JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAI'I

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
Honolulu, HI 96801-3378
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Testimony COMMENTING on SB2408-SD1
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: 03-25-26, 9:30AM Room Number: 329

Fiscal Implications: Undetermined.

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

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. The current draft authorizes, under state law, a facility that provides medical services to a terminally ill patient or a 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. We believe keeping this as an authorization, rather than a mandate, appropriately address potential conflicts with federal law, accreditation requirements, and facility policies while still preserving patient access in a safe and responsible manner.

The Department remains committed to working collaboratively with the Legislature and stakeholders to ensure that terminally ill patients and qualifying older adults can access medical cannabis in a manner that is consistent with state law and compatible with the operational requirements of health care facilities.

Offered Amendments: None.

Thank you for the opportunity to testify on this measure.

HAWAII SUBSTANCE ABUSE COALITION

SB2408 SD1 Cannabis Use for Elderly in Healthcare Facilities

COMMITTEE ON HEALTH
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair
COMMITTEE ON HUMAN SERVICES & HOMELESSNESS
Rep. Lisa Marten, Chair
Rep. Ikaika Olds, Vice Chair
Wednesday, Mar 25, 2026: 9:30: Room 329 Videoconference

Hawaii Substance Abuse Coalition Proposes Amendment SB2408 SD1 or else Opposes:

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 prevention and treatment agencies and recovery-oriented services.

Already the chemical dependency recovery hospitals are exempted, so too should a chemical dependency residential treatment center because the vast majority of residential patients have chronic conditions that include misuse of cannabis.

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.

Here's Why

The bill wisely excludes a "chemical dependency recovery hospital." **That should include also a Residential treatment center because such centers are treating addictions that include cannabis use. Most patients have a secondary problem with cannabis while a few patients even have a primary diagnosis of cannabis use disorder. The use of cannabis would be a trigger for relapse in almost every patient.**

Cannabis Use Disorder
For many clients entering treatment today, **cannabis use is most common**. Cannabis use disorder 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**.**

March 25, 2026 at 9:30 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: Submitting Comments
SB 2048 SD 1, 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.

Thank you for the opportunity to **submit comments** on this measure, which would allow—but not require—healthcare organizations to permit the use of an individual's cannabis while admitted for care. We understand that the bill has been amended to clarify that inpatient facilities may, but are not required to, allow the use of medical cannabis by patients. We appreciate that the measure is now permissive in nature and would respectfully oppose any future amendments that would make such allowance mandatory.

Decisions about what substances may be permitted in an inpatient environment must be consistent with federal law and clinical standards. Hospitals, skilled nursing facilities, and hospices that participate in Medicare are required to comply with all applicable federal laws and rules as enforced by the Centers for Medicare and Medicaid Services. Cannabis remains classified as a Schedule I substance under the federal Controlled Substances Act. There is no federal exception that authorizes hospitals or other inpatient providers to prescribe, dispense, store, or administer cannabis, even where state law permits its use in other settings. Facilities

must carefully consider the potential risk to their federal certification, reimbursement, and licensure when evaluating whether to allow cannabis use within their walls.

While the bill attempts to create safeguards, practical and regulatory challenges persist. For example, if a patient or caregiver is unable to properly manage or remove a cannabis product, the facility could be placed in a position of possessing or controlling a federally prohibited substance. In addition, CMS enforcement is retrospective as well as prospective. The ability to suspend or revoke permission after the fact does not eliminate exposure for conduct that occurred during a survey period.

There are also important clinical considerations. Inpatient care is structured around standardized, verified, and actively managed medications. Cannabis products vary widely in potency, formulation, and route of administration. They are not FDA-approved, and there is limited ability to ensure consistency in dosing or to fully assess interactions with other medications being administered during an acute hospitalization. This complicates medication reconciliation, safety monitoring, and coordinated care planning, particularly for medically complex patients.

We respect the intent of providing comfort and dignity to patients. However, decisions about whether to permit cannabis use in an inpatient facility must remain voluntary and grounded in each organization's assessment of regulatory risk, patient safety, and operational feasibility. We would welcome continued dialogue with policymakers to ensure that any approach appropriately balances compassion for patients with the legal and clinical realities faced by licensed facilities.

