

HB-1855

Submitted on: 2/10/2026 8:33:16 AM

Testimony for HLT on 2/11/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Rob Swanson, Col, USAF (r)	Governor's Challenge Task Force	Support	In Person

Comments:

Aloha, My name is Rob Swanson. I am testifying on behalf House Bill 1855, Violent Death Reporting System.

Thank you Representatives Takayama and all the other bill sponsors.

I support this bill and was the citizen sponsor for this legislation.

As stated, my name is Rob Swanson. I am a retired Air Force Colonel and the Team Lead for the Governor’s Challenge Task Force working to prevent suicides amongst Service Members, Veterans and their families on behalf of the Governor of Hawaii. Additionally, I run a DoD/Veteran suicide prevention program called “fight For Each Other” and am a standing member of the Prevent Suicide, Hawaii Task Force and the Hawaii United Prevention Task Force.

Suicide is the 2nd leading fatal injury in the state of Hawaii! In the past we had a data system called the **Hawaii Violent Death Reporting System (HI VDRS)**, which feeds into the **National Violent Death Reporting System (NVDRS)**.

As of **September 25, 2025**, Hawaii **lost the ability to update or access NVDRS data**, due to refusing CDC funding causing the sole data abstraction, data collection and data input position funded by the same grant to be **terminated**.

This data is **vital** for ongoing initiatives, including:

The **Suicide Mortality Review (SMR)** being developed for Hawaii.

Department of Education efforts to address student suicides and violence.

Broader **suicide prevention and public health initiatives**.

NVDRS collects **comprehensive, multi-source data (600+ variables)** including:

Circumstances of death (police, ME, death certificates)

Methods (e.g., ligature)

Location (e.g., home)

Populations (LGBTQ+, veterans, domestic violence)

Working with the DOH to reinstate this capability were unsuccessful as they proposed using **Trauma Registry and EMS data** to replace NVDRS. Those systems lack the depth, breadth, and contextual information NVDRS provides.

Efforts to find a workaround or alternative funding have **not been supported** by DOH leadership. There are promises of replacement capabilities that have not yet materialized. Further, DOH leadership stated this legislation wasn't necessary due to these future capabilities.

The loss of this system **jeopardizes suicide prevention work statewide**, threatens data continuity, and undermines years of volunteer and community-driven suicide prevention efforts to include a two year effort to create a Suicide Mortality Review process here in the State of Hawaii to identify common key factors in suicides and develop ways to address them to reduce suicides here in the State of Hawaii.

Finally, I am passionate about suicide prevention here in my adopted home state as a suicide attempt survivor. Twenty-five years ago, I attempted to take my own life. As I went through the recovery process, I came to realize Permanent solutions to temporary problems impact the lives of so many people... on the order of 130-150 people are impacted by every single suicide

Again, I support this vital capability. The state system which provides the necessary inputs to the national system

Thank you for the opportunity to testify in support of this bill

OFFICE OF INFORMATION PRACTICES

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To: House Committee on Health

From: Carlotta Amerino, Director

Date: February 11, 2026, 9:00 a.m.
State Capitol, Conference Room 329

Re: Testimony on H.B. No. 1855
Relating to Health

Thank you for the opportunity to submit testimony on House Bill 1855, which would add a new chapter to the Hawaii Revised Statutes (HRS) to establish a framework for the creation of the Hawaii Violent Death Reporting System, to be federally funded, for the purposes of collecting information and data on violent deaths in the State. The Office of Information Practices (OIP) **takes no position on the substance of this bill but respectfully recommends amending the confidentiality provision** on bill pages 3-4.

Proposed section __-5, Hawaii Revised Statutes, currently reads as follows:

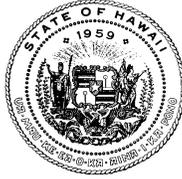
(a) Except as otherwise provided in this chapter, all information and records acquired by the Hawaii violent death reporting system team during its violent deaths data abstraction pursuant to this chapter are confidential and shall only be disclosed as necessary to carry out the purposes of this chapter.

