

DISABILITY AND COMMUNICATION ACCESS BOARD

Ka 'Oihana Ho'oka'a'ike no ka Po'e Kīnānā

1010 Richards Street, Rm. 118 • Honolulu, Hawai'i 96813
Ph. (808) 586-8121 (V) • Fax (808) 586-8129 • (808) 204-2466 (VP)

March 20, 2026

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

Senate Bill 3199 Senate Draft 1 – Relating to Mental Health

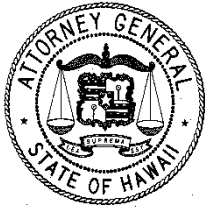
The Disability and Communication Access Board (DCAB) supports Senate Bill 3199 Senate Draft 1 – Relating to Mental Health. This bill establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies. It requires reports to the Legislature. It sunsets 6/30/2028 and is effective 1/30/2050.

There are several emerging therapies as noted in Senate Bill 3199 Senate Draft 1 which have shown great potential in treating individuals with mental health conditions. DCAB supports this task force in its efforts to ensure Hawaii residents have access to these treatments.

Thank you for the opportunity to provide testimony.

Respectfully submitted,

KRISTINE PAGANO
Acting Executive Director



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-THIRD LEGISLATURE, 2026**

ON THE FOLLOWING MEASURE:

S.B. NO. 3199, S.D. 1, RELATING TO MENTAL HEALTH.

BEFORE THE:

HOUSE COMMITTEE ON HEALTH

DATE: Friday, March 20, 2026

TIME: 9:30 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Michelle L. Agsalda, Deputy Attorney General

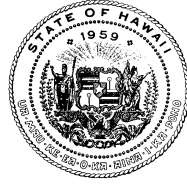
Chair Takayama and Members of the Committee:

The Department of the Attorney General provides the following comments.

The purpose of this bill is to establish a two-year Mental Health Emerging Therapies Task Force within an entity with demonstrated expertise in primary scientific research and pharmaceutical or medical education. The task force would be charged with preparing the State for the potential integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

The S.D. 1 version of the bill changed the administrative placement of the task force from the Department of Health to within "an entity with demonstrated expertise in primary scientific research and pharmaceutical or medical education" and requires that entity to provide administrative, technical, and research support to the task force. See page 2, lines 17-20, and page 5, line 16, through page 6, line 1. Because the term "entity" is not defined or otherwise specified, the bill does not clearly identify which agency will house or administratively support the task force. The lack of specificity may create uncertainty regarding administrative responsibility and implementation. To promote clarity and ensure effective implementation, we recommend specifically identifying the entity in which the task force will be established for administrative purposes.

Thank you for the opportunity to provide comments.



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

**Testimony in SUPPORT of SB 3199 SD1
RELATING TO MENTAL HEALTH**

REPRESENTATIVE GREGG TAKAYAMA, CHAIR
REPRESENTATIVE SUE L. KEOHOKAPU-LEE LOY, VICE CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: Friday, March 20, 2026, 9:30 a.m.

Location: 329 & Video

1 **Fiscal Implications:** Undetermined.

2 **Department Position:** The Department of Health (Department) supports this measure.

3 **Department Testimony:** The Adult Mental Health Division (AMHD) provides the following
4 testimony on behalf of the Department.

5 The Department supports SB 3199, SD1, to establish a Mental Health Emerging
6 Therapies Task Force to proactively prepare the State for potential federal rescheduling and
7 approval of breakthrough therapies for mental health conditions. The United States Food and
8 Drug Administration has granted breakthrough therapy designation to certain emerging
9 treatments, and it is prudent for Hawaii to evaluate research readiness, regulatory implications,
10 workforce development, and culturally informed implementation pathways in advance of any
11 federal action.

12 The Department supports the amendments made by the Senate Committee on Health
13 and Human Services as the Mental Health Emerging Therapies Task Force is best served by
14 being administratively attached to the appropriate entity.

15 **Offered Amendments:** None.

16 Thank you for the opportunity to testify.



STATE OF HAWAII
OFFICE OF WELLNESS AND RESILIENCE
KE KE'ENA KŪPA'A MAULI OLA
OFFICE OF THE GOVERNOR
415 S. BERETANIA ST. #415
HONOLULU, HAWAII 96813

Testimony on S.B. 3199 SD1
RELATING TO MENTAL HEALTH

Representative Gregg Takayama, Chair
Representative Sue Keohohokapu-Lee Loy, Vice Chair
House Committee on Health

March 20, 2026 at 9:30 a.m.; Room Number: 329

The Office of Wellness and Resilience (OWR) **SUPPORTS** S.B. 3199 SD1, Relating to Mental Health.

S.B. 3199 SD1 presents an important opportunity to begin to prepare a planful pathway for individuals in need of access to potentially life-saving treatments for trauma and other longstanding mental health challenges. A growing body of research demonstrates that breakthrough therapies (such as MDMA and psilocybin-assisted therapies) show significant efficacy and positive clinical outcomes in treating post-traumatic stress disorder, substance use disorders, end-of-life anxiety in terminally ill patients, eating disorders, treatment-resistant depression, and additional conditions.^{1 2}

¹ Mithoefer, M. C., Designee, S., Doblin, R., Emerson, A., Mithoefer, A., Jerome, L., Ruse, J., Doblin, R., Gibson, E., Ot'alora, M., & Sola, E. (2017, August 22). *A manual for MDMA-assisted psychotherapy in the treatment of posttraumatic stress disorder*. Multidisciplinary Association for Psychedelic Studies. <https://maps.org/wp-content/uploads/2022/05/MDMA-Assisted-Psychotherapy-Treatment-Manual-V8.1-22AUG2017.pdf>

² Carhart-Harris, R. L., Bolstridge, M., Day, C. M. J., Rucker, J., Watts, R., Erritzoe, D. E., Kaelen, M., Giribaldi, B., Bloomfield, M., Pilling, S., Rickard, J. A., Forbes, B., Feilding, A., Taylor, D., Curran, H. V., & Nutt, D. J. (2018). Psilocybin with psychological support for treatment-resistant depression: Six-month follow-up. *Psychopharmacology*, 235(2), 399-408. <https://doi.org/10.1007/s00213-017-4771-x>

This measure also begins to prepare Hawai'i's licensed professionals for the possibility that these therapies may be federally rescheduled and approved by the U.S. Food and Drug Administration. The task force's mandate is well-tailored to address the key challenges that lie ahead, including workforce training and certification, culturally informed implementation, patient safety and equity of access, and the expansion of local clinical trials and university-based research partnerships. Proactive preparation ensures that, should that occur, these treatments can be administered safely, ethically, and equitably across our state.

The OWR is honored to serve on the Emerging Therapies Task Force and remains committed to working collaboratively to chart a thoughtful and responsible path forward. Thank you for the opportunity to testify on this important measure.

Tia L.R. Hartsock, MSW, MSCJA
Director, Office of Wellness & Resilience

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



MIKE LAMBERT
Director

ERNEST J. ROBELLO
Deputy Director
Administration

SYLVIA LUKE
LT GOVERNOR
KA HOPE KIA'ĀINA

STATE OF HAWAII | KA MOKU'ĀINA O HAWAII
DEPARTMENT OF LAW ENFORCEMENT
Ka 'Oihana Ho'okō Kānāwai
715 South King Street
Honolulu, Hawaii 96813

JARED K. REDULLA
Deputy Director
Law Enforcement

TESTIMONY ON SENATE BILL 3199 SENATE DRAFT 1
RELATING TO MENTAL HEALTH
Before the House Committee on
HEALTH
Friday, March 20, 2026, 9:30 AM
State Capitol Conference Room 329
Testifier: Jared Redulla

Chair Takayama, Vice Chair Lee Loy, and members of the Committee:

The Department of Law Enforcement (DLE) offers comments and recommended amendments to SB 3199 SD1, which proposes to establish the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

Historically, DLE's Narcotics Enforcement Division is the state agency charged with regulating the legitimate controlled substances industries in Hawaii including newly legalized forms of healthcare therapies when those new therapies involve the use of controlled substances. Furthermore, the Narcotics Enforcement Division is the agency that temporarily schedules new controlled substances when either the federal government notifies the State of a new substance, or an imminent danger to the community is posed by the discovery of a new controlled substance. Consequently, the

DLE respectfully recommends two amendments to Section 3 of SB 3199 SD1 to ensure that the task force proposed in the bill can efficiently carry out its eventual work in making new healthcare therapies available to the public:

- 1) First, the DLE recommends that page 8, line 7 be amended to state that the narcotics enforcement division and not the board of pharmacy, control, reschedule, or schedule the drug or treatment in section 329-11.

This recommended change is consistent with long-established practice that the Narcotics Enforcement Division, and not the Board of Pharmacy, controls, reschedules, or schedules-controlled substances in Hawaii.

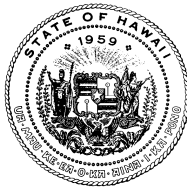
- 2) Second, that page 8, line 10 be amended to state that changes to State law occur thirty days after publication of the applicable notice in the Federal Register and not ninety days after publication, as currently provided in SB 3199 SD1 right now.

A thirty-day period is consistent with already existing law in section 329-11 (d), HRS. Moreover, a consistent time period in law is important to ensure that community members who may be ill can access new therapies on a timely basis.

Finally, the DLE has spoken with the Board of Pharmacy, and they have no objection. For these important reasons, the DLE respectfully requests that the committee amend SB 3199 SD1 as recommended in our testimony.

Thank you for the opportunity to provide comments.

JOSH B. GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA
MOKU'ĀINA 'O HAWAI'I



KATHERINE AUMER, PhD
COUNCIL CHAIRPERSON
LUNA HO'OMALU O KA PAPA

**STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
STATE COUNCIL ON MENTAL HEALTH**

*P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378*

**STATE COUNCIL ON MENTAL HEALTH
Testimony to the House Committee on Health
IN SUPPORT OF S.B. 3199 SD1
RELATING TO MENTAL HEALTH
March 20, 2026, 9:30 a.m., Room 329 and Video**

Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Committee members:

CHAIRPERSON

Katherine Aumer, PhD

1st VICE CHAIRPERSON

Kathleen Merriam, LCSW CSAC

2nd VICE CHAIRPERSON

Forrest Wells, MSCP, LMHC, MBA

SECRETARY

Mary Pat Waterhouse, MHA MBA

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Heidi Ilyavi

Jackie Jackson, CFPS

Christine Montague-Hicks, MEd

Ray Rice, MEd

Asianna Saragosa-Torres

Kristin Will, MAEL, CSAC

EX-OFFICIO:

Marian Tsuji, Deputy Director

Behavioral Health Administration

WEBSITE:

scmh.hawaii.gov

EMAIL ADDRESS:

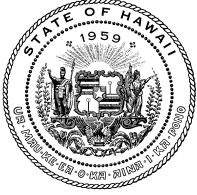
[doh.scmhchairperson@
doh.hawaii.gov](mailto:doh.scmhchairperson@doh.hawaii.gov)

Hawaii law, HRS §334-10, established the State Council on Mental Health (SCMH) as a 21-member body to advise on the allocation of resources, statewide needs, and programs affecting more than one county as well as to advocate for adults with serious mental illness, children with serious emotional disturbances, individuals with mental illness or emotional problems, including those with co-occurring substance abuse disorders. Members are residents from diverse backgrounds representing mental health service providers and recipients, students and youth, parents, and family members. Members include representatives of state agencies on mental health, criminal justice, housing, Medicaid, social services, vocational rehabilitation, and education. Members include representatives from the Hawaii Advisory Commission on Drug Abuse and Controlled Substances and county service area boards on mental health and substance abuse.

The Council unanimously supports the intent of SB3199 SD1. This measure creates a responsible, evidence-driven process. It prepares Hawai'i for emerging therapies for individuals with serious mental illness—many of whom do not benefit from existing treatments. By prioritizing clinical research, workforce development, and patient safety before implementation, the bill follows national best-practice models.

In supporting the intent of this bill, the Council also urges the legislature to champion the highest ethical and clinical standards for all emerging therapies. Please consider also explicit commitments to equity, affordability, and access, ensuring that future therapies are safe, culturally responsive, and truly available to those most in need and most vulnerable populations.

Thank you for the opportunity to testify.



**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

1177 Alakea Street, #402, Honolulu, HI 96813

Phone: 587-0788 Fax: 587-0783 www.shpda.org

March 18, 2026

TO: HOUSE COMMITTEE ON HEALTH
Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Lee Loy, Vice Chair
Honorable Members

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

RE: SB 3199-SD1-- RELATING TO MENTAL HEALTH

HEARING: Friday, March 20, 2026 @ 09:30 pm; Conference Room 329

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA supports SB 3199-SD1 with comments.

SHPDA appreciates the recent widespread interest in “emerging therapies” for serious mental health issues including severe depression, PTSD, and suicide risk among veterans, first responders, and trauma survivors. The bill creates a 2-year mental health emerging therapies Task Force to explore experimental and research use of psychedelic agents including MDMA, psilocybin, and others. The Mental Health Emerging Therapies Task Force would prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies. A number of psychiatrists in our state favor developing pathways to introducing such therapeutics here, as do various veterans support organizations. Several states have taken steps for establishing frameworks and early preparations for such research to be conducted in their jurisdictions.

Noting the federal government’s inaction thus far to reschedule these pharmacologic agents to make such research exploration more tenable, these agents remain technically illegal for such uses, although federal rescheduling and approval of emerging therapies in limited circumstances is anticipated. If the legislature wishes to proceed, we think the approach described in SB3199 is responsibly proposed. That said, SHPDA believes it is probably more advisable to wait for the federal law to be relaxed before proceeding.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA



TESTIMONY IN SUPPORT OF SB 3199: Relating to Mental Health
House Health Committee
March 20, 2026 9:30am

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

My name is **Ashley Lukens**, and I am the Director of the Clarity Project, a public education and policy initiative focused on preparing states to responsibly integrate emerging mental health therapies grounded in science, ethics, and public health. For the past 18 years, I have worked as a community organizer and advocate in Hawaii. I received my PhD in Political Science from UH Manoa in 2013. Today, I am writing in strong support of SB 3199, a bill which is the continuation of a now 7 year legislative conversation around access to breakthrough therapies in Hawaii.

