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GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAI'I

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KA LUNA HO'OKELE

STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony COMMENTING on HB1542
RELATING TO COMPASSIONATE ACCESS TO MEDICAL CANNABIS

REPRESENTATIVE GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH

REPRESENTATIVE LISA MARTEN, CHAIR
HOUSE COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

Hearing Date and Time: 02-04-26, 9:00AM Room Number: 329

Fiscal Implications: Undetermined.

Department Position: The Department of Health ("Department") appreciates the intent of this this measure and offers comments and proposed amendments.

Department Testimony: The Office of Medical Cannabis Control and Regulation (OMCCR) provides the following testimony on behalf of the Department. The OMCCR supports the intent of this measure to improve access for terminally ill medical cannabis patients. However, this measure would require every facility that provides medical services to a terminally ill patient, or to any registered medical cannabis patient over the age of sixty-five, to allow the use of medical cannabis, with limited exceptions for chemical dependency recovery hospitals, State hospitals, and emergency departments of general acute care hospitals.

As drafted, section -3(a) states that a health care facility "shall permit" medical cannabis use. This mandatory language may create unintended conflicts with federal law, Medicare and Medicaid participation, accreditation requirements, patient safety protocols, and institutional or religious policies. To preserve patient access while avoiding these potential conflicts, we

respectfully recommend replacing “shall permit” with “may permit” in section -3(a). This clarifies that state law allows the use of medical cannabis in these facilities, but does not require a facility to violate federal law.

Offered Amendments, page 6, lines 11-17:

> **§ -3 Health care facilities; duties regarding permitted use of medical cannabis.** (a) Except as provided in subsection (b), a health care facility [~~shall~~] may permit patient use of medical cannabis, as authorized by the patient's physician or advanced practice registered nurse pursuant to part IX of chapter 329 and indicated in the patient's medical record, and shall do all of the following:

Thank you for the opportunity to testify on this measure.

TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA ʻOIHANA O KA LOIO KUHINA
THIRTY-THIRD LEGISLATURE, 2026

ON THE FOLLOWING MEASURE:
H.B. NO. 1542, RELATING TO COMPASSIONATE ACCESS TO MEDICAL CANNABIS.

BEFORE THE:
HOUSE COMMITTEE ON HEALTH

DATE: Wednesday, February 4, 2026 **TIME:** 9:00 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Alana L. Bryant, Deputy Attorney General

Chair Takayama and Members of the Committee:

The Department of the Attorney General (Department) offers the following comments.

This bill adds a new chapter to the Hawaii Revised Statutes, the Compassionate Access to Medical Cannabis Act, which would require most licensed health care facilities in the State to allow certain patients to use medical cannabis in compliance with part IX of chapter 329, Hawaii Revised Statutes (HRS). Specifically, the bill applies to terminally ill patients and qualifying patients over sixty-five years of age with chronic disease, and excludes chemical dependency recovery hospitals, state hospitals, and emergency departments of general acute care hospitals.

The Department notes that the bill would mandate accommodation of medical cannabis use by covered health care facilities, notwithstanding the continued prohibition of cannabis under federal law. While the bill attempts to address potential federal conflicts, mandatory accommodation could expose health care facilities to legal uncertainties, including the potential risk to federal funding or other federal enforcement consequences.

The Department further notes that the bill allows a health care facility to suspend compliance if a federal agency initiates an enforcement action or issues guidance expressly prohibiting the use of medical cannabis in health care facilities (page 9, line

20, through page 11, line 2). However, there is no assurance that suspending patient use of medical cannabis would resolve or mitigate any federal enforcement action once initiated.

If the intent of the bill is to clarify that, under state law, a health care facility *may* allow the use of medical cannabis by eligible patients, rather than to require such accommodation, the Department recommends amending § -3(a), on page 6, lines 12-17, to read as follows:

> Except as provided in subsection (b), a health care facility **may** permit patient use of medical cannabis, as authorized by the patient's physician or advanced practice registered nurse pursuant to part IX of chapter 329 and indicated in the patient's medical record, and, **if a health care facility elects to permit patient use of medical cannabis,** shall do all of the following:

In addition, the Department recommends deleting § -7(b), on page 11, lines 3-8, as the provision may create ambiguity regarding the scope of permissible noncompliance with federal law.

Finally, the Department notes that on December 18, 2025, the President issued an Executive Order directing the U.S. Attorney General to "take all necessary steps to complete the rulemaking process related to rescheduling marijuana to Schedule III of the [Controlled Substances Act] in the most expeditious manner in accordance with Federal law . . . ." If marijuana is rescheduled to Schedule III, requiring licensed health care facilities in the State that comply with applicable federal requirements to allow certain patients to use medical cannabis in accordance with part IX of chapter 329, HRS, may present reduced legal risk; however, it is not possible to ascertain this with certainty in the abstract.

Thank you for the opportunity to provide comments on this bill.

HAWAII SUBSTANCE ABUSE COALITION

HB1542 Allows Medical Cannabis in Healthcare Facilities

COMMITTEE ON HEALTH

Rep. Gregg Takayama, Chair

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

Wednesday, Feb. 4, 2026: 9:00: Room 329 Videoconference

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

Hawaii Substance Abuse Coalition Amends HB1542.

