Emergency Medical Services & Injury Prevention System Branch

State of Hawaii Department of Health
Hawaii Emergency Medical Systems of Care Advisory Council Meeting

NOTICE OF MEETING

DATE:	Friday, July 24, 2026
TIME:	9:30 A.M. Hawaii Standard Time (HST)
PLACE:	State of Hawaii Department of Health, Kinau Hale, 1st Floor Boardroom 1250 Punchbowl St. Honolulu HI 96813 & Online via Teams

TEAMS LINK:
https://teams.microsoft.com/meet/264516632781203?p=24nHjhVRVhnQbDddYI

Microsoft Teams

Meeting ID: 264 516 632 781 203

Passcode: rb7nj3VV

This meeting will be recorded.

This meeting will be held using interactive conference technology under section 92-3.7, Haw. Rev. Stat. (HRS). Council members, staff, testifiers, and the public can choose to participate in person or online via Teams.

Public Testimony

Written Testimony – To ensure the public, as well as members, receive testimony in a timely manner, the Council requests written testimony be submitted two business days prior to the scheduled meeting date and time (Wednesday, July 22, 2026, at 9:30 AM HST). Any written testimony submitted after such time will be distributed at the meeting. Please note any written public testimony submitted to the Council will be a public record and any contact information will be available for public inspection and copying. Written testimony may be submitted via:

1. e-mail to DOH.emsac@doh.hawaii.gov;

2. US Postal Service addressed to Hawaii Department of Health, Emergency Medical Services and Injury Prevention System Branch (EMSIPSB), 3675 Kilauea Avenue, Trotter Building, Honolulu, HI 96816; or

3. by facsimile to: (808) 733-9216.

Oral Testimony – The Council will also consider public testimony given at the meeting on any item relevant to this agenda. Individuals may submit oral testimony during the meeting by sending an email request to DOH.emsac@doh.hawaii.gov by Wednesday, July 22, 2026, at 9:30 AM HST, or by simply announcing/identifying themselves and the item they want to testify about during the public testimony portion of the meeting. Individuals may also provide audiovisual oral testimony by using the "Raise Hand" feature in Teams, clicking the "Unmute" icon to talk, and clicking the "Start Video" icon to turn camera on. The Council's agenda and meeting materials are available for inspection at EMSIPSB's office and on the Council's website at https://health.hawaii.gov/ems/home/emergency-medical-services-advisory-committee/.

If you need an auxiliary aid/service or other accommodation due to a disability, contact the EMSIPSB office at (808) 733-9210 or email DOH.emsac@doh.hawaii.gov as soon possible. Requests made as early as possible have a greater likelihood of being fulfilled.

Upon request, this notice is available in alternate formats.

NOTE: Agenda items may be taken out of order.

AGENDA

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

II. Approval of April 2026 Meeting Minutes ***(VOTING ITEM)***

III. New Business

A. Guest Speakers

1) David Lopez - Administrator Hawaii Emergency Management Agency (HIEMA)
   a. Introduction / HIEMA Update
   b. Rim of the Pacific 2026 (RIMPAC) / States Role During RIMPAC

2) Kelley Withy, MD, PhD (she/her) - John A Burns School of Medicine, University of Hawaii
   a. Hawaii Outreach for Medical Education in Rural Under-Resourced Neighborhoods (HOME RUN)

B. Legislative Update and Review

1) ACT 85 – HB2314 HD2 SD1 CD1 – Emergency Medical Systems of Care (document attached to the notice)
   https://www.capitol.hawaii.gov/sessions/session2026/bills/GM1185_.PDF
   a. Name Change of Emergency Medical Services Advisory Committee to Emergency Medical Systems of Care Advisory Council
   b. Name Change of Emergency Medical Services and Injury Prevention Systems Branch to Emergency Medical Systems of Care

2) ACT 84 – SB3203 HD1 CD1 – Relating to Air Medical Services (document attached to the notice)
   https://www.capitol.hawaii.gov/sessions/session2026/bills/GM1184_.PDF

C. Department of Health Team of Year Award

IV. Old Business

A. Update on EMS Inter-Facility Transfer Data
   1) Discussion and update on EMS inter-facility transfer data, including trends, utilization, and related operational information.

