

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

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

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

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

March 16, 2026

**TO:** SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES  
Senator Joy A. San Buenaventura, Chair  
Senator Angus L.K. McKelvey, 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-HD2 -- RELATING TO EMERGENCY MEDICAL SYSTEMS OF  
CARE**

**HEARING:** Wednesday, March 18, 2026 @ 1:00 pm; Conference Room 225

**POSITION:** SUPPORT with COMMENTS

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Testimony:

SHPDA strongly supports HB2314-HD2, 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.

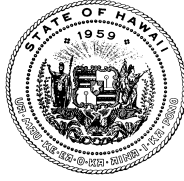
We defer to the Department of Health the costs and implementation details; and we thank EMS program and the members of the Emergency Medical Service Advisory Committee (EMSAC) for their support and advice on these needed statewide system improvements.

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 HB2314-HD2.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
KA 'OIHANA OLAKINO  
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**Testimony in SUPPORT of (HB2314 HD2)  
RELATING TO EMERGENCY MEDICAL SYSTEMS OF CARE**

SENATOR JOY A. SAN BUENAVENTURA, CHAIR  
SENATOR ANGUS L.K. MCKELVEY, VICE CHAIR  
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Wednesday, March 18, 2026 at 1:00 PM | Room Number: 225

1 **Fiscal Implications:** None

2 **Department Position:** The Department of Health (“Department”) supports this measure  
3 offering testimony and 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 For these reasons, the Department of Health strongly supports this measure and urges its  
22 passage.

23 **Offered Amendments:**

1           **“§321-224.4 Community paramedicine and mobile integrated healthcare program;**  
2 **established.** (a) The department shall establish and administer the community paramedicine  
3 **and mobile integrated healthcare** program within the service area.

4 (b) The department shall:

5 (1) Develop guidelines for community paramedicine and mobile integrated healthcare;

6 (2) Explore and develop partnerships with public and private healthcare entities, insurers,  
7 community colleges, colleges, universities, professional organizations, and community  
8 organizations; and

9 (3) Employ telehealth to enhance access and improve the patient experience, within  
10 community paramedicine and mobile integrated health programs, by enabling licensed medical  
11 services personnel approved by the department to initiate and facilitate, real-time,  
12 asynchronous, and remote patient monitoring interactions with healthcare providers, including  
13 consultative support from providers located within or outside the State when conducted under  
14 approved department program protocols and medical direction; provided that the department  
15 may adopt rules pursuant to chapter 91 to establish standards for such telehealth use.

16 (c) For purposes of this part, “community paramedicine and mobile integrated healthcare  
17 program” means an enhanced and expanded service in the state emergency medical [~~services~~  
18 ~~system~~] systems of care that allows state-licensed health care professional, and community  
19 health workers, to assist with public health, primary care, and prevention services, including  
20 services through telehealth.

21 (d) The department of health shall submit an report on the status of the community  
22 paramedicine and mobile integrated healthcare program, including accounting of expenses and  
23 source of funds, to the legislature no later than twenty days prior to the convening of each  
24 regular session of the legislature.

1 (e) The department shall adopt rules pursuant to chapter 91 to effectuate the purposes of this  
2 section.

3 (f) The department may adopt interim rules, which shall be exempt from chapter 91 and  
4 chapter 201M, to effectuate the purposes of this section; provided that the interim rules shall  
5 remain in effect until July 1, [~~2023~~] 2029, or until rules are adopted pursuant to subsection (e),  
6 whichever occurs sooner.

