



**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, MD
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'ŌKELE

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

February 2, 2026

TO: SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair;
Senator Angus L.K. McKelvey, Vice Chair; and
Honorable Members

FROM: John C. (Jack) Lewin, MD, Administrator, SHPDA, and Sr. Advisor to
Governor Josh Green, MD on Healthcare Innovation

RE: **SB 2505 -- RELATING TO RELATING TO OPIOID USE DISORDER
TREATMENT**

HEARING: Wednesday, February 4, 2026 @ 01:01 pm; Conference Room 225

POSITION: SUPPORT with COMMENTS

TESTIMONY:

SHPDA is in strong support of S.B. 2505. Hawai'i's opioid crisis remains a serious and urgent public health issue, and this measure takes a practical, evidence informed step to reduce preventable deaths and connect people to treatment at a critical moment—immediately following overdose reversal.

S.B. 2505 authorizes licensed paramedics, under Department of Health protocols and training requirements, to administer buprenorphine after an opioid antagonist (e.g., naloxone) is given, when clinically appropriate. Importantly, the bill is designed around safety and follow-through. It requires that the patient be alert and regain decision-making capacity, that paramedics complete training, and that a same-day or next-day referral be made to a designated treatment provider, with documentation submitted for evaluation.

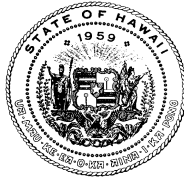
Many overdoses are reversed successfully with naloxone, but the person often does not enter treatment afterward and may return to use quickly. SB2505 helps close that gap by allowing trained paramedics, under DOH protocols, to administer buprenorphine when appropriate and make a necessary rapid referral. This legislation is essential to preventing repeat overdoses and improving recovery outcomes.

Finally, while we strongly support the policy direction, we defer to DOH's EMS leadership and the Administration on the operational specifics, including protocol

SB 2505: testimony of SHPDA (2026), continued.

design, training standards, treatment-site designation and capacity verification, data collection, and cost associated. We urge the Committee to pass S.B. 2505

Mahalo for the opportunity to testify. -- Jack Lewin MD, Administrator, SHPDA



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

**Testimony COMMENTING on (SB2505)
RELATING TO OPIOID USE DISORDER TREATMENT**

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Wednesday, February 4, 2026 at 1:01PM | Room Number:225

Fiscal Implications: The Department of Health requests consideration of the fiscal resources necessary to successfully implement the goals of this measure. Funding is specifically needed for one (1) full-time equivalent (FTE) State Pilot Program Coordinator to oversee program implementation and evaluation. Additional resources may be required for statewide Emergency Medical Services (EMS) training, protocol development, data collection, telehealth/Information Technology (IT) systems to support real-time warm handoffs, buprenorphine pharmacy and medication logistics, and the expansion of bridge care or Mobile Integrated Health/Community Paramedicine services, particularly in rural and neighbor island communities. Any funding provided shall not supplant priorities outlined in the Governor's executive budget.

Department Position: The Department of Health offers the following comments supporting the intent of SB2505.

Department Testimony: The State of Hawai'i Department of Health's Emergency Medical Services & Injury Prevention Systems Branch (EMSIPSB) supports the intent of the bill and has been working to establish statewide policies and protocols for the administration of buprenorphine by paramedics, as is done in other jurisdictions. However, a critical implementation challenge remains: the limited capacity of treatment programs to receive patients within days of buprenorphine administration. Outpatient buprenorphine capacity in

1 Hawai'i is particularly constrained, with fewer than 5% of practicing physicians providing these
2 services¹. Administering buprenorphine in the field without timely follow-up treatment for
3 substance use disorder may cause more harm than benefit.

4 While opioid use disorder is often the leading cause of unintentional or undetermined overdose
5 deaths in most states, Hawai'i's data tells a different story. According to the State of Hawai'i
6 Department of Health Behavioral Health Dashboard, methamphetamine is the leading cause of
7 fatal drug overdoses, with 848 deaths since 2021; double the number of opioid-related deaths
8 (422) during the same period². EMSIPSB appreciates the Legislature's continued commitment to
9 improving access to evidence-based care for opioid use disorder (OUD), including proposals to
10 enable EMS-facilitated initiation of buprenorphine in the field as a pathway into treatment.

11 National experience demonstrates that carefully screened, protocol-driven prehospital and
12 community paramedicine/mobile integrated health programs providing buprenorphine can
13 stabilize patients, reduce withdrawal symptoms, and serve as a critical access point into
14 treatment, ultimately reducing fatal overdoses. However, this intervention is not a standalone
15 solution; its clinical effectiveness depends on reliable infrastructure, standardized training and
16 protocols, and rapid, assured linkage to comprehensive outpatient OUD care.

