



Emergency Medical Services & Injury Prevention System Branch

State of Hawaii Department of Health Emergency Medical Services Advisory Committee (EMSAC) Meeting

MEETING MINUTES

DATE: Friday, January 23, 2026
TIME: 9:30 A.M.
PLACE: State of Hawaii Department of Health, Kinau Hale, 1st Floor Boardroom
1250 Punchbowl St. Honolulu HI 96813 & Online via Teams

Recording Link: N/A

Committee Members Present:

Maren Anka; Cy' O'Brien; Kenneth Faria; Patrick Loeffler, MD; Mike Lam; John (Jack) Lewin, MD; Marilyn Matsunaga; Thinh Nguyen, MD; Kyle Perry, MD; Pradip Pant; Edwin Sniffen (DOT) rep.; Laura Mallery-Sayre; and Cecilia Wang, MD.

Committee Member Absent:

Stephen Logan; Max Matias; Jacob Pekelo; and Ann Young, MD.

Staff Present:

Amanda Allison; Elizabeth "Libby" Char, MD; Momoko Chiba; Andrea Chow; Carol Go; Garrett Hall; Terrence Jones, MD; Julie Kobayashi; Ronald Kuroda, MD; Robert Lau; Kristy Luke; Debbie Morikawa; Toni Naone; Michele Nishimoto; Shantra Olsen-Lahui; Eric Vaughan, MD; and Zerui Renee Yu.

Guests Present:

Tiffany Allen; William "Speedy" Bailey; Mona Arcinas; Karen Boyer; Ashley Cazimero; Korey Chock; Kevin Clarke, MD; Dory Clisham; Matt Conklin, MD; Andi Connelly; Sean Covant, DO; April Dieguez; Teresa Dunphy; Tina Hamayasu; Kilipaki Kanae; Lindsey Lau; Brent Lopez; Jason Lopez; Cara McCoy; Darshe Mendoza; Carrie Mospens; Louie Morua; Chad Nakagawa; Stacey Oho; Curtis Pruder; Charlene Roaquin; Jon Rosati; Jason Sanchez Heidi Solberg-Shankle; Wendi Wagner; Matthew Wells; Jeffery Zuckernick; and unidentified online audience members.

I. Call to Order/Roll Call – Marilyn Matsunaga, EMSAC Chair

9:36 AM

The meeting was called to order by Marilyn Matsunaga, Emergency Medical Service Advisory Committee (EMSAC) Chair at 9:36AM.

A. Public Testimony – Stroke Coalition (9:41 AM)

Ms. Matsunaga noted receipt of written public testimony from the Stroke Coalition. Tiffany Allen (Chair, Stroke Coalition) was identified as being online and commented about standing by her written testimony.

B. Recognition of Loss – Hawaii County Fire and Emergency Medical Services (EMS) Leadership (9:41 AM)

Before proceeding with agenda items, the Chair requested a moment to recognize the recent passing of Fire Chief Kazuo S.K.L. Todd of the Hawaii Fire Department (HFD) and Judy Fitzgerald, DO; Medical Director of HFD.

Michael “Mike” Lam, MICT/EMT Hawaii County EMSAC Member, and HFD fire medical specialist, shared that both losses occurred within approximately a 2–2½ week period and significantly impacted the department.

- Memorial services for Chief Kazuo Todd were held and made available online.

Terrence Jones, MD; State of Hawaii, Department of Health (DOH), Emergency Medical Services & Injury Prevention Systems Branch (EMSIPSB) Hawaii County Medical Director, shared personal remarks regarding Dr. Fitzgerald, noting:

- A professional relationship spanning approximately 30 years
- Her major contributions to EMS, emergency medicine, and education, including:
 - Her role in developing the Hilo simulation lab

Dr. Jones is temporarily in her role, stepping in to assist until a permanent medical director is appointed.

A moment of silence was observed in honor of their service.