I am also a cancer survivor whose legal access to psychedelics outside of the US transformed my relationship with my diagnosis and I believe plays an instrumental role in why I am alive and happy today.

I want to begin by being very clear about what this bill does — and what it does not do.

This bill does **not** legalize psychedelic substances.

It does **not** authorize recreational use.

It does **not** bypass federal law or FDA approval.

What it does is far more modest, and far more responsible.

SB 3199 creates a temporary, two-year task force to ensure that Hawai'i is *prepared* — not scrambling — when federally approved breakthrough mental health therapies become available. It is a readiness bill. A public health planning bill. A research and safety bill.

As someone who has personally navigated the healthcare system through a life-threatening diagnosis, I know firsthand how much it matters when states are unprepared for emerging treatments. Delays in access, lack of trained providers, inequitable rollout, and confusion at the regulatory level all translate into real human costs. Preparation saves lives.

I also want to briefly share why I am here not only as an individual, but as someone who has worked on this issue for many years.

The Clarity Project was founded in 2019 to support evidence-based education, clinician training, and policy readiness around emerging mental health therapies. Since our founding, our programming has reached **hundreds of licensed clinicians** across multiple states and **thousands of potential beneficiaries**, including veterans, first responders, trauma survivors, and family members seeking care. Our work has focused on ensuring that these therapies, if and when approved, are delivered safely, ethically, and within appropriate clinical and regulatory frameworks.

Through this work, we have seen a consistent pattern: demand is growing, evidence is advancing, and states that fail to prepare early face greater risks — including inequitable access, unregulated care environments, workforce shortages, and public confusion. S.B. 3199 directly addresses these challenges by creating a thoughtful, time-limited structure for planning and coordination.

The mental health crisis facing our state is not theoretical. **Suicide remains one of the leading causes of preventable death. Veterans, first responders, and trauma survivors continue to carry immense and often invisible burdens.** At the same time, the FDA has granted breakthrough therapy designation to treatments such as MDMA-assisted therapy for PTSD and psilocybin-assisted therapy for treatment-resistant depression because early clinical evidence shows these therapies may work where existing treatments have failed.

Other states are already preparing. They are building research capacity, workforce pipelines, ethical frameworks, and culturally informed safeguards. Hawai'i should not be left behind — especially given our strong academic institutions, our veteran population, and our responsibility to ensure equity and cultural integrity in healthcare delivery.

The task force includes public health officials, legal experts, clinicians, university researchers, Native Hawaiian health representation, veterans, and individuals with lived experience. It centers patient safety, cultural context, workforce training, and evidence-based policy. It sunsets. It reports back to the Legislature. It does not lock the State into any predetermined outcome.

As a cancer survivor, I am alive today because medical science advanced — and because systems were in place to responsibly deliver new treatments when they became available. We owe the same seriousness, care, and foresight to people suffering from PTSD, severe depression, and trauma-related conditions.

SB 3199 does not promise miracles. It promises preparation, responsibility, and informed decision-making.

As a technical edit - we are requesting that the change board of pharmacy purview to Narcotics Enforcement, and reduce 90 days to 30.

I urge you to support this bill so that Hawai'i can meet this moment with leadership, compassion, and sound public health policy.

Mahalo for the opportunity to testify.
Ashley Lukens, PhD
Founder and Director, Clarity Project

SB-3199-SD-1

Submitted on: 3/18/2026 5:48:09 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|-----------------------|---------------------------|-------------------|
| Russell Hill | Hawaii Radiant Health | Support | Remotely Via Zoom |

Comments:

Testimony in Support of SB3199
Hearing on March 20th

My name is Russell Hill, I live in Kailua Kona on the Big Island and I am writing in strong support of SB3199, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies. As a board certified physician and community member, I am also interested in being part of this task force.

As a physician, and as a health care professional who has trained specifically in the therapeutic uses of psychedelics, I feel that the time for support and movement into this rapidly evolving field will provide a new paradigm into treating mental health. The lack of access and inequalities in our current care model, especially when it comes to mental health makes this even more necessary to move on now. I have seen over and over in patients in the emergency department, people with depression and PTSD, who have found a new lease on life after receiving therapeutic care and integration with psilocybin, MDMA, ayahuasca, and DMT. I hope to be actively involved in a research center that evaluates, treats, and trains, both patients and providers that will support patients during their treatment.

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered

some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

Mahalo for the opportunity to testify in support of SB3199.

Date: March 20, 2016
To: House Health Committee
From: Compass Pathways
Re: Comments on SB 3199, SD1

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy and Members of the Committee,

On behalf of Compass Pathways, we are writing to provide the following comments on SB 3199, SD1, relating to mental health. This bill establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

We support the intent of this measure and respectfully request the following amendments to ensure alignment with existing state and federal law and to avoid creating a dual system that will not effectuate the appropriate implementation of breakthrough therapies in Hawaii. Please replace “board of psychology” with Department of Law Enforcement and replace “ninety days” with thirty days. This will help to avoid delays when the FDA has approved a drug for use.

SECTION 3. If any drug or treatment designated as a breakthrough therapy by the United States Food and Drug Administration is scheduled, rescheduled, or descheduled as a controlled substance under federal law, ~~the board of pharmacy~~ the Department of Law Enforcement shall similarly control, reschedule, or deschedule the drug or treatment in accordance with section 329-11, Hawaii Revised Statutes, within ~~ninety~~ thirty days after publication of the applicable notice in the Federal Register or interim final order.

Compass Pathways is a biotechnology company dedicated to accelerating patient access to evidence-based innovation in mental health. We are committed to working with Hawaii regulators, policymakers, and community members to offer safe and effective mental health treatment options.

Testimony in Support of SB3199 SD1
Hearing on March 20, 2026 at 9:30am
House Committee on Health

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Health Committee,

My name is LeAnn Neilson, and I live in Mountain View on the Big Island. I am a Psychiatric Mental Health Nurse Practitioner and the Owner and Clinical Director of Aloha Integrative Mental Health, a clinic serving patients in both Hawaii and Oregon. I am writing in strong support of SB3199 SD1, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expand pathways for clinical trials and research, and develop policy recommendations for the safe, ethical, and culturally informed implementation of emerging therapies

As a psychiatric nurse practitioner, I have witnessed firsthand how deeply our communities continue to struggle in the aftermath of trauma, disaster, loss, and chronic stress. In Hawaii, we face a serious shortage of mental health providers, long wait times for care, and too many patients who do not improve adequately with conventional treatment alone. While existing medications and therapies can be helpful, they often require long-term use, may produce difficult side effects, and do not work for everyone.

I also believe it is important to acknowledge that many of us working in this field have been personally impacted by the same challenges we treat. Without access—whether directly or indirectly—to emerging approaches that support healing, growth, and resilience, some providers would not be in the position they are today to help others. This perspective deepens my commitment to ensuring that safe, ethical, and clinically guided access is thoughtfully developed in Hawaii.

For these reasons, I believe Hawaii should be preparing now for the responsible integration of emerging therapies. Research over the last two decades has demonstrated growing promise for novel treatment approaches in addressing depression, anxiety, addiction, trauma-related conditions, and end-of-life distress. These therapies are particularly important for individuals with treatment-resistant conditions and may offer meaningful, durable improvement with fewer treatment sessions when delivered in structured clinical settings.

There is also emerging evidence suggesting that some of these therapies may have meaningful effects on neurological function. One documented case describes an individual who previously

struggled to walk but, following treatment, progressed to the point of completing ultra-marathons. While more research is needed, outcomes like this highlight the broader therapeutic potential of these approaches and the importance of ensuring Hawaii is prepared to evaluate and implement them responsibly.

I am honored to support this bill and to be part of a growing movement in Hawaii that is preparing responsibly for the future of mental health care. Many providers are already pursuing education and specialized training so that, when the law allows, these treatments can be offered within a safe and professional framework. I am currently working with a nurse practitioner student from Johns Hopkins who has extensive training in emerging therapeutic approaches and temporarily relocated to Hawaii to support implementation efforts. This is one example of the level of preparation and professional interest already underway. We are not asking the State to move recklessly—we are asking Hawaii to be ready, with thoughtful oversight, clinical standards, cultural sensitivity, and patient safety at the center.

Over the past two decades, growing research has demonstrated the therapeutic potential of emerging treatments such as psilocybin and MDMA for conditions including depression, anxiety, addiction, and PTSD. When administered in clinical settings, these therapies have shown significant effectiveness—particularly for treatment-resistant conditions—and have received FDA Breakthrough Therapy designation.

States now play an essential role in preparing for safe, legal access to these therapies. Efforts in Oregon and Colorado have already established frameworks that expand access while maintaining appropriate oversight.

As mental health challenges continue to impact our communities, many individuals stand to benefit from these emerging treatment options. Hawai'i should be prepared to thoughtfully evaluate and implement these therapies so our residents are not left behind.

Mahalo for the opportunity to testify in support of SB3199 SD1.

Mahalo for your consideration,
LeAnn Neilson, PMHNP-BC
Owner & Clinical Director
Aloha Integrative Mental Health



TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

Representative Gregg Takayama, Chair

Representative Sue L. Keohokapu-Lee Loy, Vice Chair

Hearing Date: March 20, 2026, 9:30 AM

Measure: SB 3199, SD1- Relating to Mental Health

Position: OPPOSE

Chair Takayama, Vice-Chair Keohokapu-Lee Loy, and members of the Committee:

The **Hawaii Psychiatric Medical Association (HPMA)** writes in **strong opposition** to SB 3199 SD1. We cannot support the current framework of this bill, which fails to prioritize the medical safety and physician oversight necessary for such potent pharmacological interventions.

As currently drafted, SB 3199 SD1 creates a significant risk to patient safety for the following reasons:

1. Lack of Physician Leadership (Section 2, subsection (b)(1)) The integration of Schedule I substances like MDMA and psilocybin is fundamentally a medical and pharmacological undertaking. These compounds can have serious and deadly effects on the heart and other organs in the body. HPMA believes any task force related to these compounds should be **chaired by a board-certified psychiatrist** from the University of Hawaii John A. Burns School of Medicine (JABSOM). A physician-led task force is the only way to ensure that medical screening and emergency protocols are the primary drivers of implementation. Additionally, any task force involving these compounds should be housed within JABSOM.

2. Insufficient Medical Expertise (Section 2, subsection (b)(7)(D)) The current language allowing for "psychiatrists or psychologists" creates a dangerous loophole where the task force could lack any medical doctor representation. Any task force involving MDMA or psilocybin should have **at least two licensed physicians board-certified in psychiatry**. Psychiatrists possess the necessary biomedical training required to evaluate the physical risks, such as heart or metabolic issues, that lead to adverse events during treatment.

3. Absence of Mandatory Medical Screening (Section 2, subsection (c)) The bill focuses on "access" without mandating a medical safety standard. As physicians currently serving as researchers and clinicians for psilocybin trials, our members have seen firsthand that psilocybin causes serious side effects, such as hypertensive urgency and psychosis. Any task force involving these compounds must be specifically charged with developing **standardized, physician-led medical screening protocols**. Anything less ignores the basic medical reality of such substances.

HPMA cannot support a measure that treats "breakthrough therapies" as a non-medical social service. Without essential safeguards, including physician leadership, mandatory medical screening, and direct involvement of JABSOM, HPMA respectfully urges the Committee to **OPPOSE** this measure.

Mahalo,

Kyung Moo Kim, MD, President-Elect
Pi'imauna Kackley, MD, President
Hawaii Psychiatric Medical Association



March 20, 2026

The Honorable Gregg Takayama
Chair, House Committee on Health
State Capitol
415 South Beretania Street, Room 329
Honolulu, HI 96813

Dear Chair Takayama,

We write to you to express our strong support for SB 3199, legislation establishing the Mental Health Emerging Therapies Task Force within the Hawaii Department of Health to prepare the State for the safe, research-informed integration of FDA-designated breakthrough therapies, including MDMA- and psilocybin-assisted therapies, for conditions such as PTSD, depression, and other serious mental health challenges. This critical legislation is an important step toward addressing the alarming mental health crisis affecting our nation's veterans and ensuring they have access to innovative, evidence-based treatments.

Veterans are one of the most vulnerable populations when it comes to mental health. Since 2001, over 125,000 veterans have died by suicide, and 29% of Global War on Terrorism veterans are known to suffer from post-traumatic stress disorder (PTSD). The disproportionate incidence of PTSD among veterans is also a driver of the disproportionate incidence of suicide among them. We lose no less than 17 and by some estimates as many as 44 U.S. veterans to suicide every day, at nearly double the rate of non-veteran Americans lost to suicide each year.¹

Clearly, current mental health treatment options available to our veterans through VA healthcare facilities have been far from universally effective. Our veterans and their families need access to alternative therapies that address the complexity of the challenges they face following service to our nation. As demonstrated by ongoing medical and scientific research, psychedelic therapies are rapidly emerging as an effective tool in treating PTSD, traumatic brain injury (TBI), treatment-resistant depression, substance use disorder, anxiety, and other mental health indications that fuel disproportionate rates of suicide among the veteran population.

Founded in 2019, Veterans Exploring Treatment Solutions (VETS) is a 501(c)(3) non-profit organization working to end the veteran suicide epidemic by providing resources, research, and advocacy for U.S. military veterans seeking psychedelic-assisted therapies for TBI, PTSD, addiction, and other health conditions. VETS envisions a world where our veterans have access

¹ "44 Veteran Suicides a Day - What We're Doing Isn't Working, Alternative Treatments Are Needed! - SOAA." SOAA, 30 June 2023, soaa.org/44-veteran-suicides-daily/.

to the most advanced healthcare options to heal from the mental and physical wounds of war. VETS has supported over 1,000 U.S. Special Operations Forces (SOF) veterans and veteran spouses to access psychedelic-assisted therapy (PAT) treatment abroad, paired with preparation and integration coaching, through our “Foundational Healing Grants” Program.

