



**WRITTEN TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-THIRD LEGISLATURE, 2026**

ON THE FOLLOWING MEASURE:

S.B. NO. 3315, S.D. 1, RELATING TO CANNABIS.

BEFORE THE:

SENATE COMMITTEE ON JUDICIARY

DATE: Thursday, March 5, 2026

TIME: 10:01 a.m.

LOCATION: State Capitol, Room 016

TESTIFIER(S): **WRITTEN TESTIMONY ONLY.**

(For more information, contact Alana L. Bryant,
Deputy Attorney General, at (808)587-3052)

Chair Rhoads and Members of the Committee:

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

The purpose of this bill is to allow applicants for the medical use of cannabis, or the primary caregiver of applicants, to purchase medical cannabis prior to receipt of confirmed registration from the Department of Health (DOH).

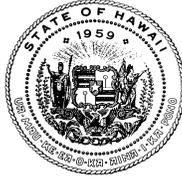
The Department is concerned that allowing applicants for the medical use of cannabis to purchase cannabis after the submission of the applicant's form but before receipt of confirmed registration from the DOH could expose applicants who are ineligible for the medical use of cannabis to criminal liability. The legal protections under Hawaii's medical cannabis laws, as outlined in section 329-125, Hawaii Revised Statutes, apply only to qualifying patients and primary caregivers who strictly comply with these laws, even if an individual mistakenly believed they were compliant with the law.

Under the proposed bill, an applicant or primary caregiver could purchase and process up to one ounce of usable cannabis before the DOH has determined whether the applicant is eligible for the medical use of cannabis. If the application is subsequently denied, the applicant would possess cannabis without legal authorization. In that circumstance, possession would be unlawful, and the bill does not address how

the applicant is to dispose of cannabis that was obtained before the denial. The Department recommends that the bill clarify what would happen in the event that the applicant is deemed ineligible but has already purchased cannabis.

The Department additionally notes that certain terms in the bill may benefit from clarification to ensure consistent implementation, including what constitutes "submission of the applicant's form" (page 4, line 4), what is meant by "confirmed registration" from DOH (page 4, line 5), and how temporary authorization is to be verified by licensed dispensaries (page 4, lines 6-9).

Thank you for the opportunity to provide comments.



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

WRITTEN
TESTIMONY ONLY

Testimony COMMENTING on SB3315-SD1
RELATING TO CANNABIS

LATE

SENATOR KARL RHOADS, CHAIR
SENATE COMMITTEE ON JUDICIARY

Hearing Date and Time: 3-05-2026, 10:01AM

Room Number: 016

1 **Fiscal Implications:** The fiscal impacts of this measure are undetermined. However,
2 implementation would require modifications to the both the Department's patient registration
3 system and seed-to-sale tracking system to allow temporary authorization for a one-time
4 purchase of medical cannabis prior to registering as a patient. These system changes would
5 require programming and integration across multiple platforms and would likely result in costs
6 in the six-figure range.

7 **Department Position:** The Department of Health ("Department") offers the following
8 comments and concerns.

9 **Department Testimony:** The Office of Medical Cannabis Control and Regulation (OMCCR)
10 provides the following testimony on behalf of the Department. This bill would allow any person
11 applying for a medical cannabis card, or any caregiver of an applicant, to make a one-time
12 purchase of up to one ounce of cannabis prior to the applicant being registered as a patient.
13 While this is intended to provide faster access to medical cannabis, the OMCCR has significant
14 concerns regarding safety, verification, and system integrity.

15 The current registration approval process is already rapid. Applications are typically processed
16 within one to two business days. Patients with urgent medical conditions are flagged for

1 priority review and generally approved within one business day. Certifying medical providers
2 may also contact the OMCCR to request same-day expedited approval when necessary. In
3 addition, OMCCR is actively modernizing the registry system to automate much of the review
4 process and further reduce approval times.

5 Medical cannabis authorization differs from prescription medications because access depends
6 on state registration, not a prescription that can be verified through pharmacy dispensing
7 systems. Prescription medications are dispensed through a long-established health care
8 infrastructure that allows pharmacists to verify prescriber licensure, patient prescriptions, and
9 controlled-substance dispensing history through pharmacy systems and prescription-
10 monitoring programs.

