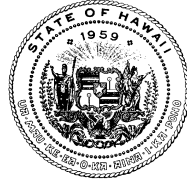


JOSH GREEN, M.D.  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII'



KENNETH S. FINK, M.D., M.G.A., M.P.H.  
DIRECTOR OF HEALTH  
KA LUNA HO'OKELE

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

**Testimony in SUPPORT of SB 3199 SD1 HD1  
RELATING TO MENTAL HEALTH**

REPRESENTATIVE CHRIS TODD, CHAIR  
REPRESENTATIVE JENNA TAKENOUCI, VICE CHAIR  
HOUSE COMMITTEE ON FINANCE

Hearing Date: Thursday, April 2, 2026, 2:00 p.m.

Location: 308 & Video

1 **Fiscal Implications:** Undetermined.

2 **Department Position:** The Department of Health (Department) supports this measure.

3 **Department Testimony:** The Adult Mental Health Division (AMHD) provides the following  
4 testimony on behalf of the Department.

5 The Department supports SB 3199, SD1, HD1, to establish a Mental Health Emerging  
6 Therapies Task Force to proactively prepare the State for potential federal rescheduling and  
7 approval of breakthrough therapies for mental health conditions. The United States Food and  
8 Drug Administration has granted breakthrough therapy designation to certain emerging  
9 treatments, and it is prudent for Hawaii to evaluate research readiness, regulatory implications,  
10 workforce development, and culturally informed implementation pathways in advance of any  
11 federal action.

12 **Offered Amendments:** None.

13 Thank you for the opportunity to testify.



**STATE OF HAWAI'I  
DEPARTMENT OF HEALTH  
KA 'OIHANA OLAKINO  
STATE COUNCIL ON MENTAL HEALTH**  
P.O. Box 3378, Room 256  
HONOLULU, HAWAII 96801-3378

**STATE COUNCIL ON MENTAL HEALTH  
Testimony to the House Committee on Finance  
IN SUPPORT OF S.B. 3199 SD1 HD1  
RELATING TO MENTAL HEALTH  
April 2, 2026, 2:00 p.m., Room 308 and Video**

Chair Todd, Vice Chair Takenouchi, and Committee members:

**CHAIRPERSON**

Katherine Aumer, PhD

**1<sup>st</sup> VICE CHAIRPERSON**

Kathleen Merriam, LCSW CSAC

**2<sup>nd</sup> VICE CHAIRPERSON**

Forrest Wells, MSCP, LMHC, MBA

**SECRETARY**

Mary Pat Waterhouse, MHA MBA

**MEMBERS:**

Danielle Bergan

John Betlach

Tianna Celis-Webster

Lea Dias, MEd

Jon Fujii, MBA

Heidi Ilyavi

Jackie Jackson, CFPS

Christine Montague-Hicks, MEd

Ray Rice, MEd

Asianna Saragosa-Torres

Kristin Will, MAEL, CSAC

**EX-OFFICIO:**

Marian Tsuji, Deputy Director

Behavioral Health Administration

**WEBSITE:**

scmh.hawaii.gov

**EMAIL ADDRESS:**

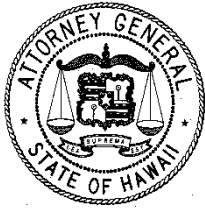
doh.scmhchairperson@  
doh.hawaii.gov

Hawaii law, HRS §334-10, established the State Council on Mental Health (SCMH) as a 21-member body to advise on the allocation of resources, statewide needs, and programs affecting more than one county as well as to advocate for adults with serious mental illness, children with serious emotional disturbances, individuals with mental illness or emotional problems, including those with co-occurring substance abuse disorders. Members are residents from diverse backgrounds representing mental health service providers and recipients, students and youth, parents, and family members. Members include representatives of state agencies on mental health, criminal justice, housing, Medicaid, social services, vocational rehabilitation, and education. Members include representatives from the Hawaii Advisory Commission on Drug Abuse and Controlled Substances and county service area boards on mental health and substance abuse.

The Council unanimously supports the intent of SB3199 SD1 HD1. This measure creates a responsible, evidence-driven process. It prepares Hawai'i for emerging therapies for individuals with serious mental illness—many of whom do not benefit from existing treatments. By prioritizing clinical research, workforce development, and patient safety before implementation, the bill follows national best-practice models.

In supporting the intent of this bill, the Council also urges the legislature to champion the highest ethical and clinical standards for all emerging therapies. Please consider also explicit commitments to equity, affordability, and access, ensuring that future therapies are safe, culturally responsive, and truly available to those most in need and most vulnerable populations.

Thank you for the opportunity to testify.



**TESTIMONY OF  
THE DEPARTMENT OF THE ATTORNEY GENERAL  
KA 'OIHANA O KA LOIO KUHINA  
THIRTY-THIRD LEGISLATURE, 2026**

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**ON THE FOLLOWING MEASURE:**

S.B. NO. 3199, S.D. 1, H.D. 1, RELATING TO MENTAL HEALTH.

**BEFORE THE:**

HOUSE COMMITTEE ON FINANCE

**DATE:** Thursday, April 2, 2026

**TIME:** 2:00 p.m.

**LOCATION:** State Capitol, Room 308

**TESTIFIER(S):** Anne E. Lopez, Attorney General, or  
Candace J. Park, Deputy Attorney General

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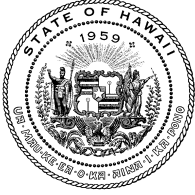
Chair Todd and Members of the Committee:

The Department of the Attorney General provides the following comments.

This bill establishes a two-year mental health emerging therapies task force within the University of Hawai'i at Manoa John A. Burns School of Medicine to prepare the State for the integration of federally rescheduled breakthrough therapies.

This bill implicates article X, section 6, of the Hawai'i Constitution, which gives the Board of Regents of the University of Hawai'i "exclusive jurisdiction over the internal structure, management, and operation of the university." Section 6 further provides: "This section shall not limit the power of the legislature to enact laws of statewide concern. The legislature shall have the exclusive jurisdiction to identify laws of statewide concern." We recommend an amendment that adds a statement identifying this bill as a law of statewide concern.

Thank you for the opportunity to provide these comments.



**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'ŌKELE

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

1177 Alakea Street, #402, Honolulu, HI 96813

Phone: 587-0788 Fax: 587-0783 [www.shpda.org](http://www.shpda.org)

April 1, 2026

**TO:** HOUSE COMMITTEE ON FINANCE  
Representative Chris Todd, Chair  
Representative Jenna Takenouchi, 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 3199-SD1-HD1 -- RELATING TO MENTAL HEALTH**

**HEARING:** Thursday, April 2, 2026 @ 2:00 pm; Conference Room 308

**POSITION:** SUPPORT with COMMENTS

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Testimony:

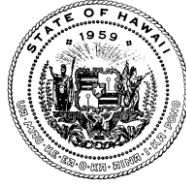
SHPDA strongly supports SB 3199-SD1-HD1, with comments.

SHPDA appreciates the recent widespread interest in “emerging therapies” for serious mental health issues including severe depression, PTSD, and suicide risk among veterans, first responders, and trauma survivors. The bill creates a 2-year mental health emerging therapies Task Force to explore experimental and research use of psychedelic agents including MDMA, psilocybin, and others. The Mental Health Emerging Therapies Task Force would prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies. A number of psychiatrists in our state favor developing pathways to introducing such therapeutics here, as do various veterans support organizations. Several states have taken steps for establishing frameworks and early preparations for such research to be conducted in their jurisdictions.

Noting the federal government’s inaction thus far to reschedule these pharmacologic agents to make such research exploration more tenable, these agents remain technically illegal for such uses, although federal rescheduling and approval of emerging therapies in limited circumstances is anticipated. If the legislature wishes to proceed, we think the approach described in SB 3199-SD1-HD1 is responsibly proposed. That said, SHPDA believes it is probably more advisable to wait for the federal law to be relaxed before proceeding.

Thank you for hearing SB 3199-SD1-HD1. Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA



**STATE OF HAWAII**  
**OFFICE OF WELLNESS AND RESILIENCE**  
KE KE'ENA KÚPA'A MAULI OLA  
OFFICE OF THE GOVERNOR  
415 S. BERETANIA ST. #415  
HONOLULU, HAWAII 96813

**Testimony on S.B. 3199 SD1 HD1**  
**RELATING TO MENTAL HEALTH**

Representative Chris Todd, Chair  
Representative Jenna Takenouchi, Vice Chair  
House Committee on Finance

April 2<sup>nd</sup>, 2026, at 2:00 p.m.; Room Number: 308

The Office of Wellness and Resilience (OWR) **SUPPORTS** S.B. 3199 SD1 HD1, Relating to Mental Health and defers to the University of Hawai'i at Manoa John A. Burns School of Medicine.

S.B. 3199 SD1 HD1 presents an important opportunity to establish a planful pathway for individuals in need of access to potentially life-saving treatments for trauma and other longstanding mental health challenges. A growing body of research demonstrates that breakthrough therapies—such as MDMA and psilocybin-assisted therapies—show significant efficacy and positive clinical outcomes in treating post-traumatic stress disorder, substance use disorders, end-of-life anxiety in terminally ill patients, eating disorders, treatment-resistant depression, and additional conditions.<sup>1 2</sup>

This measure also creates a process to prepare Hawai'i's licensed professionals for the possibility that these therapies may be federally rescheduled and approved by the U.S. Food and Drug Administration. The task force's mandate is well-tailored to address the key

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<sup>1</sup> Mithoefer, M. C., Designee, S., Doblin, R., Emerson, A., Mithoefer, A., Jerome, L., Ruse, J., Doblin, R., Gibson, E., Ot'alora, M., & Sola, E. (2017, August 22). *A manual for MDMA-assisted psychotherapy in the treatment of posttraumatic stress disorder*. Multidisciplinary Association for Psychedelic Studies. <https://maps.org/wp-content/uploads/2022/05/MDMA-Assisted-Psychotherapy-Treatment-Manual-V8.1-22AUG2017.pdf>

<sup>2</sup> Carhart-Harris, R. L., Bolstridge, M., Day, C. M. J., Rucker, J., Watts, R., Erritzoe, D. E., Kaelen, M., Giribaldi, B., Bloomfield, M., Pilling, S., Rickard, J. A., Forbes, B., Feilding, A., Taylor, D., Curran, H. V., & Nutt, D. J. (2018). Psilocybin with psychological support for treatment-resistant depression: Six-month follow-up. *Psychopharmacology*, 235(2), 399-408. <https://doi.org/10.1007/s00213-017-4771-x>

challenges that lie ahead, including workforce training and certification, culturally informed implementation, patient safety and equity of access, and the expansion of local clinical trials and university-based research partnerships. Proactive preparation ensures that, should that occur, these treatments can be administered safely, ethically, and equitably across our state.

The OWR is honored to serve on the Emerging Therapies Task Force and remains committed to working collaboratively to chart a thoughtful and responsible path forward. Thank you for the opportunity to testify on this important measure.

Tia L.R. Hartsock, MSW, MSCJA  
Director, Office of Wellness & Resilience

**SB-3199-HD-1**

Submitted on: 3/31/2026 12:44:09 PM

Testimony for FIN on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Russell Hill	Hawaii Radiant Health	Support	Written Testimony Only

Comments:

**Testimony in Support of SB3199**

Aloha Chair and Members of the Committee,

My name is Dr Russell Hill, I am a practicing physician in Kailua Kona on the Big Island and I am writing **in strong support of SB3199**, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies. As a board certified physician and community member, I am also interested in being part of this task force.

As a physician, and as a health care professional who has trained specifically in the therapeutic uses of psychedelics, I feel that the time for support and movement into this rapidly evolving field will provide a new paradigm into treating mental health. The lack of access and inequalities in our current care model, especially when it comes to mental health makes this even more necessary to move on now. I have seen over and over in patients in the emergency department, people with depression and PTSD, who have found a new lease on life after receiving therapeutic care and integration with psilocybin, MDMA, ayahuasca, and DMT. I hope to be actively involved in a research center that evaluates, treats, and trains, both patients and providers that will support patients during their treatment.

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

Mahalo for the opportunity to testify in support of SB3199.



# DISABILITY AND COMMUNICATION ACCESS BOARD

Ka 'Oihana Ho'oka'a'ike no ka Po'e Kīnānā

1010 Richards Street, Rm. 118 • Honolulu, Hawai'i 96813  
Ph. (808) 586-8121 (V) • Fax (808) 586-8129 • (808) 204-2466 (VP)

April 2, 2026

## TESTIMONY TO THE HOUSE COMMITTEE ON FINANCE

Senate Bill 3199 Senate Draft 1 House Draft 1 – Relating to Mental Health

The Disability and Communication Access Board (DCAB) supports Senate Bill 3199 Senate Draft 1 House Draft 1 – Relating to Mental Health. This bill establishes the Mental Health Emerging Therapies Task Force within the University of Hawaii at Manoa John A. Burns School of Medicine to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies. It requires reports to the Legislature. It sunsets 6/30/2028 and is effective 1/30/2050.

There are several emerging therapies as noted in Senate Bill 3199 Senate Draft 1 House Draft 1 which have shown great potential in treating individuals with mental health conditions. DCAB supports this task force in its efforts to ensure Hawaii residents have access to the treatments.

Thank you for the opportunity to provide testimony.

Respectfully submitted,

KRISTINE PAGANO  
Acting Executive Director



**Testimony in Support of SB 3199**  
Hawaii House Committee on Finance  
April 1, 2026

Chairman Todd, Vice Chair Takenouchi, and esteemed members of the Committee,

My name is Martin R. Steele and I am proud to offer testimony on behalf of the Veteran Mental Health Leadership Coalition in support of Senate bill 3199, an act Establishing the Mental Health Emerging Therapies Task Force

For background, I am a retired Lieutenant General in the U.S. Marine Corps, and I had the privilege of wearing the uniform of a U.S. Marine for nearly 35 years, rising from an enlisted private in 1965 to three-star general, and retiring in 1999 as Deputy Chief of Staff for Plans, Policies, and Operations, which is the civilian equivalent of Chief Operating Officer of the Marine Corps. I lived in Honolulu from 1995-1997 where, as a Major General, I served as Strategic Policy and Planning Officer of the J-5, US Pacific Command.

