



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

**Testimony COMMENTING on S.B. 851**  
**RELATING TO EMERGENCY RESPONSE**

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

Hearing Date, Time and Room Number: February 12, 2025, 1:00PM, Room 225

1 **Fiscal Implications:** None.

2 **Department Position:** The Department of Health appreciates the intent of S.B. 851 and offers  
3 comments.

4 **Department Testimony:** The Emergency Medical Services & Injury Prevention System Branch  
5 (EMSIPSB) provides the following comments on behalf of the Department.

6 Nalaxone is the most important emergency medication to help prevent death from an opioid  
7 overdose. All ambulances should be equipped with naloxone, which can be administered by an  
8 emergency medical technician (EMT) or a paramedic.

9 Buprenorphine can reduce opioid withdraw symptoms. It's benefit is when provided as part of  
10 treatment, and there is emerging evidence that it can help when provided as a response in a  
11 system of care that does warm hand-offs with substance abuse treatment providers.

12 As an opioid itself, it would be appropriate for paramedics to administer buprenorphine when  
13 medically indicated following an established protocol. However, EMTs are not authorized to  
14 administer opioids.

1 While we believe this measure is premature, DOH is receptive should a county propose a  
2 system of care approach with corresponding protocols for buprenorphine administration and  
3 warm hand-offs to treatment providers. DOH already has the authority to approve such a pilot.

4 Thank you for the opportunity to comment.

5 **Offered Amendments:** None

6

# KAUA'I COUNTY HOUSING AGENCY

ADAM ROVERSI, DIRECTOR



DEREK S.K. KAWAKAMI, MAYOR  
REIKO MATSUYAMA, MANAGING DIRECTOR

## Testimony of Farah Aquino

Homeless Coordinator, Kaua'i County Housing Agency

Before the

### Senate Committee on Health and Human Services

Wednesday, February 12, 2025, at 1:00 p.m.

Conference Room 225 & Videoconference

In consideration of

### SB 851 Relating to Emergency Response

Honorable Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

Kaua'i County Housing Agency **strongly supports** SB851, which would authorize emergency medical technicians to administer buprenorphine following the use of an opioid antagonist like Naloxone, during an opioid-related drug overdose intervention. This legislation represents a critical step toward addressing the opioid crisis in our community and saving lives.

As the Homeless Coordinator for Kauai County and a member of the Kauai Island Fentanyl Task Force, I understand the importance of giving a much-needed buffer from the constant cravings for drug addicted individuals. This medication does just that. It is a treatment strategy and tool that may be just what an individual needs to abandon a life of drug use and begin to embrace recovery. I have witnessed far too many people die as a result of overdoses and drug addiction. We must be more proactive in giving people every opportunity there is to assist in guiding them to abstinence.

The benefits of SB851 are clear:

1. **Improved Emergency Response Protocols:** Standardizing the administration of buprenorphine ensures that first responders have the tools they need to stabilize patients and potentially guide them toward recovery resources.
2. **Alignment with Best Practices:** This legislation reflects evidence-based approaches to overdose management, as buprenorphine has been proven effective in reducing withdrawal symptoms and cravings.
3. **Community Impact:** By empowering emergency responders, we can reduce the tragic loss of lives caused by opioid overdoses, which continues to devastate families across Hawai'i.



4. Increased Community Collaboration: There are multiagency partnerships and organizations activated for a seamless transition for extended patient care.

I humbly ask for you to pass SB851 and support this critical measure to give first responders an upper hand in combatting the ongoing opioid crisis. By advancing this bill, we demonstrate our commitment to protecting the health and well-being of our residents and providing hope to those affected by substance use disorders.

Thank you for the opportunity to testify and for your consideration.



## **SB851 Emergency Response Give Buprenorphine to Patients for Home Use**

### COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Wednesday, Feb 12, 2025: 1:00: Room 225 Videoconference

### **Hawaii Substance Abuse Coalition Supports SB851:**

*ALOHA CHAIR, VICE CHAIR, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization for substance use disorder and co-occurring mental health disorder treatment and prevention agencies and recovery-oriented services including transition housing.*

Administering buprenorphine to patients for home use during an EMS response to a crisis situation for opioid use disorder (OUD) or overdose can be beneficial.

