

STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony COMMENTING on SB2274
RELATING TO MEDICAL CANNABIS**

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing Date and Time: 02-18-26, 1:00PM

Room Number: 225

- 1 **Fiscal Implications:** Undetermined.
- 2 **Department Position:** The Department offers comments on this measure.
- 3 **Department Testimony:** The Office of Medical Cannabis Control and Regulation (OMCCR) provides
- 4 the following testimony on behalf of the Department. The OMCCR has serious concerns with this
- 5 measure, as it would eliminate the only investigative mechanism currently available to ensure
- 6 medical providers' compliance with applicable laws. We have received complaints from
- 7 patients regarding medical providers and business owners who have allegedly defrauded
- 8 patients. Without the investigative authority provided by HRS §329-123.2, the OMCCR would
- 9 be unable to properly investigate and address these concerns or deter future bad actors.
- 10 Repealing this authority would significantly hinder the OMCCR's ability to verify compliance
- 11 with the requirements that a bona fide provider-patient relationship be established and that
- 12 the provider explains the potential risks and benefits of the medical use of cannabis. These
- 13 safeguards are essential to maintaining the integrity of the medical cannabis program. Provider
- 14 oversight is critical to protecting patient health and safety, particularly given the challenges
- 15 other states have faced with inadequate medical evaluations and "rubber-stamping" practices.
- 16

1 Regulatory review of medical records for compliance purposes is a standard oversight practice
2 in health care. Licensing and regulatory authorities may review provider and pharmacy records
3 to ensure proper prescribing practices, prevent fraud or abuse, and verify compliance with
4 applicable laws and standards of care. HIPAA expressly allows this type of review for health
5 oversight activities under 45 CFR §164.512(d).

6 As the agency charged with protecting and improving the health of Hawai'i's medical cannabis
7 patients, the OMCCR must ensure that medical providers conduct thorough examinations,
8 review complete medical histories, and adhere to appropriate medical standards when issuing
9 medical cannabis certifications. Formal rulemaking procedures, including public hearings
10 pursuant to chapter 91, HRS, provide an opportunity for addressing implementation of this
11 statute and creating appropriate safeguards for patient information, with community and
12 stakeholder input.

13 If the Committee wishes to proceed with this measure, the OMCCR respectfully offers the
14 following amendments for consideration to narrow the record review to a targeted
15 investigation for the specific purpose of ensuring a provider is complying with sections 329-122
16 and 329-126, HRS.

17 **Offered Amendments: [§329-123.2] Qualifying patient medical records; inspection and**
18 **enforcement; authority.**

19 (a) Upon a reasonable, articulable basis that a violation may have occurred, or as part of
20 a targeted compliance audit, the department may ~~inspect a qualifying patient's medical~~
21 ~~records held by]~~ require the physician, advanced practice registered nurse, or hospice provider
22 who issued a written certification for the qualifying patient to produce relevant medical
23 records for the limited purpose of verifying compliance with sections 329-122 and 329-126.

24 (b) The department may suspend or revoke the ability to issue a written certification for any
25 physician, advanced practice registered nurse, or hospice provider who refuses ~~inspection~~

1 ~~of~~ to produce qualifying patient medical records [~~by the department~~] pursuant to this
2 section, after written notice and a reasonable opportunity to comply.

3 (c) The department may suspend or revoke the ability to issue a written certification for any
4 physician, advanced practice registered nurse, or hospice provider whose medical
5 records related to written certifications do not comply with the requirements of this chapter.

6 (d) Any medical records obtained pursuant to this section shall be used solely for the purposes
7 of this section, shall remain confidential, and shall not be disclosed except as authorized by law.

8 Thank you for the opportunity to testify on this measure.

SB-2274

Submitted on: 2/16/2026 8:37:16 AM

Testimony for HHS on 2/18/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shelby "Pikachu" Billionaire	Testifying for Kingdom of The Hawaiian Islands & Ohana Unity Party	Support	Remotely Via Zoom

Comments:

****Testimony in Strong Opposition to SB2274 – Relating to Medical Cannabis****

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

My name is Master "Pikachu" Shelby Billionaire, and I am testifying today as a representative of the Kingdom of The Hawaiian Islands, a concerned Hawaii resident, and advocate for smart, focused government priorities that protect public health without unnecessary bureaucratic overreach. I urge you to ****reject SB2274 in its entirety****. This bill represents exactly the kind of government meddling we must stop. The Department of Law Enforcement (DLE) has no business inspecting private patient medical records or threatening to suspend or revoke the ability of licensed physicians, advanced practice registered nurses, or hospice providers to issue legitimate medical cannabis certifications.

Law enforcement officers are not doctors! They lack the medical training, clinical expertise, and ethical mandate to interfere in the doctor-patient relationship. This is clear overreach into a private, regulated medical program, and Hawaii families deserve protection from such intrusion. Marijuana is a natural herb with a long history of traditional medicinal use. Federally, it is now classified as a Schedule III substance, recognizing its accepted medical value and relatively low abuse potential—far below the deadly Schedule I and II narcotics that are devastating our communities. Hawaii’s medical cannabis program responsibly serves approximately 30,000 registered patients, with legal dispensary sales averaging \$5.3 million per month and capturing the vast majority of patient spending. These patients are not the crisis.

