

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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WRITTEN  
TESTIMONY ONLY

**Testimony in SUPPORT of SB1192 SD1  
RELATING TO THE ELECTRONIC PRESCRIPTION ACCOUNTABILITY SYSTEM**

REPRESENTATIVE RYAN I. YAMANE, CHAIR  
HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS  
Hearing Date: 3/23/2021 Room Number: Videoconference

1 **Fiscal Implications:** None

2 **Department Testimony:** The subject matter of this measure falls within the scope of the  
3 Department's Behavioral Health Administration (BHA) whose statutory mandate is to assure a  
4 comprehensive statewide behavioral health care system by leveraging and coordinating public,  
5 private and community resources. Through the BHA, the Department is committed to carrying  
6 out this mandate by reducing silos, ensuring behavioral health care is readily accessible, and  
7 person-centered. The BHA's Alcohol and Drug Abuse Division (ADAD) provides the following  
8 testimony on behalf of the Department.

9 The Department supports this initiative by the Department of Public Safety (PSD) to use its  
10 electronic prescription accountability system (EPAS) as a centralized repository for reporting  
11 opioid antagonist dispensing by pharmacists. Presently, efforts to track dispensing and  
12 distribution of opioid antagonists such as naloxone are decentralized. The Department defers to  
13 the PSD on implementation benchmarks such as identifying which opioid antagonists to track in  
14 the future, and coordinating any system enhancements to the EPAS.

15 This measure also aligns with the following objectives of the Hawaii Opioid Initiative:

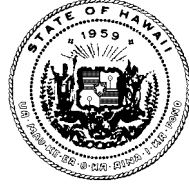
- 16
- Propose legislation to amend administrative rules and reduce over-prescribing or  
17 prescribing practices that are of concern (separate from law enforcement);
  - Continue to collaborate with PSD for EPAS utilization and enhancements.
- 18

1 The ADAD is also working closely with PSD's Narcotics Enforcement Division to support the  
2 enhancement of the EPAS to better facilitate opioid antagonist dispensing by pharmacists, as  
3 well as provide for prescriber education on how to use the system.

4 **Offered Amendments:** None

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

DAVID Y. IGE  
GOVERNOR



CATHY BETTS  
DIRECTOR

JOSEPH CAMPOS II  
DEPUTY DIRECTOR

STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**

P. O. Box 339  
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March 20, 2021

TO: The Honorable Representative Ryan I. Yamane, Chair  
House Committee on Health, Human Services, & Homelessness

FROM: Cathy Betts, Director

SUBJECT: **SB 1192 SD1 – RELATING TO THE ELECTRONIC PRESCRIPTION ACCOUNTABILITY SYSTEM.**

Hearing: Tuesday, March 23, 2021, 9:00 a.m.  
Via Videoconference, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) supports this administration bill.

The Senate Committee on Health amended the measure by making technical amendments, and the Senate Committee on Commerce & Consumer Protection passed the measure unamended.

**PURPOSE:** The purpose of the bill updates Section 329-104(c), Hawaii Revised Statutes (HRS), to clarify that Advance Practice Registered Nurses (APRN), Pharmacists checking for information while serving a customer, authorized staff of the DHS Med-QUEST division (MQD), and controlled substances prescribers, dispensers, and pharmacists employed by the United States Department of Veterans Affairs who submit data, may access information stored in the electronic prescription accountability system (EPAS), commonly known as the Prescription Drug Monitoring Program (PDMP).

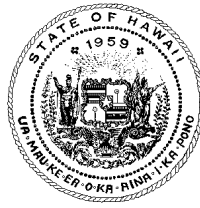
The impetus for this measure is to align with and support the goals of the Hawaii Opioid Initiative. This bill aligns with the following Hawaii Opioid Initiative objectives:

- Propose legislation to amend administrative rules and reduce over-prescribing or 15 prescribing practices that are of concern (separate from law enforcement);
- Adapt plans used in other states for Hawaii to educate physicians specific to opioid prescribing and pain management practices with continued oversight to ensure information is current.

