



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-THIRD LEGISLATURE, 2025**

ON THE FOLLOWING MEASURE:
H.B. NO. 302, RELATING TO CANNABIS.

BEFORE THE:
HOUSE COMMITTEE ON HEALTH

DATE: Wednesday, January 29, 2025 **TIME:** 10:00 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Andrew Goff, Deputy Attorney General

Chair Takayama and Members of the Committee:

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

The purposes of the bill are to: (1) remove the requirement that prospective medical cannabis patients meet in person with a physician or advanced practice registered nurse prior to being certified for the medical use of cannabis; and (2) allow applicants or the primary caregiver of applicants to purchase medical cannabis prior to approval by the Department of Health (DOH).

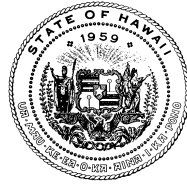
The Department is concerned that allowing applicants for the medical use of cannabis to purchase cannabis before the DOH approves their application could expose ineligible individuals to liability. Legal protections under Hawaii's medical cannabis laws, as outlined in section 329-125, Hawaii Revised Statutes (HRS), apply only to medical cannabis patients who strictly comply with these laws, even if the individual mistakenly believed they were compliant with the law.

Under the proposed bill, an applicant could purchase and possess up to two ounces of usable cannabis before the DOH has determined their eligibility for medical use. If the application is denied, the applicant may already possess cannabis without legal authorization. If that occurs, then the person's possession of the cannabis would be a violation of law, and the bill makes no provision for what happens to that illegally possessed cannabis. We strongly recommend that the bill clarify what happens to the

applicant and the cannabis if the application is denied or otherwise recommend deleting the authorization for an applicant or primary caregiver to purchase cannabis prior to DOH approval found on page 4, lines 5-15.

Additionally, we note that removing the in-person medical consultation requirement for certification for the medical use of cannabis (page 4, lines 1-5, and page 5, lines 3-4) would conflict with the existing telehealth law. Section 453-1.3(c), HRS, explicitly states: “For the purposes of . . . certifying a patient for the medical use of cannabis, a physician-patient relationship shall only be established after an in-person consultation between the prescribing physician and the patient.” This conflict raises legal and regulatory concerns regarding the proper establishment of physician-patient relationships for certification for the medical use of cannabis.

Thank you for the opportunity to provide comments.



STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony COMMENTING on HB302
RELATING TO CANNABIS**

REP. GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: January 29, 2025

Room Number: 329

Department Testimony: The Department of Health (DOH) appreciates the intent of HB302 to reduce barriers to accessing medical cannabis and recommends conforming amendments to do so more safely.

DOH notes that repealing the requirement for an in-person consultation with a healthcare provider to obtain a certification for medical cannabis conflicts with section 453-1.3(c), Hawaii Revised Statutes (HRS), which explicitly requires an in-person consultation and would need revision. DOH also notes that authorizing online consultations may open access to Hawaii patients to mainland-based telehealth companies, some of which have been under scrutiny in other states for questionable practices, and recommends amending chapter 329, HRS, the Uniform Controlled Substances Act, to limit prescriptions, or in the case of medical cannabis certifications, to those that “shall originate from within the State.”

Given that the current processing time for a complete application is 2–3 business days, DOH has concern that authorizing purchases of medical cannabis prior to the approval of their application will cause more potential harm than benefit. Unintended consequences may include:

- Exposing a subset of patients to arrest for possession of a controlled substance without a physical medical cannabis card;
- Leading to purchases over the legal limit if an approved patient without a card makes purchases from different dispensaries; and

- Creating inaccuracies in inventory control systems at dispensaries since sales records are based on the unique patient program registration number, which is provided on the card.

The Department respectfully requests that this provision be omitted.

Thank you for the opportunity to testify.

