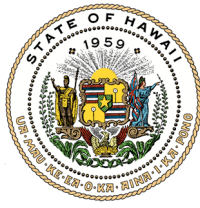


JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



MIKE LAMBERT
DIRECTOR

SYLVIA LUKE
LT GOVERNOR
KE KE'ENA

STATE OF HAWAII | KA MOKU'ĀINA O HAWAII
DEPARTMENT OF LAW ENFORCEMENT
Ka 'Oihana Ho'okō Kānāwai
715 South King Street
Honolulu, Hawai'i 96813

JARED K. REDULLA
Deputy Director
Law Enforcement

TESTIMONY ON SENATE BILL 1322, SENATE DRAFT 2
RELATING TO MENTAL HEALTH
Before the House Committee on
HEALTH
Friday, March 14, 2025, 9:00AM
State Capitol Conference Room 329 & Videoconference
Testifiers: Mike Lambert

Chair Takayama, Vice Chair Keohokapu-Lee Loy, and members of the Committee:

The Department of Law Enforcement (DLE) supports Senate Bill 1322, Senate Draft 2. This bill clarifies and expands the circumstances and procedures available for emergency transportation, examination, and hospitalization under chapter 334, providing much-needed updates to Hawaii's mental health laws. The bill provides liability protection for state and local governments and professionals performing their duties during mental health emergency procedures, expands notice requirements, streamlines administrative processes, and clarifies procedures for assisted community treatment.

Law enforcement officers frequently encounter individuals experiencing mental health crises, and clear legal procedures for emergency intervention are essential for both public safety and appropriate care for those in need. The DLE particularly supports the clarification of emergency transportation procedures and liability protections, as these elements enable our officers to respond more effectively and confidently when encountering individuals who may pose an imminent danger to themselves or others.

The bill's modifications to the administrative authorization process for treatment and the updated procedures for emergency hospitalization will help ensure that individuals receive appropriate care while maintaining necessary legal protections. These changes align with the ongoing efforts to improve crisis intervention services and divert persons in crisis from the criminal justice system to the health care system when appropriate.

From a law enforcement perspective, these updated procedures will enhance our ability to coordinate effectively with mental health professionals during crisis situations, ultimately improving outcomes for all involved.

Thank you for the opportunity to testify in support of this bill.



HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

"Quality Healthcare For All"

COMMITTEE ON HEALTH

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Loy, Vice Chair

March 14, 2025

9:00 AM

Hawaii State Capitol

Room 329 & Via Videoconference

**Testimony in Support with Amendments on S.B. 1322, S.D. 2
RELATING TO MENTAL HEALTH**

Edward N. Chu

President & Chief Executive Officer

Hawaii Health Systems Corporation

On behalf of the Hawaii Health Systems Corporation (HHSC) Corporate Board of Directors, thank you for the opportunity to present testimony **in support with amendments** on S.B. 1322, SD2, Relating to Mental Health.

HHSC's emergency rooms are critical to the healthcare delivery system in Hawaii's rural communities and are routinely at or over-capacity on a daily basis.

The mental health emergency worker (MHEW) contract with The Queen's Health System (QHS) has been invaluable for critical coordination efforts for limited resources and the professionalism of their staff has been exceptional. The MHEWs have fulfilled their promises to work closely with our facilities, generally resulting in a flow of identified patients in need of emergency psychiatric care into our ERs that are manageable for staff and, thus, not impacting other necessary patient care in untenable ways. We understand that the incidence of law enforcement not being able to contact the MHEW is minimal, both on Hawaii Island and Oahu. The general sentiment is that the MHEW process is a good system that seems to be working well for the relevant entities, especially as a system of hospital resource management.

We request the following amendments:

- 1) On page 8, §334-D, HHSC supports the amendments provided by The Queen's Health Systems. Like the MH1 language, the MH3 language requires amendments to ensure that the MHEW is coordinating the utilization of the

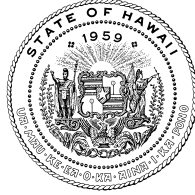
appropriate facilities across all the islands. The proposed amendments by QHS will fortify that process for the MHEW when working with licensed clinicians.