SB 3199 can be a forward-looking initiative that establishes a formal state framework to prepare Hawaii for FDA-designated breakthrough therapies, including psychedelic-assisted treatments, through research expansion, workforce development, and implementation planning. The passage of SB 3199 would position Hawaii at the forefront of responsible mental health innovation, building upon efforts in states like Texas, California, and New Jersey that have advanced clinical research and policy readiness for emerging therapies.

We would also recommend the legislation be amended in Section Three to make two simple changes: give the authority to reschedule to the Narcotics Enforcement Division instead of the Board of Pharmacy and change the time period from 90 days to 30 days. These small edits would perfect the legislation and provide reasonable authority to the appropriate entity to oversee state rescheduling after federal action.

SB 3199 does not legalize or decriminalize psychedelic substances; rather, it takes a responsible, evidence-based approach by establishing a state task force to prepare Hawaii for federally approved breakthrough therapies through careful planning, research expansion, and regulatory alignment. This framework strengthens Hawaii’s readiness for FDA action, supports the development of safe and culturally informed implementation models, and positions the State as a national leader in responsibly advancing innovative mental health treatments for veterans and other trauma-affected communities.

With bipartisan support, states across the nation are recognizing the need to act urgently, and Hawaii has a unique opportunity to continue leading by example with a comprehensive, forward-thinking approach. By enacting this legislation, Hawaii will not only honor its commitment to those who have served but also continue a precedent for responsible, research-driven policymaking that could save countless lives.

Thank you for your leadership and commitment to our nation’s heroes. VETS stands ready to assist in any way possible to support the successful implementation of this vital initiative.

Respectfully,

Logan Davidson

Logan Davidson
Legislative Director

✉ info@vetsolutions.org

📷 [veteransolutions](#)

🌟 vetsolutions.org





www.AlohaILHawaii.org

Mar 20, 2026

MISSION

Aloha Independent Living Hawaii (AILH) dedicated to providing independent living programs and services for persons with disabilities in Hawaii.

We work together with the community and consumers to improve the quality of life through individual choices and access to services.

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The Honorable Gregg Takayama, Chair
House Committee on Health
The Thirty-Third Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

SUBJECT: SB3199 SD1 – Relating to Mental Health

Position: Support with Amendments

Chair and Members of the Committee:

Aloha Independent Living Hawaii (AILH) is a cross-disability, consumer-controlled Center for Independent Living (CIL) serving people with all types of disabilities statewide. SB3199 SD1 would establish a Mental Health Emerging Therapies Task Force to prepare Hawaii for federal rescheduling and medical use of breakthrough therapies such as MDMA- and psilocybin-assisted treatment for post-traumatic stress disorder (PTSD) and treatment-resistant depression. Given Hawaii's mental health crisis and the disproportionate impact of trauma and psychiatric disability on our community, this work is important—but it must be shaped directly by disabled people, grounded in informed consent, and designed to prevent coercive or inaccessible models of care.

Why Emerging Therapies Matter in Hawaii

The Legislature correctly notes that suicide remains a leading cause of preventable death and that veterans, first responders, and trauma survivors face particularly high risks. The U.S. Food and Drug Administration has granted “breakthrough therapy” designation for MDMA-assisted therapy for PTSD and psilocybin-assisted therapy for treatment-resistant depression, reflecting evidence of substantial potential benefit compared with existing treatments.



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At the same time, people with disabilities—including psychiatric disabilities, traumatic brain injury, spinal cord injury, sensory disabilities, and intellectual and developmental disabilities—experience higher rates of trauma exposure and serious mental distress than nondisabled peers. Disability scholars have also documented unique risks and barriers within psychedelic-assisted therapy, including physical accessibility challenges, communication barriers, and the potential for power imbalances and coercion if safeguards are weak. From an Independent Living perspective, Hawaii must not simply import models developed elsewhere; it must build approaches that uphold autonomy, cultural safety, and disability rights.

Independent Living Concerns with SB3199 SD1

1. Disability community is not explicitly at the table

SB3199 SD1 specifies representation from the Department of Health, University of Hawaii, Native Hawaiian health organizations, veterans' institutions, and clinicians, but it does not explicitly reserve seats for disability-led organizations or people with cross-disability lived experience outside of veteran/first responder categories. This omission risks designing systems that affect disabled people without their direct leadership, contrary to the Independent Living principle of "nothing about us without us."

2. Risks of coercion and inadequate informed consent

Emerging therapies involving psychedelics and entactogens alter consciousness and can intensify vulnerability, especially for people with psychiatric disabilities, cognitive disabilities, or prior histories of institutionalization. Recent work on psychedelic-assisted therapy highlights the need for enhanced informed consent practices, explicit discussion of risks, and clear protections against subtle coercion in research and clinical settings. SB3199 SD1 directs the task force to examine patient safety and harm reduction but does not require specific attention to disability-related coercion risks, including pressure to participate in research or treatment to maintain housing, benefits, or services.

3. Accessibility and equity across disabilities and islands



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The bill properly emphasizes “culturally-informed care” and “equitable implementation,” including Native Hawaiian health representation. However, disability access is not named. Physical accessibility of sites; communication access for Deaf, hard of hearing, blind, low-vision, and neurodivergent participants; and accommodations for mobility, sensory, and cognitive disabilities are critical for any future clinical or therapeutic programs. Neighbor island and rural residents—who already face significant gaps in mental health services—also need explicit consideration in planning clinical trials and treatment sites so that emerging therapies do not become another resource available only in urban Honolulu.

4. Need for disability-disaggregated data and consumer voice in reports

SB3199 SD1 requires interim and final reports to the Legislature with findings and recommendations. Without clear direction, data may not capture disability status, and consumer feedback may be ad hoc. Disability inclusion researchers have called for systematic collection of disability-disaggregated data and structured opportunities for disabled participants to describe both positive and negative experiences in psychedelic-assisted therapy. This information is essential to avoid reproducing historic patterns of exclusion or harm.

Recommendations

AILH respectfully requests the Committee to amend SB3199 SD1 to embed Independent Living and disability rights principles into the task force’s structure and work:

1. Add disability representation to the task force.

Reserve at least two seats for disability-led organizations (including one cross-disability advocacy organization) and at least one seat for a community member with lived experience of disability and serious mental illness, in addition to existing veterans/first responder seats.

2. Direct the task force to address disability-specific informed consent and anti-coercion safeguards.



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Require the task force to examine best practices for accessible informed consent, supported decision-making, trauma-informed care, and protections against coercion in research and clinical settings for people with disabilities.

3. Require explicit planning for accessibility and neighbor island equity.

Specify that the statewide implementation roadmap must address physical, communication, and programmatic accessibility for people with all types of disabilities, and must include strategies to ensure equitable access on neighbor islands and in rural communities.

4. Mandate disability-disaggregated data and consumer participation in the task force reports.

Require that the 2027 interim and 2028 final reports include:

- Data on access, participation, and outcomes disaggregated by disability status, geography, and key demographics, to the extent feasible; and
- Input from disabled consumers and family caregivers gathered through listening sessions, surveys, or focus groups.

5. Clarify that emerging therapies supplement, not replace, core services.

Ask the task force to analyze how emerging therapies will complement—not substitute for—ongoing investments in community-based mental health services, peer support, crisis stabilization, housing, and culturally grounded healing practices.

Conclusion

SB3199 SD1 is an important step in preparing Hawaii for federally rescheduled, evidence-based emerging therapies for PTSD and other



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serious mental health conditions. For disabled people who have experienced both deep trauma and deep mistrust of systems, it is essential that this planning process is not done to our community, but with us and led by us. Centering Independent Living values—autonomy, self-determination, cross-disability inclusion, and community integration—will help ensure that any future access to MDMA-, psilocybin-, or other psychedelic-assisted therapies is safe, equitable, and culturally and disability-informed.

AILH supports the intent of SB3199 SD1 and urges the Committee to adopt the amendments above so that the Mental Health Emerging Therapies Task Force fully reflects and protects the interests of Hawaii's disability community.

Thank you for the opportunity to testify.

Aloha,

Roxanne Bolden

Executive Director

LATE

SB-3199-SD-1

Submitted on: 3/19/2026 3:43:11 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|---|--------------------|------------------------|
| john clifton | VETS (Veterans Exploring Treatment Solutions) | Support | Written Testimony Only |

Comments:

March 20, 2026

The Honorable Gregg Takayama

Chair, House Committee on Health

State Capitol

415 South Beretania Street, Room 329

Honolulu, HI 96813

Good afternoon, Chair, Vice Chair, and members of the committee. My name is Dr. John Clifton and I am testifying on behalf of Veterans Exploring Treatment Solutions (VETS) as their Director of Research and Education to support SB 3199.

VETS is a 501(c)(3) nonprofit organization with a mission to end the disproportionate incidence of suicide among American veterans. VETS has been effective in this mission because they have helped more than 1,000 U.S. Special Operations Forces (SOF) veterans and their spouses access legal psychedelic-assisted therapy (P-AT) treatment abroad, paired with intensive wrap-around community support.

I heard from a veteran recently that over twenty of his brothers have died by suicide, so I need not stress more the severity of crisis that we find ourselves in today.

I have been intimately involved in psychedelic-assisted therapies research and clinical care for the past ten years, and so I have seen many bills like SB 3199 across the country. I am assuming that it will pass here, so I'd like to offer some thoughts on the path forward.

These task force bills are important and useful. While other states have already begun this work, Hawaii has the opportunity to catch up and surpass them and SB 3199 is a meaningful step in that direction. This task force will take the necessary, deliberative steps to ensure Hawaii is responsibly prepared to support research and expand access to psychedelic-assisted therapies as these treatments progress through the FDA drug development and state regulatory processes. However, I would also urge you to act quickly to implement the recommendations from this task force to meet the growing urgency surrounding these treatments.

About a year from now when the task force puts together their report and makes recommendations, you will have an exciting opportunity — and a significant responsibility — to shape what the future of psychedelics in Hawaii is going to look like.

Please do not rely solely on the task force to inform you. At some point, you will be building something that has never been built before. This is exciting, daunting, and absolutely possible. Start thinking now about what comes next.

Carve out just a little bit of time to do your own learning. Get honest. Get courageous. Get creative. Dig deep on what this actually means for the people of Hawaii. Please listen to what people are telling you is at stake here. Please listen to what our veterans are saying.

Thank you to the legislators and people of Hawaii for allowing me to speak today.

We urge Hawaii to join other states leading the way on advancing veteran health care by advancing SB 3199.

John Clifton, M.D.

Director of Research and Education

VETS (Veterans Exploring Treatment Solutions)



LATE

Testimony in Support of SB 3199
Hawaii House Committee on Health
March 20, 2026

Chairman Takayama, Vice Chair Keohokapu-Lee Loy, and esteemed members of the Committee,

My name is Jesse MacLachlan, and I am proud to offer testimony in support of SB 3199, establishing the Mental Health Emerging Therapies Task Force.

By way of introduction, I serve as the State Policy and Advocacy Director at Reason for Hope, a nonprofit organization dedicated to combating the mental health crisis in our country by ensuring safe, affordable, and equitable access to innovative mental health treatments. Prior to joining Reason for Hope, I served as a State Representative in the Connecticut General Assembly. After leaving office, I led the advocacy behind the first psilocybin therapy working group in the country within the Connecticut Department of Mental Health and Addiction Services. The recommendations from that working group ultimately led to the creation of Connecticut's state-supported psychedelic therapy pilot program, another first in the country, which is now operating in partnership with the Yale Program for Psychedelic Science and serving Veterans, first responders, and frontline healthcare workers through FDA-regulated clinical research.

SB 3199 represents a thoughtful and responsible next step for Hawaii. The mental health crisis continues to impact Veterans, first responders, trauma survivors, and families across this State. Traditional treatments for conditions such as PTSD, treatment-resistant depression (TRD), and major depressive disorder (MDD) have not been sufficient for many individuals. At the same time, the U.S. Food and Drug Administration has granted Breakthrough Therapy designation to MDMA-assisted therapy for PTSD, multiple psilocybin-assisted therapies for treatment-resistant depression, as well as a 5-MeO-DMT compound for treatment-resistant depression, recognizing their potential to provide substantial improvement over existing treatments.

Federal rescheduling and approval may be on the horizon. The question is not whether these therapies are advancing. The question is whether Hawaii will be prepared.

SB 3199 wisely establishes a two-year task force to prepare the State for potential federal action. This bill ensures that Hawaii's regulatory, clinical, research, and workforce infrastructure is aligned and ready if and when federal approvals occur.

The task force model is both prudent and consistent with best practices across the country. Connecticut first established a state working group before launching its pilot program. Maryland formed a state task force to study and prepare for integration of emerging therapies. Washington State has passed legislation to evaluate regulatory frameworks and invest in research. Illinois has appropriated funds to support research into psychedelic-assisted therapies for Veterans. Texas, New Mexico, Georgia, Indiana, and New Jersey have similarly invested in research funding and implementation planning.

By bringing together public health officials, legal experts, university researchers, Native Hawaiian health leaders, Veteran-serving organizations, clinicians, and individuals with lived experience, SB 3199 ensures that any future integration of breakthrough therapies is safe, ethical, culturally informed, and grounded in community need.



For Veterans in particular, many of whom are currently traveling out of state or out of country to seek care, proactive preparation at the state level could mean the difference between timely access and prolonged delay.

We owe it to those suffering from PTSD, depression, and trauma-related conditions to ensure that when new, evidence-based treatments become available, Hawaii is ready.

SB 3199 is measured, forward-looking, and responsible. I respectfully urge the Committee to pass this bill and position Hawaii as a leader in thoughtful mental health innovation.

Thank you for your time and consideration. I stand ready to assist in any way to ensure the success of this important initiative.

