

JAN 17 2025

A BILL FOR AN ACT

RELATING TO EMERGENCY RESPONSE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that the opioid crisis in
2 the State continues to take lives, devastate families, and
3 strain the State's health care system. In 2022, Hawaii recorded
4 over two hundred eighty overdose deaths, reflecting an age-
5 adjusted rate of 18.6 deaths per one hundred thousand people, a
6 rate that continues to rise. Emergency departments across the
7 State have reported increasing opioid-related visits, with
8 opioids surpassing stimulants and heroin as the leading cause of
9 overdose-related emergency department visits in 2022.

10 The legislature further finds that emergency medical
11 technicians (EMTs), including EMT-paramedics, are often the
12 first responders during overdose emergencies. The State's
13 current emergency response protocols allows first responders to
14 administer an opioid antagonist that reverses opioid overdoses.
15 However, administration of an opioid antagonist has unintended
16 side effects that can cause acute withdrawal symptoms in



1 individuals and lead to severe distress, refusal of further
2 treatment, or increased risk of repeat overdoses.

3 The legislature additionally finds that the medication
4 buprenorphine is proven to prevent withdrawal symptoms that may
5 discourage engagement with recovery services. The
6 administration of buprenorphine after an opioid antagonist may
7 reduce the risk of repeat overdoses and provide a bridge to
8 treatment, significantly increasing the likelihood of long-term
9 recovery.

10 The legislature also finds that many other states have
11 recognized the public health benefits of using buprenorphine in
12 their emergency medical services protocols. In California, the
13 EMS buprenorphine use pilot program implemented in Contra Costa
14 County allows paramedics to administer buprenorphine to patients
15 in the prehospital setting, with results showing the
16 administration of buprenorphine can effectively initiate opioid
17 use disorder treatment in the field. New Mexico's EMS bridge
18 program, which allows EMTs to administer buprenorphine in the
19 field, shows evidence that patients receiving buprenorphine were
20 eighty per cent more likely to connect with addiction treatment
21 services. Finally, Massachusetts and Rhode Island have enacted



1 similar measures that allow certain first responders to
2 administer buprenorphine to individuals experiencing an opioid
3 overdose, with each state reporting measurable declines in
4 opioid overdose deaths and improved continuity of care.

5 The legislature believes that incorporating the
6 administration of buprenorphine into the State's emergency
7 medical services protocols can:

- 8 (1) Equip first responders with the tools to provide
9 comprehensive, life-saving care;
- 10 (2) Modernize the State's emergency medical services
11 protocols to align with proven national models;
- 12 (3) Treat opioid overdoses with the urgency and care they
13 require; and
- 14 (4) Reduce the number of unnecessary visits to the
15 emergency department and hospital readmissions,
16 thereby reducing the burden on the State's health care
17 system.

18 Accordingly, the purpose of this Act is to:

- 19 (1) Authorize EMTs in the State to administer
20 buprenorphine after the administration of an opioid
21 antagonist during an opioid overdose response; and



1 (2) Require the department of health to adopt rules,
2 allocate resources for EMT training, and coordinate
3 with emergency medical services providers in the
4 State, to incorporate the administration of
5 buprenorphine after the administration of an opioid
6 antagonist as a standard component of emergency
7 medical services' protocols during an opioid overdose
8 response.

9 SECTION 2. Section 329E-3, Hawaii Revised Statutes, is
10 amended to read as follows:

11 "[+]§329E-3[+] **Opioid antagonist administration; emergency**
12 **personnel and first responders.** (a) Beginning on January 1,
13 2017, every emergency medical technician licensed and registered
14 in [~~Hawaii~~] the State and all law enforcement officers,
15 firefighters, and lifeguards shall be authorized to administer
16 an opioid antagonist as clinically indicated.

17 (b) Every emergency medical technician licensed and
18 registered in the State shall be authorized to administer
19 buprenorphine after the administration of an opioid antagonist
20 pursuant to subsection (a).

21 (c) The department of health shall:



1 (1) Adopt rules to:

2 (A) Classify an opioid-related drug overdose as a
3 life-threatening emergency, equivalent to heart
4 attacks and strokes, requiring standard protocols
5 designed to stabilize the affected individual's
6 physical conditions and reduce the risk of repeat
7 occurrences; and

8 (B) Incorporate the administration of buprenorphine
9 after the administration of an opioid antagonist
10 as a standard component of emergency medical
11 services' protocols during an opioid-related drug
12 overdose response in alignment with national best
13 practices, including guidelines for coordinating
14 with hospitals and treatment providers for
15 patients transitioning into recovery services.

16 (2) Allocate resources to train emergency medical
17 technicians in buprenorphine administration; and

18 (3) Coordinate with emergency medical services providers
19 in the State to implement this section."

20 SECTION 2. Statutory material to be repealed is bracketed
21 and stricken. New statutory material is underscored.



1 SECTION 3. This Act shall take effect upon its approval.

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INTRODUCED BY:

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S.B. NO. 851

Report Title:

DOH; EMTs; EMT-Paramedics; Buprenorphine; Opioid Antagonist; Training; Rules

Description:

Authorizes emergency medical technicians in the State to administer buprenorphine after the administration of an opioid antagonist during an opioid-related drug overdose response. Requires the Department of Health to adopt rules, allocate resources for EMT training, and coordinate with emergency medical services providers in the State, to incorporate the administration of buprenorphine after the administration of an opioid antagonist as a standard component of emergency medical services' protocols during an opioid-related drug overdose response.

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