

**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 Senate Committee on Health and Human Services  
IN SUPPORT OF S.B. 3199 SD1  
RELATING TO MENTAL HEALTH  
February 25, 2026 10:57 a.m., Room 222 and Video**

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Marian Tsuji, Deputy Director  
Behavioral Health Administration

**WEBSITE:**

[scmh.hawaii.gov](http://scmh.hawaii.gov)

**EMAIL ADDRESS:**

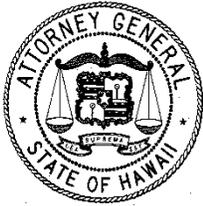
[doh.scmhchairperson@  
doh.hawaii.gov](mailto:doh.scmhchairperson@doh.hawaii.gov)

Chair Dela Cruz, Vice Chair Moriwaki, and Committee members:

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. 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.



**WRITTEN 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, RELATING TO MENTAL HEALTH.

**BEFORE THE:**

SENATE COMMITTEE ON WAYS AND MEANS

**DATE:** Wednesday, February 25, 2026      **TIME:** 10:57 a.m.

**LOCATION:** State Capitol, Room 211

**TESTIFIER(S):**      **WRITTEN TESTIMONY ONLY.**

(For more information, contact Michelle E. Nakata,  
Deputy Attorney General, at (808) 587-3050)

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Chair Dela Cruz and Members of the Committee:

The Department of the Attorney General provides the following comments.

The purpose of this bill is to establish a two-year Mental Health Emerging Therapies Task Force within an entity with demonstrated expertise in primary scientific research and pharmaceutical or medical education. The task force would be charged with preparing the State for the potential 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.

The S.D. 1 version of the bill changed the administrative placement of the task force from the Department of Health to within "an entity with demonstrated expertise in primary scientific research and pharmaceutical or medical education" and requires that entity to provide administrative, technical, and research support to the task force. See page 2, lines 17-20, page 5, lines 16, through page 6, line 1. Because the term "entity" is not defined or otherwise specified, the bill does not clearly identify which agency will house or administratively support the task force. The lack of specificity may create uncertainty regarding administrative responsibility and implementation. To promote clarity and ensure effective implementation, we recommend specifically identifying the entity in which the task force will be established for administrative purposes.

Thank you for the opportunity to provide comments.



# DISABILITY AND COMMUNICATION ACCESS BOARD

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

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

February 25, 2026

## TESTIMONY TO THE SENATE COMMITTEE ON WAYS AND MEANS

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

The Disability and Communication Access Board (DCAB) supports Senate Bill 3199 Senate Draft 1 – Relating to Mental Health. This bill 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. It requires reports to the Legislature. It sunsets 6/30/2028 and is effective 1/30/2050.

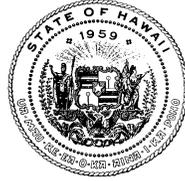
There are several emerging therapies as noted in Senate Bill 3199 Senate Draft 1 which have shown great potential in treating individuals with mental health conditions. DCAB support this task force in its efforts to ensure Hawaii residents have access to such treatments.

Thank you for the opportunity to provide testimony.

Respectfully submitted,

KRISTINE PAGANO  
Acting Executive Director

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  
RELATING TO MENTAL HEALTH**

SENATOR DONOVAN M. DELA CRUZ, CHAIR  
SENATOR SHARON Y. MORIWAKI, VICE CHAIR  
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: Wednesday, February 25, 2026, 10:57 a.m. Location: 211 & Video

1 **Fiscal Implications:** Undetermined.

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

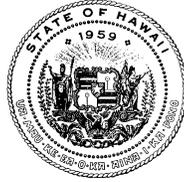
3 **Department Testimony:** The Adult Mental Health Division (AMHD) provides the following  
4 testimony on behalf of the Department.

5 The Department supports SB 3199, SD1, 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 The Department supports the amendments made by the Senate Committee on Health  
13 and Human Services as the Mental Health Emerging Therapies Task Force is best served by  
14 being administratively attached to the appropriate entity.

15 **Offered Amendments:** None.

16 Thank you for the opportunity to testify.



**STATE OF HAWAII**  
**OFFICE OF WELLNESS AND RESILIENCE**  
OFFICE OF THE GOVERNOR  
415 S. BERETANIA ST. #415  
HONOLULU, HAWAII 96813

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

Senator Donovan Dela Cruz, Chair  
Senator Sharon Moriwaki, Vice Chair  
Senate Committee on Ways and Means

February 23, 2026, at 10:57 a.m.; Room Number: 221

The Office of Wellness and Resilience (OWR) **SUPPORTS** S.B. 3199 SD1, Relating to Mental Health and defers to the Department of Health (DOH).

S.B. 3199 SD1 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

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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>

and Drug Administration. The task force's mandate is well-tailored to address the key 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



HAWAII HEALTH &  
HARM REDUCTION CENTER

677 Ala Moana Blvd, Ste 226  
Honolulu, HI 96813

(808) 521-2437

[www.hhhrc.org](http://www.hhhrc.org)

*"Reducing harm,  
promoting health,  
creating wellness, and  
fighting stigma  
in Hawai'i and  
the Pacific."*

## TESTIMONY IN SUPPORT OF SB 3199, SD 1

TO: Chair Dela Cruz, Vice Chair Moriwaki, & WAM Committee

FROM: Nikos Leverenz, Policy & Advancement Manager

DATE: February 25, 2026 (10:57 A.M.)

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Hawai'i Health & Harm Reduction Center (HHHRC) **strongly supports** SB 3199, SD 1, 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.

HHHRC Executive Director Heather Lusk and I served on the Breakthrough Therapies Task Force with the Office of Wellness and Resilience to explore ways to improve the treatment of post-traumatic stress disorder (PTSD) and major depressive disorder in Hawai'i. This state should carefully explore ways to develop a research-driven infrastructure of care that could benefit many residents who struggle with serious and long-term mental health conditions, as well as those who are nearing their end of life. We hope that the bill can be amended to provide more representation of those with lived expertise and less representation of government departments who are disinclined to support expanded access to pharmacotherapies that are currently misclassified under the federal Controlled Substances Act.

HHHRC's mission is to reduce harm, promote health, create wellness, and fight stigma in Hawai'i and the Pacific. We work with many individuals impacted by poverty, housing instability, and other social determinants of health. Many have behavioral health problems, including those related to substance use and mental health conditions, and have also been deeply impacted by trauma related to histories of physical, sexual, and psychological abuse.

Mahalo for the opportunity to provide testimony.



# Aloha Integrative Mental Health

PO Box 162, Mountain View, HI 96771

[www.alohaimh.com](http://www.alohaimh.com)

email:[admin@alohaimh.com](mailto:admin@alohaimh.com)

## Written Testimony in Support of SB3199

**Date:** 02/23/2026

**To:** Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the WAM Committee,

**From:** LeAnn Neilson, PMHNP-BC  
Clinical Director  
Aloha Integrative Mental Health  
18-1228 Kona Street  
Mountain View, HI 96771

## Re: Support of SB3199

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the WAM Committee,

As a psychiatric nurse practitioner practicing in Hawai'i, I am writing in strong support of SB3199 SD1, which would establish the Mental Health Emerging Therapies Task Force to prepare our state for the responsible integration of breakthrough mental health therapies — including expanding pathways for clinical trials, broadening access to emerging treatments, and developing policy recommendations grounded in safety, ethics, and cultural sensitivity.

Throughout my career, I have witnessed firsthand the profound challenges our communities face — particularly in the aftermath of disasters like the Lahaina fire, and among individuals struggling with treatment-resistant conditions and addiction. Our current mental health care system is overburdened, with a severe shortage of providers, limited accessibility to quality care, and conventional treatments that too often fall short or come with significant side effects. SB3199 SD1 is particularly vital for those

individuals for whom traditional methods have not provided relief — offering hope and a pathway toward healing where little has existed before.

Psychedelic-assisted therapy represents a promising, long-lasting solution that requires fewer treatment sessions while meaningfully improving patient outcomes. The science supporting these therapies has advanced significantly over the past two decades. Researchers at major institutions worldwide have documented the clinical promise of substances like psilocybin and MDMA when used in supervised therapeutic settings. Psilocybin has demonstrated meaningful efficacy across a range of conditions including depression, anxiety, addiction, and end-of-life distress. MDMA has shown remarkable results in treating post-traumatic stress disorder (PTSD) — a condition that affects veterans, survivors of trauma, and countless members of our community. Both substances are considered non-addictive in clinical contexts, and the FDA has granted both its Breakthrough Therapy Designation in recognition of their potential.