Proposed Amendments:

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. 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

1 physician or advanced practice registered nurse shall be
2 required to have a bona fide physician-patient relationship or
3 bona fide advanced practice registered nurse-patient
4 relationship, as applicable, with the qualifying patient[.];
5 provided that nothing under this part shall require that the
6 bona fide physician-patient relationship or bona fide advanced
7 practice registered nurse-patient relationship be established by
8 conducting an initial in-person consultation. [~~After the~~
9 ~~submission of the applicant's form but before receipt of~~
10 ~~confirmed registration from the department of health, the~~
11 ~~applicant or primary caregiver may use the submission of the~~
12 ~~applicant's form as proof and documentation authorizing the~~
13 ~~applicant or primary caregiver to enter and make a one-time~~
14 ~~purchase of cannabis from a medical cannabis dispensary licensed~~
15 ~~under chapter 329D in an amount that is no more than fifty per~~
16 ~~cent of the dispensing limits under section 329D-13. The~~
17 ~~department of health office of medical cannabis control and~~
18 ~~regulation shall facilitate the temporary authorization for~~
19 ~~applicants and primary caregivers.] All current active medical
20 cannabis permits shall be honored through their expiration
21 date."~~

SECTION 4. Section 453-1.3, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) Treatment recommendations made via telehealth, including issuing a prescription via electronic means, shall be held to the same standards of appropriate practice as those in traditional physician-patient settings that do not include [an] in-person visit but in which prescribing is appropriate, including on-call telephone encounters and encounters for which a follow-up visit is arranged. Issuing a prescription based solely on an online questionnaire is not treatment for the purposes of this section and does not constitute an acceptable standard of care. For the purposes of prescribing opiates, ~~[or certifying a patient for the medical use of cannabis,~~] a physician-patient relationship shall only be established after an in-person consultation between the prescribing physician and the patient."



To: Representative Gregg Takayama, Chair
Representative Sue Keohopaku-Lee Loy, Vice-Chair
Members of the House Health Committee

Fr: Blake Oshiro on behalf of the HICIA Assn.

Re: Testimony **In Strong Support** on **House Bill (HB) 302**
RELATING TO CANNABIS

Repeals the requirement that a provider-patient relationship be established in person. Allows applicants or primary caregivers to temporarily purchase medical cannabis after the submission of the applicant's certification form.

Dear Chair Takayama, Vice-Chair Keohokapu-Lee Loy and Members of the Committee:

The Hawai'i Cannabis Industry Association, represents a majority of the state's licensed medical cannabis dispensaries. HICIA **strongly supports** HB302 which eases access issues for medical cannabis patients.

When created in 2015, the medical cannabis dispensary laws were one of the most rigorous and strict systems amongst the dozens of states that allowed medical cannabis. Since that time, the nation's landscape and our state's attitudes over cannabis have also changed dramatically such that many states allow for adult use, and our state has decriminalized non-medical use. There is a thriving illicit market that makes it easy and cheaper to access cannabis, and there is now increased availability of THC through hemp-derived products. Yet, Hawaii's medical cannabis system has hardly changed.

This appears to be one of the driving reasons why the number of registered patients has declined 15% over the past 3 years. While HICIA continues to provide safe products that are tracked from seed to sale, 3rd party lab tested against impurities and pesticides, labeled with dosage and warnings – less patients are getting their cannabis from dispensaries due to price and ease.

The purpose of this bill is to ease some of the archaic hurdles in the law that have been in place since 2015 that no longer seem necessary. The laws on telehealth were already revised in 2021 for parity of in-person and telehealth visits to create a bona fide physician-patient relationship, except for opiates and medical cannabis. That distinction for medical cannabis at this stage appears arbitrary, and the bill proposes to eliminate that difference.



The bill also allows a qualifying patient immediate access to enter a dispensary and purchase a limited amount of medical cannabis upon the Department of Health's registry system recognizing the submission of a complete application. Currently, a patient may wait anywhere from 3 days to a week to obtain their medical cannabis card or "329 card" which will then allow them to enter into a licensed dispensary. This delay is often a significant barrier for patients who need their cannabis medication right away. It not only is a possible deterrent to obtain a 329 card, but can also serve to push a patient towards obtaining product from the illicit market.

HICIA respectfully request one amendment to this bill as it inadvertently left out a mirror provision outside the medical cannabis statutes, but referenced in the physician's practice that should also be changed.

Specifically, we request HRS Section 453-1.3(c) be amended as follows:

(c) Treatment recommendations made via telehealth, including issuing a prescription via electronic means, shall be held to the same standards of appropriate practice as those in traditional physician-patient settings that do not include [an] in-person visit but in which prescribing is appropriate, including on-call telephone encounters and encounters for which a follow-up visit is arranged. Issuing a prescription based solely on an online questionnaire is not treatment for the purposes of this section and does not constitute an acceptable standard of care. For the purposes of prescribing opiates [or certifying a patient for the medical use of cannabis], a physician-patient relationship shall only be established after an in-person consultation between the prescribing physician and the patient.

