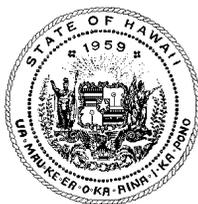


DAVID Y. IGE  
GOVERNOR



STATE OF HAWAII  
**DEPARTMENT OF PUBLIC SAFETY**  
919 Ala Moana Boulevard, 4th Floor  
Honolulu, Hawaii 96814

**NOLAN P. ESPINDA**  
DIRECTOR

**Maria C. Cook**  
Deputy Director  
Administration

**Jodie F. Maesaka-Hirata**  
Deputy Director  
Corrections

**Renee R. Sonobe Hong**  
Deputy Director  
Law Enforcement

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

TESTIMONY ON HOUSE BILL 665  
RELATING TO THE ELECTRONIC PRESCRIPTION  
ACCOUNTABILITY SYSTEM.

by

Nolan P. Espinda, Director  
Department of Public Safety

House Committee on Health  
Representative John M. Mizuno, Chair  
Representative Bertrand Kobayashi, Vice Chair

Thursday, February 7, 2019; 8:30 a.m.  
State Capitol, Conference Room 329

Chair Mizuno, Vice Chair Kobayashi, and Members of the Committee:

The Department of Public Safety (PSD) supports House Bill (HB) 665, which clarifies that a health care provider would not be required to consult the electronic prescription accountability system, more commonly known as the Prescription Drug Monitoring Program (PDMP), when the prescription will be directly administered under the supervision of a health care provider or for patients who qualify for hospice care.

HB 665 would further clarify that an informed consent agreement is not required for patients whose prescription will be directly administered under the supervision of a health care provider.

First, patients in inpatient or hospice care settings are under the direct supervision of health care providers. As such, the need to consult the PDMP to reduce the risk of overdose or harmful drug interactions is lessened as compared to the situation where a patient is prescribed a controlled substance in an unsupervised

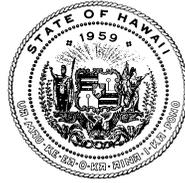
or outpatient setting. Second, the need for an informed consent agreement is also reduced when a prescription is directly administered under the supervision of a health care provider.

PSD requests, however, that the Committee make one revision to the wording on page 4, Section 2, page 4, line 4, as follows:

(4) ~~Written Prescribed~~ while the state electronic prescription accountability system is nonfunctional.”

PSD requests that the word “written” be replaced with “prescribed” because prescriptions for controlled substances in Hawaii may be issued by the written, oral, electronic, or faxed order of a prescriber.

Thank you for the opportunity to present this testimony.



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

**Testimony in SUPPORT of (HB 0665)**  
**RELATING TO THE ELECTRONIC PRESCRIPTION ACCOUNTABILITY SYSTEM**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR  
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 7, 2019

Room Number: 329

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department of Health (DOH) supports this bill to exempt  
3 licensed health care providers from consulting the electronic prescription accountability system  
4 also known as the Prescription Drug Monitoring Program (PDMP) of the Department of Public  
5 Safety (PSD) when the patient is in an inpatient or hospital setting, or in hospice care. The DOH  
6 also supports the proposed exemption to not require an informed consent agreement for patients  
7 who are administered controlled substances under the supervision of a health care provider.

8 This measure aligns with the following prescriber education and pain management  
9 practice objectives of the Hawaii Opioid Action Plan (January 2019) that was developed by the  
10 Hawaii Opioid Initiative:

- 11 • In-Progress Objective 2-3a: “By December 2019, develop a standardized training on  
12 opioid-prescribing best practices and provide training to 50% of prescribers  
13 Statewide;”
- 14 • New Objective 2-2: “By December 2019, develop and recommend a plan for  
15 education for physicians specific to opioid prescribing and pain management  
16 practices that includes oversight to ensure that content remains relevant and current;”  
17 and
- 18 • In-Progress Objective 3-2: “By September 2018, develop a standardized framework  
19 for the collection, synthesis, and dissemination of data.”

1           The DOH supports a balanced implementation of this measure. The proposed exemptions  
2 promote both balance and faster relief for patients who are hospitalized or in hospice. Both  
3 exemptions also do not impact the PDMP whose purpose is to collect data on prescriptions  
4 dispensed in outpatient settings like doctor's offices or local pharmacies.