II. Approval of July 2025 and October 2025 Meeting Minutes (VOTING ITEM)

9:44 AM

Ms. Matsunaga requested that a watermark be added to the Rural Health Presentation from the Research and Policy Center, indicating that it was an initial draft and that subsequent revisions are forthcoming.

Motion to approve the minutes with amendments.

The motion was seconded.

Motion Carried Unanimously.

III. Old Business

9:45 AM

A. Status of EMSIPSB – Branch Chief Position (9:45 AM)

Debbie Morikawa, State of Hawaii, DOH, Deputy Director of Health Resources announced that following the formal state interview process, a candidate selection has been made.

- Appreciation was extended to Elizabeth Char, MD; State of Hawaii DOH EMSIPSB Maui County Medical Director and Dr. Jones for participating on the interview panel.
- A conditional offer is in progress, pending final approvals.

The selected candidate is Garrett Hall, Acting Branch Chief and State Trauma Program Manager for EMSIPSB.

B. Reminders – Recommendation to Fill Member Vacancy (9:46 AM)

Ms. Matsunaga reminded members that vacancies remain on the committee.

- Members were encouraged to submit candidate suggestions via the Governor's website and notify staff to assist with tracking.

C. Rural Healthcare Transformation Grant Proposals (9:47 AM)

An overview was provided by Mr. Hall, regarding anticipated federal and state funding for EMS, trauma, and acute care systems. Information shared was preliminary and subject to approval, including review by CMS.

- 1) The State of Hawaii secured approximately \$188–189 million, just under the \$200 million requested.
- 2) Anticipated Year One funding of approximately \$23 million for EMS and trauma initiatives.
 - a. Potential continuation of funding over a five-year period, contingent on performance and compliance.
 - b. Funding release expected no earlier than late February or early March.
- 3) Key EMS-related initiatives included:
 - a. Statewide Medical Communications (MEDCOM) Center
 - i. Centralized coordination of emergency and trauma transfers
 - ii. Supports secondary and tertiary answering points across counties
 - b. Mobile Integrated Health / Community Paramedicine
 - i. Starlink and advanced connectivity
 - ii. Conversion of EMS fleet into technology-enabled ambulances or mobile clinics
 - c. EMS and trauma simulation training labs

- d. Telemedicine initiatives (e.g., Tele-Trauma, Tele-Neuro)

Funding may be distributed to counties or agencies depending on operational structure and contracting arrangements. All funding remains subject to line-item approval and potential revision.

D. Department of Health Medical Operations Coordination Center (MOCC) (9:56 AM)

Kristy Luke, Trauma Public Health Educator from DOH EMSIPSB, reported on the efforts to establish a MOCC to serve as a centralized, coordination hub for statewide medical operation to ensure medical situational awareness, resource coordination, and patient movement during large-scale emergencies and disasters.

- 1) The MOCC is being developed in partnership with the Office of Public Health Preparedness.
 - a. Weekly workgroup meetings are held Wednesdays at 10:30 AM HST.
 - b. Goal is to develop a written plan for the MOCC to be tested in a tabletop exercise.
- 2) Mr. Hall wanted to clarify that:
 - a. The DOH MOCC does not replace existing county or hospital-based medical operations centers.
 - b. The DOH model is cross-cutting, integrating public health, EMS, fire, hospitals, and county agencies.
 - i. The intent is to avoid duplication and ensure integration with existing emergency preparedness plans.

E. Rural Hawaii Community College / University of Hawaii Community College and Department of Health Agreement Regarding Emergency Medical Technicians Curriculum and State Licensure Practice (10:00 AM)

Carrie Mospens, Dean of Career and Technical Education at the Hawaii Community College (HCC) reported:

- HCC applied for the ALS Assist program initiated at the request of Hawaii Fire Department leadership.
- Drafting a revised Memorandum of Agreement (MOA) between the Department of Health and the University of Hawaii.
 - Coordination with community college chancellors statewide.