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

SB2408,SD1 Allows Medical Cannabis in Healthcare Facilities (HOUSE)

COMMITTEE ON HEALTH
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair
COMMITTEE ON HUMAN SERVICES & HOMELESSNESS
Rep. Lisa Marten, Chair
Rep. Ikaika Olds, Vice Chair
Wednesday, Mar. 25, 2026: 09:30: 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 SB2408,SD1** 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 SB2408,SD1, 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 requests the HSAC-supported Amendment.

islandhealth
BY GO DĒHP
CARE FOR MAUI

March 23, 2026

As a committee member of Hawaiian Substance Abuse Coalition and the CEO/Manager of Go dehp dba Island Health.VIP, I would like to amend or oppose bill SB2408 in allowing compassionate marijuana to be used in a residential setting.

Unless in a residential setting for cancer, compassionate marijuana is a hinderence to substance use treatment centers. This being, that it is not easily or properly dosed for individuals who may need it for pain treatment and can often become a gateway to using other drugs and narcotics.

There is nothing compassionate about allowing someone to be high while going through treatment. Learning self-regulating skills through connecting to mind, body, and emotions is necessary for progress. Being high further isolates the condition from being resolved.

Respectfully,

Josette Sullins

Josette Sullins

O – 808-336-2611

M – 480-225-0555

SB 2408 SD 1
Relating to Compassionate Access to Medical Cannabis
Oppose Unless Amended

March 24, 2026

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

The Hawai'i Alliance for Cannabis Reform strongly supports allowing terminally ill patients and senior citizens to use medical cannabis preparations in health care facilities. However, we are concerned SB 2408 SD 1 could do more harm than good, and urge you to amend it to expand — instead of restrict — medical cannabis access for people with devastating illnesses.

As amended, SB 2408 SD 1 does not require health facilities to accommodate medical cannabis for terminally ill patients and patients who are 65 and older, as the introduced version of the bill did. Instead, it provides health facilities "may" do so.

Meanwhile, SB 2408 SD 1 forces hospitals to ban conduct they can now allow. It provides, "a general acute care hospital *shall not allow* a patient with a chronic disease to use medical cannabis unless the patient is terminally ill." (emphasis added) We understand that some patients with serious but non-terminal conditions who need cannabis to manage their devastating symptoms have been allowed to use medical cannabis in Hawai'i hospitals. We urge you to delete that provision.

No health care facility should be prohibited from allowing patients relief. And a bill that is intended to expand access should not have the opposite result.

Our strong preference is restoring the mandatory nature of the bill and revising the language to allow medical cannabis at health care facilities for all medical cannabis patients, not just those who are senior citizens or terminally ill. Mississippi, Arizona, and Minnesota have provisions to that effect.[1]

However, if that is not the will of the committee, **we urge you to at least *allow* nursing homes and other health care facilities to allow medical cannabis by any medical cannabis patient.** We believe they are already allowed to do so under existing law. With the bill now permissive instead of mandatory, it is important to clarify that these health care facilities may allow medical cannabis.

We also suggest considering more flexibility in policies. This is all the more important since federal policy is in flux, given the ongoing process to reschedule cannabis to Schedule III

[1] Arizona Revised Statutes § 36-2805, Mississippi Code § 41-137-21, Minnesota Statutes, § 342.56, Subd. 2.

and the Centers for Medicare & Medicaid Services' move to allow up to $500 of CBD products (with up to three milligrams of THC) to be covered by some federal insurance.[2]

Mahalo for your time and public service,

The Hawai'i Alliance for Cannabis Reform
info@legalizehawaii.org
LegalizeHawaii.org

Member Organizations:

ACLU of Hawai'i ◆ Cannabis Society of Hawai'i
Hawaiian Council ◆ Drug Policy Forum of Hawai'i
Last Prisoner Project ◆ Marijuana Policy Project

[2] See "Feds Detail Plan To Cover Up To $500 In Hemp CBD And THC Products For Medicare Patients Under Program Launching Next Week," Marijuana Moment, March 23, 2026.