B. Update on Department of Health Medical Communications (MEDICOM Center) and Medical Operations Coordination Center (MOCC)
   1) Introduction of New Staff
   2) Update on Location of State MEDICOM Center

V. Reports

A. EMSIPSB Report

B. Agency / Organization Dashboard, Reports, & Highlights

1) EMS - Hawaii County (Hawaii Island Fire)
2) EMS - C&C of Honolulu
3) EMS – Kauai County (AMR)
4) EMS – Maui County (AMR)
5) Federal Fire
6) EMS Air Ambulance (REACH)
7) Hawaii Life Flight
8) Optimum Air
9) Life Flight Network
10) Kapiolani Community College
11) Hawaii Community College
12) Trauma Centers

VI. Adjournment

Next Meeting – Tentative set for Friday, October 23, 2026, 9:30AM-11:30AM HST, State of Hawaii, Department of Health, Kinau Hale, 1st Floor Boardroom 1250 Punchbowl St. Honolulu HI 96813 & Online via Teams

HOUSE OF REPRESENTATIVES
THIRTY-THIRD LEGISLATURE, 2026
STATE OF HAWAII

H.B. NO. 2314 H.D. 2 S.D. 1 C.D. 1

A BILL FOR AN ACT

RELATING TO EMERGENCY MEDICAL SYSTEMS OF CARE.

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

SECTION 1. The legislature finds that the State's current emergency medical services laws were designed for an earlier era and do not reflect the complexities of modern time-sensitive emergency medical systems of care. Recent emergency events across the State have exposed significant gaps in coordination, integration, and resource deployment across emergency medical services, acute care facilities, and the trauma system. These events underscored the vulnerability of Hawaii's geographically isolated rural communities and highlighted the urgent need for modernization.

The legislature further finds that contemporary models of emergency and acute care prioritize integrated systems that address time-sensitive emergencies, such as burns, heart attacks, strokes, sepsis, and trauma, with the same urgency and structure as traditional emergency response. By adopting a time-sensitive emergency medical systems of care model, Hawaii can improve patient survival, reduce long-term disability, and

strengthen statewide resilience in times of disaster or public health crisis.

Aligning Hawaii's emergency medical services laws with national best practices in systems integration will:

(1) Ensure coordinated, evidence-based care for time-sensitive emergencies across all islands;

(2) Modernize emergency medical services and trauma systems to meet current and future challenges;

(3) Improve patient outcomes through standardized, statewide protocols; and

(4) Enhance preparedness for future natural disasters, mass casualty incidents, and public health threats.

Accordingly, the purpose of this Act is to update Hawaii's emergency medical services laws to establish a comprehensive, time-sensitive emergency medical systems of care model that strengthens the State's capacity to respond effectively to emergencies and safeguard the health of the State's residents, living on all islands.

SECTION 2. Section 46-191, Hawaii Revised Statutes, is amended by amending the definition of "basic life support" to read as follows:

""Basic life support" means initiating noninvasive emergency patient care designed to optimize the patient's chances of surviving the emergency situation. The care rendered consists of all first aid procedures needed, but does not include invasive procedures that constitute the practice of medicine; provided that state-approved basic life support personnel may use fully automatic external defibrillators, initiate intravenous lines, place tourniquets, and perform manual external defibrillation under the direction and personal supervision of a [~~mobile intensive care technician.~~] state-licensed clinician and in accordance with rules adopted by the department of health."

SECTION 3. Section 46-196, Hawaii Revised Statutes, is amended to read as follows:

"**[~~†~~]§46-196[~~†~~] Emergency medical services; levels of service; contracts.** The county shall determine the levels of emergency medical services that shall be implemented throughout the county[~~:~~], unless otherwise determined by the department of health in consultation with the Hawaii emergency medical systems of care advisory council; provided that the county shall provide no fewer than twenty-one ground ambulance units. The county may

contract to provide emergency medical services, including emergency [~~aeromedical~~] air-medical services, or any necessary component of the county system."