Thank you for the opportunity to testify.

To: Representative Gregg Takayama, Chair
Representative Sue Keohopaku-Lee Loy, Vice-Chair
Members of the House Health Committee

Fr: TY Cheng, on behalf of Aloha Green Apothecary.

Re: Testimony In **Strong Support** on **House Bill (HB) 302**
RELATING TO CANNABIS

Repeals the requirement that a provider-patient relationship be established in person. Allows applicants or primary caregivers to temporarily purchase medical cannabis after the submission of the applicant's certification form.

Dear Chair Takayama, Vice-Chair Keohokapu-Lee Loy and Members of the Committee:

Aloha Green Apothecary ("Aloha") is a state-licensed medical cannabis dispensary licensee operating on Oahu. Aloha **strongly supports** HB302 which eases access issues for medical cannabis patients.

Since the introduction of the medical cannabis 329 patient registry program, the nation's landscape and our state's attitudes over cannabis have also changed dramatically such that many states allow for adult use, and our state has decriminalized non-medical use. There is a thriving illicit market that makes it easy and cheaper to access cannabis, and there is now increased availability of THC through hemp-derived products. Yet, Hawaii's medical cannabis system has hardly changed.

This appears to be one of the driving reasons why the number of registered patients has declined over the past 3 years (see table below).

In-State 329 Patient Registration Numbers¹

Date	Dec 2020	Dec 2021	Dec 2022	Dec 2023	Dec 2024
# of patients	30,847	34,124	33,308	31,789	29,882
Change (-/+)		+9.6	-2.4%	-4.7%	-6.3%

The purpose of this bill is to ease some of the archaic hurdles in the law that have been in place since 2015 that no longer seem necessary. The laws on telehealth were already revised in 2021 for parity of in-person and telehealth visits to create a bona fide physician-patient relationship, except for opiates and medical cannabis. That distinction for medical cannabis at this stage appears arbitrary, and the bill proposes to eliminate that difference.

¹ <https://health.hawaii.gov/medicalcannabisregistry/submenu/program-statistics/>

The bill also allows a qualifying patient immediate access to enter a dispensary and purchase a limited amount of medical cannabis upon the Department of Health's registry system recognizing the submission of a complete application. Currently, a patient may wait anywhere from 3 days to a week to obtain their medical cannabis card or "329 card" which will then allow them to enter into a licensed dispensary. The time between physician qualification and card issuance is only for the Department of Health to confirm that names and addresses match the application for card issuance as they have no intent to intervene in the physician-patient relationship and second-guess the qualification of a medical professional. In fact, California's medical cannabis program does not require patients to receive their State issued medical card, and allows patients to rely on a physician's qualification letter to qualify and purchase medical cannabis.

The Department of Health registry is not open on weekends/holidays and only processes registrations during standard office hours. A patient who is qualified by a physician on Friday might have to wait 5 excruciating days to gain access to medicine that can alleviate their debilitating symptoms. This delay is often a significant barrier for patients who need their cannabis medication right away. This is a possible deterrent to obtaining a 329 card but also serves to push a patient towards obtaining cannabis products from the illicit market.

Finally, the Department of Health registry system issues a registration number and a submission confirmation to the qualifying physician upon qualification. A qualifying physician merely has to select "qualified" in the Department of Health's online physician portal to generate these documents. The documents may be printed to be used as evidence of the pending 329 card issuance. This State-generated document should provide sufficient evidence for one of the eight dispensary licenses to provide a limited amount of medicine to ease a patient's suffering. This same documentation should provide reasonable legal protections for the patient.

Thank you for the opportunity to testify. I am available for any questions.