- 2) On Page 10, line 13 HHSC **strongly supports** the extension of the duration that a patient may be admitted for emergency hospitalization for up to seventy-two hours. Under §334-E, HRS, if a patient is provided an emergency examination and, at any point of the care, is determined to either not meet or no longer meet the criteria for involuntary hospitalization, the patient must be discharged expeditiously. This means that it is illegal for a hospital to hold a patient longer than is medically necessary. Extending the hold to 72 hours will provide additional time to stabilize the patient, develop a rapport and engage them in treatment as this patient population is not often immediately forthcoming with information, while decreasing the bureaucratic burdens of prematurely applying for involuntary hospitalizations. These requests are often submitted simply to secure more time for stabilization and then are often withdrawn as the person is stabilized and no longer meets the criteria.
- 3) HHSC encourages working with the MHEW program for coordination of transports to ensure appropriate utilization of HHSC's ERs. On page 4, §334-B, we understand that the MHEW is working very well and that the occurrence when a law enforcement officer or crisis intervention officer is unable to reach a MHEW is *very rare*. However, in the rare occurrence that law enforcement or a crisis intervention officer cannot reach a MHEW, the officer may, as an alternative, detain the individual in cellblock until the MHEW is successfully contacted.

§334-B Emergency transportation initiated by a law enforcement officer. (a) When a law enforcement officer has a reasonable suspicion that an individual is imminently dangerous to self or others and needs to be detained for emergency examination, the law enforcement officer shall contact a mental health emergency worker; provided that the law enforcement officer may temporarily detain the individual at law enforcement facilities, if the law enforcement officer:

HHSC's responsibility is to ensure that our facilities are utilized appropriately and effectively to serve our mission of providing accessible, high quality, cost-effective services which address the healthcare needs of Hawaii's unique island communities. HHSC will certainly care for MH1s, 2s, 3s when these individuals arrive at our facilities; however, we need to ensure that access is available to all who need our services in the communities that we serve.

Thank you for the opportunity to provide testimony on this matter.



EXECUTIVE CHAMBERS
KE KE'ENA O KE KIA'ĀINA

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA

Testimony of
Michael K. Champion, MD
Senior Advisor for Mental Health and the Justice System

Before the
House Committee on Health
Friday March 14, 2025, at 9:00 AM
State Capitol, Conference Room 329 and Videoconference

In consideration of
Senate Bill No. 1322SD2, Relating to Mental Health

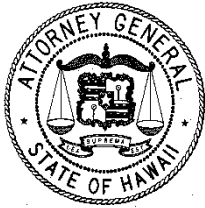
Chair Takayama, Vice Chair Keohokapu-Lee Loy, and members of the Committee:

I am writing in **SUPPORT** of Senate Bill 1322SD2, which includes revisions of the mental health code that are intended to improve access to services for individuals experiencing needs related to mental health conditions and substance use disorders.

Behavioral health conditions are widespread, impacting people across socioeconomic levels. Behavioral health crises can lead to great personal, social, and economic impact and consequences. There is a clear pressing need for interventions that impact key social determinants of health including housing stability and access to healthcare services, particularly substance use disorders and untreated serious mental health conditions which are root causes of chronic unsheltered homelessness. Those with serious mental health conditions and chronic substance use comprise a significant proportion of Hawai'i's homeless population.

Revisions outlined in this measure include clarification and enhancement of procedures related to emergency transport, emergency examination, and emergency hospitalization and mechanisms to engage individuals in treatment over their objection including Assisted Community Treatment. The revisions support lowering barriers to accessing care and consistent implementation of methods to engage individuals who are experiencing a behavioral health crisis to support their stabilization and recovery.

Thank you for the opportunity to provide testimony on this measure.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-THIRD LEGISLATURE, 2025**

ON THE FOLLOWING MEASURE:

S.B. NO. 1322, S.D. 2, RELATING TO MENTAL HEALTH.

BEFORE THE:

HOUSE COMMITTEE ON HEALTH

DATE: Friday, March 14, 2025

TIME: 9:00 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Ian T. Tsuda, Deputy Attorney General

Chair Takayama and Members of the Committee:

The Department of the Attorney General (Department) supports this bill and provides the following comments.