11 In contrast, the medical cannabis program relies on registration in the system before a patient
12 or caregiver may access dispensaries and purchases can be tracked in the seed-to-sale system.
13 Registration ensures that dispensaries can confirm patient eligibility and caregiver authorization
14 before dispensing medical cannabis.

15 Similar to prescription-monitoring programs, the medical cannabis program requires
16 dispensaries to track inventory and sales in real time to registered patients and caregivers. See
17 section 329D-6(k), HRS. This tracking system is a core public-health and regulatory safeguard
18 that supports accountability and compliance across the program. Allowing purchases before
19 registration approval would prevent dispensaries from verifying patient authorization and
20 recording required transaction data into the state-mandated tracking system at the point of
21 sale. Without this safeguard, an individual could make multiple purchases from different
22 dispensaries before registration is confirmed. This concern is heightened in situations involving
23 caregivers, who may purchase for up to five patients, potentially allowing up to five ounces of
24 cannabis to be obtained in a single transaction without system verification.

1 With rapid processing already in place, and expedited pathways available for the most
2 vulnerable patients, bypassing OMCCR review would introduce significant risk without
3 providing meaningful additional access. OMCCR's systems could be reconfigured to allow
4 automated processing of a temporary registration for a one-time purchase , but doing so would
5 require significant information technology modifications and associated costs and should be
6 limited to one new patient per caregiver at a time. For these reasons, the OMCCR has concerns
7 with this measure.

8 **Offered Amendments:** None.

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



To: Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice-Chair
Members of the Committee on Judiciary

Fr: TY Cheng on behalf of Hawaii Cannabis Industry Association

Re: Testimony **In Support** on **Senate Bill (SB) 3315 SD1**
RELATING TO CANNABIS

Allows applicants or primary caregivers to make a one-time purchase of medical cannabis after the submission of the applicant's certification form while waiting for confirmation of registration from the Department of Health. Requires the Office of Medical Cannabis Control and Regulation to facilitate the temporary authorization. (SD1)

Dear Chair Rhoads, Vice-Chair, and Members of the Committee:

The Hawai'i Cannabis Industry Association, represents a majority of the state's licensed medical cannabis dispensaries. HICIA **supports** SB3315 SD1 which would allow qualifying medical cannabis patients and primary caregivers to make a one-time dispensary purchase up to 1 ounce (which is $\frac{1}{4}$ of a patient's allowable 15 day purchase quantity of 4 ounces) immediately upon submission of their certification and application, rather than waiting several days for a physical registration card from the Department of Health. The previous committee already reduced the amount from two ounces to one ounce as a reasonable compromise. One ounce represents less than the existing statutory allowance and provides approximately one to two weeks of medication for a serious patient. All medical cannabis dispensary purchases are sold in easily identifiable child-proof containers with unique barcodes, strict labelling, and an itemized receipt.

SB3315 is critical for **patients, for the regulated industry, and for public safety**.

While proponents from law enforcement and DOH have recently raised concerns about potential verification and compliance issues, the realities of Hawai'i's current system show that the status quo is **already undermining public safety and patient care**:

1. Current delays push patients to the illicit market

Under existing law, patients must wait to receive their physical 329 registry card before they're legally permitted to buy from a licensed dispensary. This process routinely takes **several days to a week or more**. During that waiting period, many registered patients — including those who have submitted all required certification forms — resort

to the **unregulated, illicit market**, which lacks product testing, seed-to-sale tracking, and safety standards the medical cannabis program was designed to ensure.

By contrast, SB3315 allows patients to make a **one-time purchase from a licensed dispensary right away**, reducing the incentive to seek cannabis from unsafe, illegal sources.

2. Regulation and verification can occur without patient suffering

Opponents have expressed concern about verifying eligibility during the interim period. However:

- Dispensaries already operate with robust cannabis specific Point-of-Sale and Customer Relationship Management software offering real-time access to the Department of Health's electronic registry and inventory tracking system; this infrastructure can be used to verify that a written certification form has been submitted and logged before purchase.
- BiotrackTHC is the state contractor managing the dispensary inventory tracking system and have advised they have solutions to track and maintain purchases similar to other states which allow immediate purchases (i.e. California, District of Columbia and Oklahoma).
- The bill explicitly limits this to a **one-time purchase**, and any purchase beyond this window would still require a fully active registration.

This balance protects the integrity of the regulated system while addressing the unnecessary gap created by emailing cards.