The real emergency demanding every resource from DLE, the Department of Health, and the Legislature is the epidemic of killer drugs: fentanyl, methamphetamine, opium derivatives, and heroin. In 2023, Hawaii recorded ****320 drug overdose deaths****—a rate of ****22 per 100,000 residents****. Methamphetamine was a factor in ****62%**** of those fatalities. Fentanyl and synthetic opioids have surged dramatically, with overdose death rates increasing ****6.2 times**** since 2019. These are not statistics—they are our neighbors, parents, children, and keiki lost to substances that truly kill. Medical cannabis has zero recorded overdose deaths.

We cannot afford to divert limited law enforcement personnel, time, or taxpayer dollars to bills that entangle non-medical agencies in medical cannabis oversight. DLE’s mission must remain laser-focused on dismantling the cartels flooding our islands with fentanyl-laced

methamphetamine and counterfeit pills—not second-guessing qualified healthcare providers who help patients manage chronic pain, PTSD, cancer, epilepsy, and other serious conditions.

****In closing, I respectfully demand the Committee vote NO on SB2274.**** Hawaii must redirect every available resource to the true public health and safety crisis: - ****320 overdose deaths in 2023****, with methamphetamine driving 62% of them. - ****6.2-fold increase**** in fentanyl-related overdose rates since 2019. - A Schedule III herb with proven medical value serving 30,000+ patients responsibly, versus hard narcotics killing hundreds of our people every year. - Zero tolerance for non-doctors playing doctor with private patient records while real killers continue to flood our streets unchecked.

Say ****HELL NO**** to this bill. Protect our ohana by focusing law enforcement where it matters most—on fentanyl, meth, and opioids that are taking lives. Mahalo for your time and service.

Master Shelby "Pikachu" Billionaire, HRM Kingdom of The Hawaiian Islands, H.I. Ohana Unity Party, Chairman



HAWAII IMPACT REPORT



Prepared by:

**SAM | SMART
APPROACHES
TO MARIJUANA**

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HAWAII IMPACT REPORT

Outcomes from States That Legalized Recreational Marijuana

INTRODUCTION:

This report is for people who live in Hawai'i.

The debate over whether to legalize recreational marijuana is actively underway, and decisions made this year carry long-term, life-altering consequences for our communities. While these discussions continue at the Hawai'i State Capitol, most residents are not paying close attention, and many do not yet have access to the data needed to understand what legalization has meant elsewhere.

For that reason, **Smart Approaches to Marijuana (SAM)** was asked to compile data relevant to Hawai'i to assess whether to legalize recreational marijuana. Smart Approaches to Marijuana (SAM) is a nonpartisan nonprofit founded in 2013 by former Congressman Patrick J. Kennedy (D-RI), senior editor of The Atlantic, and speechwriter for President George W. Bush, David Frum, and Senior Obama White House Drug Policy Advisor Dr. Kevin Sabet. SAM advocates for a health-first approach to marijuana policy, aiming to reduce use and prevent the commercialization of a new addiction-for-profit industry. Parts of this report are drawn from the 2026-2027 SAM Impact Report, which provides a detailed analysis of the effects of marijuana legalization nationwide.

The data show the consistent impacts from states that have legalized marijuana. In states that legalized, **illicit markets surged, organized criminal networks and cartels moved in, youth and families were harmed, and land and water were damaged.**

Hawai'i is small. Families live close together. 'Ohana, community, and the environment are tightly connected. When something goes wrong here, it affects everyone.

What this report is asking you to do:

- Read the facts.
- Share them with people you care about.
- And tell your legislators to vote **NO** on legalizing recreational marijuana in Hawai'i.

IMPACTS:

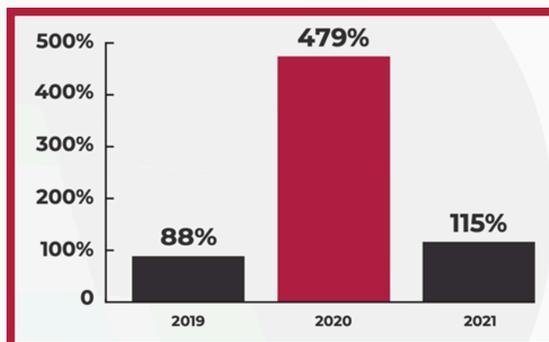
IMMEDIATE HARM TO YOUTH:

Legalization has increased overdose rates and use among youth.

>> OVERDOSE RATES IN ADOLESCENTS:

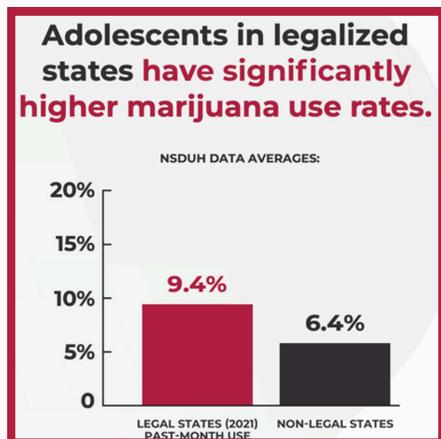
When comparing the overdose rates of Hawaii to states like California, Oregon, Washington, and Alaska, which have all legalized marijuana and experimented with some form of drug decriminalization, Hawaii is by far the lowest.

