



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

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**ON THE FOLLOWING MEASURE:**

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

**BEFORE THE:**

SENATE COMMITTEES ON HEALTH AND HUMAN SERVICES AND ON  
COMMERCE AND CONSUMER PROTECTION

**DATE:** Tuesday, February 17, 2026      **TIME:** 9:45 a.m.

**LOCATION:** State Capitol, Room 229

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

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Chairs San Buenaventura and Keohokalole and Members of the Committees:

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).

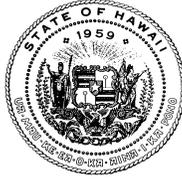
The Department is concerned that allowing applicants for the medical use of cannabis to purchase cannabis after the submission of the applicant's form but before receipt of confirmed registration from the DOH could expose applicants who are ineligible for the medical use of cannabis to criminal liability. 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 possess up to two ounces of usable cannabis before the DOH has determined whether the applicant is eligible for 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 happens 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 6-8).

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

**Testimony COMMENTING on SB3315  
RELATING TO CANNABIS**

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

SENATOR JARRETT KEOHOKALOLE, CHAIR  
SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Hearing Date and Time: 02-17-26, 9:45AM

Room Number: 229

- 1 **Fiscal Implications:** Undetermined.
- 2 **Department Position:** The Department of Health (“Department”) offers the following
- 3 comments and concerns.
- 4 **Department Testimony:** The Office of Medical Cannabis Control and Regulation (OMCCR)
- 5 provides the following testimony on behalf of the Department. This bill would allow any person
- 6 applying for a medical cannabis card, or any caregiver of an applicant, to use the applicant’s
- 7 completed form to authorize a one-time purchase of up to two ounces of cannabis prior to the
- 8 applicant being registered as a patient. While this is intended to provide faster access to
- 9 medical cannabis, the OMCCR has significant concerns regarding safety, verification, and
- 10 system integrity.
- 11 The current registration approval process is already rapid. Applications are typically processed
- 12 within one to two business days. Patients with urgent medical conditions are flagged for
- 13 priority review and generally approved within one business day. Certifying medical providers
- 14 may also contact the OMCCR to request same-day expedited approval when necessary. In

1 addition, OMCCR is actively modernizing the registry system to automate much of the review  
2 process and further reduce approval times.

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

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

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

24 With rapid processing already in place, and expedited pathways available for the most  
25 vulnerable patients, bypassing OMCCR review would introduce significant risk without

1 providing meaningful additional access. For these reasons, the OMCCR has concerns with this  
2 measure.

3 **Offered Amendments:** None.

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



February 16, 2026

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

Aloha Chairs San Buenaventura and Keohokalole, Vice Chairs McKelvey and Fukunaga, and members of the Senate Health and Human Services and Commerce and Consumer Protection committees:

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 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.<sup>1</sup> 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.<sup>2</sup>

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 important that patients also be unequivocally 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 ...”

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<sup>1</sup> 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.)

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

We hope you will amend and advance SB 3315 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, flowing style.

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."

**SB-3315**

Submitted on: 2/16/2026 9:27:20 AM

Testimony for HHS on 2/17/2026 9:45:00 AM

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 Support of SB3315 – Relating to Cannabis (Temporary Access to Medical Cannabis)\*\***

Aloha kakou, Chair and Members of the Committee,

I am Master Shelby "Pikachu" Billionaire, HRM, Kingdom of The Hawaiian Islands, H.I., Chairman of the Ohana Unity Party. Aloha nui loa from the heart of our islands, where we live by the guiding spirit of **\*\*aloha\*\***—love, compassion, mercy, kindness, and grace—and where **\*\*‘ohana\*\*** means we care for every member without delay, as the ‘ōlelo no‘eau teaches: \*‘Ike aku, ‘ike mai. Kōkua aku, kōkua mai. Pēlā ka nohona ‘ohana.\* “Observe others, be observed. Help others, be helped. That is the way of family life.”

