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

ON THE FOLLOWING MEASURE:
S.B. NO. 2408, S.D. 1, H.D. 1, RELATING TO COMPASSIONATE ACCESS TO MEDICAL CANNABIS.

BEFORE THE:
HOUSE COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

DATE: Wednesday, April 1, 2026 **TIME:** 2:00 p.m.

LOCATION: State Capitol, Room 325

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

Chair Tarnas 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 (HRS), the Compassionate Access to Medical Cannabis Act, to allow most licensed health care facilities in the State to allow certain patients to use medical cannabis in compliance with part IX of chapter 329, 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, chemical dependency residential treatment centers, state hospitals, and emergency departments of general acute care hospitals.

The Department notes that the bill allows covered health care facilities to elect to permit patient use of medical cannabis, notwithstanding the continued prohibition of cannabis under federal law.

Section -7(b), on page 11, lines 3-8, mandates that a health care facility may not prohibit patient use of medical cannabis solely because cannabis is a Schedule I controlled substance under the federal Uniform Controlled Substances Act (CSA). While the bill otherwise permits facilities to elect whether to allow such use, this provision limits the basis on which a facility may decline participation. In particular, it may create ambiguity for facilities that remain subject to federal law and funding

requirements, where federal restrictions are a primary consideration. Accordingly, the Department recommends deleting section -7(b) (page 11, lines 3-8).

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 CSA 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.

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

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Testimony COMMENTING on SB2408-SD1-HD1
RELATING TO COMPASSIONATE ACCESS TO MEDICAL CANNABIS

REPRESENTATIVE DAVID A. TARNAS, CHAIR
HOUSE COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

Hearing Date and Time: 04-01-26, 2:00PM Room Number: 325

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 addresses potential conflicts with federal law, accreditation requirements, and facility policies while still preserving patient access in a safe and responsible manner.

We also note that, if the authority remains voluntary, the statutory section outlining when a facility does not need to comply with the new law is not necessary. The section at page 9, line 19 through page 11, line 8 is intended to allow a facility to prohibit the use of medical

cannabis only if certain federal enforcement actions are taken. However, if the program is voluntary, a facility could make its own determination regarding the use of medical cannabis at any time, including prior to federal enforcement.

Similarly, if the authority remains voluntary, the strict requirements governing a facility's allowance of medical cannabis use, found on page 6, line 17 through page 8, line 14, may not be necessary at this time. Removing these restrictions would allow facilities to retain flexibility in how they implement the authority and better respond to shifts in federal cannabis policy. The Department remains committed to supporting stakeholders that choose to implement this authority and working collaboratively with the Legislature 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.

April 1, 2026 at 2:00 pm
Conference Room 325

House Committee on Judiciary and Hawaiian Affairs

To: Chair David A. Tarnas
Vice Chair Mahina Poepoe

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

Re: Testimony in Opposition
SB 2048 SD 1 HD 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 testimony in **opposition** 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. As a result, we are opposed to this version of the measure, which includes a provision page 11, lines 3-8 that reads:

> (b) This section shall not permit a health care facility to prohibit patient use of medical cannabis due solely to the fact that cannabis is a Schedule I drug pursuant to the federal Uniform Controlled Substances Act, or other federal constraints on the use of medical cannabis that were in existence before the enactment of this chapter.

Federal laws, rules, and regulatory requirements are a legitimate and necessary basis for hospitals, skilled nursing facilities and other inpatient providers to determine whether to permit the use of medical cannabis within their facilities. Providers that participate in Medicare and Medicaid must comply with federal Conditions of Participation, maintain Drug Enforcement Administration registration, and adhere to the federal Controlled Substances Act. Failure to comply with these requirements can jeopardize a facility's certification, reimbursement, and overall ability to operate. By limiting a facility's ability to rely on these federal constraints, this provision places providers in an untenable position.

Further, we'd note that, 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. 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 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.

Marijuana Policy Project
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SB 2408 SD 1 HD 1
Relating to Compassionate Access to Medical Cannabis
Comments

March 31, 2026

Aloha Chair Tarnas, Vice Chair Poepoe, and honorable members of the House Committee on Judiciary and Hawaiian Affairs:

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 allowing terminally ill patients and senior citizens to use medical cannabis preparations in health care facilities. However, we are alarmed that the current language of SB 2408 SD 1 HD 1 is worse than the status quo in some ways.

As it is currently drafted, SB 2408 SD 1 HD 1 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. § -3 (b) 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." Our understanding is some hospitals currently allow medical cannabis, making this a step backwards.

My colleagues and 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. Many of those patients were under 65 and many did not have terminal conditions. Health care facilities should be explicitly allowed to accommodate their medical cannabis use, too. However, they are left out of the current language.