Sincerely,

Jesse MacLachlan
State Policy and Advocacy Director
Reason for Hope



LATE

Testimony in Support of SB 3199
Hawaii House Committee on Health
March 20, 2026

Chairman Takayama, Vice Chair Keohokapu-Lee Loy, and esteemed members of the Committee,

My name is Martin R. Steele and I am proud to offer testimony on behalf of the Veteran Mental Health Leadership Coalition in support of Senate bill 3199, an act Establishing the Mental Health Emerging Therapies Task Force

For background, I am a retired Lieutenant General in the U.S. Marine Corps, and I had the privilege of wearing the uniform of a U.S. Marine for nearly 35 years, rising from an enlisted private in 1965 to three-star general, and retiring in 1999 as Deputy Chief of Staff for Plans, Policies, and Operations, which is the civilian equivalent of Chief Operating Officer of the Marine Corps. I lived in Honolulu from 1995-1997 where, as a Major General, I served as Strategic Policy and Planning Officer of the J-5, US Pacific Command.

Since retiring from active duty, I have dedicated my career to combating the Veteran mental health and suicide crises. This includes serving as Associate Vice President for Veterans Research and the Executive Director of Military Partnerships at the University of South Florida in Tampa, working with scientists exploring the co-morbidities between traumatic brain injury (TBI) and PTSD; and I was appointed to the VA Commission on Care in 2015, which was established during the Obama Administration to make recommendations about the future of VA health care. I have testified before Congress three times on Veteran suicide prevention.

Our nation's Veterans face a mental health crisis that demands urgent action. Every day, approximately 44 Veterans die by suicide, overdose, or other forms of self-harm. Combat Veterans disproportionately suffer from a complex mix of post-traumatic stress disorder (PTSD), depression, and traumatic brain injury (TBI), conditions that often overlap and significantly increase the risk of suicidal ideation, attempts, and deaths by suicide.

Currently, most Veterans with these conditions are prescribed SSRIs or other slow-acting medications, which must be taken daily, often indefinitely. These treatments frequently provide only minimal relief or no relief at all, and many patients experience intolerable side effects. Moreover, there are no FDA-approved medications for TBI, leaving critical gaps in care for Veterans with this debilitating condition.

Fortunately, in recent years, groundbreaking research has resulted in FDA Breakthrough Therapy designations for MDMA-assisted therapy to treat PTSD and three different psilocybin therapies for treatment-resistant depression (TRD) or major depressive disorder (MDD). 5-MeO-DMT has also received Breakthrough Therapy designation for the treatment of treatment-resistant depression. Recent research out of Stanford University also suggests that an ibogaine-based treatment may qualify for a future Breakthrough Therapy designation for TBI, a condition that, as noted, still has no approved medications.

Significantly, the FDA only grants Breakthrough Therapy designations to treatments that have shown potential for **substantial improvement** over existing therapies to treat a serious condition, thereby expediting research and development. Unlike SSRIs, which often take weeks or months to exert their



effects, the above referenced therapies are rapid-acting with potential to provide robust and durable therapeutic benefits across various conditions. Evidence suggests that these clinical improvements arise through a combination of enhanced neuroplasticity, moderated fear responses, and profound psychological insights, allowing Veterans to process trauma and achieve meaningful, long-lasting recovery.

However, despite their incredible promise, these powerful and time- and labor-intensive treatments do not fit neatly into our current mental healthcare system. Clinical trials typically feature:

- Preparation sessions to build rapport and set therapeutic goals;
- Medication administration sessions that may last six hours or more each;
- Integration sessions to help patients process and apply newfound insights.

Such protocols require an interdisciplinary approach, with specialized training for healthcare professionals and sufficient clinical infrastructure.

Additionally, because these therapies involve controlled substances currently classified under Schedule I, research has been significantly limited and underfunded, and few opportunities exist for Veterans to participate in clinical trials or for clinicians to receive necessary training. Further, under the current Right to Try framework, doctors cannot access these investigational drugs to treat patients with terminal or life-threatening conditions, forcing many Veterans, including many members of our own coalition, to leave the country to access these potentially life-saving treatments. While most report astonishing improvements from treatments overseas, it is unconscionable that Veterans must go to such lengths to save their own lives.

Even after anticipated FDA approvals, the time and labor-intensive nature of current protocols means that cost, workforce availability, and clinical infrastructure will be major barriers to implementation, particularly within the Veterans' Affairs healthcare system, where early demand is expected to significantly outpace availability. **It is therefore crucial to build infrastructure, train healthcare professionals, develop scalable care models, and secure robust insurance coverage to ensure access for Hawaii's Veterans** and member of the public in need of effective mental healthcare. Unlike many medical sectors, we cannot rely on large pharmaceutical companies to drive this process, as they have mostly stayed on the sidelines due to uncertain profitability.

S.B. 3199 wisely recognizes this reality. Rather than waiting for federal approval and reacting afterward, this bill establishes a two-year task force charged with preparing Hawaii's public health and clinical systems for safe, ethical, and culturally informed integration of emerging therapies.

The bill appropriately focuses on:

- Preparing the State for federal rescheduling and approval of breakthrough therapies;
- Expanding pathways for local clinical trials and university-based research partnerships;
- Developing workforce training and certification pathways;
- Evaluating best practices regarding patient safety, equity, culturally informed care, and harm reduction; and
- Delivering interim and final recommendations to the Legislature.

This is a prudent, forward-looking approach.



Importantly, Hawaii would not be alone in taking such preparatory steps. Connecticut established a state working group in 2022 that ultimately led to the creation of a Psychedelic Therapy Pilot Program in partnership with its Department of Mental Health and Addiction Services and Yale University. Maryland recently formed a state task force to study and prepare for the integration of emerging therapies. Other states, including Texas, New Mexico, Washington State, Georgia, Indiana, Maryland, Illinois, and New Jersey have also taken proactive measures to study, fund, or establish frameworks around these therapies.

By establishing this task force, Hawaii signals that it intends to lead rather than follow. The inclusion of representatives from public health agencies, the Attorney General's office, university partners, Native Hawaiian health organizations, Veteran-serving institutions, licensed clinicians, and individuals with lived experience ensures that the task force's work will be balanced, culturally grounded, and responsive to community needs.

This legislation prepares Hawaii's systems for potential federal action, ensuring that if and when approval occurs, the State is ready with clear regulatory alignment, trained professionals, research infrastructure, and patient safeguards. For Hawaii's Veterans, many of whom currently travel out of state or out of country seeking care, this preparation could mean the difference between timely access and years of delay.

S.B. 3199 represents a responsible and necessary step toward addressing the urgent mental health needs of Hawaii's residents, particularly Veterans and trauma survivors. It positions the State to respond thoughtfully, safely, and effectively to emerging federal developments in mental health treatment.

I appreciate your leadership and stand ready to assist in any way to ensure the success of this important initiative.

Sincerely,

Martin R. Steele

Martin R. Steele

Lieutenant General, US Marine Corps (Retired)

Founder and President

Veteran Mental Health Leadership Coalition



LATE

Testimony in Support of SB 3199 – The Mental Health Emerging Therapies Task Force Act

Hearing on March 19, 2026

House Committee on Health

Aloha Chair Gregg Takayama, Vice Chair Sue Keohokapu-Lee, and Members of the Committee,

Thank you for the opportunity to provide testimony in strong support of SB 3199.

My name is Dr. Lynnette Averill. I am a clinical psychologist and neuroscientist specializing in posttraumatic stress disorder (PTSD), suicidality, and treatment-resistant depression. I write today on behalf of Reason for Hope and the Veterans Mental Health Leadership Coalition.

This issue is deeply personal to me. My father, a United States Marine, died by suicide after years of struggling with ineffective treatments. His life — and his loss — shaped both my career and my commitment to advancing better mental health solutions. I have devoted my professional life to studying rapid-acting, neuroplasticity-enhancing interventions that have the potential not just to reduce symptoms, but to restore lives.

Hawaii is facing the same urgent crisis seen across the nation. Suicide remains a leading cause of preventable death, particularly among Veterans, first responders, and trauma survivors. Traditional treatments, while helpful for many, often take too long to work, fail to work at all, or carry burdensome side effects. We must expand the range of safe and evidence-based tools available.

SB 3199 takes a thoughtful, responsible, and forward-looking approach.

This bill establishes a two-year Mental Health Emerging Therapies Task Force within the Department of Health to prepare the State for the integration of breakthrough therapies, expand pathways for clinical trials and clinical research, and develop policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

Rather than rushing implementation, this legislation focuses on preparation, coordination, and safeguards. Specifically, the task force will help Hawaii prepare for anticipated federal rescheduling and approval of emerging therapies such as MDMA-assisted therapy for PTSD and psilocybin-assisted therapy for treatment-resistant depression.

The task force will also identify opportunities to expand local clinical trials and university-based research partnerships, recommend training and workforce development pathways for licensed professionals, and evaluate best practices for patient safety, equity, culturally informed care, and harm reduction. The development of a statewide implementation roadmap is a particularly important step, ensuring Hawaii can respond effectively and responsibly to emerging federal changes.

As someone who leads clinical trials of psychedelic-assisted therapy for Veterans with PTSD and depression, I can attest that these treatments are not casual or unstructured interventions. They require rigorous oversight, specialized training, controlled clinical environments, and thoughtful ethical



frameworks. SB 3199 is precisely the kind of measured, infrastructure-building step that ensures Hawaii is ready — safely and responsibly — if and when federal approvals occur.

Importantly, this bill includes representation from public health leadership, legal experts, trauma specialists, veteran-serving institutions, Native Hawaiian health organizations, and community members with lived experience. This ensures culturally grounded and equity-focused planning — something essential in a state as diverse and community-centered as Hawaii.

Other states have already taken meaningful steps to prepare for emerging therapies. Without similar action, Hawaii risks falling behind in research participation, workforce readiness, and access for residents who are suffering.

SB 3199 does not mandate immediate access. It mandates preparedness. It creates a structure for evidence-based policy development. It ensures that when federal shifts occur, Hawaii will not be scrambling — it will be ready.

For individuals and families facing treatment-resistant PTSD, depression, and suicidality, time matters. Preparation matters. Infrastructure matters.

It is one thing to save a life. It is another thing entirely to help someone live a life they want to be living.

I respectfully urge you to pass SB 3199 and position Hawaii as a thoughtful leader in responsible mental health innovation.

Mahalo for your time and consideration. I am happy to answer any questions.

Onward and upward,

A handwritten signature in black ink that reads "Lynnette A. Averill".

Lynnette A. Averill, Ph.D.

Chief Science Officer, Reason for Hope

Chief Science Officer, Veterans Mental Health Leadership Coalition

SB-3199-SD-1

Submitted on: 3/17/2026 12:35:20 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------|--------------|--------------------|------------------------|
| Amanda Lillibridge | Individual | Support | Written Testimony Only |

Comments:

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

My name is Amanda, I live in Honolulu and I am writing **in strong support of SB3199**, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

Outside of the undeniable science that has proven the efficacy of psychedelic breakthrough therapies as effective healing modalities, I can add that my anecdotal experience with the medicine has been nothing short of profound. These modalities have played a monumental role in my own personal health journey and trauma. I can say without a doubt that I would not have found the hope, perspective shift, or healing from debilitating adolescent trauma without having encountered this medicine.

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These impressive results have led the U.S. Food & Drug Administration (FDA) to grant psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough

therapies. Please support this measure, which supports research and prepares medical professionals for breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

Mahalo -

SB-3199-SD-1

Submitted on: 3/17/2026 1:40:38 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| BRIAN ROSE | Individual | Support | Written Testimony Only |

Comments:

Testimony in Support of SB3199

House Committee on Health| 03/20/2026

Aloha Chair Gregg Takayama, Vice Chair Sue L. Keohokapu-Lee Loy, Terez Amato, Daisy Hartsfield, Lisa Marten, Ikaika Olds, Jenna Takenouchi, David Alcos III, Diamond Garcia

My name is Brian Rose, I live in upcountry Makawao, HI on the island of Maui. I am writing in strong support of SB3199, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

I have been a proud resident of Maui for 19yrs. I received my nursing degree from University of Hawaii Maui in 2011 and have been a licensed RN and serving Hawaii's community since 2012. From 2012-2017, I was RN at Maui Memorial Medical Hospital working with Telemetry and Pediatric patients. For the last 6 years, I have been RN CHPN working as a Hospice RN, serving Maui, Lanai and Molokai. It has been my greatest honor to serve our community during this most beautiful and difficult phase of life, illness, death and dying. After witnessing and walking with 100's of patients and family members at the end of life, I have seen first hand the frequent challenges and sometimes trauma that patients face at the end of life. It is often referred to in the clinical community as death anxiety. Death anxiety can be debilitating and deeply impact a patient's ability to experience a dignified, connected and meaningful end of life process. The frequency of and the level of suffering I have seen around death anxiety is heartbreaking. At this most crucial and impactful time for patients and families, it is our obligation to provide the best care possible and available. There are a number of preliminary and excellent early scientific studies that have shown with therapeutic sessions of psychedelics, like psilocybin, that those at the end of life and those with terminal diagnosis like cancer can have a significant reduction in associated anxiety and depression. I would love to see further studies exploring the therapeutic benefits of psychedelics and with this bill we can build momentum toward exploration, implementation and eventual legalization that would allow us as clinicians to have additional tools to help our patients have the most easeful, comfortable, potentially joyful and connected end of life experience. A positive death experience is an immeasurable benefit that will ripple from the patient, family into the larger community. It can strengthen bonds of communal

connection that are the net that links and supports us through the most difficult of times. Please strongly consider moving this bill forward.

Knowing the above and setting aside one's own preconceived notions, I would add that over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These impressive results have led the U.S. Food & Drug Administration (FDA) to grant psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need. If passed, Hawai'i would also join Arizona, Connecticut, Maryland, Texas, and Washington, whose legislatures all passed bills funding research and trials for breakthrough therapies between 2021 and 2023.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. Please support this measure, which supports research and prepares medical professionals for breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

Mahalo

Brian Rose RN and Certified Hospice and Palliative Nurse

SB-3199-SD-1

Submitted on: 3/17/2026 3:08:02 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Lois Crozer | Individual | Support | Written Testimony Only |

Comments:

I strongly support this bill. I personally have been waiting until it is legal here instead of going to another state where it is. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies.