SanHi

GOVERNMENT STRATEGIES

A LIMITED LIABILITY LAW PARTNERSHIP

DATE: January 29, 2025

TO: Representative Gregg Takayama
Chair, Committee on Health

Representative Sue Keohokapu-Lee Loy
Vice Chair, Committee on Health

FROM: Mihoko Ito

RE: **H.B. 302 – Relating to Cannabis (HLT, CPC, JHA)**
Hearing Date: Wednesday, January 29, 2025 at 10:00 a.m.
Conference Room: 329

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy, and members of the Committee:

We submit this testimony on behalf of Cure Oahu in **support of H.B. 302**, Relating to Cannabis, which repeals the requirement that a provider-patient relationship be established in person and allows applicants or primary caregivers to temporarily purchase medical cannabis after the submission of the applicant's certification form.

Cure Oahu supports this bill because it will ease the difficulties on patients and primary caregivers to navigate the registration process for the medical cannabis program. The number of registered medical cannabis patients has been in decline since 2021. There are various issues with the registration process - including the limited number of providers participating in the certification process, the costs incurred by patients as part of the certification process, and the proliferation of illicit market products.

We believe that access to medical cannabis should be as streamlined as possible to ensure that patients can obtain their medical cannabis cards and access medical cannabis in a way that keeps patients and the public safe rather than bypassing the medical program altogether. Allowing full access via telehealth and providing the temporary purchase of small amounts of cannabis will help streamline access while balancing public safety concerns.

For these reasons, we support this measure and ask that the Committee pass H.B.302. Thank you for the opportunity to submit testimony in support of this measure.



Akamai Cannabis Consulting

3615 Harding Ave, Suite 304
Honolulu, HI 96816

**TESTIMONY ON HOUSE BILL 302
RELATING TO CANNABIS**

Clifton Otto, MD

House Committee on Health
Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Lee Loy, Vice Chair

Wednesday, January 29, 2025 - 10:00 AM
State Capitol, Room 329 & Videoconference

Broad changes to Hawaii's Medical Cannabis Program are necessary to improve participation and access, which can provide an alternative to recreational legalization that will allow for better regulatory oversight and protection of the State's authority over the intrastate medical use of cannabis.

Please consider replacing this bill with the following revision of Hawaii's Medical Use of Cannabis Act, Chapter 329, [Part XI](#), Hawaii Revised Statutes:

Take action to protect the intrastate medical use of cannabis:

§329D-25 Coordination among state and federal agencies. The department shall initiate ongoing dialogue among relevant state and federal agencies to identify processes and policies that ensure the privacy of qualifying patients ~~[and qualifying out-of-state patients]~~ and the compliance of qualifying patients, primary caregivers, ~~[qualifying out-of-state patients, and caregivers of qualifying out-of-state patients]~~ and medical cannabis dispensaries with state laws and regulations related to medical cannabis; provided that such dialogue shall include proceeding with [HCR132 \(2021\)](#).

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

Allow certifying providers to decide adequate supply:

"Adequate supply" means an amount of medical cannabis jointly possessed between the qualifying patient and the primary caregiver that is not more than is reasonably necessary to ensure the uninterrupted availability of cannabis for the purpose of alleviating the symptoms or effects of a qualifying patient's debilitating medical condition; provided that an "adequate supply" shall not exceed: ten cannabis plants, whether immature or mature, and four ounces of usable cannabis at any given time, or an amount determined by the certifying physician or APRN. The ~~[four ounces of]~~ usable cannabis shall include any combination of usable cannabis and manufactured cannabis products, as provided in chapter 329D, with the cannabis in the manufactured cannabis products being calculated using information provided pursuant to section 329D-9(c).

~~["Adequate supply for a qualifying out-of-state patient" means an amount of cannabis individually possessed by a qualifying out-of-state patient or jointly possessed by a qualifying out-of-state patient who is under eighteen years old and the caregiver of the qualifying out-of-state patient that is not more than is reasonably necessary to ensure the uninterrupted availability of cannabis for the purpose of alleviating the symptoms or effects of the qualifying out-of-state patient's debilitating medical condition; provided that an "adequate supply for a qualifying out-of-state patient" shall not exceed four ounces of usable cannabis at any given time and shall not include live plants. The four ounces of usable cannabis shall include any combination of usable cannabis and manufactured cannabis products, as provided in chapter 329D; provided that the usable cannabis in the manufactured products shall be calculated using information provided pursuant to section 329D-9(c).]~~

Remove the DEA registration requirement for APRNs:

"Advanced practice registered nurse" means an advanced practice registered nurse who is licensed to practice under [chapter 457](#) ~~[with prescriptive authority as described in section 457-8.6 and registered under section 329-32]~~.