Evidence indicates that marijuana legalization is associated with rises in overdose deaths. States with legal marijuana saw the greatest [increase](#) in overdose deaths and outpaced non-legal states by 88% in 2019, 479% in 2020, and 115% (1).



>> INCREASED YOUTH MARIJUANA USE:

According to the National Survey on Drug Use and Health ([NDSUH](#)) data, adolescent marijuana use rates are notably higher in states where marijuana is legalized (2).



A longitudinal [study](#) of marijuana use of over 3,000 adolescents (7th and 8th graders) and almost 2,000 college students at Hawaii's public schools was conducted. While marijuana is illegal unless used for medicinal purposes, the study indicated one to five percent of the students used marijuana daily/weekly or for experimental use. It also found that the daily/weekly users had low academic involvement, greater sensation seeking/risk-taking activity, and higher cannabis use disorder (3).

>> TODAY'S HIGH-POTENCY THC IS A DIFFERENT DRUG:

Marijuana sold in stores today is much more potent, addictive, and harmful than the marijuana of the past.

The 1970s marijuana contained on average 1-3% THC. Today, that number is around **16%** for flower products, and much higher for concentrates, which have recently entered the market (4). Products such as dabs (concentrated THC) can contain up to 99%. High-potency marijuana products have become increasingly popular, which is great for Big Marijuana and terrible for Americans.

The increase in high-potency marijuana has led to more mental health issues. For example, one in three people who use marijuana develops **Cannabis Use Disorder** (CUD) (5). Users who consume high-potency marijuana are **four times** more likely to develop psychosis (6).

CRIME AND MARKET REALITY:

Legalization affects crime, expands black markets, and attracts foreign drug cartels.

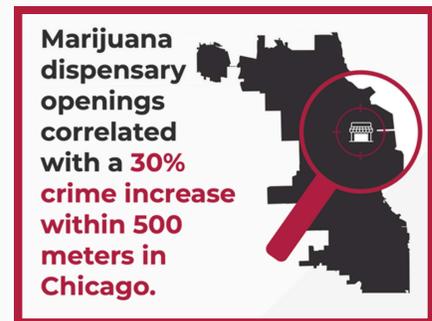
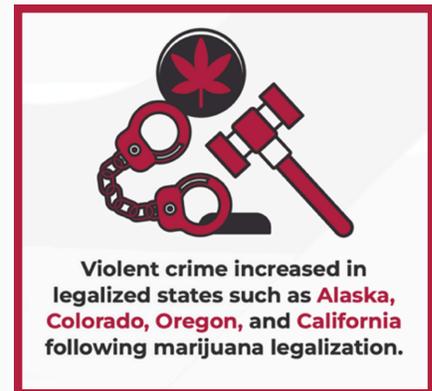
>> CRIME:

Marijuana legalization and the subsequent commercialization that follows, have dramatic impacts on violent crime rates. California, Oregon, Washington, and Alaska all experienced increases in violent crime following marijuana legalization.

Because Colorado was one of the first states to legalize recreational marijuana, there is a wealth of data from the state highlighting many issues related to its legalization.

- Denver neighborhoods near dispensaries have **85 more property crimes** per year than those without (7).
- Colorado's crime rate in 2016 increased **11 times faster** than the 30 largest cities in the nation since legalization (8).
- A University of Colorado **study** found crime rates up to 1,452% higher in neighborhoods with at least one marijuana dispensary (9).

Additionally, cities such as Chicago have also seen a rise in **crime** in neighborhoods with retail marijuana dispensaries (10).



>> BLACK MARKET EXPANSION:

Arguments have been made that federal laws that make the drug illegal, create a crime crisis around it and the sooner state governments legalize the drug, the sooner the black markets—and the violence and disorder associated with them—will disappear.

However, the evidence to date shows that marijuana legalization **does not eliminate illegal markets**. In fact, it often worsens them, fueling a thriving underground economy that runs parallel to, and sometimes within, the legal system. For example, California is the largest legal marijuana market in the nation, and yet, **illegal grows outnumber legal ones by as much as 10:1** (11).

Conversely, 85–90% of California-grown marijuana is exported out of state, including states where marijuana is not legal. In Oregon, authorities seized **1,330,766** illicit marijuana plants in 2021, an increase of 17.3 times from 2020 and an increase of 253 times from 2018 (12). Illegal actors do not recede when marijuana is legalized; instead, they innovate and exploit the regulatory loopholes and weak enforcement.

>> INVITES FOREIGN DRUG CARTELS:

Foreign drug cartels are a dominant force in the U.S. illicit marijuana market, and marijuana legalization makes it easier for them to operate.

Legalization is giving [Mexican and Chinese cartels](#) an avenue to operate legally in America.