Since retiring from active duty, I have dedicated my career to combating the Veteran mental health and suicide crises. This includes serving as Associate Vice President for Veterans Research and the Executive Director of Military Partnerships at the University of South Florida in Tampa, working with scientists exploring the co-morbidities between traumatic brain injury (TBI) and PTSD; and I was appointed to the VA Commission on Care in 2015, which was established during the Obama Administration to make recommendations about the future of VA health care. I have testified before Congress three times on Veteran suicide prevention.

Our nation's Veterans face a mental health crisis that demands urgent action. Every day, approximately 44 Veterans die by suicide, overdose, or other forms of self-harm. Combat Veterans disproportionately suffer from a complex mix of post-traumatic stress disorder (PTSD), depression, and traumatic brain injury (TBI), conditions that often overlap and significantly increase the risk of suicidal ideation, attempts, and deaths by suicide.

Currently, most Veterans with these conditions are prescribed SSRIs or other slow-acting medications, which must be taken daily, often indefinitely. These treatments frequently provide only minimal relief or no relief at all, and many patients experience intolerable side effects. Moreover, there are no FDA-approved medications for TBI, leaving critical gaps in care for Veterans with this debilitating condition.

Fortunately, in recent years, groundbreaking research has resulted in FDA Breakthrough Therapy designations for MDMA-assisted therapy to treat PTSD and three different psilocybin therapies for treatment-resistant depression (TRD) or major depressive disorder (MDD). 5-MeO-DMT has also received Breakthrough Therapy designation for the treatment of treatment-resistant depression. Recent research out of Stanford University also suggests that an ibogaine-based treatment may qualify for a future Breakthrough Therapy designation for TBI, a condition that, as noted, still has no approved medications.

Significantly, the FDA only grants Breakthrough Therapy designations to treatments that have shown potential for **substantial improvement** over existing therapies to treat a serious condition, thereby expediting research and development. Unlike SSRIs, which often take weeks or months to exert their



effects, the above referenced therapies are rapid-acting with potential to provide robust and durable therapeutic benefits across various conditions. Evidence suggests that these clinical improvements arise through a combination of enhanced neuroplasticity, moderated fear responses, and profound psychological insights, allowing Veterans to process trauma and achieve meaningful, long-lasting recovery.

However, despite their incredible promise, these powerful and time- and labor-intensive treatments do not fit neatly into our current mental healthcare system. Clinical trials typically feature:

- Preparation sessions to build rapport and set therapeutic goals;
- Medication administration sessions that may last six hours or more each;
- Integration sessions to help patients process and apply newfound insights.

Such protocols require an interdisciplinary approach, with specialized training for healthcare professionals and sufficient clinical infrastructure.

Additionally, because these therapies involve controlled substances currently classified under Schedule I, research has been significantly limited and underfunded, and few opportunities exist for Veterans to participate in clinical trials or for clinicians to receive necessary training. Further, under the current Right to Try framework, doctors cannot access these investigational drugs to treat patients with terminal or life-threatening conditions, forcing many Veterans, including many members of our own coalition, to leave the country to access these potentially life-saving treatments. While most report astonishing improvements from treatments overseas, it is unconscionable that Veterans must go to such lengths to save their own lives.

Even after anticipated FDA approvals, the time and labor-intensive nature of current protocols means that cost, workforce availability, and clinical infrastructure will be major barriers to implementation, particularly within the Veterans' Affairs healthcare system, where early demand is expected to significantly outpace availability. **It is therefore crucial to build infrastructure, train healthcare professionals, develop scalable care models, and secure robust insurance coverage to ensure access for Hawaii's Veterans** and member of the public in need of effective mental healthcare. Unlike many medical sectors, we cannot rely on large pharmaceutical companies to drive this process, as they have mostly stayed on the sidelines due to uncertain profitability.

**S.B. 3199** wisely recognizes this reality. Rather than waiting for federal approval and reacting afterward, this bill establishes a two-year task force charged with preparing Hawaii's public health and clinical systems for safe, ethical, and culturally informed integration of emerging therapies.

The bill appropriately focuses on:

- Preparing the State for federal rescheduling and approval of breakthrough therapies;
- Expanding pathways for local clinical trials and university-based research partnerships;
- Developing workforce training and certification pathways;
- Evaluating best practices regarding patient safety, equity, culturally informed care, and harm reduction; and
- Delivering interim and final recommendations to the Legislature.

This is a prudent, forward-looking approach.



Importantly, Hawaii would not be alone in taking such preparatory steps. Connecticut established a state working group in 2022 that ultimately led to the creation of a Psychedelic Therapy Pilot Program in partnership with its Department of Mental Health and Addiction Services and Yale University. Maryland recently formed a state task force to study and prepare for the integration of emerging therapies. Other states, including Texas, New Mexico, Washington State, Georgia, Indiana, Maryland, Illinois, and New Jersey have also taken proactive measures to study, fund, or establish frameworks around these therapies.

By establishing this task force, Hawaii signals that it intends to lead rather than follow. The inclusion of representatives from public health agencies, the Attorney General's office, university partners, Native Hawaiian health organizations, Veteran-serving institutions, licensed clinicians, and individuals with lived experience ensures that the task force's work will be balanced, culturally grounded, and responsive to community needs.

This legislation prepares Hawaii's systems for potential federal action, ensuring that if and when approval occurs, the State is ready with clear regulatory alignment, trained professionals, research infrastructure, and patient safeguards. For Hawaii's Veterans, many of whom currently travel out of state or out of country seeking care, this preparation could mean the difference between timely access and years of delay.

S.B. 3199 represents a responsible and necessary step toward addressing the urgent mental health needs of Hawaii's residents, particularly Veterans and trauma survivors. It positions the State to respond thoughtfully, safely, and effectively to emerging federal developments in mental health treatment.

I appreciate your leadership and stand ready to assist in any way to ensure the success of this important initiative.

Sincerely,

**Martin R. Steele**

Lieutenant General, US Marine Corps (Retired)  
Founder and President  
Veteran Mental Health Leadership Coalition



**Testimony in Support of SB 3199**  
Hawaii House Committee on Finance  
April 1, 2026

Chairman Todd, Vice Chair Takenouchi, and esteemed members of the Committee,

My name is Jesse MacLachlan, and I am proud to offer testimony in support of SB 3199, establishing the Mental Health Emerging Therapies Task Force.

By way of introduction, I serve as the State Policy and Advocacy Director at Reason for Hope, a nonprofit organization dedicated to combating the mental health crisis in our country by ensuring safe, affordable, and equitable access to innovative mental health treatments. Prior to joining Reason for Hope, I served as a State Representative in the Connecticut General Assembly. After leaving office, I led the advocacy behind the first psilocybin therapy working group in the country within the Connecticut Department of Mental Health and Addiction Services. The recommendations from that working group ultimately led to the creation of Connecticut's state-supported psychedelic therapy pilot program, another first in the country, which is now operating in partnership with the Yale Program for Psychedelic Science and serving Veterans, first responders, and frontline healthcare workers through FDA-regulated clinical research.

SB 3199 represents a thoughtful and responsible next step for Hawaii. The mental health crisis continues to impact Veterans, first responders, trauma survivors, and families across this State. Traditional treatments for conditions such as PTSD, treatment-resistant depression (TRD), and major depressive disorder (MDD) have not been sufficient for many individuals. At the same time, the U.S. Food and Drug Administration has granted Breakthrough Therapy designation to MDMA-assisted therapy for PTSD, multiple psilocybin-assisted therapies for treatment-resistant depression, as well as a 5-MeO-DMT compound for treatment-resistant depression, recognizing their potential to provide substantial improvement over existing treatments.

Federal rescheduling and approval may be on the horizon. The question is not whether these therapies are advancing. The question is whether Hawaii will be prepared.

SB 3199 wisely establishes a two-year task force to prepare the State for potential federal action. This bill ensures that Hawaii's regulatory, clinical, research, and workforce infrastructure is aligned and ready if and when federal approvals occur.

The task force model is both prudent and consistent with best practices across the country. Connecticut first established a state working group before launching its pilot program. Maryland formed a state task force to study and prepare for integration of emerging therapies. Washington State has passed legislation to evaluate regulatory frameworks and invest in research. Illinois has appropriated funds to support research into psychedelic-assisted therapies for Veterans. Texas, New Mexico, Georgia, Indiana, and New Jersey have similarly invested in research funding and implementation planning.

By bringing together public health officials, legal experts, university researchers, Native Hawaiian health leaders, Veteran-serving organizations, clinicians, and individuals with lived experience, SB 3199 ensures that any future integration of breakthrough therapies is safe, ethical, culturally informed, and grounded in community need.



For Veterans in particular, many of whom are currently traveling out of state or out of country to seek care, proactive preparation at the state level could mean the difference between timely access and prolonged delay.

We owe it to those suffering from PTSD, depression, and trauma-related conditions to ensure that when new, evidence-based treatments become available, Hawaii is ready.

SB 3199 is measured, forward-looking, and responsible. I respectfully urge the Committee to pass this bill and position Hawaii as a leader in thoughtful mental health innovation.

Thank you for your time and consideration. I stand ready to assist in any way to ensure the success of this important initiative.

Sincerely,

Jesse MacLachlan  
State Policy and Advocacy Director  
Reason for Hope

**SB-3199-HD-1**

Submitted on: 4/1/2026 5:24:23 AM

Testimony for FIN on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Gerald Busch	Hawaii Psychiatric Medical Association	Oppose	Written Testimony Only

Comments:

**WRITTEN TESTIMONY IN OPPOSITION**

**RE: SB 3199 HD1 — Relating to Mental Health**

**Submitted by:** Gerald Busch, MD, MPH Past President, Hawai‘i Psychiatric Medical Association Member, APA Council on Addiction Psychiatry Board Certified in Psychiatry, Child & Adolescent Psychiatry, Addiction Psychiatry, Forensic Psychiatry, and Addiction Medicine

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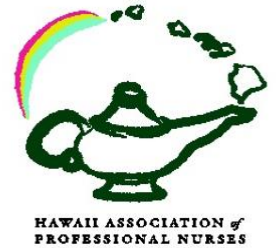
I urge the Committee to hold SB 3199 HD1.

- **A rigorous process already exists.** The FDA, NIH, and IRB-governed clinical trial infrastructure is the established pathway for evaluating emerging therapies. This bill creates redundant state machinery that risks getting ahead of that process.
- **The science is not there yet.** The FDA has not approved psilocybin for any condition and rejected MDMA-assisted therapy in 2024. The APA's position is that there is currently insufficient evidence to endorse psychedelics for any psychiatric disorder outside approved research settings.
- **If this moves forward, amend it.** The task force should be explicitly housed within and chaired by the JABSOM Department of Psychiatry — the only department with the clinical expertise to evaluate these therapies rigorously and without a promotional agenda.

Mahalo,

Gerald Busch, MD, MPH

# Hawai'i Association of Professional Nurses (HAPN)



To: Representative Chris Todd, Chair, House Committee on Finance

From: Hawai'i Association of Professional Nurses (HAPN)

RE: SB3199 SD1 HD1 — Relating to Mental Health

Position: Support with Amendments

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

On behalf of the Hawai'i Association of Professional Nurses (HAPN), we respectfully submit testimony in SUPPORT WITH AMENDMENTS for SB3199 SD1 HD1.

HAPN supports the intent of this measure to establish a Mental Health Emerging Therapies Task Force to prepare the State for future implementation, oversight, and policy development related to emerging therapies in mental health care. Thoughtful planning in this area is appropriate and necessary. If the Legislature is going to create a formal body to make recommendations on training, certification, regulation, workforce readiness, and implementation, that body should be structured to reflect the actual licensed psychiatric workforce currently delivering care in Hawai'i.

**HAPN respectfully requests that the measure be amended to explicitly include a psychiatric mental health Advanced Practice Registered Nurse (psych APRN / PMHNP) in the task force membership.** As currently drafted, the measure identifies certain clinical professionals but does not expressly include psychiatric APRNs. That omission should be corrected. Psychiatric APRNs are already part of Hawai'i's psychiatric treatment and prescribing workforce and are actively engaged in psychiatric assessment, diagnosis, prescribing, medication management, risk monitoring, and ongoing treatment across inpatient, outpatient, community-based, and telehealth settings.

This is a material issue, not a technical one. A task force charged with advising the State on the future of mental health treatment should not be constituted in a manner that excludes one of the professions already licensed, regulated, and practicing in this space. If psychiatric APRNs are not explicitly included, the State risks receiving recommendations that are incomplete from a workforce, implementation, and care delivery standpoint. That would undermine the practical value of the task force's work and create avoidable ambiguity in future policy discussions regarding professional roles, training pathways, and implementation design.

HAPN further believes that explicit statutory inclusion matters at this stage because task force language often shapes future administrative and legislative decisions. Where the Legislature intends multidisciplinary planning, the membership provisions should clearly reflect that intent. A psychiatric mental health APRN brings direct frontline expertise in psychiatric care delivery, prescribing practice, continuity of care, and interdisciplinary coordination. That perspective is directly relevant to any serious discussion of emerging therapy implementation in Hawai'i.

Accordingly, HAPN respectfully requests that the committee amend SB3199 SD1 HD1 to expressly **include at least one psychiatric mental health APRN** within the task force's clinical membership. HAPN also recommends clarifying that psychiatric APRNs are included in the

measure's workforce development, training, certification, and implementation discussions, consistent with applicable law and scope of practice.

These amendments would not alter the purpose of the measure. They would strengthen it. They would improve statutory clarity, better align the task force with Hawai'i's real behavioral health workforce, and support more balanced and operationally sound recommendations to the Legislature.

For these reasons, HAPN respectfully supports SB3199 SD1 HD1 with amendments.

Mahalo for the opportunity to provide testimony.

Respectfully submitted,

Hawai'i Association of Professional Nurses (HAPN)



## **TESTIMONY TO THE HOUSE COMMITTEE ON FINANCE**

Representative Chris Todd, Chair

Representative Jenna Takenouchi, Vice Chair

Hearing Date: April 2, 2026, 2:00 PM

### **Measure: SB 3199, SD1 HD1 - Relating to Mental Health**

#### **Position: OPPOSE**

Chair Todd, Vice-Chair Takenouchi, and members of the Committee:

The **Hawaii Psychiatric Medical Association (HPMA)** writes in **opposition** to SB 3199 SD1 HD1. We cannot support the current framework of this bill, which fails to prioritize the medical safety and physician oversight necessary for such potent pharmacological interventions.

