



**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, MD
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

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

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

1177 Alakea Street, #402, Honolulu, HI 96813

Phone: 587-0788 Fax: 587-0783 www.shpda.org

March 30, 2026

TO: SENATE COMMITTEE ON GOVERNMENT OPERATIONS
Senator Angus L.K. McKelvey, Chair
Senator Mike Gabbard, Vice Chair

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

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

RE: **SCR 87 – Relating to Automated External Defibrillators**

HEARING: Wednesday, March 31, 2026 @ 3:05 pm; Conference Room 225

POSITION: SUPPORT INTENT with COMMENTS

Testimony:

SHPDA strongly supports the intent of SCR 87 with comments. This resolution encourages the State to examine requiring automated external defibrillators (AEDs) in all state-owned buildings and to pursue existing AED programs. Expanding access to AEDs in public buildings could help save lives by improving the chances that a person receives rapid assistance when an emergency occurs.

Access to the device alone is not enough. Training and education are important to support successful use of AEDs. Pairing wider AED placement with practical training can strengthen community emergency preparedness and improve outcomes when cardiac events happen in public settings.

SHPDA defers to the Department of Health and other responsible agencies on the resources, implementation approach, and coordination needed to examine statewide AED placement in state facilities and expand training opportunities, but we believe this is a worthwhile effort that could meaningfully improve public safety and emergency response capacity across Hawai'i.

Thank you for hearing this measure.

■ -- Jack Lewin, MD, Administrator, SHPDA



STATE OF HAWAII
DEPARTMENT OF EDUCATION
KA 'OIHANA HO'ONA'AUAO
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 03/31/2026

Time: 03:05 PM

Location: CR 225 & Videoconference

Committee: GVO/HHS

Department: Education

Person Testifying: Keith T. Hayashi, Superintendent of Education

Title of Bill: SCR87, ENCOURAGING THE STATE TO EXAMINE REQUIRING AUTOMATED EXTERNAL DEFIBRILLATORS IN ALL STATE-OWNED BUILDINGS AND PURSUE EXISTING AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAMS.

Purpose of Bill: Encouraging The State To Examine Requiring Automated External Defibrillators In All State-owned Buildings And Pursue Existing Automated External Defibrillator Programs.

Department's Position:

The Hawaii State Department of Education (Department) supports SCR 87, as expanding access to Automated External Defibrillators (AED) and AED training programs will support local community health and save lives throughout the state.

As a result of Act 143, SLH 2023, the Department has already implemented a very robust and active Common Sense (CS) Cardiopulmonary Resuscitation (CPR) Training Program. CS CPR is a Department initiative to provide life skills for students, faculty, and staff and over time it will contribute to an educated population who are better able to respond to life-threatening emergencies, with correspondingly improved survival rates. The program is an approved course for teaching community responder CPR and AED skills. It is an interactive, hands-on class designed for students seventh to twelfth grade, as well as teachers, faculty, and staff at all Department schools. To date, about twenty Department schools statewide and over 13,000 students, faculty, staff, and student leaders have completed the training. Compliance with AED and CPR training, as well as maintaining first-aid capabilities in the workplace, is also required under OSHA General Industry (29 CFR 1910.151(b)).

The Department requests that funding is provided to support programs and resources related to this resolution, requiring AEDs to be procured and installed in all Department schools and facilities.

Thank you for the opportunity to provide support to SCR 87.



March 29, 2026

Dear Chair, Vice Chair, and Members of the Committee:

I am writing in support of S.R. No. 79, which encourages the State of Hawai‘i to examine requiring automated external defibrillators (AEDs) in all state-owned buildings and to pursue existing AED programs.

More than 350,000 people experience cardiac arrest outside of a hospital each year and only about 1 in 10 survive. During cardiac arrest, CPR can double or triple a person’s chance of survival and quick use of an AED can further improve those odds. This makes immediate access to AEDs critical.

The American Heart Association recommends key policies to increase survival rates from sudden cardiac arrest. These policies include awareness and education, having cardiac emergency response plans in place, CPR education and AED training and accessibility.

Expanding AED access in state-owned buildings is an impactful step toward strengthening Hawai‘i’s emergency response infrastructure. Equally important is the resolution’s emphasis on education and training. Encouraging the State to explore and expand these efforts will help ensure that more individuals are equipped with the knowledge and confidence to act in an emergency.

Initiatives such as the American Heart Association’s “Nation of Lifesavers” campaign emphasize the importance of widespread community training in Hands-Only CPR. Teaching individuals and students in schools how to recognize cardiac arrest and immediately begin chest compressions and use an AED can dramatically improve survival rates from cardiac arrest. Encouraging the State to explore partnerships and expand access to Hands-Only CPR education would further strengthen Hawai‘i’s emergency response capacity.