Remove out-of-state language to treat local and visiting patients equally:

~~["Caregiver of a qualifying out-of-state patient" means a parent, guardian, or person having legal custody of a qualifying out-of-state patient who is under the age of eighteen years.]~~

Allow certifying providers to decide qualifying conditions:

"Debilitating medical condition" means any condition determined by the certifying physician or APRN. [∴

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

~~—(2) A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following:~~
~~—(A) Cachexia or wasting syndrome;~~
~~—(B) Severe pain;~~
~~—(C) Severe nausea;~~
~~—(D) Seizures, including those characteristic of epilepsy;~~
~~—(E) Severe and persistent muscle spasms, including those characteristic of multiple sclerosis or Crohn's disease; or~~
~~—(F) Post-traumatic stress disorder; or~~
~~—(3) Any other medical condition approved by the department of health pursuant to administrative rules in response to a request from a physician or advanced practice registered nurse or potentially qualifying patient.]~~

Clarify the term “distribution” under Medical Use:

"Medical use" means the acquisition, possession, cultivation, use, distribution, or transportation of cannabis or paraphernalia relating to the administration of cannabis to alleviate the symptoms or effects of a qualifying patient's debilitating medical condition. ~~[; provided that "medical use" does not include the cultivation or distribution of cannabis or paraphernalia by a qualifying out-of-state patient or the caregiver of a qualifying out-of-state patient.]~~ For the purposes of "medical use", the term "distribution" is limited to the transfer of cannabis and paraphernalia between those authorized to engage in the medical use of cannabis.

Remove the DEA registration requirement for physicians:

"Physician" means a person who is licensed to practice under chapter 453 ~~[and is licensed with authority to prescribe drugs and is registered under section 329-32]~~. "Physician" does not include a physician assistant as described in section 453-5.3.

Make Written Certifications valid for only one year again:

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

physician or advanced practice registered nurse states that the patient's debilitating medical condition is chronic in nature] .

Remove out-of-state language and clarify transportation:

§329-122 Medical use of cannabis; conditions of use. (a) Notwithstanding any law to the contrary, the medical use of cannabis by a qualifying patient shall be permitted only if:

(1) The qualifying patient has been diagnosed by a physician or advanced practice registered nurse as having a debilitating medical condition;

(2) The qualifying patient's physician or advanced practice registered nurse has certified in writing that, in the physician's or advanced practice registered nurse's professional opinion, the potential benefits of the medical use of cannabis would likely outweigh the health risks for the particular qualifying patient; and

(3) The amount of cannabis possessed by the qualifying patient does not exceed an adequate supply.

(b) Subsection (a) shall not apply to a qualifying patient under the age of eighteen years, unless:

(1) The qualifying patient's physician or advanced practice registered nurse has explained the potential risks and benefits of the medical use of cannabis to the qualifying patient and to a parent, guardian, or person having legal custody of the qualifying patient; and

(2) A parent, guardian, or person having legal custody consents in writing to:

(A) Allow the qualifying patient's medical use of cannabis;

(B) Serve as the qualifying patient's primary caregiver; and

(C) Control the acquisition of the cannabis, the dosage, and the frequency of the medical use of cannabis by the qualifying patient.

~~[(c) Notwithstanding any law to the contrary, the medical use of cannabis within the State by a qualifying out-of-state patient aged eighteen years or older legally authorized to use cannabis for medical purposes in another state, a United States territory, or the District of Columbia shall be permitted only if the qualifying out-of-state patient:~~

~~—(1) Provides to the department of health a valid medical use of cannabis card with an explicit expiration date that has not yet passed from the issuing jurisdiction and a valid photographic identification card or driver's license issued by the same jurisdiction;~~

~~—(2) Attests under penalty of law pursuant to section 710-1063 that the condition for which the qualifying out-of-state patient is legally authorized to use cannabis for medical purposes is a debilitating medical condition as defined in section 329-121;~~

~~—(3) Provides consent for the department of health to obtain information from the qualifying out-of-state patient's certifying medical provider and from the entity that issued the medical cannabis card for the purpose of allowing the department of health to verify the information provided in the registration process;~~