SB-3199-SD-1

Submitted on: 3/17/2026 3:55:47 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Harvey Arkin | Individual | Support | Written Testimony Only |

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Health Committee,

My name is Harvey Arkin, I live in Manoa and I am writing **in strong support of SB3199 SD1**, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

Mahalo for the opportunity to testify in support of SB3199 SD1.

SB-3199-SD-1

Submitted on: 3/17/2026 4:47:24 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Tony Santini | Individual | Support | Written Testimony Only |

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Health Committee,

My name is Tony Santini, I live in the Tantalus neighborhood in Honolulu on O'ahu and I am writing **in strong support of SB3199 SD1**, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

There are three main topics in which I have used psychedelic modalities related to psilocybin and MDMA to change my life and positively impact the life of those around me.

1. I was able to work through childhood trauma that caused me to experience unconscious dysfunction in all relational aspects of my life with family, friends, and romantic relationships. I was able to expose memories that had been suppressed and work through attachment issues that kept me in a state of suffering. These mental and emotional struggles are no more, and I have strong, healthy community and family relationships.
1. I have worked through addiction issues with psychedelic modalities that kept me emotionally and sometimes physically isolated. This isolation took me to the brink of suicide more than once. I spent from 15 to 45 years of age suffering from addictive behaviors that included everything from using alcohol, substances, food, work, sex, codependency, and emotional manipulation. Using psychedelics was the only way I could break the narrative of my life that kept me in addiction.
1. I have worked with my mother and sister with psychedelics to work through generational trauma. This state of consciousness allowed us to see for the first time how trauma that my mother experienced was affecting me and my sister. During this experience were able

to see each other as people and not position one another in a role that designed by family dynamics from long ago. This experience took our relationships from critical and judgmental to accepting and supportive after one sitting. We received a gift that we may never have received in our lifetimes.

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

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With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

Mahalo for the opportunity to testify in support of SB3199 SD1.

SB-3199-SD-1

Submitted on: 3/17/2026 5:05:20 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Susan Alden | Individual | Support | Written Testimony Only |

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Health Committee,

My name is Susan Pualani Alden, I live in Kailua on the island of Oahu. I am writing **in strong support of SB3199 SD1**, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

I am an Army veteran and come from a family of veterans. When I got out of the military over 24 years ago, I became a health practitioner specializing in holistic, therapeutic modalities for veterans with PTSD and Traumatic Brain Injury. Over these past decades, I've watched veterans who've been absolutely transformed if not saved from suicide and addiction thanks to emerging therapies. My husband is a retired Green Beret who served many combat tours. Men of his unit recently traveled to Bali and Mexico to receive psychedelic treatments. It's time for the US to open to these life-saving therapies.

Researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure

109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

Mahalo for the opportunity to testify in support of SB3199 SD1.

SB-3199-SD-1

Submitted on: 3/17/2026 8:08:27 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Ruta Jordans | Individual | Support | Written Testimony Only |

Comments:

Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies.

With mental health becoming a more pressing issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities. Please support SB3199.

SB-3199-SD-1

Submitted on: 3/17/2026 9:17:43 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Christopher Egbo | Individual | Support | Written Testimony Only |

Comments:

TESTIMONY IN SUPPORT OF SB3199 SD1

Mental Health Emerging Therapies Task Force

Hawaii State Legislature — Health Committee

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Health Committee,

My name is Christopher Egbo. I reside in Punchbowl and I am writing in strong support of SB3199 SD1, legislation that would establish the Mental Health Emerging Therapies Task Force to prepare our State for the integration of breakthrough therapies.

MY BACKGROUND: A FRONT-ROW VIEW OF A BROKEN SYSTEM

As a criminal investigator with 17 years of experience in Washington D.C.'s and then Hawaii's criminal justice system, I have had an unobstructed view of a painful and recurring reality: our system is overwhelmed with veterans.

These are men and women who served our country with honor and who came home carrying invisible wounds. I have personally seen countless veterans cycle through the criminal justice system not because they are criminals by nature, but because untreated mental health conditions, primarily PTSD, depression, and anxiety went unaddressed for far too long.

Many of these veterans' encounters with law enforcement, the courts, and incarceration could have been prevented entirely with earlier access to effective mental health treatment. What I have witnessed is not a law enforcement problem. It is a public health failure.

SB3199 SD1 is an opportunity to change that.

THE SCIENCE IS CLEAR — AND IT'S MOVING FAST

Over the past two decades, researchers around the world have dramatically renewed our scientific understanding of emerging mental health therapies. Scientists and medical professionals are now working alongside policymakers with growing confidence to create access to safe, non-addictive treatments including psilocybin and MDMA.

Research from leading institutions worldwide shows psilocybin to be a promising clinical treatment for anxiety, addiction, depression, end-of-life anxiety, and more. MDMA is demonstrating groundbreaking results in treating post-traumatic stress disorder (PTSD) the same condition that is sending veterans I encounter through our justice system at alarming rates.

Both psilocybin and MDMA are now considered among the most effective, safe, and non-addictive options for treatment-resistant depression and PTSD when administered in clinical settings. This recognition led the FDA to grant both substances their Breakthrough Therapy Designation one of the highest levels of regulatory recognition for a promising treatment.

HAWAII MUST NOT BE LEFT BEHIND

States are now stepping up to lead. Oregon's Measure 109 (2020) and Colorado's Natural Medicine Health Act (2022) are already paving the way for people suffering from treatment-resistant mental health conditions to access the help they need through regulated, therapeutic pathways.

Mental health crises are not abstract statistics. Every person in this room knows someone, a neighbor, a family member, a colleague, or a veteran who stands to benefit from access to these emerging therapies. As someone who has spent years working in the criminal justice system, I can tell you: the cost of inaction is not just human. It is financial. It fills courtrooms. It fills jails. And it destroys families.

We do not want the citizens of Hawai'i to miss out on these healing modalities. SB3199 SD1 does not legalize anything overnight. It establishes a responsible, thoughtful task force to study, prepare, and develop culturally informed policy, exactly the right first step.

Please — vote yes on SB3199 SD1.

Our veterans and all the people of Hawai'i deserve access to every healing tool available. This task force is how we get there safely, ethically, and with the spirit of aloha at the center.

Mahalo for the opportunity to testify.

Christopher Egbo

Concerned citizen

Honolulu, HI

SB-3199-SD-1

Submitted on: 3/18/2026 2:00:43 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Avery Stempel | Individual | Support | Written Testimony Only |

Comments:

Testimony before the Hawaiian House Committee on Health for SB3199

Avery Stempel

Owner-Operator of Collar City Mushrooms, a culinary mushroom farm

New Yorkers for Mental Health Alternatives Co-Founder and Board Co-President

North American Mycological Association Committee for Medicinal Mushrooms Psilocybin Correspondent

New York Representative for the Northeast Alliance for Psychedelic Access

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Health Committee,

My name is Avery Stempel, I live in Albany County, New York and I am writing in strong support of SB3199 SD1, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

I was raised on a sawmill in rural southwestern Albany County and developed an intense affinity for all things natural and free. My family was active in 4-H, a youth-based, project oriented, community group out of Cornell Cooperative Extension, where I practiced public speaking and independent study. I graduated with a BA in Philosophy, and 2 MS degrees in education, and after decades of career shifts from education to performing arts, I pivoted to farmer of fungi by opening Collar City Mushrooms, an indoor urban vertical mushroom farm, mycological education center, and community gathering space. Throughout my journey along life's paths, I engaged with psilocybin-containing mushrooms under various conditions and with wide-ranging intentions: recreation, healing, unwinding, engaging, inspiring; and through integrating these experiences I have built myself into a hard-working, creative and empathetic member of my community. My personal psilocybin use

has helped me become the person I am today, and most of that stretching of the mind happened before I more intimately understood the possibilities psilocybin use holds.

When Collar City Mushrooms opened, the intent was to provide our community with quality food ingredients, medicinal mushrooms, and education in the ways fungi can recover environmental contaminations, improve a person's health, and provide an impact in a myriad of other powerful ways. What we didn't anticipate was the number of people from all walks of life who would come in and ask for mushrooms that we are not currently allowed to provide: namely, the psilocybin-containing mushrooms such as *Psilocybe cubensis*, *Psilocybe tampanensis*, *Psilocybe natalensis*, and many more (there are over 250 different mushrooms that contain the active molecules that promote neural plasticity). Customer after customer would come in and plead for a supply of these illicit fungi. From people wanting to have fun at a concert with friends, to people searching for surcease from debilitating conditions, they assumed that what we grew were the mushrooms they sought. An older gentleman seeking help for his hospice stage father, an aging parent who's mid 30's daughter had been on SSRIs for decades without much of a positive impact, to a mid 50's active man who uses microdoses of psilocybin to manage his ADHD, and on and on. The needs of the searchers varied, but their hope for help was always high. It was always so difficult to explain that I could not provide the access they sought because I was not willing to break the law. Being a huge proponent of psilocybin use and having engaged with this powerful tool to help work through my own depression, connect with friends and the environment, and become inspired to produce the works I have created (our farm, art, poetry, and music) I began to consider ways we could bring about change. When Corinne Carey first came into our shop with such enthusiasm for our operation I had no idea that our interaction would lead us to the level of advocacy that we operate today.

Corinne is a community organizer, lobbyist, and former radio producer for a small independent radio station that operates out of the Sanctuary for Independent Media, WOOC 105.3 FM. During our first interview I mentioned that guests were asking for psilocybin and she suggested we start a wider dialogue about the community's need for alternative healing. We put together New York State's first statewide symposium on psilocybin-containing mushrooms. That full event, as well as other relevant interviews, are still available on the Sanctuary's website.

At the end of the symposium, a veteran spoke up with an inquiry about how to get involved. That request became the catalyst that would turn into the New York Psilocybin Action Committee which then would grow into New Yorkers for Mental Health Alternatives. We immediately organized a monthly meeting series with different guest speakers and weekly, much more active, committee meetings. We have held 3 lobby days at the Capitol and have spoken to dozens of state senators and assembly members. We have orchestrated 2 screenings and panel discussions with the production team at Reconsider to showcase their Stories of Transformation, one at the Linda performing arts space in Albany, and one in Hearing Room A in the Legislative Office Building at the Capitol.

I have had opportunity to give advocacy talks and interviews on several radio programs, local news stations, Northeast Mycological Federation annual forays, Brooklyn Psychedelic Society meetings, festivals, and Cluster Buster annual conferences. At each of these opportunities I have heard from New Yorkers about how they use psilocybin-containing mushrooms to manage their conditions. People like R. – a former State Police Captain who worked in Governor Cuomo’s office, was a marine during Operation Iraqi Freedom, and who has since used psilocybin-containing mushrooms to ease his PTSD and depression. He can’t speak publicly nor be specifically named because he still works in government and fears losing his job. With tears in his eyes, he encouraged me to keep working towards access. His most impactful statement when we spoke was that if the officers under his command had had access to these substances, he would not have had to hold their wives’ hands in comfort as they laid their husbands to rest after dying by suicide. People like Mike, a social worker in the Albany area who was diagnosed with ADHD later in his adult life and has never found any other product to make him feel more engaged and productive in his work and life. People like N. who does not want to be named for fear that his use will impact his work life. N. Suffers from Cluster Headaches. Without immediate access to manage the pain of his attacks he cannot be an active parent, a participant in his marriage, or a productive employee. I’ve been approached by more first responders than I can count whose exposure to constant trauma leaves them haunted and unable to process the way their experiences have impacted them.

As a member of the committee for medicinal mushrooms with the North American Mycological Association I have monthly meetings with medicinal mushroom experts from around the continent, people with decades of experience in studying mushroom toxicity and fungi used for medicinal purposes. At one of our recent meetings, we had a DEA forensic analyst as a guest speaker. He tested “mushroom” products found at various crime and incident sites. 90% of the gummy or chocolate products that he has encountered that have been labeled as “magic mushroom” products do not contain any psilocybin-containing mushrooms. Most had a combination of research chemicals, other psychedelics, or a different active mushroom: the Amanita muscaria variety. These discoveries point to the importance of proper labeling, and informed consumers educated on the actual effects of psilocybin-containing mushrooms. The occasions where the DEA has been called in to analyze these products are usually incidents of death by accident or suicide. Further illustrating the need for education and training on the use of these powerful substances and knowledge of set and setting when they should not be consumed. Part of my duties as a member of the committee is to publish articles on psilocybin and its use. The first article gives a brief history of psilocybin in western society and the second details its application by Cluster Busters to break the cycle of suicide headaches.

As an active participant in the New York Farm Bureau our farm has led the charge among New York’s farmers to recognize psilocybin-containing mushrooms as an upcoming cash crop. Mushroom farmers across New York have joined their voices with ours to advocate for the right to grow these powerful agents of change. Tivoli Mushrooms, Wellspring Forest Farm, TalkRot, Flowering Sun Ecology Center, Juniper Hill Farm, Mushroom Queens, Fruit of the Fungi, and Little Village Mushrooms are among the farms that have lent support to our efforts in getting safe and equitable access. The 2025 Farm Bureau

Policy book now contains language unanimously approved by farmers from across New York acknowledging that New York's farmers should be allowed to cultivate these mushrooms.

New Yorkers for Mental Health Alternatives has become an integral part of who I am. Hearing countless stories of people seeking healing through non-traditional means has tapped my inner drive to give assistance if I am able. For the last 3 years I have been the voice for so many people who are afraid to speak up. People unable to discuss their use for fear of being ostracized from their families and communities, for fear of losing their jobs, for fear of being looked down upon. One of our main successes has been in providing a safe space for people to be open about the tools they use in supporting their health and well-being. We constantly encourage our guests and members to expand the dialogue by talking to their friends, neighbors, and relatives. It is through sharing our stories that we build understanding about the true needs of our community.

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

Mahalo for the opportunity to testify in support of SB3199 SD1.