17 Mobile Integrated Health and Community Paramedicine teams can provide short-term,
18 community-based care as a bridge, including continued buprenorphine administration under
19 medical direction. These teams must operate with clear limits to prevent prolonged field
20 management without clinic follow-up. Priority should be given to expanding treatment

¹ Onoye J, Calistro YT, Seo JY, Helm S, Yurow J, Valera J. Intersections Among Primary Care, Physician Workforce, and Access to Medication-Assisted Treatment. In: Substance Use State Plan 2022 Comprehensive Chapter. Honolulu, HI: Hawai'i State Department of Health, Alcohol and Drug Abuse Division; 2022:224.

<https://health.hawaii.gov/substance-abuse/files/2022/10/Draft-State-Plan-Oct-2022-Comprehensive-Chapter.pdf>

² Hawai'i State Department of Health, Alcohol and Drug Abuse Division. *Hawai'i Substance Use Statistics: Fatal Drug Overdose Deaths from CDC SUDORS and CDC WONDER*. Honolulu, HI: Hawai'i State Department of Health. <https://bh808.hawaii.gov/substance-use/>

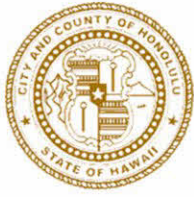
1 programs and outpatient capacity to ensure patients have meaningful options for seamless
2 handoff into ongoing care.

3 For field-based buprenorphine administration to function as a reliable and effective access
4 point, the Department of Health recommends that OUD clinics be firmly established,
5 adequately resourced, and fully operational. Without a robust clinical infrastructure to provide
6 continuity of care, timely follow-up, and comprehensive treatment, the success of a field-
7 initiated intervention will be limited.

8 This measure should also align with existing initiatives and resources; including UH Telehealth
9 efforts under SB1245 and broader Rural Healthcare Transformation and Community
10 Paramedicine planning: to avoid duplicative pilots, prevent overextension of limited personnel,
11 leverage federal funding, and ensure equitable, sustainable access to opioid use disorder
12 treatment statewide.

13 **Offered Amendments:** None

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



HONOLULU CITY COUNCIL
KE KANIHELA O KE KALANA O HONOLULU
530 S. KING ST. STE. 202, HONOLULU, HI 96813

TYLER DOS SANTOS-TAM
HONOLULU CITY COUNCIL
DISTRICT 6
TELEPHONE: (808) 768-5006
FAX: (808) 768-1176
EMAIL: tdossantos-tam@honolulu.gov

Wednesday, February 4, 2026

Senate Committee on Health and Human Services

SB2505 Testimony in Support

Chair San Buenaventura, Vice Chair McKelvey, & Members of the Senate Committee on Health & Human Services:

My name is Councilmember Tyler Dos Santos-Tam, and I have the privilege of representing parts of Urban Honolulu from Kalihi Valley to Kaka'ako on the Honolulu City Council. I am pleased to submit strong support for SB2505, Relating to Opioid Use Disorder Treatment. This measure authorizes licensed paramedics, under certain conditions, to administer buprenorphine following the administration of an opioid antagonist in cases of opioid overdose.

Opioid-related deaths in our state continue to rise, with Native Hawaiians and other Pacific Islanders disproportionately impacted.ⁱ To address these increasing rates of death, the City and County of Honolulu requires all bars to have Narcan on hand that can be administered by a manager. While this program has saved lives, we can and must do more. SB2505 allows paramedics to administer buprenorphine in the field after Narcan has been given, under specific circumstances. Buprenorphine helps reduce the severity of withdrawal symptoms and serves as a critical pathway to treatment; it is typically initiated in an emergency room setting. However, many survivors of non-fatal opioid overdoses refuse EMS transport or leave the hospital before being engaged in treatment, missing an opportunity to begin methadone or buprenorphine therapy.ⁱⁱ

This in-the-field approach has been successfully implemented in Camden, New Jersey, where clinicians at Cooper University Health Care developed the Buprenorphine Field Initiation Rescue Treatment by EMS (Bupe FIRST) protocol. Under this model, overdose survivors receive buprenorphine from EMS, are connected to addiction resources, and are scheduled for a same- or next-business-day clinic appointment.ⁱⁱⁱ The study found that Bupe FIRST was associated with nearly a six-fold increase in the likelihood of engagement in substance use disorder treatment within 30 days of an overdose-related EMS encounter—demonstrating a significant improvement in connecting patients to follow-up care^{iv}

Saving lives is critical, but connecting patients to follow-up care is equally essential. The goal is to support individuals as they move from substance use through treatment and toward stability in their lives. When patients refuse transport, we must ask how we can meet them where they are and provide the best care possible. SB2505 offers one meaningful way to do so.