As currently drafted, SB 3199 SD1 HD1 creates a significant risk to patient safety for the following reasons:

**1. Lack of Physician Leadership:** The integration of Schedule I substances like MDMA and psilocybin is fundamentally a medical and pharmacological undertaking. These compounds can have serious and deadly effects on the heart and other organs in the body. HPMA believes any task force related to these compounds should be **chaired by a board-certified psychiatrist** from the University of Hawaii John A. Burns School of Medicine (JABSOM) Department of Psychiatry. A physician-led task force is the only way to ensure that medical screening and emergency protocols are the primary drivers of implementation.

**2. Insufficient Medical Expertise:** The current language in section 2, subsection (b)(7)(D), allowing for "psychiatrists or psychologists" creates a dangerous loophole where the task force could lack any medical doctor representation. Any task force involving MDMA or psilocybin should consist of **at least two licensed physicians board-certified in psychiatry**. Psychiatrists possess the necessary training required to evaluate the physical risks, such as heart or metabolic issues, that lead to adverse events during treatment.

**3. Absence of Mandatory Medical Screening:** The bill focuses on "access" without mandating a medical safety standard. As physicians who are currently serving as researchers and clinicians for psilocybin trials, our members have seen firsthand that psilocybin causes serious side effects, such as hypertensive urgency and psychosis. Any task force involving these compounds must be specifically charged with developing **standardized, physician-led medical screening protocols**. Anything less ignores the basic medical reality of such substances.

HPMA cannot support a measure that treats "breakthrough therapies" as a non-medical service. Without essential safeguards, including physician leadership and mandatory medical screening, HPMA respectfully urges the Committee to **OPPOSE** this measure.

Mahalo,

Kyung Moo Kim, MD, President-Elect  
Pi'imauna Kackley, MD, President  
Hawaii Psychiatric Medical Association

**SB-3199-HD-1**

Submitted on: 3/31/2026 10:13:18 PM

Testimony for FIN on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Robin Martin	Amphora Clinic	Support	Remotely Via Zoom

Comments:

Aloha Chair Todd, Vice Chair Takenouchi, and Members of the House Finance Committee,

My name is Dr. Robin Martin, and I am a psychiatrist practicing in Hawaii. I am also the founder of Amphora, a clinic focused on the delivery of evidence-based, integrative mental health care. I am writing in strong support of SB3199 SD1 HD1.

In my clinical work, I regularly care for individuals with severe and treatment-resistant psychiatric conditions, including depression and trauma-related disorders. Despite appropriate use of standard treatments, many patients do not achieve meaningful or sustained relief. This contributes not only to individual suffering, but also to broader downstream impacts on healthcare utilization, disability, and workforce participation.

Over the past two decades, there has been a resurgence of rigorous scientific research into emerging therapies such as psilocybin- and MDMA-assisted treatments. These interventions are being studied in controlled clinical settings at leading academic institutions and have demonstrated significant promise for conditions such as treatment-resistant depression, post-traumatic stress disorder, addiction, and end-of-life anxiety.

In recognition of this growing body of evidence, the U.S. Food and Drug Administration has granted Breakthrough Therapy designation to both psilocybin and MDMA for specific psychiatric indications. This designation reflects the potential for these therapies to offer substantial improvement over existing treatments for serious conditions.

Other states, including Oregon and Colorado, have already begun establishing regulatory frameworks to prepare for the safe implementation of these therapies. Hawai‘i has a unique opportunity to take a proactive and measured approach—one that is grounded in clinical evidence, patient safety, and cultural sensitivity.

The establishment of a Mental Health Emerging Therapies Task Force is a prudent and necessary step. Importantly, this bill does not mandate immediate access or implementation, but instead supports careful planning, stakeholder engagement, and the development of appropriate clinical and regulatory standards.

From a systems perspective, preparing for these therapies now allows Hawai‘i to:

- Develop appropriate workforce training and clinical infrastructure
- Avoid reactive or fragmented implementation
- Ensure equitable access across communities
- Potentially reduce long-term healthcare and societal costs associated with untreated or refractory mental illness

As a physician actively working to build safe and ethical care models in this space, I strongly believe that thoughtful preparation is essential. This testimony is offered in support of responsible statewide planning for emerging therapies broadly, not for any single treatment modality.

Mental health conditions continue to impact individuals, families, and communities across our state. Many patients have exhausted currently available treatments and are in need of new options. SB3199 positions Hawai'i to respond responsibly and proactively to this evolving area of medicine.

Mahalo for the opportunity to testify in strong support of SB3199 SD1 HD1.



**TESTIMONY IN SUPPORT OF SB 3199: Relating to Mental Health  
House Finance Committee  
April 2, 2026 2pm**

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

My name is **Ashley Lukens**, and I am the Director of the Clarity Project, a public education and policy initiative focused on preparing states to responsibly integrate emerging mental health therapies grounded in science, ethics, and public health. For the past 18 years, I have worked as a community organizer and advocate in Hawaii. I received my PhD in Political Science from UH Manoa in 2013. Today, I am writing in strong support of SB 3199, a bill which is the continuation of a now 7 year legislative conversation around access to breakthrough therapies in Hawaii.

I am also a cancer survivor whose legal access to psychedelics outside of the US transformed my relationship with my diagnosis and I believe plays an instrumental role in why I am alive and happy today.

I want to begin by being very clear about what this bill does — and what it does not do.

This bill does **not** legalize psychedelic substances.

It does **not** authorize recreational use.

It does **not** bypass federal law or FDA approval.

What it does is far more modest, and far more responsible.

SB 3199 creates a temporary, two-year task force to ensure that Hawai'i is *prepared* — not scrambling — when federally approved breakthrough mental health therapies become available. It is a readiness bill. A public health planning bill. A research and safety bill.

As someone who has personally navigated the healthcare system through a life-threatening diagnosis, I know firsthand how much it matters when states are unprepared for emerging treatments. Delays in access, lack of trained providers, inequitable rollout, and confusion at the regulatory level all translate into real human costs. Preparation saves lives.

I also want to briefly share why I am here not only as an individual, but as someone who has worked on this issue for many years.

The Clarity Project was founded in 2019 to support evidence-based education, clinician training, and policy readiness around emerging mental health therapies. Since our founding, our programming has reached **hundreds of licensed clinicians** across multiple states and **thousands of potential beneficiaries**, including veterans, first responders, trauma survivors, and family members seeking care. Our work has focused on ensuring that these therapies, if and when approved, are delivered safely, ethically, and within appropriate clinical and regulatory frameworks.

Through this work, we have seen a consistent pattern: demand is growing, evidence is advancing, and states that fail to prepare early face greater risks — including inequitable access, unregulated care environments, workforce shortages, and public confusion. S.B. 3199 directly addresses these challenges by creating a thoughtful, time-limited structure for planning and coordination.

The mental health crisis facing our state is not theoretical. **Suicide remains one of the leading causes of preventable death. Veterans, first responders, and trauma survivors continue to carry immense and often invisible burdens.** At the same time, the FDA has granted breakthrough therapy designation to treatments such as MDMA-assisted therapy for PTSD and psilocybin-assisted therapy for treatment-resistant depression because early clinical evidence shows these therapies may work where existing treatments have failed.

Other states are already preparing. They are building research capacity, workforce pipelines, ethical frameworks, and culturally informed safeguards. Hawai'i should not be left behind — especially given our strong academic institutions, our veteran population, and our responsibility to ensure equity and cultural integrity in healthcare delivery.

The task force includes public health officials, legal experts, clinicians, university researchers, Native Hawaiian health representation, veterans, and individuals with lived experience. It centers patient safety, cultural context, workforce training, and evidence-based policy. It sunsets. It reports back to the Legislature. It does not lock the State into any predetermined outcome.

As a cancer survivor, I am alive today because medical science advanced — and because systems were in place to responsibly deliver new treatments when they became available. We owe the same seriousness, care, and foresight to people suffering from PTSD, severe depression, and trauma-related conditions.

SB 3199 does not promise miracles. It promises preparation, responsibility, and informed decision-making.

I urge you to support this bill so that Hawai'i can meet this moment with leadership, compassion, and sound public health policy.

Mahalo for the opportunity to testify.  
Ashley Lukens, PhD  
Founder and Director, Clarity Project



## **Testimony in Support of SB 3199 – The Mental Health Emerging Therapies Task Force Act**

Hearing on February 18, 2026

House Committee on Finance

Aloha Chair Chris Todd, Vice Chair Jenna Takenouchi, and Members of the Committee,

Thank you for the opportunity to provide testimony in strong support of SB 3199.

My name is Dr. Lynnette Averill. I am a clinical psychologist and neuroscientist specializing in posttraumatic stress disorder (PTSD), suicidality, and treatment-resistant depression. I write today on behalf of Reason for Hope and the Veterans Mental Health Leadership Coalition.

This issue is deeply personal to me. My father, a United States Marine, died by suicide after years of struggling with ineffective treatments. His life — and his loss — shaped both my career and my commitment to advancing better mental health solutions. I have devoted my professional life to studying rapid-acting, neuroplasticity-enhancing interventions that have the potential not just to reduce symptoms, but to restore lives.

Hawaii is facing the same urgent crisis seen across the nation. Suicide remains a leading cause of preventable death, particularly among Veterans, first responders, and trauma survivors. Traditional treatments, while helpful for many, often take too long to work, fail to work at all, or carry burdensome side effects. We must expand the range of safe and evidence-based tools available.

SB 3199 takes a thoughtful, responsible, and forward-looking approach.

This bill establishes a two-year Mental Health Emerging Therapies Task Force within the Department of Health to prepare the State for the integration of breakthrough therapies, expand pathways for clinical trials and clinical research, and develop policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

Rather than rushing implementation, this legislation focuses on preparation, coordination, and safeguards. Specifically, the task force will help Hawaii prepare for anticipated federal rescheduling and approval of emerging therapies such as MDMA-assisted therapy for PTSD and psilocybin-assisted therapy for treatment-resistant depression.

The task force will also identify opportunities to expand local clinical trials and university-based research partnerships, recommend training and workforce development pathways for licensed professionals, and evaluate best practices for patient safety, equity, culturally informed care, and harm reduction. The development of a statewide implementation roadmap is a particularly important step, ensuring Hawaii can respond effectively and responsibly to emerging federal changes.

As someone who leads clinical trials of psychedelic-assisted therapy for Veterans with PTSD and depression, I can attest that these treatments are not casual or unstructured interventions. They require rigorous oversight, specialized training, controlled clinical environments, and thoughtful ethical



frameworks. SB 3199 is precisely the kind of measured, infrastructure-building step that ensures Hawaii is ready — safely and responsibly — if and when federal approvals occur.

Importantly, this bill includes representation from public health leadership, legal experts, trauma specialists, veteran-serving institutions, Native Hawaiian health organizations, and community members with lived experience. This ensures culturally grounded and equity-focused planning — something essential in a state as diverse and community-centered as Hawaii.

Other states have already taken meaningful steps to prepare for emerging therapies. Without similar action, Hawaii risks falling behind in research participation, workforce readiness, and access for residents who are suffering.

SB 3199 does not mandate immediate access. It mandates preparedness. It creates a structure for evidence-based policy development. It ensures that when federal shifts occur, Hawaii will not be scrambling — it will be ready.

For individuals and families facing treatment-resistant PTSD, depression, and suicidality, time matters. Preparation matters. Infrastructure matters.

It is one thing to save a life. It is another thing entirely to help someone live a life they want to be living.

I respectfully urge you to pass SB 3199 and position Hawaii as a thoughtful leader in responsible mental health innovation.

Mahalo for your time and consideration. I am happy to answer any questions.

Onward and upward,

A handwritten signature in black ink that reads "Lynnette A. Averill".

**Lynnette A. Averill, Ph.D.**

Chief Science Officer, Reason for Hope

Chief Science Officer, Veterans Mental Health Leadership Coalition

**SB-3199-HD-1**

Submitted on: 4/2/2026 2:02:48 PM

Testimony for FIN on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anna Symonds	The Etheridge Foundation	Support	Written Testimony Only

Comments:

**Testimony in Support of SB3199 SD1 HD1**

Hearing on April 2, 2026 at 2pm

House Committee on Finance

Aloha Chair Todd, Vice Chair Takenouchi, and Members of the House Finance Committee,

My name is Anna Symonds. I live in Honaunau on the Big Island and I am writing **in strong support of SB3199 SD1 HD1**, which establishes the Mental Health Emerging Therapies Task Force.

I'm the Executive Director of the Etheridge Foundation, a nonprofit founded by rock star Melissa Etheridge after the death of her son Beckett from opioids in 2020.

Too many families know the pain and struggle of trying to help a loved one with addiction, and every resource falling short. My own family has experienced this as well.

We desperately need to expand the treatment tools that are available to treat addiction and related mental health issues, which is why Etheridge Foundation helps to fund research on groundbreaking psychedelic and plant medicine treatments for opioid use disorder.

Both the emerging research and personal stories from these treatments are incredibly promising.

But this area needs more investment, and cannot be carried by philanthropy alone. We also shouldn't leave it to for-profit drug developers to create our models of care for this new field.

With this bill Hawai'i has an important chance to advance access to these breakthrough treatments to help the individuals, families and communities who are suffering the harms of addiction here at home.

Mahalo for the opportunity to testify in support of SB3199 SD1 HD1.



April 2, 2026

The Honorable Chris Todd  
Chair, House Committee on Finance  
State Capitol  
415 South Beretania Street, Room 306  
Honolulu, HI 96813

Dear Chair Todd,

We write to you to express our strong support for SB 3199, legislation establishing the Mental Health Emerging Therapies Task Force to prepare the State for the safe, research-informed integration of FDA-designated breakthrough therapies, including MDMA- and psilocybin-assisted therapies, for conditions such as PTSD, depression, and other serious mental health challenges. This critical legislation is an important step toward addressing the alarming mental health crisis affecting our nation's veterans and ensuring they have access to innovative, evidence-based treatments.