3. Patients with serious conditions cannot wait for bureaucratic delays

Many medical cannabis patients are coping with chronic pain, cancer, HIV/AIDS, PTSD, and other debilitating conditions. For these individuals, immediate access isn't a convenience — it's a **medical necessity**. Waiting days for a bureaucratic process to complete is inconsistent with how other medically necessary treatments are handled in our healthcare system.

4. Immediate access supports legitimate business and strengthens the regulated program

SB3315 helps direct patients to licensed medical cannabis dispensaries rather than the illicit market. This not only **protects patient safety** but also preserves the **economic viability of the regulated industry**, which reinvests in compliance, testing, education, and community standards.

Finally, the federal government's ongoing process to reschedule cannabis from Schedule I to Schedule III under the Controlled Substances Act further supports the policy direction of SB3315. Schedule III is the same classification as medications such

as Tylenol with codeine and certain steroids—drugs recognized as having accepted medical use under physician supervision. The proposed rescheduling reflects a significant shift in federal acknowledgment of cannabis' therapeutic value and safety profile. As federal policy evolves toward recognizing legitimate medical use, Hawai'i should ensure that its own regulatory framework does not impose unnecessary delays on patients who have already been evaluated and certified by a licensed physician. Allowing limited, immediate access upon certification is consistent with how other Schedule III medications are accessed and reinforces that medical cannabis should be treated as a legitimate component of patient care—not subjected to avoidable administrative barriers.

For these reasons, on behalf of Hawai'i's medical cannabis dispensaries and the patients they serve, **I respectfully urge this Committee to pass SB3315** and help ensure safe, timely, and regulated access to medicine for qualifying patients.

Mahalo for your time and thoughtful consideration.



March 3, 2026

Testimony on SB 3315 SD 1: Relating to Cannabis Medical Cannabis; Access; Temporary Authorization to Purchase Support With Amendment

Aloha Chair Rhoads, Vice Chair Gabbard, and honorable members of the Senate Judiciary Committee:

My name is Karen O’Keefe. I am the director of state policies for the nonprofit Marijuana Policy Project (MPP), the largest cannabis policy reform organization in the nation. We urge you to report SB 3315 SD 1 favorably with an amendment. For more than 30 years, MPP has had the honor of working alongside patients to craft and improve medical cannabis programs.

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

There is no other medication where patients must wait days before accessing it after a doctor’s approval. Patients can fill prescriptions immediately at a pharmacy. Medical cannabis patients should also not have to wait for relief after submitting an application. SB 3315 would fix this by allowing patients or their caregivers to make a one-time purchase while waiting for their registration to be issued.

While we strongly support this improvement, it’s vital that patients also be protected for *possessing* the cannabis they may purchase. We urge an amendment to add “engage in the medical use of cannabis and to” before “enter and make a one-time purchase of cannabis from a medical cannabis dispensary ...”

¹ National Academies of Sciences, Engineering, and Medicine (2017). *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. Washington (DC): National Academies Press. (A review of more than 10,000 studies, finding conclusive or substantial evidence that cannabis is beneficial for chronic pain, and that cannabinoids are effective treatments for multiple sclerosis spasms and chemotherapy-induced nausea and vomiting.)

² Available at: <https://www.dea.gov/sites/default/files/2024-05/2016-17954-HHS.pdf>

We hope you will amend and advance SB 3315 SD 1 so that patients do not have to wait to safely access and possess cannabis after they submit their application.

Mahalo for your time and consideration. Please don't hesitate to reach out if I can answer any questions.

Sincerely,

A handwritten signature in black ink that reads "Karen O'Keefe". The signature is written in a cursive style with a large, stylized 'K' and 'O'.

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

Appendix

Revise Section 2 to read (suggested new text is **bold and underlined**):

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

"(a) Physicians or advanced practice registered nurses who issue written certifications shall provide, in each written certification, the name, address, patient identification number, and other identifying information of the qualifying patient. A written certification issued pursuant to this subsection shall originate from within the State. The department of health shall require, in rules adopted pursuant to chapter 91, that all written certifications comply with a designated form completed by or on behalf of a qualifying patient. The form shall require information from the applicant, primary caregiver, and physician or advanced practice registered nurse as specifically required or permitted by this chapter. The form shall require the address of the location where the cannabis is grown and shall appear on the registry card issued by the department of health. The certifying physician or advanced practice registered nurse shall be required to have a bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship, as applicable, with the qualifying patient; provided that nothing under this part shall require that the bona fide physician-patient relationship or bona