Appendix Suggested Amendments

1. **Strike § -3 (B)**

[~~(b) Notwithstanding subsection (a), a general acute care hospital shall not allow a patient with a chronic disease to use medical cannabis unless the patient is terminally ill.~~]

2. **Change the definition of patient to apply to any registered medical cannabis patient. § -2**

"Patient" means an individual who [~~meets one or both of the following criteria:~~

~~(1) Is terminally ill; or~~

~~(2) Is over sixty-five years of age with a chronic disease for which the patient~~] has received a written certification from the patient's physician or advanced practice registered nurse pursuant to part IX of chapter 329.

ACLU Hawai'i

Committee:	Health Human Services & Homelessness
Hearing Date/Time:	Wednesday, March 25, 2026, at 9:30am
Place:	Conference Room 329 & Videoconference
Re:	**Testimony of the ACLU of Hawai'i in SUPPORT of SB2408 SD1 Relating to Compassionate Access to Medical Cannabis**

Dear Chairs Takayama and Marten, Vice Chairs Keohokapu-Lee Loy and Olds, and Members of the Committees:

The American Civil Liberties Union of Hawai'i (ACLU-HI) **supports SB2408 SD1** allows terminally ill patients and qualifying patients over 65 with chronic diseases to use medical cannabis within specified health care facilities under certain conditions.

The U.S. Supreme Court has affirmed, in *Conant v. Walters*,[1] that doctors have a legal right to recommend medical cannabis to patients. And in 2022 Congress granted the explicit right to discuss and recommend cannabis as a treatment in any state, for adult and juvenile patients, with the passage of the Medical Marijuana and Cannabidiol Research Expansion Act.[2]

SB2408 SD1 does not require health facilities to accommodate medical cannabis for terminally ill patients and patients who are 65 and older. What's more, the bill adds onerous restrictions that facilities must abide by should they choose to allow medical cannabis preparations for those patients. Medical cannabis is legal in Hawaii, while at the same time this bill creates unnecessary barriers for terminally ill patients in health facilities.

Currently some patients with serious but non-terminal conditions who need cannabis to manage their devastating symptoms have been allowed to use medical cannabis in Hawaii hospitals. SB2408 SD1 would end that. As such, we urge the committee to restore the mandatory nature of the original bill and amend the language to allow medical cannabis at health care facilities for all medical cannabis patients, not just

[1] Conant v. Walters, 309 F.3d 629 (9th Cir. 2002), https://law.justia.com/cases/federal/appellate-courts/F3/309/629/506182/.
[2] Patient's Guide to Ryan's Law, https://www.safeaccessnow.org/ryanslaw_patientresources#gsc.tab=0.

those who are senior citizens or terminally ill. Mississippi, Arizona, and Minnesota have provisions to that effect.[3]

Absent the restoration of the bill's original language, we ask the committee to amend the bill, consistent with input provided by the Attorney General and Department of Health and removing the additional burdens. (See our requested amendments attached).

Should the committee choose not to make any of these changes, we request that the bill be held and not advanced.

Mahalo for the opportunity to testify.

Mahalo,

Josh Frost

Josh Frost
Policy Advocate
ACLU of Hawai'i
jfrost@acluhawaii.org

With more than 4,000 Hawaii-based members, the mission of the American Civil Liberties Union of Hawai'i is to protect the fundamental freedoms enshrined in the United States and Hawai'i State Constitutions through legislative, litigation, and public education work. The ACLU of Hawai'i is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawai'i has been serving our communities in Hawai'i for over 60 years.

[3] Arizona Revised Statutes § 36-2805, Mississippi Code § 41-137-21, Minnesota Statutes, § 342.56, Subd. 2.

American Civil Liberties Union of Hawai'i
P.O. Box 3410
Honolulu, Hawai'i 96801
T: 808.522.5900
F: 808.522.5909
E: office@acluhawaii.org
www.acluhawaii.org

Requested Amendment

Replace bill text with:

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

Section 1. Section 329-126, Hawaii Revised Statutes, is amended by inserting subsections (c) through (g) to read as follows:

"(c) No health care facility, home care agency, home health agency, or care facility may be considered in violation of state law or be penalized in any manner, or be denied any right, privilege, or license for allowing the medical use of cannabis by qualifying patients, or for allowing their personnel or primary caregivers to assist qualifying patients in administering medical cannabis.

