# STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
**DEPARTMENT OF HEALTH - *KA ʻOIHANA OLAKINO***

**JOSH GREEN, MD**
GOVERNOR OF HAWAIʻI
KE KIAʻĀINA O KA MOKUʻĀINA ʻO HAWAIʻI

**KENNETH S. FINK, MD, MGA, MPH**
DIRECTOR OF HEALTH
KA LUNA HOʻOKELE

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


March 13, 2026

TO: SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair;
Senator Angus L.K. McKelvey, Vice Chair; and
Honorable Members

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

RE: **HB816 HD1 -- RELATING TO EMS (Buprenorphine administration)**

HEARING: Monday March 16, 2026 @ 1:10 pm Room 225

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA supports an expansion of scope of practice for Hawai`i EMS personnel to be able to safely administer buprenorphine after receiving training and in certain clinical circumstances.

Hawai`i allows the EMS use of opioid antagonists to reverse opioid overdoses now. In some patients the opioid antagonist causes severe withdrawal effects to occur, associated with distress, refusal of further treatment, and risk of repeat opioid use to reverse withdrawal symptoms. In certain defined circumstances, administration of buprenorphine controls the withdrawal symptoms and safely allows affected patients to be willing to begin substance abuse treatment and services. A number of other states have having success in their respective EMS programs by adding training for and use of buprenorphine in their EMS protocols.

We defer to Hawai`i DOH EMS on costs and implementation issues, but believe this expanded scope of practice could have beneficial effects on supporting initiation of substance abuse treatment for EMS patients in defined circumstances.

Mahalo for the opportunity to testify. – Jack Lewin, Administrator

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

**Testimony in SUPPORT of (HB816)**
**RELATING TO EMERGENCY RESPONSE**

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

Monday, March 16, 2026 at 1:10 PM | Room Number: 225

**Fiscal Implications:** The Department of Health ("Department") requests consideration of the fiscal resources necessary to successfully implement the goals of this measure. Funding is specifically needed for one (1) full-time equivalent (FTE) State Opioid Pilot Program Coordinator to oversee program implementation and evaluation. Additional resources, including staffing, maybe be required for statewide Emergency Medical Services (EMS) training, protocol development, data collection, telehealth/Information Technology (IT) systems to support real-time warm handoffs, buprenorphine pharmacy and medication logistics, and the expansion of bridge care or Mobile Integrated Health/Community Paramedicine services, particularly in rural and neighbor island communities. Any funding provided shall not supplant priorities outlined in the Governor's executive budget.

**Department Position:** The Department supports and respectfully offers the following amendments.

**Department Testimony:** The Emergency Medical Services & Injury Prevention System Branch (EMSIPSB) provides this testimony on behalf of the Department with comments.

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

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

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

Specifically, we recommend incorporating the following elements:

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

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

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

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

within the Emergency Medical Services and Injury Prevention Systems Branch aligns with the intended remediation purpose of those funds and avoids additional strain on the general fund.

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

Thank you for the opportunity to testify on this measure.

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

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

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

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

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

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

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

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

~~(1) Adopt rules to:~~

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

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

~~(2) Allocate resources to train emergency medical 16 technicians in buprenorphine administration; and 17~~

~~(3) Coordinate with emergency medical services providers 18 in the State to implement this section.~~

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

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

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

SECTION 3. The department of health shall:

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

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

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

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

(B) Withdrawal symptom outcomes;

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

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

(E) Any proposed legislation.

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

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

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

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**Testimony COMMENTING on (HB816)**
**RELATING TO EMERGENCY RESPONSE**

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SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

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However, we respectfully recommend that HB816 HD1 be amended to align with Senate Bill 2505 Senate Draft 1 (SB2505 SD1) and its companion measure, HB2063, as reflected in Senate Standing Committee Report 2297 (SSCR2297).

