



# UNIVERSITY OF HAWAII SYSTEM

## ‘ŌNAEHANA KULANUI O HAWAII

### Legislative Testimony

#### Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the  
House Committee on Consumer Protection & Commerce  
March 3, 2026 at 2:00 p.m.

By  
Lui Hokoana  
Interim Vice President for Community Colleges  
University of Hawai'i System

#### HB 2314 HD1 – RELATING TO EMERGENCY MEDICAL SYSTEMS OF CARE.

Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:

The University of Hawai'i Community Colleges (UHCCs) offers its testimony in support with amendments to HB 2314 HD1, which seeks to modernize Hawai'i's emergency medical services (EMS) statutes to better align with current best practices in emergency care, workforce preparation, and system coordination.

Hawai'i's existing EMS statutory framework would benefit from updates that reflect contemporary clinical standards, evolving scopes of practice, and integrated systems-of-care models that are now widely recognized at the national level. Modernized statutes can provide clearer guidance for EMS governance, promote consistency across counties, and support quality assurance and performance improvement across the emergency response continuum.

The UHCCs recognize the importance of statutory alignment between workforce education, credentialing, and real-world clinical practice. Currently, the EMS programs are offered through Kapi'olani Community College. Updating EMS statutes to reflect current best practices supports stronger alignment between educational curricula, certification expectations, and the competencies required of today's EMS professionals. This is particularly important in Hawai'i, where geographic isolation and uneven access to emergency care heighten the need for a well-prepared, adaptable EMS workforce.

At the same time, while UHCCs are supportive of the bill overall, we note that implementation of an Advanced Emergency Medical Technician (AEMT) program and the mandated July 1, 2026, certification deadline for emergency dispatchers would require additional services and resources to meet required accreditation and instructional standards.

Specifically, the AEMT pathway would necessitate approximately 200 additional hours of instruction beyond the current EMT program. Based on the Fall 2026 Step C lecturer rate of \$2,881 per credit hour, the University identifies a direct operational requirement of \$130,000 to launch two (2) training cohorts to meet the immediate statewide demand. This fiscal request is based on the following breakdown per cohort:

- Lead Instructional Labor: \$37,453 (13 Credits/TEs per AEMT block X \$2,881)
- Specialized Lab Assistants: \$7,200 (2 Assistants X 80 Lab Hours @ \$45/hr to maintain 1:6 national safety ratios)
- Administrative Coordination: \$5,000 (Field rotation and hospital clinical oversight)
- Invasive Medical Supplies: \$15,000 (Consumable IV kits, advanced airway heads, and training simulators)
- Total Per Cohort: approximately \$65,000 (Total for 2 cohorts: \$130,000)

These considerations are important to ensure that statutory modernization translates into high-quality, sustainable workforce preparation rather than unfunded mandates on education providers. The University respectfully requests the inclusion of the following appropriation section:

SECTION X. There is appropriated out of the general revenues of the State of Hawaii the sum of \$130,000 or so much thereof as may be necessary for fiscal year 2026-2027 to the University of Hawaii Community Colleges (UOH800) for the purpose of implementing a time-sensitive emergency medical systems of care training model. The sum appropriated shall be used for direct instructional labor and medical training supplies for two (2) Advanced Emergency Medical Technician (AEMT) training cohorts, including costs for lead instruction, specialized lab assistants to maintain 1:6 national accreditation safety ratios, and necessary medical training equipment. The sum appropriated shall be expended by the University of Hawaii for the purposes of this Act.

In addition, modern EMS statutes that emphasize system integration can strengthen coordination between pre-hospital care, hospitals, and community-based services, improving patient outcomes and overall system resilience. Such alignment supports Hawaii's broader public health goals and enhances emergency preparedness across island communities.

HB 2314 HD1 represents a meaningful step toward modernizing Hawaii's EMS framework in a manner consistent with national best practices. UHCCs support the intent of the bill and appreciate the Legislature's focus on strengthening EMS systems statewide. As implementation moves forward, we encourage continued collaboration with education and workforce partners to ensure that programmatic expectations are aligned with available resources and accreditation requirements. With the inclusion of the necessary fiscal support to implement these expanded training requirements, UHCCs respectfully support HB 2314 HD1.

Thank you for giving us the opportunity to testify on this measure.