- 1. Overdose Prevention.** As a partial opioid agonist that helps alleviate withdrawal symptoms quickly, buprenorphine can help prevent relapse and reduce the risk of subsequent overdoses, particularly after a nonfatal overdose when patients are at the highest risk.
- 2. Increased Engagement in Treatment.** Patients tend to seek more buprenorphine after their supply runs out, which can encourage them to seek more formal long-term treatment.
- 3. Reduced Strain on Emergency Departments (EDs).** Providing buprenorphine in the field allows patients to stabilize at home, reducing unnecessary ED visits and hospital admissions.
- 4. Harm Reduction and Public Health Impact.** Offering buprenorphine during EMS response aligns with harm reduction strategies, emphasizing treatment over punishment and addressing the opioid crisis with evidence-based care.
- 5. Patients in Rural or Underserved Areas.** Buprenorphine provides a critical point of care for patients who might otherwise struggle to find treatment options.

### **Challenges & Considerations**

1. **Training requirements:** EMTs and paramedics may require additional training in buprenorphine administration and withdrawal assessment.
2. **Ongoing Follow-up:** Referrals to treatment centers is crucial for long-term success. The State will want to ensure that there is a pathway to access formal treatment to achieve better outcomes.

## Conclusion

Allowing EMTs to provide buprenorphine for home use during crisis response can significantly reduce overdoses, increase treatment engagement, and decreasing ER visits. **With training and a pathway to access formal treatment, this could greatly improve outcomes.**

We appreciate the opportunity to testify and are available for questions.



# BIG ISLAND SUBSTANCE ABUSE COUNCIL

Inspiring Change, Reclaiming Lives

Inspiring individuals to reclaim and enrich their  
lives by utilizing innovative resources and  
harnessing the strengths within each person.

## Kea'au Administrative Office and Treatment Center

16-179 Melekahiwa Street  
Kea'au, Hawai'i 96749  
P: (808) 969-9994  
F: (808) 969-7570

## Hilo Outpatient Treatment

295 Waiānue Avenue  
Hilo, Hawai'i 96720  
P: (808) 935-4927  
F: (808) 934-8067

## Kona Outpatient Treatment

75-5722 Kuakini Highway #217  
Kailua-Kona, Hawai'i 96740  
P: (808) 322-3100  
F: (808) 322-3001

## Board of Directors

### Chief Executive Officer

*Hannah Preston-Pita*

### President

*Pat Engelhard*

### Vice President

*Catherine Kamau*

### Finance Chair

*Richard Henderson*

### Secretary

*Vanessa Carlson*

### Members

*Dr. Lissandra Baldan-Jenkins*

*David Bishaw*

*Dave DeLuz Jr.*

*Breeani Kobayashi*

*Sharri Thornton*

*Ross Wilson*

February 10, 2025

Dear Honorable Chair Joy San Buenaventura, Vice Chair Henry Aquino and Members of the Health and Human Services Committee,

Aloha, my name is Dr. Hannah Preston-Pita, and I am submitting this testimony in strong support of SB851, which authorizes emergency medical technicians (EMTs) in the State to administer buprenorphine following the administration of an opioid antagonist during an opioid-related overdose response. As a professional who has worked in the field of substance use treatment and recovery for many years, I have witnessed firsthand the devastating impact of opioid overdoses on individuals, families, and our broader community. Through my work, I have seen the gaps in care that exist between emergency response and long-term treatment. Too often, individuals who survive an overdose are left vulnerable, without immediate access to the next steps in treatment, increasing their risk of repeated overdose or withdrawal-related complications.

The ability for EMTs to administer buprenorphine immediately after an opioid antagonist such as naloxone represents a critical step forward in bridging this gap. Buprenorphine not only helps to alleviate distressing withdrawal symptoms, but it also serves as a bridge to stabilization and treatment. Implementing this measure as a standard emergency response practice aligns with evidence-based best practices and will help save lives by ensuring that individuals in crisis receive an immediate medical intervention that facilitates long-term recovery. Additionally, I strongly support the requirement for the Department of Health to allocate resources for EMT training and ensure proper coordination with emergency medical service providers. Proper training will equip first responders with the knowledge and tools necessary to administer buprenorphine safely and effectively, further strengthening our emergency response system.