Below are experiences of states with legalized marijuana (13):

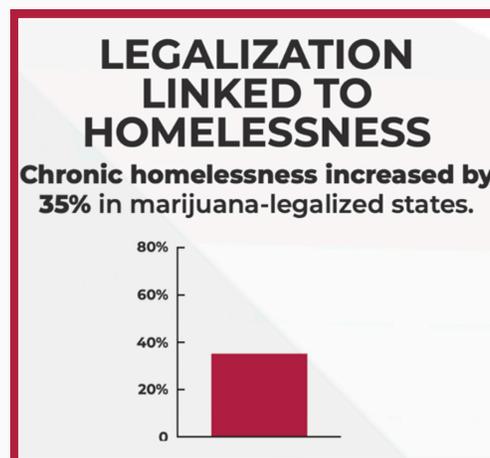
- [Wall Street Journal](#): “Following the legalization of marijuana in many states, Chinese-run marijuana farms have emerged across the U.S. Some are **run by investor groups** with a commercial growing license” (14).
- [Drug Enforcement Administration](#): “Chinese and other Asian drug trafficking organizations **collect millions of dollars in illicit drug proceeds** from cultivating and trafficking marijuana and the money is used to fund other criminal activities, to include trafficking in other drugs, money laundering, and human trafficking” (15).
- Over [3,000](#) illegal marijuana grows in Oklahoma are tied to foreign mafias; **80% linked to Chinese criminal groups** (16). Four human trafficking victims were [killed in an execution-style murder](#) at a Chinese marijuana farm in 2022 (17).
- Maine’s top marijuana regulator [admitted](#) that the state is giving licenses to foreign criminal groups (18). These Chinese marijuana farms are worth an estimated [\\$4.37 billion](#) (19).
- Eventually, the Chinese marijuana cartels caught the attention of lawmakers. In 2024, a **bipartisan group of federal lawmakers sent a letter urging the Department of Justice to address the growing presence of Chinese-owned marijuana farms.** (20)
- The growing concern for Hawai’i is the increase in foreign cartels establishing their presence in the state. The **Chinese Organized Crime Syndicate already has a footprint in Hawaii** in the form of human trafficking, money laundering, and illicit drug trafficking. Legalization will widen the door of opportunity to these organizations.

COMMUNITY BREAKDOWN:

The connection between legalization and homelessness.

>> CHRONIC HOMELESSNESS INCREASES:

Marijuana legalization has also been found to impact homelessness rates. One [study](#) found that chronic homelessness increased by 35% in states with legalized marijuana (21).

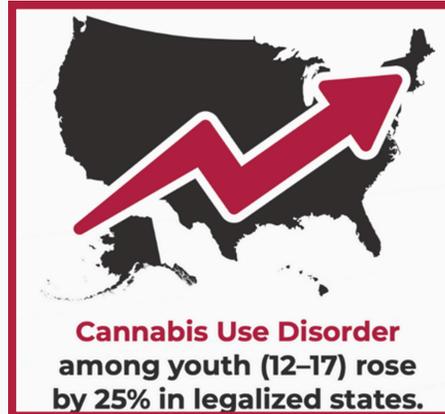


HEALTH IMPACTS:

The effects of legalization on addiction and mental and physical health.

>> CANNABIS USE DISORDER:

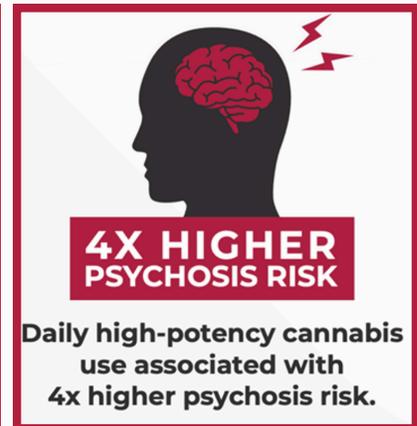
Data show that Cannabis Use Disorder (CUD), which is the scientific verbiage for marijuana addiction, increases at a [25%](#) increased rate in states that have legalized marijuana, compared to states that have not (22).



>> INCREASE IN PSYCHOSIS:

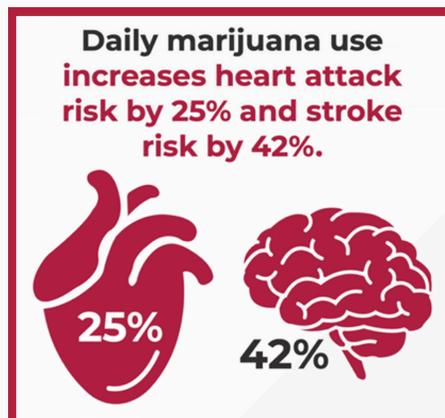
High-potency marijuana users are [four](#) times more likely to develop psychosis (23). [Data](#) shows that states with legalized marijuana have experienced a **sharp increase in hospitalizations** due to marijuana-induced psychosis (24).

Another [study](#) linked marijuana legalization to a **rise in youth hospital visits for psychosis** (25).