~~—(4) Pays the required fee for out-of-state registration to use cannabis for medical purposes;~~
~~—(5) Registers with the department of health pursuant to section 329-123.5 to use cannabis for medical purposes;~~
~~—(6) Receives a medical cannabis registry card from the department of health; and~~
~~—(7) Abides by all laws relating to the medical use of cannabis, including not possessing an amount of cannabis that exceeds an adequate supply.~~
~~—(d) Notwithstanding any law to the contrary, the medical use of cannabis by a qualifying out-of-state patient under eighteen years of age shall only be permitted if:~~
~~—(1) The caregiver of the qualifying out-of-state patient provides the information required pursuant to subsection (c); and~~
~~—(2) The caregiver of the qualifying out-of-state patient consents in writing to:~~
~~—(A) Allow the qualifying out-of-state patient's medical use of cannabis;~~
~~—(B) Undertake the responsibility for managing the well-being of the qualifying out-of-state patient who is under eighteen years of age with respect to the medical use of cannabis; and~~
~~—(C) Control the acquisition of the cannabis, the dosage, and the frequency of the medical use of cannabis by the qualifying out-of-state patient who is under eighteen years of age.]~~

(c) [~~(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, unless specifically authorized by the employer;

(C) On any school grounds, unless specially authorized by the [DOE Superintendent](#);

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

(E) 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, or 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.

(d) [(f)] For the purposes of this section, "transport" means the transportation of cannabis, usable cannabis, or any manufactured cannabis product between:

- (1) A qualifying patient and the qualifying patient's primary caregiver;
- (2) A qualifying out-of-state patient under eighteen years of age and the caregiver of a qualifying out-of-state patient;
- (3) The production centers and the retail dispensing locations under a dispensary licensee's license;
- (4) Dispensaries, to the extent authorized by section 329D-6(r); or
- (5) A production center, retail dispensing location, qualifying patient, primary caregiver, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient and a certified laboratory for the purpose of laboratory testing; provided that a qualifying patient, primary caregiver, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient may only transport up to one gram of cannabis per test to a certified laboratory for laboratory testing and may only transport the product if the qualifying patient, primary caregiver, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient:
 - (A) Secures an appointment for testing at a certified laboratory;
 - (B) Obtains confirmation, which may be electronic, that includes the specific time and date of the appointment and a detailed description of the product and amount to be transported to the certified laboratory for the appointment; and
 - (C) Has the confirmation, which may be electronic, available during transport.

For purposes of interisland transportation, "transport" of cannabis, usable cannabis, or any manufactured cannabis product, by any means is allowable only between dispensaries to the extent authorized by section 329D-6(r) and between a production center or retail dispensing location and a certified laboratory for the sole purpose of laboratory testing pursuant to section 329D-8, as permitted under section 329D-6(m) and subject to section 329D-6(j), and by a qualifying patient or their primary caregiver; provided that such transport shall only be authorized within the jurisdictional limits of the State. [~~with the understanding that state law and its protections do not apply outside of the jurisdictional limits of the State. Allowable transport pursuant to this section does not include interisland transportation by any means or for any purpose between a qualifying patient, primary caregiver, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient and any other entity or individual, including an individual who is a qualifying patient, primary caregiver, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient.~~]

(e) The department shall pursue the federal aviation exemption available under FAA regulation [14 CFR 91.19](#) for the interisland intrastate transport of medical cannabis, and shall promote prep labs on islands that fall outside the jurisdictional limits of the State

and do not have access to local testing so that de minimis samples can be sent to Oahu for required potency and contaminant testing.

Require instantaneous registration application approval and expand caregiving:

§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. 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; provided that the grow site address [and] shall not 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. All current active medical cannabis permits shall be honored through their expiration date.

(b) Qualifying patients shall register with the department of health. The registration shall be effective until the expiration of the certificate issued by the department of health and signed by the physician or advanced practice registered nurse. Every qualifying patient shall provide sufficient identifying information to establish the personal identities of the qualifying patient and the primary caregiver. Qualifying patients shall report changes in information within ten working days. Every qualifying patient shall have only one primary caregiver at any given time. The department of health shall issue to the qualifying patient a registration certificate and may charge a fee for the certificate in an amount adopted by rules pursuant to chapter 91.