Veterans are one of the most vulnerable populations when it comes to mental health. Since 2001, over 125,000 veterans have died by suicide, and 29% of Global War on Terrorism veterans are known to suffer from post-traumatic stress disorder (PTSD). The disproportionate incidence of PTSD among veterans is also a driver of the disproportionate incidence of suicide among them. We lose no less than 17 and by some estimates as many as 44 U.S. veterans to suicide every day, at nearly double the rate of non-veteran Americans lost to suicide each year.<sup>1</sup>

Clearly, current mental health treatment options available to our veterans through VA healthcare facilities have been far from universally effective. Our veterans and their families need access to alternative therapies that address the complexity of the challenges they face following service to our nation. As demonstrated by ongoing medical and scientific research, psychedelic therapies are rapidly emerging as an effective tool in treating PTSD, traumatic brain injury (TBI), treatment-resistant depression, substance use disorder, anxiety, and other mental health indications that fuel disproportionate rates of suicide among the veteran population.

Founded in 2019, Veterans Exploring Treatment Solutions (VETS) is a 501(c)(3) non-profit organization working to end the veteran suicide epidemic by providing resources, research, and advocacy for U.S. military veterans seeking psychedelic-assisted therapies for TBI, PTSD, addiction, and other health conditions. VETS envisions a world where our veterans have access

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<sup>1</sup> "44 Veteran Suicides a Day - What We're Doing Isn't Working, Alternative Treatments Are Needed! - SOAA." SOAA, 30 June 2023, [soaa.org/44-veteran-suicides-daily/](https://soaa.org/44-veteran-suicides-daily/).

to the most advanced healthcare options to heal from the mental and physical wounds of war. VETS has supported over 1,100 U.S. Special Operations Forces (SOF) veterans and veteran spouses to access psychedelic-assisted therapy (PAT) treatment abroad, paired with preparation and integration coaching, through our “Foundational Healing Grants” Program.

SB 3199 can be a forward-looking initiative that establishes a formal state framework to prepare Hawaii for FDA-designated breakthrough therapies, including psychedelic-assisted treatments, through research expansion, workforce development, and implementation planning. The passage of SB 3199 would position Hawaii at the forefront of responsible mental health innovation, building upon efforts in states like Texas, California, and New Jersey that have advanced clinical research and policy readiness for emerging therapies.

SB 3199 does not legalize or decriminalize psychedelic substances; rather, it takes a responsible, evidence-based approach by establishing a state task force to prepare Hawaii for federally approved breakthrough therapies through careful planning, research expansion, and regulatory alignment. This framework strengthens Hawaii’s readiness for FDA action, supports the development of safe and culturally informed implementation models, and positions the State as a national leader in responsibly advancing innovative mental health treatments for veterans and other trauma-affected communities.

With bipartisan support, states across the nation are recognizing the need to act urgently, and Hawaii has a unique opportunity to continue leading by example with a comprehensive, forward-thinking approach. By enacting this legislation, Hawaii will not only honor its commitment to those who have served but also continue a precedent for responsible, research-driven policymaking that could save countless lives.

Thank you for your leadership and commitment to our nation’s heroes. VETS stands ready to assist in any way possible to support the successful implementation of this vital initiative.

Respectfully,

*Logan Davidson*

Logan Davidson  
Legislative Director

✉ [info@vetsolutions.org](mailto:info@vetsolutions.org)

📷 [veteransolutions](#)

🌟 [vetsolutions.org](#)



Testimony in Support of (SB 3199)  
House Finance Committee- | April 2, 2026 at 2:00P

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

My name is Kendall Krumm, I live in Honolulu County and I am writing in strong support of SB3199 SD1, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

I am the spouse of a combat veteran. I have experienced the benefits of plant medicines first hand in regards to my own PTSD diagnosis, and so has my family. I am also a future LCSW and plant medicine practitioner.

Currently these treatment modalities and practitioner trainings have to be done underground or out of the state completely. This creates a huge, inequitable barrier to access, treatment, and legitimacy to an indigenous treatment methodology that has been around for thousands of years and that can be found across cultures.

We know laws and compound scheduling does nothing to prevent folks from accessing the medicines or compounds they wish to ingest. They just find creative ways around it, injecting their money into other economies that don't benefit the people or state of Hawaii. This subversion of system norms by those who have the resources to do so, is a further reflection of all the inequitable disparities prevalent in our current western, capitalistic dominated society.

Here are the research based facts:

- **The National for Behavioral Health:** states that over 90% of clients that seek mental health treatment have experienced trauma, which is a risk factor in nearly all behavioral and substance use disorders
- **National Center for PTSD & the US Dept. of Veteran Affairs:** states that veterans are more likely to have PTSD than civilians and veterans deployed to a war zones are more likely to have PTSD than those that did not deploy
- **The National Institute for Health states:** PTSD patients exhibit a significant impact on cognition and emotional processing, leading to a decline in the functions of daily living and interpersonal and social relationships.
- The current treatment for PTSD is either pharmacological or psychotherapy and currently there are only two approved FDA medications for PTSD treatment.

- According to several studies, 40–60% of patients do not respond to treatment adequately
- MDMA has shown promising results in treatment-resistant PTSD. According to a study by Mithoefer et al. [6], even 3.5 years after undergoing an MDMA-assisted psychotherapy trial, patients showed a long-term durability reduction in PTSD
- **US. Department of VA affairs states:** Psychoactive drugs such as MDMA, ketamine (which is already legalized in Hawaii), and psilocybin have been shown to specifically target and decrease fear and anxiety pathways in the brain. These unique properties hold the potential to be utilized in addressing symptoms of trauma in those with refractory or treatment-resistant PTSD
- Psilocybin has shown efficacy for treating depression, anxiety, and substance use
- Psilocybin affects neural networks to create positive changes in personality, increased feelings of connectedness, increased openness, improved perspective taking, increased psychological flexibility, and an increased sense of well-being
- Psilocybin facilitates fear extinction and neurogenesis in animals, which may directly counteract the impaired fear extinction and neurogenesis that likely play a key role in the development and maintenance of PTSD
- Psilocybin induces emotional breakthrough experiences that have been established as a key mediator in long-term psychological change in treatment for other mental health disorders.
- Psychedelics can also decrease amygdala reactivity during emotion processing which may reverse the heightened amygdala reactivity typically seen in PTSD, thereby increasing the ability to process traumatic memories.
- Psilocybin also increases emotional empathy, mindfulness-related capacities like acceptance and connectedness while reducing avoidance, which may all facilitate PTSD treatment.

Based on our current research, emerging psychedelic therapies look promising for the treatment of many mental health issues, that psychotherapy and pharmacology alone cannot improve

As a future practitioner, I want access to as many care tools as possible. We have a saying in the field that no modality, whether pharmacological or psychotherapy based, is a “one size fits all” treatment. The more treatment paths we have at our disposal, the more likely we will be able to find a treatment path that works for each individual client.

In the end, folks will find the relief they are looking for whether it's legal or not. This is already happening. We might as well find a way to allow regulated, robust researched treatment modalities to be accessible to all constituents in Hawaii. Let's keep the money, research, treatment, and training in the state of Hawaii and provide mental health relief in a current system that fails to do so.

Mahalo nui loa for your time and consideration,

Kendall Krumm  
MSW Student at Portland State University  
BA - Criminology and Sociology  
MS - Urban Multicultural Elementary Education  
64 Kaneohe Bay Dr.  
Kailua, HI  
96734

### **One-Minute Testimony in Support of SB3199**

Aloha Chair, Vice Chair, and Committee Members. My name is Kendall Krumm from Honolulu County, testifying in strong support of SB3199.

As a combat veteran's spouse and future LCSW, I've witnessed firsthand how breakthrough therapies help those with PTSD, including my own. The research is clear: over 90% of mental health clients have trauma histories, 40-60% don't respond adequately to current FDA-approved PTSD medications, and veterans face higher PTSD rates than civilians.

MDMA-assisted therapy shows long-term PTSD symptom reduction lasting years. Psilocybin demonstrates efficacy for treatment-resistant depression, anxiety, and substance use—directly counteracting the impaired fear extinction central to PTSD.

Currently, Hawai'i residents seeking these evidence-based treatments and practitioner training must go underground or out-of-state, creating inequitable barriers and diverting resources from our economy. People will access these medicines regardless of legal status—we're simply criminalizing what could be legitimate, regulated treatment. Hawaii has already legitimized the use of Ketamine as a breakthrough therapy. Why would we not add even more compounds to

that list of legal use, especially when scientific research demonstrates these compounds have a greater positive-long term impact on patients, than their counterpart, Ketamine?

As a future plant medicine practitioner and therapist, I need access to all effective tools. No single modality works for everyone. This pilot program would keep research, training, and funding in Hawai'i while providing relief our current system fails to deliver.

Please support SB3199. Mahalo.

Sir/Ma'am,

My name is Cy Hudson. I served as an Army infantry officer. I commissioned from West Point in 2009, deployed to Afghanistan (OEF '11-'12), and exited service in 2014. For years after my service I lived with severe, undiagnosed, untreated PTSD.

I experienced daily suicidal thoughts but refused an official diagnosis because I knew that, for me, a diagnosis alone would not bring healing.

In 2022, as I was finishing my MBA, I ran out of reasons to live. as a last resort, based on a John's Hopkins clinical study I read, I traveled to Jamaica, where I participated in a psilocybin retreat. I took 6 grams of psilocybin under supervision. For the first time in years, I experienced immediate and profound relief from suicidal ideation; relief that lasted for months.

A year later, I participated in a program in Mexico with Mission Within, where I received ibogaine and 5-MeO-DMT treatments. This treatment not only brought emotional healing but also alleviated serious physical symptoms.

Before the treatment, whenever my heart rate rose above 160 beats per minute, my immune system would crash, and I would feel a painful shooting sensation from the base of my neck with tingling throughout my body. Since that experience, those symptoms have stopped.

In addition, the treatments allowed long-buried memories to surface, which I have been able to process in therapy for the first time. These plant medicines have done what years of conventional approaches could not: they gave me back my life.

I'm sharing my story so that other veterans don't have to walk the same path alone or pay for these treatments out-of-pocket as I did. With proper support and integration, these therapies can save lives.

Respectfully submitted,

Cy Hudson

Austin, Texas

5 October 2025

**SB-3199-HD-1**

Submitted on: 3/31/2026 2:01:23 PM

Testimony for FIN on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Courtney Kacir	Individual	Support	Written Testimony Only

Comments:

Aloha Senator Lee and Committee Members,

I am writing in strong **SUPPORT** of SB 3199. Relating to Mental Health.

Hallucinogenics can mean the difference between life and death for a trauma survivor. Ketamine was used to pull me out of a severe depression caused by pharmaceuticals.

Mahalo for the opportunity to testify,

Courtney Kacir, RN BSN

Honolulu, Hawai'i

**SB-3199-HD-1**

Submitted on: 3/31/2026 3:27:38 PM

Testimony for FIN on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kristina Rodriguez	Individual	Support	Remotely Via Zoom

Comments:

**Testimony in Support of SB3199 SD1 HD1  
Hearing on April 2, 2026 at 2pm  
House Committee on Finance**

Aloha Chair Todd, Vice Chair Takenouchu, and Members of the House Finance Committee,

My name is Kristina Marie Rodriguez, I live in Kihei, Maui, Hawai'i and I am writing in **strong support of SB3199 SD1 HD1**, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

As a registered nurse specializing in psychedelic-assisted therapy and education, I have witnessed firsthand the profound healing potential of plant medicines and psychedelic therapies. Backed by a growing body of scientific research, these emerging and breakthrough treatments offer an evidence-based approach to addressing complex mental health conditions—often where conventional interventions have fallen short. While modern science is only now substantiating their efficacy, Indigenous communities have understood and stewarded these medicines responsibly for millennia. Even substances such as MDMA have historical therapeutic applications dating back to the early 20th century. In my professional practice and personal experience, I have observed how, with proper education, thoughtful regulation, and skilled medical oversight, psychedelic medicines can create transformative opportunities for healing, resilience, and renewed hope for individuals suffering from trauma, depression, anxiety, and other mental health challenges.

My commitment to this work is deeply personal. As a survivor of early childhood sexual trauma, I have devoted my life to healing, spiritual inquiry, and service. Studying diverse Indigenous and spiritual traditions across India, Peru, Brazil, Mexico, Hawai'i, and North America introduced me to the healing power of plant and fungi medicines, ceremony, prayer, and ritual. These traditions not only supported my own recovery and strengthened my resilience, but also clarified my calling to help facilitate healing for others. It is my sincere hope that safe, equitable access to these therapeutic medicines be made available to the people of Hawai'i. If healing was possible for me, it is possible for others, and that belief continues to guide my advocacy for a more compassionate and effective future in mental healthcare.

Mahalo for the opportunity to testify in support of SB3199.

Kristina M. Rodriguez, RN-BSN, LMT, FMCP

**SB-3199-HD-1**

Submitted on: 3/31/2026 6:20:53 PM

Testimony for FIN on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tony Santini	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Todd, Vice Chair Takenouchi, and Members of the House Finance Committee,

My name is Tony Santini, I live in the Tantalus Neighborhood on O'ahu in Honolulu, Hawai'i and I am writing **in strong support of SB3199 SD1 HD1**, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

There are three main topics in which I have used psychedelic modalities to completely change my life and positively impact the life of those around me. Research from major institutions around the world has shown psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and post-traumatic stress disorder.

1. I was able to work through childhood trauma that caused me to experience unconscious dysfunction in all relational aspects of my life with family, friends, and romantic relationships. I was able to expose memories that had been suppressed and work through attachment issues that kept me in a state of suffering. These mental and emotional struggles are no more, and I have strong, healthy community and family relationships.
1. I have worked through addiction issues with psychedelic modalities that kept me emotionally and sometimes physically isolated. This isolation took me to the brink of suicide more than once. I spent from 15 to 45 years of age suffering from addictive behaviors that included everything from using alcohol, substances, food, work, sex, codependency, and emotional manipulation. Using psychedelics was the only way I could break the narrative of my life that kept me in addiction.

1. I have worked with my mother and sister with psychedelics to work through generational trauma. This state of consciousness allowed us to see for the first time how trauma that my mother experienced was affecting me and my sister. During this experience were able to see each other as people and not position one another in a role that designed by family dynamics from long ago. This experience took our relationships from critical and judgmental to accepting and supportive after one sitting. We received a gift that we may never have received in our lifetimes.

I know that there are people in Hawaii suffering like I have, especially with addiction and generational trauma. There are a lot of people that don't even know their suffering could have an end. It would be an incredible gift if you could open the door to a pathway for them to end it.

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

Mahalo for the opportunity to testify in support of SB3199 SD1 HD1.