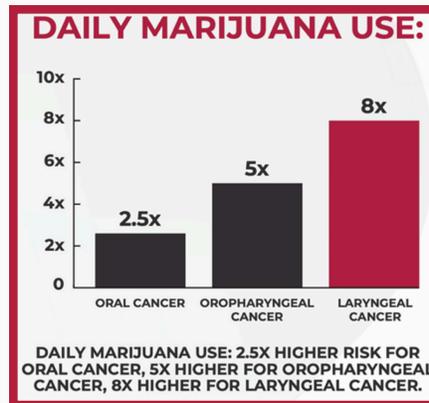
>> CARDIOVASCULAR RISK:

A 2024 [study](#) published by the Journal of the American Heart Association found that daily marijuana use **raises the risk of heart attack by 25% and stroke by 42%** (26).



>> CANCER RISK:

A [study](#) published in The Journal of the American Medical Association Otolaryngology–Head & Neck Surgery found that daily marijuana use is linked to a 2.5 times higher risk of oral cancer, a 5 times higher risk of oropharyngeal cancer, and an 8 times higher risk of laryngeal cancer (27).



ENVIRONMENTAL IMPACTS:

Marijuana cultivation and illegal grows impact land, water and ecosystems.

Discussions about legalizing marijuana often overlook the environmental threat the industry presents. Due to limited data, it's hard to gauge marijuana's full impact. Still, early signs suggest harmful effects. [Research](#) shows that **indoor marijuana grows emit as much CO2 as 3.3 million cars on the road** (28). A 2021 [report](#) from the American Chemical Society identified six impact pathways from cannabis cultivation: land-cover change, water use, pesticide use, energy use, air pollution, and water pollution (29). It is important to note that **the environment is at risk of pollution from both "legal" and illegal marijuana operations. Regulatory standards are lacking, and enforcement is weak.**

A 2015 [study](#) on the impact of marijuana cultivation on watersheds in California found that individual marijuana plants require 22.7 liters of water daily (30). Production facilities range in daily water demand from 523,144 liters to 724,016 liters. A 2021 [article](#) from the Brookings Institution also found that: "The scale of the problem is staggering: **At the end of 2020, illegal cannabis grows sucked up between 11.4 million and 36.3 million liters of water daily. The widespread illegal cultivation contributes to water depletion** and conflict over water and has other bad environmental consequences" (31).

As marijuana legalization expands, so does the illegal market and the environmental threat it creates. However, illegal marijuana isn't the only problem. Marijuana cultivation requires and uses a large amount of power. **Indoor marijuana grows, which account for 80% of all cultivation, are very inefficient** (32). In fact, indoor cultivation consumes 709 kBtu/sq ft, while a typical home or office uses only 40–50 kBtu/sq ft. In Massachusetts, **indoor marijuana cultivation accounts for 10% of the state's industrial electricity use.** Because it's so energy-intensive, marijuana cultivation results in emissions comparable to those from coal mining in Colorado (33, 34).

Illicit grow operations and extraction labs have also **caused wildfires**, such as the 125,000-acre Dolan Fire in Los Padres National Park in California in 2020, which killed endangered condors, destroyed homes and a fire station, seriously injured firefighters, and cost nearly \$63 million to contain (35, 36).

Legalization has thus far caused significant environmental damage, and as the industry continues to grow, the full consequences may not be understood in time to prevent worse outcomes.

REVENUE VS COST:

Marijuana tax revenues outweighed by costs

Regulated marijuana has not become the revenue cash cow that industry advocates promised. Despite having some of the highest marijuana taxes in the country, **California has still not experienced a boom in tax revenue.** The [FY21–22](#) marijuana tax revenue made up only 0.49% of the state’s entire budget (37).

The [U.S. Census Bureau](#) found that in only one state, marijuana excise taxes accounted for more than 1.5% of the state’s total tax revenue in the last quarter of 2024 (38).

Against these estimates, states also need to weigh the associated costs. Most notably, a [study](#) in **Colorado found that every \$1 in tax revenue from marijuana was associated with \$4.50 in costs**, ranging from additional health care expenditures to more students dropping out of school (39).

In [2022](#), California reduced several marijuana-related taxes in an attempt to save “failing” marijuana businesses (40). In [reality](#), many state-legal growers had already abandoned the bureaucracy and gone illegal (41).

Marijuana license holders [complain](#) that “legal” states are overly regulated and that taxes on the drug are too high (42). They argue that regulation and taxes are the main reasons black markets persist.

However, in California, this claim is flawed for several reasons. The regulatory and compliance systems in place in “legal” states were established with little foresight. State compliance officials are often caught off guard as various regulatory and compliance issues come to light. The Oregon Liquor Control Commission ([OLCC](#)) noted in a 2018 report that: “due to the legally required rapid implementation of the recreational program, OLCC has not been able to implement robust compliance monitoring and enforcement controls and processes for the recreational marijuana program” (43).

DECLINING PUBLIC SUPPORT:

Waning public support after states experience the impacts of legalization.

Hawai’i continues to watch the national momentum for marijuana legalization as support has been decreasing since it peaked a few years ago and declined considerably in more recent years.

One Gallup [Poll](#) found that overall support for marijuana legalization decreased by nearly 9% since its peak in 2023. This same poll showed a 27.3% drop in support among Republicans and an 8.4% drop among Independents (44).