Another essential component of this bill is the opportunity for EMTs to provide direct linkages to outpatient services following overdose response. Connecting individuals to treatment at the point of emergency care significantly increases engagement in recovery services and reduces the likelihood of recurring overdoses. Establishing these immediate referral pathways can be life-changing for those struggling with opioid use disorder. This legislation is not just about policy, it is about real solutions to a real crisis affecting our communities every day. I urge you to support SB851 and ensure that those experiencing an opioid overdose have immediate access to life-saving care and critical treatment connections when they need it most. Mahalo for your time and consideration.

Sincerely,

Dr. Hannah Preston-Pita, Psy.D., Ed.D., CSAC, NCTTP  
Chief Executive Officer





February 11, 2025

**RE: Testimony in Support of SB 851**

Dear Honorable Chair Sen. Joy San Buenaventure, Vice Chair Sen. Henry Aquino, and Members of the Committee:

On behalf of Hawaii Island Community Health Center (HICHC), I am writing to express our strong support for SB 851, which authorizes emergency medical technicians (EMTs) to administer buprenorphine following the administration of an opioid antagonist during an overdose response. This legislation represents a critical step forward in Hawaii's ongoing efforts to combat the opioid crisis by expanding access to evidence-based treatment and improving patient outcomes.

The opioid epidemic continues to devastate communities across Hawaii. First responders, particularly EMTs, are often the first point of contact during these life-threatening emergencies. While current protocols allow for the administration of opioid antagonists to reverse overdoses, these medications can induce acute withdrawal symptoms, causing severe distress and deterring individuals from seeking further treatment. This gap in care leaves patients vulnerable to repeat overdoses and missed opportunities for long-term recovery.

SB 851 addresses this gap by authorizing EMTs to administer buprenorphine after reversing an overdose. Buprenorphine, a partial opioid agonist, effectively alleviates withdrawal symptoms, reduces cravings, and significantly increases the likelihood of patients engaging in addiction treatment services. States like California, New Mexico, Massachusetts, and Rhode Island have successfully integrated buprenorphine into their emergency medical services (EMS) protocols, resulting in improved patient retention in treatment programs and measurable reductions in opioid-related deaths.

Offering buprenorphine during EMS responses aligns with harm reduction strategies, shifting the focus from punishment to treatment. This evidence-based approach recognizes that addiction is a medical condition requiring comprehensive care. By providing buprenorphine in the field, EMTs can help prevent relapse, reduce the risk of subsequent overdoses, and serve as a critical bridge to recovery services. This continuity of care is especially vital for patients who might otherwise face significant barriers in accessing treatment options.

Furthermore, incorporating buprenorphine into EMS protocols will help alleviate the burden on Hawaii's healthcare system by reducing unnecessary emergency department visits and hospital readmissions. It modernizes our emergency response framework to reflect national best practices, ensuring that individuals experiencing opioid overdoses receive the urgent, comprehensive care they need.

HICHC strongly supports SB 851 and urges the Legislature to pass this bill. It represents a life-saving measure that will enhance our state's response to the opioid crisis, improve patient outcomes, and strengthen the continuum of care for individuals struggling with opioid use disorder.

**Thank you for the opportunity to testify in support of this critical legislation.**

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Taaffe", is written over a horizontal line.

Richard Taaffe  
Chief Executive Officer  
Hawaii Island Community Health Center



**LATE**



# HAWAI'I ISLAND FENTANYL TASK FORCE

16-179 Melekahiwa St Keaau, HI 96749 • [www.HIFTF.org](http://www.HIFTF.org)

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

On behalf of the Hawai'i Island Fentanyl Task Force we submit this testimony in strong support of SB851, which would authorize EMTs to administer buprenorphine following Naloxone during an opioid overdose response.