Other states are already moving forward. Oregon's Measure 109 (2020) and Colorado's Natural Medicine Health Act (2022) have created legal, regulated frameworks for therapeutic access — providing models Hawai'i can learn from as it charts its own path. And our community is preparing as well. Many residents are already educating themselves, obtaining certifications, and laying the groundwork for the day when these treatments can be offered safely and legally here at home. A nurse practitioner student from Johns Hopkins with extensive psychedelic training recently came to precept with me, with hopes of relocating to Hawai'i to help implement psychedelic-assisted therapy when the time comes. When that day arrives, we will be ready — with a well-organized, evidence-based, and culturally grounded framework for care.

SB3199 SD1 positions Hawai'i to thoughtfully and proactively prepare, rather than react, as these therapies continue to gain federal and scientific recognition. Mental health challenges touch every corner of our community. We all know someone — a family member, a neighbor, a survivor — who has struggled with treatment-resistant depression, PTSD, or conditions that have not responded to conventional care. Hawai'i's people deserve access to every safe, evidence-based healing option available, and this task force is a prudent and essential first step toward making that possible.

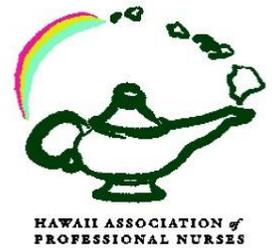
I am deeply honored to support this bill and to be part of a growing movement in Hawai'i dedicated to expanding access to these life-changing therapies.

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

A handwritten signature in black ink, appearing to read "Dr. Pauline". The signature is stylized and cursive.



# Hawai'i Association of Professional Nurses (HAPN)



To: Senator Donovan M. Dela Cruz, Chair, and Senator Sharon Y. Moriwaki, Vice Chair, Senate Committee on Ways and Means (WAM)

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

RE: SB3199 SD1 — Relating to Mental Health (Mental Health Emerging Therapies Task Force)

## **Position: Support with Amendments**

Aloha Chair Dela Cruz, Vice Chair Moriwaki, 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.

HAPN supports the bill's intent to establish a Mental Health Emerging Therapies Task Force to help Hawai'i prepare for potential federal changes involving emerging therapies and to develop recommendations for safe, ethical, and clinically sound implementation. We support thoughtful statewide planning that addresses patient safety, workforce readiness, regulatory coordination, and continuity of care.

HAPN respectfully **requests targeted amendments to ensure Advanced Practice Registered Nurses with psychiatric mental health certification (psych APRNs / PMHNPs) are explicitly included in the bill's clinical expert membership and workforce planning language.** drafted, the bill identifies psychiatrists and psychologists in the relevant clinical expert category, but does not explicitly include Advanced Practice Registered Nurses with psychiatric mental health certification, despite psych APRNs being a core part of Hawai'i's psychiatric treatment and prescribing workforce with 431 licensed providers currently.

This omission matters for implementation planning. If Hawai'i is preparing for potential future therapeutic models, the task force should include the full psychiatric clinical workforce involved in psychiatric assessment, diagnosis, prescribing, medication management, risk monitoring, and longitudinal follow-up. Advanced Practice Registered Nurses with psychiatric mental health certification provide these services across inpatient, outpatient, community, and telehealth settings and bring practical frontline expertise that will be directly relevant to task force recommendations.

HAPN also notes that SB3199 SD1 directs the task force to develop recommendations regarding training, certification, and workforce pathways. Clarifying Advanced Practice Registered Nurses with psychiatric mental health certification inclusion now will improve statutory clarity and reduce avoidable ambiguity in future recommendations related to professional eligibility, team-based roles, and implementation design.

HAPN respectfully requests the following amendments:

1. Amend the clinical expert membership language to explicitly include Advanced Practice Registered Nurses with psychiatric mental health certification (psych APRNs / PMHNPs).

Suggested language:

“Two licensed psychiatrists, Advanced Practice Registered Nurses with psychiatric mental health certification, or psychologists with expertise in trauma and post-traumatic stress disorder.”

2. Amend the workforce development/training recommendations section to clarify that eligible APRNs, including Advanced Practice Registered Nurses with psychiatric mental health certification, are included among the licensed professionals considered for emerging therapy-related roles, consistent with scope of practice and applicable law.
3. Optional but recommended: designate at least one clinical expert seat for a psych APRN with trauma/PTSD expertise to ensure balanced interdisciplinary representation.

These amendments do not change the purpose of the bill. They strengthen implementation planning by aligning the task force with Hawai‘i’s real behavioral health workforce and supporting more practical, clinically informed recommendations.

For these reasons, HAPN respectfully supports SB3199 SD1 with amendments to explicitly include Advanced Practice Registered Nurses with psychiatric mental health certification.

Mahalo for the opportunity to provide testimony.

Respectfully submitted,  
Hawai‘i Association of Professional Nurses (HAPN)



**TESTIMONY IN SUPPORT OF SB 3199: Relating to Mental Health  
Senate WAM Committee  
February 25, 2026 11am**

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 within the Department of Health 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

**SB-3199-SD-1**

Submitted on: 2/23/2026 4:04:27 PM

Testimony for WAM on 2/25/2026 10:57:00 AM

Submitted By	Organization	Testifier Position	Testify
BRIAN ROSE	Individual	Support	Written Testimony Only

Comments:

Testimony in Support of SB3199

Senate Ways and Means Committee | 02/25/2025

Aloha Senators Donovan M. Dela Cruz, Sharon Y. Moriwaki, Lynn DeCoite, Brandon J.C. Elefante, Troy N. Hashimoto, Lorraine R. Inouye, Dru Mamo Kanuha, and Michelle N. Kidani

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. From 2012-2017, I was RN at Maui Memorial Medical Hospital working with Telemetry and Pediatric patients. For the last 6 years I have been RN CHPN working as a Hospice RN, 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, death and dying. 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 eventual legalization that 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 and setting aside one's own preconceived notions, 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

## **Testimony in Support of SB3199**

Hearing on February 18, 2026 at 1pm

Senate Committee on Health and Human Services

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

My name is Dr. Charlotte Charfen. I live and work in North Kohala on the Island of Hawai'i. 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, the expansion of pathways for clinical trials and clinical research, and the development of policy recommendations for the safe, ethical, and culturally informed implementation of emerging therapies.

I am an end-of-life physician and a board-certified emergency medical provider, caring for patients facing terminal, serious, and life-limiting illness in my private practice in rural Hawai'i. Many of my patients experience profound existential distress and death anxiety that is not adequately addressed by conventional treatments alone. These patients have waited far too long for relief that research has shown is possible. Many died waiting for our governments to act in their best interest.

The evidence supporting psychedelic-assisted therapies, particularly psilocybin, for reducing death anxiety and existential distress is well established. Landmark studies conducted years ago at institutions such as Johns Hopkins University and NYU demonstrated significant and sustained reductions in death anxiety, depression, and psychological suffering in patients with terminal or life-limiting diagnoses. These are rigorous, peer-reviewed studies conducted at highly respected academic medical centers.

At present, ketamine is the only legal atypical psychedelic I am able to offer my patients. I use it carefully and responsibly, and I have seen meaningful benefits. However, ketamine is not appropriate for every patient, and it should not be the only option simply because it is the only one currently available under the law. My patients deserve access to the full spectrum of evidence-based therapies that may help them live their remaining time with greater peace and dignity.

SB3199 is a thoughtful and responsible step forward. It does not prematurely implement therapies or remove safeguards. Instead, it ensures that Hawai'i is prepared—clinically, ethically, and culturally—to integrate these therapies when pathways allow. This is sound public health policy.

I also want to highlight a contradiction that many of my patients struggle to understand. Hawai'i allows Medical Aid in Dying, and I help eligible patients access that option when appropriate. Yet those same patients do not have access to plant-based medicines that could reduce death anxiety, support emotional processing, and help them approach the end of life with less fear. From both a clinical and ethical perspective, it is difficult to justify allowing access to a medication to end one's life while denying access to a medicine that could help someone live their final days with greater comfort and meaning.