Allowing medical cannabis into a substance abuse residential treatment facility is a serious policy decision, and it is reasonable to oppose it when cannabis is itself a drug of abuse for many patients.

HSAC respectfully requests an amendment to ensure clarity:

§-2 Definitions Section 3 (C.) line 14 (page 4),

"Health care facility" does not include a chemical dependency recovery hospital, a chemical dependency residential treatment center, a state hospital, or an emergency department of a general acute care hospital while the patient is receiving emergency services and care.

Cannabis Use Disorder

For many clients entering treatment today, **cannabis is central**. Cannabis use disorder is increasingly common, and for a substantial number of patients, cannabis is either:

- the primary drug of abuse, or a major relapse trigger tied to polysubstance use.
- Permitting cannabis in treatment settings sends a conflicting message: that one intoxicating substance is acceptable while others are not.

Treatment Requires Clear Boundaries and Consistency.

Introducing medical cannabis undermines Structure, accountability by creating ambiguity about sobriety and recovery.

- Clients may reasonably ask: “Why is cannabis allowed but alcohol is not?” “How is this different from my past drug use?” “Does recovery still mean abstinence?”

High Risk of Diversion and Misuse
Residential treatment facilities already face challenges managing contraband and medication misuse. Allowing cannabis creates additional risks:

- diversion to other clients
- trading or selling among residents
- difficulty verifying dosage and form
- inconsistent regulation compared to FDA-approved medications
- Unlike tightly controlled prescriptions, cannabis products vary widely in potency and psychoactive effect.

Cannabis Use Can Impair Recovery Progress
Cannabis use is associated with:

- impaired motivation and cognition, increased anxiety or mood instability
- relapse into other substances

Clients in early recovery need full mental clarity to participate meaningfully in treatment. Introducing THC into the environment may delay or disrupt that process.

Federal and Licensing Conflicts Remain
Many residential treatment facilities rely on federal funding, Medicaid reimbursement, SAMHSA standards, accreditation requirements, Cannabis remains a Schedule I substance under federal law. Allowing it in facilities could jeopardize funding.

Recovery Spaces Must Be Safe for All Clients to be free of triggers
Residential treatment is a shared environment with group activities.

- Allowing cannabis use affects not only the individual patient but everyone around them, including those who are: recovering from cannabis addiction, vulnerable to relapse, or triggered by exposure to drug-related behavior or odor

Treatment facilities must prioritize the collective recovery atmosphere over individual substance access.

Appropriate Alternatives Already Exist
If a patient has legitimate medical needs, there are FDA-approved, non-intoxicating alternatives that can be safely managed in treatment, including:

Closing Statement
In closing, residential substance abuse treatment facilities must remain environments of sobriety, clarity, and consistency. Allowing cannabis—especially when it is a significant drug of abuse—creates contradictions, increases relapse risk, complicates treatment goals, and threatens the integrity of recovery programs.

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

HB1542 Allows Medical Cannabis in Healthcare Facilities

COMMITTEE ON HEALTH
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair
Wednesday, Feb. 4, 2026: 09:00: Room 329 & Videoconference

ALOHA CHAIR, VICE CHAIR, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Brian Baker. I am the President and CEO for Hina Mauka, a mental health and substance use disorder treatment and prevention agency for thousands of adults and adolescents on Oahu and Kauai, including recovery-oriented services and housing transitional living programs.

Hina Mauka **OPPOSES HB1542** and provides this testimony as a major residential treatment and prevention provider, as well as a member of the Hawaii Substance Abuse Coalition (HSAC).

Hina Mauka requests the following AMENDMENT to HB1542, as supported by the Hawaii Substance Abuse Coalition (HSAC), documented below.

"Allowing medical cannabis into a substance abuse residential treatment facility is a serious policy decision, and it is reasonable to oppose it when cannabis is itself a drug of abuse for many patients.

HSAC respectfully requests an amendment to ensure clarity:

§-2 Definitions Section 3 (C.) line 14 (page 4),

"Health care facility" does not include a chemical dependency recovery hospital, a chemical dependency residential treatment center, a state hospital, or an emergency department of a general acute care hospital while the patient is receiving emergency services and care.

Cannabis Use Disorder
*For many clients entering treatment today, **cannabis is central**. Cannabis use disorder is increasingly common, and for a substantial number of patients, cannabis is either:*

- *the primary drug of abuse, or a major relapse trigger tied to polysubstance use.*
- *Permitting cannabis in treatment settings sends a conflicting message: that one intoxicating substance is acceptable while others are not.*

***Treatment Requires Clear Boundaries and Consistency**.*

Introducing medical cannabis undermines Structure, accountability by creating ambiguity about sobriety and recovery.

- *Clients may reasonably ask: "Why is cannabis allowed but alcohol is not?" "How is this different from my past drug use?" "Does recovery still mean abstinence?"*

High Risk of Diversion and Misuse

Residential treatment facilities already face challenges managing contraband and medication misuse. Allowing cannabis creates additional risks:

- *diversion to other clients*
- *trading or selling among residents*
- *difficulty verifying dosage and form*
- *inconsistent regulation compared to FDA-approved medications*
- *Unlike tightly controlled prescriptions, cannabis products vary widely in potency and psychoactive effect.*

Cannabis Use Can Impair Recovery Progress

Cannabis use is associated with:

- *impaired motivation and cognition, increased anxiety or mood instability*
- *relapse into other substances*

Clients in early recovery need full mental clarity to participate meaningfully in treatment. Introducing THC into the environment may delay or disrupt that process.