SECTION 4. Section 321-221, Hawaii Revised Statutes, is amended to read as follows:

"**§321-221 Findings and purpose.** The legislature finds that the establishment of [~~a~~] state emergency medical [~~services system,~~] systems of care, including emergency medical services, emergency medical services for children, and trauma and critical care services, is a matter of compelling state interest and necessary to protect and preserve public health. [~~A system~~] The legislature further finds that a state emergency medical systems of care designed to reduce medical emergency deaths, injuries, and permanent long-term disability through the implementation of a fully integrated, cohesive network of components[~~, the legislature further finds,~~] will best serve public health needs. Accordingly, the purpose of this part is to establish and maintain [~~a~~] state emergency medical [~~services system~~] systems of care in communities that can be most effectively served by the State[~~,~~] and [~~to~~] fix the responsibility for the administration of [~~this~~] the state [~~system,~~] emergency medical

systems of care, which shall provide for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of health care services under emergency conditions, whether occurring as the result of a patient's condition, from natural disasters, or from other causes. The [~~system~~] emergency medical systems of care shall provide for personnel, personnel training, communications, emergency transportation, facilities, coordination with emergency medical and critical care services, coordination and use of available public safety agencies, promotion of consumer participation, accessibility to care, mandatory standard medical recordkeeping, consumer information and education, independent review and evaluation, disaster linkage, mutual aid agreements, and other components necessary to meet the purposes of this part."

SECTION 5. Section 321-222, Hawaii Revised Statutes, is amended to read as follows:

"**§321-222 Definitions.** As used in this part, unless the context clearly requires otherwise:

"Advanced emergency medical technician" means a health care professional who holds a current certificate from the National Registry of Emergency Medical Technicians and is licensed

pursuant to section 453-34 as an advanced emergency medical technician to provide basic and limited advanced emergency medical care and transportation for critical and emergency patients to access the emergency medical systems of care.

"Advanced life support" means initiating all basic life support care as well as invasive patient care designed to stabilize and support a patient's condition due to sudden illness or injury. The care rendered, excluding basic life support, constitutes the practice of medicine.

"Advisory [~~committee"~~] council" means the Hawaii emergency medical [~~services~~] systems of care advisory [~~committee.~~] council.

"Air-medical services" means medical care and transport of patients by aircraft provided by a licensed air ambulance operator with qualified medical personnel and regulated as part of the state emergency medical systems of care.

"Basic life support" means initiating noninvasive emergency patient care designed to optimize the patient's chances of surviving the emergency situation. The care rendered consists of all first aid procedures needed, but does not include invasive procedures [~~which~~] that constitute the practice of

medicine; provided that state-approved basic life support personnel may use fully automatic external defibrillators, initiate intravenous lines, place tourniquets, and perform manual external defibrillation under the direction and personal supervision of a [~~mobile intensive care technician~~] state-licensed clinician and in accordance with rules adopted by the department.

"Department" means the department of health.

"Emergency [~~aeromedical~~] air-medical services" means a [~~secondary~~] response system that provides immediate critical care and transport [~~by rotary-wing aircraft~~] of a patient by aircraft to a facility that provides specialized medical care.

"Emergency medical responder" means a person certified by the National Registry of Emergency Medical Technicians.

"Emergency medical services for children" means emergency medical services, including preventive, pre-hospital, hospital, rehabilitative, and other post-hospital care for children.

"Emergency medical services personnel" means any [~~mobile intensive care technician or emergency medical technician~~] health care professional who is certified or licensed by the State[~~.~~] to provide emergency medical services.

"Emergency medical systems of care" means a fully integrated and cohesive statewide network of components that provide timely and effective care to individuals experiencing crisis situations. Components of an emergency medical systems of care include but are not limited to community-based services, pre-hospital care, emergency response, facility-based care, disaster response, and other post-hospital services that support stabilization, treatment, and transport.

"Emergency medical technician" means a person who holds a certificate from the National Registry of Emergency Medical Technicians, who is licensed pursuant to section 453-34, and whose primary focus is to provide immediate lifesaving care to patients while ensuring access to the emergency medical systems of care.

"First responder personnel" means a person who [~~has successfully completed a United States Department of Transportation approved First Responder Course of training in emergency basic life support.~~] provides initial assistance until emergency medical services personnel arrive.