(b) Information from the Hawaii Violent Death Reporting System, along with statistical summaries that exclude any previously undisclosed details that could identify an individual, shall be considered public records. This confidentiality

provision is unclear. If its intent is to keep personally identifiable information confidential, while making the database and aggregated statistical information public in a de-identified form, OIP respectfully recommends that this provision be amended to explicitly say so. In addition, the bill should clarify that this provision does not change the confidentiality of information and records as maintained by the agencies that provided them to the violent death reporting system. That way the Violent Death Reporting System Team will not be required to act as a clearinghouse by providing the underlying records it obtains from other agencies, but the public accessibility of those records when requested from the originating agencies will remain unchanged. OIP therefore respectfully recommends that this Committee **amend section __-5** on bill pages 3-4 to read as follows:

§__-5 Use of Hawaii violent death reporting system information and records. Information and records collected by the Hawaii violent death reporting system team from other agencies pursuant to this chapter shall be confidential and exempt from disclosure under chapter 92F; provided that information in the Hawaii violent death reporting system shall be public after redaction of personally identifying information and in statistical, aggregate, or summary form. Nothing in this section shall be construed to alter existing rights to access government records subject to chapter 92F from an agency other than the Hawaii violent death reporting system team.

Thank you for considering OIP's testimony.



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Testimony COMMENTING on (HB1855)
RELATING TO HEALTH

REPRESENTATIVE GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH

Wednesday, February 11, 2026 at 9:00 AM | Room Number: 329

1 **Fiscal Implications:** Undetermined.

2 **Department Position:** The Department offers comments.

3 **Department Testimony:** The State of Hawaii, Department of Health's Emergency Medical
4 Services & Injury Prevention Systems Branch (EMSIPSB) provides testimony on behalf of the
5 Department.

6 While the intent of this measure is well-meaning, the reality is that the State of Hawaii is
7 already doing what this bill proposes, and doing so under existing statutory authority, existing
8 infrastructure, and existing resources.

9 The Department of Health already has clear authority to collect violent death data as
10 part of Hawaii's trauma and injury prevention system under HRS §321-230. Because violent
11 deaths are, by definition, traumatic injuries, the Department has appropriately leveraged
12 existing State Department of Health trauma funding to strengthen and stabilize this program at
13 a time when Federal fund has been unstable. That authority includes comprehensive mortality
14 review and protected peer review, including suicide mortality review, which is a critical and
15 active function of the department today.

1 HB1855 would establish a new statutory program that mirrors an existing Department
2 of Health program, creating redundancy rather than improvement. As written, it creates a
3 parallel structure, new staffing requirements, and a new appropriation, all for work that is
4 already underway.

5 Over the past year alone, the State has submitted 261 violent death cases to the Centers
6 for Disease Control and Prevention. The Department is on track to submit approximately 350
7 cases for the 2024 reporting year, which is due this year. These cases include suicides,
8 homicides, and deaths of undetermined intent, and the data is actively used to inform suicide
9 prevention, injury prevention strategies, and statewide public health planning.

10 Over the past year, federal administrative changes and government shutdowns have
11 created instability in CDC funding. Rather than allowing that instability to weaken the program,
12 the Department had to evaluate how to intentionally strengthen our Violent Death Reporting
13 data collection efforts.

14 The Department issued a request for a contractor to integrate CDC Violent Death
15 Registry data points directly into the State Department of Health Trauma and Patient Registry
16 systems. This work is underway, with the contractor having in January and is actively building
17 the state data dictionary and integrating data points. Once complete, these data will continue
18 to be submitted to the CDC and maintained in state-controlled systems.

19 Following completion of this integration phase, the State will proceed with the
20 procurement process to hire two contract staff members, a program manager, and a data
21 abstractor. This step is pending final contract modifications with the CDC and does not require
22 new statutory authority or funding.

23 This approach ensures that violent death data remains within the State of Hawaii rather
24 than solely within federal CDC systems. That makes the State stronger and more resilient when
25 federal policy shifts, executive actions, or funding conditions conflict with state priorities,

1 particularly in sensitive areas such as violence affecting LGBTQIA+ and transgender persons,
2 where state policy and protections may diverge from federal direction.

3 Additionally, violent death data, including suicide deaths, is being fully integrated into
4 the State Trauma Mortality Review Process, with plans to expand participation across partner
5 agencies statewide over the coming year.

6 In short:

- 7 • The authority already exists
- 8 • The program already exists
- 9 • The data is already being collected and submitted
- 10 • Suicide mortality review is a project that the department is integrating
- 11 • And the system is being strengthened using existing trauma funding resources

12 HB1855 would create a duplicative program, increase state costs, and add government
13 bureaucracy without delivering additional benefits to the public.

14 For these reasons, we respectfully urge the Committee to defer HB1855 and allow the
15 Department of Health to continue advancing this work efficiently, responsibly, and without
16 unnecessary duplication.

17 **Offered Amendments:** None.

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

HB-1855

Submitted on: 2/10/2026 8:47:07 AM

Testimony for HLT on 2/11/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Meiko Arai	Individual	Support	In Person

Comments:

Dear Committee Chair, Vice Chair and the Members of the Committee.

My name is Meiko Arai, and I am a concerned former abstractor for the Hawai‘i Violent Death Reporting System.