5           The DOH also defers to the PSD on the regulation and implementation of the proposed  
6 amendments to the Hawaii Uniform Controlled Substances Act.

7           Thank you for the opportunity to provide testimony.

**LATE**

**HB-665**

Submitted on: 2/6/2019 4:27:42 PM  
Testimony for HLT on 2/7/2019 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Linda Rosen, M.D., M.P.H.	Hawaii Health Systems Corporation	Support	Yes

Comments:

We support this measure which clarifies important legislation from last year.



3- 3420 Kuhio Highway, Suite 300 • Lihue, HI 96766

**February 7, 2018 at 8:30 am**

**House Committee on Health**

To: Chair John M. Mizuno  
Vice Chair Bertrand Kobayashi

From: Kurt Akamine  
Vice President  
Ohana Pacific Management Company

Re: **Testimony in Support**  
**HB 665, Relating to the Electronic Prescription Accountability System**

Ohana Pacific Management Company, Inc. (OPMC) owns and operates five post-acute care facilities servicing more than 500 patients on Oahu and Kauai as well as an adult day health program and home health agency on Kauai.

I would like to thank the committee for the opportunity to testify in support of HB 665.

In the 2018 legislative session, the legislature passed Act 153, which requires all prescribers who prescribe a Schedule II, III, or IV controlled substance to check the state's electronic prescription accountability system (better known as the Prescription Drug Monitoring Program, or PDMP), in order to reduce the risk of abuse of or addiction to a controlled substance, as needed to avoid harmful drug interactions, or as otherwise medically necessary. This legislation was passed amidst a national opioid crisis that is requiring lawmakers, providers, and the community to find ways to address access to these potentially dangerous drugs.

We have taken the charge of Act 153 seriously and have been working diligently to comply with the law. Indeed, many facilities are trying to find ways to make checking the PDMP as seamless as possible to ensure the highest level of patient care. However, in implementing the law, there were some areas highlighted as needing clarification to reflect actual clinical practice and workflow.

We are supportive of this legislation, in particular the sections that provide:

- Clarification that providers do not have to check the PDMP when a patient is receiving a drug directly under the supervision of a healthcare professional;
- An exemption for prescriptions written for hospice patients, which can create a barrier to appropriate end-of-life care; and
- Clarification on when an opioid therapy patient must complete informed consent to ensure that incapacitated patients in the hospital are not subject to this requirement.

you for the opportunity to provide comments in support of clarifications to this important law.



HAWAII SUBSTANCE ABUSE COALITION

## **HB665 PDMP Exempts Hospice and Treatment Providers**

COMMITTEE ON HEALTH:

- Rep. Mizuno, Chair; Rep. Kobayashi, Vice Chair
- Thursday, Feb. 7, 2019: 8:30 am
- Conference Room 329

### **Hawaii Substance Abuse Coalition Supports HB665:**

*GOOD MORNING CHAIRS, VICE CHAIRS AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of almost 40 non-profit alcohol and drug treatment and prevention agencies.*

We support that PDMP not apply to the State's hospice.

We appreciate the opportunity to provide testimony and are available for questions.



**February 7, 2018 at 8:30 am**  
**Conference Room 329**

**House Committee on Health**

To: Chair John M. Mizuno  
Vice Chair Bertrand Kobayashi

From: Paige Heckathorn Choy  
Director of Government Affairs  
Healthcare Association of Hawaii

Re: **Testimony in Support**  
**HB 665, Relating to the Electronic Prescription Accountability System**

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the healthcare continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you for the opportunity to testify in **support** of HB 665. In the 2018 legislative session, the legislature passed Act 153, which requires all prescribers who prescribe a Schedule II, III, or IV controlled substance to check the state's electronic prescription accountability system (better known as the Prescription Drug Monitoring Program, or PDMP), in order to reduce the risk of abuse of or addiction to a controlled substance, as needed to avoid harmful drug interactions, or as otherwise medically necessary. This legislation was passed amidst a national opioid crisis that is requiring lawmakers, providers, and the community to find ways to address access to these potentially dangerous drugs.