(d) No personnel for a health care facility, care facility, home care agency, or home health agency may be arrested, prosecuted, or be denied any right, privilege, or license for assisting a qualifying patient with the administration of medical cannabis in accordance with this section and their employer's policies.

(e) This section does not authorize the smoking or vaporizing of cannabis that is prohibited by chapter 328J.

(f) If a health care facility or care facility allows the storage of medical cannabis on its premises, it must be stored securely in a locked container.

(g) As used in this section:

"Health care facility" means a location where health-related services are provided to patients. It includes hospitals, nursing homes, adult day health centers, skilled nursing facilities, therapeutic living programs, long-term care facilities, and special treatment facilities.

"Care facility" means a location where individuals with cognitive or physical impairments, disabilities, or illnesses are provided with services. It includes community care foster family homes, developmental disabilities domiciliary homes, adult day care centers, adult foster homes, adult residential care homes, assisted living facilities, community care foster family homes, adult residential care homes, and intermediate care facilities for individuals with intellectual disabilities."

American Civil Liberties Union of Hawai'i
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www.acluhawaii.org

SECTION 2. Section 329-122, Hawaii Revised Statutes, is amended by amending subsection (e) to read as follows:

"(e) The authorization for the medical use of cannabis in this section shall not apply to:

(1) The medical use of cannabis that endangers the health or well-being of another person;

(2) The medical use of cannabis:

(A) In a school bus, public bus, or any moving vehicle;

(B) In the workplace of one's employment;

(C) On any school grounds;

(D) At any public park, public beach, public recreation center, recreation or youth center; or

(E) **Except as permitted under section § 329-126, at [**~~At~~] any other place open to the public; provided that a qualifying patient, primary caregiver, qualifying out-of-state patient, caregiver of a qualifying out-of-state patient, or an owner or employee of a medical cannabis dispensary licensed under chapter 329D shall not be prohibited from transporting cannabis or any manufactured cannabis product, as that term is defined in section 329D-1, in any public place; provided further that the cannabis or manufactured cannabis product shall be transported in a sealed container, not be visible to the public, and shall not be removed from its sealed container or consumed or used in any way while it is in the public place; and

(3) The use of cannabis by a qualifying patient, parent, primary caregiver, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient, for purposes other than medical use permitted by this part."

SECTION 4. This Act shall take effect upon its approval.

American Civil Liberties Union of Hawai'i
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COALITION FOR A
Drug-Free Hawaii
Prevention Through Education

March 24, 2026

RE: SB2408 SD1

LATE

COMMITTEE ON HEALTH
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair
COMMITTEE ON HUMAN SERVICES & HOMELESSNESS
Rep. Lisa Marten, Chair
Rep. Ikaika Olds, Vice Chair
Wednesday, Mar 25, 2026: 9:30: Room 329 Videoconference

Aloha chairs, vice-chairs and committee members. My Name is Greg Tjapkes, I am the Executive Director of The Coalition for a Drug-Free Hawaii, and a member of the Hawaii Substance Abuse Coalition.

Please amend **SB2408 SD1** to explicitly exclude chemical dependency residential treatment centers from the definition of "health care facility."

Key concerns:

- **Recovery environments must remain substance-free:** Allowing cannabis in residential treatment creates conflicting messages and undermines recovery, particularly for those with cannabis use disorder.
- **Increased risk of relapse and impaired treatment progress:** Cannabis can affect cognition, motivation, and emotional stability, making it harder for clients to fully engage in treatment.
- **Diversion and safety risks:** Residential facilities already manage contraband concerns; cannabis introduces additional challenges with misuse, sharing, and inconsistent dosing.
- **Potential conflicts with federal funding and standards:** Federal restrictions on cannabis could jeopardize Medicaid funding, accreditation, and compliance.

Conclusion:

Residential treatment programs must remain structured, substance-free environments that support recovery for all clients. I respectfully urge you to adopt the amendment.

Thank you for your consideration.