This bill (1) clarifies and expands on the emergency procedures used when responding to individuals suffering from mental illness or substance abuse, (2) indicates that emergency transportation of individuals be coordinated with a mental health emergency worker, when possible, (3) expands the notice requirements during emergency hospitalization to include a healthcare surrogate and allow for waiver of notice, (4) repeals section 334-60.5(k), Hawaii Revised Statutes (HRS), which allows the family court to appoint a legal guardian for an individual during a proceeding for involuntary hospitalization, (5) amends section 334-60.7, HRS, to remove the requirement that psychiatric facilities await responses from interested parties to a notice of intent to discharge from involuntary hospitalization before it may discharge a patient, (6) clarifies the circumstances under which the subject of an order for assisted community treatment (ACT) can be administered medication over the subject's objection, (7) removes the requirement that an ACT provider assess whether the subject of an ACT order, who fails to comply with that order, meets the criteria for involuntary hospitalization, (8) amends sections 334-161 and 334-162, HRS, to allow a single psychiatrist decision-maker to provide administrative authorization for the administration of treatment to a patient in the custody of the Director of Health over the

patient's objection, and (9) provides various technical, non-substantive amendments to several sections under chapter 334, HRS, for clarity and consistency.

This bill provides a comprehensive reexamination of Hawaii's mental health laws to clarify and streamline existing procedures and strengthen the legal framework for supporting individuals suffering from mental illness or substance abuse. Given the increasing number of individuals in Hawai'i impacted by these challenges, establishing a clear and effective mental health system has become an urgent priority. Achieving this goal requires a systematic review and refinement of the intricate laws outlined in chapter 334, HRS. By addressing these issues, this bill provides a workable framework to guide ongoing improvements to our mental health system. Importantly, the amendments in this bill provide clear guidance to professionals treating these individuals in need and bolster the tools available to respond and treat individuals experiencing mental health crises.

The Senate Committee on the Judiciary's amendments in S.D. 2 of the bill removed the requirement under section 334-129(c), HRS, for an ACT provider to assess whether an individual who has failed to comply with an ACT order meets the criteria for involuntary hospitalization. It is our understanding that the intent behind this amendment is to facilitate the emergency transport of individuals under an ACT order when they fail to comply with treatment—treatment that has already been found necessary “to prevent a relapse or deterioration that would predictably result in the person becoming imminently dangerous to self or others.” Section 334-121, HRS.

To better effectuate this provision, the Department recommends incorporating it into the proposed section 334-D, HRS, beginning on page 8, line 3, as follows:

§334-D Emergency transportation initiated by a health care provider. (a) Any licensed physician, advanced practice registered nurse, physician assistant, licensed clinical social worker, or psychologist who has examined an individual and determines that the individual is mentally ill or suffering from substance abuse and is imminently dangerous to self or others, may direct a law enforcement officer to detain and transport the individual, by ambulance or other suitable means, to a psychiatric facility or other facility designated by the director for an emergency examination, and may administer treatment, within the examining health care provider's scope of practice, as necessary for the individual's safe transportation. The examining health care provider shall

provide a written statement of circumstances and reasons necessitating the emergency examination. The written statement shall be transmitted with the individual to the psychiatric facility or other facility designated by the director and be made a part of the individual's clinical record.

~~[The person who made the application]~~

(b) Any individual who is subject to an order for assisted community treatment and fails to comply with the order for assisted community treatment, despite reasonable efforts made by a designated assisted community treatment provider, as defined in section 334-122, to solicit compliance, may be transported to a psychiatric facility or other facility designated by the director for an emergency examination if it is in the clinical judgment of a licensed physician, advanced practice registered nurse, physician assistant, licensed clinical social worker, or psychologist that the individual may be in need of emergency hospitalization pursuant to section 334-F. At the direction of the examining health care provider, a law enforcement officer may detain and transport the individual, by ambulance or other suitable means, to a psychiatric facility or other facility designated by the director. The examining health care provider shall provide a written statement of circumstances and reasons explaining why the individual may be in need of emergency hospitalization. The written statement shall be transmitted with the individual to the psychiatric facility or other facility designated by the director and be made a part of the individual's clinical record.

(c) The health care provider shall notify a mental health emergency worker of the ~~[written or oral ex parte order]~~ initiation of emergency transportation under this section and, when possible, shall coordinate the transport of the individual with the emergency worker.

Should the committee decide to adopt these revisions, the Department further recommends amending section 334-129(c)-(d), HRS, starting on page 49, line 17, so it will read as follows:

(c) A subject of the order may be transported to ~~[a designated mental health program, or a hospital emergency department,]~~ a psychiatric facility or other facility designated by the director for failure to comply with an order for assisted community treatment via the following methods:

(1) By an interested party with the consent of the subject of the order; or

(2) In accordance with section ~~[334-59.]~~ 334-D(b).