**SB-3199-HD-1**

Submitted on: 3/31/2026 6:23:37 PM

Testimony for FIN on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Patrice Strange	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Todd, Vice Chair Takenouchi, and Members of the House Finance Committee,

My name is Patrice Strange, and I live in Hawai‘i. I am writing in strong support of SB3199 SD1 HD1, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expand pathways for clinical research, and develop policy recommendations for safe, ethical, and culturally informed implementation.

I come to you as both a mother and a behavior analyst.

My son is on the autism spectrum. During his college years, he experienced a severe depressive episode that included suicidal thoughts. At the time, we did not fully understand what was happening. He had experimented with marijuana, which appeared to worsen his condition—deepening his depression, increasing rigidity, and isolating him further.

Then one night, unexpectedly, he took psilocybin.

What followed was not recreational—it was transformative.

For the first time, he experienced a profound shift in awareness. He described it as a break from what he calls his “default no”—a rigid, automatic pattern that limits his ability to engage with life. In that state, he was able to observe himself with clarity, flexibility, and even compassion. His depression lifted, and it marked a turning point that I believe saved his life.

Years later, now living independently and working as an electrician, he continues to face challenges common in autism—particularly perseveration and limited behavioral flexibility. With the guidance of a therapist, he recently revisited psilocybin in a structured, intentional setting.

Again, the results were profound.

He described the experience as “quieting the static” of his usual mental patterns and allowing access to perspectives that are normally unavailable to him. During this state, he was able to reflect on his life, journal meaningfully, and make independent decisions that had previously been out of reach—such as beginning an exercise program and seeking medical care he had long avoided.

From a scientific standpoint, what he described aligns closely with current research.

Psilocybin acts primarily on serotonin 5-HT<sub>2A</sub> receptors, which are deeply involved in cognition, perception, and mood regulation.

Activation of these receptors has been shown to:

- Increase neuroplasticity—the brain’s ability to form new connections
- Disrupt rigid patterns of thinking associated with depression and cognitive inflexibility
- Enhance cognitive flexibility, reducing perseverative thinking

Brain imaging studies also show that psilocybin reduces activity in the default mode network (DMN)—a system associated with repetitive self-focused thinking—while increasing communication between brain regions, allowing for new perspectives and insights.

For individuals on the autism spectrum, this is particularly relevant.

Autism is often characterized by rigid neural processing, differences in serotonin signaling, and reduced cognitive flexibility.

Emerging research suggests that psychedelics may help address these core challenges by:

- Promoting neural flexibility and adaptive thinking
- Enhancing social and emotional processing
- Potentially “reopening” windows of learning and behavioral change in adulthood

There are now active clinical trials specifically studying how psilocybin affects the brains of autistic adults, recognizing that serotonin systems may function differently in this population.

Despite this promising science, adults on the autism spectrum have very limited therapeutic options, especially when it comes to addressing:

- Depression
- Suicidal ideation
- Cognitive rigidity
- Social isolation

My son’s experience suggests that, when used in a safe, guided, therapeutic context, psilocybin may provide something that traditional approaches often cannot—a temporary but powerful opening in the system, where new insight, motivation, and behavioral change become possible.

For him, this was not subtle.

It was the difference between being stuck—and moving forward.

Between isolation—and engagement.

Between despair—and a willingness to live.

As a mother, I can say this plainly:

This intervention helped save my son's life.

As a behavior analyst, I can also say:

We are not adequately studying or utilizing tools that could profoundly impact individuals on the autism spectrum.

Hawai'i has a unique opportunity.

We can either follow years behind—or we can lead with intention, safety, and cultural wisdom.

States like Oregon and Colorado have already begun building frameworks. But Hawai'i, with its strong sense of community, cultural grounding, and urgent mental health needs, is uniquely positioned to develop a model that is both scientifically rigorous and deeply human.

This bill does not legalize or rush access.

It creates a thoughtful, responsible path forward.

Families like mine should not have to navigate these experiences alone, without guidance, structure, or support.

We need research.

We need frameworks.

We need leadership.

And most importantly—we need options for people who are suffering.

Mahalo for the opportunity to testify in support of SB3199 SD1 HD1.

Patrice Strange

**SB-3199-HD-1**

Submitted on: 3/31/2026 6:54:01 PM

Testimony for FIN on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Stefano Quarta	Individual	Support	Written Testimony Only

Comments:

**Testimony in Support of SB3199 SD1 HD1  
Hearing on April 2, 2026 at 2:00 PM  
Before the House Committee on Finance**

Aloha Chair Kyle T. Yamashita, Vice Chair Lisa Kitagawa, and Members of the House Committee on Finance,

My name is Stefano Quarta, and I reside in Hilo. I am writing in strong support of SB3199 SD1 HD1, which establishes the Mental Health Emerging Therapies Task Force to prepare the State of Hawaii for the responsible integration of breakthrough therapies, the expansion of clinical research pathways, and the development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

The safe and regulated use of emerging therapies has meaningful potential to help individuals who have lived with long-term trauma, depression, and post-traumatic stress. For many people, especially those who have not responded to conventional treatments, these therapies may offer a path toward breaking deeply rooted psychological patterns and improving quality of life. Clear guidelines, professional oversight, and thoughtful regulation are essential. Responsible regulation allows qualified medical and therapeutic professionals to lead safely while preventing unregulated use.

Psilocybin and MDMA are increasingly supported by research from major medical institutions as promising tools for treatment-resistant depression, anxiety, addiction, end-of-life distress, and PTSD when administered in controlled clinical settings. These therapies are non-addictive in supervised medical use and have shown significant benefit for patients who have exhausted conventional options. Because of these outcomes, the U.S. Food and Drug Administration has granted Breakthrough Therapy designation to both psilocybin and MDMA for specific therapeutic applications.

Other states are already developing carefully regulated pathways. Oregon and Colorado have taken early legislative steps to create safe therapeutic frameworks, offering examples from which Hawai'i can learn while shaping policy appropriate to our own communities and values.

In Hawai'i, many families already know someone who could benefit from expanded mental health treatment options. I have personally seen kūpuna affected by long-standing trauma,

including veterans carrying the burden of war for decades, seek healing outside the state because these options are not yet available here. Their improvement has been meaningful and hopeful. Healing modalities deserve careful consideration, and regulation provides the clarity needed to protect patients while allowing responsible access.

SB3199 SD1 HD1 gives Hawai'i the opportunity to study this field carefully, gather expert guidance, and prepare responsibly rather than react later without structure.

Mahalo for the opportunity to testify in strong support of SB3199 SD1 HD1.

**SB-3199-HD-1**

Submitted on: 3/31/2026 6:55:17 PM

Testimony for FIN on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Ruta Jordans	Individual	Support	Written Testimony Only

Comments:

My son is a veteran of Iraq. My daughter saw and learned about Post Traumatic Stress Disorder that my son and his fellow soldiers experienced. Then she saw that the opioids given to veterans only made them addicted and did nothing to help their mental health (but made it worse). But she also learned how Psilocybin and other psychedelics in a therapeutic setting can help with PTSD. Due to these experiences she is now a psychologist focusing on psychedelics at a VA hospital. Hawaii veterans deserve to get the same opportunities she is now giving her patients!

Please support SB3199 in order to find ways that veterans in Hawai'i can get real help for their mental health issues.

**SB-3199-HD-1**

Submitted on: 3/31/2026 8:12:20 PM

Testimony for FIN on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Christopher Egbo	Individual	Support	Written Testimony Only

Comments:

Testimony in Support of SB3199 SD1 HD1

Hearing: April 2, 2026, at 2:00 PM

To: House Committee on Finance

From: Christopher Egbo, Concerned Honolulu resident

Aloha Chair Todd, Vice Chair Takenouchi, and Members of the House Finance Committee,

My name is [Your Name] and I am a resident of [Neighborhood/Island]. I am writing in strong support of SB3199 SD1 HD1, which establishes the Mental Health Emerging Therapies Task Force.

I support this measure based on my professional experience within our criminal court system. I have seen firsthand how traditional mental health interventions often fall short for those struggling with deep-seated trauma, particularly our veterans. Breakthrough therapies represent a vital opportunity to lower recidivism rates and reduce the revolving door of our legal system. By addressing the root causes of mental health struggles through these emerging modalities, we can prevent our court systems from becoming further backlogged and, more importantly, strengthen the fabric of our communities.

The scientific consensus on these therapies has shifted significantly. Research from leading global institutions demonstrates that:

Psilocybin is a promising tool for treating treatment-resistant depression, addiction, and end-of-life anxiety.

MDMA has shown groundbreaking efficacy in treating Post-Traumatic Stress Disorder (PTSD).

The FDA has recognized the potential of both by granting them "Breakthrough Therapy" designations.

As other states like Oregon and Colorado pave the way for safe, regulated access, Hawai'i must not be left behind. This task force is a responsible, proactive step to ensure that when these therapies are integrated, they are implemented in a way that is safe, ethical, and culturally informed.

Everyone in our community knows someone—a neighbor, a family member, or a veteran—who could benefit from these healing modalities. We owe it to the citizens of Hawai'i to explore every available tool to combat the mental health crisis.

Mahalo for the opportunity to testify in strong support of SB3199 SD1 HD1.

Sincerely,

Christopher Egbo

Concerned Honolulu resident

**SB-3199-HD-1**

Submitted on: 3/31/2026 8:59:14 PM

Testimony for FIN on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lois Crozer	Individual	Support	Written Testimony Only

Comments:

**Aloha Chair Todd, Vice Chair Takenouchi, and Members of the House Finance Committee,**

**My name is Lois Crozer, and I live in Kailua. I am writing in strong support of SB3199 SD1 HD**

**Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. With mental health becoming a more present issue in our communities, so many people can benefit from access to psilocybin, MDMA and other breakthrough therapies.**

**It's time we move forward with helping our people with these therapies!!**

**SB-3199-HD-1**

Submitted on: 3/31/2026 1:17:42 PM

Testimony for FIN on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
BRIAN ROSE	Individual	Support	Written Testimony Only

Comments:

Testimony in Support of SB3199

House Committee on Finance| 04/02/2026

Aloha Chair Chris Todd, Vice Chair Jenna Takenouchi, and honored members

My name is Brian Rose, I live in upcountry Makawao, HI on the island of Maui. I am writing in strong support of SB3199, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

I have been a proud resident of Maui for 19yrs. I received my nursing degree from University of Hawaii Maui in 2011 and have been a licensed RN and serving Hawaii's community since 2012. For the last 6 years, I have been RN CHPN working in Hospice, serving Maui, Lanai and Molokai. It has been my greatest honor to serve our community during this most beautiful and difficult phase of life, illness, dying and death. After witnessing and walking with 100's of patients and family members at the end of life, I have seen first hand the frequent challenges and sometimes trauma that patients face at the end of life. It is often referred to in the clinical community as death anxiety. Death anxiety can be debilitating and deeply impact a patient's ability to experience a dignified, connected and meaningful end of life process. The frequency of and the level of suffering I have seen around death anxiety is heartbreaking. At this most crucial and impactful time for patients and families, it is our obligation to provide the best care possible and available. There are a number of preliminary and excellent early scientific studies that have shown with therapeutic sessions of psychedelics, like psilocybin, that those at the end of life and those with terminal diagnosis like cancer can have a significant reduction in associated anxiety and depression. I would love to see further studies exploring the therapeutic benefits of psychedelics and with this bill we can build momentum toward exploration, implementation and preparation for legalization. This would allow us as clinicians to have additional tools to help our patients have the most easeful, comfortable, potentially joyful and connected end of life experience. A positive death experience is an immeasurable benefit that will ripple from the patient, family into the larger community. It can strengthen bonds of communal connection that are the net that links and supports us through the most difficult of times. Please strongly consider moving this bill forward.

Knowing the above, I would add that over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These impressive results have led the U.S. Food & Drug Administration (FDA) to grant psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need. If passed, Hawai‘i would also join Arizona, Connecticut, Maryland, Texas, and Washington, whose legislatures all passed bills funding research and trials for breakthrough therapies between 2021 and 2023.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. Please support this measure, which supports research and prepares medical professionals for breakthrough therapies. We do not want the citizens of Hawai‘i to miss out on these healing modalities.

Mahalo

Brian Rose RN and Certified Hospice and Palliative Nurse

**SB-3199-HD-1**

Submitted on: 3/31/2026 9:10:08 PM

Testimony for FIN on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jadu Jagel	Individual	Support	Remotely Via Zoom

Comments:

Aloha Chair Todd, Vice Chair Takenouchi, and Members of the House Finance Committee,

My name is Jadu Jagel, I live in Kailua on the island of Oahu, Hawai'i, and I am writing **in strong support of SB3199 SD1 HD1**, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

Twenty years ago I wrote my doctoral dissertation on psychedelic experiences as I trained to become a psychodynamic psychotherapist. I have no doubt that we are on the precipice of a robust and revolutionary new horizon in mental health treatment. My passion for helping others - change their brain wiring -- compels me to support this bill. My colleagues and I are readying ourselves with community and education, keenly aware of the delicateness of this work.

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure

109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

Mahalo for the opportunity to testify in support of SB3199 SD1 HD1.

**SB-3199-HD-1**

Submitted on: 3/31/2026 9:49:38 PM

Testimony for FIN on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kendra K Epstein, LCSW	Individual	Support	Written Testimony Only

Comments:

**Aloha Chair Todd, Vice Chair Takenouchi, and Members of the House Finance Committee,**

My name is Kendra Ka'iulani Epstein. I reside in East Kapolei in the 'Ewa region of West O'ahu, and I am writing in strong support of SB3199 SD1 HD1. This measure establishes the Mental Health Emerging Therapies Task Force to prepare the State of Hawai'i for the integration of breakthrough therapies, expand pathways for clinical trials and research, and develop policy recommendations for safe, ethical, and culturally informed implementation.

I am a licensed therapist in the State of Hawai'i, working closely with individuals experiencing PTSD, anxiety, depression, and substance use disorders. In my clinical practice, I have witnessed many clients forced to travel to the continental United States—at significant financial and emotional cost—to access emerging therapies that are not yet available here. For many, this added burden compounds the very challenges they are seeking to heal.

