial incentives for secondary distributors to enter the pharmaceutical supply chain, thus creating a “gray” market. As the medicines are sold from one secondary distributor to another, the possibility of counterfeit medicines augmenting the supply of legitimate medicines increases, thereby threatening patient safety.

This type of purchasing has caused great difficulty for hospitals. During medicine shortages, hospitals are sometimes unable to buy medicines from their normal trading partners, usually one of the three large national “primary” distributors, AmerisourceBergen, Cardinal Health, or McKesson. At the same time, hospitals are deluged by sales solicitations from gray market companies offering to sell the shortage medicines for prices that are often hundreds of times higher than the prices they normally pay.

The Hawaii advanced notice bill would create an increased administrative burden for the state.

The cost of SB 17, the advanced notice legislation passed in California, is estimated to be $1.4 million dollars in the first two years, and $850,000 annually thereafter. The costs are for California to enforce the manufacturer reporting requirements, and costs to collect, coordinate and publish information to the Office of Statewide Health Planning and Development (OSHPD), the entity collecting information in that state. Also, it is important to note that the California law requires that notice be given to entities that purchase drugs through national contracts, so information in the advance notification is likely to spread outside the state of California. Hawaii would be required to duplicate efforts already mandated in California, which has a fiscal note of approximately $1.4 million dollars. This is an unnecessary duplication for residents in Hawaii.

PhRMA recognizes the access challenges faced by patients in Hawaii with serious diseases. We stand ready to work with the Hawaii legislature to develop solutions that help patients. We believe this bill would not help patients’ access to breakthrough innovations or better afford their medicines and accordingly strongly oppose the passage of House Bill 267.
Aloha,

My name is Pua Kaninau-Santos, Chair of the O`ahu Prevent Suicide Hawai`i Task Force. Please vote to support this bill. Passing this bill will help to elevate much awareness to an issue that is preventable but yet, very quite. Let's give permission to talk about this issue. That is what passing this bill will help to do. Those who need help, will feel supported and more likely to talk about why they are thinking of killing themselves. This provides helpers to be able to engage and provide the kind of support that is needed for one to choose life. When you give permission to talk about suicide - just by passing this bill to designate Sept. as Suicide Prevention Month - big awareness can happen!!! Please vote yes, and pass this bill.

Thank you,

Pua Kaninau Santos - Mother of Kaniela Kaninau, teen son, who died by suicide 2 months before high school graduation.
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<tr>
<td>Brett Kulbis</td>
<td>Honolulu County Republican Party</td>
<td>Support</td>
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<tr>
<td>William N. Arakaki</td>
<td>Individual</td>
<td>Support</td>
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Comments:
Every year, suicide affects many of Hawaii’s people throughout our islands.

On average 2 people die from suicide in Hawaii every day (AFSP), and is the leading cause of death for 15-44 years old (CDC 2016). Native Hawaiians and Pacific Islander youth are at higher risk for suicide compared with other ethnic groups (Wong et. Al 2012). Suicide can be preventable, especially when more people in the community have the knowledge and skills to help prevent it.

Designating the month of September as “Suicide Awareness Month” not only gives recognition that suicide is a problem that affects so many people in our communities, but it also provides opportunities to educate the general public, raise awareness about suicide, promote help-seeking, and provide links to resources in the community.

I have been involved with the Hawaii Island Prevent Suicide Task Force for the past 6 years, with my primary goal being to increase awareness about suicide, reduce stigma about mental health and train people to recognize the warning signs of suicide and how to refer people with suicidal thoughts to the appropriate resources. Having the skills and knowledge about suicide saves lives.

I therefore humbly ask that you say “Yes” to HB655 and designate September as “Suicide Awareness Month”.

Mahalo a nui,

Yolisa Duley

Chair, Hawaii Island Prevent Suicide Task Force