Federal and Licensing Conflicts Remain

Many residential treatment facilities rely on federal funding, Medicaid reimbursement, SAMHSA standards, accreditation requirements, Cannabis remains a Schedule I substance under federal law. Allowing it in facilities could jeopardize funding.

Recovery Spaces Must Be Safe for All Clients to be free of triggers

Residential treatment is a shared environment with group activities.

- *Allowing cannabis use affects not only the individual patient but everyone around them, including those who are: recovering from cannabis addiction, vulnerable to relapse, or triggered by exposure to drug-related behavior or odor*

Treatment facilities must prioritize the collective recovery atmosphere over individual substance access.

Appropriate Alternatives Already Exist

If a patient has legitimate medical needs, there are FDA-approved, non-intoxicating alternatives that can be safely managed in treatment, including:

Closing Statement

In closing, residential substance abuse treatment facilities must remain environments of sobriety, clarity, and consistency. Allowing cannabis—especially when it is a significant drug of abuse—creates contradictions, increases relapse risk, complicates treatment goals, and threatens the integrity of recovery programs."

Hina Mauka appreciates the opportunity to provide this opposition testimony and request HSAC-supported Amendment.

BIG ISLAND SUBSTANCE ABUSE COUNCIL
Inspiring Change, Reclaiming Lives

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

Kea'au Administrative Office and Treatment Center
16-179 Melekahiwa Street
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F: (808)969-7570

Hilo Outpatient Treatment
297 Waiānuenue Avenue
Hilo, Hawai'i 96720
P: (808) 935-4927
F: (808) 934-8067

February 2, 2026

Oppose HB1542 Unless Amended – Medical Marijuana in Residential Treatment Facilities

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Dr. Hannah Preston-Pita, and I serve as the Chief Executive Officer of the Big Island Substance Abuse Council (BISAC), a nonprofit organization providing substance use disorder treatment, detoxification, residential treatment, and mental health services across Hawai'i Island.

I am writing to respectfully OPPOSE HB1542 as currently drafted, while offering comments for amendment.

BISAC recognizes and respects the role of medical marijuana in appropriate medical settings. However, we have serious concerns about how HB1542 applies to licensed residential substance use treatment facilities.

While the bill appropriately exempts drug treatment within hospitals, it does not explicitly exclude residential treatment programs, which operate under a fundamentally different clinical and regulatory framework. Residential substance use treatment relies on:

- Structured, abstinence-based or clinically monitored environments
- Clear program rules to support stabilization and recovery
- Medication management protocols aligned with treatment plans

Allowing medical marijuana use within residential treatment facilities without clear exclusion creates significant clinical, safety, and operational challenges, including:

- Undermining treatment integrity and therapeutic community standards
- Creating conflicts with individualized treatment plans
- Increasing risk for diversion, misuse, or relapse triggers
- Complicating licensure, accreditation, and compliance requirements

Residential treatment facilities must maintain the ability to set clear clinical boundaries that support recovery and protect all residents in care. Without an

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explicit exclusion, HB1542 unintentionally places providers at risk and creates confusion for clients, staff, and regulators.

For these reasons, BISAC opposes HB1542 unless amended to clearly exclude licensed residential substance use treatment facilities, consistent with the bill's exemption for hospital-based drug treatment programs.

We respectfully urge the Committee to consider this amendment to ensure that HB1542 does not unintentionally compromise treatment outcomes or program integrity for individuals seeking recovery.

Mahalo nui loa for your consideration and for your continued commitment to thoughtful, balanced health policy.

Mahalo nui loa,

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

HICIA
Hawai'i Cannabis Industry Association

To: Representative Gregg Takayama, Chair
Representative Sue Keohopaku-Lee Loy, Vice-Chair
Members of the House Health Committee

Fr: TY Cheng on behalf of the HICIA Assn.

Re: Testimony **In Support with COMMENTS** on **House Bill (HB) 1542**
RELATING TO COMPASSIONATE ACCESS TO MEDICAL CANNABIS.
Allows terminally ill patients and qualifying patients over sixty-five years of age with chronic diseases to use medical cannabis within specified health care facilities under certain conditions. Requires enforcement by the Department of Health.

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

The Hawai'i Cannabis Industry Association, represents a majority of the state's licensed medical cannabis dispensaries. HICIA **supports** HB1542 which eases access issues for medical cannabis patients, including terminally ill patients and qualifying patients over sixty-five years of age with chronic illness.

Hawai'i's medical cannabis program was created to provide compassionate access to patients who rely on cannabis as part of their healthcare. For elderly patients and those facing terminal or debilitating illnesses, medical cannabis is not a luxury—it is a necessary therapeutic option that helps manage pain, nausea, appetite loss, anxiety, and other symptoms that significantly impact quality of life.