Patients at the end of life should have access to both options. Research shows that both psychedelic-assisted therapy and Medical Aid in Dying can reduce death anxiety. They are not mutually exclusive; they serve different needs at different moments.

Many of my patients will not live long enough to benefit from the eventual outcomes of this bill. That reality is precisely why preparation matters now. SB3199 offers a path forward so that future patients do not have to wait as long as this generation has.

For these reasons, I strongly urge you to support SB3199.

Mahalo for the opportunity to provide testimony and for your consideration.

Respectfully,

**Dr. Charlotte Charfen, MD**

End-of-Life Physician

North Kohala, Hawai'i

**SB-3199-SD-1**

Submitted on: 2/23/2026 5:06:33 PM

Testimony for WAM on 2/25/2026 10:57:00 AM

Submitted By	Organization	Testifier Position	Testify
christina braddock	Individual	Support	Written Testimony Only

Comments:

**Testimony in Support of SB3199  
Hearing on February 26, 2026  
Senate Committee on Health and Human Services**

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

My name is Christina Braddock. I live in Hale‘iwa, on the North Shore of O‘ahu, 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.

I offer my support not only as a medical provider, but also as a combat veteran and caregiver. After serving in the U.S. Army, I have seen firsthand the lasting impact that trauma, PTSD, depression, and treatment-resistant mental health conditions can have on individuals, families, and entire communities. I also care for my spouse, who lives with a traumatic brain injury (TBI), and I understand intimately how limited our current tools can be when it comes to long-term healing, neurological recovery, and mental wellness.

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies. 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 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). These results have led the FDA to grant both psilocybin and MDMA Breakthrough Therapy Designation.

States now have an essential role to play in the movement toward safe, legal, therapeutic access to psilocybin, MDMA, and other emerging therapies. Initiatives such as Oregon’s Measure 109 (2020) and Colorado’s Natural Medicine Health Act (2022) are paving the way for people suffering from treatment-resistant mental health conditions to receive the help they need.

With mental health becoming an increasingly urgent issue in our communities, everyone knows someone who stands to benefit from access to these therapies. Hawai‘i must not be left behind in

preparing safe, culturally informed, ethical pathways for healing. SB3199 is an important step toward ensuring our residents — including veterans, trauma survivors, caregivers, and those living with chronic mental health challenges — have access to the most promising therapeutic options available.

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

Christina Braddock, APRN-Rx, MSN, CEN, CPTR, FNP-BC, PMHNP-S  
Combat Veteran (U.S. Army)  
Family Medicine Provider

## **Testimony in Support of SB3199**

Senate Committee on Health and Human Services | Tuesday February 24, 2026 at 1:00 pm

Aloha Chair San Buenaventura, Vice Chair McKelvey 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-SD-1**

Submitted on: 2/23/2026 5:59:49 PM

Testimony for WAM on 2/25/2026 10:57:00 AM

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

Comments:

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

My name is Dr Margot Crandall, I live in Waiihu, Maui 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.

During my 25 year career as an internal medicine physician, I worked in outpatient primary care with Kaiser Maui and practiced inpatient hospitalist medicine at Maui Memorial Medical Center. I encountered many patients with mental health and addiction related medical problems. The therapeutic options for them are woefully limited. It is especially painful, after assisting someone through life threatening withdrawal in hospital, to re-admit that same individual a few months later for the same in hospital treatment. The overlay of PTSD/anxiety/depression and addiction with physical/medical conditions is heavy. The pharmaceutical options for treatment are inadequate and come with side effects. Watching the studies with psychedelics has left with me hope for a different future. It is past time to move forward with these promising and safe therapies. There are too many lives and futures at risk! Please pass this bill.

Mahalo for the opportunity to testify in support of SB3199 SD1

**Testimony in Support of SB3199 SD1**  
Hearing on February 25, 2026 at 10:57am  
Senate Committee on Ways and Means

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the WAM Committee,

My name is Corey Westbury, and I live on Maui. I am writing in strong support of SB3199, which establishes the Mental Health Emerging Therapies Task Force to prepare the State of Hawai'i for the safe, ethical, and culturally informed integration of breakthrough mental health therapies.

I bring both professional and community-based experience to this issue. I previously served as a **Training Coordinator for the MAPS-PBC MDMA-Assisted Therapy Training Program**, where I supported the preparation of licensed mental health professionals working with MDMA-assisted therapy for post-traumatic stress disorder within regulated clinical research settings. Through this work, I gained direct insight into the rigor, ethics, safeguards, and workforce development required to responsibly implement emerging therapies at scale.

In addition to my work with MAPS-PBC, I am deeply engaged in community education and integration support around trauma, grief, and end-of-life care here in Hawai'i. My work focuses on bridging clinical research with community understanding—ensuring that emerging therapies are approached with humility, cultural awareness, and care for the unique needs of our island communities.

Over the past two decades, scientific research has significantly advanced our understanding of breakthrough therapies such as MDMA-assisted therapy for PTSD and psilocybin-assisted therapy for treatment-resistant depression and anxiety, including end-of-life distress. These therapies have demonstrated strong safety and efficacy profiles when delivered in structured, clinical, and ethical contexts, leading the U.S. Food and Drug Administration to grant them Breakthrough Therapy Designation.

SB3199 is both timely and responsible. As federal rescheduling and approval are anticipated, Hawai'i has an opportunity—and a responsibility—to proactively prepare our public health systems, research institutions, and clinical workforce. This bill does not prematurely legalize therapies; rather, it establishes a thoughtful task force to evaluate best practices, expand research pathways, recommend training and certification standards, and ensure culturally informed and equitable implementation.

Importantly, the bill recognizes that workforce readiness and education are essential. My experience coordinating a national MDMA-assisted therapy training program has shown me that successful implementation depends not only on clinical protocols, but also on well-trained professionals, strong ethical frameworks, and integration support for patients and communities. Hawai'i can benefit greatly from developing these systems thoughtfully and in alignment with our values.

Many residents of Hawai'i—including veterans, first responders, trauma survivors, and those facing serious illness—stand to benefit from future access to these therapies. SB3199 helps ensure that when access becomes possible, our State is prepared to respond safely, ethically, and with care for cultural context.

I respectfully urge you to support SB3199 and help position Hawai'i as a leader in responsible mental health innovation that centers both science and community wellbeing.

Mahalo for your time and consideration.

With aloha,

**Corey Westbury**

Maui, Hawai'i

**SB-3199-SD-1**

Submitted on: 2/23/2026 7:13:50 PM

Testimony for WAM on 2/25/2026 10:57:00 AM

Submitted By	Organization	Testifier Position	Testify
Vicky Farmer	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the WAM Committee,

My name is Vicky Farmer, and I live on Hawai'i Island. 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.

**A Crisis We Can No Longer Ignore**

Suicide is the second leading cause of death in Hawai'i. For years, we believed 22 veterans a day died by suicide. A decade later, we learned that number was actually closer to 44. This is a staggering tragedy—a devastating loss for those who signed a blank check in service to this country. Since 2001, 7000 lives lost to combat. 140,000 lives lost to suicide.

And the reality? Many veterans have had to seek lifesaving treatments outside the U.S.—accessing ibogaine, ayahuasca, psilocybin, and more in other countries because they are not legally available here.

This is unacceptable.

**Why This Matters: A Personal Story**

I am a veteran spouse, and I have witnessed firsthand the devastating effects of complex PTSD (Post-Traumatic Stress Disorder) and TBI (Traumatic Brain Injury).

My husband is a 22-year U.S. Army veteran and Special Forces Green Beret. He 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, near misses—he was even shot several times. He lost teammates in combat—and then, to suicide.

The military trained him for war, but when he came home, there was no training for how to live with what he had seen, done, and survived.

The VA's solution? Thirteen medications.

Thirteen medications that left him feeling like a zombie—disconnected, numb, and barely present.

We tried everything:

- Music therapy
- Art therapy
- Talk therapy
- Equine therapy
- Neurofeedback
- Transcendental meditation
- Hyperbaric oxygen treatment
- EMDR, prolonged exposure therapy, and more

But NONE of this worked. Nothing even scratched the surface.

### **A Desperate Search for Something That Works**

Several years ago, my husband was in crisis. Articles about psychedelic therapies started appearing in my newsfeed. And you know what my first reaction was? Absolutely not.