"Medicom" means the emergency medical systems of care medical communications that monitor statewide resource

availability, emergency dispatch, hospital notifications, interfacility transfers, and disaster communications.

"Medicom center" means the centralized coordination place for medicom functions.

"Paramedic" means a mobile intensive care technician who is an allied health professional certified by the National Registry of Emergency Medical Technicians, who is licensed pursuant to section 453-34, and whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical systems of care.

"Service area" means the State, excluding any county having a population of five hundred thousand or more.

"State system" means the state [~~pre-hospital~~] emergency medical [~~services system.~~] systems of care.

"Statewide" means all counties in the State."

SECTION 6. Section 321-224, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) In addition to other functions and duties assigned under this part, the department shall:

(1) Regulate ambulances and ambulance services statewide;

(2) Establish emergency medical services throughout the service area, including emergency [~~aeromedical~~] air-medical services, which shall meet the requirements of this part, subject to section 321-228;

(3) Review and approve the curricula and syllabi of training courses offered to emergency medical services personnel statewide who provide basic, intermediate, and advanced life support, consult and coordinate with the [~~University~~] university of Hawaii, or any other accredited community college, college, or university, or any professional organization that provides emergency medical services training, regarding the training for basic, intermediate, and advanced life support personnel, as provided in section 321-229;

(4) Collect and evaluate data for the continued evaluation of the [~~statewide~~] state emergency medical [~~services system,~~] systems of care, subject to section 321-230;

(5) Coordinate, on a statewide basis, emergency medical resources and the allocation of emergency services and facilities in the event of mass casualties, natural disasters, national emergencies, and other

emergencies, ensuring linkage to local, state, and national disaster plans, and participation in exercises to test these plans;

(6) Establish, administer, and maintain a communication system [~~for the service area;~~] statewide, including interoperability with organizations essential to core operations of the state system;

(7) [~~Assist each county in the service area in the~~] Oversee the development and implementation of a statewide "911" emergency [~~telephone~~] dispatch system;

(8) Secure technical assistance and other assistance and consultation necessary for the implementation of this part, subject to section 321-230;

(9) Implement public information and education programs to inform the public of the statewide system and its use, and disseminate other emergency medical information, including appropriate methods of medical self-help and first-aid, and the availability of first-aid training programs statewide;

(10) Establish standards and provide training for dispatchers in the state system, and maintain a

program of quality assurance for dispatch equipment and operations; provided that individuals acting as dispatchers in the State as of July 1, 2022, shall obtain emergency medical dispatch certification by July 1, 2026, and shall maintain certification thereafter;

(11) Establish a program that will enable emergency [~~service~~] medical services personnel statewide to provide early defibrillation;

(12) Establish [~~within the department the~~] and maintain emergency medical [~~service system~~] services for children statewide;

(13) Consult with the advisory [~~committee~~] council on matters relating to the implementation of this part; and

(14) Establish and maintain statewide standards for emergency medical services course instructor qualifications and statewide requirements for emergency medical services training facilities."

SECTION 7. Section 321-224.4, Hawaii Revised Statutes, is amended to read as follows:

"§321-224.4 **Community paramedicine and mobile integrated health care program; established.** (a) The department shall establish and administer the community paramedicine and mobile integrated health care program within the service area.

(b) The department shall:

(1) Develop guidelines for community paramedicine[~~,~~] and mobile integrated health care;

(2) Explore and develop partnerships with public and private health care entities, insurers, community colleges, colleges, universities, professional organizations, and community organizations; and

(3) Employ telehealth to enhance access and improve [~~the~~] patient experience[~~.~~] within the community paramedicine and mobile integrated health care program by enabling licensed medical services personnel approved by the department to initiate and facilitate real-time, asynchronous, and remote patient monitoring interactions with health care providers, including consultative support from providers located within or outside the State when conducted under approved department program protocols and medical direction;

provided that the department may adopt rules pursuant to chapter 91 to establish standards for telehealth use.

