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# A BILL FOR AN ACT

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RELATING TO EMERGENCY RESPONSE.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1       SECTION 1. The legislature finds that the opioid crisis in  
2 the State continues to take lives, devastate families, and  
3 strain the State's health care system. In 2022, Hawaii recorded  
4 over two hundred eighty overdose deaths, reflecting an age-  
5 adjusted rate of 18.6 deaths per one hundred thousand people, a  
6 rate that continues to rise. Emergency departments across the  
7 State have reported increasing opioid-related visits, with  
8 opioids surpassing stimulants and heroin as the leading cause of  
9 overdose-related emergency department visits in 2022.

10       The legislature further finds that emergency medical  
11 technicians (EMTs), including EMT-paramedics, are often the  
12 first responders during overdose emergencies. The State's  
13 current emergency response protocols allows first responders to  
14 administer an opioid antagonist that reverses opioid overdoses.  
15 However, administration of an opioid antagonist has unintended  
16 side effects that can cause acute withdrawal symptoms in



1 individuals and lead to severe distress, refusal of further  
2 treatment, or increased risk of repeat overdoses.

3       The legislature additionally finds that the medication  
4 buprenorphine is proven to prevent withdrawal symptoms that may  
5 discourage engagement with recovery services. The  
6 administration of buprenorphine after an opioid antagonist may  
7 reduce the risk of repeat overdoses and provide a bridge to  
8 treatment, significantly increasing the likelihood of long-term  
9 recovery.

10       The legislature also finds that many other states have  
11 recognized the public health benefits of using buprenorphine in  
12 their emergency medical services protocols. In California, the  
13 EMS buprenorphine use pilot program implemented in Contra Costa  
14 County allows paramedics to administer buprenorphine to patients  
15 in the prehospital setting, with results showing the  
16 administration of buprenorphine can effectively initiate opioid  
17 use disorder treatment in the field. New Mexico's EMS bridge  
18 program, which allows EMTs to administer buprenorphine in the  
19 field, shows evidence that patients receiving buprenorphine were  
20 eighty per cent more likely to connect with addiction treatment  
21 services. Finally, Massachusetts and Rhode Island have enacted



1 similar measures that allow certain first responders to  
2 administer buprenorphine to individuals experiencing an opioid  
3 overdose, with each state reporting measurable declines in  
4 opioid overdose deaths and improved continuity of care.

5 The legislature believes that incorporating the  
6 administration of buprenorphine into the State's emergency  
7 medical services protocols can:

8 (1) Equip first responders with the tools to provide  
9 comprehensive, life-saving care;

10 (2) Modernize the State's emergency medical services  
11 protocols to align with proven national models;

12 (3) Treat opioid overdoses with the urgency and care they  
13 require; and

14 (4) Reduce the number of unnecessary visits to the  
15 emergency department and hospital readmissions,  
16 thereby reducing the burden on the State's health care  
17 system.

18 Accordingly, the purpose of this Act is to:

19 (1) Authorize EMTs in the State to administer  
20 buprenorphine after the administration of an opioid  
21 antagonist during an opioid overdose response; and



(2) Require the department of health to adopt rules, allocate resources for EMT training, and coordinate with emergency medical services providers in the State, to incorporate the administration of buprenorphine after the administration of an opioid antagonist as a standard component of emergency medical services' protocols during an opioid overdose response.

SECTION 2. Section 329E-3, Hawaii Revised Statutes, is amended to read as follows:

**"[+]§329E-3[+] Opioid antagonist administration; emergency personnel and first responders. (a)** Beginning on January 1, 2017, every emergency medical technician licensed and registered in ~~[Hawaii]~~ the State and all law enforcement officers, firefighters, and lifeguards shall be authorized to administer an opioid antagonist as clinically indicated.

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

(c) The department of health shall:



1        (1) Adopt rules to:

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

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

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

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

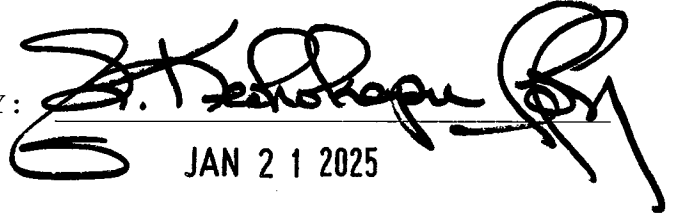
20        SECTION 2. Statutory material to be repealed is bracketed  
21        and stricken. New statutory material is underscored.



1 SECTION 3. This Act shall take effect upon its approval.

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INTRODUCED BY:

  
JAN 21 2025



**Report Title:**

DOH; EMTs; EMT-Paramedics; Buprenorphine; Opioid Antagonist; Training; Rules

**Description:**

Authorizes emergency medical technicians in the State to administer buprenorphine after the administration of an opioid antagonist during an opioid-related drug overdose response. Requires the Department of Health to adopt rules, allocate resources for EMT training, and coordinate with emergency medical services providers in the State, to incorporate the administration of buprenorphine after the administration of an opioid antagonist as a standard component of emergency medical services' protocols during an opioid-related drug overdose response.

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