Mr. Hall stated that updates on MOA approval and curriculum rollout will be reported back to the committee.

F. DCCA Emergency Medical Personnel Advisory Committee (EMPAC) Update and 2026 Meetings (10:02 AM)

Dr. Char reported challenges and told the committee that EMPAC has stopped holding meetings. Agenda issues were identified.

Mr. Hall expressed the importance of EMPAC engagement. It is critical to align EMSIPSB, University of Hawaii, Medical Board, and the EMPAC.

G. Permitted Interaction Group (PIG) Reports (10:05 AM)

- 1) PIG - Overview Emergency Medical Technician (EMT) and Mobile Intensive Care Technician (MICT) Standing Order Tiers (report recommendations will be voted on at the next meeting).

Thinh Nguyen, MD; Physician EMSAC member, provided an update regarding the EMT and MICT Standing Orders PIG.

- a. The group met in December.
- b. Recommendation: Adoption of a tiered standing order system:
 - i. EMT
 - ii. EMT-Intermediate
 - iii. Paramedic

A written recommendation will be submitted and distributed to committee members.

- 2) PIG - Emergency Air Medical / Medevac Regulatory Standards, Protocols, Triage, and Licensing Requirements (report recommendations will be voted on at the next meeting).

Cecelia Wang, MD; Physician EMSAC member, reported that the group focused recommendations specifically on triage, rather than all regulatory areas.

- a. Triage framework:
 - i. Clinical triage: Performed by sending and receiving clinicians
 - ii. Operational triage: Ideally performed by a neutral, centralized communications center
- b. Due to ongoing system changes (e.g., MEDCOM development), recommendations were intentionally non-prescriptive.
- c. Interim recommendation:
 - i. If one air medical provider is unable to perform a clinically indicated transport, other providers must be promptly activated to avoid delays.

IV. New Business

10:09 AM

A. Welcome New Members (10:09 AM)

Laura Mallery-Sayre, new EMSAC Big Island (Hawaii Island) Consumer Member, introduced herself.

- Co-founder and Executive Director of the Daniel R. Sayre Memorial Foundation.

- Over 28 years supporting Hawai'i Fire Department equipment and training.
 - Recently expanded support to Maui.
- Executed Letter of Intent (LOI) with Life Flight Network for a new helicopter arriving in September 2026.

Max Matias, returning EMSAC Big Island (Hawaii Island) Allied Health Member, was introduced. However, he was not present for this meeting.

B. Legislative Update (10:11 AM)

- 1) §321-221 to §321-237 Modernization and update of Hawaii Revised Statutes, Part XVIII, to align with current Emergency Medical Services national clinical, licensure, industry standards, and scope of practice frameworks.
 - a. Updated EMS definitions aligned with:
 - i. National Registry
 - ii. DCCA licensing terminology
 - b. Removal of outdated 1970s-era statutory language
 - c. Formal recognition of MEDCOM and a statewide MEDCOM coordination center
 - d. Structural clarification of advisory committees and councils
 - e. Official renaming from “committee” to “council”
 - f. Addition of the Executive Director of the 911 Board as a Council member to improve coordination

Purpose:

- g. Support Rural Health Transformation funding
- h. Codify statewide coordination functions
- i. Ensure long-term sustainability

C. Senate Concurrent Resolution 86 of Session 2025 – Final Report of the Aeromedical Services Working Group (10:14 AM)

Mr. Hall provided highlights from the final report:

- Establish permanent DOH air medical staffing
- Modernize EMS statutes
- Sustain a unified EMS and air medical data infrastructure
- Support statewide MEDCOM planning and implementation

D. EMS Dashboards (10:20 AM)

- 1) Air Medical Tracking Board Overview (10:20 AM)

Julie Kobayashi, Health Data Exchange Coordinator for EMSIPSB presented on the Air Medical Resource Tracking Dashboard.