NAMA articles: [A Brief History of Psilocybin](#) and [Treating Cluster Headaches with Psilocybin-Containing Mushrooms](#)

Reconsider has produced a variety of Stories that showcase people from stay-at-home mothers to retired first responders. The Linda version of our panel and screening can be seen here: <http://www.nymha.com/media>

[Ending the Prohibition of the Mind on the Sanctuary Site](#)

Guest Speakers at our Monthly NYMHA meeting have ranged from people engaged in using psilocybin-containing mushrooms as part of a spiritual practice to hospice doctors, to retired police chiefs. Recordings of these meetings can be found on our YouTube page:

<https://www.youtube.com/channel/UCksp-qA4HXeZ-cofTMr0qig>

Testimony in Support of (SB 3199)
House Committee on Health- | March 20, 2026 at 9:30A

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Health Committee,

My name is Kendall Krumm, I live in Honolulu County and I am writing in strong support of SB3199 SD1, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

I am the spouse of a combat veteran. I have experienced the benefits of plant medicines first hand in regards to my own PTSD diagnosis, and so has my family. I am also a future LCSW and plant medicine practitioner.

Currently these treatment modalities and practitioner trainings have to be done underground or out of the state completely. This creates a huge, inequitable barrier to access, treatment, and legitimacy to an indigenous treatment methodology that has been around for thousands of years and that can be found across cultures.

We know laws and compound scheduling does nothing to prevent folks from accessing the medicines or compounds they wish to ingest. They just find creative ways around it, injecting their money into other economies that don't benefit the people or state of Hawaii. This subversion of system norms by those who have the resources to do so, is a further reflection of all the inequitable disparities prevalent in our current western, capitalistic dominated society.

Here are the research based facts:

- **The National for Behavioral Health:** states that over 90% of clients that seek mental health treatment have experienced trauma, which is a risk factor in nearly all behavioral and substance use disorders
- **National Center for PTSD & the US Dept. of Veteran Affairs:** states that veterans are more likely to have PTSD than civilians and veterans deployed to a war zones are more likely to have PTSD than those that did not deploy
- **The National Institute for Health states:** PTSD patients exhibit a significant impact on cognition and emotional processing, leading to a decline in the functions of daily living and interpersonal and social relationships.
- The current treatment for PTSD is either pharmacological or psychotherapy and currently there are only two approved FDA medications for PTSD treatment.

- According to several studies, 40–60% of patients do not respond to treatment adequately
- MDMA has shown promising results in treatment-resistant PTSD. According to a study by Mithoefer et al. [6], even 3.5 years after undergoing an MDMA-assisted psychotherapy trial, patients showed a long-term durability reduction in PTSD
- **US. Department of VA affairs states:** Psychoactive drugs such as MDMA, ketamine (which is already legalized in Hawaii), and psilocybin have been shown to specifically target and decrease fear and anxiety pathways in the brain. These unique properties hold the potential to be utilized in addressing symptoms of trauma in those with refractory or treatment-resistant PTSD
- Psilocybin has shown efficacy for treating depression, anxiety, and substance use
- Psilocybin affects neural networks to create positive changes in personality, increased feelings of connectedness, increased openness, improved perspective taking, increased psychological flexibility, and an increased sense of well-being
- Psilocybin facilitates fear extinction and neurogenesis in animals, which may directly counteract the impaired fear extinction and neurogenesis that likely play a key role in the development and maintenance of PTSD
- Psilocybin induces emotional breakthrough experiences that have been established as a key mediator in long-term psychological change in treatment for other mental health disorders.
- Psychedelics can also decrease amygdala reactivity during emotion processing which may reverse the heightened amygdala reactivity typically seen in PTSD, thereby increasing the ability to process traumatic memories.
- Psilocybin also increases emotional empathy, mindfulness-related capacities like acceptance and connectedness while reducing avoidance, which may all facilitate PTSD treatment.

Based on our current research, emerging psychedelic therapies look promising for the treatment of many mental health issues, that psychotherapy and pharmacology alone cannot improve

As a future practitioner, I want access to as many care tools as possible. We have a saying in the field that no modality, whether pharmacological or psychotherapy based, is a “one size fits all” treatment. The more treatment paths we have at our disposal, the more likely we will be able to find a treatment path that works for each individual client.

In the end, folks will find the relief they are looking for whether it's legal or not. This is already happening. We might as well find a way to allow regulated, robust researched treatment modalities to be accessible to all constituents in Hawaii. Let's keep the money, research, treatment, and training in the state of Hawaii and provide mental health relief in a current system that fails to do so.

Mahalo nui loa for your time and consideration,

Kendall Krumm
MSW Student at Portland State University
BA - Criminology and Sociology
MS - Urban Multicultural Elementary Education
64 Kaneohe Bay Dr.
Kailua, HI
96734

One-Minute Testimony in Support of SB3199

Aloha Chair, Vice Chair, and Committee Members. My name is Kendall Krumm from Honolulu County, testifying in strong support of SB3199.

As a combat veteran's spouse and future LCSW, I've witnessed firsthand how breakthrough therapies help those with PTSD, including my own. The research is clear: over 90% of mental health clients have trauma histories, 40-60% don't respond adequately to current FDA-approved PTSD medications, and veterans face higher PTSD rates than civilians.

MDMA-assisted therapy shows long-term PTSD symptom reduction lasting years. Psilocybin demonstrates efficacy for treatment-resistant depression, anxiety, and substance use—directly counteracting the impaired fear extinction central to PTSD.

Currently, Hawai'i residents seeking these evidence-based treatments and practitioner training must go underground or out-of-state, creating inequitable barriers and diverting resources from our economy. People will access these medicines regardless of legal status—we're simply criminalizing what could be legitimate, regulated treatment. Hawaii has already legitimized the use of Ketamine as a breakthrough therapy. Why would we not add even more compounds to

that list of legal use, especially when scientific research demonstrates these compounds have a greater positive-long term impact on patients, than their counterpart, Ketamine?

As a future plant medicine practitioner and therapist, I need access to all effective tools. No single modality works for everyone. This pilot program would keep research, training, and funding in Hawai'i while providing relief our current system fails to deliver.

Please support SB3199. Mahalo.

Sir/Ma'am,

My name is Cy Hudson. I served as an Army infantry officer. I commissioned from West Point in 2009, deployed to Afghanistan (OEF '11-'12), and exited service in 2014. For years after my service I lived with severe, undiagnosed, untreated PTSD.

I experienced daily suicidal thoughts but refused an official diagnosis because I knew that, for me, a diagnosis alone would not bring healing.

In 2022, as I was finishing my MBA, I ran out of reasons to live. as a last resort, based on a John's Hopkins clinical study I read, I traveled to Jamaica, where I participated in a psilocybin retreat. I took 6 grams of psilocybin under supervision. For the first time in years, I experienced immediate and profound relief from suicidal ideation; relief that lasted for months.

A year later, I participated in a program in Mexico with Mission Within, where I received ibogaine and 5-MeO-DMT treatments. This treatment not only brought emotional healing but also alleviated serious physical symptoms.

Before the treatment, whenever my heart rate rose above 160 beats per minute, my immune system would crash, and I would feel a painful shooting sensation from the base of my neck with tingling throughout my body. Since that experience, those symptoms have stopped.

In addition, the treatments allowed long-buried memories to surface, which I have been able to process in therapy for the first time. These plant medicines have done what years of conventional approaches could not: they gave me back my life.

I'm sharing my story so that other veterans don't have to walk the same path alone or pay for these treatments out-of-pocket as I did. With proper support and integration, these therapies can save lives.

Respectfully submitted,

Cy Hudson

Austin, Texas

5 October 2025

SB-3199-SD-1

Submitted on: 3/18/2026 9:56:20 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| Courtney Kacir | Individual | Support | Written Testimony Only |

Comments:

Aloha Senator Lee and Committee Members,

I am writing in strong **SUPPORT** of SB 3199. Relating to Mental Health.

Hallucinogenics can mean the difference between life and death for a trauma survivor. Ketamine was used to pull me out of a severe depression caused by pharmaceuticals.

Mahalo for the opportunity to testify,

Courtney Kacir, RN BSN

Honolulu, Hawaii

My name is Brandon Bryan, I live in Tyler, Texas and I am writing in strong support of SB3199 which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.. Psychedelic medicine has saved my life and I believe it has the capability to help so many others.

As a veteran, I've spent numerous years fighting the demons in my head alone. I drank myself to sleep most nights after my deployment to Iraq in 2008. Physically, I came home, but mentally and spiritually, something had shifted in me, and it wasn't for the best. I was full of rage, anger, hate, resentment, and trauma built up since childhood, but it made me good at my job and it was praised. Even though I was in this Brotherhood, there weren't many that I could confide in due to the stigma of being considered weak. I was completely overwhelmed with guilt, shame, depression, anxiety, and suicidal ideation.

After drinking the symptoms away for a decade, the wheels finally came off on March 6, 2018. Leading up to this incident I had three deaths in my family, my ex-wife was threatening to leave me, and I had sustained a traumatic brain injury the month before. My life was in complete chaos and turmoil. I found myself in a Xanax- and alcohol-induced flashback, barricading myself in my home. I had a pistol on me and I was going to take my own life in fear the enemy would capture me. Luckily in my stupor I called my best friend who also got hold of some guys from the team and our team psychologist. One of my teammates was able to talk to the police officers on scene and deescalate the situation.

From there, I underwent various inpatient treatments for alcohol and drug rehabilitation, Post Traumatic Stress (PTS), and traumatic brain injury (TBI). I followed each of those treatment programs to the best of my ability, but I couldn't find complete relief. I was committed to staying alcohol free, I swallowed every pill the doctors threw at me, and was in talk therapy weekly—but I was still ready to end my life.

After four years remaining sober from alcohol and trying all that Western medicine had to offer, on October 1, 2021, one of my Special Warfare Combat Crewman brothers took his own life. I had previously found Veterans Exploring Treatment Solutions (VETS) through online searches but was hesitant to apply because I felt that there were guys worse off than me or had more deployments than me; in my mind, I wasn't "that bad." But after my teammate took his own life, I knew I wasn't too far behind him. I applied for a grant and went to Mexico in January 2022. My experience with psychedelic therapy was the single most spiritual experience of my life. It has given me a new lease on life, true love for myself and others, and most importantly, a relationship with the Almighty God. Psychedelic-assisted therapy is not a magic pill, but it was an opportunity to shift my perceptions and work on becoming the best version of myself FOR myself. With the support of trained therapists, I was finally able to reframe my traumatic experiences and find a sense of peace that had long eluded me. The therapy taught me that vulnerability is not a weakness but a strength—a crucial part of healing that allowed me to reconnect with the camaraderie I had missed since leaving the military.

As someone who has walked the line between hope and despair, I am proof that there is another way. Psychedelic-assisted therapy offered me a second chance at life, and I believe it can do the same for many others. I humbly ask that you support this measure to allow the citizens of Hawaii the opportunity to one day experience the healing that I had to leave this country to receive.

Mahalo,
Brandon Bryan

My name is Tracey Bryan, I live in Tyler, TX and I am writing in strong support of SB3199, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

My husband is a 20 year US Navy veteran who suffered from the effects of traumatic brain injuries and post traumatic stress after multiple combat deployments during his career. In 2022 he had the opportunity to travel to Mexico to receive treatment with psychedelic therapies. After 5 years of trying various pharmaceuticals, multiple inpatient programs, and weekly traditional therapy - we were desperate and this seemed like a last-ditch effort to find some sort of end to the suffering. As someone who works in clinical research, I was skeptical. Surely if there was something more effective than what his doctors were offering - it would be available here in the US! His experience completely changed our lives in a way that is hard to explain on paper. He is living a life of joy, purpose, and hope now thanks to his treatment in Mexico. My perspective on our systems for pharmaceutical and substance regulation here in the US has shifted and not for the better. After seeing the healing that my husband and so many of his special operations brothers have received from these plant medicines outside of our country, I am ashamed that stigma and bureaucracy have been preventing us from exploring more widespread availability for these therapies.

In 2025, my husband and I were blessed to be able to share our story and testify in front of the Texas State Legislature in support of the Texas Ibogaine Initiative, an effort to secure \$50 million in state funds to support clinical trials into the efficacy of the psychedelic ibogaine - in hopes of obtaining FDA approval for this therapy to treat PTSD/TBI and opiate use disorder. After hearing the testimony of scientists, advocates and so many veterans with hope and life in their eyes after this psychedelic treatment, the vote to pass the legislature in both the Texas House and Senate was nearly unanimous across party lines. This response restored my hope in our government as one that does care about its citizens and is at least willing to explore the possibility that these therapies have the high potential to not just save lives, but to enable people to truly thrive and live a happy and productive life. I encourage you to look at the science, open your minds to these testimonies, and consider laws that other states have already passed to be able to provide the citizens of Hawaii with the healing modalities that could save lives and allow people to not just white knuckle their way through life, but to thrive.

Mahalo for the opportunity to testify in support of SB3199.

Tracey Bryan

SB-3199-SD-1

Submitted on: 3/18/2026 10:10:31 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| Sian Strong | Individual | Support | Written Testimony Only |

Comments:

Spent hours writing this.

Used all 2000 words.

System ate it. Worse than a dog.

I support SB1399 SDI

Sian Strong

SB-3199-SD-1

Submitted on: 3/18/2026 11:22:00 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Christy Werner | Individual | Support | Written Testimony Only |

Comments:

Testimony in Support of SB 3199

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

My name is Christy Werner, a born and raised resident of Hawaii a Licensed Clinical Social Worker (LCSW) who has been providing clinical services in Hawai‘i since 2007. I have worked in the fields of sexual abuse and domestic violence/intimate partner violence since 2000. I am writing in support of SB 3199.

For over two decades, I have sat with individuals and families navigating the long-term impacts of trauma. I have worked alongside survivors who are doing everything “right” (engaging in therapy, showing up consistently, trying medication when appropriate) and still experiencing persistent symptoms of PTSD, depression, anxiety, and dissociation. While many benefit from existing treatments, a significant number do not experience meaningful or sustained relief. This is the gap SB 3199 begins to responsibly address.