Today, I stand in full, heartfelt support of SB3315, urging its swift passage to ease unnecessary burdens on qualifying patients and primary caregivers in our medical cannabis program and restore trust in regulated, safe access. This compassionate bill amends section 329-123, Hawaii Revised Statutes, to allow applicants or their primary caregivers to make a **\*\*one-time temporary purchase\*\*** of medical cannabis from a licensed dispensary under chapter 329D—immediately after submitting the certification form but before full registration confirmation from the Department of Health. The purchase is limited to no more than **\*\*50%** of the standard dispensing limits**\*\*** under section 329D-13, using the submitted form as proof and documentation.

The Office of Medical Cannabis Control and Regulation (OMCCR) is directed to facilitate this temporary authorization, ensuring smooth implementation. All current active medical cannabis permits will continue to be honored through their expiration dates. The Act takes effect upon approval, with no new appropriations required. In our Hawaiian way, we know **\*\*ua ola loko i ke aloha\*\***—“love gives life within”—and that true **\*\*mālama\*\*** means removing barriers so our people can access healing without suffering delays. Hawaii's medical cannabis program, designed to ensure patient safety, product quality, and public health, has seen registration drop from a peak of **\*\*35,444 patients\*\*** in August 2021 to **\*\*30,035\*\*** by November 2024.

These declines stem from challenges like limited provider access, registration delays, and the pull of lower-cost illicit markets—undermining the program's core goals. Patients in pain, dealing with chronic conditions, cancer, PTSD, or other debilitating illnesses, should not wait weeks or months for relief when a certified application is already submitted. This bill bridges

that gap responsibly: a single, limited entry and purchase keeps people in the regulated system, reduces reliance on unsafe black-market sources, and upholds **kuleana** to protect our vulnerable.

SB3315 is a practical, targeted fix—no expansion of recreational use, no loosening of core rules—just compassion for those already qualifying under our medical program. It aligns with **aloha kekahi i kekahi**—“love one another”—by ensuring timely access to doctor-approved medicine while maintaining strict dispensary oversight, testing, and limits. **In closing**, with deepest aloha and a call to mālama our ‘ohana by removing needless obstacles to healing, I respectfully ask the Committee to pass SB3315 without delay.

Key reasons include:

- **One-time temporary purchase** allowed upon certification submission—empowering qualifying patients and caregivers to access medical cannabis immediately while awaiting full registration, limited to **50%** of standard dispensing limits for safety. - Addresses real declines in the program (**from 35,444 to 30,035 patients** since 2021 peak)—countering delays and illicit market shifts by keeping people in regulated, tested dispensaries.
- **OMCCR facilitation** ensures smooth, accountable implementation—no added bureaucracy, just practical support for the existing medical framework under chapters 329 and 329D. - Honors all current permits through expiration—providing continuity and trust for thousands of active patients.
- True embodiment of Hawaiian values: **aloha**, **‘ohana**, **mālama**, and **kōkua aku, kōkua mai**—reducing suffering, promoting safe access, and showing Hawaii cares for its people with wisdom and heart.

Mahalo nui loa for your kuleana in this vital, compassionate work. I am available for any questions and urge you to pass SB3315—let us act with aloha to heal and protect our ohana.

Master Shelby "Pikachu" Billionaire, HRM Kingdom of The Hawaiian Islands, H.I. Ohana Unity Party, Chairman [www.Ohanaunityparty.com](http://www.Ohanaunityparty.com) [Presidentbillionaire@gmail.com](mailto:Presidentbillionaire@gmail.com)



**Akamai Cannabis Consulting**

3615 Harding Ave, Suite 304  
Honolulu, HI 96816

**TESTIMONY ON SENATE BILL 3315  
RELATING TO CANNABIS**

Clifton Otto, MD

**COMMITTEE ON HEALTH AND HUMAN SERVICES**

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

**COMMITTEE ON COMMERCE AND CONSUMER PROTECTION**

Senator Jarrett Keohokalole, Chair  
Senator Carol Fukunaga, Vice Chair

Tuesday, February 17, 2026, 9:45 AM  
Conference Room 229 & Videoconference

**COMMENTS**

A better solution for preventing delays to dispensary access for patients is to automatically approve registration by issuing an electronic registration card the instant an online registration application is submitted by the certifying provider.

A qualifying patient has already been certified by their certifying provider when a registration application is submitted. Since Written Certification authorizes the medical use of cannabis, a patient should be entitled to immediate access to dispensaries once the registration application has been submitted.