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



**TESTIMONY IN SUPPORT OF HOUSE BILL 2314 HD2**  
RELATING TO EMERGENCY MEDICAL SYSTEMS OF CARE

Ke Kōmike ‘Aha Kenekoa o ke Olakino a me ka Lawelawe Kanaka  
(Senate Committee on Health and Human Services)

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

Malaki 18, 2026

1:00 PM

Lumi 225

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Aloha e Chair San Buenaventura, Vice Chair McKelvey, a me Members of Ke Kōmike ‘Aha Kenekoa o ke Olakino a me ka Lawelawe Kanaka:

The Office of Hawaiian Affairs (OHA) **SUPPORTS HB2314 HD2** which modernizes Hawai‘i’s emergency medical services laws to establish a comprehensive, integrated, time-sensitive emergency medical systems of care model aligned with national best practices. OHA appreciates recent amendments that clarified county authority to determine emergency medical service levels unless otherwise determined by the Department of Health in consultation with the advisory council, aligned county and state definitions of basic life support, clarified paramedic licensure references, and updated the advisory council structure.

This bill reflects the reality that modern emergency care depends on integrated statewide systems that coordinate pre-hospital response, transport, facility-based care, communications, and data systems for time-sensitive conditions such as trauma, stroke, cardiac events, sepsis, and burns. Updating statute to reflect a true systems-of-care model will improve coordination, standardization, and accountability across emergency response partners and better position Hawai‘i to respond to everyday emergencies as well as disasters and mass casualty events.

Reliable and well-coordinated emergency systems are especially important for geographically isolated and rural communities, where distance, 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 across all islands. The clarification that counties retain primary authority over service levels, unless otherwise determined through the state process, also helps preserve appropriate local responsiveness within a stronger statewide framework.

For Native Hawaiian communities, timely emergency care is a significant health equity issue. Native Hawaiians experience disproportionate burdens in several time-sensitive health conditions, including heart disease and stroke, making rapid, coordinated emergency response especially important to beneficiary outcomes.<sup>1</sup> System modernization that improves response time, triage accuracy, continuity of care, and statewide planning helps reduce preventable death and long-term disability. OHA also supports the bill's emphasis on emergency medical services for children, advisory council capacity, and stronger statewide planning and evaluation.

For these reasons, the Office of Hawaiian Affairs respectfully urges this Committee to **PASS HB2314 HD2**. 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>



# UNIVERSITY OF HAWAII SYSTEM

## ‘ŌNAEHANA KULANUI O HAWAII

### Legislative Testimony

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

Testimony Presented Before the  
Senate Committee on Health and Human Services  
March 18, 2026 at 1:00 p.m.

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

HB 2314 HD2 – RELATING TO EMERGENCY MEDICAL SYSTEMS OF CARE.

Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee:

The University of Hawai'i Community Colleges (UHCCs) offers its testimony in support with amendments to HB 2314 HD2, 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 Hawai'i's broader public health goals and enhances emergency preparedness across island communities.

HB 2314 HD2 represents a meaningful step toward modernizing Hawai'i'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 HD2.

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

**HB-2314-HD-2**

Submitted on: 3/16/2026 9:41:33 AM

Testimony for HHS on 3/18/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Speedy Bailey	Testifying for AMR	Support	Written Testimony Only

Comments:

In support.

**HB-2314-HD-2**

Submitted on: 3/15/2026 5:46:40 PM

Testimony for HHS on 3/18/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Shantel Fuller	Individual	Support	Written Testimony Only

Comments:

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

My name is Anthony T. Fuller, and this testimony is submitted on my behalf by Shantel because I am currently incarcerated at Oahu Community Correctional Center and do not have direct access to the online testimony system.

I respectfully support HB2413 because the current bail system has resulted in prolonged pretrial detention for many individuals who have not been convicted of any crime. In my own situation, I have been held for an extended period while awaiting trial, with bail set at \$330,000, despite the fact that my cases have not yet gone to trial and have repeatedly been continued. Under Article I, Section 11 of the Hawaii State Constitution excessive bail is prohibited, yet many pretrial detainees remain incarcerated primarily because they cannot afford bail.

Pretrial detention should not become a substitute for punishment before conviction. Many individuals, including myself, have family support, community ties, and proposed sponsors willing to assist with supervised release. However, when bail is set at levels that effectively guarantee continued detention, the constitutional presumption of innocence is undermined.