I am testifying in support of the HB1855, ensuring that the Hawai‘i Violent Death Reporting System will be supported; that data abstraction and system management will be consistent and complete; that an agency that manages the System will be held accountable for their timely and accurate reporting; and that they use data from the System for public health needs for the community, such as suicide prevention.

For two years and eight months, I was the only abstractor, who worked on the Hawai‘i Violent Death Reporting System, which is a surveillance system that collects, abstracts and manages all the violent death cases that occur in Hawai‘i. A violent death is a death that results from the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community. This includes all suicides, homicides, undetermined intent deaths, accidental firearm deaths, and legal intervention deaths. The Centers for Disease Control and Prevention manages all the states, District of Columbia and territory level surveillance systems, and Hawai‘i Violent Death Reporting System is a state level program that feeds into the national database at CDC.

At the EMS & Injury Prevention System Branch of the Department of Health, I held the only position that was dedicated to the System. The only support I had was from the state epidemiologist at the Branch. The entire time I was the sole full-time staff for the Hawai‘i Violent Death Reporting System, the Branch showed very little interest in the System and offered little support. On average, Hawai‘i has around 300 violent death cases annually. The abstraction work is very detailed and complex, combing through the required primary sources, such as death certificates, medical examiner/coroner reports and law enforcement reports, for more than 600 data points in each violent death case. Multiple times, the epidemiologist and I pleaded to the Branch to hire at least part-time abstractors. Each time our requests went unheard or were denied. The CDC team repeatedly recommended hiring additional abstractors, but their recommendations were ignored. The last attempt made to the Branch for hiring part-time abstractors was in August 2025. I pleaded for help hiring part-time abstractors if they were to support the System. I was told to consider using AI. When I told the CDC team about the suggestion of using AI and not hiring part-time abstractors, they were very sympathetic about the

fact that we lacked the kind of understanding and support that we needed to improve our data collection and abstraction to meet the 100% abstraction rate.

Prior to my working on the System, Hawai‘i was doing poorly, not meeting the minimum requirements set by CDC. Together with the epidemiologist, we improved the Hawai‘i data quality and quantity to the point of Hawai‘i data inclusion into the National Violent Death Reporting System by meeting the minimum requirements set by CDC. We were nowhere near 100% abstraction, but we were improving the System. Then, the only position was discontinued supposedly because of the litigation the State was having against the federal government. The Attorney General recommended the Branch not to accept the terms and conditions set by the CDC and therefore, not accepting the funding offered by CDC. The DOH and the Branch could have used alternative funding sources to continue data abstraction and data management moving forward. Instead, they halted the program, and they did so abruptly and unexpectedly without informing data partners in the community nor gathering input from stakeholders.

The data Hawai‘i Violent Death Reporting System abstracts and manages is the most comprehensive violent death data that exist. There are more than 600 data points. Beyond ordinary demographic information, what is unique to this data system is the extensive circumstance information, such as mental health diagnoses and history, undiagnosed mental health issues, substance use and misuse, relationship issues, domestic violence history, financial issues, work and family issues, school challenges, and any challenging life events such as the loss of pets, loved ones, or a job. The System data tells the story of Who, What, When, Where and Why of violent deaths. Information this comprehensive and detailed is crucial for public health purposes, especially in suicide prevention and gun violence prevention. When data collection and management stops or is even put on pause, it is consequential. It is a matter of life and death. Suicide is the second highest cause of fatal injuries in Hawai‘i. The Hawai‘i Violent Death Reporting System needs to be taken seriously and treated appropriately as such.

The instability and unpredictability the federal government created last year proves how vulnerable an important data surveillance system like the Hawai‘i Violent Death Reporting System can be. Regardless of intention or aspirational goals, an agency that manages a surveillance system may undermine the data system or inadvertently contribute to data deterioration. The Hawai‘i Violent Death Reporting System is too important for agencies to pause even for a few months. Agencies that are responsible for the System need to be held accountable for their decisions and actions to ensure that the data system is up to date and accurate for public health purposes. It is imperative that the State ensures that a comprehensive data system like this can stand and operate unaffected by politics or any other influences. The HB1855 is the answer to ensuring the quality and quantity of the data that the Hawai‘i Violent Death Reporting System collects, abstracts and manages.

Thank you, the Committee Chair, the Vice Chair and the Members of the Committee, for the opportunity to testify in support of the HB1855, putting into law the Hawai‘i Violent Death Reporting System and ensuring its quality and effectiveness to serve the people of Hawai‘i and its communities. Your consideration for this matter and solutions is greatly appreciated.

Thank you,

Meiko Arai