Mahalo for the opportunity to submit testimony in strong support of SB2505

Aloha,

Tyler Dos Santos-Tam
Councilmember, District 6
Honolulu City Council

ⁱ <https://www.hawaiihealthmatters.org/indicators/index/view?indicatorId=11705&localeId=599>

ⁱⁱ <https://opioidprinciples.hsph.edu/reaching-people-where-they-are-using-ems-to-start-buprenorphine/>

ⁱⁱⁱ Ibid

^{iv} Ibid

Hawai'i State Association of Counties (HSAC)

Counties of Kaua'i, Maui, Hawai'i, and City & County of Honolulu

Website: hawaiicounties.org | Email: hsac@hawaiicounties.org



Testimony of the Hawai'i State Association of Counties

S.B. No. 2505 - Support

Relating to Opioid Use Disorder Treatment

Committee on Health and Human Services

Wednesday, February 4, 2026, 1:01 p.m.

The Hawai'i State Association of Counties (HSAC) is a non-profit organization whose membership includes a representative from the following counties: the County of Kaua'i, County of Maui, County of Hawai'i, and the City and County of Honolulu. HSAC's membership includes the elected members of each county council, who advocate for policies and programs that strengthen county government, improve public safety, and enhance the quality of life for residents statewide. Through this work, HSAC helps ensure that counties are better positioned to address shared challenges and that statewide policies reflect county-level realities, an important outcome that helps make all counties stronger.

Our counties are on the front lines of the opioid crisis every day. County-operated emergency medical services respond to overdoses in homes, on beaches, in parks, and on roadways, often serving as the first and most critical point of contact for individuals experiencing opioid-related emergencies. SB2505 recognizes this reality and builds upon the proven strengths of county EMS systems by authorizing trained paramedics to initiate evidence-based treatment at the moment it can make the greatest difference.

SB2505 is a forward-looking and compassionate measure that empowers paramedics, under Department of Health approved protocols and medical oversight, to administer buprenorphine following naloxone in cases of suspected opioid overdose. This approach reflects national best practices and acknowledges that saving a life is only the first step, giving them support while they are connected to treatment is essential to preventing repeat overdoses and fatalities.

Counties bring significant strengths to this effort:



- **Highly trained, professional EMS personnel** who already administer life-saving care under demanding and unpredictable conditions;
- **Deep community presence and trust**, particularly in rural, neighbor island, and underserved areas where access to care is limited;
- **Operational experience coordinating across systems**, including hospitals, law enforcement, fire services, and public health agencies; and
- **Commitment to data-driven, outcome-focused approaches** that improve public health while using public resources responsibly.

HSAC strongly supports the bill's phased pilot program, which allows implementation to begin in counties with verified linkage-to-care capacity. This thoughtful structure ensures that county EMS providers can immediately connect patients to follow-up treatment, reinforcing the continuum of care rather than leaving individuals without support after an overdose response.

Importantly, SB2505 affirms the role of counties as essential partners in addressing statewide public health challenges. By leveraging county EMS capabilities and aligning them with Department of Health leadership, the bill strengthens collaboration across levels of government and maximizes the impact of existing systems already responding daily to the opioid crisis.

HSAC respectfully urges the committee to support SB 2505. We appreciate the opportunity to submit testimony and look forward to continued work with the Legislature and state agencies to advance practical, evidence-based solutions that benefit all counties and the people they serve.

Nahelani Parsons

Executive Director, Hawai'i State Association of Counties



SB2505 Paramedics Administer Suboxone

COMMITTEE ON HEALTH AND HUMAN SERVICES

Sen. Joy San Buenaventura, Chair

Sen. Angus McKelvey, Vice Chair

Wednesday, Feb 4, 2026: 1:01: Room 225 Videoconference

Hawaii Substance Abuse Coalition Supports SB2505:

ALOHA CHAIR, VICE CHAIR, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the ad hoc leader of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization for substance use disorder and co-occurring mental health disorder prevention and treatment agencies and recovery-oriented services.

Across our islands, EMS providers are often the first healthcare professionals to reach someone in an opioid crisis, especially in rural communities and neighbor islands where access to care can be limited.

Too often, after an overdose is reversed with naloxone, patients are discharged or released without a clear pathway to treatment. The cycle continues, and the risk of repeat overdose remains dangerously high.