Registry software can reportedly allow application editing by certifying providers and Registry staff. This function should be activated so that certifying providers can correct registration application errors before the application is submitted, and Registry staff can correct any remaining errors after applications have been submitted, if needed.

This can be accomplished with something like the following amendment:

**§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; provided that the department shall provide, no later than September 1, 2026, immediate, automated registration approval and electronic registration card issuance when an online registration application is submitted by the certifying provider; and provided further that the department shall correct any errors in registration information after registration approval. 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.

Aloha.

Marcus R. Oshiro  
Wahiawa, Hawaii

February 15, 2026

## Testimony in Opposition to SB 3315

### Summary of the measure and procedural context

SB 3315 would allow applicants or primary caregivers to make a **one-time purchase of medical cannabis** from a licensed dispensary after submitting the applicant's certification form but before receiving confirmed registration from the Department of Health; it directs the Office of Medical Cannabis Control and Regulation to facilitate temporary authorization and requires written certifications to use a designated form.

### Strengths and stated policy goals

- **Improves short-term access.** The bill targets a real access problem by authorizing a temporary purchase to bridge delays caused by card issuance.
- **Seeks to reduce reliance on illicit markets.** The Legislature frames the change to keep qualifying patients within regulated channels and protect patient and product safety.

### Major policy and implementation concerns

- **Verification and fraud risk.** Allowing a one-time purchase based solely on a submitted certification form creates a window for forged or altered forms to be used at dispensaries unless the bill requires real-time electronic verification or other robust authentication.
- **Operational burden on dispensaries.** Dispensaries will need clear, secure procedures to accept temporary authorizations, verify identity, and record one-time sales; the bill delegates facilitation to OMCCR but does not specify the verification technology, timelines, or liability protections for retailers.
- **Public-safety and diversion concerns.** A one-time purchase equal to up to 50% of dispensing limits could be large enough to enable diversion into illicit channels absent strict tracking, tamper-resistant forms, or mandatory point-of-sale reporting.
- **Administrative and timing gaps.** The bill requires the department to adopt rules under chapter 91 but makes the temporary authorization effective immediately upon submission; without an explicit phased implementation schedule, dispensaries and OMCCR may lack the time needed to build secure verification systems.

### Critique of factual claims and assumptions

- **Decline in registrations as proof of illicit market shift is overstated.** The bill cites a drop from 35,444 patients (Aug 2021) to 30,035 (Nov 2024) and infers a shift to illicit sources; that correlation does not establish causation and ignores other factors (telehealth access, changes in clinical practice, patient churn, data reporting differences, or price of legal vs. illegal market, etc.). The Legislature should require an empirical analysis before adopting "emergency access measures" premised on uncertain reasons and possible illicit-market migration. As described in the "*Hawaii Impact Report*" by SAM, 2026, "California is the largest legal marijuana market in the nation, and yet, **illegal grows outnumber legal ones by as much as 10:1** (#11).

- **Assumes dispensaries can absorb verification duties without cost.** The bill caps certifier fees relative to the DOH registration fee but does not address the compliance costs dispensaries will incur to implement secure temporary-authorization acceptance.
- **Relaxes bona fide relationship requirement without safeguards.** The bill requires access to and ability to purchase medical marijuana without proper reviews of all material submissions and even when review is incomplete. This compromises the entire program and leaves no distinction between an “applicant” for a card and a card holder and materially alters the minimum requirements to insure the integrity of meaningful state regulation.

### Likely unintended consequences

- **Increased administrative disputes and liability.** Dispensaries may face disputes over whether a temporary authorization was valid, and absent statutory liability protections they may refuse to accept forms, undermining the bill’s access goal.
- **Short-term access with long-term enforcement costs.** If temporary purchases are diverted, law enforcement and public-health agencies could face increased enforcement and remediation costs that outweigh the access benefits. What happens if 329 Registration card is denied or revoked where any medical marijuana is sold to caregiver or patient? Who bears the liability for now “illegal” medical marijuana on the streets?
- **Application alone allows premature access to medical marijuana.** The measure fails to describe or enumerate any factual basis for waiver of OMCCR statutory review of applicant eligibility, including, personal identification, date of birth, licensed physician or APRN reviews and usage certification, completion of registration forms, etc. A “time of the essence” opinion of the treating physician or authorizing physician or APRN would provide some anti-fraud protection in lieu of incomplete application.

