Emergency Medical Services & Injury Prevention System Branch

State of Hawaii Department of Health
Emergency Medical Services Advisory Committee Meeting

MEETING MINUTES

DATE: Friday, April 17, 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; Kenneth Faria; Patrick Loeffler, MD; Mike Lam; John (Jack) Lewin, MD; Marilyn Matsunaga (Chair); Thinh Nguyen, MD; Kyle Perry, MD; Edwin Sniffen (DOT) rep.; Laura Mallery-Sayre; Stephen Logan; Ann Young, MD; and Jacob Pekelo.

Committee Member Absent:

Max Matias; Cy' O'Brien; and Cecilia Wang, MD.

Staff Present:

Amanda Allison; Yu Renee Zerui, Elizabeth "Libby" Char, MD; Momoko Chiba; Andrea Chow; Douglas Asano; Andrew Yonemura; Garrett D. Hall, RN; Terrence Jones, MD; Robert Lau; Michele Nishimoto; Shantra Alicia Olsen-Lahui; Rafael Sa'adah; Casey Nagatoshi; Jasmine Okita; Dwayne Lopes; Deborah Lau, and Joseph Puente.

Guests Present:

Chasen Fukuda; Pradip Pant; Tiffany Allen; William "Speedy" Bailey; Mona Arcinas; Eric Lau; Jason Lopes; John-David Crowe; Jerome Liu; Jared Nakamura; Korey Chock; Brent Lopez; Aashish Hemrajani; Jeff Zvckertnick; Ashley Cazimero; Joshua Musik; Michelle S. Morua; Louie Morua; Dory Clisham; Kristen Danischewski; Matt Aron Michell; April Dieguez; Kilipaki Kanae; Lindsey Lau; Cara McCoy; Darshe Mendoza; Carrie Mospens; Chad Nakagawa; Jon Rosati; Wendi Wagner; Jeffery Zuckernick; Kuo Loy; Andi Connelly; Curtis Pruder; Charlene Roaquin; Matt Conklin; John P. Devlin and unidentified online audience members.

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

9:34 AM

Roll Call was conducted.

Members Excused: Max Matias, Cy O'Brien, Cecilia Wang, MD; and General Stephen Logan (joined after roll call).

The meeting was called to order by Marilyn Matsunaga, Emergency Medical Services Advisory Committee (EMSAC) Chair at 9:34AM HST.

II. Approval of January 2026 Meeting Minutes (VOTING ITEM)

9:35 AM

The committee reviewed the January EMSAC meeting minutes.

- Motion to Approve Made by: Patrick Loeffler, MD; EMSAC Physician Member
    - Recommendation: Approve the EMSAC 1/23/2026 Meeting Minutes
    - Seconded By: Dr. Perry
    - Motion carried unanimously with no opposition.

The public testimony procedures were read into the record.

III. New Business

9:40 AM

A. Guest Speakers (9:40 AM)

1) John C. (Jack) Lewin, MD - Administrator State Health Planning and Development Agency (SHPDA) – Senior Healthcare Advisory to Governor Josh Green, MD

Dr. Lewin explained that SHPDA was created as a state health planning and development agency with a broader policy mission than simply regulating services.

He emphasized that Hawaii already has many healthcare strengths, including strong hospitals, good physicians, and an excellent Emergency Medical Services (EMS) system.

- The state cannot rely on past successes alone and must think more strategically about future delivery models, financing, and system coordination.

a. Rural Health Transformation

i. Federal policy changes, including reductions to Medicaid support and marketplace subsidy support, have created major pressures nationwide.

1. New rural health transformation funding stream was added at the federal level.
2. Hawaii applied for roughly $200 million and was awarded approximately $189 million, which he described as the highest per-capita award in the country for rural residents.

ii. Dr. Lewin explained that the program includes multiple buckets of funding, including workforce development, telehealth, respite capacity, rural information systems, and value-based transformation.

1. The University of Hawaii would be involved in workforce and telehealth-related efforts, while SHPDA would be managing major infrastructure and system transformation components.

b. All-Payer Health Equity Approaches and Development (AHEAD) Grant

i. Transition away from pure fee-for-service medicine and toward value-based reimbursement, where the system rewards improved outcomes, coordination, and smarter use of resources.

ii. Dr. Lewin acknowledged that providers often resist change but argued that this transition is necessary and consistent with international trends and leading healthcare organizations.