(c) For purposes of this part, "community paramedicine and mobile integrated health care program" means an enhanced and expanded service in the state emergency medical [~~services system~~] systems of care that allows state-licensed health care professionals[~~,~~] and community health workers, to assist with public health, primary care, and prevention services, including services through telehealth.

(d) The department of health shall submit a report on the status of the community paramedicine and mobile integrated health care program, including an accounting of expenses and source of funds, to the legislature no later than twenty days prior to the convening of each regular session of the legislature.

(e) The department shall adopt rules pursuant to chapter 91 to effectuate the purposes of this section.

(f) The department may adopt interim rules, which shall be exempt from chapter 91 and chapter 201M, to effectuate the purposes of this section; provided that the interim rules shall

remain in effect until July 1, [~~2023,~~] 2029, or until rules are adopted pursuant to subsection (e), whichever occurs sooner."

SECTION 8. Section 321-225, Hawaii Revised Statutes, is amended to read as follows:

"**§321-225 The [~~state~~] Hawaii emergency medical [~~services~~] systems of care advisory [~~committee.~~] council.** (a) There is established within the department [~~of health~~] for administrative purposes only the [~~state~~] Hawaii emergency medical [~~services~~] systems of care advisory [~~committee,~~] council, which shall sit in an advisory capacity to the department [~~of health~~] on all matters relating to the state system. The advisory [~~committee~~] council may advise the department [~~of health~~] upon request of the department or upon its own initiative with regard to the state system. The advisory [~~committee~~] council shall:

(1) Monitor, review, and evaluate on an ongoing basis the operations, administration, and efficacy of the state system or any components thereof, to determine conformity with and maximum implementation of this part[~~.~~];

(2) Prepare and submit periodic assessments, reports, and other documents relating to the state system to ensure

the implementation of this part, as deemed necessary or desirable in the discretion of the advisory [~~committee.~~] council;

(3) Seek the input of the public in relation to the state system to ensure adequate fulfillment of the emergency medical services, emergency medical services for children, and trauma and critical care services needs of the State consistent with this part[~~.~~];

(4) Participate in any planning or other policymaking with regard to the state system, and seek the participation of the public, including subarea health planning councils in its consideration of plans and policies relating to the state system[~~.~~];

(5) Perform other functions, and have other duties necessary to ensuring the fullest implementation and maintenance of the state system[~~.~~]; and

(6) Advise the department [~~of health~~] in formulating a master plan for the emergency medical [~~services,~~] systems of care, including medicom, the "911" system, and other components necessary to meet the emergency

medical needs of the people of the State, which shall be submitted to the legislature.

(b) The advisory [~~committee~~] council shall be composed of [~~twenty~~] twenty-three members: [~~three~~] four nonvoting ex-officio members, who shall be the director of transportation, the [~~adjutant general,~~] administrator of emergency management, the executive director of the 911 board, and the administrator of the state health planning and development agency, or the designated representatives thereof, and [~~seventeen~~] nineteen members representing all counties of the State who shall be appointed by the governor subject to section 26-34 as follows:

(1) Five members who shall be physicians experienced in the conduct and delivery of emergency medical services; provided that at least two shall be engaged in the practice of emergency medicine and be board-eligible or board-certified by the American Board of Emergency Medicine[~~, and~~]; provided further that at least one physician shall be engaged in the practice of pediatrics and be board-eligible or board-certified by the American Board of Pediatrics;

(2) Four members who shall be consumers of health care and who shall have no connection with or relationship to the health care system of the State and who shall be representative of all counties;

(3) Four members of allied health professions related to emergency medical services; [~~and~~]

(4) Four members, one from each county, who shall be mobile intensive care technicians or emergency medical technicians engaged in the practice of pre-hospital emergency medical [~~service.~~] services; and

(5) Two members who shall be surgeons or clinicians experienced in the conduct and delivery of trauma or acute care services.

(c) The members of the advisory [~~committee~~] council shall serve without compensation, but shall be reimbursed for necessary expenses incurred in the performance of their duties, including travel expenses. The chairperson of the advisory [~~committee~~] council shall be elected by the members from among their numbers. A majority of the members of the advisory [~~committee~~] council shall constitute a quorum for the conduct of business of the advisory [~~committee.~~] council. A majority vote

of the members present at a meeting at which a quorum is established shall be necessary to validate any action of the [~~committee.~~] council.