However, access to this program carries real financial and logistical burdens. In Hawai'i, qualified patients must typically pay between $75 and $120 to see a certifying physician, in addition to the State of Hawai'i's $38.50 registration fee. For seniors on fixed incomes and patients facing serious or terminal illness, these costs can be prohibitive and create unnecessary barriers to care. Though patients can apply for a 2-year registration term, the qualifying physician price and registration fee is just doubled for those patients. Therefore, terminally ill and elderly patients are left to apply every year and pay for access fees out of pocket each year.

Patients may also wait up to 7 days to receive their 329 medical cannabis card approvals from the Department of Health. These delays only interrupt the supply of much-needed relief for patients.

HB1542 appropriately recognizes that patients over the age of 65 and those who are terminally ill or managing chronic conditions deserve streamlined and continued access to medical cannabis. These patients should not be required to repeatedly navigate

HICIA
Hawai'i Cannabis Industry Association

costly or burdensome administrative processes simply to maintain access to medicine their physicians have already deemed appropriate.

HB1542 reflects the values of compassion, dignity, and common sense. It supports patient-centered healthcare, reduces unnecessary barriers for vulnerable populations, and ensures that Hawai'i's medical cannabis program continues to serve those it was designed to help most.

In light of the fact that the Department of Health OMCCR patient registry is not open on the weekends, and that patients may at times wait up to 7 days for the issuance of a 329 medical cannabis card, we respectfully ask the committee to include the following amendment suggested in SB3315 (2026) allowing for physician qualified patients with pending applications with the Department of Health to purchase up to 50% of their medical cannabis allotment while waiting for the issuance of their 329 card , but only for the chronically ill and elderly as they have less time to wait.

Proposed Amendment:

SECTION 2. Section 329-123, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) Physicians or advanced practice registered nurses who issue written certifications shall provide, in each written certification, the name, address, patient identification number, and other identifying information of the qualifying patient. A written certification issued pursuant to this subsection shall originate from within the State. The department of health shall require, in rules adopted pursuant to chapter 91, that all written certifications comply with a designated form completed by or on behalf of a qualifying patient. The form shall require information from the applicant,

primary caregiver, and physician or advanced practice registered nurse as specifically required or permitted by this chapter. The form shall require the address of the location where the cannabis is grown and shall appear on the registry card issued by the department of health. The certifying physician or advanced practice registered nurse shall be required to have a bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship, as applicable, with the qualifying patient; provided that nothing under this part shall require that the bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship be established by conducting an initial in-person consultation. Any fees assessed by a certifying physician or advanced practice registered nurse to issue a written certification pursuant to this subsection shall not exceed an amount equal to three times the amount of the fee charged by the department of health to issue a registration certificate pursuant to subsection (b). <u>After the submission of the applicant's form but before receipt of confirmed registration from the department of health, the applicant or primary caregiver</u>

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may use the submission of the applicant's form as proof and documentation authorizing the applicant or primary caregiver to enter and make a one-time purchase of cannabis from a medical cannabis dispensary licensed under chapter 329D in an amount that is not more than fifty per cent of the dispensing limits under section 329D-13. The office of medical cannabis control and regulation, established pursuant to section 329D-2.5, shall facilitate the temporary authorization for applicants and primary caregivers. All current active medical cannabis permits shall be honored through their expiration date."

On behalf of the Hawai'i Cannabis Industry Association and the patients we represent, I urge the Committee to include our suggested amendment, pass HB1542, and continue Hawai'i's commitment to compassionate, accessible medical care for our kūpuna and our most vulnerable residents.

Mahalo for the opportunity to submit this testimony and for your consideration

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Akamai Cannabis Consulting
3615 Harding Ave, Suite 304
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TESTIMONY ON HOUSE BILL 1542
RELATING TO COMPASSIONATE ACCESS TO MEDICAL CANNABIS

Clifton Otto, MD

HOUSE COMMITTEE ON HEALTH
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Wednesday, February 4, 2026, 9:00 am
State Capitol, Conference Room 329 & Videoconference

If health care facilities will be required to allow the state-authorized medical use of cannabis on-site, then there needs to be a source of medical cannabis that does not violate federal drug law.

This can be accomplished by obtaining a DEA waiver from registration requirements for the intrastate production and distribution of medical cannabis under state law.

This would be very similar to the waiver that applies to Peyoteros in Texas who produce and distribute Peyote to authorized representatives of the Native American Church under federal exemption.

Please consider the following amendment:

SECTION 3. Section 329D-25, Hawaii Revised Statutes, is amended to read as follows:

§329D-25 Coordination among state and federal agencies. The department shall initiate ongoing dialogue among relevant state and federal agencies to identify processes and policies that ensure the privacy of qualifying patients and qualifying out-of-

state patients and the compliance of qualifying patients, primary caregivers, qualifying out-of-state patients, and caregivers of qualifying out-of-state patients and medical cannabis dispensaries with state laws and regulations related to medical cannabis; provided that the department shall request registration requirement waivers on behalf of all dispensary licensees for the intrastate production and distribution of medical cannabis pursuant to state law under 21 USC 822(d) by September 1, 2026.

Aloha.