As amended, SB 2408 SD 1 HD 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, it adds burdens and restrictions that facilities *must* abide by should they choose to allow medical cannabis preparations for those patients. SB 2408 SD 1 requires facilities that choose to allow medical cannabis for terminally ill patients to create and disseminate new written guidelines and to document medical cannabis in their medical records. In practice, some

facilities are more comfortable simply looking the other way, given cannabis's illegality under federal law. Or they may simply want the flexibility to craft their own policies.

Our strong preference is restoring the mandatory nature of the bill. However, if that is not the will of the committee, please see below for a possible amendment that is consistent with the AG and DOH's input in prior committees — by using "may" not "shall" — but without adding burdens and restrictions. It specifies that it does not supersede Hawaii's smoke-free law, and it requires secure storage of medical cannabis. It would allow health facilities to permit medical cannabis, while giving them the flexibility to develop their own processes. This flexibility is all the more important since federal policy may be rapidly evolving.

We also suggest the provision be codified alongside the existing protections for medical cannabis in Section 329-126, rather than as its own chapter, and we suggest it providing clear legal protections should health care personnel choose to assist in the administration of cannabis — as allowed by their employer.

We hope you will adopt this amendment. Barring that, we urge you to defer the bill, rather than advancing SB 2408 SD 1 HD in a form that may decrease — instead of expand — compassionate access.

Mahalo for your time and public service,

Karen O'Keefe, JD
Director of State Policies
Marijuana Policy Project
kokeefe@mpp.org

Appendix — Possible 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."

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.

SB 2408 SD 1
Relating to Compassionate Access to Medical Cannabis
Comments

March 31, 2026

Aloha Chair Tarnas, Vice Chair Poepoe, and honorable members of the House Committee on Judiciary and Hawaiian Affairs:

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, HD1 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, HD1 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, HD1 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:	Judiciary & Hawaiian Affairs
Hearing Date/Time:	Wednesday, April 1, 2026, at 2:00pm
Place:	Conference Room 325 & Videoconference
Re:	**Testimony of the ACLU of Hawai‘i offering COMMENTS on SB2408 SD1 HD1 Relating to Compassionate Access to Medical Cannabis**

Dear Chair Tarnas, Vice Chair Poepoe, and Members of the Committee:

The American Civil Liberties Union of Hawai‘i (ACLU-HI) **offers comments SB2408 SD1 HD1**, which allows terminally ill patients and qualifying patients over 65 with chronic diseases to use medical cannabis within specified health care facilities under certain conditions.

In its current form, the bill could do more harm than good and urge the committee to expand access to medical cannabis, rather than restrict it.

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 HD1 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 Hawai‘i, 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 Hawai‘i hospitals. SB2408 SD1 HD1 would end that. As such, we urge the committee to

[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.

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 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. 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 Hawai'i-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.

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

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residential care homes, and intermediate care facilities for individuals with intellectual disabilities."

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.

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SB-2408-HD-1
Submitted on: 4/1/2026 7:31:23 AM
Testimony for JHA on 4/1/2026 2:00:00 PM

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

Comments:

** ✅ PUBLIC WRITTEN TESTIMONY – READY TO SUBMIT** **In Strong Support of SB2408 HD1 – Compassionate Access to Medical Cannabis Act ("Ryan's Law")**

Aloha kakou e nā mea Kūpono o ka ʻAha ʻŌlelo,

I submit this testimony in **strong and unconditional support** of **SB2408 HD1**, known as Ryan's Law — the Compassionate Access to Medical Cannabis Act. This bill is not about politics. It is about **pity and dignity** for our kūpuna and terminally ill ʻohana who are already suffering. In Waianae, Nanakuli, Kapolei, and across Hawaiian Home Lands communities, too many of our elders and beneficiaries spend their final days in pain inside hospitals, hospice homes, skilled nursing facilities, and congregate living centers. They lie in beds, unable to use the one medicine that brings them real relief — medical cannabis — simply because the facility walls say "no." Ryan's Law changes that. It allows terminally ill patients and qualifying patients over sixty-five with chronic diseases to safely use medical cannabis in health care facilities under clear, responsible rules: no smoking or vaping in certain areas, secure storage, valid registry card, and full documentation. It gives families and caregivers peace of mind in the hardest moments of life.

As a Waianae resident and Native Hawaiian advocate, I have sat with kūpuna who begged for relief while watching their final days slip away in unnecessary pain. Native Hawaiian beneficiaries are disproportionately represented in chronic illness and end-of-life care. This bill honors our cultural value of mālama — caring for one another with compassion — and gives our people the dignity they deserve in their final chapter. OHA's kuleana includes the health and well-being of our beneficiaries (Matrix 6 – Health). Ryan's Law directly supports that mission. It removes unnecessary barriers so our kūpuna can focus on aloha, ʻohana, and spiritual closure instead of fighting for basic comfort. Facilities cannot deny admission because of medical cannabis use, and patients or caregivers retain full responsibility for obtaining and administering it. These are smart, compassionate safeguards that protect everyone.