THESE EMERGENCY CALLS ARE NOT JUST MOMENTS OF STABILIZATION. THEY ARE OPPORTUNITIES TO BEGIN RECOVERY.

Buprenorphine is one of the most effective medications for opioid use disorder to reduce withdrawal symptoms and cravings and lower overdose death.

Referral Within 24-48 Hours Creates a True Continuum of Care

Buprenorphine also helps people to engage in treatment that supports long-term recovery provided that medication initiation is paired with follow-up.

- Paramedics in Hawai‘i should not be limited to reversing overdoses. They should be equipped to start treatment and connect patients quickly to care.
- In Hawai‘i, where accessing appointments may take longer than on the mainland, a 48-hour referral window is both realistic and urgent.

- A rapid referral system ensures: Continuity of medication without interruption; Support services begin immediately; Patients do not fall through the cracks; Recovery becomes more achievable.

Legal and regulatory barriers can be overcome.

Paramedics already administer controlled medications safely under medical direction. With proper training and protocols, EMS can initiate buprenorphine in the field as part of compassionate, evidence-based emergency care.

- State EMS scopes of practice, and local medical oversight can allow a Schedule III controlled substance to be administered by medical professionals under appropriate authority.
- Clinicians with a standard DEA registration can prescribe buprenorphine.
- As long as buprenorphine is in the state approved formulary and included in EMS protocols, and authorized by their medical director.

EMS agencies will typically need standing orders or protocols, training requirements, quality assurance oversight, and approval by the EMS medical director.

Several states and EMS systems have implemented paramedic-initiated buprenorphine programs successfully, showing that barriers are solvable.

Conclusion: We urge you to support policies that **allow emergency buprenorphine administration and ensure that referral to treatment is within 48 hours.**

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



SB2505 Paramedics Administer Suboxone

COMMITTEE ON HEALTH AND HUMAN SERVICES

Sen. Joy San Buenaventura, Chair

Sen. Angus McKelvey, Vice Chair

Wednesday, Feb 4, 2026: 1:01: Room 225 Videoconference

Hina Mauka Supports SB2505:

ALOHA CHAIR, VICE CHAIR, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Brian Baker. I am the President and CEO for Hina Mauka, a mental health and substance use disorder treatment and prevention agency for thousands of adults and adolescents on Oahu and Kauai, including recovery-oriented services and housing transitional living programs.

Across our islands, EMS providers are often the first healthcare professionals to reach someone in an opioid crisis, especially in rural communities and neighbor islands where access to care can be limited.

Too often, after an overdose is reversed with naloxone, patients are discharged or released without a clear pathway to treatment. The cycle continues, and the risk of repeat overdose grows with every failed attempt.

Buprenorphine is one of the most effective medications for opioid use disorder to reduce withdrawal symptoms and cravings and lower overdose death.

Then....a referral Within 24-48 Hours Creates a True Continuum of Care.

Buprenorphine also helps people to engage in treatment that supports long-term recovery provided that medication initiation is paired with follow-up.

- Paramedics in Hawai‘i should not be limited to reversing overdoses. They should be equipped to start treatment and connect patients quickly to care.
- In Hawai‘i, where accessing appointments may take longer than on the mainland, a 48-hour referral window is both realistic and urgent.
- A rapid referral system ensures: Continuity of medication without interruption; Support services begin immediately; Patients do not fall through the cracks; Recovery becomes more achievable.

Legal and regulatory barriers can be overcome.

Paramedics already administer controlled medications safely under medical direction. With proper training and protocols, EMS can initiate buprenorphine in the field as part of compassionate, evidence-based emergency care.

- State EMS scopes of practice, and local medical oversight can allow a Schedule III controlled substance to be administered by medical professionals under appropriate authority.
- Clinicians with a standard DEA registration can prescribe buprenorphine.
- As long as buprenorphine is in the state approved formulary and included in EMS protocols, and authorized by their medical director.

EMS agencies will typically need standing orders or protocols, training requirements, quality assurance oversight, and approval by the EMS medical director.

Several states and EMS systems have implemented paramedic-initiated buprenorphine programs successfully, showing that barriers are solvable.

Conclusion: We urge you to support policies that **allow emergency buprenorphine administration and ensure a true Continuum of Care via a referral to treatment within 48 hours.**

LET'S HELP TO BREAK THIS CYCLE!

We appreciate the opportunity to provide testimony.



BIG ISLAND SUBSTANCE ABUSE COUNCIL

Inspiring Change, Reclaiming Lives

Inspiring individuals to reclaim and enrich their
lives by utilizing innovative resources and
harnessing the strengths within each person.