### Conclusion

SB 3315 may seek to address a legitimate access problems but, as currently drafted, creates verification errors, illegal diversion risks, and regulating risks that could undermine patient safety and program integrity. I am sure the OMCCR leaders and civil service and exempt staff would be hard pressed to fulfill this mandate unless adequate funds and personal are legislatively provided.

Incorporating electronic verification, tighter quantity/time limits, tamper-resistant forms, retailer protections, and a mandatory empirical review may preserve the bill’s access goals while reducing the likelihood of unintended harms. However, there is no free lunch and additional funds may be necessary for an agency that is already underfunded and ill staffed to undertake another legislative mandate.

Respectfully, suggest that you either amend to address concerns raised above, or move along “as is” and hopefully pick up amendments in next committees with prior concurrence.

Another, pragmatic and political option is to defer until next session since House Speaker Nadine Nakamura has already publicly declared that marijuana/cannabis bills are DOA in the House for the 2026 Session. Better to save limited political capital for measures and monies that really are priorities.

**SB-3315**

Submitted on: 2/15/2026 9:33:13 PM

Testimony for HHS on 2/17/2026 9:45:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Courtney Kacir	Individual	Support	Written Testimony Only

Comments:

Aloha Committee Members,

**I SUPPORT SB 3315.**

Mahalo,

Courtney Kacir, RN BSN



To: Senator Joy A San Buenaventura, Chair  
Senator Angus L.K. McKelvey, Vice Chair  
Members of the Health and Human Services Committee

Senator Jarett Keohokalole, Chair  
Senator Carol Fukanaga, Vice-Chair  
Members of the Commerce and Consumer Protection 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 San Buenaventura, Chair Keohokalole, and Members of the Committees:

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

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

## **TESTIMONY SUPPORTING SB 3315, WITH AMENDMENT**

TO: Chair San Buenaventura, Vice Chair McKelvey, and HHS Committee  
Chair Keohokalole, Vice Chair Fukunaga, and CPN Committee

FROM: Nikos Leverenz, DPFH Board President

DATE: February 17, 2026 (9:45 A.M.)

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Drug Policy Forum of Hawai'i (DPFH) **strongly supports** SB 3315, which would permit qualifying patients or qualifying caregivers to make a single purchase of medical cannabis while waiting for the issuance of 329 cards. California and Louisiana are among those states that allow patients to access medical cannabis with a written recommendation. Given that a 329 card can take several days or longer to be issued, this bill will ensure that patients are able to obtain access from a licensed dispensary upon evaluation and recommendation by an authorized provider.

DPFH also urges the adoption of an amendment to this bill offered by the Hawai'i Alliance for Cannabis Reform (HACR) that would ensure that patients and caregivers have explicit statutory protection for possessing and transporting medical cannabis that is purchased. This may be accomplished by inserting "engage in the medical use of cannabis" as follows:

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*** 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.

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

Mahalo for the opportunity to provide testimony.

**LATE**

To: Senator Joy A. Buenaventura, Chair  
Senator Angus L.K. McKelvey, Vice-Chair  
Members of the Health and Human Services Committee

Senator Jarrett Keohokalole, Chair  
Senator Carol Fukanaga, Vice-Chair  
Members of the Commerce and Consumer Protection Committee

Fr: Casey Rothstein. CEO Green Aloha + Dispensary (Kauai)

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

Relating to Cannabis

Medical Cannabis; Access; Temporary Authorization to Purchase

Dear Chair Buenaventura, Chair Keohokalole, and Members of the Committees:

Green Aloha Strongly **supports** SB 3315,

This bill would end the potential of up to a 4 day delay from the time when a doctor prescribes medical cannabis to a patient until the patient could actually legally obtain the medication.