My record shows I deliver real results for our people. I helped pass **SB1249 — Duke Pia's Law (Act 235, 2025)** and secured **$800,000 in NAHASDA funding** for Kanehilil Homestead. I maintain active relationships with our full Congressional delegation. Whether serving as your next OHA Trustee At-Large or as OHA's Washington, D.C. Bureau Chief (to which I applied on the March 31 deadline), I will continue fighting for policies that ease

suffering and restore dignity to our lāhui. **The time for half-measures on compassionate care is over.**

Support SB2408 HD1. Give our kūpuna relief. Give our families peace. Let compassion win. **He aliʻi ka ʻāina, he kauwā ke kanaka.** The land is the chief; we are its servants. **Imua e nā pōkiʻi!** Forward, my younger siblings — forward with compassion, with dignity, and with action for those who came before us.

Mahalo nui loa for the opportunity to testify. I am available for any questions and stand ready to support this bill in any way needed. **With aloha and urgency,**

Shelby Billionaire, HRM

Kingdom of The Hawaiian Islands

Ohana Unity Party, Chairman

HAWAII SUBSTANCE ABUSE COALITION

SB2408 SD1 HD1 Cannabis Use for Elderly in Healthcare Facilities

COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS
Rep. David A. Tarnas, Chair
Rep. Mahina Poepoe, Vice Chair
Wednesday, Apr 1, 2026: 2:00: Room 325 Videoconference

Hawaii Substance Abuse Coalition Supports SB2408 SD1 HD1:

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 including harm reduction, peer counseling, crisis services, and housing.

HSAC appreciates that the bill now states that both the "chemical dependency recovery" hospitals as well as "community-based chemical dependency residential treatment" are exempted because the vast majority of residential patients have chronic conditions that often includes the misuse of cannabis.

HSAC agrees that outpatient does not have to be exempted.

However, there needs to be a medical decision process to determine risks vs. benefits and not have a mandatory rule without thoughtful medical discussion that includes the patient.

For **adults aged 65 and older facing end-of-life issues and struggling with current addiction**, medical marijuana is often permitted in addiction treatment for outpatient and day treatment under **compassionate use** frameworks because it prioritizes **quality of life** and symptom management over strict abstinence. In these severe scenarios, the goal of care shifts from long-term recovery to immediate comfort.

Cognitive Clarity During Counseling: Of course, the use of marijuana is not allowed during counseling hours for individual or group time; however, the use of medical marijuana outside of treatment times that shows up in drug testing is not considered non-compliance. Patients need to be cognitively present and "clear-headed" to engage effectively in therapy. Being under the immediate psychoactive influence of THC during a session can hinder the therapeutic process. Outside of active counseling hours, the priority returns to managing the physical and emotional burdens of a serious illness. This allows the patient to use medical marijuana for its analgesic (pain-killing) effects when they are not required to perform cognitive-heavy tasks like therapy.

If the addiction is for opioid, methamphetamine or alcohol, the therapeutic benefits of medical marijuana by seniors with symptoms like refractory pain, severe nausea, and wasting syndrome (loss of appetite) are often seen as outweighing the risks of a secondary addiction with cannabis.

However, if the patient's addiction includes cannabis use disorder (CUD) and for issues that are not end of life or serious permanent pain coupled with addition, it is reasonable for a medical team as part of treatment to experiment with other alternatives that are non-addictive as the patient may need some relief from cannabis use disorders. Provider Ethics: Healthcare providers must discuss these options while adhering to professional regulations that require thorough physical exams and documentation of the failure of standard treatments – according to NAADAC.

Palliative Care Focus: Palliative teams look at the "whole picture," including the mind and spiritual well-being. If cannabis helps a terminally ill senior "reconnect with a sense of peace," it is frequently integrated into their broader care plan despite a history of addiction.

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

SB-2408-HD-1
Submitted on: 3/30/2026 3:22:58 PM
Testimony for JHA on 4/1/2026 2:00:00 PM

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, Hawai‘i

TO: COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS
Rep. David A. Tarnas, Chair
Rep. Mahina Poepoe, Vice Chair

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 HD1**

Please add severely disabled to the patient definition. Most importantly amend to change the ~~MAY~~ language back to SHALL thus making the bill worthwhile again or else just defer this as it's not at all helpful with the changes made by the AG and DOH-OMCCR, it is no longer Ryan's law.

Date: 3/31/2026

Aloha Representatives,

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

Unfortunately, despite hearing from advocates, DOH-OMCCR and the AG have 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 SD1 HD1 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 originally introduced here and 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 I still need it despite age. **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 **Shall**. As it was originally written as **shall** to help the patients and the ~~may~~ change made it worthless. **As lawmakers you know may makes no difference to helping patients, shall is crucial, no hospital will allow if may need the state to stand up against the hospital industry for patients rights.**

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