It is important to be clear: this bill does not legalize emerging therapies. It creates a framework for Hawai‘i to thoughtfully prepare for treatments that are already moving through advanced clinical trials and may receive federal approval in the near future. As a clinician, I see this as a matter of ethical responsibility. If these treatments become available, we should not be scrambling to catch up. We should be ready with trained providers, clear safety protocols, and culturally grounded guidance.

I especially appreciate that SB 3199 emphasizes multidisciplinary collaboration and includes cultural and community perspectives. In trauma work, context matters. Healing is not one-size-fits-all, and any future implementation must reflect the values, histories, and needs of Hawai‘i’s communities, including Native Hawaiian voices and those with lived experience. This bill creates the space for those conversations to happen before systems are built, not after.

At the same time, I want to underscore the importance of maintaining strong ethical guardrails. These therapies, if approved, are not casual interventions. They require careful screening, skilled facilitation, and integration support. I encourage the task force to prioritize rigorous training standards, transparency in findings, and protections against commercialization that could compromise care quality or accessibility.

From where I sit as a clinician, this is not about trends or novelty. It is about expanding the continuum of care for people who have not been adequately served by what currently exists. Survivors of sexual abuse and domestic violence often carry complex, layered trauma. We owe it to them to explore emerging, evidence-informed approaches with both openness and caution.

SB 3199 is a measured, responsible step. It allows Hawai'i to lead with intention rather than react under pressure. I respectfully urge your support.

Mahalo for the opportunity to testify.

SB-3199-SD-1

Submitted on: 3/18/2026 2:35:20 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------|--------------|--------------------|-------------------|
| Kristina Rodriguez | Individual | Support | Remotely Via Zoom |

Comments:

Testimony in Support of SB3199 SD1

Hearing on March 20, 2026 at 9:30am

House Committee on Health

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Health Committee,

My name is Kristina Marie Rodriguez, I live in Kihei, Maui, Hawai'i and I am writing in **strong support of SB3199 SD1**, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

As a registered nurse specializing in psychedelic-assisted therapy and education, I have witnessed firsthand the profound healing potential of plant medicines and psychedelic therapies. Backed by a growing body of scientific research, these emerging and breakthrough treatments offer an evidence-based approach to addressing complex mental health conditions—often where conventional interventions have fallen short. While modern science is only now substantiating their efficacy, Indigenous communities have understood and stewarded these medicines responsibly for millennia. Even substances such as MDMA have historical therapeutic applications dating back to the early 20th century. In my professional practice and personal experience, I have observed how, with proper education, thoughtful regulation, and skilled medical oversight, psychedelic medicines can create transformative opportunities for healing, resilience, and renewed hope for individuals suffering from trauma, depression, anxiety, and other mental health challenges.

My commitment to this work is deeply personal. As a survivor of early childhood sexual trauma, I have devoted my life to healing, spiritual inquiry, and service. Studying diverse Indigenous and spiritual traditions across India, Peru, Brazil, Mexico, Hawai'i, and North America introduced me to the healing power of plant and fungi medicines, ceremony, prayer, and ritual. These traditions not only supported my own recovery and strengthened my resilience, but also clarified my calling to help facilitate healing for others. It is my sincere hope that safe, equitable access to these therapeutic medicines be made available to the people of Hawai'i. If healing was possible

for me, it is possible for others, and that belief continues to guide my advocacy for a more compassionate and effective future in mental healthcare.

Mahalo for the opportunity to testify in support of SB3199.

Kristina M. Rodriguez, RN-BSN, LMT, IFMCP

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Health Committee,

My name is Vicky Farmer, and I live on Hawai'i Island. I am writing **in strong support of SB3199 SD1**, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

A Crisis We Can No Longer Ignore

Suicide is the second leading cause of death in Hawai'i. For years, we were told 22 veterans a day were dying by suicide.

Now we know the truth—it's closer to **44 a day**. Since 2001, about **7,000 service members have died in combat**.

But **over 140,000 veterans have died by suicide**. Think about that. For every one life lost on the battlefield, nearly **20 are lost at home**. This is not just a statistic. This is an epidemic.

This Is Personal

I am a veteran spouse. My husband served 22 years in the U.S. Army and completed 10 combat deployments. He survived the war abroad... but he almost lost the war at home.

He was exposed to IEDs, burn pits, heavy weaponry, mass casualties. He was shot. He lost brothers in combat—and then lost more to suicide. The military trained him for war but not to return home to be a husband or father.

We Did Everything We Were Told To Do

The VA's solution?

Thirteen medications.

Thirteen medications that left him numb... disconnected... barely present.

We tried everything:

- Therapy
- EMDR
- Neurofeedback
- Meditation
- Hyperbaric oxygen
- Equine therapy
- And more

Nothing worked. Nothing even scratched the surface. And eventually, we found ourselves in a place no family wants to admit: We were facing the possibility of losing him to suicide.

When Nothing Works, You Rethink Everything

I started seeing research on psychedelic-assisted therapies. At first, I thought it sounded extreme. Even dangerous.

But when you're out of options... you start asking different questions. I dove into the research—clinical trials, veteran testimonies, data.

Again and again, I saw something we hadn't seen in years: **Hope.**

We found a nonprofit helping veterans access treatment outside the U.S. VETS solutions a nonprofit started by a Navy Seal Marcus and his wife Amber Capone.

We applied. We received a grant. And we got on a plane.

Because the care he needed... wasn't available in the country he served.

A Catalyst for Healing

What happened next wasn't a miracle. It wasn't instant. But it was a **turning point**. For the first time in years, my husband experienced profound relief. It gave him something back:

- The ability for his brain to heal
- Space to breathe
- The capacity to process trauma instead of relive it

It gave him his life back. It gave **US** our life back.

Something that Stanford, Harvard, Yale, Johns Hopkins research is proving over and over and over again.

These medicines work. And we are living proof.

Because This Doesn't Just Affect Veterans

PTSD doesn't stop with the veteran. It ripples outward—into spouses, into children, into entire families. We carry the weight of war too. But here's the other truth: **Healing ripples outward too.**

When one person heals, a family heals.

And when families heal, communities heal. Together.

We Call Them Heroes—But Deny Them Healing

We say, “Thank you for your service.” But gratitude without action is empty. How can we call them heroes... while denying them access to treatments that could save their lives? Why are veterans forced to leave the United States— to find healing somewhere else?

That is unacceptable.

This Is Not Political—It’s Human

This isn’t about being red or blue. This is about life and death. This treatment is not for everyone. But it is a **proven tool**.

We are not asking for blind faith. We are asking for **science-backed solutions**. And we are asking to remove the stigma that keeps people suffering in silence.

Why Hawai’i Must Lead

Hawai’i has a choice. We can wait. Or we can lead. We can create safe, ethical, and culturally grounded pathways for emerging therapies. We can support research. We can expand access. We can become a model for the rest of the nation. Because families are breaking **now**. Lives are being lost **now**.

A Call to Action

Veterans deserve healing. First responders deserve healing. Families deserve healing. My husband served this country for 22 years. He should not have to leave it... just to heal.

Let Hawai’i lead.

Let Hawai’i be the light.

Let Hawai’i be the beacon.

Because we cannot wait.

The Science Speaks for Itself

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy

Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

The Time to Act Is Now

Every member of this committee has the power to move and pass this bill.

Please pass SB3199 — in honor of those who didn't make it home, and for those still fighting to stay.

Mahalo, mahalo, mahalo,

Vicky Farmer
Hawai'i Island Resident | Veteran Spouse

SB-3199-SD-1

Submitted on: 3/18/2026 5:13:51 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Stephen Anderson | Individual | Support | Written Testimony Only |

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Health Committee,

My name is Stephen Anderson, I live in Kamuela on the Big Island. and I am writing in strong support of SB3199 SD1, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

I'm a Vietnam veteran. My MOS was 11B infantry recon radio

telephone operator... I was drafted in 1970 and spent a year on the ground in north Vietnam.

When I managed to get home there was no reception... No "Thank you for your service!" Somehow, I pushed everything down and never talked about it or never even mentioned where I had been and what had happened. The most traumatizing experience was in my very first week on the ground in country.

A squad of American helicopters circled around our position, firing machine guns and killing one of us, as well as hitting my helmet and my backpack. They circled us 3 times firing everywhere. Our point man finally took off his shirt and waved a white flag in the middle of a rice field, and we saw the look on the helicopter gunners' faces. They were as terrified as we were. Nothing ever became of that horrifying incident, and we were told to continue our mission.

I became indifferent to my family and ended a short marriage... tried everything from counseling and medication but nothing helped my loneliness and depression so I finally, with the help of my son, turned myself into the VA and told them I was going to take the whole bottle of Ambien that I was prescribed. They kept me there for three days and finally put me in the VA hospital for six weeks.

I was diagnosed with severe depression, trauma, hypertension, and of course, PTSD. It was then that I learned of getting treatment with psilocybin... including before during and after therapy counseling.

It is without any hesitation in my mind that I stand behind the value of therapeutic psychedelic medicine to help combat trauma.

The main thing is that I felt love again, and I could see that other people notice a change in me so my relationships improved. That therapy I had was five years ago and I haven't thought about suicide ever since.

I truly believe that this kind of therapy can help other veterans and people who have trauma in their lives. It saved my marriage and my relationship with my family and I have had no adverse side effects whatsoever. I am now happy living in a relationship with my wife in Hawaii. I also have my dog and my son and my granddaughter.

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

Mahalo for the opportunity to testify in support of SB3199 SD1.

Thank you for your consideration and passing SB3199 this very healthy alternative to prescriptive medicine which has really been exhausting.

Mahalo,

Stephen Anderson

Kamuela, Hawaii | Vietnam Veteran

SB-3199-SD-1

Submitted on: 3/18/2026 6:43:33 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|-------------------|
| Robert Farmer | Individual | Support | Remotely Via Zoom |

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Health Committee,

My name is Bobby Farmer, and I'm a resident of the island of Hawai'i. I am writing in strong support of SB3199 SD1, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

I served 22 years in the United States Army, including 14 years in Special Forces, with 10 combat deployments to Iraq and Afghanistan. I was wounded in combat.

For over two decades, I was trained to be a weapon. Then I was sent home and told to find peace. But after seeing the worst humanity can do to itself, that doesn't just turn off. The war doesn't stay overseas — it follows you home.

I sought help through our Western mental health system. I did everything I was supposed to do. But nothing brought lasting relief.

It wasn't until I traveled to Mexico through a nonprofit serving veterans and received Ibogaine treatment that I experienced real healing — clarity, peace, and hope from trained professionals.

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

Please support SB3199 so veterans like me don't have to leave Hawai'i to find healing they desperately need.

Mahalo,

Bobby Farmer
Veteran | Hawai'i island

SB-3199-SD-1

Submitted on: 3/18/2026 9:29:34 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|-------------------|
| Edith Garcia | Individual | Support | Remotely Via Zoom |

Comments:

Chair, Vice Chair, and Members of the Committee,

My name is Edith Garcia. I am writing this testimony from Hawaiian Acres, Hawai‘i. I am a combat Navy veteran, a Hawai‘i resident, a healthcare administrator, a patient advocate, and the co-founder of the Big Island Veteran Club at UH Hilo. I am writing in strong support of SB3199.

SB3199 is not a bill to immediately legalize psychedelic therapies. Rather, it responsibly prepares the State of Hawai‘i for the integration and implementation of emerging mental health treatments by establishing a task force to study clinical research, safety protocols, ethical implementation, and culturally informed care models that promote trauma-informed and compassionate care. This preparation is necessary and, to be honest, overdue.

I want to be very clear about why I am here advocating for this.

Before ever considering emerging therapies, I did everything that was asked of me within the current system. I committed years to therapy, tried multiple medications including different SSRI prescriptions, and engaged in various treatment modalities. I revisited treatments that had not worked in the past, hoping for a different outcome. At times, these interventions were only enough to help me dissociate and survive, not truly heal. Along the way, I developed chronic health issues with no clear cause and found myself navigating a complex and often overwhelming VA system, which at times added to my medical trauma.

I had never used psychedelics before. My decision to pursue these therapies did not come from impulsivity, but from education and necessity. I took the time to study the growing body of clinical research, and after exhausting all accessible options, I made an informed and deeply considered decision.

I ultimately had to leave the United States to receive care.

I was fortunate enough to physically and financially be able to travel. Many veterans in Hawai‘i cannot. Some cannot even travel between islands due to physical injuries, severe PTSD, or other disabling mental health conditions. Hawai‘i’s geography itself is already a healthcare barrier.

This creates a serious equity issue in our state. Access to care should not depend on whether a veteran is healthy enough to travel internationally.

The impact of these therapies was significant and immediate. At the time, I had been attending psychotherapy twice a week and cognitive therapy for my TBI monthly. Based on my progress within the traditional system, I believe it would have taken me years to reach the level of improvement I experienced.

As a veteran, I am resilient, resourceful, and capable of navigating complex systems. Accessing these substances is not the primary barrier. The real issue is access to safe, structured, and compassionate care frameworks. Without proper medical oversight, integration support, and trauma-informed environments, the potential of these therapies cannot be fully obtained.

SB3199 is about building that framework responsibly.

Across the United States, states are already preparing for these therapies. Colorado has implemented a regulated psilocybin access framework, and Texas has authorized and funded clinical research into ibogaine for veterans with treatment-resistant PTSD. Legislators are not approaching this recklessly; they are building medical oversight, research partnerships, and patient protections before wider access occurs.

This bill is about readiness. It ensures that when these therapies become federally approved or more widely available, Hawai'i will already have the infrastructure, policies, and trained providers necessary to protect patients while offering hope.

Our veterans earned access to every possible avenue of healing.

I respectfully urge you to support SB3199.

Mahalo for your time and consideration,

Edith Garcia

Combat Navy Veteran

Testimony in Support of SB3199
Hearing on March 20, 2026, at 9:30 a.m.
House Committee on Health

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy and Members of the Committee, my name is Vanessa Torres. I flew in from Pahoia to speak in person today because of how strongly I believe in SB3199. I currently serve as the Public Relations Officer for the American Legion Hilo Post 3, and I have benefited from legal, structured breakthrough therapies.