1. AHEAD model could significantly increase investment in primary care and create better long-term sustainability if Hawaii is willing to modernize.
2. Major concerns with current structures are that too much of the benefit from system savings remains inside organizations rather than flowing back to the people who created the value.
3. A future model should return a very large share of savings to the actual practitioners and providers responsible for better outcomes and more efficient care.

c. What's New for Healthcare Reimbursement

i. Stronger and more coordinated primary care and community care system would help reduce the burden on 911.

1. More people would have somewhere appropriate to go before their problems become emergencies.
2. Dr. Lewin specifically mentioned paramedicine and other new rural care models as examples of how EMS could be integrated more effectively into statewide transformation efforts.

ii. Medicare reimbursement in Hawaii is significantly too low relative to the state's cost of living and compared with other states.

1. Dr. Lewin suggested this is a core reason why hospitals and insurers are under pressure and why instability is emerging in the market, including rising neighbor island hospital coverage costs and pressure on insurers serving the state.

2. Hawaii needs congressional action or another federal mechanism to address that underfunding and that SHPDA's role includes pulling together the data needed to make that case.

iii. Questions and Testimony

1. Ms. Matsunaga noted Hawaii was one of only four states awarded the AHEAD grant, placing the state in a strategically strong position as reimbursement systems change nationally.

    a. Dr. Lewin agreed and said Hawaii may also have an opportunity to pilot Medicaid expansion.

2. Ms. Matsunaga raised a question about the two major Accountable Care Organization (ACO) currently operating in Hawaii and whether the ACO model is working for the state.

    a. Dr. Lewin responded that the current ACOs may work reasonably well inside their own systems but are not adequately serving the broader provider landscape, especially neighbor island and independent practitioners.

    b. Dr. Lewin expressed concern that many smaller providers are financially struggling and that future models must distribute savings more fairly and more directly back to providers creating value

2) Rafael Sa'adah - Emergency Medical Services and Injury Prevention Systems Branch (EMSIPSB) Volunteer; Deputy Fire Chief (Retired), District of Columbia Fire & EMS Department (10:14 AM)

a. Overdose Data Quality Improvement Project, State of Hawaii Department of Health

Mr. Sa'adah, presented on the role EMS can play in overdose surveillance, prevention, and coordination of care.

i. Mr. Sa'adah framed EMS as uniquely positioned between public safety and public health and argued that EMS should not only respond to crises but also help prevent future calls from occurring.

1. Overdose epidemics are highly local and can vary significantly even within one state.

ii. Mr. Sa'adah emphasized that fentanyl changed the risk profile dramatically because a person may not survive even a single overdose, in contrast to earlier heroin-era patterns in which repeated survival was more common when Narcan and emergency response were accessible.

iii. Mr. Sa'adah described one of the earliest post-overdose response models in the country.

1. When a person survived an overdose, a follow-up outreach

team would locate the person and offer screening, intervention, transport to detox or treatment if desired, and connection to services.

2. Almost no negative response to this outreach and achieved an approximately 25% acceptance rate for services, which he described as much higher than many prior efforts.

    a. EMS is uniquely positioned to feed such a model because overdose survivors are at especially high risk for a future fatal overdose, making the post-event window a crucial opportunity for intervention.

b. Proposed Project Approach

Mr. Sa'adah, presented on the role EMS can play in overdose surveillance, prevention, and coordination of care.

i. Review EMS documentation practices to make sure suspected overdoses are being captured accurately and consistently.

ii. Improve near real-time surveillance so the system can recognize new overdose surges, changing substances, or emerging adulterants as quickly as possible.

iii. Support improved post-overdose response by making sure EMS data can identify individuals and locations where outreach would be most useful.

iv. Mr. Sa'adah discussed the need for better coordination with hospitals, clinics, state-funded partners, case managers, and community organizations. Many people who overdose may already be connected to some services, but those systems are not always coordinated with EMS.