Kea'au Administrative Office and Treatment Center

16-179 Melekaiki Street
Kea'au, Hawai'i 96749
P: (808) 969-9994
F: (808) 969-7570

Hilo Outpatient Treatment

297 Waiānue Avenue
Hilo, Hawai'i 96720
P: (808) 935-4927
F: (808) 934-8067

Board of Directors

Chief Executive Officer
Hannah Preston-Pita

President
Vanessa Carlson

Vice President
Catherine Kamau

Finance Chair
David De Luz Jr.

Secretary
Sharri Thornton

Members
Dr. Lissandra Baldan-Jenkins
David Bishaw
Ross Wilson

February 2, 2026

Support for SB2505 EMS Buprenorphine Access

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Dr. Hannah Preston-Pita, and I serve as the Chief Executive Officer of the Big Island Substance Abuse Council (BISAC), a nonprofit organization providing substance use disorder treatment, detoxification services, mental health care, and recovery support across Hawai'i Island.

I am writing in strong support of SB2505 a critical measure that address life-saving clinical response.

Across our islands particularly in rural and neighbor island communities EMS providers are often the first and sometimes only point of medical contact for individuals experiencing opioid overdose or acute withdrawal.

While naloxone saves lives by reversing overdose, it does not treat opioid use disorder. Too often, individuals are revived and released without a clear pathway to treatment, leaving them vulnerable to withdrawal, continued use, and repeat overdose.

SB2505 is a vital step toward closing this gap by allowing trained paramedics to administer buprenorphine. Buprenorphine is an evidence-based medication that:

- Reduces withdrawal symptoms and cravings
- Lowers overdose risk
- Improves engagement in ongoing treatment when paired with rapid referral

Allowing EMS to initiate buprenorphine creates a true continuum of care, particularly when follow-up treatment can occur within 24–48 hours. This approach is especially important for Hawai'i Island, where geographic distance and limited access to providers can delay care.

Paramedics should not be limited to reversing overdoses they should be equipped to initiate stabilization and connection to treatment when it matters most.

We respectfully urge the Committee to support this measure and advance them forward.





BIG ISLAND SUBSTANCE ABUSE COUNCIL

Inspiring Change, Reclaiming Lives

Inspiring individuals to reclaim and enrich their
lives by utilizing innovative resources and
harnessing the strengths within each person.

Kea'au Administrative Office and Treatment Center

16-179 Melekahehi Street
Kea'au, Hawai'i 96749
P: (808) 969-9994
F: (808) 969-7570

Hilo Outpatient Treatment

297 Waiānuenue Avenue
Hilo, Hawai'i 96720
P: (808) 935-4927
F: (808) 934-8067

Board of Directors

Chief Executive Officer

Hannah Preston-Pita

President

Vanessa Carlson

Vice President

Catherine Kamau

Finance Chair

David De Luz Jr.

Secretary

Sharri Thornton

Members

Dr. Lissandra Baldan-Jenkins

David Bishaw

Ross Wilson

Mahalo nui loa for your consideration and for your continued commitment to protecting the health and well-being of Hawai'i's communities.

Mahalo nui loa,

Hannah Preston-Pita Psy, D. Ed, D. CSAC
Chief Executive Officer



To: Committee on Health and Human Services

Hearing Date/Time: Wednesday February 4, 1:00 pm

Re: Testimony in Support of SB 2505

Dear Chair San Buenaventura, Vice Chair McKelvy and Members of the Committee

The Hawaii Health & Harm Reduction Center (HHHRC) **supports SB 2505** which authorizes licensed paramedics to administer buprenorphine after the administration of an opioid antagonist such as Naloxone.

Providing treatment for Opioid Use Disorder (OUD) such as buprenorphine is a best practice after someone experiences an overdose and this measure would allow, but not mandate, that licensed paramedics to initiate treatment and then do a warm handoff to agencies like HHHRC.

HHHRC's mission is to *reduce harm, promote health, create wellness and fight stigma in Hawaii and the Pacific*. We focus our efforts on those disproportionately affected by social determinants of health, including but not limited to: people living with and/or affected by HIV, hepatitis, substance use, and the transgender, LGBTQ and the Native Hawaiian communities.

HHHRC is the main provider of naloxone and buprenorphine in the islands, we currently have more than 300 people on treatment for OUD and having post-overdose access to treatment is one of the gaps this measure would fill.

Thank you for the opportunity to testify.

Heather Lusk, Executive Director, Hawaii Health and Harm Reduction Center

.