(d) The ~~[designated mental health program's treating psychiatrist or advanced practice registered nurse with prescriptive authority and who holds an accredited national certification in an advanced practice registered nurse psychiatric specialization or designee of the psychiatrist or advanced practice registered nurse with prescriptive authority and who holds an accredited national certification in an advanced practice~~

~~registered nurse psychiatric specialization]~~ assisted community treatment provider shall make [all] reasonable efforts to solicit the subject's compliance with the prescribed treatment. If the subject fails or refuses to comply after the efforts to solicit compliance, the ~~[treating psychiatrist or advanced practice registered nurse with prescriptive authority and who holds an accredited national certification in an advanced practice registered nurse psychiatric specialization]~~ assisted community treatment provider shall ~~[assess whether the subject of the order meets criteria for involuntary hospitalization under part IV of this chapter, and]~~ proceed ~~[with the admission pursuant to section 334-59(a)(2) or (3);]~~ pursuant to section 334-C or D; provided that the refusal of treatment shall not, by itself, constitute a basis for involuntary hospitalization.

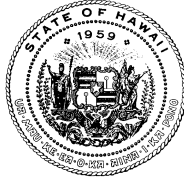
Finally, the Department recommends restoring the provisions from the original draft of this bill providing limitations on liability for emergency workers and ACT providers, except in cases of willful misconduct, gross negligence, or recklessness. These provisions were modelled after section 127A-9(a), HRS, which limit liability for those acting in emergency situations to allow them to act quickly in the public interest, and will protect professionals who directly render emergency treatment to individuals suffering from mental illness or substance abuse and are often required to make quick decisions in difficult situations in the name of helping a person who is suffering. The Department, after consultation with numerous stakeholders, believes such provisions are crucial aspects to improving the efficacy of chapter 334, HRS, as a whole. Accordingly, the Department recommends the following provision be added in section 2, page 13, starting at line 1:

§334-H Immunity from liability. The State, any county, any private sector or nonprofit organization, and, except in cases of willful misconduct, gross negligence, or recklessness, any state or county employee, health care provider, or mental health professional shall not be held civilly liable, either personally or in their official capacity, for the death of or injury to the individual, claim for damage to or loss of property, or other civil liability as the result of any act or omission in the course of the employment or duties under this subpart.

Similarly, the Department recommends the following be added as paragraph (f) to section 334-129, HRS, at section 19, page 51, line 9:

(f) Except in cases of willful misconduct, gross negligence, or recklessness, the assisted community treatment provider shall not be held civilly liable, either personally or in the assisted community treatment provider's official capacity, for the death of or injury to the subject of the order, claim for damage to or loss of property, or other civil liability as the result of any act or omission in the course of the employment or duties under this part.

The Department respectfully asks the Committee to pass this bill with our recommended amendments. Thank you for the opportunity to provide testimony.



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 SB1322 SD2
RELATING TO MENTAL HEALTH

REPRESENTATIVE GREGG TAKAYAMA, CHAIR
REPRESENTATIVE SUE L. KEOHOKAPU-LEE LOY, VICE CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date and Time: March 14, 2025, 9:00 a.m. Location: Room 329 and Video

1 **Fiscal Implications:** None

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 SB 1322 SD2 seeks to clarify, update, and revise Hawaii's mental health laws in an effort
6 to help and support individuals with mental illness or substance use. The proposed
7 modifications to Chapter 334 in SB 1322 SD1 modify the following: procedures available for
8 emergency transportation, examination, and hospitalization; notice and waiver requirements
9 for emergency hospitalization; the authority of the family court to appoint a legal guardian in a
10 proceeding for involuntary hospitalization; the response requirement for psychiatric facilities
11 on a notice of intent to discharge an involuntary hospitalization patient prior to discharge;
12 circumstances under which an order for assisted community treatment would allow medication
13 to be administered over the patient's objection; and limitations on liability for an assisted
14 community treatment provider; and modifying requirements to obtain administrative
15 authorization of medical treatment over objection of a patient in the custody of the
16 Department of Health Director.

1 The Department appreciates the ongoing collaborative effort to improve the system of
2 mental health care in our islands.

3 **Offered Amendments:** On page 8, line 15, the Department respectfully requests the
4 replacement of “a written statement of circumstances and reasons necessitating the
5 emergency examination,” with “an application for the emergency examination of the individual.
6 The application shall state in detail the circumstances under which and reasons that the
7 individual was taken into custody.” This will align the language with §334-B.