[~~(c)~~] (d) The advisory [~~committee~~] council may adopt rules for its governance.

[~~(d)~~] (e) The department [~~of health~~] shall provide necessary staff and other support required by the advisory [~~committee~~] council for the performance of its duties."

SECTION 9. Section 321-228, Hawaii Revised Statutes, is amended to read as follows:

"**§321-228 Emergency medical services; counties.** The department shall determine, in consultation with the advisory [~~committee~~] council under section 321-225, the levels of emergency medical services that shall be implemented in each county within the service area. The department may contract to provide emergency medical services, including emergency [~~aeromedical~~] air-medical services, or any necessary component of the emergency [~~services system of~~] medical systems of care within a county within the service area in conformance with the state system. If any county within the service area [~~shall apply~~] applies to the department to operate state emergency

medical ambulance services within the respective county, the department may contract with the county for the provision of those services. The department shall operate emergency medical ambulance services or contract with a private agency in those counties within the service area that do not apply to it under this section. Any county or private agency contracting to provide emergency medical ambulance services under this section shall be required by the department to implement those services in a manner and at a level consistent with the levels determined under this section."

SECTION 10. Section 321-230, Hawaii Revised Statutes, is amended to read as follows:

"**§321-230 Technical assistance[~~,~~]; data collection[~~,~~]; evaluation.** (a) The department may contract for technical assistance and consultation, including categorization, data collection, and evaluation appropriate to the needs of the statewide emergency medical [~~services system.~~] systems of care. The collection and analysis of statewide emergency medical [~~services~~] systems of care data, including [~~pediatrics, trauma,~~] behavioral medical, burn, cardiac, medical, pediatrics, stroke,

and [~~behavioral medical~~] trauma emergencies, shall be for the purpose of improving the quality of services provided.

The department may implement and maintain a trauma registry for the collection of information concerning the treatment of critical trauma patients at state designated trauma centers, and carry out a system for the management of that information. The system may provide for the recording of information concerning treatment received before and after a trauma patient's admission to a hospital or medical center. All state designated trauma centers shall submit to the department periodic reports of each patient treated for trauma in the state system in the manner as the department shall specify.

For the purposes of this subsection, "categorization" means systematic identification of the readiness and capabilities of hospitals and their staffs to adequately, expeditiously, and efficiently receive and treat emergency patients.

(b) The department shall establish, administer, and maintain an [~~aeromedical~~] emergency [~~medical~~] air-medical services system designed to collect and analyze data to measure the efficiency and effectiveness of each phase of the statewide emergency [~~aeromedical~~] air-medical program.

The department shall monitor [~~aeromedical~~] air-medical emergency ambulance service flights statewide to include date of service, patient demographics, transport diagnosis, and medical outcomes. The department medicom center shall work with each air-medical service provider and health care facility as the intermediary to arrange emergency transport of [~~bariatric~~] patients by licensed air-medical service providers, or by the United States Coast Guard, and maintain a registry of all emergency transports provided [~~by the United States Coast Guard~~]. All statewide [~~aeromedical~~] air-medical service providers shall submit their data to the department as specified and requested by the department.

The statewide [~~aeromedical~~] emergency [~~medical~~] air-medical services system shall serve the emergency health needs of the people of the State by identifying:

(1) The system's strengths and weaknesses;

(2) The allocation of resources; and

(3) The development of [~~rotary-wing~~] emergency [~~aeromedical~~] air-medical services standards;

provided that emergency helicopter use, including triage protocols, shall be based on national [~~aeromedical~~] air-medical

triage and transport guidelines established by the Association of Air Medical Services, the American College of Surgeons, the National Association of Emergency Medical [~~Service~~] Services Physicians, or other department-approved national [~~aeromedical~~] air-medical accreditation agency. The department, in the implementation of this subsection, shall plan, coordinate, and provide assistance to all entities and agencies, public and private, involved in the statewide system.