The idea of putting a highly trained, suicidal veteran on something that makes him hallucinate sounded like a terrible idea.

But when nothing else is working, you rethink everything.

I began to dig into the research—NIH studies, clinical trials, documentaries, podcasts, veteran testimonies. That's when I found VETS Solutions, a nonprofit started by Marcus and Amber Capone to help veterans access psychedelic-assisted therapy outside the U.S..

We applied. We received a grant. We got on a plane.

And for the first time in years, my husband experienced profound relief.

### **A Catalyst for Healing**

This was not a miracle cure. It wasn't an overnight fix. But it was a catalyst.

It gave him neuroplasticity—the ability for his brain to heal.

It gave him space to breathe—to step outside his trauma.

It gave him the ability to process what he had survived.

Because here's the truth:

PTSD doesn't just affect the veteran. It affects the entire family. We, too, carry the weight of war. But healing?

Healing ripples outward. It spreads through a family like a wave rolling across the ocean.

**We Call Them Heroes—But Deny Them Treatment**

We hold our veterans in high regard.

We tell them, "Thank you for your service."

But words are not enough.

How can we call them heroes while denying them real, effective treatment—treatment that forces them to leave the country just to heal?

**This Is a Human Issue—Not a Political One**

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.

We must remove the stigma surrounding mental health treatment.

**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.

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

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

**Mahalo, mahalo, mahalo**

Vicky Farmer

Hawai'i Island Resident | Veteran Spouse

**SB-3199-SD-1**

Submitted on: 2/23/2026 7:15:43 PM

Testimony for WAM on 2/25/2026 10:57:00 AM

Submitted By	Organization	Testifier Position	Testify
Michal C Cohen	Individual	Support	Written Testimony Only

Comments:

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

My name is Michal Cohen, LCSW and I live in Kaka’ako on Oahu. 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 am a licensed clinical social worker who works in private practice. Prior to establishing my own practice, I worked with both combat veterans and victims of military sexual trauma at the Department of Veterans Affairs, I have extensive knowledge and experience about the challenges people face when they have PTSD. Most of the current treatments for PTSD do not work.

I have lived through the horrific experience of losing a client to suicide. This client was waiting for psilocybin treatment to become legal. His trauma was quite extensive and none of the treatment options we tried worked. He took his own life because the treatment he read about with so much promise, was not legally available to him. People are literally losing their lives because of limited treatment options. Not everyone can afford to travel to Mexico for these treatments. We owe it to those suffering from PTSD and depression to offer a treatment that actually works and has been used for centuries for deep healing transformations.

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. 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.**

## **Testimony in Support of SB3199**

Hearing on February 25, 2026, at 10:57 a.m.

Senate Committee on Ways and Means

Aloha Chair Dela Cruz, Vice Chair Moriwaki and Members of the Committee,

My Name is Vanessa Torres. I am a resident of Hawai'i County, I am the Public Relations Officer for American Legion Post 3, and I personally stand in strong support of SB3199.

I am a medically retired Marine Corps veteran of nearly 13 years, who served in Iraq, a mother of two young adults, and a wife of 21 years to a retired Marine. I was diagnosed with Complex PTSD and major depressive disorder as a result of trauma I endured. I hold a bachelor's degree in psychology and an MBA, and I speak with full understanding of the complexity and weight of the trauma I carry. I lost two friends to that weight, and my family nearly lost me.

For more than a decade, I struggled with PTSD symptoms and treatment-resistant depression. I pursued traditional therapies, however all failed to help. I followed the research on psilocybin and other break through therapies with hope. Eventually, I met someone who helped me pursue treatment in a controlled safe environment. I traveled out of state to a location where these therapies are legally regulated, receiving treatment under professional supervision. The result was not temporary relief; it was joyful restoration. I regained clarity, purpose, and the ability to function and engage in life again. I went from being unable to function in society to reclaiming my life.

I covered significant travel expenses to access treatment. Residents in this level of need should not face added financial barriers to healing. The science is sound; these treatments save and restore lives. These breakthrough therapies have received FDA Breakthrough Therapy designation. Efforts elsewhere have shown that responsible legislation can expand pathways for those in need. Hawai'i should be prepared to responsibly integrate these emerging therapies. This bill is about safe, regulated access for those who have run out of options. I urge you to support SB3199.

Mahalo for the opportunity to testify in support of SB3199.

## **Testimony in Support of SB3199**

Hearing on February 25, 2026, at 10:57 a.m.

Senate Committee on Ways and Means

Aloha Chair Dela Cruz, Vice Chair Moriwaki 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 Oregon, 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.

**SB-3199-SD-1**

Submitted on: 2/23/2026 7:29:03 PM

Testimony for WAM on 2/25/2026 10:57:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Robert Farmer	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the WAM Committee,

My name is Robert Farmer. I live in Hawai'i 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.

I am a retired U.S. Army veteran with 22 years of active service many within the special operations community. I completed 10 combat deployments as a Special Forces Green Beret. I served on the front lines of war. I was shot 3 times, TBI (traumatic brain injury), multiple herniated discs on my spine, hearing loss, vision damage, exposure to hundreds of explosives, tinnitus, shattered hip and of course, PTS. I strongly support this bill to expand access to psychedelic assisted therapy. While I served my country for 22 years, I had to travel abroad to access safe and effective care.

I did everything available under the traditional medical model; I left the VA on 13 medications which did nothing more than make me feel like a zombie. I tried countless therapies; music therapy, art therapy, talk therapy, equine therapy, neurofeedback, alpha stim, transcendental meditation, mERt, hyperbaric oxygen treatment, prolonged exposure, emdr - none of which address the trauma. My central nervous system was stuck in fight or flight for 20 years. Over TWO DECADES. The constant deployments never allowed my body to get out of the sympathetic fight or flight state.

In our search for alternative treatments, we discovered plant medicine and came across VETS Solutions, a nonprofit founded by former Navy SEAL Marcus Capone and his wife, Amber. Their organization has helped an astounding 1,000 veterans, yet due to overwhelming demand, they are forced to turn many away.

It wasn't until I left the country to access psychedelic medicine that I experienced profound relief, neuroplasticity and healing from my combat trauma. The set and setting and preparation were of utmost importance. The integration continues to this day. It is NOT a magic pill. With the right therapeutic environment, guidance, support, safe strong container in place I am living proof this works.

Veterans deserves access to this life saving, effective medicine. We should not have to leave the country we served to get real treatments.

This unmet need speaks to a far deeper crisis—one that is costing lives. This is the reality for so many veterans. Ask any veteran, and they will tell you they know someone who has died by suicide. Since 2001, 7000 service members have lost their lives to the Global War on Terror. Those who have lost their lives to suicide: 140,000.

My story isn't unique - thousands of veterans have sought out treatments unavailable in the country we served to access healing. This is truly unacceptable. Supporting our veterans means advocating for their care, access to care and removing the barriers to that care.

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 pass SB3199 - in honor of those didn't make it home and for those still fighting to stay.

Mahalo,

Robert Farmer

Military Veteran | Hawai'I Island Resident

**SB-3199-SD-1**

Submitted on: 2/23/2026 7:51:24 PM

Testimony for WAM on 2/25/2026 10:57:00 AM

Submitted By	Organization	Testifier Position	Testify
Kristina Rodriguez	Individual	Support	Written Testimony Only

Comments:

**Testimony in Support of SB3199**

Hearing on February 25, 2026 at 10:57am

Senate Committee on Ways & Means

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the WAM Committee,

My name is Kristina Marie Rodriguez, I live in Kihei, Maui, Hawai'i 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 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 SD1.

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

**SB-3199-SD-1**

Submitted on: 2/23/2026 8:06:04 PM

Testimony for WAM on 2/25/2026 10:57:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Sam Tramonte	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the WAM Committee,

My life would not be the same without the very positive influence of psychedelics. The therapeutic result for me has been 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, all being natural and positive effects for us as well as future generations.

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

Mahalo nui loa,

Sam Tramonte

**SB-3199-SD-1**

Submitted on: 2/23/2026 8:16:51 PM

Testimony for WAM on 2/25/2026 10:57:00 AM

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

Comments:

Aloha Senator Donovan M. Dela Cruz, Sharon Y. Moriwaki , and the committee on Ways and means.

