H.B. NO. ⁸¹⁶ H.D. 1

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 ageadjusted rate of 18.6 deaths per one hundred thousand people, a 5 6 rate that continues to rise. Emergency departments across the State have reported increasing opioid-related visits, with 7 opioids surpassing stimulants and heroin as the leading cause of 8 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

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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 reduce the risk of repeat overdoses and provide a bridge to 7 8 treatment, significantly increasing the likelihood of long-term 9 recovery. 10 The legislature also finds that many other states have recognized the public health benefits of using buprenorphine in 11

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 eighty per cent more likely to connect with addiction treatment 20 21 services. Finally, Massachusetts and Rhode Island have enacted

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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 algin 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			

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1 (2) Require the department of health to adopt rules that 2 incorporate standard protocols associated with opioidrelated drug overdoses and buprenorphine 3 4 administration, allocate resources for EMT training, and coordinate with emergency medical services 5 providers in the State regarding the administration of 6 7 buprenorphine. 8 SECTION 2. Section 329E-3, Hawaii Revised Statutes, is 9 amended to read as follows: 10 "[{]\$329E-3[}] Opioid antagonist administration; emergency 11 personnel and first responders. (a) Beginning on January 1, 2017, every emergency medical technician licensed and registered 12 13 in [Hawaii] the State and all law enforcement officers, 14 firefighters, and lifeguards shall be authorized to administer 15 an opioid antagonist as clinically indicated. 16 (b) Every emergency medical technician licensed and 17 registered in the State shall be authorized to administer 18 buprenorphine after the administration of an opioid antagonist 19 pursuant to subsection (a). 20 (c) The department of health shall: 21 (1) Adopt rules to:



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1		(A)	Classify an opioid-related drug overdose as a
2			life-threatening emergency, equivalent to heart
3			attacks and strokes, requiring standard protocols
4			designed to stabilize the affected individual's
5			physical conditions and reduce the risk of repeat
6			occurrences; and
7		<u>(B)</u>	Incorporate the administration of buprenorphine
8			after the administration of an opioid antagonist
9			as a standard component of emergency medical
10			services' protocols during an opioid-related drug
11			overdose response in alignment with national best
12			practices, including guidelines for coordinating
13			with hospitals and treatment providers for
14			patients transitioning into recovery services;
15	(2)	Allo	cate resources to train emergency medical
16		tech	nicians in buprenorphine administration; and
17	(3)	Coor	dinate with emergency medical services providers
18		in t	he State to implement this section."
19	SECT	ION 2	. Statutory material to be repealed is bracketed
20	and stric	ken.	New statutory material is underscored.

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1 SECTION 3. This Act shall take effect on July 1, 3000.



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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 that incorporate standard protocols associated with opioid-related drug overdoses and buprenorphine administration, allocate resources for EMT training, and coordinate with emergency medical services providers in the State regarding the administration of buprenorphine. Effective 7/1/3000. (HD1)

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