These therapies have demonstrated the potential to create profound insight and meaningful change, sometimes after even a single, well-supported session. As a provider, it is deeply difficult to know that effective treatment options exist, yet remain inaccessible to our local communities. Hawai'i is already geographically isolated and financially burdensome; our residents, including kanaka maoli, deserve access to healing modalities here at home—within their own cultural and environmental context, on this 'āina that holds so much significance.

Over the past two decades, there has been a global resurgence of rigorous scientific research into emerging therapies. Increasingly, scientists, clinicians, and policymakers are working together to create safe, regulated, and non-addictive therapeutic pathways involving compounds such as psilocybin and MDMA. Research from leading institutions has demonstrated promising outcomes for conditions including depression, anxiety, addiction, end-of-life distress, and post-traumatic stress disorder (PTSD). Notably, the U.S. Food and Drug Administration has granted Breakthrough Therapy Designation to both psilocybin and MDMA, recognizing their significant potential in clinical settings.

States across the country are beginning to take thoughtful steps toward regulated access. For example, Oregon's Measure 109 (2020) and Colorado's Natural Medicine Health Act (2022) have established frameworks that prioritize safety, oversight, and therapeutic use. Hawai'i now has an opportunity to take a similarly measured and culturally grounded approach.

Mental health challenges continue to impact individuals, families, and communities across our state. Many of us know someone who could benefit from these emerging therapies. We have a responsibility to explore safe, evidence-based options that expand access to healing—without requiring our residents to leave home to receive care.

**Mahalo for the opportunity to testify in strong support of SB3199 SD1 HD1.**

Kendra K Epstein, LCSW (HI #3659)

808-384-6449

Dear Members of the Committee,

Good afternoon. Thank you for the opportunity to speak in support of SB 3199. My name is Megan Vaughan. I am a Certified Brain Injury Specialist and hold a doctorate in Speech-Language Pathology with a specialization in cognitive neuroscience. I previously worked within the Veterans Health Administration, where I treated hundreds of Special Operations service members suffering from traumatic brain injury, PTSD, depression, and substance use disorders. After leaving the VA, I continued working to support veterans who sought alternatives after conventional treatments failed.

Today, I write to you as a clinician, scientist, military spouse, patient, and proud US citizen.

Throughout my clinical career, I witnessed extraordinary suffering among some of our nation's most resilient service members. These were men who had led missions most of us cannot imagine, yet sat across from me telling me their shoelaces had been taken away because of suicide risk. I remember one soldier who looked at me with deep self-hatred and said, "Do you know what I could do to you right now? You should be afraid of me. I'm the bad guy." He described his trauma as a rucksack once heavier, now lighter, but still filled with stones- stones he believed he had passed on to others, making him a burden.

With conventional treatments, some stones could be removed, but never all. Progress was real but limited. Veterans often remained emotionally isolated, trapped in cycles of fear, numbness, and shame.

When I later began facilitating groups for veterans participating in psychedelic-assisted therapy through Veterans Exploring Treatment Solutions (VETS), I witnessed something I had never seen in eight years at the VA. During my first virtual group, I could hear the roar of military aircraft outside (reminders of the missions these men had carried) while on my screen I watched hardened Special Operations veterans place their hands over their hearts and weep tears of self-compassion instead of self-hate. I saw men reconnect emotionally with their children, release generational trauma, and rebuild relationships without fear.

Clinically, the changes were undeniable: improved emotional regulation, cognitive flexibility, social connection, and psychological resilience. And when I reviewed the neuroscience, the science supported what I was seeing: increased neuroplasticity, restored emotional processing, and measurable healing in the brain.

One of the most powerful drivers of PTSD, brain injury, and depression is not simply traumatic memory, but isolation and emotional disconnection. When people lose access to their emotional capacity and relationships, suffering becomes chronic. In carefully supported settings, psychedelic-assisted therapy appears to temporarily reopen access to emotional processing and relational engagement, creating a critical window for lasting healing.

This is not about replacing existing care. It is about responsibly expanding options for those who have exhausted everything else.

I also stand before you as someone who personally lived inside that suffering.

When I struggled with PTSD, it felt like two people lived inside me: the real me, frozen and silent, and another voice constantly whispering hopelessness, telling me my family would be better off without me, that the pain would never end, that I was broken beyond repair. Hypervigilance suffocated every moment. I wasn't living, I was merely surviving.

One Christmas, believing I had hidden my pain well, my six-year-old son looked at me and said, "Mommy, do I have to be sad still? I don't want you to be sad alone." My veteran husband watched me. His military mission had ended, and his watch should have been over, but now he had to watch me to make sure I wasn't going to hurt myself.

I was a clinician. I had tried everything. I had even written myself a treatment plan. But shame kept me stuck — I hadn't gone to war, yet I was drowning.

It was another military spouse who reminded me that sometimes healers need healing too. When I finally took the leap into psychedelic-assisted therapy, everything changed.

This past Christmas, I watched my son in his holiday play and felt pure joy, not numbness, not fear, but a deep thirst for life and love. I leaned on my husband not out of desperation, but out of gratitude and connection. Healing was no longer theoretical. It was real.

As a military spouse, I have also sat on the other side of command tables where I once worked as a clinician- clutching a friend's hand as she tried to advocate for her husband's brain injury, his drinking, and his racing mind. I remember looking at her tear-streaked, exhausted face thinking: there is a treatment. A treatment shown to help restore neural connections and heal the injured brain. Yet to access it, he would have to leave the country he sacrificed his mind for.

Our veterans and their families should not have to travel abroad to receive effective, evidence-based care.

Our lives are short. We deserve the best quality of life possible, and so do those who have sacrificed so much in service to our nation.

SB 3199 offers a responsible, medically guided pathway to expand access to psychedelic-assisted therapies for veterans and their spouses who have run out of options. Based on both my clinical experience and the growing body of neuroscience research, I firmly believe this legislation can save lives, restore families, and reduce long-term suffering.

I respectfully urge you to support SB 3199.

Thank you for your time, your leadership, and your commitment to the health of veterans and families.

Megan Vaughan



My name is Breanna Crenshaw. I am the spouse of an Army SOF Veteran and a Licensed Clinical Social Worker. I am in support of SB3199 My written testimony follows in the words below, although the profound and limitless impact of Psychedelic Assisted Therapy can hardly be scribed...

I began my social work career in 2014 and quickly entered into trauma treatment and crisis intervention. I have worked in various settings with individuals and groups ranging from domestic violence, end of life support, and with veterans who were identified as high risk for completing suicide. I have witnessed the impact of complex trauma on the mind, body, and spirit.

A majority of evidenced based therapeutic approaches and medical interventions attempt to separate these three areas of need and therefore leave the person only partially healed at best. Psychedelic Assisted Therapy and the safe use of these sacred medicines works to integrate the person's entire being and experience to access deeper levels of processing and healing. The result is incomparable to other treatments and has far exceeded the benefits that I've witnessed with other modalities such as psychotherapy therapy, somatic therapies, intensive treatment programs, EMDR, SGB, and hormone replacement.

After enduring vicarious trauma in my household, I became misaligned from my own individual wellness and my mental health suffered significantly. I battled with suicidal ideations and isolation from my support network. Feelings of helplessness and resentment were rampant and deteriorating the marriage. While my husband's mental health rapidly declined, my own anxiety and depression increased. My coping strategies were minimally effective whilst trying to manage my first pregnancy and eventually becoming a new mother. Like many, our family turned to Psychedelic Assisted Therapy out of desperation. We had to travel outside of the country in order to legally and safely access treatment, take time off of work, and arrange for child care. I can confidently say these medicines are life saving and invaluable. Our family went from a state of almost constant crisis with moments of reprieve (typically with bandaid approaches, substances, or simply fatigue from the cycle of emotional turmoil) to a state of mutual respect, compassion, clarity, and freedom from our vices). Suicide is no longer a thought for either my husband or myself. We are better people, partners, and parents.

In my personal life and career I have been made keenly aware of the unique struggles that individuals and their families endure, and the suicide epidemic plaguing the veteran community. In my current role as Director of Women's Programs at a veterans non-profit supporting these treatments, I aid in reviewing thousands of applications from veterans and their spouses who are fighting for their lives and pleading for relief from their symptoms. I quickly identify that each of these individuals deserves access to these healing methodologies and that funding and access is extremely limited. It often feels like I am choosing who lives or dies with the approval or decline of an application.

Science and personal testimony have displayed the life changing impact of these treatments for many years, and for many years before that these medicines have been used in ceremony to offer healing for individuals in deep need. Our veterans and their families deserve access to effective treatments in the country that they served, and in settings that will preserve the safety and integrity of both the medicine and the vulnerable person seeking assistance. We have a duty to care for those who have sacrificed themselves to protect our freedom, and a general duty to take care of one another throughout the human experience.

My name is Tracey Bryan, I live in Tyler, TX and I am writing in strong support of SB3199, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

My husband is a 20 year US Navy veteran who suffered from the effects of traumatic brain injuries and post traumatic stress after multiple combat deployments during his career. In 2022 he had the opportunity to travel to Mexico to receive treatment with psychedelic therapies. After 5 years of trying various pharmaceuticals, multiple inpatient programs, and weekly traditional therapy - we were desperate and this seemed like a last-ditch effort to find some sort of end to the suffering. As someone who works in clinical research, I was skeptical. Surely if there was something more effective than what his doctors were offering - it would be available here in the US! His experience completely changed our lives in a way that is hard to explain on paper. He is living a life of joy, purpose, and hope now thanks to his treatment in Mexico. My perspective on our systems for pharmaceutical and substance regulation here in the US has shifted and not for the better. After seeing the healing that my husband and so many of his special operations brothers have received from these plant medicines outside of our country, I am ashamed that stigma and bureaucracy have been preventing us from exploring more widespread availability for these therapies.

In 2025, my husband and I were blessed to be able to share our story and testify in front of the Texas State Legislature in support of the Texas Ibogaine Initiative, an effort to secure \$50 million in state funds to support clinical trials into the efficacy of the psychedelic ibogaine - in hopes of obtaining FDA approval for this therapy to treat PTSD/TBI and opiate use disorder. After hearing the testimony of scientists, advocates and so many veterans with hope and life in their eyes after this psychedelic treatment, the vote to pass the legislature in both the Texas House and Senate was nearly unanimous across party lines. This response restored my hope in our government as one that does care about its citizens and is at least willing to explore the possibility that these therapies have the high potential to not just save lives, but to enable people to truly thrive and live a happy and productive life. I encourage you to look at the science, open your minds to these testimonies, and consider laws that other states have already passed to be able to provide the citizens of Hawaii with the healing modalities that could save lives and allow people to not just white knuckle their way through life, but to thrive.

Mahalo for the opportunity to testify in support of SB3199.

Tracey Bryan

My name is Brandon Bryan, I live in Tyler, Texas and I am writing in strong support of SB3199 which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.. Psychedelic medicine has saved my life and I believe it has the capability to help so many others.

As a veteran, I've spent numerous years fighting the demons in my head alone. I drank myself to sleep most nights after my deployment to Iraq in 2008. Physically, I came home, but mentally and spiritually, something had shifted in me, and it wasn't for the best. I was full of rage, anger, hate, resentment, and trauma built up since childhood, but it made me good at my job and it was praised. Even though I was in this Brotherhood, there weren't many that I could confide in due to the stigma of being considered weak. I was completely overwhelmed with guilt, shame, depression, anxiety, and suicidal ideation.

After drinking the symptoms away for a decade, the wheels finally came off on March 6, 2018. Leading up to this incident I had three deaths in my family, my ex-wife was threatening to leave me, and I had sustained a traumatic brain injury the month before. My life was in complete chaos and turmoil. I found myself in a Xanax- and alcohol-induced flashback, barricading myself in my home. I had a pistol on me and I was going to take my own life in fear the enemy would capture me. Luckily in my stupor I called my best friend who also got hold of some guys from the team and our team psychologist. One of my teammates was able to talk to the police officers on scene and deescalate the situation.

From there, I underwent various inpatient treatments for alcohol and drug rehabilitation, Post Traumatic Stress (PTS), and traumatic brain injury (TBI). I followed each of those treatment programs to the best of my ability, but I couldn't find complete relief. I was committed to staying alcohol free, I swallowed every pill the doctors threw at me, and was in talk therapy weekly—but I was still ready to end my life.

After four years remaining sober from alcohol and trying all that Western medicine had to offer, on October 1, 2021, one of my Special Warfare Combat Crewman brothers took his own life. I had previously found Veterans Exploring Treatment Solutions (VETS) through online searches but was hesitant to apply because I felt that there were guys worse off than me or had more deployments than me; in my mind, I wasn't "that bad." But after my teammate took his own life, I knew I wasn't too far behind him. I applied for a grant and went to Mexico in January 2022. My experience with psychedelic therapy was the single most spiritual experience of my life. It has given me a new lease on life, true love for myself and others, and most importantly, a relationship with the Almighty God. Psychedelic-assisted therapy is not a magic pill, but it was an opportunity to shift my perceptions and work on becoming the best version of myself FOR myself. With the support of trained therapists, I was finally able to reframe my traumatic experiences and find a sense of peace that had long eluded me. The therapy taught me that vulnerability is not a weakness but a strength—a crucial part of healing that allowed me to reconnect with the camaraderie I had missed since leaving the military.

As someone who has walked the line between hope and despair, I am proof that there is another way. Psychedelic-assisted therapy offered me a second chance at life, and I believe it can do the same for many others. I humbly ask that you support this measure to allow the citizens of Hawaii the opportunity to one day experience the healing that I had to leave this country to receive.

Mahalo,  
Brandon Bryan

**SB-3199-HD-1**

Submitted on: 4/1/2026 6:10:19 AM

Testimony for FIN on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Margot Crandall, MD	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Todd, Vice Chair Takenouchi, and Members of the House Finance Committee,

My name is Margot Crandall, I live on Maui and I am writing **in strong support of SB3199 SD1 HD1**, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

I am an internal medicine physician who worked for years in primary care with Kaiser Maui, followed by a career in hospital medicine. I have extensive first hand experience with the toll that poorly treated mental health and substance abuse issues can take on individuals, their loved ones, and the community. There are also treatment limitations intrinsic to Maui's location. The pharmaceutical options are too often ineffective and/or have harmful side effects. I'm so excited by the potential of breakthrough therapies like MDMA and psilocybin. The studies that have taken place, and those that are ongoing, demostate efficacy and safety.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need. **Please pass this bill.**

Mahalo for the opportunity to testify in support of SB3199 SD1 HD1.