I'm currently a public administration student with a concentration in healthcare administration at UH West oahu. I'm also studying Hawaiian health and healing and substance abuse and addiction.

As someone who has witnessed loved ones pass away from addiction, I really wish there were more emerging therapies available to support Hawaii's communities. I know for a fact if breakthrough therapies were available, people that have passed away due to lack of proper mental support could still be here.

There is a large need to address the health disparities that exist among our islands, especially for fellow Kanaka Oihi populations. This is why we need unique and newly emerging therapies to become available. It will bring a culture of connection back into healthcare.

I've gotten to assist conferences in LA, Denver and Portland to learn firsthand about the emerging research from scientists on breakthrough therapies and it is extremely important for the evolution of our healthcare systems and the betterment of our people.

If we want our keiki to thrive here, to stay here, and to build their lives in Hawai'i, we must ensure they have access to the most advanced, effective, and compassionate healthcare available. Innovation in medicine is not a luxury—it is a necessity for resilience, equity, and the long-term well-being of our islands.



## Hawaii Medical Association

1360 South Beretania Street, Suite 200 • Honolulu, Hawaii 96814  
Phone: 808.536.7702 • Fax: 808.528.2376 • hawaiimedicalassociation.org

### SENATE COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair  
Senator Sharon Y. Moriwaki, Vice Chair

Date: February 25, 2026  
From: Hawaii Medical Association (HMA)  
Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee  
Christina Marzo MD and Robert Carlisle MD, Vice Chairs, HMA Public Policy Committee

**RE SB 3199 SD 1** RELATING TO MENTAL HEALTH. DOH; Mental Health; Emerging Therapies; Task Force; Reports

### Position: Comments

This measure would establish 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 and require reports to the Legislature with sunset 6/30/2028. Effective 1/30/2050. (SD1)

HMA supports the intent of this measure to allow for thoughtful, proactive preparation for emerging mental health clinical innovations in Hawaii. With a strong emphasis on patient safety, equity, and cultural context, the proposed Task Force can carefully assess the State's readiness for reviewing research and the potential therapeutic integration of compounds such as psilocybin and MDMA, should federal policy and evidence support their use.

HMA appreciates the amendments of the Senate Committee on Health, changing the administrative placement of the Mental Health Emerging Therapies from within the Department of Health to an entity with demonstrated expertise in primary scientific research and pharmaceutical or medical education.

HMA respectfully proposes an amendment to include qualified licensed Hawaii psychiatrists with clinical prescribing authority and expertise in pharmacologic interventions, in addition to the psychologists, each with expertise in trauma and post-traumatic stress disorder:

(b) (7) (D) Two licensed psychiatrists ~~or~~ and psychologists with expertise in trauma and post-traumatic stress disorder; and

This measure reflects foresight to address emerging therapeutic frontiers in mental health for Hawaii. HMA supports task force collaboration with solid healthcare professional representation. This will strengthen the Task Force's clinical foundation and better protect Hawaii's patients as policymakers and stakeholders evaluate complex, novel mental health interventions.

Thank you for allowing the Hawaii Medical Association to submit comments on this measure.

### 2026 Hawaii Medical Association Public Policy Coordination Team

Elizabeth A Ignacio, MD, Chair • Robert Carlisle, MD, Vice Chair • Christina Marzo, MD, Vice Chair  
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

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Laeton Pang, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

## REFERENCES AND QUICK LINKS

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Callahan, Jessica, and Michelle Kirby. *Psilocybin Study Report to the Connecticut State Legislature*. Connecticut Dept. of Mental Health & Addiction Services, 22 Feb. 2022, [portal.ct.gov/-/media/dmhas/publications/psilocybin-study-report-final-022322.pdf](https://portal.ct.gov/-/media/dmhas/publications/psilocybin-study-report-final-022322.pdf).

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### **2024 Hawaii Medical Association Officers**

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Jerris Hedges, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

### **2024 Hawaii Medical Association Public Policy Coordination Team**

Beth England, MD, Chair  
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

**SB-3199-SD-1**

Submitted on: 2/23/2026 8:54:01 PM

Testimony for WAM on 2/25/2026 10:57:00 AM

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

Comments:

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the WAM Committee,

My name is Sian Strong, I live in Kailua Kona, 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..

Thank you.

Sian Strong.

**SB-3199-SD-1**

Submitted on: 2/23/2026 9:18:34 PM

Testimony for WAM on 2/25/2026 10:57:00 AM

<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 saw 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.

Please support SB3199 in order to find ways that veterans in Hawaii can get real help for their mental health.

**SB-3199-SD-1**

Submitted on: 2/23/2026 9:35:49 PM

Testimony for WAM on 2/25/2026 10:57:00 AM

Submitted By	Organization	Testifier Position	Testify
Jonathan Swanz	Individual	Support	Written Testimony Only

Comments:

**Senate Committee on Ways and Means**

**Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the WAM Committee,**

**My name is Jonathan Swanz, I live in Orchidland Estates, Puna District on Big Island, 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.**

**Both my father and sister suffered from chronic addiction that was an adapted behavior from trauma, my father from serving 2 tours in Vietman, and my sister from the emotional absence of a wounded father. I truly believe that multiple emerging therapies would have been supportive for the healing and ultimately the continued life. Please, allow the decades of good work that has been accomplished be a cornerstone for the next generation of treatment and wellness.**

**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.**

**SB-3199-SD-1**

Submitted on: 2/23/2026 11:10:59 PM

Testimony for WAM on 2/25/2026 10:57:00 AM

Submitted By	Organization	Testifier Position	Testify
Jennifer Milholen	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the WAM Committee,

My name is Jennifer Milholen, I live in Waikiki, Honolulu 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.

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.

**SB-3199-SD-1**

Submitted on: 2/24/2026 2:03:12 AM

Testimony for WAM on 2/25/2026 10:57:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Meredith Thomas	Individual	Support	Written Testimony Only

Comments:

**My name is Meredith Thomas, I live in Austin, 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.**

**I have personally benefited from these therapies, and am running a nonprofit focused on expanding access to legal psychedelic therapies. I am in full support of this bill.**

**SB-3199-SD-1**

Submitted on: 2/24/2026 4:27:31 AM

Testimony for WAM on 2/25/2026 10:57:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Tracey Bryan	Individual	Support	Written Testimony Only

Comments:

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

**SB-3199-SD-1**

Submitted on: 2/24/2026 4:30:09 AM

Testimony for WAM on 2/25/2026 10:57:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Brandon Bryan	Individual	Support	Written Testimony Only

Comments:

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

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



**SB-3199-SD-1**

Submitted on: 2/24/2026 4:44:24 AM

Testimony for WAM on 2/25/2026 10:57:00 AM

Submitted By	Organization	Testifier Position	Testify
Jordan Kapono Nakamura	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the Committee,

My name is Jordan Kapono Nakamura and I'm a lifelong resident of Nu'uano and I'm in strong support of SB3199 which establishes the Mental Health Emerging Therapies Task Force to prepare clinics and medical providers for integrating breakthrough therapies, expanding pathways for clinical trials and research, as well as the development of more thorough and in-depth policy recommendations for the safe, principaled, and culturally-informed facilitation and implementation of these therapy procedures. I have lived with a rare and notably excruciating chronic pain condition known as cluster headaches, otherwise known as suicide headaches, for over a decade. I'm often explaining the condition and approved treatment matricies to my healthcare providers within traditional "western" medical providers, who are frequently familiar with the severity (they often describe it as among the top 3 most painful conditions a person is known to be able to experience) but also with no meaningful plan for remediation, as the rarity of the condition keeps the likelihood of research low and progress plateaued. I quickly turned to alternative medicine and novel therapeutc options which I gleaned from other sufferers of my condition reporting their collective success stories online. Psilocybin treatment ranks among the highest efficacy reported in clusterheadache victims, and I discovered that my trials with the treatment while living on the continent in states with available treatment was highly effective. When I moved back home to Oahu, no such treatment was available and I lost work due to the reemergence of my condition, the lack of understanding by my employers, and most notably the lack of available treatment that had been helpful for me in the past. My doctors could only advise I leave my work situation, but I've been denied unemployment benefits by the state adjudicator assigned to me. My situation is not unique, as I've already met two other patients in the last year alone on island who suffer from cluster headaches, and they struggle to find available treatment. This bill will help provide a pathway for patients like us who know that Western medicine has no textbook solution for our condition, no plan for research in the near future, and no plans to integrate the legality and implementation of treatments that I can attest are effective. I urge you to help place Hawai'i at the forefront of research and healing in the realm of breakthrough therapies, so there can be a growing set of empirical data and healing, functional patients, who can report effective treatment to others, instead of more stories of preventable chronic suffering and the loss of employment due to misunderstood and debilitating health conditions that we know can be remedied through emerging therapies. Mahalo for your time and the opportunity to testify!