fide advanced practice registered nurse-patient relationship be established by conducting an initial in-person consultation. Any fees assessed by a certifying physician or advanced practice registered nurse to issue a written certification pursuant to this subsection shall not exceed an amount equal to three times the amount of the fee charged by the department of health to issue a registration certificate pursuant to subsection (b). After the submission of the applicant's form but before receipt of confirmed registration from the department of health, the applicant or primary caregiver may use the submission of the applicant's form as proof and documentation authorizing the applicant or primary caregiver to **engage in the medical use of cannabis and to** enter and make a one-time purchase of cannabis from a medical cannabis dispensary licensed under chapter 329D in an amount that is not more than fifty per cent of the dispensing limits under section 329D-13.

The office of medical cannabis control and regulation, established pursuant to section 329D-2.5, shall facilitate the temporary authorization for applicants and primary caregivers. All current active medical cannabis permits shall be honored through their expiration date."



Hawai'i Alliance for Cannabis Reform Supporting SB 3315 SD 1 and Requesting an Amendment

March 3, 2026

Aloha Chair Rhoads, Vice Chair Gabbard, and members of the Senate Judiciary Committee:

We strongly support SB 3315 SD 1, which would allow qualifying patients or primary caregivers to make a single purchase of medical cannabis while they wait for their 329 cards to be issued. Other medical cannabis laws, including in California and Louisiana, allow patients to access medical cannabis with a written recommendation. The issuance of a 329 card in Hawai'i can take days. SB 3315 SD 1 would ensure patients do not have to wait for relief once they have a practitioner's certification.

We urge you to also add language to ensure patients and caregivers will have legal protections for possessing and transporting the medical cannabis they may purchase. This could be achieved by adding the phrase "engage in the medical use of cannabis and to" after "After the submission of the applicant's form but before receipt of confirmed registration from the department of health, the applicant or primary caregiver may use the submission of the applicant's form as proof and documentation authorizing the applicant or primary caregiver to."

Please amend and pass SB 3315 SD 1 to allow immediate access and patient protections for medical cannabis, as is the case for prescription medications.

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



To: Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair
Members of the Judiciary Committee

Fr: Jaclyn L. Moore, Pharm.D., CEO Big Island Grown Dispensaries

Re: Testimony In Support of Senate Bill (SB) 3315

Allows applicants or primary caregivers to make a one-time purchase of medical cannabis after the submission of the applicant's certification form while waiting for confirmation of registration from the Department of Health. Requires the Office of Medical Cannabis Control and Regulation to facilitate the temporary authorization.

Dear Chair Rhoads, Vice Chair Gabbard, and Members of the Committee:

Big Island Grown Dispensaries is one of eight medical cannabis dispensary licensees in the State. We operate a production campus and 3 retail locations on the Big Island of Hawaii. Our medical cannabis operation employs over 60 Big Island residents.

Mahalo for the opportunity to provide testimony **in support** of SB3315. This is a commonsense, compassionate, and patient-centered bill that meaningfully improves access to safe, regulated medical cannabis for qualifying patients and primary caregivers in Hawaii.

Under current law, patients seeking relief through the medical cannabis program often face delays while waiting for their Department of Health registration card. Patients should not be forced to tolerate unnecessary delays when seeking medicine, especially where viable legal access already exists. Delays in access do not just inconvenience patients, they can exacerbate pain, anxiety, and chronic symptoms. This bill aligns registration procedures with real-world patient needs in a thoughtful, responsible manner by providing temporary authorization. This ensures patients can obtain products in real time that are properly tested, labeled, and dosed, reducing the risk of harmful contaminants or unknown potency.

SB3315 allows for timely access to medical cannabis, promotes safety, and meets patients where they are while strengthening the connection between patients and the regulated, vetted, medical cannabis dispensary system. For these reasons, Big Island Grown stands in support.

Thank you for the opportunity to testify.