    1. Mr. Sa'adah further noted that fatality reviews remain important, even though they come with time lag, and that the EMS data stream should be better integrated into summary statistics and public health reporting.

c. Hawaii Data

Mr. Sa'adah explained that overdose-related information is often distributed across addiction services, hospitals, EMS agencies, health departments, and medical examiner systems.

While privacy protection is important, he argued that existing law already contains tools that permit appropriate data sharing for lifesaving public health work.

i. The project will therefore review existing data-sharing agreements, identify where they are insufficient, and help facilitate new agreements where necessary.

ii. Hawaii is in a relatively enviable position because all EMS agencies in the state are using the same data platform and the state itself is

centrally positioned to support analysis and reporting from that system.

1. Mr. Sa'adah described this as a strong foundation for integrating EMS into the state overdose strategy in a more meaningful way.

d. Questions and Testimony

Ms. Matsunaga raised a question about when various entities involved in EMS and trauma might eventually gain access to better integrated overdose data and real-time trends.

i. Mr. Sa'adah responded that data sharing must be built as a two-way process. The system should not only decide what data it wants to collect but also ask partners what summary statistics and data products they actually need.

1. Once participants see the value of the data, they will be more motivated to improve the quality of what is entered.

B. Legislative Update (10:31 AM)

Garrett D. Hall, RN, Branch Chief of EMSIPSB, provided a legislative update and reported that the branch had entered the session with four to five major priorities, with three moving successfully and others still under consideration.

1) HB2314 HD2 SD1 – Relating to Emergency Medical Systems of Care

a. This bill would allow the state to better address the larger systems issues discussed earlier in the meeting, including trauma, overdose, and other time-sensitive conditions, using a more integrated and modern approach.

b. Chief Hall specifically thanked Ms. Matsunaga and others for the extensive drafting and review work that made the legislation possible. He noted that what had been expected to be a five-year goal had moved forward in the first year.

2) SB2934 SD1 HD1 – Relating to Ambulances (Maui)

a. Chief Hall reported that the initiative to support an additional Central Maui ambulance was also moving forward. This was presented as one of the priorities of the year.

3) SB3203 HD1 – Relating to Air Medical Service

a. This bill followed the work done under 2025 Senate Concurrent Resolution 86 (SCR 86). Chief Hall explained that the report had identified major issues, including interfacility transport delays and the fact that in some cases it can take five to six hours to move a patient to definitive care from neighbor islands.

i. Legislation was moving forward to create an air medical section within the EMS branch, including an air medical director, clinical coordinator, and program specialist.

4) HB1966 HD1 SD1 – Relating to EMS Special Fund

    a. A substantial amount of work had also gone into updating the EMS Special Fund so it would function more like the trauma system fund and include a procurement exemption.

        i. This bill would help the EMS branch move much more quickly on needed EMS purchases instead of going through a lengthy state procurement process.

    b. The proposal progressed significantly, but did not make the final agenda. Chief Hall asked for continued support next year, potentially through the governor's package.

        i. Laura Mallery-Sayre, Consumer (Hawaii County) EMSAC member was specifically thanked for her work and repeated testimony in support of the bill.

5) HB816 HD1 SD1 – Relating to Emergency Response (Buprenorphine)

    a. This bill talks about a pilot concept related to overdose treatment and response.

    b. Chief Hall explained that EMS already has the authority and capability to implement such programs operationally, but legislation would be helpful for funding.

        i. EMSIPS Branch needs the resources and supporting data to justify and build it properly.

            1. Ensure integration with existing emergency preparedness plans.

C. HB2314 HD2 SD1 – Relating to Emergency Systems of Care, Modernization and Committees (10:37 AM)

Chief Hall explained that the legislation is not only about updating terminology but also about breaking down silos across the emergency care system.

The proposed future structure would move EMSAC from a committee toward a broader council model with multiple subcommittees, such as trauma, stroke, air medical, workforce development, education, and disaster.

- The goal would be to bring the full spectrum of EMS-related entities to one table and support more coordinated data sharing, storytelling, and decision-making across the state.

D. Planning for Next Strategic Conference – Trauma and EMS (10:43 AM)

Planning is underway for the next trauma and EMS strategic conference.

- Date and location are still being finalized
- The prior conference was highly valuable in bringing statewide partners together.