## **Testimony of a 21-Year Combat Veteran: A Failure to Care for Those Who Fought**

Dear Chair, Members of the Committee,

I am not here today as a policy expert.

I am here as evidence.

Evidence of what war does to a human being and evidence of what happens when the system designed to heal that damage falls short.

I served this country for 21 years as an Infantryman in the United States Army. I completed four combat deployments to Iraq and Afghanistan. Between 2004 and 2012, I deployed nearly every other year. War was not a moment in my life; it was my life.

I survived a catastrophic IED blast. I lived through sustained firefights. I witnessed the aftermath of bombings that killed innocent civilians. I lost brothers. And like every soldier, I was trained to suppress to push forward, no matter what it cost me internally.

That cost came due when I returned home.

The war did not stay overseas. It came back with me.

It showed up as nightmares, anxiety, rage, isolation, and a constant state of hypervigilance. I could not sit in a restaurant without scanning for exits. I could not hear a loud noise without my body preparing for combat. Sleep became a battleground. Alcohol became a coping mechanism.

I was not living.

I was surviving.

Eventually, I did exactly what we tell our service members to do I asked for help.

And this is where my story becomes not just personal but a matter of public policy.

I entered the military mental health system in good faith. I trusted that the system would help me heal. Instead, I was placed on a path of symptom management not recovery.

I was prescribed drug after drug, until I was taking eight different medications at once.

Eight.

These medications did not resolve my trauma. They numbed it. They numbed me. They left me emotionally disconnected, cognitively impaired, and at times unstable. I was no longer in acute distress but I was no longer myself.

This is not healing.

This is sedation.

For four years, I followed every protocol. I did everything that was asked of me. And I did not get better.

Eventually, the Army medically retired me, not because I lacked discipline, not because I refused treatment, but because the treatments available failed to restore me.

This is the reality for far too many veterans.

And here is the part that should concern every one of you:

What finally helped me is something I could not access through the system I served.

It was not another prescription.

It was not another conventional therapy.

It was psychedelic-assisted treatment.

I learned about it from another veteran not from the Department of Defense, not from the Department of Veterans Affairs, but from someone who was also failed by the system and had to look elsewhere for relief.

I traveled to participate in an ayahuasca-based therapeutic retreat. I went skeptical. I went cautious. But I also went because I was running out of options.

What I experienced was not an escape from my trauma it was a confrontation with it, in a controlled, guided, and intentional environment.

For the first time in years, my mind was not in a constant state of threat.

For the first time in years, I felt calm without being medicated into numbness.

Within weeks, my symptoms began to decrease. Within one month, I cut my medications in half. Within three months, I was completely off all of them.

That was not supposed to be possible.

But it happened.

Since then, I have undergone additional treatment, including psilocybin through a veterans group and ketamine therapy through the VA, which further reduced my nightmares and anxiety. These

treatments did not remove responsibility; they required it. But they gave me something I never had before:

The ability to actually process trauma, instead of suppressing it.

Today, I am not just functioning I am thriving.

And I am not an exception.

I have now worked with and spoken to countless veterans who have experienced similar outcomes. Veterans who were suicidal. Veterans struggling with addiction. Veterans who had exhausted every conventional option available to them.

And yet, despite this, access to these treatments remains restricted, stigmatized, and in many cases, legally out of reach.

Let me be clear:

Veterans are traveling outside of the United States to receive care that could be safely administered here under proper regulation.

They are doing this because the system that promised to take care of them does not provide access to the treatments that are helping them heal.

This is not just a gap in care.

This is a failure of responsibility.

You have the ability to change that.

This legislation is not about promoting recreational drug use. It is about establishing regulated, medically supervised access to therapies that are already demonstrating significant outcomes for treatment-resistant PTSD, depression, and addiction.

It is about giving clinicians more tools not fewer.

It is about giving veterans options when the current system has failed them.

And it is about acknowledging a simple truth:

What we are currently doing is not enough.

We are losing veterans to suicide at an unacceptable rate. We are watching families break apart. We are watching men and women who once led in combat struggle to survive in their own homes.

And we have an emerging set of tools that could help change that trajectory.

The question is not whether we can act.

The question is whether we will.

No veteran should have to leave this country to find relief.

No veteran should have to operate in legal gray areas to access care.

And no veteran who has upheld their oath should be denied the opportunity to heal because policy has not kept pace with evidence.

I am asking you directly to act.

Expand access.

Fund research.

Create pathways for safe, regulated treatment.

Remove the barriers that are preventing veterans from receiving care that is already saving lives.

We sent them to war.

We owe them a path home.

Respectfully,

MAJ (RET)  
United States Army

**SB-3199-SD-1**

Submitted on: 2/24/2026 7:53:53 AM

Testimony for WAM on 2/25/2026 10:57:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Heather Lusk	Individual	Support	Written Testimony Only

Comments:

Chair Dela Cruz, Vice Chair Moriwaki, & WAM Committee ,

I am writing in strong support of SB 3199, SD 1 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 was on the Breakthrough Therapies task force in the past, and learned so much about effective treatments for depression, PTSD and other mental health challenges. As a LCSW, I know that we need more access to mental health treatment and also need access to a variety of evidence-based modalities. This bill will help both areas - and I encourage you to pass this important bill.

Thank you for the opportunity to testify,

Heather Lusk

**SB-3199-SD-1**

Submitted on: 2/24/2026 8:35:41 AM

Testimony for WAM on 2/25/2026 10:57:00 AM

Submitted By	Organization	Testifier Position	Testify
Regina Lee Bray	Individual	Support	Written Testimony Only

Comments:

**Testimony for SB3199 SD1**

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the WAM 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 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.

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.

**SB-3199-SD-1**

Submitted on: 2/24/2026 8:54:28 AM

Testimony for WAM on 2/25/2026 10:57:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
michael foo	Individual	Support	Written Testimony Only

**Comments:**

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the WAM Committee,

My name is Michael f, I live in chinatown/downtown, oahu 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.

my experience, with these substances is that they have dramatic efficacy to treat chronic mood disorders, possibly more that traditional allopathic meds.

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.

**SB-3199-SD-1**

Submitted on: 2/24/2026 9:10:47 AM

Testimony for WAM on 2/25/2026 10:57:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Edith Garcia	Individual	Support	Written Testimony Only

Comments:

Chair, Vice Chair, and Members of the Committee,

My name is Edith Garcia. I am traveling from Hawaiian Acres, Hawaii. 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. This preparation is necessary and, to be honest, overdue.

I had the opportunity to travel outside of the United States to receive emerging mental health therapies that are currently inaccessible to most veterans here. I was fortunate enough to physically and financially be able to get on an airplane and leave the country to seek care. Many veterans in Hawai‘i cannot. Some cannot even travel between islands due to physical injuries, severe PTSD, or other disabling mental health conditions. Hawai‘i’s geography itself is a healthcare barrier already.

This creates a serious equity issue in our state. Access to care should not depend on whether a veteran is healthy enough to travel internationally. Our healthcare system is currently struggling to adequately address treatment-resistant PTSD, depression, and suicide among veterans. Preparing the state now allows Hawai‘i to move forward carefully, responsibly, and with strong safeguards rather than reacting later without structure.

Across the United States, states are already preparing for these therapies. Colorado has implemented a regulated psilocybin access framework, and Texas has authorized and funded clinical research into ibogaine for veterans with treatment-resistant PTSD. Legislators are not approaching this recklessly; they are building medical oversight, research partnerships, and patient protections before wider access occurs.

This bill is about readiness. It is about ensuring that when these therapies become federally approved or more widely available, Hawai‘i will already have the infrastructure, policies, and trained providers necessary to protect patients while offering hope.

Our veterans earned access to every possible avenue of healing.

I respectfully urge you to support SB3199.

Mahalo for your time and consideration.