February 4, 2026 at 9:00 am
Conference Room 329

House Committee on Health

To: Chair Gregg Takayama
Vice Chair Sue L. Keohokapu Lee-Loy

House Committee on Human Services and Homelessness

To: Chair Lisa Marten
Vice Chair Ikaika Olds

From: Paige Heckathorn Choy
Vice President, Government Affairs
Healthcare Association of Hawaii

Re: Testimony in Opposition
HB 1542, Relating to Compassionate Access to Medical Cannabis

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 30,000 people statewide.

We appreciate the opportunity to testify in **opposition** to this measure. Our members understand and respect the intent behind this measure and strive to ensure that all patients are treated with comfort and dignity during difficult times. However, providers of inpatient care—including hospitals, skilled nursing facilities, and hospices—have an obligation to operate within federal law in order to continue to operate and provide needed care to the community. Ultimately, this measure asks our providers to violate federal law and Medicare Conditions of Participation (CoPs) that would threaten their license and funding sources.

Providers that participate in Medicare are required to comply with all applicable federal laws and CoPs, as enforced by the Centers for Medicare and Medicaid Services (CMS). Because cannabis is still classified as a Schedule I substance under the Controlled Substances Act, it cannot be prescribed, dispensed, stored, or administered in a medical setting or by licensed practitioners. Importantly, there is no federal exception that allows hospitals or other inpatient providers to permit the storage, handling and prescription of cannabis, even when state law authorizes its use for specific populations.

We understand that certain provisions in the bill seek to create safeguards for providers. However, we do not believe that these safeguards are sufficient. Specifically, we would note that hospitals may need to possess a cannabis product if neither a patient nor a caregiver is able to dispense of the product. Further, allowing a hospital to suspend or revoke permission for cannabis use does not eliminate federal exposure once the practice has occurred. CMS enforcement is retrospective as well as prospective. Survey deficiencies, citations, and enforcement actions can be based on conduct that occurred during a survey period, even if the hospital later discontinues the practice. The ability to suspend permission therefore does not meaningfully protect hospitals from consequences under federal law.

There are also clinical issues regarding the use of cannabis in inpatient settings, particularly for individuals who are hospitalized for an acute condition. In the inpatient hospital environment, care is coordinated around medications that are standardized, verifiable, and actively managed by the clinical team. Cannabis products can vary widely in potency and formulation, making it difficult for clinicians to fully understand how a product may interact with other treatments and complicates medication reconciliation.

While we share the goal of providing comfort and compassion to patients admitted to a hospital, nursing facility, or hospice home, this measure puts organizations and providers in a difficult position. Ultimately, facilities would be required to knowingly allow a federally prohibited substance into the inpatient environment that violates CoPs and threatens funding and licensure. Further, providers would need to clinically manage the use of cannabis that is not standardized or FDA-approved. For these reasons, we ask that this measure be deferred.

Thank you for the opportunity to provide our concerns on this important matter.

Marijuana Policy Project
P.O. Box 21824 • Washington, DC 20009
202-462-5747 • www.mpp.org

HB 1542 Comments: Strongly Urging Amendments

February 3, 2026

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and honorable members of the House Committee on Health:

I am Karen O'Keefe, an attorney and the director of state policies at the non-profit Marijuana Policy Project (MPP). For more than 30 years, the MPP has had the honor of working alongside patients to craft and improve medical cannabis programs.

We strongly support allowing terminally ill patients and kupuna to use medical cannabis preparations in health care facilities. Mahalo nui loa, Chair Takayama, for proposing legislation to address that issue.

I have worked with hundreds of patients over the years who have found relief from cannabis where other medications have failed them or provided intolerable side effects and risks. This includes patients with paralyzing spasms, merciless pain, appetite loss, intractable seizures, and a host of other devastating conditions. Despite the many obstacles the federal government implemented to researching the benefits of cannabis, thousands of studies have confirmed what they know from lived experience: medical cannabis is beneficial.[1] The federal government appears poised to finally acknowledge that cannabis has currently accepted medical use and a lower risk than Schedule II drugs, by moving cannabis to Schedule III.[2]

It is wrong to prohibit patients in health care facilities, home care, and nursing homes from using a medicine that alleviates their pain and symptoms.

While we strongly support the ways in which HB 1542 would expand access to medical cannabis for patients in health care facilities, we are alarmed that it would restrict it in other cases. As it is currently drafted, HB 1542 would force nursing homes and other health care facilities to ban conduct they may be allowing now, or may wish to allow in the future. No health care facility should be *prohibited* from allowing patients relief.

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[1] National Academies of Sciences, Engineering, and Medicine (2017). The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. Washington (DC): National Academies Press. (A review of more than 10,000 studies, finding conclusive or substantial evidence that cannabis is beneficial for chronic pain, and that cannabinoids are effective treatments for multiple sclerosis spasms and chemotherapy-induced nausea and vomiting.)
[2] Available at: https://www.dea.gov/sites/default/files/2024-05/2016-17954-HHS.pdf

1. **HB 1542 <u>prohibits</u> hospitals from allowing non-terminal patients from using cannabis in any form.**

   HB 1542 provides, "a general acute care hospital ***shall not*** permit a patient with a chronic disease to use medical cannabis unless the patient is terminally ill."

   We strongly urge you to strike this provision.