8 The Department also requests that the health care provider shall provide a copy of this
9 application to the Department within five business days. This would allow our epidemiology
10 staff to capture the trends/data for future policy decisions and to examine financial impacts to
11 health care facilities.

12 Thank you for the opportunity to testify on this measure.



SB1322 SD2 ER Transportation, Exam and Hospitalization

COMMITTEE ON HEALTH

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Friday, Mar 14, 2025: 9:00: Room 329 Videoconference

Hawaii Substance Abuse Coalition Supports SB1322 SD2:

*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.*

HSAC supports that Hawaii's laws must evolve so that innovative approaches such as crisis services, transportation, examination and care for people with mental health and substance abuse can access the care they need when they need it and with the most efficient and cost-effective means.

HSAC supports the DOH amendments that have been implemented to allow for a serious medical emergency be transported to hospital care and that a Qualified psychiatric examiner meets certification requirements.

Crisis services often need legal changes related to transportation because current laws can create barriers to getting people the help they need quickly and safely:

1. **Involuntary Transport Limitations** – Hawaii has strict laws about when and how a person in crisis can be transported against their will, often requiring law enforcement involvement. This can escalate situations rather than de-escalating them when trying to access the immediate care the person needs.
2. **Lack of Non-Law Enforcement Options** – In many places, the only available transport for people in mental health crises is through police or EMS. Changing laws could allow for more appropriate crisis transport teams (like trained behavioral health responders) to handle these situations with care.
3. **Insurance and Funding Barriers** – Some laws limit insurance coverage or Medicaid reimbursement for crisis transportation, leaving individuals and crisis response teams without financial support for safe, non-police transport options.

Legal changes in these areas could help crisis response teams provide more effective, humane, and timely transportation and examination for people experiencing mental health and substance abuse crisis.

We appreciate the opportunity to provide testimony and are available for questions.

SB-1322-SD-2

Submitted on: 3/11/2025 1:55:00 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Hawaii Disability Rights Center	Comments	Remotely Via Zoom

Comments:

One of the stated purposes is to clarify how an individual subject to an ACT order can be involuntarily and forcibly medicated. We always understood that to be the case. However, this does drive home the point that while ACT may be a beneficial program in some ways in terms of providing treatment, it is also potentially a serious invasion of a person's liberty and as such the proceedings should provide as much due process protections as possible.

We definitely object to the provision of the bill that reduces the number of decision makers who preside at a hearing at an Order to Treat at the Hawaii State Hospital from three to one. The Order to Treat is a very unusual proceeding to begin with. Typically, in order to forcibly medicate an individual in a non-emergency situation an order must be obtained from a Judge after a Hearing before a Court. Some years ago the Legislature authorized an Administrative Hearing to be had at the Hawaii State Hospital for persons who were committed there. The Department has never handled this well. First, they were supposed to promulgate Administrative Regulations before they could begin the process. They never did. We were promised that there would be stakeholder engagement before rules were promulgated. Needless to say, that never occurred. Instead, they developed internal policy guidelines which were finally shared with us only after repeated requests. We pointed out that there were severe due process deficiencies and to our knowledge while some of those may have been addressed, the process in general is not designed to provide a lot of traditional safeguards.

The current bill reduces the decision to one individual vs the current provision for a "hearing" before a three panel Board. While that may be more convenient for the personnel at the State Hospital it is a further erosion of what meager protections are presently provided. We believe the better approach would be the elimination of the Order To Treat process and a return to the more traditional method of requiring a Judicial proceeding.

Friday, March 14, 2025 at 9:00 AM
Via Video Conference; Conference Room 329

House Committee on Health

To: Representative Gregg Takayama, Chair
Representative Sue Keohokapu-Lee Loy, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

Re: **Comments on SB 1322, SD2
Relating to Mental Health**

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

HPH provides the following COMMENTS on SB 1322, SD2 which clarifies and expands the circumstances and procedures available for emergency transportation, examination and hospitalization under chapter 334 and seeks, among other things, to clarify, update, and revise Hawaii's mental health laws in an effort to help and support individuals with mental illness or substance use.