OFFICE OF HAWAIIAN AFFAIRS

Ōlelo Hō'ike 'Aha Kau Kānāwai

**TESTIMONY IN SUPPORT OF HOUSE BILL 2314 HD1**

RELATING TO EMERGENCY MEDICAL SYSTEMS OF CARE

Ke Kōmike 'Aha Kenekoa o ka 'Oihana Kālepa a me ka Ho'omalū Mea Kemu  
(Senate Committee on Commerce and Consumer Protection)

Ke Kapitala 'o Hawai'i  
(Hawai'i State Capitol)

Malaki 3, 2026

2:00 PM

Lumi 329

Aloha e Chair Keohokolole, Vice Chair Fukunaga, a me Members of Ke Kōmike 'Aha Kenekoa o ka 'Oihana Kālepa a me ka Ho'omalū Mea Kemu:

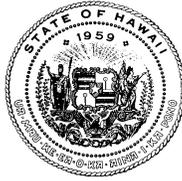
The Office of Hawaiian Affairs (OHA) **SUPPORTS HB2314 HD1** which modernizes Hawai'i's emergency medical services statutes to establish a comprehensive emergency medical system of care model aligned with national best practices. OHA appreciates recent amendments which expanded the definition of "emergency medical services personnel" to include any health care professional who is certified or licensed by the State to provide emergency medical services.

This bill recognizes that modern emergency care depends on statewide systems that coordinate response, transport, care, and communications for time-sensitive conditions. Updating statutes to reflect a systems-of-care model will improve coordination and accountability across emergency response partners. Reliable and well-coordinated emergency medical systems are especially important for geographically isolated and rural communities, where workforce shortages and transport constraints can significantly affect outcomes. Strengthening statewide coordination, communications interoperability, air-medical integration, and data-driven quality improvement supports more equitable emergency care access for residents across all islands.

Native Hawaiians experience disproportionate burdens in several time-sensitive health conditions, including cardiac disease and stroke, making rapid, coordinated emergency response particularly critical.<sup>1</sup> System modernization that improves response time and continuity of care helps reduce preventable death and long-term disability. OHA supports the bill's emphasis on statewide standards, integrated planning, and children's emergency services, all of which promote resilience, preparedness, and continuous improvement in emergency medical response. For these reasons, the Office of Hawaiian Affairs respectfully urges this Committee to **PASS HB2314 HD1**. Mahalo nui for the opportunity to provide testimony on this important measure.

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<sup>1</sup> Papa Ola Lōkahi, *E Ola Mau: An Update on the Health and Well-Being of Native Hawaiians* (December 2023), <https://www.papaolalokahi.org/wp-content/uploads/E-OLA-MAU-2023-Update-of-all-Workgroups.pdf>



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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**Testimony in SUPPORT of (HB2314 HD1)  
RELATING TO EMERGENCY MEDICAL SYSTEMS OF CARE**

REPRESENTATIVE SCOT Z. MATAYOSHI, CHAIR  
HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Tuesday, March 3, 2026 at 2:00PM | Room Number: 329

1 **Fiscal Implications:** None

2 **Department Position:** The Department of Health (“Department”) support this measure  
3 offering comments and proposed amendments.

4 **Department Testimony:** The State of Hawaii, Department of Health’s Emergency Medical  
5 Services & Injury Prevention Systems Branch (EMSIPSB) **strongly supports** this measure and  
6 provides testimony on behalf of the Department to modernize Hawaii Revised Statutes §321-  
7 221 through §321-230 and strengthen the State’s emergency medical systems of care.

8 Hawaii’s existing Emergency Medical Services (EMS) statutes were developed decades ago and  
9 reflect emergency medical services practices and system structures that largely date back to the  
10 late 1980s, when EMS was primarily viewed as a means of transporting patients to the hospital.  
11 Since that time, the role of EMS has evolved significantly. Today, EMS is an integrated and  
12 essential component of the healthcare and public health system, providing out-of-hospital,  
13 community-based care that includes assessment, treatment, stabilization, telehealth-supported  
14 services, and coordination of care, in addition to acute medical response and patient transport.  
15 This measure is a critical step forward in updating Hawaii’s statutory framework to better

1 reflect present-day emergency medical services practice and the evolving public health role of  
2 modern emergency medical systems of care.

3 By modernizing and clarifying key statutory definitions, the bill recognizes the full scope of  
4 modern EMS systems and promotes improved coordination across all islands, including both  
5 urban and rural communities. These updates will also ensure that the State Department of  
6 Health and EMS agencies have the statutory authority and flexibility to integrate state-of-the  
7 art technologies and community-based strategies to expand access to care. This includes the  
8 use of mobile integrated health, community paramedicine, and telehealth services to better  
9 meet local community needs, reduce barriers to care, and strengthen continuity across the  
10 emergency and healthcare delivery system.