   If the will of the committee is to only mandate that terminally ill patients in acute care hospitals be allowed to use their medical cannabis, it could provide: "This ***does not require*** a general acute care hospital to permit a patient with a chronic disease to use medical cannabis unless the patient is terminally ill."

2. **The bill *requires* health care facilities, including nursing homes, to ban the vaporization and smoking of cannabis, even if they wish to allow it. It also prohibits cannabis use if a home care aide is anywhere in the residence.**

   No facility or home aide agency should be *required* to ban cannabis vaping or smoking where they can allow tobacco smoking and nicotine vaping.

   Numerous studies have found smoked or vaporized cannabis efficacious with minimal side effects.[3] Inhalation allows near-immediate effect and precise titration of dosage, which are important to providing emergency relief. Cannabis has not been shown to cause lung cancer,[4] in stark contrast to tobacco smoking.

   Hawaii's Smoke Free Law, Chapter 328J, prohibits smoking and vaping tobacco and plants in indoor places of employment, and within 20 feet of building entrances, exits, air intake ducts, vents, and windows. Its exceptions include:

   > "Private and semiprivate rooms in nursing homes and long-term care facilities that are occupied by one or more persons, all of whom are smokers and have requested in writing to be placed in a room where smoking is permitted; provided that smoke from these places shall not infiltrate into areas where smoking is prohibited under this chapter." HRS § 328J-7 (7)

   If a nursing home is allowed to allow tobacco smoking in a private room with smokers only, it still should be allowed to allow medical cannabis smoking and vaporization, too. Tobacco smoking is far more hazardous and has no medical benefit. In addition, home health aides should not have to be outside of an entire *residence* for a patient to smoke or vape cannabis. A different room would suffice.

[3] Several of them are available here: https://www.cmcr.ucsd.edu/index.php/studies/completed-studies
[4] National Academies of Sciences, Engineering, and Medicine (2017).

Please revise HB 1542's language to strike: "(1) Prohibit smoking or vaping as methods to use medical cannabis; provided that a home health agency shall only prohibit smoking or vaping immediately before or while home health agency staff are present in the residence;"

Language could be added in a different section clarifying, "This chapter does not require a health care facility to allow the smoking or vaping of medical cannabis by any patient."

Concluding Thoughts

We strongly support allowing terminally ill patients and kupuna to use medical cannabis to be used in health care facilities and commend the Chair for addressing that need. However, we strongly urge amendments to ensure the Legislature does not *prohibit* facilities from: 1) allowing medical cannabis by other patients should they wish to do so; and 2) allowing vaping or smoking in a private room, where tobacco would be allowed.

We also urge the inclusion of non-terminal patients and patients under the age of 65, who are also deserving of the access to the medication that manages their pain, spasms, seizures, and other symptoms.

Mahalo for your time and consideration,

Karen O'Keefe
Director of State Policies
202-905-2012
kokeefe@mpp.org

the Drug Policy Forum of hawai'i

LATE

Dedicated to safe, responsible, humane, and effective drug policies since 1993

TESTIMONY IN SUPPORT OF HB 1542

TO: Chair Takayama, Vice Chair Keohokapu-Lee Loy, and HLT Committee

FROM: Nikos Leverenz, DPFH Board President

DATE: February 4, 2026 (9:00 A.M.)

Drug Policy Forum of Hawai'i (DPFH) **strongly supports** HB 1542, which allows terminally ill patients and qualifying patients over sixty-five years of age with chronic diseases to use medical cannabis within specified health care facilities under certain conditions.

California's Compassionate Access to Medical Cannabis Act, also known as "Ryan's Law," passed the legislature unanimously in 2021 and was signed into law by Governor Gavin Newsom. As a result, terminally ill Californians have had access to medical cannabis in healthcare facilities since January 1, 2022. The law was subsequently expanded to include any patient over 65 years of age with a chronic disease, added home health agencies to covered health care facilities, and prohibited health care facilities from denying a patient's admission based on their use of medical cannabis.

Medical cannabis should not be subject to more severe restrictions than smoked tobacco in health care facilities given the relative lack of therapeutic benefit of smoked tobacco for those who are terminally ill or chronic diseases. The significant incidence of preventable illnesses and deaths caused by smoked tobacco each year stands in stark contrast to the relative benefits and harms of cannabis use.

As such, DPFH recommends that the proposed Section -3 (1), which prohibits smoking or vaping of medical cannabis "provided that a home health agency shall only prohibit smoking or vaping immediately before or while home health agency staff are present in the residence," be deleted and replaced with a reference to HRS §328J-7(4), which exempts private and semiprivate rooms in nursing homes and long-term care facilities, with conditions, from the larger prohibition of smoking in enclosed or partially enclosed places open to the public provided by HRS §328J-3.

The proposed Section -3 (1) could instead read: "Allow smoking or vaping of medical cannabis flower and concentrates under conditions set forth in section 328J-7(4)."

Medical cannabis is most commonly used for pain relief, to improve appetite, and reduce nausea. In certain cases, it can be used as an alternative to heavy pain relievers like fentanyl and morphine. Many terminally ill patients choose to use cannabis for treatment or pain relief and wish to continue that use while at the hospital, providing consistency in their individual course of treatment.