Greg Tjapkes
Executive Director

Leaders in Prevention
Since 1987

1130 N. Nimitz Highway, Suite A-259, Honolulu, HI 96817
Phone: (808) 545-3228 • Fax: (808) 545-2686 • Interisland: (800) 845-1946
email: cdfh@pixi.com website: www.drugfreehawaii.org

Aloha United Way

LATE

SB-2408-SD-1
Submitted on: 3/24/2026 2:53:27 PM
Testimony for HLT on 3/25/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Gary Yabuta	Hawaii High Intensity Drug Trafficking Area	Oppose	Written Testimony Only

Comments:

As Executive Director of the Hawaii High Intensity Drug Trafficking Area (HIDTA) – a program of the Office of National Drug Control Policy, Executive Office of the President, and one of 32 nationwide because of our documented drug trafficking activity and threats to community safety, public health, and Hawai‘i’s natural environment – and as lead member of the community collaborative of federal, state, and local enforcement and community agencies focused on drug prevention and treatment across all counties, I ask you to oppose SB 2408 because:

- Healthcare facilities have a duty to administer only FDA-approved medications. Cannabis does not meet that standard. Rather than opening the door to unapproved substances in our hospitals and care homes, we urge the committee to require that any medication administered in these settings carry full FDA approval.

Gary Yabuta

Executive Director

Hawaii High Intensity Drug Trafficking Area

the Drug Policy Forum of hawai'i

LATE

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

COMMENTS ON SB 2408, SD 1

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

FROM: Nikos Leverenz, DPFH Board President

DATE: March 25, 2026 (9:30 A.M.)

Drug Policy Forum of Hawaiʻi (DPFH) offers comments on SB 2418, SD 1, 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.

As the lead advocacy organization that helped pass this state's medical cannabis law in 2000 and medical cannabis dispensary law in 2015, DPFH strongly supports access to medical cannabis for patients, including those in who are receiving care in health care facilities**.**

DPFH joins other members of the Hawaiʻi Alliance for Cannabis Reform (HACR) in continuing to advocate for a statutory right to access medical cannabis for terminally ill patients and those 65 years and older who are receiving care in health care facilities, as is the case in Mississippi, Arizona, and Minnesota. If that is not the course the committee wishes to pursue, it should instead amend the bill to provide that nursing homes and other health care facilities may allow access to, and use of, medical cannabis by any medical cannabis patient.

Since 1993 DPFH has advanced public discussions and policy changes around 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.

SB-2408-SD-1
Submitted on: 3/20/2026 3:35:20 PM
Testimony for HLT on 3/25/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Christine L. Andrews, J.D.	Individual	Support	Written Testimony Only

Comments:

I respectfully request your vote in support of this measure.

Mahalo nui

SB-2408-SD-1
Submitted on: 3/21/2026 12:39:46 PM
Testimony for HLT on 3/25/2026 9:30:00 AM

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

Comments:

Aloha Committee Members,

I am testifying in **SUPPORT** of SB 2408. Relating to Compassionate Access to Medical Cannabis.

I do not think this law should be limited to the terminally ill or people over age 65. Patients leave AMA(Against Medical Advice) because they are unable to use their medical cannabis medicine. Cannabis allows patients to feel more alert and engage with family, unlike heavy sedation caused by pharmaceuticals traditionally used in healthcare settings. The patients should be allowed to use their own cannabis medication just like we do for the other medications that we do not carry in healthcare facilities.

Mahalo for the opportunity to testify,

Courtney Kacir, RN BSN

Honolulu, Hawaii

SB-2408-SD-1
Submitted on: 3/24/2026 7:31:21 AM
Testimony for HLT on 3/25/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jessica Kuzmier	Individual	Support	Written Testimony Only

Comments:

Aloha, I am writing in support of SB2408. I believe it is a compassionate and humane policy. Mahalo for your consideration.

SB-2408-SD-1
Submitted on: 3/24/2026 2:08:18 PM
Testimony for HLT on 3/25/2026 9:30:00 AM

LATE

Submitted By	Organization	Testifier Position	Testify
Gerald Busch	Individual	Oppose	Written Testimony Only

Comments:

Dear Committee Members,

I write to respectfully express opposition to the bill relating to Compassionate Access to Medical Cannabis, which would allow terminally ill patients and qualifying patients over sixty-five with chronic diseases to use medical cannabis within health care facilities.