The Association's members have taken the charge of Act 153 seriously and have been working diligently to comply with the law. Indeed, many facilities are trying to find ways to make checking the PDMP as seamless as possible to ensure the highest level of patient care. However, in implementing the law, there were some areas highlighted as needing clarification to reflect actual clinical practice and workflow.

We are supportive of this legislation, in particular the sections that provide:

- Clarification that providers do not have to check the PDMP when a patient is receiving a drug directly under the supervision of a healthcare professional;
- An exemption for prescriptions written for hospice patients, which can create a barrier to appropriate end-of-life care; and
- Clarification on when an opioid therapy patient must complete informed consent to ensure that incapacitated patients in the hospital are not subject to this requirement.

We will continue to work with our members to ensure the safety of our communities. Thank you for the opportunity to provide comments in support of clarifications to this important law.

Phone: (808) 521-8961 | Fax: (808) 599-2879 | [HAH.org](http://HAH.org) | 707 Richards Street, PH2 - Honolulu, HI 96813

Affiliated with the American Hospital Association, American Health Care Association, National Association for Home Care and Hospice, American Association for Homecare and Council of State Home Care Associations



## THE QUEEN'S HEALTH SYSTEMS

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To: The Honorable John M. Mizuno, Chair  
The Honorable Bertrand Kobayashi, Vice Chair  
Members, Committee on Health

From:  Paula Yoshioka, Vice President, Government Relations and External Affairs, The Queen's Health Systems

Date: February 5, 2019

Hrg: House Committee on Health Hearing; Thursday, February 7, 2019 at 8:30 AM in Room 329

Re: **Support for H.B. 665, Relating to the Electronic Prescription Accountability System**

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The Queen's Health Systems (Queen's) is a not-for-profit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, 66 health care centers and labs, and more than 1,600 physicians statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in support of H.B. 665, relating to the electronic prescription accountability system. The measure clarifies that a health care provider does not need to consult the electronic prescription accountability system when a patient is in an inpatient setting or in hospice care. It also specifies that an informed consent agreement is not required for patients whose prescription will be directly administered under supervision of a health care provider. We concur with the testimony submitted by the Healthcare Association of Hawaii, and support the following clarifying provisions in the bill:

1. Language that would clarify that the electronic prescription accountability system does not need to be checked when a patient is receiving a drug directly under the supervision of a healthcare professional;
2. Exemption for hospice patients; and,
3. Clarification on what constitutes a qualifying opioid patient.

Since the passage of Act 153, Queen's has dedicated resources to be in compliance and ensure that the state's electronic prescription accountability system is consulted, in order to reduce the potential risk of abuse or addiction to a controlled substance, as needed to avoid harmful drug interactions, or as otherwise medically necessary. Thank you for your time and attention to this important issue.

*The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.*

**HB-665**

Submitted on: 2/5/2019 8:46:39 PM

Testimony for HLT on 2/7/2019 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jonathan Ching	Kaiser Permanente	Support	Yes

Comments:

Support with AMENDMENTS

**HB-665**

Submitted on: 2/6/2019 8:11:02 AM

Testimony for HLT on 2/7/2019 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Melodie Aduja	O`ahu County Committee on Legislative Priorities of the Democratic Party of Hawai`i	Support	No

Comments:



## **HAWAII MEDICAL ASSOCIATION**

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814

Phone (808) 536-7702 Fax (808) 528-2376

www.hawaiimedicalassociation.org

To:

HOUSE COMMITTEE ON HEALTH

Rep. John Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Date: February 7, 2019

Time: 8:30 a.m.

Place: Room 329

From: Hawaii Medical Association

Jerry Van Meter, MD, President

Christopher Flanders, DO, Executive Director

**Re: HB 665 – Relating to the Electronic Prescription Accountability System**

**Position: Support, with Comments**

The Hawaii Medical Association supports HB 665 and the changes contained. We would also ask that an exemption for palliative care be provided, as this population may be neither in-patient nor hospice eligible.

Thank you for allowing testimony on this issue.