Jaclyn L. Moore

Lau Ola LLC, dba Big Island Grown Dispensaries

HILO WAIMEA KONA

LATE

To: Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice-Chair
Members of the Committee On Judiciary

Fr: Mark T. Rothstein, M.D., Medical Director Green Aloha + Dispensary (Kauai)

Re: Testimony **In Support** on **Senate Bill (SB) 3315**

Relating to Cannabis

Medical Cannabis; Access; Temporary Authorization to Purchase

Dear Chairman Rhoades and Members of the Committee,

I am Mark T. Rothstein, M.D. I have held an active Hawai'i Medical license for 23 years and an active Ohio Medical license for 51 years. I have held board certification with the American Board of Family Medicine from 1978 through 2025. I was a U.S. Public Health Service primary care physician in rural Appalachia for 3 years and remained in Appalachian Ohio as a Primary Care Physician for the next 45+ years. I have worked in "the trenches" of rural health care and have seen it all, including the scourge of opioid abuse. I am presently the Medical Director of Green Aloha LTD, the only medical cannabis license holder on Kauai. I am submitting this written testimony supporting SB3315 on behalf of myself and Green Aloha LTD.

The opposition to SB3315 from law enforcement seems to center on the premise that allowing a "one time purchase" based on a pending application might make it difficult for law enforcement officers to verify a person's legal status in the event of a roadside stop or intervention. While this is true, it is a statistically unlikely event and does not outweigh the argument that patients with terminal illnesses, severe chronic pain or neurodegenerative disorders do not deserve the possible multiple day delay with its accompanying unnecessary physical and psychological trauma. It is more likely, if a patient cannot access

a legal dispensary in a timely manner, that the patient in an acute crisis might turn to the illicit market to bridge the gap. There they will easily find illegal cannabis and opioid products which are untested for contamination with heavy metals, pesticides, mold and bacteria. They are not analyzed for potency, and these illicit products may even be adulterated with narcotics like fentanyl.

Another law enforcement concern is that easing entry requirements to dispensaries could inadvertently lead to more products entering the “black market”. This makes little sense. The illicit markets do not suffer from lack of products. They sell them cheaper, without the cost of testing, taxes or regulations. Any “diversion “ to the “black market” is likely to be the patient who needs more immediate relief than what they can get with the present process. The illicit market historically thrives because of the lack of resolve to enforce the present laws.

While the DOH has supported patient access in principle, they have raised logistic concerns related to real time tracking and suggest that “one-time” purchases can devolve into multiple, dispensary visits while the initial 329 Card is pending. While this is theoretically possible, it cannot happen on Kauai where there is only one license holder. Even on Oahu where there are only 3 license holders and Maui and the Big Island where there are two, this theoretical diabolical scheme would be quite an effort given the traffic, distances, and literal ocean between some of the license holders. Also, the “SD1” Amendment has mitigated this nefarious plot through its reduction of purchasing limits.

Regarding the concern of possible “liability” in allowing a purchase for a patient whose application might eventually be denied due to fraud or incomplete medical records, First, I wonder how many times such a denial of an application has actually occurred in the almost 8 years of this medical cannabis program. It must be very few. Also, any actual “liability” is unlikely given that the Provider has already done the process of medical vetting and SB3315 simply honors the doctor’s immediate clinical recommendation. It may be just as likely that there may be a “liability” issue based on the lack of a timely process being in effect.

These arguments presented in opposition have a very low probability of occurrence versus the potential significant harm in any delay.

I would like to highlight what I see as the most important reason behind my support of this proposed legislation. In medical and psychological fields, the period immediately following a diagnosis by the medical provider is often referred to as the "window of opportunity." Whether a disorder is physical, neurological, or psychological, the speed at which treatment begins serves as one of the most reliable predictors of long-term success.

Prompt intervention isn't just about feeling better sooner; it's about fundamentally changing the trajectory of the disorder. Prompt treatment has been recognized to halt the progression and secondary complications of many disorders which otherwise can follow a degeneration or a cascading path. Early treatment can "freeze" a condition in its tracks before it causes irreversible damage.

For instance, addressing certain mental health conditions early can prevent "kindling," a phenomenon where the brain becomes increasingly susceptible to future, more severe episodes. In many cognitive or developmental disorders, the brain is most plastic—or adaptable—closer to the onset of the issue. Early intervention utilizes the brain's natural ability to forge new neural pathways, making therapy significantly more effective than it would be if started later.

As shown in typical clinical models, the gap between the onset of symptoms and the start of treatment is directly proportional to the complexity of the recovery process. This concept is called the "path of recovery". The smaller that gap, the more straightforward is the clinical path to restoration of health.