- a. Built using Smartsheet, a cloud-based project management and collaboration platform.
- b. Allows near real-time updates (approximately one-minute delay) by air medical providers.
 - i. The dashboard is currently live and accessible via the EMSIPSB website.
- c. The dashboard displays:
 - i. Date and time of last update
 - ii. Editing user and contact information
 - iii. Air medical provider
 - iv. Aircraft availability status:
 1. **Green** – Available
 2. **Yellow** – In transit
 3. **Red** – Unavailable
 - v. Status notes (e.g., maintenance, crew rest, out of state)
 - vi. Base station and aircraft type
 - vii. Current aircraft location
 - viii. Estimated time to reach designated island locations
 - ix. Assignment details and audit trail of updates
- d. This is the first time statewide that real-time transparency exists for all licensed air medical EMS aircraft.
- e. Hospitals can use the dashboard to identify:
 - i. Available aircraft
 - ii. Proximity
 - iii. Contact information for direct coordination
- f. Providers are required to keep the dashboard updated as a condition of licensure.
- g. The system allows:
 - i. Monthly reporting on aircraft availability
 - ii. Monitoring prolonged unavailability
 - iii. Future evaluation of licensing status if aircraft remain inactive for extended periods
- h. Clarification provided that aircraft in transit appear as yellow with status indicated.

- i. The dashboard is an interim solution.
 - i. Future integration with the MEDCOM Center will allow hospitals to call a single centralized number for air medical coordination.

2) New Year's Fireworks Injury Tracking (10:32 AM)

Mr. Hall presented EMS fireworks injury data generated through EMS narrative review and AI-assisted extraction.

- a. Statutory Reporting Period
 - i. Reporting period: December 30 – January 3
- b. Data derived from:
 - i. EMS transport records
 - ii. Free-text narrative searches
 - iii. AI-assisted identification of fireworks-related injuries

This approach captures cases where fireworks were not selected as a primary impression but referenced in narrative documentation.

- c. Findings:
 - i. EMS data reflects transport only and does not include walk-in patients.
 - ii. Preliminary comparison indicates:
 - 1. Approximately 75% of fireworks injuries arrive via EMS.
 - 2. Approximately 25% are walk-ins.

3) E-Bike Injury Tracking Dashboard (10:38 AM)

Mrs. Luke presented the E-Bike Injury Surveillance Dashboard, covering EMS encounters from January 1, 2022, through December 31, 2025.

- a. Total EMS-documented e-bike injury encounters (2022–present): 742
- b. Encounters within the last 12 months: 242
- c. Overall upward trend in e-bike injuries since 2022.
- d. Year-over-year increases:
 - i. 2022–2023: 55%
 - ii. 2023–2024: 37%
 - iii. Most recent year: 7.5%
- e. Projected increase for current year: approximately 9% (based on real-time data)
- f. Highest injury concentration among youth ages 13–18.
- g. Dashboard includes e-bikes only.

E-scooters and other micromobility devices are excluded unless specifically

documented as e-bikes.

V. Reports (See EMSAC Website for Report Documents)

10:48 AM

A. Emergency Medical Services & Injury Prevention Systems Branch Report (10:48 AM)

1) EMS Key Performance Indicators (10:48 AM)

a. Airway Management Performance

- i. Hawaii County ranked in the top 10% nationally for airway documentation compliance.
- ii. Honolulu performed above the national median.
- iii. Initial underperformance in some counties was attributed primarily to documentation gaps, not care delivery.

b. Expansion of National EMS Quality Measures

For 2026, EMSIPSB will track and report:

- i. Advanced airway waveform capnography compliance (continued)
- ii. Cardiac arrest ECG performance (shockable rhythm identification)
- iii. Pain assessment and treatment for trauma patients

c. Data Completeness

Mr. Hall emphasized:

- i. For the first time, the state has:
 1. All 911 EMS data
 2. All air medical data
 3. Interfacility transport data
- ii. Data quality checks will be conducted to address misclassification (e.g., 911 vs. interfacility transport).