11 Passage of this measure is essential to Hawaii's ability to access and fully leverage federal  
12 funding opportunities, including the Rural Health Care Transformation Program. Outdated  
13 statutory language currently creates barriers to eligibility and limits the State's ability to expand  
14 rural EMS services and integrated systems of care. By aligning statutory definitions with current  
15 practice and national standards, this measure positions Hawaii to meet federal requirements,  
16 maximize available matching funds, and make strategic investments in rural EMS capacity,  
17 workforce development, data sharing, and coordinated systems of care.

18 These statutory updates will strengthen emergency response capabilities statewide, resulting in  
19 improved health outcomes across Hawaii, particularly in rural and underserved communities,  
20 while ensuring the responsible and effective use of state and federal resources.

21 Finally, the Department respectfully requests that amendments adopted in House Bill 1752  
22 (HB1752) and its companion bill, Senate Bill 2139 (SB2139), be incorporated into House Bill  
23 2314 House Draft 1 (HB2314 HD1) where appropriate to ensure alignment across measures and  
24 to avoid duplication or conflicting statutory language. These amendments include a technical

1 update to advisory committee membership, replacing the reference to the Adjutant General  
2 with the Administrator of the Hawaii Emergency Management Agency.

3 For these reasons, the Department strongly supports this measure and urges its passage.

4 **Offered Amendments:** (b) The advisory ~~committee~~ council shall be composed of ~~twenty~~  
5 twenty-three members: ~~three~~ four nonvoting ex-officio members, who shall be the director of  
6 transportation, the ~~adjutant general,~~ administrator of the Hawaii emergency management  
7 agency, the executive director of the Hawaii 9-1-1 board, and the administrator of the state  
8 health planning and development agency,

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



**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'OKELE

**JOHN C. (JACK) LEWIN, MD**  
ADMINISTRATOR

March 2, 2026

**TO:** HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE  
Representative Scot Z. Matayoshi, Chair  
Representative Tina Nakada Grandinetti, Vice Chair  
Honorable Members

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

**RE: HB 2314-HD1 -- RELATING TO EMERGENCY MEDICAL SYSTEMS OF  
CARE**

**HEARING:** Tuesday, March 3, 2026 @ 2:00 pm; Conference Room 329

**POSITION:** SUPPORT with COMMENTS

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Testimony:

SHPDA strongly supports HB 2314-HD1, with comments.

This bill is intended to modernize Hawai'i's emergency medical services statutes by updating them to a comprehensive, time-sensitive emergency medical systems of care model that reflects how emergencies are managed today. By aligning with national best practices, this bill supports coordinated, evidence-based care for critical emergencies, standardized statewide protocols, and improved preparedness for disasters and mass-casualty incidents so residents on every island can receive timely, effective emergency care.

This bill will strengthen Hawai'i's ability to save lives in time-sensitive emergencies by modernizing EMS law into an integrated "emergency medical systems of care" framework that connects pre-hospital response, hospitals, trauma and critical care, and disaster response statewide. By aligning with national best practices, the bill supports coordinated, evidence-based care for emergencies like trauma, heart attacks, strokes, sepsis, and burns, which can improve survival and reduce long-term disability. It also expands statewide coordination tools such as standardized protocols, stronger data collection and evaluation (including a trauma registry), improved communications and 9-1-1 dispatch oversight, and better monitoring of air-medical services, which helps ensure residents in rural and neighbor island communities receive timely,

consistent emergency care and improving preparedness for disasters and mass casualty incidents.

We defer to the Department of Health the costs and implementation details; and we thank EMS program and the members of the Emergency Medical Service Advisory Committee (EMSAC) for their support and advice on these needed statewide system improvements.

In closing, this bill will bring Hawai'i's emergency response framework into alignment with modern best practices and today's real-world needs. By strengthening statewide coordination, communications, and quality improvement across the full emergency medical systems of care, especially for time-sensitive conditions like trauma, stroke, heart attack, sepsis, and burns, this bill will help ensure that residents on every island can access timely, consistent, lifesaving care when minutes matter most.

Thank you for hearing HB 2314-HD1.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA

**HB-2314-HD-1**

Submitted on: 3/1/2026 9:19:08 PM

Testimony for CPC on 3/3/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Johnnie-Mae L. Perry	Individual	Comments	Written Testimony Only

Comments:

I, Johnnie-Mae L. Perry, Comment 2314 HB RELATING TO EMERGENCY MEDICAL SYSTEMS OF CARE.

COMMENT Page 15: 4-5 board certified, 2 peditricians, 2 consumer of health care no connection with health care system, 8 from county if one is NOT available. Appointed by the governor, what happens if the next governor is NOT a physican?