- Detailed discussion was deferred to the next meeting

E. Proclamation for EMS, Trauma, and Stroke Awareness Month/Week (10:44 AM)

Chief Hall reported progress on several proclamations and observances.

1) Proclamation for Trauma Awareness Month and EMS Recognition.
    a. For EMS recognition, all EMS chiefs were asked to nominate an EMT of the Year.
    b. EMSIPS Branch is working with the Governor's office to support recognition around May 18.
2) The Chair of the Stroke Coalition, Tiffany Allen, provided an update regarding the stroke conference, website updates, and EMS education initiative.
    a. The American Heart Association (AHA) is sponsoring a statewide stroke conference in the fall.
        i. The conference is expected to be held across every county, with free Continuing Medical Education (CME) and lunch.
    b. The Stroke Coalition is updating its website so it can serve both providers and stroke survivors or patients.
        i. Recently approved pediatric stroke guidelines will be posted for both EMS and facilities.
            1. The content is complete and is being prepared for publication.
    c. An EMS education initiative is also being developed with AHA support.
        i. The curriculum will be Hawaii-specific and will include stroke mimics, stroke signs and symptoms, hospital destination documentation, and closing the feedback loop with EMS providers so they can better understand how their actions affect stroke care and performance improvement.
        ii. The coalition also reported creation of a children's book focused on stroke recognition and the importance of calling 911.
            1. The book is intended to create family-level awareness and encourage communities not to dismiss symptoms or delay care.
            2. Copies may be brought to a future EMSAC meeting.

IV. Old Business

10:45 AM

A. Report on Status of Department of Health Medical Operation Coordination Center (MOCC) (10:45 AM)

Chief Hall reported that the MOCC concept is continuing to move forward.

- Tabletop and planning process had been completed, and recent statewide emergency responses gave the branch an opportunity to activate medical

operations coordination calls three times in real-world settings

- The process went well and allowed the EMSIPS Branch to test and refine this coordination function.

B. Permitted Interaction Group (PIG) Reports (10:46 AM)

1) PIG - Overview Emergency Medical Technician (EMT) and Mobile Intensive Care Technician (MICT) Standing Order Tiers - (10:46 AM)

Topic was orally reported during the EMSAC 1/23/2026 meeting.

i. Thinh Nguyen, MD; Physician EMSAC member, recapped the PIG Report regarding standing order tiers, and the PIG consensus that Hawaii should adopt a tiered system for standing orders similar to those used in other jurisdictions.

b. **Motion:** to Approve the recommendation for the State of Hawaii Emergency medical Services to adopt a tiered system for standing orders was made by: Dr. Nguyen

i. **Seconded By:** Dr. Perry

ii. **Discussion:** None

iii. **Vote:** Motion carried unanimously with no opposition.

2) PIG - Emergency Air Medical / Medevac Regulatory Standards, Protocols, Triage, and Licensing Requirements - (10:48 AM)

Topic was orally reported during the EMSAC 1/23/2026 meeting.

i. With the absence of Cecelia Wang, MD; Physician EMSAC member who reported on it previously, Chief Hall summarized the oral report The standing air medical workgroup had been working in parallel with the senate concurrent resolution (SCR) working group on air medical and that the recommendation was to continue moving forward with newly proposed recommendations within the air medical report produced by the SCR working group.

b. **Motion:** to Approve air medical report and recommendations by SCR working group made by: Dr. Loeffler

i. **Seconded By:** Dr. Nguyen

ii. **Discussion:** None

iii. **Vote:** Motion carried unanimously with no opposition.

V. Reports (See EMSAC Website for Report Documents)

10:49 AM

A. Emergency Medical Services & Injury Prevention Systems Branch Report (10:49 AM)

1) **Statewide EMS Data Achievement:** Chief Hall reported that Hawaii had

received an award for outstanding achievement in clinical data systems and access to clinical data. Hawaii is uniquely positioned in having nearly all providers on one integrated data system. One remaining provider, Life Flight Network, was expected to be fully integrated by July, which would complete the statewide picture.

2) **Geographic Information System (GIS) Mapping:** Developed in response to repeated legislative questions about ambulance station locations, coverage areas, and response zones. The new maps are now publicly available and can be downloaded, integrated, and used by others. Chief Hall noted that EMS and trauma centers have now been added to the state's emergency response GIS structure, which previously focused more on fire and police.