Edith Garcia

Combat Navy Veteran

**SB-3199-SD-1**

Submitted on: 2/24/2026 9:34:14 AM

Testimony for WAM on 2/25/2026 10:57:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Dr. Kevin R. Gibson	Individual	Support	Written Testimony Only

Comments:

As a primary care physician I have worked with many patients, including veterans, who suffer greatly from PTSD. Treatment options are limited and frequently ineffective. I believe the framwork of SB3199 could set the stage for the needed care choices these patients deserve.

Aloha, my name is Josh Sze, and I am a disabled veteran who has battled PTSD, depression, and anxiety for years. My struggles led me to homelessness, lost in a system that offered me medication but no real healing. Nothing worked—more days than not I didn't care if I woke up the next day. Then, I found out about psilocybin therapy. That treatment changed everything for me.

It helped me confront my trauma in a way that traditional therapies never could. It allowed me to break free from the cycle of despair and rebuild my life. Today, I am no longer homeless. I have a bachelor's degree in psychology, something I never thought possible before this therapy gave me a second chance. Plant medicine has the power to heal and should be accessible here in the United States. It is unacceptable that we must travel outside the country for healing!

This is more than just a bill—it's a lifeline. It's a chance for veterans and others suffering from severe mental health conditions to access a treatment that can truly heal. I urge our lawmakers to support this bill and give more people the opportunity to reclaim their lives. Mahalo.

**SB-3199-SD-1**

Submitted on: 2/24/2026 10:02:10 AM

Testimony for WAM on 2/25/2026 10:57:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Chris Frohlich	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the WAM Committee,

My name is Chris Frohlich, and I live in Kaimuki. I strongly support SB3199, which would create the Mental Health Emerging Therapies Task Force to prepare Hawai‘i for integrating breakthrough therapies, expand clinical trial pathways, and develop policy recommendations for safe, ethical, and culturally informed implementation.

Breakthrough therapies show real promise: psilocybin and MDMA are being studied as effective, non-addictive options for conditions like treatment-resistant depression and PTSD when administered in clinical settings. The FDA has granted Breakthrough Therapy Designations for both, underscoring their potential when properly overseen.

Pioneering state work informs ours: Oregon’s Measure 109 (2020) and Colorado’s Natural Medicine Health Act (2022) demonstrate how states can create pathways for access while safeguarding safety, ethics, and cultural considerations.

Why Hawai‘i needs this now: rising mental health challenges mean more residents could benefit from regulated access to emerging therapies, provided safeguards and community-informed policies are in place.

Proposed task force outcomes would include:

Establishing clear clinical trial and research pathways accessible to Hawai‘i researchers and clinicians.

Crafting culturally informed guidelines for safe, ethical administration and monitoring.

Recommending policies to ensure equity, patient safety, and rigorous oversight.

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

Testimony in Support of (SB 3199)

Senate Health committee and the Ways and Means committee - | February 18, 2026 at 1:00P

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

My name is Kendall Krumm, I live in Honolulu County and I am writing in strong support of SB3199, which creates a pilot program to fund research and patient/clinician training on breakthrough 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.

Please support Bill SB3199.

Respectfully submitted,

Cy Hudson

Austin, Texas

5 October 2025

**SB-3199-SD-1**

Submitted on: 2/24/2026 10:33:21 AM

Testimony for WAM on 2/25/2026 10:57:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Deborah Umiamaka	Individual	Support	Written Testimony Only

Comments:

To: the Honorable Members of the Hawai‘i State Legislature:

I write in strong support of SB3199 SD1, relating to the Department of Health and the Mental Health Emerging Therapies Task Force. This measure is a prudent, evidence-based, and rights-respecting response to Hawai‘i’s mental health crisis, particularly as it affects veterans, first responders, and other trauma survivors living with post-traumatic stress disorder (PTSD).

SB3199 SD1 recognizes that the federal Food and Drug Administration has already granted “breakthrough therapy” designation to MDMA-assisted therapy for PTSD and psilocybin-assisted therapy for serious mood and anxiety conditions, signaling that these interventions show substantially greater efficacy than existing treatments for serious, life-threatening disorders. Phase 3 clinical trials of MDMA-assisted therapy have demonstrated that a large majority of participants with longstanding, moderate-to-severe PTSD no longer met diagnostic criteria for PTSD at study endpoint, far exceeding outcomes typically seen with standard pharmacotherapy and psychotherapy alone. Randomized trials of psilocybin-assisted therapy for major depression and for frontline clinicians with depression, burnout, and PTSD symptoms have shown rapid and sustained symptom reductions, with effect sizes that are clinically significant and often enduring for months after a single, controlled dosing session.

In light of this emerging body of evidence, SB3199 SD1 does not prematurely mandate any particular substance or protocol; instead, it establishes a time-limited Mental Health Emerging Therapies Task Force charged with reviewing the scientific literature, supporting clinical research, and developing policy recommendations for safe, ethical, and culturally informed implementation of these therapies in Hawai‘i. This structure is narrowly tailored and advisory in nature: it maintains existing regulatory safeguards while ensuring that the State is not caught flat-footed as federal scheduling decisions and clinical standards evolve. The bill’s planning function is especially critical for protecting vulnerable populations from unregulated, underground use by creating pathways to supervised, evidence-based, and medically integrated care.

From an economic and systems-planning perspective, SB3199 SD1 is fiscally responsible. Treatment-resistant PTSD, major depression, addiction, and related conditions impose enormous costs on Hawai‘i through disability, reduced workforce participation, emergency care utilization, and involvement with the criminal legal system. Breakthrough therapies that can achieve durable symptom remission in a substantial proportion of patients after a small number of supervised

sessions have the potential to reduce long-term expenditures on chronic medication regimens, repeated hospitalizations, and crisis interventions. By directing a multidisciplinary task force to address reimbursement, workforce training, and equitable access, the bill lays the groundwork for a mental health system that is more efficient, less reliant on chronic pharmacotherapy, and better able to serve rural and underserved communities across the islands.

The measure also aligns with core constitutional and statutory principles of bodily autonomy and informed medical decision-making. While SB3199 SD1 does not itself confer a right to any specific treatment, it operationalizes the State's obligation to ensure that competent adults, in consultation with qualified clinicians, may access emerging, FDA-recognized therapies through regulated, evidence-based pathways rather than being forced to rely exclusively on older treatments that may have failed them. In doing so, Hawai'i honors individual liberty interests in directing one's own healthcare, consistent with longstanding doctrines that protect bodily integrity, informed consent, and freedom from unnecessary state interference in intimate medical decisions.

Finally, SB3199 SD1 advances Hawai'i's position as an avant-garde leader in health, wellness, and quality of life. The State has already taken steps to explore therapeutic access to MDMA and psilocybin; SB3199 SD1 builds on this momentum by providing a clear statutory mandate to integrate scientific, clinical, cultural, and ethical expertise into concrete policy recommendations. By moving proactively, Hawai'i can design a model that respects Native Hawaiian values, incorporates culturally grounded healing practices, and sets a national example for how emerging therapies can be implemented safely, equitably, and in harmony with local communities.

For these reasons, I respectfully urge you to PASS SB3199 SD1. This bill is a measured, rights-conscious, and economically sound step toward addressing our mental health crisis with the best evidence and expertise available, while preserving Hawai'i's leadership in innovative, wellness-oriented public policy.

Sincerely,

Deborah Umiamaka  
Hawai'i Resident

**SB-3199-SD-1**

Submitted on: 2/24/2026 10:43:25 AM

Testimony for WAM on 2/25/2026 10:57:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Russell Hill	Testifying for Hawaii Radiant Health	Support	Written Testimony Only

Comments:

Testimony in Support of SB3199

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the WAM Committee,

My name is Russell Hill, I am a physician who lives 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 deeply invested and heartfully hopeful in being part of this task force.

As a physician, 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. Psychedelic assisted therapy is already here. We currently offer treatment but with limited access only to the most privileged and wealthy, through ketamine treatments. Currently an expensive and limited resource. 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 a broader approach now. I have seen over and over in patients in the emergency department, people with depression, anxiety, addiction and PTSD, who have found a new lease on life after receiving therapeutic care and integration with psychedelics. At times through traveling outside the country and at times finding less reliable and less supported treatment from underground sources. Additional therapeutic options increase the net of both access and the capabilities for many different treatment modalities. 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. I hope that I can testify not only in support, but also offer support to this task force as a community member, health care provider, and a visionary willing to assist in the creation of the proper safety and safe guards to develop programs that shift the paradigm on mental health treatment in our community. One that provides a model for other communities to follow. 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.

