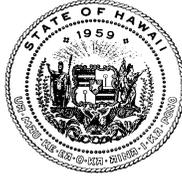


JOSH GREEN, M.D.  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII'



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

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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**Testimony COMMENTING on (HB816)  
RELATING TO EMERGENCY RESPONSE**

REPRESENTATIVE CHRIS TODD, CHAIR  
HOUSE COMMITTEE ON FINANCE

Friday, February 27, 2026 at 10:00 AM | Room Number: 308

- 1 **Fiscal Implications:** The Department of Health (“Department”) requests consideration of the
- 2 fiscal resources necessary to successfully implement the goals of this measure. Funding is
- 3 specifically needed for one (1) full-time equivalent (FTE) State EMS Opioid Pilot Program
- 4 Coordinator to oversee program implementation and evaluation. Additional resources,
- 5 including staffing, maybe be required for statewide Emergency Medical Services (EMS) training,
- 6 protocol development, data collection, telehealth/Information Technology (IT) systems to
- 7 support real-time warm handoffs, buprenorphine pharmacy and medication logistics, and the
- 8 expansion of bridge care or Mobile Integrated Health/Community Paramedicine services,
- 9 particularly in rural and neighbor island communities. Any funding provided shall not supplant
- 10 priorities outlined in the Governor’s executive budget.
  
- 11 **Department Position:** The Department supports the intent and respectfully offers the
- 12 following comments with admendments.
  
- 13 **Department Testimony:** The Emergency Medical Services & Injury Prevention System Branch
- 14 (EMSIPSB) provides this testimony on behalf of the Department with comments.

1 EMSIPSB supports the intent of House Bill 816 (HB816) to expand access to evidence-based  
2 treatment for opioid use disorder (OUD), including the use of buprenorphine following reversal  
3 of an opioid overdose.

4 Hawaii continues to experience preventable overdose deaths and repeat overdose events.  
5 Initiating buprenorphine in the prehospital setting, when conducted under appropriate clinical  
6 safeguards and linked to timely follow-up care, has demonstrated potential to reduce  
7 withdrawal symptoms and improve engagement in recovery services.

8 However, we respectfully recommend that HB 816 be amended to align with Senate Bill 2505  
9 (SB2505) SD1 and its companion measure, HB2063, as reflected in Senate Standing Committee  
10 Report 2297 (SSCR2297).

11 Specifically, we recommend incorporating the following elements:

12 Phased Pilot Approach: Implement a phased pilot program in at least one county with verified  
13 linkage-to-care capacity, and authorize statewide expansion as additional treatment resources  
14 become available.

15 Linkage-to-Care Infrastructure: Ensure timely connection to follow-up treatment, including  
16 referral pathways that support access within twenty-four to forty-eight hours when feasible.

17 Authorization: Limit administration authority of buprenorphine to qualified state-licenses  
18 emergency medical services professionals participating in a Department of Health approved  
19 911 emergency medical service, community paramedicine, or mobile integrated health  
20 program and completed required training.

21 We also agree with SSCR2297 that implementation of such program should be supported  
22 through the State's Opioid Settlement Funds. Utilizing settlement funds to establish a State  
23 EMS Opioid Pilot Program Coordinator to oversee program implementation and evaluation

1 within the EMSIPSB aligns with the intended remediation purpose of those funds and avoids  
2 additional strain on the general fund.

3 With these amendments, HB816 can responsibly expand access to life-saving treatment while  
4 ensuring clinical oversight, operational readiness, and fiscal sustainability.

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

6 **Offered Amendments: Please refer to SB2505-SD1:**

7 ~~(b) Every emergency medical technician licensed and registered in the State shall be~~  
8 ~~authorized to administer buprenorphine after the administration of an opioid antagonist~~  
9 ~~pursuant to subsection (a).~~

10 [(b) Beginning July 1, 2026, a qualified state-licensed emergency medical services  
11 professional participating in a Department of Health approved 911 emergency medical service,  
12 community paramedicine, or mobile integrated health program may administer buprenorphine,  
13 under protocols established by the department and approved by the state chief of emergency  
14 medical services and injury prevention branch, after administering an opioid antagonist to a  
15 patient experiencing an opioid related overdose; provided that:

16 (1) The state-licensed emergency medical services professional is working within their  
17 scope of practice, has completed training in opioid withdrawal assessment and buprenorphine  
18 administration approved by the department of health;

19 (2) The patient is alert, has regained decision-making capacity, and meets the clinical  
20 criteria for buprenorphine field initiation, as defined by the protocol;

21 (3) A same-day or next-day referral is made to a designated treatment provider  
22 authorized by the department of health; and

1           (4) Documentation of the administration, withdrawal assessment, and referral within  
2 the department of health's approved emergency medical services system electronic patient care  
3 record system for program evaluation.