With the present process, if a patient gets authorization from their provider on a Friday, they will not get their 329 Card until Monday 3 days later. If there is a Monday Holiday it can be as long as a 4 day delay. So, when treatment is delayed, individuals will often resort to "workarounds" or coping mechanisms that are ultimately harmful such as self-medicating with alcohol or using more potent illicit substances than required for their pain conditions, increasing the chances of opioid dependency. As a physician treating patients in rural Appalachia, I have personally seen this occur. Many patients who are legitimately started on opioids for their painful medical condition or as a short-term post-operative treatment, degenerate into opioid addiction. For many patients' medical cannabis has proven to be a reliable option to opioids. If such a patient meets a delay in accessing this medication as soon as approved by their provider, there is a substantial risk that they will apply such a "work-around" and seek alternatives available on the black market.

"Early intervention" is now the gold standard in modern medicine because it moves the focus from crisis management to proactive wellness. Also, an added benefit is that prompt treatment can even lower overall medical costs as early management is cheaper than emergency interventions.

I believe I can speak for medical providers, whose priority is the relief of suffering. Our current system forces some of our most vulnerable patients to wait for administrative approval long after the provider has already clinically determined their treatment. SB3315

helps facilitate getting the patient started toward their “window of opportunity” of recovery by helping to overcome any unnecessary bureaucratic delays in the start of this treatment.

It is a common-sense bridge that prioritizes patient health over paperwork and ensures that the transition to medical cannabis happens safely, legally and timely.

Thank you, Chairperson and distinguished members of this committee, for the opportunity to provide my expert perspective in this testimony today. It is an honor to assist this body as you deliberate the merits of SB3315

Mark T. Rothstein, M.D.
Medical Director of Green Aloha LTD



LATE

To: Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice-Chair
Members of Judiciary Committee

Fr: Karlyn Laulusa on behalf of Manoa Botanicals, LLC.

Re: Testimony In Support on Senate Bill (SB) 3315 SD1

RELATING TO CANNABIS

Allows applicants or primary caregivers to make a one-time purchase of medical cannabis after the submission of the applicant's certification form while waiting for confirmation of registration from the Department of Health (DOH). Requires the Office of Medical Cannabis Control and Regulation (OMCCR) to facilitate the temporary authorization.

Dear Chair Rhoads, and Members of the Committee:

My name is Karlyn Laulusa, and I am the Chief Executive Officer at Manoa Botanicals, and I stand **in strong support** of **SB3315**.

Much of the **opposition testimony to SB3315 is not about public safety**. It reflects ideological resistance to cannabis and an effort to impose additional burdens on law-abiding patients who are already complying with state law.

Patients who obtain a 329-registration card secure a certifying provider, pay state fees, and submit to administrative processing. These **are not individuals attempting to evade regulation**; they are participating in the only legal pathway the State provides. Suggesting that additional bureaucratic delay is necessary for “safety” is not evidence-based—it is policy that restricts participation.

The **current registration system is not technologically limited**. The registration platform provided by Tyler Technologies can support real-time provider approval and dispensaries could be granted limited access to enter patient information at the time of purchase. The OMCCR has simply chosen not to implement these capabilities.

Licensed dispensaries already operate a separate seed-to-sale tracking system through BioTrack. That system **currently records cannabis sales** to adults over 21 in non-medical markets **nationwide**. The same functionality could allow dispensaries to **create a temporary patient identifier** at the time of purchase, with the DOH reconciling



and issuing a permanent registration number upon review. **Not allowing this is an administrative choice—not a technical barrier.**

It is also important to clarify that the **Department of Health does not medically approve patient applications**. Medical determination occurs when the certifying provider submits the certification confirming the patient has a qualifying condition or related symptom. The **Department's role is administrative**: entering the data and issuing a registration number—steps that **could be largely automated with a modernized system**.

Concerns raised by the Attorney General about the **possibility of a denied application after a purchase are solvable**. The Department already relies on self-attestations for caregiver designations, grow site registrations, and certifying provider submissions. A **standardized attestation requiring destruction** of product in the event of denial would be consistent with existing regulatory practice.

The real public safety issue is this: **it is significantly easier, faster, and cheaper to obtain untested cannabis from illicit operators** than from the State's regulated dispensaries.

That is the **policy outcome of overregulation**, reflected in **four consecutive years of declining participation** in Hawai'i's medical cannabis program.

Thank you for the opportunity to provide written testimony.