A 2024 Gallup [Poll](#) also revealed that Americans’ perceptions of marijuana’s impact on society and users have worsened significantly. The poll found that most Americans now view marijuana’s influence on society and users as negative (45).

In 2022, 49% of Americans believed that marijuana had a positive effect on society. By 2024, that number declined to 41%. This same poll also showed that 54% of Americans think marijuana has a negative effect on society.

In 2022, 53% of respondents believed marijuana had a positive effect on users. **By 2024, that number dropped to 43%**. The decrease in support differed among various groups, with 13% among non-religious groups and 12% among Independents, followed by Democrats (9%) and young adults (7%).

The decline is not just at the polls. **States like Massachusetts, Maine, and Arizona have begun the process of overturning marijuana legalization through ballot initiatives.**

The campaign in Massachusetts recently announced it had collected over 75,000 signatures needed to qualify for the 2026 ballot.

FINAL WORD AND CALL TO ACTION:

If you live in Hawai'i, **share this report with your state legislators and urge them to vote NO on recreational marijuana legalization.**

The data presented document **what follows when states have legalized marijuana use**: illicit markets surge, organized criminal networks and cartels move in, youth addiction rises and families are harmed; and environmental damage grows uncontrolled with limited regulatory control and enforcement. In states like Colorado, marijuana did not remain limited or medical use. It became a fully commercialized industry, and in some areas there were more marijuana dispensaries than Starbucks and McDonald's **combined**. In Colorado and other states, tax revenues have remained at a small fraction of total budgets.

Hawai'i is already struggling to manage existing challenges in healthcare, education, public safety, housing, homelessness and environmental protection, and those pressures are growing by the day. In legalized states, the revenues from marijuana are minimal compared to the increased challenges and added costs. Hawai'i cannot afford another addiction-for-profit industry.

Share this report. Call or email your legislator. Urge them to vote NO to legalizing recreational use marijuana.

26. <https://www.nih.gov/news-events/news-releases/smoking-cannabis-associated-increased-risk-heart-attack-stroke>
27. <https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2822269>
28. <https://www.clarkhill.com/news-events/news/cannabis-and-the-environment-seven-significant-side-effects/>
29. <https://pubs.acs.org/doi/10.1021/acs.estlett.0c00844>
30. <https://pubmed.ncbi.nlm.nih.gov/25785849/>
31. <https://www.brookings.edu/articles/pot-and-water-theft-and-environmental-harms-in-the-us-and-mexico/>
32. <https://www.healtheuropa.com/a-resource-efficient-cannabis-industry-starts-with-benchmarking/103049/>
33. <https://www.masslive.com/cannabis/2021/06/indoor-cannabis-grow-centers-responsible-for-10-of-industrial-electricity-consumption-in-massachusetts.html>
34. <https://source.colostate.edu/growing-cannabis-indoors-produces-a-lot-of-greenhouse-gases-just-how-much-depends-on-where-its-grown/>
35. <https://www.nbcnews.com/news/us-news/fire-guns-poison-illegalmarijuana-farms-pose-deadly-riskscalifornias-rcna7153>
36. <https://www.nytimes.com/2022/05/20/us/california-condors-dolan-fire.html>
37. <https://cdtfa.ca.gov/dataportal/dataset.htm?url=CannabisTaxRevenues>
38. <https://www.census.gov/library/visualizations/interactive/cannabis-excise-sales-tax.html>
39. <https://centennial.ccu.edu/briefs/marijuana-costs/>
40. <https://www.latimes.com/california/story/2022-07-06/cannabis-tax-cuts-industry-reform-california>
41. <https://www.latimes.com/california/story/2022-12-09/legal-weed-failing-california-county>
42. <https://www.cbsnews.com/news/marijuana-in-california-black-market-weed-buzzkills-for-california-legal-weed-industry-60-minutes-2019-10-27/>
43. <https://sos.oregon.gov/audits/documents/2018-07.pdf>
44. <https://news.gallup.com/poll/697445/americans-positive-progress-drugs.aspx>
45. <https://news.gallup.com/poll/648821/americans-views-marijuana-effects-worsen.aspx>



Akamai Cannabis Consulting

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**TESTIMONY ON SENATE BILL 2274
RELATING TO MEDICAL CANNABIS**

Clifton Otto, MD

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair

Wednesday, February 18, 2026, 1:00 PM
Conference Room 225 & Videoconference

SUPPORT

This is an important bill because the department should not have access to confidential medical records. If there is cause for an investigation, then a RICO complaint would be more appropriate.

This is also a good opportunity to amend three other offending sections in the statute:
(1) the 2-year certification provision, which undermines required medical supervision and ignores the fact that chronic diseases get worse with age,
(2) the cap on the Written Certification fee, which discriminates against certifying providers and has already been shown to be ineffective, and
(3) the restriction that only Primary Care Providers can determine additional qualifying conditions, when PCPs typically know nothing about Cannabinoid Medicine.