4           (c) The department of health shall adopt rules pursuant to chapter 91 to:]

5           ~~(1) Adopt rules to:~~

6           ~~(A) Classify an opioid-related drug overdose as a life-threatening emergency, equivalent~~  
7 ~~to heart attacks and strokes, requiring standard protocols designed to stabilize the affected~~  
8 ~~individual's physical conditions and reduce the risk of repeat occurrences; and~~

9           ~~(B) Incorporate the administration of buprenorphine after the administration of an~~  
10 ~~opioid antagonist as a standard component of emergency medical services' protocols during an~~  
11 ~~opioid-related drug overdose response in alignment with national best practices, including~~  
12 ~~guidelines for coordinating with hospitals and treatment providers for patients transitioning~~  
13 ~~into recovery services;~~

14           ~~(2) Allocate resources to train emergency medical technicians in buprenorphine~~  
15 ~~administration; and~~

16           ~~(3) Coordinate with emergency medical services providers in the State to implement~~  
17 ~~this section.~~

18           [(1) Establish clinical and operational protocols for administration of buprenorphine;

19           (2) Designate and maintain a list of treatment centers and providers capable of  
20 accepting referred patients within twenty-four to forty-eight hours; and

21           (3) Ensure coordination between emergency medical services, community paramedicine  
22 and mobile integrated health programs, emergency departments, and substance use disorder  
23 treatment programs.

1           SECTION 3. The department of health shall:

2                   (1) Implement a two-year phased pilot program to implement section 329E-3(b) and  
3 (c), Hawaii Revised Statutes, beginning in a county with a population of one hundred thousand  
4 or less and may expand statewide as additional treatment resources become available;

5                   (2) Provide or contract for the training of qualified state-licensed emergency medical  
6 services professional in the assessment, administration, and documentation of buprenorphine  
7 field initiation; and

8                   (3) Submit a report to the legislature no later than twenty months after the pilot  
9 program's start date, which shall contain an evaluation of:

10                   (A) The number of patients treated under the pilot program;

11                   (B) Withdrawal symptom outcomes;

12                   (C) Rates of engagement with follow-up treatment;

13                   (D) Any operational challenges or recommendations for statewide expansion; and

14                   (E) Any proposed legislation.

15           SECTION 4. There is appropriated out of the general revenues of the State of Hawaii  
16 the sum of \$ \_\_\_\_\_ or so much thereof as may be necessary for fiscal year 2026-2027 for the  
17 department of health to implement the pilot program pursuant to this Act.

18                   The sum appropriated shall be expended by the department of health for the  
19 purposes of this Act.

20           SECTION 5. Statutory material to be repealed is bracketed and stricken. New  
21 statutory material is underscored.]

**HB-816-HD-1**

Submitted on: 2/24/2026 9:17:28 PM

Testimony for FIN on 2/27/2026 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Mark Gordon	Individual	Support	Written Testimony Only

Comments:

As part of the Hawaii Island Fentanyl Task Force (HIFTF), we monthly give and share the importance of providing the opioid antagonist, Narcan to those who may have an opioid overdose. Narcan should be always given even if unsure of an opioid overdose. It will not hurt the individual if they had meth, alcohol or an overdose from a non-opioid drug.

EMTs and EMT paramedics currently administer Narcan. Narcan though is only short term. The opioid binds with its receptors and shuts down breathing. The Narcan blocks the opioid from binding with the receptors. This will allow the person to continue to breathe.

EMTs and similar personnel should also be trained and allowed to administer buprenorphine. This drug has been shown to prevent withdrawal symptoms. These withdrawal symptoms may discourage a person from being willing to begin recovery services. The administration of buprenorphine after an opioid antagonist may reduce the risk of repeat overdoses and provide a bridge to treatment, significantly increasing the likelihood of long-term recovery. In addition, use of buprenorphine would reduce the risk of the person becoming angry and/or violent

The sooner HB 816 is passed, the sooner more lives can be saved. Currently, about 1 person every 8 days on the Big Island dies from an opioid overdose. Statewide the deaths are about 1 person dying every day, even worse.