3) **Rural Health Transformation:** EMS-specific funding, Hawaii's large rural health transformation award includes a significant EMS component.

    a. $53 million came into the Rural Infrastructure for Care Access (RICA) bucket, and the EMSIPS Branch is managing an EMS-focused section within that effort.

    b. For the current year, the branch expects to work through approximately $31 million in program development and distribution.

    c. Chief Hall outlined the major EMS-related categories:

        i. Approximately $10 million for medical communications and the MEDCOM Center, including tools such as Pulsara and hospital bed tracking.

        ii. $2.5 million for mobile integrated healthcare,

        iii. $2.5 million for community paramedicine,

        iv. $14 million for a technology-enabled fleet including ambulances, rapid response assets, and mobile medical clinics,

        v. $2 million for strengthening trauma systems in rural communities.

    d. Chief Hall stated that these funds are meant to improve measurable outcomes such as shorter dispatch-to-arrival times, fewer repeat EMS calls, fewer avoidable emergency department visits, and lower total hospital utilization over time.

4) **Broader Vision:** Shifting toward a "people caring for people" model, where fewer residents need to rely on acute facility-based care and more care can happen in homes and communities. EMS, telehealth, community-based supports, mobile clinics, and paramedicine as central to this care redesign. The MEDCOM Center described as one of the main starting points for operationalizing that vision.

5) **Interfacility Transport Discussion and Future Discussion:** Dr. Loeffler noted some interfacility transport challenges. Chief Hall noted that although data may show a need for certain transport capabilities, reimbursement often does not support the actual cost of maintaining those services. It was suggested that improved transport capability could produce downstream savings by moving patients to definitive care faster, reducing prolonged emergency department boarding and improving total system efficiency.

Action Item: Ms. Matsunaga indicated that this topic should return as a major discussion item at the July meeting and suggested that transport performance could become a quality measure monitored over time.

6) **Licensing Update**: Douglas Asano, DOH EMSIPSB Program Specialist V, provided a brief licensing update. Most of 2026 licensing requirements were current, with only a few billing-related follow-up items pending.

7) **Air Medical Tracking Dashboard**: Ms. Matsunaga appreciated the current availability-tracking function but expressed interest in a future version that would be more GIS-like and more visual geographically, rather than primarily listing providers and availability status in spreadsheet form. Chief Hall noted that the existing dashboard already provides useful visibility into whether aircraft are available, out for maintenance, or otherwise offline.

8) **Pediatric Readiness and Preparedness:** Chief Hall noted that pediatric readiness remains a major statewide initiative.

9) **Hospital Preparedness Program (HPP) grant:** which had historically sat under public health preparedness, has now transitioned under the EMS section. HPP has evolved beyond hospital-only preparedness and now includes a substantial healthcare preparedness component that can and should integrate EMS more fully. By moving the grant under EMS while maintaining hospital connections, the branch hopes to use the funding more strategically across trauma, stroke, cardiac, and acute care.

B. Agency/Organization Dashboard, Reports, & Highlights (11:44 AM)

Ms. Matsunaga asked whether agencies had anything further to add beyond the dashboards.

1) EMS - Hawaii County (Hawaii Island Fire)

   No updates were provided

2) EMS - C&C of Honolulu

   No Additional Information to add was reported.

3) EMS – Kauai County (AMR)

   No updates were provided

4) EMS – Maui County (AMR)

   No updates were provided

5) Federal Fire

   No Additional Information to add was reported.

6) EMS Air Ambulance (REACH)

   No updates were provided

7) Hawaii Life Flight

   No updates were provided

8) Optimum Air (11:26 AM)

No updates were provided

9) Life Flight Network

No updates were provided

10) Kapiolani Community College

No updates were provided

11)Hawaii Community College

No updates were provided

12) Trauma Centers

No updates were provided

VI. Adjournment

11:46 AM

Ms. Matsunaga reminded members that:

- The next EMSAC meeting will be on July 24, 2026, at 09:30 AM HST.
- Reminders will be sent 1 month, 2 weeks, and 1 week before the meeting.

Adjournment at 11:46 AM HST