2) Licensing Progress (10:55 AM)

Completion of licensing inspections for:

- a. AMR
- b. Molokai and federal fire partners
- c. Optimum Air
- d. Flight Network

Mr. Hall reported plans to:

- e. Revise administrative rules to reduce annual relicensing burden.

- f. Consider multi-year licensing cycles (annual inspections without full relicensing).
- 3) Emergency Medical Services for Children (EMSC) Update (10:58 AM)
- a. Grant and Staffing Challenges
 - i. The EMSC coordinator position remains vacant due to unresolved federal grant conditions.
 - ii. Conflicts exist between grant terms and state policy related to gender-affirming care and DEI provisions.
 - b. EMSIPSB is working with the Attorney General's Office to seek approval to accept funding while staying within state parameters.
 - c. EMSIPSB will support the National Pediatric Readiness Assessment, launching soon.
- 4) State Trauma Performance Improvement and Patient Safety (11:01 AM)
- a. CDC Block Grant
 - i. CDC block grant funding (under \$40,000) was received for trauma and EMS quality improvement.
 - ii. Trauma Center Association of America was contracted to draft an updated statewide EMS and trauma performance improvement plan.
 - b. Consultant Site Visit
 - i. Consultants will conduct site visits February 16–20, 2026.
- 5) Trauma System and Strategic Planning Updates (11:03 AM)
- a. Hawaii Trauma Advisory Council (HTAC) meeting dates pending.
 - b. Plans to hold the EMS Strategic Planning Conference again this year, rotating to a neighbor island location.
 - c. Automation of EMSAC and HTAC reports via dashboards.
 - d. Request for trauma center abstracts and proposals (similar to prior year).
 - e. Working on bypass protocol for isolated burn injuries.
- 6) MEDCOM, Data Modernization, and GIS Mapping (11:05 AM)
- a. MEDCOM and TraumaNet
 - i. TraumaNet rollout progressing statewide.
 - ii. Maui implementation underway using HIGHWIND communications.
 - iii. Vendor delays primarily related to equipment availability.
 - b. EMS and Trauma Data Standards
 - i. Planned initiatives:
 1. Development of a state EMS data dictionary (2026 target).
 2. Trauma data dictionary planned for 2027, following data

mapping by contracted vendor.

c. GIS Mapping and Unit Placement Planning

i. EMSIPSB is transitioning mapping to a GIS-based system, including:

1. EMS Units
2. Fire Stations
3. Response Areas
4. Call Density Overlays

7) Agency-Driven Planning (11:07 AM)

Mr. Hall emphasized importance of agency-driven planning:

- a. Each EMS agency will be asked to submit its top five ambulance needs.
- b. Agencies should identify:
 - i. Placement Priorities
 - ii. Immediate vs. Future (3–5 year) Needs
 - iii. Supporting Data (call volume, response times)

City and County of Honolulu will also participate to support a uniform statewide assessment.

8) Inquiry Regarding the Funds (11:10 AM)

Mrs. Mallery-Sayre asked whether the \$23 million ambulance appropriation includes funding for personnel, citing prior challenges on Hawaii Island where:

- a. An ambulance donation was secured.
- b. Staff funds could not be obtained from the Legislature.

Mr. Hall confirmed that the personnel cost is included in the budget.

9) Two-Year Branch Goals (11:16 AM)

Mr. Hall provided an update on the three primary EMS Branch goals set for a two-year period:

- a. Modernization of EMS Statutes
 - i. Progressing ahead of schedule
 - ii. Anticipated completion, one year early
- b. State MEDCOM Emergency and Trauma Transfer Center
 - i. On track for early completion

10) EMS Billing and Revenue Opportunities (11:17 AM)

Mr. Hall Reported:

- a. The EMS Branch currently generates approximately \$30 million annually for the State General Fund through billing.
- b. Current Limitation
 - i. Only one Office Assistant manages statewide EMS Billing in coordination with a vendor.
- c. With additional staffing, revenue could potentially increase through:
 - i. Improved auditing
 - ii. Enhanced billing oversight

11) EMS Special Fund Sustainability (11:18 AM)

The EMS Special Fund is primarily supported by tobacco tax revenue, which may decline over time.