Picture this scenario: A person with a history of opioid addiction has a bad knee injury surfing on a Friday morning and goes to the emergency room to find out that they have torn ligaments and need surgery. Surgery can't be scheduled until the swelling goes down the following week. The doctors prescribe the patient opioids for the pain and discharge them until the surgery. The patient, fearful that they may fall back into opioid addiction, calls their primary doctor who is aware of their past history of addiction and the doctor recommends medical cannabis edibles for the pain instead of the opioids. They fill out the necessary Department of Health online paperwork, pay the state fee and the doctor submits the Authorization to the DOH. However, it's Friday afternoon and Monday is a holiday. The patient, in terrible pain, decides that they can not wait until sometime on Tuesday for the state to process the Doctor's Authorization and finally issue their 329 Card. So they go to the pharmacy and get that opioid prescription. By Tuesday they decide that they don't need the cannabis edibles because the opioids work so well and they think that they can handle it and not get addicted. Then the patient has surgery and is prescribed some more opioids for the post surgery pain. However, when this prescription runs out the doctors won't renew it again, but by this time the patient is addicted to opioids again and with their past addiction, they know where to find pills on the street so they turn back to that life, eventually they turn to heroin when they can't get pills and die of an overdose.

Now instead, imagine that the patient was able to bring the Doctor's Authorization PDF directly to the Medical Cannabis Dispensary on that Friday afternoon and obtain cannabis edibles for the pain and since they worked for them, they continued to use edibles for the post surgery pain. They never fill that opioid prescription and never fall back into addiction. They even stopped taking medical cannabis after the pain was gone, as it is not physically addictive. Life Saved.

I know that the Department of Health and Law Enforcement will say that without the State 329 Card, if the person gets pulled over on their way home from the dispensary then they would be in possession of a Schedule 1 Drug without proper authorization. And while this may be true, I doubt that there are any prosecutors that would actually bring charges on a patient in this situation. So really, what is the greater risk to the patient; getting pulled over on the way home from the dispensary with only their Doctor's Authorization PDF or turning to opioids because they can't get the medical cannabis when they need it?

Thank you for the opportunity to testify



The Institute for Human Services, Inc.  
Ending the Cycle of Homelessness

**LATE**

**TO:** Honorable Senator Jarrett Keohokalole,  
Chair, Senate Commerce and Consumer Protection Committee

Honorable Senator Joy A. San Buenaventura,  
Chair, Senate Health and Human Services Committee

Honorable Senator Carol Fukunaga,  
Vice Chair, Senate Commerce and Consumer Protection Committee

**FROM:** Connie Mitchell, Executive Director  
IHS, The Institute for Human Services, Inc.

**RE:** SB 3315 - Temporary Authorization to Purchase; Written Certification

**DATE:** February 16, 2026

**POSITION:** IHS opposes SB 3315

At IHS, the Institute for Human Services, our work with the homeless population has brought us up close and personal experience with the dangers of drug use and addiction. This is why we are so wary of making new avenues for granting access to cannabis. While medical marijuana is an effective tool, it is important that the power to prescribe rests firmly with doctors that have the experience and expertise to determine appropriate use cases. By circumnavigating this system to allow easier purchase it breaks down the essential chain of review that separates medical uses of the substance from recreational consumption. Thus, we highly encourage that the system be kept in place and that the committee does not recommend carving out new exceptions.

Mahalo for the opportunity to testify.

**LATE**

**SB-3315**

Submitted on: 2/16/2026 8:25:41 PM

Testimony for HHS on 2/17/2026 9:45:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Carrie Ann Shirota	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs San Buenaventura and Keohokalole, Vice Chairs McKelvey and Fukunaga, and members of the Senate Health and Human Services and Commerce and Consumer Protection committees:

I am writing in support of **SB 3315 Relating to Cannabis**, 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.

The reality is that issuance of a 329 card in Hawai'i can take days. For patients experiencing pain, waiting for days can feel like an eternity. SB 3315 would ensure medical patients do not have to wait for relief once they have a practitioner's certification.

This proposed measure aligns with California and Louisiana, where patients have access to medical cannabis with a written recommendation.

Please pass SB3315.

Sincerely,  
Carrie Ann Shirota

Honolulu, Hawai'i



**LATE**

To: Senator Joy A. Buenaventura, Chair  
Senator Angus L.K. McKelvey, Vice-Chair  
Members of the Health and Human Services Committee

Senator Jarrett Keohokalole, Chair  
Senator Carol Fukanaga, Vice-Chair  
Members of the Commerce and Consumer Protection Committee

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

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

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.