Ultimately, increasing access to AEDs and strengthening training programs will save lives, improve community health outcomes, and demonstrate Hawai‘i’s commitment to public safety.

For these reasons, I respectfully urge the Committee to support S.R. No. 79.

Mahalo for the opportunity to testify.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Lauren Simpson-Gomez".

Lauren Simpson-Gomez

Hawai'i Government Relations Director

SR-79

Submitted on: 3/30/2026 3:01:32 PM

Testimony for GVO on 3/31/2026 3:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Hawaii LECET / Brian Lee	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs McKelvey and San Buenaventura, and Senate Committee members,

I know from experience that AEDs are the difference between life and death.

With a cardiac arrest, an AED must be administered **immediately**. Survival chances are highest if the shock is delivered within 3–5 minutes of a collapse.

Speed is the most vital factor because the heart must be restarted to restore blood flow to the brain and other organs:

- **Within 1 Minute:** Using an AED within the first 60 seconds provides a **90% chance of survival**.

- **A 10% Drop per Minute:** For every minute that passes without defibrillation, the chance of survival decreases by approximately **7% to 10%**.

- **Within 3 to 5 Minutes:** Survival rates remain relatively high (often cited between **50% and 70%**) if a shock is delivered in this window.

- **Beyond 10 Minutes:** After 10 minutes without access to an AED, the chances of survival are considered **negligible** or **near zero**.

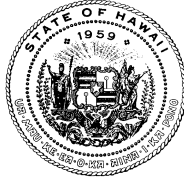
Because brain cells begin to die within minutes of losing oxygen, rapid access to an AED is also critical for neurological recovery:

- **4 to 6 Minutes:** Permanent brain damage typically begins to occur during this timeframe.

- **9 to 10 Minutes:** Severe and irreversible brain damage is likely if circulation has not been restored by this point.

Portable AEDs are proven life-savers, and there is no other substitute.

Mahalo for this opportunity to offer our testimony in strong support of SCR87 and SR79.



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



**Testimony in SUPPORT of (SCR87/SR79)
ENCOURAGING THE STATE TO EXAMINE REQUIRING AUTOMATED EXTERNAL
DEFIBRILLATORS IN ALL STATE-OWNED BUILDINGS AND PURSUE EXTERNAL DEFIBRILLATOR
PROGRAMS**

SENATOR ANGUS L.K. MCKELVEY, CHAIR
SENATE COMMITTEE ON GOVERNMENT OPERATIONS

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Tuesday, March 31, 2026 at 3:05 PM | Room Number: 225

1 **Fiscal Implications:** None.

2 **Department Position:** The Department of Health (“Department”) is submitting testimony in
3 support of Senate Concurrent Resolution 87 and Senate Resolution 79, which encourages the
4 state to examine require automated external defibrillators (AEDs) in all state-owned building
5 and purse AED trainings programs.

6 **Department Testimony:** The Emergency Medical Services & Injury Prevention Systems Branch
7 (EMSIPSB), on behalf of the Department, respectfully submits this testimony in **support** of this
8 concurrent resolution.

9 Sudden cardiac arrest remains a leading cause of death, and immediate access to AEDs combine
10 with trained responders dramatically increases survival rates. Ensuring AEDs are accessible in
11 state own facilities, alongside widespread training, represents a critical, evidence-based public
12 health intervention that can and will save lives.

- 1 **Offered Amendments: None**
- 2 Mahalo for your consideration and for your commitment to public safety.

LATE

Dear Chair and Members:

Strong support is offered for SCR87/SR79, which encourage Hawai'i to examine requiring automated external defibrillators in all state-owned buildings and to pursue existing training programs for employees. Quick access to AEDs and trained responders can save lives during sudden cardiac emergencies, and state facilities should be prepared to respond effectively.

These resolutions are important because they move the State toward a more consistent, safety-centered approach for public buildings and public-facing services. They also appropriately recognize that training is as important as equipment, since a device is only useful when people know where it is and how to use it in an emergency.

At the same time, the measures would be stronger if they included several implementation recommendations. First, the State should adopt a phased rollout that prioritizes high-occupancy, high-traffic, and higher-risk facilities. Second, the State should identify funding for acquisition, installation, maintenance, replacement pads and batteries, signage, and recurring staff training. Third, the State should establish uniform standards for AED placement, accessibility, inspection, and training frequency, while also creating a central inventory and annual compliance reporting process.

For these reasons, support is respectfully urged for SCR87/SR79, along with amendments or follow-up legislation to add funding, standards, timelines, and accountability so the policy can be implemented effectively and equitably across state.

Mahalo,

Ryan K. Gomes