Allowing MQD to use the PDMP provides additional checks and balances to ensure that there is appropriate billing for services, appropriate prescribing, and appropriate access to treatment for our Medicaid members. The authorization enabled by this bill is highly encouraged by the federal Centers for Medicare and Medicaid Services (CMS) to combat the national opioid problem and demonstrates close collaboration of Public Safety Department with MQD.

Thank you for the opportunity to provide testimony in support of this measure.

DAVID Y. IGE  
GOVERNOR



STATE OF HAWAII  
**DEPARTMENT OF PUBLIC SAFETY**

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No. \_\_\_\_\_

TESTIMONY ON SENATE BILL 1192, SENATE DRAFT 1  
RELATING TO THE ELECTRONIC PRESCRIPTION ACCOUNTABILITY SYSTEM.

By  
Max N. Otani, Director

House Committee on Health, Human Services, and Homelessness  
Representative Ryan I. Yamane, Chair  
Representative Adrian K. Tam, Vice Chair

Tuesday, March 23, 2021; 9:00 a.m.  
Via Videoconference

Chair Yamane, Vice Chair Tam, and Members of the Committee:

The Department of Public Safety (PSD) supports Senate Bill (SB) 1192, Senate Draft (SD) 1, which proposes to amend Sections 329-101(b) and (d) of the Hawaii Revised Statutes (HRS), to require that the dispensing of pharmacist-prescribed opioid antagonists be reported to the State's Electronic Prescription Accountability System (EPAS), more commonly known as the Prescription Drug Monitoring Program (PDMP). This measure aligns with and supports the goals of the Hawaii Opioid Initiative. There are three parts of PSD's testimony that are important to understand.

First, in 2019, the Legislature passed Act 255, which allows pharmacists to issue prescriptions for opioid-antagonists, thereby increasing access to these lifesaving drugs. SB 1192, SD 1 would require pharmacists to report opioid antagonist prescriptions to the PDMP, using procedures that are very familiar to them. Such a reporting requirement would not substantially add to a pharmacist's workload and would allow State Department of Health (DOH) epidemiologists, who already have access to the PDMP, to efficiently measure the effectiveness of Act 255. This measure

would provide DOH with additional data useful in helping prevent opioid overdose.

Second, the confidentiality of the information reported by pharmacists to the PDMP when they prescribe an opioid antagonist is assured. Unlike controlled substance data that can be reviewed by other practitioners when a controlled substance is dispensed, the data reported to the PDMP when an opioid antagonist is dispensed by a pharmacist's prescription will only be reported to and viewed by the State so that state epidemiologists may study the efficacy of Act 255. The idea that patients may be denied pain medication or be refused insurance coverage because they are receiving Naloxone or other opioid antagonists will not result from this proposal.

Third, if this proposal were to become law, pharmacists would not be overburdened with any additional work. After passage into law, the State will notify pharmacies of the specific opioid antagonists, by their national drug code or NDC number, that would have to be reported only when a pharmacist prescribes an opioid antagonist. The requirement to electronically report the specific dispensing for a specific drug, under specific circumstances using the PDMP, is less burdensome and less onerous than the alternative which would be to require pharmacists to fill out paper or electronic forms. The use of the PDMP to report the dispensing of pharmacist-prescribed opioid antagonists will take mere seconds when compared to the time it will take to handwrite or type out forms.

Thank you for the opportunity to present this testimony.

**SB-1192-SD-1**

Submitted on: 3/21/2021 7:29:39 PM

Testimony for HHH on 3/23/2021 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Patrick Uyemoto	Hawaii Opioid Initiative Pharmacy Based Intervention Workgroup	Support	No

Comments:

Aloha Chair Yamane, Vice Chair Tam, and Members of the Committee on Health, Human Services, & Homelessness,

The Hawaii Opioid Initiative Pharmacy Based Intervention Workgroup Strongly Supports SB 1192 SD1. By tracking naloxone dispensing and utilization with the PDMP we can better use data informed decisions in regards to the use of funding and resources for opioid overdose prevention.

Thank you for the opportunity to testify.