## **Testimony in Support of SB 3199 SD1: Relating to Mental Health**

Senate WAM Committee | February 25, 2026 at 10:57am

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the Committee,

My name is Doorae Shin, and I am a Hawai'i-based nonprofit consultant and community advocate. I am writing in strong support of SB 3199 SD1.

SB 3199 simply establishes a temporary, two-year task force to ensure that Hawai'i is prepared, not reactive, as emerging, federally approved mental health therapies continue to advance.

Many individuals experiencing severe depression, trauma, PTSD, and other complex mental health conditions struggle to access timely and effective care, with traditional and available options failing to provide relief. Too many people are suffering without adequate relief or options. This bill should be understood for what it truly is: a task force and an opportunity for Hawai'i to act on this crisis.

Importantly, SB 3199 does not commit the State to any predetermined policy outcome or treatment model. It creates a structured space for research, collaboration, and informed recommendations. It brings together public health experts, clinicians, researchers, legal experts, Native Hawaiian health leaders, veterans, and individuals with lived experience to assess how Hawai'i can best support those suffering most.

From a community and systems perspective, preparation matters. When states are unprepared for emerging therapies, the consequences often include inequitable access, provider confusion, workforce shortages, and increased risk of unsafe or unregulated care environments. Thoughtful planning helps prevent these harms.

Creating a task force is a modest but meaningful step that allows Hawai'i to be proactive, compassionate, and evidence-informed. It signals leadership and a commitment to finding responsible pathways to support those who are suffering most.

I respectfully urge you to support this bill. Mahalo for the opportunity to testify.



Doorae Shin

**SB-3199-SD-1**

Submitted on: 2/24/2026 11:00:53 AM

Testimony for WAM on 2/25/2026 10:57:00 AM

Submitted By	Organization	Testifier Position	Testify
Syrissa Sacca	Individual	Support	Written Testimony Only

Comments:

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

**My name is Syrissa Sacca, I live on the Big Island of Hawaii 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 Doctoral Student of Clinical Acupuncture and Herbal Medicine, I value and understand the importance of safe and ethical clinical trials. As a student of Indigenous Wisdom and Practices who has traveled the world to learn from elders, I also understand the extreme importance of these powerful substances which change lives for the better when there is proper on-boarding, a safe set and setting and integration of these breakthrough therapies. This trifecta makes a huge difference in patient outcomes and we have the ability to truly expand our understanding of root-based healing while also strengthening cultural understanding in a world divided.**

**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.**

**SB-3199-SD-1**

Submitted on: 2/24/2026 11:16:14 AM

Testimony for WAM on 2/25/2026 10:57:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Janice Berry	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the Committee on Ways and Means,

My name is Janice Berry, and I am writing in strong support of SB 3199.

I am sharing today not as a clinician or policymaker, but as someone with lived experience of chronic suicidality. For the past 5.5 years, since I was first diagnosed with Clinical Depression and Complex PTSD, I have actively sought help. I have participated in psychotherapy. I have tried multiple psychiatric medications after diagnosed with Major Depressive Disorder and General Anxiety Disorder. I have done the work that is asked of patients who want to stay alive and heal. While some treatments have helped in small ways, the relief has often been limited and inconsistent.

I am a mother. My deepest desire is simple: I want to function. I want to be present for my children and my family. I want to contribute to my community. I do not want to merely survive — I want the chance to live well.

Hawai‘i faces significant challenges in mental health care access. We have provider shortages, long waitlists, limited specialty options, and very few alternative or emerging treatment pathways available locally. For individuals like me who have not fully responded to conventional medications, options feel painfully narrow.

SB 3199 does not legalize or rush anything. It simply creates a task force to responsibly study and prepare for emerging therapies, including psychedelic-assisted treatments that are already being researched nationwide for conditions such as depression, PTSD, and suicidality. Planning

ahead allows Hawai'i to implement thoughtful safeguards, culturally competent frameworks, and equitable access if and when federal approval advances.

For those of us living with chronic suicidal thoughts, time matters. Access matters. Hope matters.

Supporting this bill signals that Hawai'i is willing to explore evidence-based innovation rather than accept the status quo. It tells patients that our suffering is taken seriously enough to examine every promising avenue.

I am not asking for reckless change. I am asking for responsible preparation. I am asking for the possibility of options. I am asking for a future where people like me have more than one narrow path to try.

Please support SB 3199.

Mahalo for your time and consideration.

**SB-3199-SD-1**

Submitted on: 2/24/2026 12:02:21 PM

Testimony for WAM on 2/25/2026 10:57:00 AM

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

Comments:

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the WAM Committee,

My name is Tony Santini, I live in Honolulu, O'ahu / 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.

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 we 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 suffer 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.

Tony Santini





## **Testimony in Support of SB 3199**

Hawaii Senate Health and Human Services Committee

February 18, 2026

Chairman Buenaventura, Vice Chair McKelvey, 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 within the Department of Health 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



**Testimony in Support of SB 3199**  
Hawaii Senate Committee on Ways and Means  
February 24, 2026

Chairman Dela Cruz, Vice Chair Moriwaki, 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 – The Mental Health Emerging Therapies Task Force Act**

Hearing on February 24, 2026

Senate Committee on Ways and Means

Aloha Chair Dela Cruz, Vice Chair Moriwaki, 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-SD-1**

Submitted on: 2/24/2026 2:51:35 PM

Testimony for WAM on 2/25/2026 10:57:00 AM

Submitted By	Organization	Testifier Position	Testify
TY Cheng	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the WAM Committee,

My name is TY Cheng, and I live in Honolulu, Hawai‘i. 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, expand pathways for clinical trials and research, and develop policy recommendations for safe, ethical, and culturally informed implementation of emerging therapies.

Over the past several years, I have had the privilege of knowing multiple military veterans here in Hawai‘i who have struggled deeply with post-traumatic stress disorder (PTSD). These are strong, disciplined men—leaders, fathers, business owners—who returned home carrying invisible wounds that traditional treatments did not fully address.

One veteran I know served multiple deployments overseas. After returning home, he tried everything that was available to him: talk therapy, group therapy, and a series of prescription medications. While some helped temporarily, others left him feeling numb, disconnected, and unlike himself. He described feeling as though he had survived combat only to come home and battle isolation and depression in silence.

Through participation in a structured, therapeutic setting outside of Hawai‘i, he was able to access an alternative therapy that incorporated MDMA-assisted psychotherapy. For the first time in years, he was able to process traumatic memories without being overwhelmed by fear. He described it not as an “escape,” but as finally being able to sit with his experiences, confront them, and begin to heal. The transformation in his relationships—with his spouse, his children, and his community—was profound.

Another veteran I know participated in a guided psilocybin-based therapeutic program focused on trauma and moral injury. He had struggled with hypervigilance and severe anxiety for over a decade. After his experience, he told me it felt like “resetting” his nervous system—something years of medication had not accomplished. He continues to engage in therapy, but now with renewed hope and measurable progress.

These are not stories of reckless use or unregulated access. They are examples of carefully supervised, clinically supported therapeutic models that prioritize safety, screening, and integration. And they reflect what the research is now confirming.

Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of breakthrough therapies. Psilocybin is showing promise in treating depression, anxiety, addiction, and end-of-life distress. MDMA-assisted therapy has demonstrated groundbreaking efficacy in treating PTSD. As a result, both psilocybin and MDMA have received Breakthrough Therapy Designation from the U.S. Food and Drug Administration due to their potential to offer substantial improvement over existing treatments.

States now have an essential role to play in preparing for safe, regulated therapeutic access. Oregon and Colorado have taken thoughtful steps to create structured, supervised programs. Hawai‘i should not wait until federal policy shifts to begin doing the careful, culturally informed work of planning.

SB3199 SD1 does not legalize widespread use. It creates a task force to study, prepare, and ensure that if and when these therapies become more widely available, Hawai‘i is ready to implement them responsibly, ethically, and in a way that reflects our unique cultural values.

Mental health challenges affect our families, our workforce, and especially our veterans. We owe it to them to explore every evidence-based option that may bring relief and restore quality of life.

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