As frontline leaders in the fight against Hawai'i's opioid crisis, we have witnessed the devastating impact of Fentanyl and opioid-related overdoses on Hawai'i Island. While naloxone is essential in reversing overdoses, it does not address the severe withdrawal symptoms that often follow, leading many individuals to decline further care and remain at high risk for another overdose. The ability for EMTs to administer buprenorphine immediately creates a critical bridge to treatment, significantly increasing the chances of long-term recovery.

Other states, including Washington, New Jersey, and Rhode Island, have implemented similar measures, demonstrating increased patient engagement in treatment and reduced rates of repeat overdoses. By passing SB851, Hawai'i would be taking a major step forward in adopting proven interventions that save lives and improve public health.

This is more than a policy change, it is an opportunity to transform our emergency response system into one that does more than revive; it stabilizes, connects, and provides real pathways to healing. We urge you to stand with us in supporting SB851 to equip our first responders with the tools they need to make a life-changing and life-saving impact.

Mahalo for your time and consideration,  
Kapono Kekela

Coordinator, HIFTF  
[Kapono@hiftf.org](mailto:Kapono@hiftf.org)  
call/text: (808) 990-0346  
Task Force Website: [www.hiftf.org](http://www.hiftf.org)

## Testimony on SB851 – Relating to Emergency Response

February 10, 2025

Submitted by:

Kevin Kunz, MD, MPH

[Kevin.kunz.md@gmail.com](mailto:Kevin.kunz.md@gmail.com)

808-895-6619

Good Afternoon Committee Members. Thank you for this opportunity to testify in favor of SB 851.

My name is Kevin Kunz, I am a physician specializing in Addiction Medicine, Public Health and Prevention. I am a graduate of the University of Hawaii system and its graduate schools of medicine and public health. Of my 45 years in practice here, I have specialized in Addiction Medicine for the last 30. My clinical practice has been solely on the Big Island. I have been involved in many local and national policy and educational endeavors, served as policy consultant to the Office of National Drug Control Policy through two administrations, and was on the teams that produced the content and guidelines for physician specialty training in the field of Addiction Medicine. I am a Co-Lead on the Hawaii Island Fentanyl Task Force (HIFTF), and together with Dr. Hannah Preston-Peta and Uncle Wally Lau have previously submitted testimony from HIFTF on this bill. My passion is the prevention and treatment of substance use disorders (SUD). Specifically, the care of individuals and families here on the Big Island dealing with these life-changing disorders and diseases. The situation in Hawaii County will only improve as the attention of statewide stakeholders, like yourselves and the Department of Health, simultaneously addresses, enacts and implements changes consistent with the modern management of SUD. Nationwide, all available data indicate Hawaii is very far from “up to date”. It’s time to change this.

As the opioid overdose and addiction crisis continues to impact all of us, this EMS-Buprenorphine bill can set in action a valuable tool to help repel the scourge of fentanyl and other illicit opioids.

There is broad consensus within Addiction Medicine and Public Health that implementation of EMS administered buprenorphine is an effective, evidence-based practice. In fact, it is now being deployed widely across the country. The benefits of EMS administered buprenorphine include: 1) immediate initiation of this FDA approved medication for Opioid Use Disorder (OUD) after overdose reversal by naloxone; 2) the opportunity for revived persons to engage in medical and behavioral care for their disease; 3) an attenuation of the negative impacts of illicit opioid use, including

morbidity, mortality, and social and economic impacts such as family strife and dissolution, crime and judicial consequences.

Before going further, let's be clear that Hawaii is still on the upswing with opioid overdose deaths. Although these fatalities are decreasing significantly in some regions of the country, our Hawaii problem is growing. Evidence of this can be found in the January 2025 report from Dr. Dan Galanis at the Hawaii DOH. Opioids, driven by fentanyl, can be expected to exceed methamphetamine deaths in Hawaii, just as they have become the number one cause of overdose death on the continent. The fentanyl tsunami is not receding here. Statewide we are averaging over 200 EMS administered naloxone interventions a month for opioid overdose. This equates to about 2,400 opportunities a year for the initiation of buprenorphine after overdose reversal with naloxone. Research on EMS Buprenorphine programs currently in operation indicate that persons attended by a buprenorphine equipped ambulance have a 6 times greater likelihood of engaging in SUD treatment.