HPH recognizes the difficulties in assuring that patients suffering from a mental illness or suffering from a substance abuse disorder receive care which is both necessary and appropriate based on their disorder. Many such patients are seen in the emergency departments of the HPH hospitals which can be crowded and understaffed. Traditionally in emergency care, the provider determines whether the patient has the capacity to make decisions at the time they are seen in the emergency department. Emergency room physicians are qualified and trained to evaluate for decisional capacity, and often do for a variety of medical reasons (e.g., delirium, cancer metastases to the brain, TBIs, etc.). If the patient does not have capacity, the provider treats the patient based on the usual standard of care under the theory of implied consent.

Section **334-E(a) Emergency examination** at Page 9 provides that a licensed physician, medical resident under the supervision of a licensed physician, or advanced practice registered nurse may conduct an initial examination and screening of the patient. §334-E(a) further requires that the patient be examined by a qualified psychiatric examiner. Such screenings would typically take place in the emergency department where a

psychiatrist or psychologist may not be immediately available to conduct the required psychiatric examination. This could result in a delays in conducting the psychiatric examination and transporting the patient to an appropriate facility, as well as over burden the resources and staff of our acute care hospitals.

Similarly, the requirement found in §334-F(b) of holding a patient hospitalized pursuant to an involuntary hospitalization for a period of 72 hours, rather than the current 48 hours, arbitrarily increases the time a patient suffering from a mental illness transported to a hospital must remain hospitalized. The necessity for this increase in length of a patient's emergency hospitalization is unclear. We are concerned that application of §334-F(a) would lead to patients remaining hospitalized without a legitimate medical reason.

Thank you for the opportunity to provide testimony.

SB-1322-SD-2

Submitted on: 3/13/2025 8:33:15 AM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Tim Hansen	NAMI - Hawaii (National Alliance on Mental Illness)	Support	Written Testimony Only

Comments:

March 13, 2025

TO: Rep. Gregg Takayama, Chair of Committee on Health and Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

FROM: Tim Hansen, NAMI Hawaii Policy Director

RE: SB 1322 SD2: RELATING TO MENTAL HEALTH

POSITION: **NAMI HAWAII SUPPORTS SB 1322 SD2**

Hawaii, like many states, faces a variety of mental health challenges that require legislative attention. NAMI Hawaii has selected the following four key priorities for the upcoming legislative session that will be beneficial for improving mental health services and support in our state: 1) Crisis Response Services; 2) Quality, Affordable, and Culturally Relevant Care, 3) Criminal Justice Mental Health Reform and 4) Workforce Development that includes Peer Support Specialists.

NAMI Hawaii is committed to advancing efforts to “Reimagine Crisis Response” in our state. We are calling for a standard of care in every community that provides a continuum of crisis services that ends the revolving door of ER visits, arrests, incarceration and homelessness. Issues under this policy focus include the funding, maintenance, expansion, and improvement of having:

~ **Someone to Call** - Crisis call centers (988) & other hotlines

~ **Someone to Respond** - Mobile crisis response units & Crisis intervention teams (CIT)

~ **Someplace to Go** - Crisis stabilization centers, Inpatient psychiatric care, & Long-term supportive housing

~ **Someone to Provide Support** - Comprehensive case management services, Assisted community and outpatient treatment (ACT, AOT), & Clubhouses.

NAMI Hawaii strives to provide ongoing support and advocacy to empower families and individuals living with mental illness. NAMI Hawaii is **in support of SB 1322 SD2** and is seeking your support in passing this bill that clarifies and expands the circumstances and procedures available for emergency transportation, examination, and hospitalization under chapter 334.

Thank you for the opportunity to provide testimony on this matter.

To: The Honorable Greg Takayama, Chair
The Honorable Sue L. Keohokapu-Lee Loy, Vice Chair
Members, House Committee on Health

From: Sondra Leiggi Brandon, Vice-President of Behavioral Health, The Queen's Health Systems

Jace Mikulanec, Director, Government Relations, The Queen's Health Systems

Date: March 14, 2025

Re: Comments with Amendments on SB1322 SD2 – Relating to Mental Health

The Queen's Health Systems (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 10,000 affiliated physicians, caregivers, and dedicated medical staff statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide comments expressing concerns with SB1322 SD2, which among other things clarifies and expands the circumstances and procedures available for emergency transportation, examination, and hospitalization under Hawaii Revised Statutes (HRS) chapter 334. We appreciate the intent of this measure but urge the Committee to recognize the impact of the bill's proposed changes to the existing mental health statute and associated processes as they relate to acute care hospitals. It is our belief that the proposed changes have the potential to negatively impact delivery of care at our facilities.