**SB-3199-HD-1**

Submitted on: 4/1/2026 6:13:20 AM

Testimony for FIN on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sam Magnotto	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Todd, Vice Chair Takenouchi, and Members of the House Finance Committee,

My name is Sam Magnotto & I live in Paia, Maui. I am a psychiatrist nurse with over 18 years of experience & now a psychiatric-mental health nurse practitioner (PMHNP). I am writing **in strong support of SB3199 SD1 HD1**, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

All too often, Hawai'i has been behind the trends on emerging medical treatments- this is a rare opportunity for us to be ahead of the curve. With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

Mahalo for the opportunity to testify in support of SB3199 SD1 HD1.

Sam Magnotto, PMHNP, BC, BSN



## Testimony for SB3199 SD1

Aloha Chair Todd, Vice Chair Takenouchi, and Members of the House Finance Committee,

My name is Regina Bray, I live in Ewa Beach, Hawaii and I am writing **in strong support of SB3199 SD1**, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

As an Army Veteran, I have lived with trauma that did not respond to traditional mental health treatments. Medication left me numb, talk therapy couldn't reach the pain I carried, and nothing offered lasting relief. As a nurse, I turned to research and began exploring alternative, evidence informed options. Through conversations with other veterans, I learned about plant based therapies that had helped them when nothing else had.

Eventually, I saved enough money to travel outside the United States to access care that is not yet available to me here at home. Taking that leap changed my life. While plant based medicine has not "cured" the trauma, it has given me the stability, clarity, and internal footing I needed to continue the lifelong work of healing.

What upsets me—and what brings me here today—is the reality that people must leave their families, their communities, and their country to receive care that could be safely provided here in Hawai'i. Veterans, first responders, and countless others should not have to cross borders to access treatments that may finally offer relief after years of suffering. Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses.

Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD, respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities. Mahalo for the opportunity to testify in support of SB3199 SD1.

v/r  
Regina Bray  
Family Nurse Practitioner

**SB-3199-HD-1**

Submitted on: 4/1/2026 10:00:04 AM

Testimony for FIN on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Edith Garcia	Individual	Support	In Person

Comments:

Chair, Vice Chair, and Members of the Committee,

My name is Edith Garcia. I am writing this testimony from Hawaiian Acres, Hawai‘i. I am a combat Navy veteran, a Hawai‘i resident, a healthcare administrator, a patient advocate, and the co-founder of the Big Island Veteran Club at UH Hilo. I am writing in strong support of SB3199.

SB3199 is not a bill to immediately legalize psychedelic therapies. Rather, it responsibly prepares the State of Hawai‘i for the integration and implementation of emerging mental health treatments by establishing a task force to study clinical research, safety protocols, ethical implementation, and culturally informed care models that promote trauma-informed and compassionate care.

From a financial and systems perspective, this bill is both strategic and necessary.

Before ever considering emerging therapies, I fully engaged with the existing system. I participated in years of therapy, trialed multiple medications including SSRIs, and revisited prior treatments in hopes of improvement. While these interventions provided some stabilization, they often fell short of meaningful healing. Over time, I developed chronic health concerns and navigated a complex VA system that, at times, contributed to my medical trauma.

This is not just a personal story—it reflects a broader systems issue.

Chronic mental health conditions such as PTSD and treatment-resistant depression contribute to:

- Increased long-term healthcare utilization
- Disability compensation costs
- Emergency care and hospitalization
- Loss of workforce participation

When treatments are ineffective, the financial burden does not decrease—it compounds over time.

After exhausting available options, I made an informed decision to pursue emerging therapies. I had to leave the United States to access care. While I was fortunate enough to travel, many veterans in Hawai‘i cannot. Our geography already creates barriers to care, and this further widens disparities.

This is an equity issue—and a financial one.

States across the country are already taking action to prepare responsibly:

- In Colorado, voters passed regulated psilocybin access under the Natural Medicine Health Act, which is now being implemented with licensing, training, and safety oversight structures.
- In Texas, lawmakers allocated state funding to support clinical research into ibogaine-assisted therapy specifically for veterans with treatment-resistant PTSD.
- At the federal level, the U.S. Department of Veterans Affairs has begun funding and participating in research on MDMA- and psilocybin-assisted therapies, though these treatments are not yet widely accessible within the VA system.

Additionally, the U.S. Food and Drug Administration has granted Breakthrough Therapy Designation to both MDMA-assisted therapy for PTSD and psilocybin-assisted therapy for treatment-resistant depression. This signals that federal approval pathways are actively progressing.

However, there is currently a gap between research and real-world access—especially within systems like the VA.

SB3199 positions Hawai‘i to close that gap responsibly.

This bill allows the state to:

- Evaluate cost-effectiveness of emerging therapies compared to long-term chronic care
- Develop infrastructure before demand increases
- Reduce future strain on public healthcare systems
- Ensure that when federal approval occurs, Hawai‘i is not left behind

As a veteran, I want to emphasize: access to substances is not the primary issue. The real need is access to safe, structured, medically supervised, and trauma-informed care. Without this framework, outcomes are inconsistent and risks increase.

SB3199 is about building that framework before access expands—not after.

This is fiscally responsible, clinically informed, and ethically grounded policy.

Our veterans have already paid the cost of service. We should not require them to continue paying through ineffective care systems when better options are on the horizon.

I respectfully urge you to support SB3199.

Mahalo for your time and consideration,  
Edith Garcia  
Combat Navy Veteran



**Testimony in Support of SB3199**  
Hearing on April 2, 2026, at 2:00 p.m.  
House Committee on Finance

Aloha Chair Todd, Vice Chair Takenouchi, and Members of the Committee. My name is Vanessa Torres. I flew in from Pahoia to speak in person today because of how strongly I believe in SB3199. I currently serve as the Public Relations Officer for the American Legion Hilo Post 3, but am here today for myself and those like me that have personally benefited from legal breakthrough therapies. Today I want to share my experience gaining access to these therapies.

I am a retired Marine, the wife of a retired Marine, and mother of a Marine. My family fully understands service, sacrifice, and the struggles that accompany them. Having endured a devastating series of traumas in service, I was diagnosed with Complex PTSD and Major Depressive Disorder. My understanding of mental health conditions is both personal and academic. I hold a bachelor's in psychology, yet that knowledge did not shield me from depression or loosen anxiety's grip. What it did give me was a clear understanding of the science.

Eight years ago, I learned of promising psychedelic research for PTSD patients. I took serious note of the unmatched results, but believed therapy would be my path. I sought therapy often after Iraq, but, like many, my condition worsened with time. I eventually needed a skilled psychologist. I was one of the lucky ones who found the most caring, highly skilled neuroscientist whose dedication held the line between my despair and survival. Despite her best efforts, I was not participating in life, and the alternative still felt like an option.

With a bleak reality before me, and having two friends who lost the battle of their mind, I couldn't bear what the aftermath would be for my family. I looked to alternatives and met a dear friend who connected me with a non-profit providing the breakthrough therapy I was seeking. I underwent two days of psilocybin therapy, with safe, professional wrap-around care, in a licensed facility. Two days of medicine healed what nothing in 20 years could. The result was not temporary relief; it was joyful restoration. I no longer desired isolation over engaging with family. Where I would once break down, I now stand firm. After decades of anguish, my family was finally able to meet the calm version of me, the one that knows peace.

I could never have imagined I would need this type of treatment, but I'm here today as a testament to its profound ability to heal. The only problem with my journey was that I couldn't heal at home. My family endured a heavy financial burden so I could travel to the mainland for this treatment. I managed the cost, but not all can.

This bill is an initial step in a long process to bring true mental rehabilitation and help communities heal. A mentally fit individual makes for a mentally fit family, makes for a mentally fit community. Research is showing these therapies yield better results than what is currently available for prescription. Please guide the way and do not fall behind others in the process of creating a framework to implement research and regulate patient access.

Please support SB 3199, because real support of veterans and first responders is not spoken, it's legislated. Mahalo for your time.

## **Testimony in Support of SB3199**

House Committee on Finance | Wednesday, April 2, 2026 at 2:00 pm

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

My name is Lauren Myers, and I am writing to express my strong support of SB3199, the bill which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies. I share this as both a veteran and the spouse of a veteran Navy SEAL who suffered deeply from PTSD and traumatic brain injury.

For years, I watched my husband struggle. He tried everything available to him including treatments through the VA, civilian providers, and a wide range of prescription medications. None of it helped. The medications often made things worse. They dulled his emotions, disrupted his sleep, and left him feeling more hopeless than before.

After nearly five years of searching for relief, someone told him about psychedelic therapy. At that point, we were out of options and willing to try anything. That decision changed everything. It was the first and only treatment that brought him lasting peace and healing.

Watching his transformation gave me the courage to address my own trauma. As a veteran myself, I had been living with PTSD for years. I chose to try psychedelic therapy, and it helped me in ways no other approach ever had. It did not just help us individually. It saved our marriage and brought stability back to our family.

We are not alone in this experience. I personally know many veterans and spouses who have found hope and healing through these treatments when nothing else worked. This is not a last resort. It is a vital path forward that can offer real and lasting change.

Please support this legislation. Veterans, their families, and those living in Hawai'i deserve access to every effective tool for healing. We cannot afford to turn our backs on what is working.

Mahalo,  
Lauren Myers

**SB-3199-HD-1**

Submitted on: 4/1/2026 1:15:33 PM

Testimony for FIN on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Amanda Lillibridge	Individual	Support	Written Testimony Only

Comments:

**Testimony in Support of SB3199**

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

My name is Amanda, I live in Honolulu and I am writing **in strong support of SB3199**, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

Outside of the undeniable science that has proven the efficacy of psychedelic breakthrough therapies as effective healing modalities, I can add that my anecdotal experience with the medicine has been nothing short of profound. These modalities have played a monumental role in my own personal health journey and trauma. I can say without a doubt that I would not have found the hope, perspective shift, or healing from debilitating adolescent trauma without having encountered this medicine.

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These impressive results have led the U.S. Food & Drug Administration (FDA) to grant psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. Please support this measure, which supports research and prepares medical professionals for breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

Mahalo -  
Amanda

Aloha Chair Chris Todd, Vice Chair Jeanna Takenouchi and Members of the Committee,

My name is Bobby Farmer, and I'm a resident of the island of Hawai'i. I am writing **in strong support of SB3199 SD1 HD1**, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

I served 22 years in the United States Army, including 14 years in Special Forces, with 10 combat deployments to Iraq and Afghanistan. I was wounded in combat.

For over two decades, I was trained to be a weapon. Then I was sent home and told to find peace. But after seeing the worst humanity can do to itself, that doesn't just turn off. The war doesn't stay overseas — *it follows you home*.

I sought help through our Western mental health system. I did everything I was supposed to do. But nothing brought lasting relief.

It wasn't until I traveled to Mexico through a nonprofit serving veterans and received Ibogaine treatment that I experienced real healing — **clarity, peace, and hope** from trained professionals.

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

Please **support SB3199 SD1 HD1** so veterans like me don't have to leave Hawai'i to find healing they desperately need.

Mahalo,

*Bobby Farmer*

Veteran | Hawai'i island

**SB-3199-HD-1**

Submitted on: 4/1/2026 12:36:26 PM

Testimony for FIN on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Stephen Anderson	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Chris Todd, Vice Chair Jeanna Takenouchi and Members of the Committee,

My name is Stephen Anderson, I live in Kamuela on the Big Island. and I am writing in strong support of SB3199 SD1 HD1, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

I'm a Vietnam veteran. My MOS was 11B infantry recon radio

telephone operator... I was drafted in 1970 and spent a year on the ground in north Vietnam.

When I managed to get home there was no reception... No "Thank you for your service!" Somehow, I pushed everything down and never talked about it or never even mentioned where I had been and what had happened. The most traumatizing experience was in my very first week on the ground in country.

A squad of American helicopters circled around our position, firing machine guns and killing one of us, as well as hitting my helmet and my backpack. They circled us 3 times firing everywhere. Our point man finally took off his shirt and waved a white flag in the middle of a rice field, and we saw the look on the helicopter gunners' faces. They were as terrified as we were. Nothing ever became of that horrifying incident, and we were told to continue our mission.

I became indifferent to my family and ended a short marriage... tried everything from counseling and medication but nothing helped my loneliness and depression so I finally, with the help of my son, turned myself into the VA and told them I was going to take the whole bottle of Ambien that I was prescribed. They kept me there for three days and finally put me in the VA hospital for six weeks.

I was diagnosed with severe depression, trauma, hypertension, and of course, PTSD. It was then that I learned of getting treatment with psilocybin... including before during and after therapy counseling.

It is without any hesitation in my mind that I stand behind the value of therapeutic psychedelic medicine to help combat trauma.

The main thing is that I felt love again, and I could see that other people notice a change in me so my relationships improved. That therapy I had was five years ago and I haven't thought about suicide ever since.

I truly believe that this kind of therapy can help other veterans and people who have trauma in their lives. It saved my marriage and my relationship with my family and I have had no adverse side effects whatsoever. I am now happy living in a relationship with my wife in Hawaii. I also have my dog and my son and my granddaughter.

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

Mahalo for the opportunity to testify in support of SB3199 SD1.

Thank you for your consideration and passing SB3199 this very healthy alternative to prescriptive medicine which has really been exhausting.

Mahalo,

Stephen Anderson

Kamuela, Hawaii | Vietnam Veteran

**Testimony in Support of SB3199**  
Hearing on April 2, 2026, at 2:00 p.m.  
House Committee on Finance

Aloha Chair Todd, Vice Chair Takenouchi, and Members of the Committee, my name is Matthew Torres, I am a resident of Pahoia on Hawai'i Island, I serve as the Finance Officer for American Legion Post 3. I strongly support SB3199, establishing a Mental Health Emerging Therapies Task Force to prepare the State for safe, ethical, and culturally informed integration of breakthrough therapies, expanding clinical research pathways, and developing policy recommendations for implementation.

I am a retired combat veteran and have been married to Vanessa Torres for 21 years. She is providing testimony in person today. Before we were married, we deployed to Iraq together in 2003. I witnessed much of what she went through, and the rest she shared with me. The level of trauma she experienced during her service, both combat and non-combat, was greater than many of my peers. I am writing to offer my perspective on the treatment process and the value of psilocybin therapy, and how it has positively impacted her life, and our life together.