Another important benefit of the use of EMS administration of buprenorphine is the potential awakening in our County and State's healthcare, governmental and community sectors to the benefits of this medication. Buprenorphine, which was FDA approved in 2002, has been found through a multitude of studies over 30 years to be an effective treatment for OUD with a robust record for reducing the medical and social sequelae of the disease. Yet, it has not been taken up by policy leaders and medical personnel, and is thus severely underutilized. Nationally, only about 25% of people with OUD are offered and receive buprenorphine. Unfortunately, Hawaii ranks 47<sup>th</sup> of 50 states in the use of this medications ( [https://www.cdc.gov/overdose-prevention/data-research/facts-stats/buprenorphine-dispensing-maps.html#:~:text=States%20with%20the%20highest%20buprenorphine,%2C%20and%20Hawaii%20\(1.7\)](https://www.cdc.gov/overdose-prevention/data-research/facts-stats/buprenorphine-dispensing-maps.html#:~:text=States%20with%20the%20highest%20buprenorphine,%2C%20and%20Hawaii%20(1.7)) ).

The implementation of EMS administered buprenorphine will be an important call to action for Hawaii's healthcare systems, including the Department of Health and all the programs that they, the state and the federal government fund here for SUD. This is a chance for our legislature and the Department of Health to be loud and clear on the facts that addiction is a brain disease, and it can be effectively treated. That appropriate FDA approved medications, either short or long term, can yield the same health and community benefits we expect when medications are used for other diseases, like diabetes, hypertension, asthma, etc.. Many within Hawaii's healthcare community are already receiving state and federal funding to address SUD and especially OUD, yet only a few are routinely prescribing this medication to patients in need. Why? There is long existent ignorance, stigma and systemic discrimination towards those with SUD, and even more so for the use of effective medications. The SUD patient is viewed as bringing it on himself or herself, and not wanting to get help and stop using illicit drugs. If the State and the Department of Health could simply utilize already existing, funded SUD programs and agencies that can prescribe this medication, the patient follow-up after EMS contact would be straightforward. For instance, an EMS patient is revived with naloxone, then receives buprenorphine which relieves withdrawal, physiologic

craving and return to use. That day or the next the patient presents at an already state or federally funded clinic, perhaps a community health clinic (FQHCs), a harm reduction agency (H3RC) or a methadone clinic -all of which prescribe buprenorphine as well as methadone. Or the patient can opt to see their own primary care providers: all medical providers can prescribe buprenorphine.

In summary, this legislation would not only allow EMS responders to administer a safe and effective medication for OUD, it would also bring to the forefront the potential of the most powerful stakeholders to embrace and then expand this life saving and life changing medical intervention. To do this would be an exemplary community service. To do less would seem a dereliction of duty.

Please contact me if I can answer questions or provide references for any statements made.

Sincerely,

Kevin

Kevin Kunz, MD, MPH  
808-895-6619

**SB-851**

Submitted on: 2/11/2025 8:37:23 AM

Testimony for HHS on 2/12/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Erin Samura	Individual	Support	Written Testimony Only

Comments:

To: Committee Chair Senator San Buenaventura  
Senate Committee on Health and Human Services

Hawai'i State Legislature

Subject: Testimony in Support of SB851 – Emergency Response Legislation

Aloha Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

I am writing in strong support of SB851, which would authorize emergency medical technicians to administer buprenorphine following the use of an opioid antagonist like Naloxone, during an opioid-related drug overdose intervention. This legislation represents a critical step toward addressing the opioid crisis in our community and saving lives.

As a community member, I have seen firsthand how Buprenorphine a partial opioid agonist was used to treat opioid use disorder and manage pain. In crisis situations, it rapidly relieves withdrawal symptoms, reduces cravings, and lowers overdose risk due to its ceiling effect. It can be administered sublingually, buccally, via injection, implant, or patch, making it accessible in emergency settings. Its use stabilizes patients, providing a bridge to long-term treatment and harm reduction.