I am a retired Marine who served in OIF. I am the wife of a retired Marine and a mother of two children, one of whom is currently an active-duty Marine. My family knows a great deal about service, sacrifice, and the struggles that often accompany them. Because of a series of devastating traumas endured during my service to this country, I was diagnosed with Complex Post-Traumatic Stress Disorder and Major Depressive Disorder. My understanding of PTSD is not limited to my experience. I hold a bachelor's degree in psychology, yet that knowledge did not shield me from depression or loosen anxiety's grip. What it did give me was a clear understanding of the science.

I first learned about psychedelic research for PTSD eight years ago. I took note, but believed therapy would be my salvation. I sought therapy often after Iraq, but my condition worsened over time, I eventually needed a skilled psychologist. I was one of the lucky ones who found the most caring, highly skilled neuroscientist whose dedication held the line between despair and survival. Despite her best efforts, I was not participating in life, and the alternative still felt like an option.

With that reality in front of me, I looked to alternatives. I had known about psychedelic research for some time, but it wasn't until I met a dear friend from Kona that I was connected with an organization specializing in breakthrough therapies. I underwent two days of psilocybin therapy, with safe professional wrap-around care. Two days of medicine healed what nothing else could. The result was not temporary relief; it was joyful restoration. I no longer desired isolation over engaging with my family. Where I would once break down, I now stand firm. After decades of mental anguish, my family was finally able to meet the calm version of me, the one that knows peace.

I could never have imagined I would need this type of medicine, but I am here today as a testament to its profound ability to heal. The only problem with my journey was that I couldn't heal at home. My family endured a heavy financial burden to get me this critical care, acquiring flights to the mainland and lodging. Most people suffering in this way are not in a financial position to do this. I managed the cost, but not all can.

Please support SB 3199, because real support of veterans is not spoken, it's legislated.

Testimony in Support of SB3199
Hearing on March 20, 2026, at 9:30 a.m.
House Committee on Health

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy and Members of the Committee, my name is Matthew Torres, I am a resident of Pahoehoe on Hawai'i Island, I serve as the Finance Officer for American Legion Post 3. I strongly support SB3199, establishing a Mental Health Emerging Therapies Task Force to prepare the State for safe, ethical, and culturally informed integration of breakthrough therapies, expanding clinical research pathways, and developing policy recommendations for implementation.

I am a retired combat veteran and have been married to Vanessa Torres for 21 years. She is providing testimony in person today. Before we were married, we deployed to Iraq together in 2003. I witnessed much of what she went through, and the rest she shared with me. The level of trauma she experienced during her service — both combat and non-combat — was greater than many of my peers. I am writing to offer my perspective on the treatment process and the value of psilocybin therapy, and how it has positively impacted her life, and our life together.

Vanessa was diagnosed with Complex Post-Traumatic Stress Disorder (C-PTSD) because of her military service. She sought treatment for years, working with multiple mental health professionals, from family counselors to a PhD neuropsychologist whom she saw consistently for five years. While therapy provided some progress, nothing fully resolved the underlying trauma. In 2024, we met a couple at a veteran's event who had gone through different forms of break-through therapy. With their guidance, Vanessa pursued treatment herself. However, the only legal options for safe, regulated access required traveling to Oregon, or internationally to Peru or Mexico.

Although portions of the program were covered, travel expenses were not, including airfare and lodging required due to distance. As retired veterans living on fixed incomes, this created a significant financial burden. Nevertheless, we made it happen because we believed this treatment could finally help her confront what years of traditional therapy could not. I can tell you plainly; after treatment, she is a different person. No amount of EMDR, or talk and behavioral therapy brought her the level of peace that two sessions of plant-based medicine did. The change has been profound, not only for her, but for our family.

Because of what I have witnessed firsthand, I have applied to receive the same treatment this spring to address my own C-PTSD, it will be at our own personal expense once again.

Please consider the potential quality of life improvements this research provides to its participants, it is not only for combat veterans, but also for survivors of domestic violence, and for those affected by tragedies such as the Maui fires. We have sacrificed enough. We should

not have to leave the state we live in and love to access care that could meaningfully restore our lives.

Several decades of research has shown the clinical effectiveness of psilocybin and MDMA in treating depression, addiction, and PTSD, particularly in treatment-resistant cases like those we have experienced. Both of these medications have received FDA Breakthrough Therapy designation. We now have an important role in establishing safe, legal, therapeutic access. Efforts in other states show that responsible legislation, like this bill proposes, can expand pathways for those in need. Hawai'i should be prepared to responsibly integrate these emerging therapies.

Mahalo for your time and consideration.

SB-3199-SD-1

Submitted on: 3/19/2026 9:01:00 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Denis M. Kitchen | Individual | Support | Written Testimony Only |

Comments:

TESTIMONY IN STRONG SUPPORT OF SB 3199 SD1

House Committee on Health (HLT)

Hearing Date: March 20, 2026 – 9:30 a.m. (via videoconference)

Submitted by: Denis M. Kitchen

Pensacola, FL (formerly Buffalo, New York)

Board Member, New Yorkers for Mental Health Alternatives

Date: March 19, 2026

Chair and Members of the Committee:

Aloha. I respectfully submit this written testimony in **strong support** of SB 3199 SD1, which establishes the Mental Health Emerging Therapies Task Force. This bill takes a measured, responsible approach to preparing Hawaii for the safe, ethical, and culturally informed integration of breakthrough therapies — including psilocybin-assisted therapy — to address the urgent mental health crisis facing residents, veterans, first responders, and trauma survivors.

In 2014, I was studying to become a mental health counselor when I first encountered the scientific literature on psilocybin. By 2017–2018, the compelling research on its potential to treat depression, anxiety, and trauma inspired me to have a personal, albeit then-illegal, experience with the substance. That single mystical experience transformed me. It opened a level of empathy and openness I had never achieved through conventional training alone. It allowed me to connect with my clients in a deeper, more authentic way that dramatically improved the quality of care I could provide.

This experience made me indignant that such a powerful tool for healing was outlawed. I responded by seeking specialized training through organizations and conferences that prepare mental health professionals to facilitate these experiences safely and effectively. I formed a church to offer constitutional protections for a community of caregivers providing this care. To our surprise, the greatest obstacles came not from law enforcement but from conventional health

providers and employers who retaliated against a volunteer in our community by terminating their employment. These events underscored how current laws harm both patients and the dedicated professionals who seek to help them.

I now serve on the board of New Yorkers for Mental Health Alternatives, where we advocate nationwide for policies that make the therapeutic and mystical experience with psilocybin safe and legal while protecting the careers of healthcare professionals who incorporate these approaches in their communities.

Hawaii's proposed Mental Health Emerging Therapies Task Force is precisely the kind of forward-thinking leadership our country needs. By reviewing scientific literature, expanding clinical research pathways, recommending professional training, evaluating best practices from other states, and developing culturally informed implementation strategies, the Task Force will create a clear, responsible roadmap for integrating these breakthrough therapies.

I strongly urge the Committee to pass SB 3199 SD1. The science is clear, the need is immediate, and Hawaii has the opportunity to lead with wisdom, compassion, and respect for both evidence and cultural values.

Thank you for your time and consideration. I am available to answer any questions or provide additional information.

Sincerely,

Denis M. Kitchen, LMHC with The Lens Psychotherapy P.A, and New Yorkers for Mental Health Alternatives

120 Chief's Way
Suite 1 PMB 1075
Pensacola, FL 32507
716-514-6236
thelens@dkitchen.net

Position: STRONG SUPPORT

SB-3199-SD-1

Submitted on: 3/19/2026 9:29:16 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|-------------------|
| Robin Martin | Individual | Support | Remotely Via Zoom |

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Health Committee,

My name is Robin Martin, and I am a board-certified psychiatrist practicing in Hawai‘i. I am writing in strong support of SB3199 SD1, which establishes the Mental Health Emerging Therapies Task Force to help prepare our state for the thoughtful integration of breakthrough therapies, expand pathways for clinical research, and develop policy recommendations for safe, ethical, and culturally grounded implementation.

In my clinical work, I have had the privilege of witnessing the profound impact of ketamine-assisted psychotherapy (KAP) for patients suffering from treatment-resistant depression, trauma-related disorders, and severe anxiety. Many of these individuals have undergone years—sometimes decades—of conventional treatments with limited or transient benefit. Through KAP, I have seen patients experience meaningful reductions in suffering, increased psychological flexibility, and renewed engagement with life.

Importantly, these outcomes are not isolated. A consistent pattern in my practice is that patients who benefit from KAP often become deeply motivated to continue their healing through other evidence-based psychedelic therapies. They are informed, engaged, and eager to access treatments such as psilocybin and MDMA within safe, regulated, and clinically supported environments. At present, however, these options remain largely inaccessible outside of clinical trials, creating a significant gap between emerging science and real-world care.

Over the past two decades, there has been a resurgence of rigorous scientific research into these therapies. Psilocybin has demonstrated promise across a range of conditions including depression, anxiety, substance use disorders, and end-of-life distress. MDMA-assisted psychotherapy has shown particularly compelling efficacy in the treatment of post-traumatic stress disorder (PTSD), including in populations with severe and chronic illness. These therapies are non-addictive when used appropriately and have been granted Breakthrough Therapy Designation by the FDA, reflecting both their potential and the urgency of further development.

As a physician, I believe we have a responsibility to prepare proactively rather than reactively. Hawai‘i has the opportunity to lead with intention—developing frameworks that prioritize safety, clinical rigor, cultural sensitivity, and equitable access. Other states, including Oregon and

Colorado, have already begun this work, creating regulated pathways that balance innovation with oversight.

The establishment of this task force is a prudent and necessary step. It allows Hawai'i to evaluate emerging therapies through a local lens, incorporate Native Hawaiian values and perspectives, and ensure that implementation is done responsibly and in alignment with community needs.

Mental health challenges are increasingly visible across our communities, and the limitations of our current treatment paradigms are evident. Many of our patients are still suffering despite our best available tools. We now have an opportunity to expand that toolkit in a careful, evidence-informed way.

Mahalo for the opportunity to testify in support of SB3199 SD1 and for your commitment to advancing the mental health and well-being of the people of Hawai'i.

With Respect,
Robin Martin, DO

LATE

SB-3199-SD-1

Submitted on: 3/19/2026 8:42:46 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-------------------|
| Zoe Wells | Individual | Support | Remotely Via Zoom |

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Health Committee,

My name is Zoe Wells, I live in Haiku, Hi and I am writing **in strong support of SB3199 SD1**, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

Psilocybin and MDMA have helped me recover from addiction, depression, sexual trauma and an eating disorder. I would not be here without the help of these medicines. I understand first hand the power these substances hold and I don't speak lightly about them. They are not necessary for everyone but for the people that need them, they are an absolute game changer.

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure

109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

Mahalo for the opportunity to testify in support of SB3199 SD1.

Zoe Wells

LATE

SB-3199-SD-1

Submitted on: 3/20/2026 3:51:54 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|------------------------|
| Samuel Magnotto | Individual | Support | Written Testimony Only |

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Health Committee,

My name is Sam Magnotto, I live in Paia, Maui. I am a nurse with 18 years of clinical experience in psychiatry & recently became a psychiatric mental health nurse practitioner (PMHNP). I am writing **in strong support of SB3199 SD1**, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities. All too

often in the past, Hawai'i had been behind the mainland & other countries in integrating the most current evidence-based practice in various medical modalities. This is a unique opportunity for Hawai'i to stay current with emergong beneficial therapies that have proven to have immense upside & very little downside potential.

Mahalo for the opportunity to testify in support of SB3199 SD1.

Samuel Magnotto, PMHNP-BC, BSN RN

LATE

SB-3199-SD-1

Submitted on: 3/20/2026 6:10:48 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Anne Hamilton | Individual | Support | Written Testimony Only |

Comments:

Absolutely. Here's a polished version you can submit or adapt for oral testimony.

Testimony in Support of SB 3199

Hawai'i State Legislature

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

My name is Anne Hamilton, and I am the Founder and Executive Director of Survivorship Collective, a nonprofit serving people facing serious illness through community-based, legally supported healing programs. I am writing in support of SB 3199.

We have served Hawaiians in Oregon through legal psilocybin programs, and I can say from direct experience that we would much prefer to serve them in Hawai'i. People facing cancer and other serious illnesses are often already carrying so much: medical trauma, anxiety, depression, fear, financial pressure, and physical exhaustion. Asking them to travel out of state for care only adds to that burden.

SB 3199 takes a careful, responsible approach by creating a task force to help Hawai'i study and prepare for safe, ethical, and culturally informed access to emerging therapies. It is not a reckless bill. It is a planning bill, and that is exactly why it makes sense. Hawai'i has the opportunity to learn from other states, move deliberately, and build a model rooted in safety, science, and cultural respect.

For the people we serve, access close to home matters. Healing is not just about the medicine itself. It is also about whether someone can remain connected to family, community, and the place where they feel most grounded. Hawai'i residents should not have to leave the islands to access promising care in a legal and supported setting.

I respectfully urge your support for SB 3199.

Mahalo,

Anne Hamilton

LATE

SB-3199-SD-1

Submitted on: 3/20/2026 7:18:26 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Sam Tramonte | Individual | Support | Written Testimony Only |

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Health Committee,

My name is Sam Tramonte, I live in Maui, and I am writing **in strong support of SB3199 SD1.**

My life would not be the same without the very positive influence of psychedelics utilized as a therapeutic gift. The therapeutic result for me has been improved mental health, a desire to be in service to others, altruism, openheartedness, expansion of thought, and living with more virtue, inclusivity, equality, integrity, honor, spirituality, forgiveness, compassion, love, and aloha. Our ancestors have known these truths for millenia, and our modern scientists have been coming to these truths for decades.

At some point in the future our descendants on island and in the world will look back on 2026 and be curious why it took us so very long to adopt policies that would help our own kind heal, ameliorate their condition, and be more loving and intelligent individuals, all being natural and positive effects for us as well as future generations. Our ancestors will also applaud us for making the right decision, yet once again.

Please make the decision now that will help posterity. Our descendants are counting on us.

Mahalo nui loa,

Sam Tramonte