To date, the Centers for Medicare and Medicaid Services (CMS) has not been aware of a provider that has specifically lost funding or been penalized for permitting the use of medical cannabis. Furthermore, CMS states that it would not cite healthcare facilities for allowing medical cannabis use unless the federal Department of Justice declares its intent or acts to interfere with state medial cannabis laws.

Americans for Safe Access, a longstanding organization dedicated to ensuring safe and legal access to cannabis for therapeutic use and research, has an online resource guide to assist healthcare facilities with the implementation of Ryan's Law that should also be of value to Hawaiʻi facilities.

Since 1993 DPFH has advanced public discussions and policy changes around the Hawaiʻi's drug polices, which continue to advance severe criminal penalties and extended periods of criminal legal supervision. DPFH also supports policy changes around substance use and behavioral health issues that are anchored in harm reduction, public health, and human rights. These changes include broader access to community-based behavioral health treatment, the repeal of cannabis prohibition in favor of rational regulation, reducing the severity of sentencing laws, prosecutorial practices, penological practices, and criminal legal supervision, and advancing other changes to laws and policies that reduce the impact of the criminal legal system on individuals and families from under-resourced communities.

Mahalo for the opportunity to provide testimony.

BARTELL & KWIATKO

LATE

Dear Chair Takayama, Vice Chair, and members of the House Health Committee,

Thank you for the opportunity to testify today.

My name is Jim Bartell, and I am here in strong support of Ryan's Law.

At its core, this bill is about dignity at the end of life. It is about whether we allow terminally ill patients to remain awake, present, and comfortable during their final days, or whether we force them into unnecessary suffering because of outdated fears and misconceptions.

Ryan's Law is named after Ryan Bartell, my son and a young father who died of stage-four pancreatic cancer. In his final weeks, he was heavily sedated with fentanyl and morphine, not because those drugs worked well, but because they were the only options allowed in his hospital. When Ryan was finally able to access medical cannabis, his pain was managed without sedation. He could speak. He could laugh. He could say goodbye to his wife and son. That difference mattered.

This bill would ensure that families in Hawai‘i are not denied that same humanity and compassionate care.

Ryan's Law does not require hospitals or health care facilities to prescribe, store, dispense, or administer medical cannabis. Smoking and vaping are expressly prohibited. Responsibility for obtaining, storing, administering, and removing medical cannabis rests solely with the patient or the patient's caregiver. The bill establishes clear safety protocols and includes a federal safe-harbor provision allowing facilities to suspend compliance immediately if any federal agency initiates enforcement action.

And importantly, concerns about Medicare and Medicaid funding, while understandable, are not supported by evidence. The Centers for Medicare and Medicaid Services have explicitly stated that they do not regulate medical cannabis use under state law and are not aware of any provider that has lost funding for permitting it. In fact, Ryan's Law has been in effect in California since 2022, passed unanimously, and implemented without issue.

Terminally ill patients already have legal access to medical cannabis in Hawai‘i. What this bill does is ensure continuity of care, so that a patient does not lose access to the one medicine that helps them simply because they are admitted to a hospital, hospice, or skilled nursing facility.

At the end of life, time is the one thing patients do not have. Ryan's Law gives them comfort, clarity, and choice when it matters most.

I respectfully urge you to support this measure and affirm that compassion has a place in our health care system.

Mahalo for your time and consideration.

Sincerely,

Jim Bartell

President | Bartell & Kwiatkowski

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BartellKwiatkowski.com

HB-1542
Submitted on: 2/4/2026 8:56:40 AM
Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Cannabis Society of Hawai'i	Cannabis Society of Hawai'i	Support	Written Testimony Only

Comments:

Aloha,

Cannabis Society of Hawai'i supports this bill with reservations.

Please include language that will also allow facilities to allow non-terminal patients to use medical cannabis.

Please allow nursing homes to not prohibit the type of product that the patient wishes to utilize.

Safe spaces are needed and it starts with compasionate care.

Mahalo for working on this much needed issue.

Cannabis Society of Hawai'i

cannabissocietyofhawaii@gmail.com

HB1542 – Proposed Amendment Brief
Ensuring Lifesaving Access to Medical Cannabis for Severely Disabled Patients
Re: HB1542 (2026) – Compassionate Access to Medical Cannabis Act
To: Chair Gregg Takayama, Vice Chair Sue L. Keohokapu-Lee Loy, Committee Members
From: Robert Lawerence Bence
Requested Action: Adopt targeted amendments ensuring protection for severely or totally disabled patients with life-threatening conditions.