While the intent is compassionate, the bill raises serious concerns that warrant careful consideration:

• Patient safety risk. Terminally ill and elderly patients are especially vulnerable to cannabis side effects — including confusion, falls, and dangerous interactions with their other medications.

• Federal law conflict. Allowing cannabis in health care facilities violates federal law and puts hospitals and nursing homes at risk of losing Medicare, Medicaid, and accreditation status.

• No real enforcement mechanism. Assigning oversight to the Department of Health without dedicated funding or a clear regulatory framework means this bill cannot be meaningfully enforced.

Protecting our most vulnerable patients requires more than compassionate intent — it requires a safe, legally sound, and enforceable framework. This bill, as written, does not meet that standard.

Thank you for your consideration.

Respectfully,

Gerald Busch, MD, MPH
Board Certified in Psychiatry, Addiction Psychiatry, Forensic Psychiatry, Child & Adolescent Psychiatry, and Addiction Medicine
Past President, Hawai‘i Psychiatric Medical Association

Moira Flannery
3/24/2026
Bill: SB2408
Committee: HLT, JHA
Position: Support

Dear Chair, Vice Chair, and Members of the committee,

My name is Moira Flannery and I am a BSW student at the University of Manoa. I am writing in strong support of SB 2408 relating to compassionate access to medical cannabis, which allows terminally ill patients and qualifying patients over the age of sixty-five with chronic conditions to use medical cannabis within specified healthcare facilities under regulated conditions.

This bill supports dignity, compassion, and patient centered care. Many individuals who face serious terminal illnesses experience chronic pain, nausea, anxiety, and other debilitating symptoms. While cannabis is not a cure, it is associated with an improvement of many symptoms for terminally ill patients including pain, gastrointestinal, and emotional issues. Medical cannabis can help individuals who are struggling with these illnesses to relax, feel calmer, and reconnect with a sense of peace, especially when other treatments have failed or caused harmful side effects.

Patients should be able to receive access to all kinds of treatments that could improve their quality of life. This bill would help to open access to safe, controlled use of medical cannabis in the healthcare setting. Especially for our elder community, they deserve comfort, autonomy, and respect in their decisions and treatment options.

For these reasons, I respectfully urge the Committee to pass this measure.

Thank you for your time and consideration.

Sincerely,
Moira Flannery

LATE

TO: COMMITTEE ON HEALTH Rep. Gregg Takayama, Chair, Rep. Sue L. Keohokapu-Lee Loy, Vice Chair and Committee Members
COMMITTEE ON HUMAN SERVICES & HOMELESSNESS
Rep. Lisa Marten, Chair, Rep. Ikaika Olds, Vice Chair and Committee Members

From: Robert Lawrence Bence, Disabled 329 patient who needs this bill to be amended back to it's original version to survive hospital visits

RE: Unfortunate **Opposition** unless **Amendments for SB2408 SD1 To add severely disabled to patient definition and change the MAY language back to Shall making the bill worthwhile again**

Date: 3/25/2026

Aloha Representatives,

This bill is deeply personal for me, as medical cannabis is the only reason I'm still alive according to several doctors. If my 329 use is halted I will die.

Unfortunately, despite hearing from advocates, DOH-OMCCR destroyed this bill making it worse than worthless because they changed Shall to May. This change does nothing to help anyone as many options already exist to allow the use to be federally legal, the failure of the state to support the most vulnerable patients in the 329 program is inexcusable. It's no longer Ryans law with the SD changes from Shall to May. **Please change it back to Shall or defer.** Hawai'i has a habit of making false bills like this, it will help no one unless amended back to the version of Ryan's law passed in other states, not this fake version.

After brain surgery and learning how to walk and talk again I was the youngest at the rehabilitation hospital. **This bill currently would not allow severely disabled patients who need it to survive please add us to the patient definition.**

Please change may back to shall the hospitals already may so for this bill to actually help anyone it needs to be changed back to shall. I and other advocates have shared with OMCCR the several ways that this could comply with federal law, some examples are listed at the end of this testimony. The OMCCR should be working with patients to prepare for schedule 3 with research not opposing this bill. As it was originally written as <u>shall</u> to help the patients and the ~~may~~ change made it worthless.