Vanessa was diagnosed with Complex Post-Traumatic Stress Disorder (C-PTSD) because of her military service. She sought treatment for years, working with multiple mental health professionals, from family counselors to a PhD neuropsychologist whom she saw consistently for five years. While therapy provided some progress, nothing fully resolved the underlying trauma. In 2024, we met a couple at a veteran's event who had gone through different forms of break-through therapy. With their guidance, Vanessa pursued treatment herself. However, the only legal options for safe, regulated access required traveling to the mainland, or internationally to Peru or Mexico.

Although portions of the program were covered, travel expenses were not, including airfare and lodging required due to distance. As retired veterans living on fixed incomes, this created a significant financial burden. Nevertheless, we made it happen because we believed this treatment could finally help her confront what years of traditional therapy could not. I can tell you plainly; after treatment, she is a different person. No amount of EMDR, or talk and behavioral therapy brought her the level of peace that two sessions of plant-based medicine did. The change has been profound, not only for her, but for our family.

Because of what I have witnessed firsthand, I have applied to receive the same treatment this spring to address my own C-PTSD, it will be at our own personal expense once again.

Please consider the potential quality of life improvements this research provides to its participants, it is not only for combat veterans, but also for survivors of domestic violence, and for those affected by tragedies such as the Maui fires. We have sacrificed enough. We should not have to leave the state we live in and love to access care that could meaningfully restore our lives.

Several decades of research has shown the clinical effectiveness of psilocybin and MDMA in treating depression, addiction, and PTSD, particularly in treatment-resistant cases like those we have experienced. Both of these medications have received FDA Breakthrough Therapy designation. We now have an important role in establishing safe, legal, therapeutic access. Efforts in other states show that responsible legislation, like this bill proposes, can expand pathways for those in need. Hawai'i should be prepared to responsibly integrate these emerging therapies.

Mahalo for your time and consideration.

Aloha Chair Chris Todd, Vice Chair Jeanna Takenouchi and Members of the Committee,

My name is Vicky Farmer, and I live on Hawai'i Island. I am writing in **strong support of SB3199 SD1 HD1**, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

### **A Crisis We Can No Longer Ignore**

Suicide is the second leading cause of death in Hawai'i. For years, we were told 22 veterans a day were dying by suicide.

Now we know the truth—it's closer to 44 a day. Since 2001, about 7,000 service members have died in combat.

But over 140,000 veterans have died by suicide. Think about that. For every one life lost on the battlefield, nearly 20 are lost at home. This is not just a statistic. This is an epidemic.

### **This Is Personal**

I am a veteran spouse. My husband served 22 years in the U.S. Army and completed 10 combat deployments. He survived the war abroad... but almost lost the war at home.

He was exposed to IEDs, burn pits, heavy weaponry, mass casualties. He was shot.

He lost brothers in combat—and then lost more to suicide.

The military trained him for war but not to return home to be a husband or father.

### **We Did Everything We Were Told To Do**

The VA's solution?

Thirteen medications.

Thirteen medications that left him numb... disconnected... barely present.

We tried everything:

- Therapy
- EMDR
- Neurofeedback
- Meditation
- Hyperbaric oxygen
- Equine therapy
- And more

Nothing worked. Nothing even scratched the surface. And eventually, we found ourselves in a place no family wants to admit: We were facing the possibility of losing him to suicide.

### **When Nothing Works, You Rethink Everything**

I started seeing research on psychedelic-assisted therapies. At first, I thought it sounded extreme. Even dangerous.

But when you're out of options... you start asking different questions. I dove into the research—clinical trials, veteran testimonies, data.

Again and again, I saw something we hadn't seen in years: **Hope**.

We found a nonprofit helping veterans access treatment outside the U.S. VETs Solutions founded by a Navy Seal and his wife, Marcus and Amber Capone.

We applied.

We received a grant.

And we got on a plane.

Because the care he needed... wasn't available in the country he served.

### **A Catalyst for Healing**

What happened next wasn't a miracle. It wasn't instant. But it was a turning point. For the first time in years, my husband felt relief. It gave him something back:

- The ability for his brain to heal
- Space to breathe
- The capacity to process trauma instead of re-live it

It gave him his life back. It gave US our life back.

Something that Stanford, Harvard, Yale, Johns Hopkins research is proving over and over and over again.

These medicines **work**. And we are **living proof**.

### **Because This Doesn't Just Affect Veterans**

PTSD doesn't stop with the veteran. It ripples outward—into spouses, into children, into entire families. We carry the weight of war too. But here's the other truth: Healing ripples outward too.

When one person heals, a family heals.

And when families heal, communities heal. Together.

### **We Call Them Heroes—But Deny Them Healing**

We say, "Thank you for your service." But gratitude without action is empty. How can we call them heroes... while denying them access to treatments that could save their lives? Why are veterans forced to leave the United States, the country they served—to find healing somewhere else?

That is unacceptable.

### **This Is Not Political—It's Human**

This isn't about being red or blue. This is about life and death. This treatment is not for everyone. But it is a proven tool.

We are not asking for blind faith. We are asking for science-backed solutions. And we are asking to remove the stigma that keeps people suffering in silence.

### **Why Hawai'i Must Lead**

Hawai'i has a choice. We can wait. Or we can lead. We can create safe, ethical, and culturally grounded pathways for emerging therapies. We can support research. We can expand access. We can become a model for the rest of the nation. Because families are breaking now. Lives are being lost now.

### **A Call to Action**

Veterans deserve healing. First responders deserve healing. Families deserve healing. My husband served this country for 22 years. He should not have to leave it... just to heal.

Let Hawai'i lead.

Let Hawai'i be the light.

Let Hawai'i be the beacon.

Because we cannot wait.

### **The Science Speaks for Itself**

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

Mahalo for the opportunity to testify in **support of SB3199 SD1 HD1**.

### **The Time to Act Is Now**

SB3199 prepares Hawai'i to responsibly provide access to those who need it most:

Veterans who served on the frontlines, and first responders who stand on the frontlines here at home police officers, firefighters, EMTs —individuals who witness trauma not once, but hundreds of times throughout their careers.

Different uniforms. The same invisible wounds.

And Families carrying invisible trauma.

And many others for whom traditional treatments have failed.

Every member of this committee has the power to move and pass this bill. Please pass SB3199 —for the families still struggling, for the veterans still fighting to stay, and in honor of those who didn't make it home.

Mahalo, mahalo, mahalo,

*Vicky Farmer*

Hawai'i Island Resident | Veteran Spouse

**SB-3199-HD-1**

Submitted on: 4/1/2026 5:23:46 PM

Testimony for FIN on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sam Tramonte	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Todd, Vice Chair Takenouchi, and Members of the House Finance Committee, as well as all present.

My name is Sam Tramonte, I live on Maui, and I am writing in strong support of SB3199 SD1 HD1.

My life would not be the same without the very positive influence of psychedelics. The therapeutic result for me was moving from a traumatized, depressed, numb, and apatehtic state, to being able to transform into a newer and better version of myself, with improved mental health, service to others, altruism, openheartedness, expansion of thought, and living with more virtue, inclusivity, equality, integrity, honor, spirituality, forgiveness, compassion, love, and aloha.

At some point in the future our descendants on island and in the world will look back on 2026 and be curious why it took us so very long to adopt policies that would help our own kind heal, ameliorate their condition, and be more loving and intelligent individuals. These positive effects are availble to us all, as well as future generations. Humankind can get a better chance to heal within and in turn be kind to their kin. I am hopeful and optimisitic.

Please make the decision now that will help posterity. Our descendants are counting on us.

Mahalo nui loa,

Sam Tramonte

**SB-3199-HD-1**

Submitted on: 4/1/2026 7:46:46 PM

Testimony for FIN on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Julia Hengst	Individual	Support	Written Testimony Only

Comments:

**Testimony in Support of SB3199 SD1 HD1**

Hearing on April 2, 2026 at 2pm

House Committee on Finance

Aloha Chair Todd, Vice Chair Takenouchi, and Members of the House Finance Committee,

My name is Julia Hengst, I live in Kahului, Maui and I am writing **in strong support of SB3199 SD1 HD1**, which establishes the Mental Health Emerging Therapies Task Force to prepare the State for the integration of breakthrough therapies, expansion of pathways for clinical trials and clinical research, and development of policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

I am a licensed Marriage and Family Therapist (licensed in both HI and CA), and can honestly say that psychedelic medicines saved my life several times, in many ways. They activate massive amounts of neural pathways, literally allowing us to see reality differently, from more perspectives. Sometimes just one new way of seeing things is enough to shift our mental health in a more stable direction. There is a reason these medicines are sacred in many cultures. They allow us to access more levels of consciousness if used ritually and properly. Regulating these medicines will help people know how to use them wisely rather than thoughtlessly.

It is a hard time on the planet and we need all the tools we can use to help people out of so much suffering. Please help Hawaii be on the frontline of new mental health frontiers.

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies, so it is with growing certainty that scientists and medical professionals are now working with policymakers to create access to safe and non-addictive therapies like psilocybin and MDMA for therapeutic uses. Research from major institutions around the world shows psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and more. Similarly, MDMA is showing groundbreaking efficacy in treating post-

traumatic stress disorder (PTSD). As a result, psilocybin and MDMA are increasingly considered some of the most effective, non-addictive, and safe treatment options for treatment-resistant depression and PTSD respectively, when administered in clinical settings. These results have led the FDA to grant both psilocybin and MDMA their Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA and other breakthrough therapies. Initiatives like the passage of Measure 109 in Oregon (2020) and Natural Medicine Health Act in Colorado (2022) are paving the way for people who suffer from treatment-resistant mental health ailments to get the help they need.

With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psilocybin, MDMA and other breakthrough therapies. We do not want the citizens of Hawai'i to miss out on these healing modalities.

Mahalo for the opportunity to testify in support of SB3199 SD1 HD1.

Julia Hengst, LMFT #613 HI #83000 CA

**SB-3199-HD-1**

Submitted on: 4/1/2026 9:33:45 PM

Testimony for FIN on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Doora Shin	Individual	Support	Remotely Via Zoom

Comments:

**TESTIMONY IN STRONG SUPPORT OF SB3199 SD1 HD1**

House Finance Committee | April 2, 2026, 2:00 PM

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

My name is Doora Shin, and I am a resident of Honolulu (‘Āina Haina). I work as a consultant in the nonprofit and public policy space in Hawai‘i, with a focus on advancing equitable, evidence-based solutions that improve community well-being. I am writing in strong support of SB 3199.

This bill allows Hawai‘i to responsibly prepare for emerging mental health therapies. SB3199 is not about decriminalization or legalization, but instead, it is about readiness.

Hawai‘i is already facing a serious mental health crisis. Veterans, first responders, and individuals living with trauma or severe depression are not finding relief through existing treatments. Many have tried all available, legal treatments with no relief or resolution. All while the FDA has granted breakthrough therapy designation to treatments such as MDMA-assisted therapy for PTSD and psilocybin-assisted therapy for treatment-resistant depression, signaling that studies are showing groundbreaking potential for these breakthrough therapies to close the gap on treatment efficacy.

I respectfully urge you to support SB3199 so that Hawai‘i can prepare intentionally for future federal approval of emerging therapies that have immense potential to save lives and provide relief to veterans and community members suffering from mental health issues.

Mahalo for the opportunity to testify.

Doora Shin

**SB-3199-HD-1**

Submitted on: 4/2/2026 6:37:16 AM

Testimony for FIN on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sandra antonios	Individual	Support	Written Testimony Only

Comments:

Testimony in Support of SB3199 SD1 HD1

Hearing: April 2, 2026, 2:00 PM

Committee: House Committee on Finance

Aloha Chair Todd, Vice Chair Takenouchi, and Members of the House Finance Committee,

My name is Sandra Antonios. I am a long-time resident of Maui, and I am writing in strong support of SB3199 SD1 HD1, which establishes the Mental Health Emerging Therapies Task Force. This task force is a critical step in preparing Hawai'i for the integration of breakthrough therapies and the development of safe, ethical, and culturally informed implementation policies.

My support for this bill is informed by my professional background as a therapist. I served as a researcher in FDA-approved MAPS (Multidisciplinary Association for Psychedelic Studies) clinical trials, specifically studying MDMA-assisted psychotherapy. During this research, we worked with severely traumatized clients for whom traditional treatments had failed.

Our research included veterans, survivors of sexual abuse, and individuals struggling with severe childhood trauma, substance abuse, and treatment-resistant depression. The clinical results were astounding. We observed significant recovery in individuals who were previously non-functional in society, unable to maintain employment, or incapable of sustaining healthy relationships. Most critically, these therapies provided a path to stability for individuals at high risk of suicide. Witnessing these breakthrough successes firsthand confirms that these modalities are not merely experimental, but life-saving interventions for those with treatment-resistant conditions.

Over the past two decades, scientific understanding of these therapies has evolved:

- **Clinical Efficacy:** Research shows psilocybin and MDMA are effective tools for treating PTSD, depression, and end-of-life anxiety.
- **Safety Profile:** When administered in clinical settings, these substances are non-addictive and provide a viable alternative for patients who have exhausted all other medical options.

- Regulatory Standing: The FDA has granted both psilocybin and MDMA "Breakthrough Therapy" designations.

Hawai'i has the opportunity to follow the lead of states like Oregon and Colorado by establishing a framework for safe, therapeutic access. We must ensure that our residents are not denied access to these healing modalities.

Mahalo for the opportunity to testify in support of SB3199 SD1 HD1.

**SB-3199-HD-1**

Submitted on: 4/2/2026 11:26:41 AM

Testimony for FIN on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Sian Strong	Individual	Support	Written Testimony Only

Comments:

Aloha Members of the House Finance Committee,

Sian Strong here in Kailua Kona. I strongly support SB3199 SD1 HD1. I'm a Vet, and working commercial boat captain, with way too many stories of folks not benefitting from the current mental health medical model.

Hawaii is the only Western Blue state not on board here. There are several Western Red states ahead of Hawaii on this. Time to change that.

Thx for your time.

Sian Strong

**SB-3199-HD-1**

Submitted on: 4/2/2026 11:58:37 AM

Testimony for FIN on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Erica Yamauchi	Individual	Support	Written Testimony Only

Comments:

I am in strong support of this bill, and expanded access to these life-saving therapies.

Erica Yamauchi, Kaimukī/Wilhelmina Rise