Dear Chair Buenaventura, Chair Keohokalole, and Members of the Committees:

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

Anti-cannabis policy continues to push Hawai'i's medical cannabis program toward structural failure. Hawai'i operates the **6th oldest medical cannabis program in the nation**, yet it has one of the **lowest patient participation rates** and some of the **most burdensome compliance requirements** imposed on qualified patients.

Medical cannabis remains the **only physician-authorized treatment that a patient cannot access on the same day it is certified**.

**The delay is not clinical — it is regulatory.** This barrier is the direct result of Department of Health (DOH) policies that overregulate patients, providers, and operators. The DOH has repeatedly been asked to support improving patient access and refused – thus driving former, current and potential patients to non-regulated sources. 2025 marked the fourth consecutive year of patient decline (-3.84% year over year) and down 15% since 2021.

**This is not a failure of demand - it is a failure of policy.**



The DOH shared a statewide survey said that 15% of adults have consumed cannabis in the past 30-days to self-medicate and yet 98% of the population decline to participate in the program as it is easier, cheaper and faster to obtain cannabis from a non-regulated source.

Please help patients get access to their medical cannabis on the day it is prescribed.

Thank you for the opportunity to provide written testimony.

Karlyn Laulusa  
Chief Executive Officer  
Noa Botanicals

**LATE**

**SB-3315**

Submitted on: 2/16/2026 11:19:41 PM

Testimony for HHS on 2/17/2026 9:45:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Josh Fowler	Individual	Oppose	Written Testimony Only

Comments:

**STRONG OPPOSITION**

SB3315 – Relating to Medical Cannabis

Chair and Members of the Committee:

My name is Josh Fowler, and I am submitting testimony in **strong opposition** to SB3315.

SB3315 weakens the safeguards of Hawai‘i’s medical cannabis program by allowing applicants or caregivers to purchase medical cannabis before the Department of Health has completed registration and verification. This change prioritizes speed over oversight and undermines the integrity of a program that is supposed to be medically supervised and tightly controlled.

The bill allows a one-time purchase of medical cannabis based solely on submission of a certification form, before confirmed registration is issued. This creates a gap where cannabis can be purchased without the State completing its review, verification, or validation process. That is a material reduction in oversight.

The Legislature’s findings cite declining participation in the medical cannabis program and competition from the illicit market as justification. That framing is problematic. The solution to an illicit market should not be to lower regulatory standards in the legal system. Doing so risks normalizing circumvention rather than improving compliance, patient safety, or program credibility.

SB3315 also increases enforcement and administrative complexity. It places additional burden on the Office of Medical Cannabis Control and Regulation to facilitate temporary authorizations while still maintaining full compliance, tracking, and accountability. This creates more opportunities for error, misuse, or abuse without clearly improving health outcomes.

Medical cannabis programs exist to ensure patient safety, product safety, and responsible access. Allowing purchases before registration confirmation moves the program closer to convenience-based access rather than medically supervised care.

For these reasons, SB3315 moves in the wrong direction. It weakens program controls, lowers oversight standards, and responds to market pressures rather than public health priorities.

I respectfully urge the Committee to reject SB3315.

Respectfully submitted,

**Josh Fowler**

Kapolei, Hawai'i 96707

**LATE**

**SB-3315**

Submitted on: 2/17/2026 9:12:57 AM

Testimony for HHS on 2/17/2026 9:45:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
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 with amendments and need to see more inclusion for minorities and the underserved indigenous communities that are most impacted by reefer madness and the war on cannabis.

Thank you for allowing me to testify.

Mahalo,

Kai Luke

**LATE**

**SB-3315**

Submitted on: 2/17/2026 9:36:17 AM

Testimony for HHS on 2/17/2026 9:45:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Gregory Misakian	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose SB3315.

Gregory Misakian

**LATE**

**SB-3315**

Submitted on: 2/17/2026 4:38:42 PM

Testimony for HHS on 2/17/2026 9:45:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
David Fukuzawa	Individual	Support	Written Testimony Only

Comments:

Dear Honorable Senators:

I am in favor of SB3315.

Sincerely,

David Fukuzawa