SECTION 1. – Definition of "Patient" (Section -2)

Location: Page 6, lines 15–21

Amend § -2 "Patient" to read:

"Patient means an individual who meets one or more of the following criteria:
(1) Is terminally ill; or
(2) Is over sixty-five years of age with a chronic disease for which the patient has received a written certification from the patient's physician or advanced practice registered nurse pursuant to part IX of chapter 329; or
(3) Is severely disabled with a chronic disease for which the patient has received a written certification from the patient's physician or advanced practice registered nurse pursuant to part IX of chapter 329."

Effect: Adds a third category for severely disabled patients with chronic conditions, aligned structurally with paragraph (2).

SECTION 2. – Facility Duties (Section -3)

Locations: Page 7, lines 18–22 (and any similar "may" language in Section -3)

Amend as follows:

Wherever the bill currently reads "~~**may**~~ develop, implement, or adopt written guidelines, procedures, or policies,"
replace with:
"**shall** develop, implement, and disseminate written guidelines, procedures, and policies"

Effect: Converts permissive language into mandatory duties for all health care facilities under this Act. Makes the law useful as they may already allow so no need for the law the original intent of this bill was Shall because the state should fight to protect the rights of the most vulnerable if it wants to have a medical program or else it's just a worthless bill that changes nothing.

SECTION 3. – Optional Conforming Edit for Acute Care Hospitals (Section -3(b))

Location: Page 8, lines 5–10

Amend §-3(b) to read:

"Notwithstanding subsection (a), a general acute care hospital shall not permit a patient with a chronic disease to use medical cannabis unless the patient is terminally ill or is severely disabled with a chronic disease as defined in §-2(3)."

Effect: Ensures the new patient category is not inadvertently excluded from access in general acute care hospitals.

STATEMENT OF INTENT

The purpose of this amendment is to ensure that severely disabled individuals with chronic diseases have the same access to medical cannabis in health care facilities as other protected patient groups under this Act.

Additionally, converting "may" to "shall" ensures that facility compliance is mandatory, promoting consistent statewide implementation and preventing uneven application of the law.

Continuity of care during rehabilitation and hospitalization for patients can determine whether recovery continues or serious harm occurs. These amendments ensure:

SB2408 aligns with existing Hawai'i medical cannabis law, disability rights principles, and basic standards of medical ethics.

I also strongly agree with MPP amendment to allow inhalation in designated areas as it's the most effective method of dose titration.

The changes suggested by OMCCR and the AG to change shall to may would eliminate this bill. Hawai'i should work to champion patient rights.

To compromise with the Hospital Industry Associations concerns there are several legal arguments the state could make to say the use is federally legal.

SB2408 is legally defensible and compassionate public policy.

First, under the Tenth Amendment to the United States Constitution, the federal government cannot require Hawai‘i to criminalize conduct under state law. The Supreme Court confirmed in Printz v. United States that states are not obligated to enforce federal drug laws.

Second, Congress has repeatedly restricted federal enforcement against state medical cannabis programs through the Rohrabacher–Blumenauer Amendment, and the Ninth Circuit held in United States v. McIntosh that DOJ cannot prosecute individuals who are in strict compliance with state medical cannabis laws.

Hawai‘i is within the Ninth Circuit.

SB2408 does not require hospitals to distribute cannabis. It simply allows qualified patients, particularly those who are terminally ill to access their already legal, state-authorized medicine while receiving care.

Additionally, Congress passed the Medical Marijuana and Cannabidiol Research Expansion Act, signaling clear federal movement toward medical normalization. We could do research under current Federal law thanks to Senator Schatz and signed by Biden in 2022.

Trump has already moved to start Schedule 3 so by the time this bill is in effect it might be also in effect.

The legislature already passed a bill the governor could enact to protect 329 patients from federal law.

This bill respects state sovereignty over health care, protects vulnerable patients, and aligns with evolving federal policy please amend it back to shall and add disabled patients.

Mahalo

Robert Bence