Karlyn Laulusa
Chief Executive Officer
Noa Botanicals

SB-3315-SD-1

Submitted on: 2/25/2026 4:12:00 PM

Testimony for JDC on 3/5/2026 10:01:00 AM

Submitted By	Organization	Testifier Position	Testify
Crystal Tee Sy	Individual	Support	Written Testimony Only

Comments:

I fully support this bill. Less worry for patients in having to wait for the card, and allows them to receive their medicine in a timely manner.

SB-3315-SD-1

Submitted on: 2/25/2026 4:41:47 PM

Testimony for JDC on 3/5/2026 10:01:00 AM

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

Comments:

Aloha Committee Members,

I SUPPORT SB 3315.

Currently, patients must wait days or weeks for their physical 329 registration card after being certified, causing a delay in accessing medication. A one-time purchase ensures patients with serious, qualifying conditions do not have to wait, reducing suffering.

Mahalo for the opportunity to testify,

Courtney Kacir, RN BSN

Honolulu, HI

SB-3315-SD-1

Submitted on: 2/25/2026 5:02:26 PM

Testimony for JDC on 3/5/2026 10:01:00 AM

Submitted By	Organization	Testifier Position	Testify
Mike Golojuch, Sr.	Individual	Support	Written Testimony Only

Comments:

I support SB3315. We should always be looking for ways to help people who need to use cannabis. This is one measure in the correct direction.

Please pass this bill.

COUNTY COUNCIL

Mel Rapozo, Chair
KipuKai Kualii, Vice Chair
Addison Bulosan
Bernard P. Carvalho, Jr.
Felicia Cowden
Fern Holland
Arryl Kaneshiro



OFFICE OF THE COUNTY CLERK

Jade K. Fountain-Tanigawa, County Clerk
Lyndon M. Yoshioka, Deputy County Clerk

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Council Services Division
4396 Rice Street, Suite 209
Lihu'e, Kaua'i, Hawai'i 96766

March 2, 2026

TESTIMONY OF MEL RAPOZO
COUNCIL CHAIR, KAUAI COUNTY COUNCIL
ON
SB 3315, SD 1, RELATING TO CANNABIS
Senate Committee on Judiciary
Thursday, March 5, 2026
10:01 a.m.
Conference Room 016
Via Videoconference

Dear Chair Rhoads and Members of the Committee:

Thank you for this opportunity to provide testimony in **OPPOSITION** of SB 3315, SD 1, Relating to Cannabis. My testimony is submitted in my individual capacity as a member of the Kaua'i County Council.

SB 3315, SD 1, allows applicants for the medical use of cannabis, or their primary caregiver, to purchase medical cannabis prior to receiving their confirmed registration from the Hawai'i State Department of Health (DOH). While on the surface this may seem to expedite delivery of medical cannabis during a simple waiting period, the unanticipated effect appears to be exposure to potential criminal liability. Per Hawai'i's current medical cannabis laws as indicated in Hawai'i Revised Statutes (HRS) Section 329-125, only qualifying patients and their caregivers who strictly comply with the laws are shielded from criminal liability.

Furthermore, the intent of SB 3315, SD 1 undermines the integrity and weakens the safeguards and oversight capacities of Hawai'i's longstanding medical cannabis program as overseen by the Office of Medical Cannabis Control and Regulation (OMCCR) by dispensing with necessary departmental review, and allowing a one-time purchase of medical cannabis based solely on the submission of a certification form. Instead of working to improve legal compliance, patient safety and outcomes, or overall medical cannabis program credibility, SB 3315, SD 1 goes in the opposite direction by creating more opportunities for abuse and potentially inappropriate access.

Chair Rhoads and Members of the Committee
Re: Testimony in Opposition of SB 3315, SD 1
March 2, 2026
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The objective of Hawai'i's medical cannabis program is to provide for the stringently controlled and medically supervised process of approving and dispensing medical cannabis to qualifying patients and their primary caregivers. Efforts should instead be focused on expanding OMCCR's administrative capacity to ensure applications are processed timely and wait times for proper review, verification, and validation are minimized to the furthest extent possible without jeopardizing program integrity or public safety.

Thank you again for this opportunity to provide testimony in opposition of SB 3315, SD 1. Should you have any questions, please feel free to contact me or Council Services Staff at (808) 241-4188 or via email to cokcouncil@kauai.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mel Rapozo', with a long horizontal flourish extending to the right.

MEL RAPOZO
Council Chair, Kaua'i County Council

RM:ss