### **HMA OFFICERS**

President – Jerry Van Meter, MD    President-Elect – Michael Champion, MD    Secretary – Thomas Kosasa, MD

Immediate Past President – William Wong, Jr., MD    Treasurer – Elizabeth A. Ignacio, MD

Executive Director – Christopher Flanders, DO

**TESTIMONY OF NAHELANI WEBSTER ON BEHALF OF THE HAWAII  
ASSOCIATION FOR JUSTICE IN OPPOSITION TO H.B. 665**

Thursday, Feb. 7, 2019  
8:30am  
Room 329

To: Chair John M. Mizuno and Members of the House Committee on Health.

My name is Nahelani Webster and I am presenting this testimony on behalf of the Hawaii Association for Justice (HAJ) in opposition to H.B. 665, Relating to the Electronic Prescription Accountability System.

The purpose of informed consent is to disclose to the patient what the risks are, as well as the benefits, of medical treatments or procedures. This bill is overly broad by allowing a health care provider to bypass consulting the electronic prescription accountability system whenever a patient is being directly administered with a prescription.

Hawaii courts support the “patient-oriented” standard in cases as recently as 2015, in Ngo v. Queens. This has also been codified in HRS §671-3.

The Supreme Court has stated that the focus should be on what a reasonable person objectively needs to hear from his or her physician to allow the patient to make an informed and intelligent decision regarding proposed medical treatment. This standard has been the law for several years.

This bill creates an exception to the informed consent and electronic prescription accountability system laws in certain situations when obtaining consent would be impracticable – such as in an emergency room setting or when a patient is in hospice care or when the electronic prescription accountability system is not working. However, section (2) allows health care providers to bypass informed consent and consulting the electronic prescription accountability system for “any prescription: That will be

administered directly to a patient under the supervision of a health care provider licensed to practice within the State...” This provision is overly broad and essentially nullifies the requirement of consulting the electronic prescription accountability system. We believe it is an important part of medical treatment to be informed about the medication you are about to take and to agree to it, whether you are under the direct supervision of a health care provider or not. There is no justification for removing the patient’s rights to receive informed consent. This defeats the purpose of monitoring patients for opioid abuse. For these reasons, we request that page 3, line 19 through page 4, line 2 be stricken:

~~That will be administered directly to a patient under the supervision of a health care provider licensed to practice within the State;~~

For these reasons HAJ requests that the bill progress with those amendments.

Thank you for the opportunity to testify on this matter.



Thursday, February 7, 2019 at 8:30 AM  
Conference Room 329

**House Committee on Health**

To: Representative John Mizuno, Chair  
Representative Bertrand Kobayashi, Vice Chair

From: Michael Robinson  
Vice President, Government Relations & Community Affairs

Re: **Testimony in Support of HB 665**  
**Relating to The Electronic Prescription Accountability System**

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My name is Michael Robinson, Vice President, Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health (HPH) is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

**I write in support of HB 665** specifies that a health care provider shall not be required to consult the electronic prescription accountability system (PDMP) for patients when the prescription will be directly administered under the supervision of a health care provider or for patients who qualify for hospice care. The bill also clarifies that an informed consent agreement is not necessary for patients whose prescription will be directly administered under the supervision of a health care provider.

The proposed language clarifying that the PDMP requires consultation for prescription administered to a patient without medical supervision is a much welcomed clarification to ensure compliance with both Act 153 (2018) and Act 066 (2017) towards providing optimal patient protections against opioid abuse.

The proposed changes in HB 665 will better clarify the specific care settings requiring physicians to consult the PDMP before prescribing any Schedule II, III, or IV controlled substance. HPH affiliated hospitals, similar to most health care delivery systems, prescribe scheduled pharmaceuticals to patients in a variety of care settings including patients admitted as inpatients, patients under observation, ambulatory surgery patients, ambulatory treatment (infusion) center patients, and emergency department patients. The proposed language changes in HB 665 will provide clarification as HPH incorporates the requirements of Act 153 into its Quality Improvement programs related to management of potential opioid abuse amongst our patient population.

Similarly, HPH supports the proposed amendments to §329-38.5 regarding the informed consent requirements. The proposed amendments indicating that the informed consent requirements for qualified opioid therapy patients do not apply to patients receiving treatment at a hospital under the supervision of a licensed health care provider and who lack capacity will also serve to better inform patients of our policies to provide optimal care in the variety of settings in which we provide care to our patients.

Thank you for the opportunity to testify.