(c) The department shall use an emergency [~~aeromedical services~~] air-medical quality improvement committee comprised of representatives of trauma, emergency, and tertiary care physicians and providers to analyze information collected from the [~~aeromedical~~] air-medical quality improvement performance measures as established by the [~~American College of Surgeons,~~] department, and to recommend system standards and resources to maintain and improve [~~the~~] Hawaii emergency [~~aeromedical~~] air-medical services [~~system~~]."

SECTION 11. Section 321-231, Hawaii Revised Statutes, is amended to read as follows:

"**[~~†~~]§321-231[~~†~~] Grants.** The state system may seek and accept any funds or property and other desirable support and

assistance from any source whatsoever, whether gift, grant, services or any combination thereof, subject to applicable laws. In the event that any grant applications are made in relation to the state system, or any component thereof, the department shall consult with the advisory [~~committee~~] council and provide technical assistance in the preparation, management, or administration of the application or the grant, or both."

SECTION 12. Sections 321-223 and 321-532, Hawaii Revised Statutes, and the title of chapter 321, part XVIII, Hawaii Revised Statutes, are amended by substituting the term "systems of care" wherever the term "services system" appears, as the context requires.

SECTION 13. Sections 46-191, 46-193, 46-198, and 321-235, Hawaii Revised Statutes, are amended by substituting the word "air-medical" wherever the word "aeromedical" appears, as the context requires.

SECTION 14. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 15. This Act shall take effect upon its approval.

H.B. NO. 2314 H.D. 2 S.D. 1 C.D. 1

Report Title:
Department of Health; State Emergency Medical Systems of Care; State Emergency Medical Services; Community Paramedicine Program; Integrated Mobile Health Care; Advisory Council

Description:
Modernizes Hawaii's emergency medical services laws to align with current best practices and adopt a time-sensitive emergency medical systems of care model. Expands the Community Paramedicine Program to include integrated mobile health care; permit additional partnerships with professional organizations and educational institutions; and authorize certain telehealth services by providers located in or out of the State, under certain circumstances. Renames the State Emergency Medical Services Advisory Council the Hawaii Emergency Medical Systems of Care Advisory Council and amends its membership. (CD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

THE SENATE
THIRTY-THIRD LEGISLATURE, 2026
STATE OF HAWAII

S.B. NO. 3203 H.D. 1 C.D. 1

A BILL FOR AN ACT

RELATING TO AIR MEDICAL SERVICES.

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

SECTION 1. The legislature finds that air medical services are an essential component of Hawaii's emergency medical systems of care, health care infrastructure, and all-hazards disaster preparedness. Hawaii's geographic isolation, multi-island structure, rural communities, and limited access to specialty and tertiary care on neighbor islands make timely air medical transport critical to providing equitable access to lifesaving care.

The legislature further finds that demand for emergency aeromedical and interfacility air medical transport services has increased substantially over the past decade, with annual flight volumes exceeding pre-2020 levels by more than one thousand transports. However, statutory authority, governance structures, and department of health staffing dedicated to air medical services have not kept pace, resulting in fragmented coordination, prolonged transport times, and inefficient systems.

The legislature recognizes that the emergency medical services and injury prevention systems branch of the department of health lacks permanent, dedicated air medical staffing to support statewide coordination, regulatory oversight, quality improvement, data governance, and disaster readiness.

The legislature further finds that statewide air medical performance data demonstrate persistent delays that exceed nationally recognized benchmarks for rural and remote emergency care, reflecting structural gaps in coordination and governance rather than performance issues with isolated providers.

The legislature acknowledges that nationally recognized best practices emphasize centralized governance, clinically driven coordination, continuous quality improvement, and integration with trauma, stroke, cardiac, acute care, emergency medical systems, and disaster response. In an island state, air medical services are a core public health, public safety, and emergency preparedness function.

Accordingly, the purpose of this Act is to establish a statewide air medical services program.

SECTION 2. Chapter 321, Hawaii Revised Statutes, is amended by adding a new section to part XVIII to be appropriately designated and to read as follows:

"§321- **Statewide air medical services program; staffing and authority.** (a) There is established within the department's emergency medical services and injury prevention system branch a statewide air medical services program to provide governance, coordination, oversight, quality improvement, and disaster readiness for the State's emergency aeromedical and interfacility air medical transport services.