These errors can be corrected with the following amendments:

Repeal the two-year certification:

§329-121 Definitions. As used in this part:

"Written certification" means the qualifying patient's medical records or a statement signed by a qualifying patient's physician, advanced practice registered nurse, or hospice provider, stating that in the physician's, advanced practice registered nurse's, or

hospice provider's professional opinion, the qualifying patient has a condition for which the potential benefits of the medical use of cannabis would likely outweigh the health risks for the qualifying patient. The department of health may require, through its rulemaking authority, that all written certifications comply with a designated form. "Written certifications" are valid for one year from the time of signing [; ~~provided that the department of health may allow for the validity of any written certification for three years if the qualifying patient's physician or advanced practice registered nurse states that the patient's condition is chronic in nature~~].

Repeal the cap on the Written Certification fee:

§329-123 Registration requirements; qualifying patients; primary caregivers. (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).~~] All current active medical cannabis permits shall be honored through their expiration date.

Remove the restriction that only PCPs can determine qualifying medical conditions:

§329-121 Definitions. As used in this part:

"Debilitating medical condition" means:

(1) Cancer, glaucoma, lupus, epilepsy, multiple sclerosis, rheumatoid arthritis, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, or the treatment of these conditions;

(2) A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following:

- (A) Cachexia or wasting syndrome;
- (B) Severe pain;
- (C) Severe nausea;
- (D) Seizures, including those characteristic of epilepsy;
- (E) Severe and persistent muscle spasms, including those characteristic of multiple sclerosis or Crohn's disease; or
- (F) Post-traumatic stress disorder; or

(3) Any other medical condition approved by the department of health pursuant to administrative rules in response to a request from a physician or advanced practice registered nurse or potentially qualifying patient, or any other medical condition that the certifying physician or advanced registered nurse has determined is appropriate for the medical use of cannabis.

~~["Primary treating medical provider" means a physician or an advanced practice registered nurse located in, and with an active unrestricted license to practice in, the State who, within the physician's or advanced practice registered nurse's scope of practice and individual competency, is primarily responsible for the treatment and ongoing care of the qualifying patient and has determined that the potential benefits of the medical use of cannabis are likely to outweigh the associated health risks for the qualifying patient.]~~

"Qualifying patient" means a person who:

(1) Has been diagnosed as having a debilitating medical condition by a physician or advanced practice registered nurse who has certified in writing that, in the physician's or advanced practice registered nurse's professional opinion, the benefit of the medical use of cannabis would likely outweigh the health risks for the person;

~~[(2) Has been diagnosed as having a condition other than a debilitating medical condition by the person's primary treating medical provider who has certified in writing that, in the primary treating medical provider's professional opinion, the potential benefits of the medical use of cannabis would likely outweigh the health risks for the person;] or~~

~~[(3)]~~ (2) Is receiving hospice care and the hospice provider licensed in the State has certified in writing that the person is receiving hospice care.

Aloha.



SB 2274: Relating to Compassionate Access to Medical Cannabis DLE; Medical Cannabis; Medical Records; Inspection; Repeal Strongly Support

February 17, 2026

Aloha Chair Buenaventura, Vice Chair McKelvey, and honorable members of the Senate Health and Human Services and Commerce Committee:

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, MPP has had the honor of working alongside patients to craft and improve medical cannabis programs. We strongly support SB 2274, which would strike intrusive and alarming language that was added to HB 302 (2025) in a conference committee.

The section, H.R.S. § 329-123.2, greatly intrudes on privacy and allows an unspecified department to review records for any patients certified for medical cannabis:

The department may inspect a qualifying patient's medical records held by the physician, advanced practice registered nurse, or hospice provider who issued a written certification for the qualifying patient.

H.R.S. § 329-123.2 also allows the department to suspend or revoke a practitioner’s ability to issue written certificates if they refuse the inspection, or if their certifications do not comply with the chapter’s requirements. Hawai’i regulators have a history of imposing unlawful limitations on doctors recommending medical cannabis.¹

H.R.S. § 329-123.2 does not require any alleged wrongdoing to inspect patients’ sensitive medical records. Cannabis is still federally illegal, and very few physicians have been educated about medical cannabis.² As a result, most providers are reluctant to certify patients, and some health systems prohibit their staff from signing certifications. This intrusion and burden — which requires uncompensated staff time — is likely to further deter participation. It may also deter patients from having open and honest conversations with practitioners if they fear prying eyes may intrude on their medical privacy.

¹ See: "Unlawful Medical Cannabis Policies To Be Revised," ACLU of Hawaii, May 10, 2011.

² See A.J. Herrington, "Study Shows Most Physicians Lack Knowledge Of Medical Cannabis," Forbes, Nov. 24, 2021.

Only 2.5% of Hawai'i residents are registered medical cannabis patients,³ while 20% have used cannabis in the past year.⁴ This intrusion in privacy, and deterrent to practitioner participation, may drive more patients away from the registry and to unregulated, untested cannabis.

Please pass SB 2274 to restore patient privacy.

Mahalo for your time and consideration,

A handwritten signature in cursive script that reads "Karen O'Keefe".

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

³ Hawaii Department of Health, [December 2025 Data Report](#) (showing 28,735 patients); Hawaii's adult population is 1.15 million.