The benefits of SB851 are clear:

1. Improved Emergency Response Protocols: Standardizing the administration of buprenorphine ensures that first responders have the tools they need to stabilize patients and potentially guide them toward recovery resources.
2. Alignment with Best Practices: This legislation reflects evidence-based approaches to overdose management, as buprenorphine has been proven effective in reducing withdrawal symptoms and cravings.
3. Community Impact: By empowering emergency responders, we can reduce the tragic loss of lives caused by opioid overdoses, which continues to devastate families across Hawai'i.
4. Increased Community Collaboration: There are multiagency partnerships and organizations activated for a seamless transition for extended patient care.

I humbly ask for you to pass SB851 and support this critical measure to give first responders an upper hand in combatting the ongoing opioid crisis. By advancing this bill, we demonstrate our commitment to protecting the health and well-being of our residents and providing hope to those affected by substance use disorders.

Mahalo for your consideration and for your dedication to our community.

Mahalo,

Erin

**SB-851**

Submitted on: 2/11/2025 10:31:12 AM

Testimony for HHS on 2/12/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alysa Lavoie	Individual	Support	Written Testimony Only

Comments:

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

I am writing in **strong support** of **SB851**, which would authorize emergency medical technicians to administer **buprenorphine** following an opioid overdose. This legislation represents a **critical, evidence-based step** in saving lives and **strengthening our community's response** to the ongoing opioid crisis.

As a healthcare professional, I played a key role in **implementing a buprenorphine program** at a health center in 2016 and have witnessed firsthand the **profound impact of this medication—helping over a thousand individuals reclaim their lives.**

In addition to my clinical work, since 2020, I have **trained nearly every law enforcement officer on Hawai'i Island** in the use of **Narcan** for opioid overdose reversal. While Narcan is a **crucial, life-saving tool**, it alone is **not enough to truly save a life**. It does not prevent the **severe withdrawal symptoms and overwhelming neurological cravings**—as powerful as hunger or thirst—that often drive individuals to **immediately seek out and use opioids again**, increasing their risk of repeat overdoses.

**Administering buprenorphine in the field would provide a critical bridge to treatment, reducing the likelihood of repeat overdoses and giving individuals a real chance at recovery.**

I **respectfully urge** you to pass **SB851** and support this **life-saving measure to equip our emergency responders** with the ability to administer buprenorphine.

**Mahalo** for your time, consideration, and dedication to the well-being of our community.

**SB-851**

Submitted on: 2/10/2025 1:05:37 PM

Testimony for HHS on 2/12/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mark Gordon	Individual	Support	Written Testimony Only

## Comments:

*As part of the Hawaii Island Fentanyl Task Force (HIFTF), we monthly give and share the importance of providing the opioid antagonist, Narcan to those who may have an opioid overdose. Narcan should be always given even if unsure of an opioid overdose. It will not hurt the individual if they had meth, alcohol or an overdose from a non opioid drug.*

EMTs and EMT paramedics currently administer Narcan. Narcan though is only short term. The opioid binds with its receptors and shuts down breathing. The Narcan blocks the opioid from binding with the receptors. This will allow the person to continue to breathe.

EMTs and similar personnel should also be trained and allowed to administer buprenorphine. This drug has been shown to prevent withdrawal symptoms. These withdrawal symptoms may discourage a person from being willing to begin recovery services. The administration of buprenorphine after an opioid antagonist may reduce the risk of repeat overdoses and provide a bridge to treatment, significantly increasing the likelihood of long-term recovery. In addition, use of buprenorphine would reduce the risk of the person becoming angry and/or violent

The sooner these 2 Bills are Passed the sooner more lives can be saved. Currently, about 1 person every 7 days on the Big Island dies from an opioid overdose. These Big Island deaths are sadly increasing. Statewide the deaths are about 1 person doing every day, even worse.

Please Support Approving HB 816 and SB 851.