Queen's Manamana emergency department experiences some of the highest acuity mental and behavioral health patients in our state and, as such, we depend on the role mental health emergency workers (MHEW) play in determining appropriate crisis intervention and emergency stabilization and transportation. We urge stakeholders to carefully examine existing crisis intervention services that Queen's and others provide, in particular with regard to MH1's, to ensure that those experiencing mental health crisis are not reflexively transferred to acute care/emergency department settings which are already operating at consistently high capacities. We wish to underscore that any transport of a person experiencing mental health crisis as referenced within this bill (and impacted statute) be coordinated with an MHEW to determine appropriate setting to which a detained individual be transported.

The mission of The Queen's Health System is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

We therefore respectfully offer a proposed amendment (page 8) that would add the mental health emergency worker into the evaluation process for health care providers. This would bring process parity to the evaluation of, and potential emergency transport of, an individual experience a mental health crisis.

§334-D Emergency transportation initiated by a health care provider. Any licensed physician, advanced practice registered nurse, physician assistant, licensed clinical social worker, or psychologist who has examined an individual and determines that the individual is mentally ill or suffering from substance abuse and is imminently dangerous to self or others, shall contact a mental health emergency worker. Upon confirmation by the mental health emergency worker that the person is imminently dangerous to self or others, the person shall be transported by ambulance, law enforcement or other suitable means as identified by the provider, to a licensed psychiatric facility or other facility designated by the Director for further evaluation and possible emergency hospitalization. The licensed physician, advanced practice registered nurse, physician assistant, licensed clinical social worker, or psychologist shall provide a written statement of circumstances and reasons necessitating the emergency examination. The written statement shall be transmitted with the individual to the psychiatric facility or other facility designated by the director and be made a part of the individual's clinical record.

(c) The person who made the application shall notify a mental health emergency worker of the written or oral ex parte order and shall coordinate the transport of the individual with the mental health emergency worker.

Additionally, we have concerns with language on Page 10, subsection 334-F(b), regarding emergency hospitalization. Current statute directs that a patient's admission not to exceed forty-eight hours; language proposed in this measure would expand to seventy-two hours. This could have the effect of arbitrarily increasing the length of stay for patients brought into the hospital under emergency conditions set forth in this bill. We see no evidence for why this change is needed and would urge that this language to be stricken from the bill.

§334-F Emergency hospitalization. (a) If, following an emergency examination pursuant to section 334-E(a), a qualified psychiatric examiner determines that the criteria for involuntary hospitalization exist, the patient shall be hospitalized on an emergency basis or be transferred to another psychiatric facility or other facility designated by the director for emergency hospitalization.

(b) The patient admitted under subsection (a) shall be released within forty-eight hours of the patient's admission to a psychiatric facility or other facility designated by the director, unless:

Finally, we urge the Committee to meaningfully address the underlying conditions impacting our state's stressed mental/behavioral health system. Please be mindful of the impact this bill and others will have with regard to the overall continuum of care; there continues to exist a profound need to invest in residential and community treatment programs, expand mobile crisis teams, incentivize and expand the mental/behavioral health workforce, and invest in the public/private

mental health infrastructure generally (including behavioral health crisis centers, etc.) if we are to see meaningful improvements in the quality of care for those most in need.

Thank you for allowing us to share our concerns on SB1322 SD2.

SB-1322-SD-2

Submitted on: 3/11/2025 4:50:40 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ellen Godbey Carson	Individual	Support	Written Testimony Only

Comments:

I strongly support this bill, Please support SB 1322, to help better address severe mental illness needs in our community that destroy lives and families, that challenge our medical and social care providers, and that cause unnecessary expenditures in our fragile safety nets.

As a former attorney and former volunteer director and president of IHS (Institute for Human Services), I strongly support requiring individuals displaying symptoms of mental illness that result in emergency transport by police, to be provided an emergency evaluation that includes determination of appropriateness for ACT (Assisted Community Treatment). Our ACT laws are designed to help provide earlier intervention for persons suffering from severe mental illness. ACT can get them the help they need and stabilize them before they deteriorate to a condition that requires involuntary hospitalization and deprivation of freedoms. If these ACT assessments could be completed and made available to the AG's office and community case managers as provided in this bill, there would likely be more impetus for mental health teams to petition for ACT orders, and our community would be in a better position to stabilize many more people with untreated mental illness and getting them off the street and into housing.

Thank you for consideration of my testimony.

Ellen Godbey Carson

Honolulu, Hawaii