Please Support Approving HB 816

Thanks

**HB-816-HD-1**

Submitted on: 2/25/2026 9:10:26 AM

Testimony for FIN on 2/27/2026 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kaili Swan	Individual	Support	Remotely Via Zoom

Comments:

I am in strong support of this bill because emergency response is most critical for people with opioid overdose and Narcan can reverse it before EMS arrived on scene and James Campbell High School has Narcan spray in their AED cabinet in the breakroom in Sabar Hall and some locations on campus as well. Please pass this bill. Thank you.

**To:** House of Representatives Committee on Finance

**From:** Justin Weiss, Hawai'i County Council District 7

**Date & Time:** Friday, February 27, 2026; 10:00 AM; CR 308 or Videoconference

**Support for Bill HB 816 HD1**

Thank you for the opportunity to offer testimony in **strong support of this bill** allowing first responders to administer buprenorphine following naloxone during an opioid overdose response.

I speak not only as a concerned citizen, but as someone in long-term recovery from opioid dependency. Addiction is not an abstract policy issue to me. It has shaped my life, my family, and my community. I have many family members and close friends who are living in addiction or recovery, and I have buried too many friends who died from overdoses, often not because help didn't exist, but because effective treatment was not available at the moment it mattered most.

Naloxone saves lives, but it also throws people into immediate withdrawal. Anyone who has lived this reality understands how brutal that moment is: confusion, pain, panic, and an overwhelming urge to use again just to stop the suffering. Too often, that is where the system stops. We revive someone and then release them back into the same conditions that led to the overdose in the first place. That gap is where people die.

Allowing first responders to administer buprenorphine after naloxone directly addresses that gap. Buprenorphine stabilizes the person, reduces withdrawal symptoms, and lowers cravings. Most importantly, it creates a window where people are more likely to say yes to treatment. When someone is not in acute withdrawal, they can think clearly, listen, and accept help. This bill turns an overdose reversal into a real intervention, not just a temporary rescue.

There are also clear public safety and cost benefits. Buprenorphine reduces repeat overdoses, emergency calls, hospital admissions, and incarceration related to untreated addiction. We have learned repeatedly that treatment is far less expensive than cycling people through emergency rooms, jails, and morgues. This approach supports first responders by giving them a tool that actually changes outcomes, rather than forcing them to revive the same people over and over with no lasting solution.

Finally, this bill reflects a realistic, evidence-based understanding of addiction. Addiction is not a moral failure; it is a chronic medical condition that responds to timely, appropriate treatment. Meeting people where they are, at the moment they survive an overdose, is not enabling. It is responsible, humane, and effective.

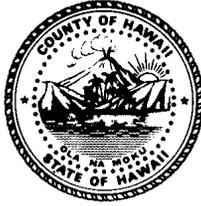
I am alive today because I had access to treatment and grace. Many of my friends were not as fortunate. This bill will save lives, reduce suffering, and help more people take their first real step toward recovery. I urge you to support it.

Thank you for your time and consideration, and the opportunity to **voice my support for this bill.**

Mahalo,

Justin Weiss  
jtyweiss@icloud.com

**Jennifer Kagiwada**  
Council Member District 2 South Hilo



Office: (808) 961-8272  
jennifer.kagiwada@hawaiicounty.gov

## HAWAI'I COUNTY COUNCIL - DISTRICT 2

25 Aupuni Street • Hilo, Hawai'i 96720

DATE: February 26, 2026  
TO: House Committee on Finance  
FROM: Jennifer Kagiwada, Council Member  
Council District 2  
SUBJECT: HB816

Aloha Chair Todd, Vice Chair Takenouchi, and esteemed Committee Members,

I am writing in **strong support of HB816**. Opioid addiction continues to harm families across Hawai'i. An overdose is often a critical turning point, but simply reversing it is not enough. After revival, many individuals experience intense withdrawal symptoms that can make them refuse care and return to use shortly after.

This bill allows EMTs to administer buprenorphine following an overdose reversal, helping stabilize patients and giving them real chance to connect with treatment. It strengthens our emergency response system in a practical and compassionate way. By meeting people where they are at the moment of crisis, we create a strong bridge to recovery and reduce the likely hood of repeat overdose.

Mahalo,

A handwritten signature in black ink, appearing to read "Jenn Kagiwada".

Jenn Kagiwada