**SB-851**

Submitted on: 2/9/2025 10:29:02 AM

Testimony for HHS on 2/12/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Andi Pawasarat	Individual	Support	Written Testimony Only

Comments:

Aloha Chair and Members of the Committee,

I strongly support SB 851, to allow EMTs to administer buprenorphine after opioid overdose reversal. Every person struggling with addiction is someone's child, sibling, parent, or loved one. This bill will save lives by reducing repeat overdoses, easing withdrawal symptoms, and could lead to a path of long-term recovery. I urge you to pass this bill and help protect our community. Mahalo

Pualililehua Carriaga  
PO Box 945  
Keaau, HI 96749  
Pualililehua1215@gmail.com  
(808)938-5593

February 11, 2025

To: Committee Chair Senator San Buenaventura  
Senate Committee on Health and Human Services  
Hawai'i State Legislature

Subject: Testimony in Support of SB851 – Emergency Response Legislation

Aloha Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

I am writing in strong support of SB851, which would authorize emergency medical technicians to administer buprenorphine following the use of an opioid antagonist like Naloxone, during an opioid-related drug overdose intervention. This legislation represents a critical step toward addressing the opioid crisis in our community and saving lives.

As a community member, I have seen firsthand how this legislation could impact the community. Two years ago, my stepdaughter lost her fiancé in an accidental fentanyl poisoning. He thought he was getting cocaine (his drug of choice) and test results showed illicit fentanyl and methamphetamine in his system. He left behind my stepdaughter, and three children under the age of seven, the youngest was under the age of one at the time.

I also worked with Big Island Substance Abuse Council and have seen firsthand the effects that opioids and other illicit drugs have on people. I have seen how substance abuse breaks down great people, destroys lives, and tears families apart.

The benefits of SB851 are clear:

1. Improved Emergency Response Protocols: Standardizing the administration of buprenorphine ensures that first responders have the tools they need to stabilize patients and potentially guide them toward recovery resources.
2. Alignment with Best Practices: This legislation reflects evidence-based approaches to overdose management, as buprenorphine has been proven effective in reducing withdrawal symptoms and cravings.
3. Community Impact: By empowering emergency responders, we can reduce the tragic loss of lives caused by opioid overdoses, which continues to devastate families across Hawai'i.
4. Increased Community Collaboration: There are multiagency partnerships and organizations activated for a seamless transition for extended patient care.

I humbly ask for you to pass SB851 and support this critical measure to give first responders an upper hand in combatting the ongoing opioid crisis. By advancing this bill, we demonstrate our commitment to protecting the health and well-being of our residents and providing hope to those affected by substance use disorders.

Mahalo for your consideration and for your dedication to our community.

Sincerely,

A handwritten signature in black ink, appearing to read 'Pualililehua Carriaga', with a stylized, flowing script.

Pualililehua Carriaga

**SB-851**

Submitted on: 2/11/2025 12:12:47 PM

Testimony for HHS on 2/12/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Micah Alameda	Individual	Support	Written Testimony Only

Comments:

In strong support

Kathy Hammes  
155 Alohalani Drive  
Hilo, HI 96720  
[kham337@gmail.com](mailto:kham337@gmail.com)  
1-808-756-6697  
February 11, 2025

To: Committee Chair Senator San Buenaventura  
Senate Committee on Health and Human Services  
Hawai'i State Legislature

Subject: Testimony in Support of SB851 – Emergency Response Legislation

Aloha Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

I am writing in strong support of SB851, which would authorize emergency medical technicians to administer buprenorphine following the use of an opioid antagonist like Naloxone, during an opioid-related drug overdose intervention. This legislation represents a critical step toward addressing the opioid crisis in our community and saving lives.

As a family member of a loved one who struggled with substance use and as a community member, I have seen firsthand the importance of emergency and ongoing treatment for mental health conditions including substance use. Timely administration of buprenorphine is a life saver.

The benefits of SB851 are clear:

1. **Improved Emergency Response Protocols:** Standardizing the administration of buprenorphine ensures that first responders have the tools they need to stabilize patients and potentially guide them toward recovery resources.
2. **Alignment with Best Practices:** This legislation reflects evidence-based approaches to overdose management, as buprenorphine has been proven effective in reducing withdrawal symptoms and cravings.
3. **Community Impact:** By empowering emergency responders, we can reduce the tragic loss of lives caused by opioid overdoses, which continues to devastate families across Hawai'i.
4. **Increased Community Collaboration:** There are multiagency partnerships and organizations activated for a seamless transition for extended patient care.