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Mar 16, 2026

The Honorable Joy A. San Buenaventura, Chair
Senate Committee on Health and Human Services
The Thirty-Third Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

**SUBJECT**: HB816 HD1 — Relating to Emergency Response (EMT Administration of Buprenorphine)

Chair and Members of the Committee:

Aloha Independent Living Hawaii (AILH) is a consumer-controlled, cross-disability Center for Independent Living (CIL) serving people with disabilities across Hawaii. We write **in strong support of HB816 HD1**, which authorizes emergency medical technicians (EMTs) to administer buprenorphine following opioid antagonist administration during an overdose response, and directs the Department of Health to adopt implementing rules, allocate training resources, and coordinate with EMS providers statewide.

This bill addresses a serious and growing public health crisis that intersects directly with the population AILH serves. Hawaii recorded over 280 overdose deaths in 2022 at an age-adjusted rate of 18.6 per 100,000—a rate that continues to rise. We support this bill for the following reasons, and offer targeted comments for the Committee's consideration.

AILH supports HB816 HD1 for three reasons grounded in Independent Living philosophy:

1. **Harm reduction is community living:** Every person who survives an overdose and connects to recovery services is a person who remains in their community—not in an emergency room, a long-term care facility, or an institution. The bill's finding that buprenorphine

administration can reduce the risk of repeat overdoses and provide a bridge to treatment is consistent with the evidence from California, New Mexico, Massachusetts, and Rhode Island cited in the bill text. Evidence from New Mexico shows patients receiving buprenorphine were 80 percent more likely to connect with addiction treatment services. This is precisely the kind of intervention that keeps people with disabilities in the community.

2. **Opioid use disorder is a disability—this bill treats it accordingly:** Opioid use disorder (OUD) is a recognized disability under the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and the Fair Housing Act. The bill's new Section 329E-3(c)(1)(A) classifies an opioid-related overdose as a life-threatening emergency equivalent to heart attacks and strokes. This framing is significant: it treats OUD as a medical condition requiring medical response, not a moral failing requiring punishment. AILH affirms this framing and the cross-disability community AILH services—including people managing chronic pain conditions who are prescribed opioids as part of disability-related care—benefits from this shift in protocol.

3. **Rural and neighbor island equity**: Access to medication-assisted treatment (MAT) providers on neighbor islands—particularly Molokai, Lanai, and rural Hawaii County—is severely constrained. An EMT-administered dose of buprenorphine at the point of crisis may be the most consequential bridge to recovery available to a person in these communities. Section 329E-3(c)(3) requires statewide coordination with EMS providers, which AILH reads as applicable to neighbor island EMS systems. We urge the Committee to ensure implementing rules explicitly address neighbor island training capacity and supply chain access to buprenorphine.

AILH offers two comments for the Department of Health to consider in rulemaking under Section 329E-3(c):

4. **Training should address co-occurring disabilities:** The bill directs DOH to allocate resources for EMT training under Section

329E-3(c)(2). We urge that training protocols include instruction on recognizing and appropriately responding when a patient may have co-occurring disabilities—including physical disabilities, traumatic brain injuries, psychiatric conditions, or cognitive disabilities—that could affect how they present during an overdose or respond to treatment. An EMT who cannot distinguish disability-related behavior from overdose symptoms may make decisions that harm the patient.

5. **Strengthen the recovery transition coordination already in the bill:** Section 329E-3(c)(1)(B) already includes guidelines for coordinating with hospitals and treatment providers for patients transitioning into recovery services—this is commendable. AILH urges DOH to ensure implementing rules require that this coordination is disability-competent: meaning providers receiving referrals are equipped to serve people with co-occurring physical, cognitive, or sensory disabilities, and that peer support connections are part of the transition pathway.

AILH strongly supports HB816 HD1 and urges swift passage. This is evidence-based, equity-focused policy that will keep people in their communities and save lives.

Thank you for the opportunity to testify.

Aloha,

Roxanne U Bolden

Roxanne Bolden

Executive Director

**HB-816-HD-1**
Submitted on: 3/13/2026 1:59:38 PM
Testimony for HHS on 3/16/2026 1:10:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---|---|---|
| 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