Legislation that promotes fair bail practices and expands meaningful consideration of supervised release would help ensure that pretrial detention is used only when truly necessary, rather than based on financial ability. Measures like HB2413 can help restore balance to the system and protect the constitutional rights of individuals who are still presumed innocent under the law.

Mahalo for your time and consideration.

Respectfully submitted,

Anthony T. Fuller

Submitted on his behalf by Shantel

To: Senator Joy A. San Buenaventura, Chair  
Senator Angus L.K. McKelvey, Vice Chair  
Committee on Health and Human Services

From: Veronica Moore, Individual Citizen

Date: March 16, 2026

RE: House Bill 2314 HD2  
Measure Title: RELATING TO EMERGENCY MEDICAL SYSTEMS OF CARE.  
Report Title: Department of Health; State Emergency Medical Services System;  
Systems of Care

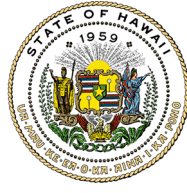
To All Concerned,

My name is Veronica Moore and I support House Bill 2314 HD2. Thank you for your consideration.

Sincerely,

Veronica M. Moore

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



STEPHEN F. LOGAN  
MAJOR GENERAL  
ADJUTANT GENERAL  
KA 'AKUKANA KENELALA

JAMES DS. BARROS  
ADMINISTRATOR OF  
EMERGENCY MANAGEMENT  
KAHU HO'OMALU PŪLIA

STATE OF HAWAII  
KA MOKU'ĀINA O HAWAII  
**DEPARTMENT OF DEFENSE**  
**KA 'OIHANA PILI KAUA**  
HAWAII EMERGENCY MANAGEMENT AGENCY  
4204 DIAMOND HEAD ROAD  
HONOLULU, HAWAII 96816-4420



STATE OF HAWAII  
DEPARTMENT OF DEFENSE  
HAWAII EMERGENCY MANAGEMENT AGENCY

TESTIMONY ON HOUSE BILL 2314 HD2,  
RELATING TO EMERGENCY MEDICAL SYSTEMS OF CARE

BEFORE THE SENATE COMMITTEE ON  
HEALTH AND HUMAN SERVICES

BY

JAMES DS. BARROS  
ADMINISTRATOR  
HAWAII EMERGENCY MANAGEMENT AGENCY

March 18, 2026

Aloha Chair San Buenaventura, Vice-Chair McKelvey, and Members of the  
Committee:

The Hawaii Emergency Management Agency (HIEMA) **SUPPORTS** HB2314 HD2,  
which modernizes and strengthens the state's emergency medical systems of care.

Recent large-scale emergencies have demonstrated the growing need for integrated,  
time-sensitive medical systems, particularly in geographically isolated and rural  
communities. This measure directly supports statewide resilience by improving  
coordination across emergency medical services, healthcare facilities, and disaster  
response partners. Improvements to data collection, communications interoperability,  
and air-medical transport standards will enhance real-time situational awareness and  
resource allocation during emergencies.

HB2314 HD2 also formalizes HIEMA's participation on the Hawaii Emergency Medical  
Systems of Care Advisory Council, ensuring that disaster management considerations  
are incorporated into statewide EMS planning and system improvements. This inclusion  
strengthens alignment between medical response capabilities and the State's  
emergency management mission.

By modernizing definitions, updating statewide protocols, and reinforcing communication and coordination infrastructure, this bill helps ensure that Hawai'i is better prepared to respond to natural disasters, mass casualty incidents, and other emergencies. HIEMA agrees that these changes are essential to protecting lives and improving outcomes across all islands.

Thank you for the opportunity to provide testimony in SUPPORT of House Bill 2314 HD2.

James Barros: [james.barros@hawaii.gov](mailto:james.barros@hawaii.gov); 808-733-4300