I humbly ask for you to pass SB851 and support this critical measure to give first responders an upper hand in combatting the ongoing opioid crisis. By advancing this bill, we demonstrate our commitment to protecting the health and well-being of our residents and providing hope to those affected by substance use disorders.

Mahalo for your consideration, for this opportunity to testify, and for your dedication to our community.

Sincerely,  
Kathy Hammes

**LATE**

**SB-851**

Submitted on: 2/11/2025 1:56:31 PM

Testimony for HHS on 2/12/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Melissa Bumgardner	Individual	Support	Written Testimony Only

Comments:

I am writing to express strong support for Senate Bill 851 (SB851), which would allow emergency medical technicians (EMTs) in Hawaii to administer buprenorphine following the administration of an opioid antagonist as part of standard protocols for opioid-related overdose response. This bill represents a critical step toward addressing the opioid epidemic in our state and aligning Hawaii's practices with evidence-based models that have proven effective in other regions across the country.

Opioid overdose deaths continue to rise across the United States, including in Hawaii. Emergency response systems are often the first point of contact for individuals experiencing an overdose, and the timely and effective interventions made by EMTs can significantly impact survival and long-term recovery outcomes. While opioid antagonists like naloxone are life-saving and can reverse the immediate effects of overdose, they do not address the underlying opioid use disorder (OUD). To better support recovery, it is imperative that multiple points of access to the healthcare system are equipped with the tools to bridge this gap by administering buprenorphine as a part of the overdose response.

**Safety and Effectiveness of Buprenorphine Administration**

Numerous studies have demonstrated the safety and efficacy of buprenorphine for treating opioid use disorder, including in emergency settings. Buprenorphine is a partial opioid agonist that works by relieving withdrawal symptoms and cravings without producing the same euphoria and respiratory depression as full agonist opioids such as heroin or fentanyl. This makes it an ideal option for preventing acute withdrawal in individuals who have been revived after an overdose.

A study published in *The Lancet* in 2020 found that administering buprenorphine in the pre-hospital setting, particularly after naloxone administration, significantly reduced the risk of overdose recurrence and improved engagement in treatment for OUD. This practice is already being implemented successfully in several states, including Rhode Island, Vermont, and Massachusetts. For example, in Rhode Island, the Emergency Medical Services (EMS) system initiated a pilot program that allowed paramedics to administer buprenorphine after naloxone, which resulted in increased retention in addiction treatment programs and reduced risk of overdose relapse.

Moreover, research published in *JAMA* (2021) confirmed that buprenorphine administration after naloxone in the field is both safe and well-tolerated by individuals experiencing opioid overdose.

EMTs have demonstrated the competence and training to safely manage patients with substance use disorders, and providing them with buprenorphine in the field ensures that individuals are not left vulnerable to relapse or withdrawal once revived.

### **Positive Impact on Opioid Use Disorder Treatment**

Implementing SB851 would improve the likelihood of individuals continuing treatment for opioid use disorder after an overdose. The transition from emergency care to long-term treatment can be a critical window for initiating change. Buprenorphine has been shown to stabilize patients, prevent acute withdrawal, and increase the likelihood that individuals will engage in further addiction treatment, including outpatient therapy and residential rehabilitation. I have personally seen the beneficial impact of buprenorphine treatment in patients with OUD in my role at Hawai'i Island Community Health Center.

### **Conclusion**

The evidence supporting the safety, efficacy, and positive impact of buprenorphine administration by EMTs in overdose situations is clear. Allowing this practice in Hawaii will not only improve survival outcomes but will also increase the chances of individuals entering and remaining in treatment for opioid use disorder. This bill is a necessary and timely response to the opioid crisis, and it aligns with national efforts to treat OUD as a medical condition. By passing SB851, Hawaii can save lives.

Thank you for your time and consideration in supporting this essential bill.