- a. A legislative proposal was described:
 - i. A Senate bill and House companion bill have been introduced to:
 - 1. Allow a percentage of state EMS billing revenue to be deposited into the EMS Special Fund.
 - 2. This would apply only to state EMS billing, not City and County of Honolulu billing.

Mr. Hall noted:

- b. The bills were initiated by legislative leadership.
- c. While the final percentage is unknown, their introduction represents a significant policy step.
- d. Members were encouraged to support the legislation if contacted.

12) DOH Update – Measles Preparedness (11:19 AM)

Dr. Kevin Clarke, Medical Officer, Department of Health Office of Public Health Preparedness and Response, provided a brief update.

- a. Key points:
 - i. No active measles cases currently reported in Hawaii.
 - ii. Two cases were identified in the prior year.
- b. Measles virus has been detected in wastewater samples in:

- i. West Hawaii County
 - ii. Kauai County
 - iii. Maui County
- c. Nationally:
 - i. Active outbreaks are occurring in Utah and South Carolina.
 - ii. 49 outbreaks occurred nationwide last year, up from 16 the year prior.
- d. Risk Factors and Preparedness
Dr. Clarke highlighted:
 - i. Hawaii remains at risk due to:
 - 1. Ongoing national transmission
 - 2. Under-vaccination in certain communities
- e. Twenty-four schools statewide reported vaccination rates below required thresholds.
- f. Preparedness actions:
 - i. EMS and healthcare partners are encouraged to review measles readiness.
- g. Resources will be shared, including:
 - i. DOH measles preparedness materials
 - ii. CDC healthcare worker checklists
 - iii. Free online continuing education for clinicians unfamiliar with measles
 - iv. EMS-specific infection control guidance (including ambulance air circulation and return-to-service considerations).
- h. Contact information and resource links will be distributed via DOH channels.

B. Agency/Organization Dashboard, Reports, & Highlights (11:25 AM)

- 1) EMS - Hawaii County (Hawaii Island Fire)
No updates were provided
- 2) EMS - C&C of Honolulu
No updates were provided
- 3) EMS – Kauai County (AMR)

No updates were provided

4) EMS – Maui County (AMR)

No updates were provided

5) Federal Fire

No updates were provided

6) EMS Air Ambulance (REACH)

No updates were provided

7) Hawaii Life Flight

No updates were provided

8) Optimum Air (11:26 AM)

Jon Rosati, Chief Strategy Officer from Optimum Air, reported:

- a. Operations began September 1.
- b. Performance highlights:
 - i. 7 days of scheduled downtime
 - ii. Zero unscheduled trip interruptions
 - iii. Average chute time of 35 minutes (target: 30 minutes)
- c. Strong coordination with AMR and City and County Fire.

More detailed performance data anticipated at a future meeting.

9) Life Flight Network (11:27 AM)

Matt Conklin, Medical Director from Life Flight Network, reported:

- a. Service volume continues to increase.
- b. Over 100 transports were completed since operations began in November.
- c. No observed negative impact on surrounding EMS services.
- d. Expansion planned:
 - i. Waimea base anticipated to open in June.

10) Kapiolani Community College

KCC acknowledged that they stand by their report.

11) Hawaii Community College

No updates were provided

12) Trauma Centers

No updates were provided

VI. Adjournment

11:29 AM

The Chair reminded members that:

- EMSAC meetings will be on April 17th, July 24th, and October 23rd of 2026.
- The Department of Health plans to relocate by September 2026.
- The October meeting may be held at the new downtown location near Alakea Street and South King Street.

Adjournment at 11:29 AM

DRAFT