(b) The department shall establish the following permanent positions, who shall be exempt from chapter 76, to carry out the purposes of this section:

(1) A state air medical director, who shall be a physician licensed in the State with experience in emergency medicine, trauma care, or critical care transport, who shall provide statewide clinical and medical oversight of air medical services;

(2) A state air medical program manager, who shall be responsible for program administration; policy development; system planning; interagency

coordination; and integration of air medical services with emergency medical services, trauma systems, and health care facilities; and

(3) An air medical coordinator, who shall support operational coordination, data oversight, compliance monitoring, performance improvement activities, and coordination with licensed air medical providers, county emergency medical services agencies, hospitals, and emergency management partners.

(c) The positions established pursuant to subsection (b) shall be permanent and recurring and shall not be contingent upon temporary programs, pilot projects, or time-limited funding.

(d) The statewide air medical services program, under the direction of the director of health, may:

(1) Provide statewide clinical governance and medical direction for emergency aeromedical and interfacility air medical services;

(2) Develop, adopt, and implement statewide air medical policies, procedures, and clinical protocols consistent with nationally recognized standards;

(3) Coordinate emergency air medical and interfacility air medical transport services across counties to improve timeliness, health equity, and access to care;

(4) Oversee the participation of licensed air medical providers in data-based quality improvement programs;

(5) Support statewide disaster preparedness, response, and recovery activities involving air medical transport, including multi-island and mass-casualty incidents; and

(6) Coordinate with county emergency medical services agencies, hospitals, trauma centers, stroke centers, acute care facilities, emergency management agencies, and other public and private partners.

(e) As a condition of licensure, all air medical providers operating within the State shall cooperate with and participate in statewide air medical coordination, data reporting, and quality improvement activities as required by the department.

(f) The statewide air medical services program shall coordinate with the state emergency medical services advisory committee and may establish advisory or quality improvement

committees as necessary to fulfill its statutory responsibilities.

(g) The department shall establish and assess annual air medical ambulance licensure and accreditation fees for all air medical providers operating within the State. The fees shall be reasonable, non-refundable, and sufficient to fully cover the costs associated with:

(1) Administration and oversight of the statewide air medical services program;

(2) Licensure, accreditation verification, compliance monitoring, and enforcement activities;

(3) Statewide air medical coordination and quality improvement initiatives;

(4) Data collection, analysis, and reporting requirements; and

(5) Coordination and integration with state and county emergency management, emergency medical services, and disaster preparedness partners.

The fees collected pursuant to this subsection shall be deposited into the emergency medical services special fund established pursuant to section 321-234 and shall be used solely

for the purposes of administering and supporting the statewide air medical services program and staff, and its emergency management coordination functions.

(h) The department may adopt rules pursuant to chapter 91 necessary to implement this section."

SECTION 3. Section 321-234, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) The moneys in the special fund shall be distributed as follows:

(1) Beginning with fiscal year 2021-2022, $3,500,000 shall be distributed each fiscal year to a county operating a county emergency medical services system pursuant to part XI of chapter 46 for the operation of that system; [~~and~~]

(2) Fees remitted pursuant to section 321- shall be used solely for the purposes of administering and supporting the statewide air medical services program and staff, and its emergency management coordination functions; and

[~~(2)~~] (3) The remainder shall be distributed to the department for operating the system established

pursuant to this chapter, including enhanced and expanded services, and shall not be used to supplant funding for emergency medical services authorized prior to July 1, 2004."

SECTION 4. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 5. This Act shall take effect upon its approval.

S.B. NO. 3203 H.D. 1 C.D. 1

Report Title:
DOH; State Emergency Medical Services System; Statewide Air Medical Services Program; Positions; Emergency Medical Services Special Fund

Description:
Establishes the Statewide Air Medical Services Program within the Department of Health, Emergency Medical Services and Injury Prevention Systems Branch to coordinate and strengthen air medical services. Establishes the positions of an air medical director, an air medical program manager, and an air medical coordinator. Specifies that annual licensure and accreditation fees are to be deposited into the Emergency Medical Services Special Fund for costs of the program. (CD1)

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