⁴ [Interactive NSDUH State Estimates](#), "Marijuana Use in Past Year Among Adults Aged 18 or Older, by State: 2022-2023," U.S. Substance Abuse and Mental Health Services Administration. Accessed February 14, 2026.



Hawai'i Alliance for Cannabis Reform SB 2274 — Strong Support

February 17, 2026

Aloha Chair San Buenaventura, Vice Chair McKelvey, and members of the Senate Health and Human Services committee:

Mahalo nui loa for sponsoring SB 2274, Chair San Buenaventura. This bill would restore medical cannabis patients' privacy and protect their medical records from unwarranted intrusion.

SB 2274 would remove language that was enacted by HB 302 that caused our coalition to move from strongly supporting HB 302 to urging Gov. Green to veto the final version.

The section of HB 302 that it would repeal, now H.R.S. § 329-123.2, allows a government agency to review medical cannabis patients' highly sensitive medical records without probable cause or any allegation of wrongdoing. It provides:

The department may inspect a qualifying patient's medical records held by the physician, advanced practice registered nurse, or hospice provider who issued a written certification for the qualifying patient.

It also allows the department to revoke a practitioner's ability to certify patients, including for rejecting its request to intrude on patient records. Please pass SB 2274 to restore patients' privacy.

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
Doctors for Drug Policy Reform ♦ Drug Policy Forum of Hawai'i
Last Prisoner Project ♦ Marijuana Policy Project

SB-2274

Submitted on: 2/15/2026 9:41:40 PM

Testimony for HHS on 2/18/2026 1:00:00 PM

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

Comments:

Aloha Committee Members,

I SUPPORT SB 2274.

Mahalo,

Courtney Kacir, RN BSN

SB-2274

Submitted on: 2/17/2026 9:10:20 AM

Testimony for HHS on 2/18/2026 1:00:00 PM

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

Comments:

Aloha Chair, Vice Chair, and Distinguished Committee Members,

As a voting member of the community, I appreciate you hearing this bill.

With the United States Department of Health and Senior Services holding patent 6630507b1 titled “Cannabinoids as Antioxidants and Neuroprotectants” filed in 1999, there is recorded historical evidence of the potential therapeutic benefits of Cannabis.

This may have enormous effects going forward as all humans have an “Endocannabinoid System” or ECS that helps to regulate the body via homeostasis.

While many of the global community moves towards future proofing health initiatives with Cannabis, we lack the cohesiveness to provide a safe and strong foundation to build on the understanding of plant medicine.

Please support the majority of the community’s choice to participate in the growing cannabis sector and let the resources benefit the entire community.

I support this bill and really appreciate the care and respect that goes with Patient Confidentiality and in regard to universal HIPAA standards.

Thank you for allowing me to testify.

Mahalo,

Kai Luke

SB-2274

Submitted on: 2/17/2026 9:59:00 AM

Testimony for HHS on 2/18/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Regina Gregory	Individual	Oppose	Written Testimony Only

Comments:

oppose

SB-2274

Submitted on: 2/17/2026 12:56:41 PM

Testimony for HHS on 2/18/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michael Paul	Individual	Support	Written Testimony Only

Comments:

Aloha Chair San Buenaventura, Vice Chair McKelvey, and Committee Members,

I am writing in strong support of SB 2274.

This bill is needed to protect the privacy of patients. There is no legitimate reason for law enforcement to view the records of patients simply because they use medical cannabis. Prescribers should not be punished for protecting the privacy of their patients.

Please pass SB 2274.

Thank you for the opportunity to testify,

Michael Paul, Resident of Senate District 13



LATE

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

TESTIMONY SUPPORTING SB 2274

TO: Chair San Buenaventura, Vice Chair McKelvey, and HHS Committee

FROM: Nikos Leverenz, DPFH Board President

DATE: February 18, 2026 (1:00 P.M.)

Drug Policy Forum of Hawai'i (DPFH) **strongly supports** SB 2274, which repeals statutory language that currently authorizes the Department of Law Enforcement to: (1) inspect a qualifying medical cannabis patient's medical records held by the health provider who issued a written certification for the qualifying patient; and (2) suspend or revoke a health provider's ability to issue written certification for medical cannabis if the provider refuses the foregoing inspection, or if the medical records do not comply with the medical use of cannabis law.

This bill corrects an unfortunate provision of a law passed last year to ostensibly facilitate greater access to medical cannabis. It is needed to explicitly restore the privacy rights of registered medical cannabis patients, including removal of penalties upon medical providers who offer patient certifications and wish to protect the medical privacy of their patients.

Since 1993 DPFH has advanced public discussions and policy changes around Hawai'i's drug policies, 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.

LATE

SB-2274

Submitted on: 2/18/2026 9:36:46 AM

Testimony for HHS on 2/18/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Theresa Armbruster	Individual	Oppose	Written Testimony Only

Comments:

OPPPOSE SB2274!

Do NOT repeal HRS 329.132.2--The Dept of Law Enforcement(DLE) needs to retain authority to inspect a cannabis patient's medical records to ensure health providers are complying with the medical use of cannabis law, and to take appropriate action(s) for noncompliance!!! Support DLE in enforcing this law!!!

Vote NO to SB2274

Mahalo