



OFFICE OF HAWAIIAN AFFAIRS

‘Ōlelo Hō‘ike Aha Kau Kānāwai

TESTIMONY IN SUPPORT OF SENATE BILL 3134 SD1
RELATING TO EMERGENCY MEDICAL SYSTEMS OF CARE
Ke Kōmike ‘Aha Kenekoa o ka Ho‘okolokolo
(Senate Committee on Judiciary)
Ke Kapitala ‘o Hawai‘i
(Hawai‘i State Capitol)

Malaki 5, 2026

10:01 AM

Lumi 016

Aloha e Chair Rhoads, Vice Chair Gabbard, a me Members of Ke Kōmike ‘Aha Kenekoa o ka Ho‘okolokolo:

The Office of Hawaiian Affairs (OHA) **SUPPORTS SB3134 SD1** which modernizes Hawai‘i’s emergency medical services statutes to establish a comprehensive, integrated, time-sensitive emergency medical systems of care model aligned with national best practices.

This bill recognizes 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. Updating statutes to reflect a systems-of-care model will improve coordination, standardization, and accountability across emergency response partners. Reliable and well-coordinated emergency medical 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 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.¹ System modernization that improves response time, triage accuracy, and continuity of care helps reduce preventable death and long-term disability. OHA supports the bill’s emphasis on statewide standards, integrated planning, children’s emergency services, and advisory council capacity, all of which promote resilience, preparedness, and continuous improvement in emergency medical response. For these reasons, the OHA respectfully urges this Committee to **PASS SB3134 SD1**. Mahalo nui for the opportunity to provide testimony on this important measure.

¹ 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 Judiciary
March 5, 2026 at 10:01 a.m.

By

Lui Hokoana

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

SB 3134 SD1 – RELATING TO EMERGENCY MEDICAL SYSTEMS OF CARE.

Chair Rhoads, Vice Chair Gabbard, and Members of the Committee:

University of Hawai'i Community Colleges offers its testimony in support with considerations of SB 3134 SD1, 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.

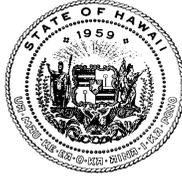
University of Hawai'i Community Colleges recognize the importance of statutory alignment between workforce education, credentialing, and real-world clinical practice. Currently, the EMS programs are offered through Kapi'olani Community College. Updating EMS statutes to reflect current best practices 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 University of Hawai'i Community Colleges is supportive of the bill overall, we note that implementation of an Advanced Emergency Medical Technician (AEMT) program 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, along with expanded faculty capacity, clinical coordination, and instructional support at Kapi'olani Community College. These considerations are important to ensure that statutory modernization translates into high-quality, sustainable workforce preparation rather than unfunded mandates on education providers.

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.

Conclusion

SB 3134 SD1 represents a meaningful step toward modernizing Hawai'i's emergency medical services framework in a manner consistent with national best practices. University of Hawai'i Community Colleges 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 these considerations in mind, University of Hawai'i Community Colleges respectfully support SB 3134 SD1.



STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of (SB3134 SD1)
RELATING TO EMERGENCY MEDICAL SYSTEMS OF CARE

SENATOR KARL RHOADS, CHAIR
SENATE COMMITTEE ON JUDICIARY

Thursday, March 5, 2026 at 10:01AM | Room Number: 016

1 **Fiscal Implications:** None

2 **Department Position:** The Department of Health (“Department”) supports this measure
3 offering testimony.

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.

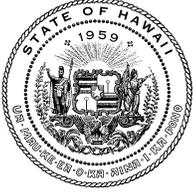
11 Passage of this measure is essential to Hawaii's ability to access and fully leverage federal
12 funding opportunities, including the Rural Health Care Transformation Program. Outdated
13 statutory language currently creates barriers to eligibility and limits the State's ability to expand
14 rural 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:** None

24 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 3, 2026

TO: SENATE COMMITTEE ON JUDICIARY
Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair
Honorable Members

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

**RE: SB 3134-SD1-- RELATING TO EMERGENCY MEDICAL SYSTEMS OF
CARE**

HEARING: Thursday, March 5, 2026 @ 10:01am; Conference Room 016

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA supports SB 3134-SD1, 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 SB 3134.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA

LATE

SB-3134-SD-1

Submitted on: 3/5/2026 3:22:13 AM

Testimony for JDC on 3/5/2026 10:01:00 AM

Submitted By	Organization	Testifier Position	Testify
Theresa Armbruster	Individual	Comments	Written Testimony Only

Comments:

This proposed measure may seem good, But there are several costs & challenges in implementing National best practices for EMS:

Limited funding--how much taxpayer \$\$ will be used to fund this system?

Cost: cost of continuous training & education for EMS personnel to stay updated w/best practices Cost to integrate new technology & equipment that support best practices. Cost to recruit and retain qualified personnel.

Workforce shortages: high turnover rates. If personnel aren't certified by National Registry of EMT, will EMTs be recruited from other states?

Compliance with evolving best practices regulations can significantly impact EMS svcs.

Questions: what statewide protocols will be implemented with this system? Need to clearly define them; And EMS personnel Must respect patients' Right to refuse treatment: vaccines, etc

Will all the EMS personnel be required to get vaccine when the bird flu PLANdemic occurs? If so, this may cause workforce shortage because many workers may refuse vaccine, just like during Covid--many refused Covid vaccine & were unjustly fired--No jab, No job!

Considering all the costs & challenges, is implementing best practices really necessary? If funding this system requires tax hike, please Vote No on SB3134

Mahalo for your consideration