Problem Summary
HB1542 expands access to medical cannabis in health care facilities but limits eligibility to terminally ill patients or patients over sixty-five years of age with chronic disease. This unintentionally excludes younger patients with severe or total disabilities, including those with treatment-resistant seizure disorders, who may face serious harm or death if medical cannabis is interrupted during hospitalization or long-term care.
Why This Matters
Severe seizure disorders and other neurologic conditions can become life-threatening when effective treatment is abruptly discontinued. For some patients, medical cannabis is a physician-recommended stabilizing therapy rather than an optional treatment. Disability is not age-based, and continuity of care is essential in rehabilitation hospitals, skilled nursing facilities, and acute care settings.
Where Amendments Should Be Placed in HB1542
• Amend the definition of "Patient" in the bill's definitions section.
• Add a conforming subsection in the health care facility obligations section.
• Revise the general acute care hospital exception to prevent exclusion of life-threatening cases.
Proposed Amendment – Definition of Patient
"Patient" means an individual who:
(1) Is terminally ill;
(2) Is over sixty-five years of age with a chronic disease; or
(3) Has a medically documented, potentially life-threatening condition, including but not limited to treatment-resistant seizure disorders, intractable epilepsy, or other severe neurologic conditions, for which interruption of medical cannabis treatment, as certified in writing by a physician or advanced practice registered nurse pursuant to part IX of chapter 329, could result in severe disability, medical deterioration, or death.
Proposed Conforming Amendment – Health Care Facilities
A health care facility shall permit a patient meeting subsection (3) of the definition of "patient" to use medical cannabis in accordance with this chapter when medically necessary to prevent life-threatening complications or severe disability.
Proposed Revision – General Acute Care Hospitals
Notwithstanding any other provision, a general acute care hospital shall permit use of medical cannabis by a patient who meets subsection (3) of the definition of "patient" when supported by written certification from a physician or advanced practice registered nurse that continued access is medically necessary to prevent serious harm or death.
Personal Context and Public Service
I submit this amendment as a person with a lifelong disability who spent significant time in a rehabilitation hospital following brain surgery for a congenital birth defect. Continuity of care during rehabilitation and hospitalization for patients can determine whether recovery continues or serious harm occurs. These amendments ensure HB1542 aligns with existing Hawai'i medical cannabis law, disability rights principles, and basic standards of medical ethics.

HB-1542
Submitted on: 2/4/2026 4:13:57 AM
Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Courtney Kacir	Individual	Support	Written Testimony Only

Comments:

Support

I'm a nurse.I do not think this law should be limited to the terminally ill or people over age 65. Patients leave the hospital AMA because they can't use their medical cannabis and do not want to take addictive pharmaceuticals. Cannabis allows patients to feel more alert and engage with family, unlike heavy sedation caused by pharmaceuticals traditionally used in healthcare settings. Allow the patients to use their home medication like we do with the other medications that we don't carry in healthcare settings.

HB-1542
Submitted on: 2/4/2026 5:09:13 AM
Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Drew Erickson	Individual	Support	Written Testimony Only

Comments:

Chair and members of the committee,

I support HB 1542.

This bill addresses a real gap in medical care.

Patients who rely on medical cannabis often lose access when they enter hospitals or long-term care facilities. The condition does not change. The suffering does not stop. The treatment does.

Terminally ill patients and seniors with chronic disease deserve continuity of care. Medical cannabis already serves these patients safely under state law. Removing access inside care facilities forces unnecessary pain and distress.

HB 1542 restores compassion without expanding eligibility. It respects medical use while allowing the Department of Health to set clear conditions. It does not mandate participation by facilities. It does not weaken existing safeguards.

Pain management inside facilities too often defaults to opioids. This bill gives patients and providers another medically recognized option aligned with existing state policy.

Please pass HB 1542.

Thank you for the opportunity to testify.

HB-1542
Submitted on: 2/4/2026 9:09:43 AM
Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Kai Luke	Individual	Support	Written Testimony Only

Comments:

Good Morning Representatives,

I am a resident that supports this bill with reservations.

We need better language that protects patients use and choice of medical cannabis.

This is a step in the right direction but please add additional support for non-terminal patients that could utilize the health properties so they may not get to the "terminal" stage.

Dr. Cristina Sanchez showed how cannabinoids work with the endocannabinoid system to create signaling and messaing within the body to create homeostasis and a natural way to deter the body from anything foreign or unnatural.

She showed how Apoptosis occurs which is program cell dealth for Cancer.

The US Patent US66305601b1 titled "Cannabinoids as Antioxidants and Neuroprotectants" filed and owned by the US Department of Health and Senior Services should be evidence that we need better access.

Please include language that will also allow nursing home facilities to allow non-terminal patients to use medical cannabis and nt prohibit the type of product that the patient wishes to utilize.

Autonomy is part of the right a human has over their body and mind.

Thank you for giving me the opportunity to testify.

Kai Luke

HB-1542
Submitted on: 2/4/2026 9:47:03 AM
Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
RUSSELL ABORDO	Individual	Support	Written Testimony Only

Comments:

I, R. Kelii Abordo, strongly support HB 1542, which allows terminally ill patients and qualifying patients over sixty-five years of age with chronic diseases to use medical cannabis within specified health care facilities under certain conditions.

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As such, I follow Drug Policy Forum of Hawaii's recommendations that the proposed Section -3 (1), which prohibits smoking or vaping of medical cannabis "provided that a home health agency shall only prohibit smoking or vaping immediately before or while home health agency staff are present in the residence," be deleted and replaced with a reference to HRS §328J-7(4), which exempts private and semiprivate rooms in nursing homes and long-term care facilities, with conditions, from the larger prohibition of smoking in enclosed or partially enclosed places open to the public provided by HRS §328J-3.

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Mahalo for the opportunity to provide testimony