(c) Primary caregivers shall register with the department of health. Each [Every] primary caregiver may [shall] be responsible for the care of no more than ten [only one] qualifying patients at any given time, unless the primary caregiver is the parent, guardian, or person having legal custody of more than one minor qualifying patient, in which case the primary caregiver may be responsible for the care of more than one minor qualifying patient at any given time; provided that the primary caregiver is the parent, guardian, or person having legal custody of all of the primary caregiver's qualifying patients. The department of health may permit registration of up to two primary caregivers for a minor qualifying patient; provided that both primary caregivers are the parent, guardian, or person having legal custody of the minor qualifying patient.

(d) Upon inquiry by a law enforcement agency, which inquiry may be made twenty-four hours a day, seven days a week, the department of health shall immediately verify

whether the subject of the inquiry has registered with the department of health and may provide reasonable access to the registry information for official law enforcement purposes.

(e) The department shall use AI technology to make registration approval instantaneous. In those instances where application errors are detected, the defective application shall be instantaneously returned to the certifying physician or APRN for correction and resubmission.

[~~(e) This section shall not apply to registration of a qualifying out-of-state patient or a caregiver of a qualifying out-of-state patient.]~~

Remove out-of-state language:

~~[§329-123.5 Registration requirements; qualifying out-of-state patient; caregiver of a qualifying out-of-state patient.]~~

~~[(a) Notwithstanding section 329-123, a qualifying out-of-state patient and a caregiver of a qualifying out-of-state patient shall register with the department of health as established by rule. The registration shall be effective for no more than sixty days and may be renewed for no more than one additional sixty-day period that begins no later than twelve months after the preceding registration date; provided that the department shall not register any qualifying out-of-state patient for a period that exceeds the term of validity of the qualifying out-of-state patient's authority to use medical cannabis in the qualifying out-of-state patient's home jurisdiction.~~

~~—(b) A qualifying out-of-state patient aged eighteen or older, at a minimum, shall meet the following criteria for registration:~~

~~—(1) Provide a valid government-issued medical cannabis card issued to the qualifying out-of-state patient by another state, United States territory, or the District of Columbia; provided that the medical cannabis card has an expiration date and has not expired;~~

~~—(2) Provide a valid photographic identification card or driver's license issued by the same jurisdiction that issued the medical cannabis card; and~~

~~—(3) Have a debilitating medical condition, as defined in section 329-121.~~

~~—(c) A qualifying out-of-state patient under eighteen years of age may be registered pursuant to this section only if the qualifying patient has a debilitating medical condition as defined in section 329-121 and the caregiver of the qualifying out-of-state patient, at a minimum, meets the requirements of paragraphs (1) and (2) of subsection (b) and consents in writing to:~~

~~—(1) Allow the qualifying out-of-state patient's medical use of cannabis;~~

~~—(2) Undertake the responsibility for managing the well-being of the qualifying out-of-state patient who is under eighteen years of age, with respect to the medical use of cannabis; and~~

~~—(3) Control the acquisition of the cannabis, the dosage, and the frequency of the medical use of cannabis by the qualifying out-of-state patient who is under eighteen years of age.~~

~~—(d) In the case of any qualifying out-of-state patient who is under eighteen years of age, the department of health shall register the qualifying out-of-state patient and the caregiver of the qualifying out-of-state patient; provided that the department may register two caregivers for a qualifying out-of-state patient if each caregiver is the parent, guardian, or person having legal custody of the qualifying out-of-state patient who is under eighteen years of age.~~

~~—(e) Each qualifying out-of-state patient shall pay a fee in an amount established by rules adopted by the department pursuant to chapter 91 for each registration and renewal.~~

~~—(f) Upon inquiry by a law enforcement agency, the department of health shall immediately verify whether the subject of the inquiry has registered with the department of health and may provide reasonable access to the registry information for official law enforcement purposes. An inquiry and verification under this subsection may be made twenty-four hours a day, seven days a week.~~

~~—(g) The department of health may temporarily suspend the registration of a qualifying out-of-state patient or a registered caregiver of a qualifying out-of-state patient for a period of up to thirty days if the department of health determines that the registration process for qualifying patients or primary caregivers is being adversely affected or the supply of cannabis for medical use available in licensed dispensaries is insufficient to serve qualifying patients and qualifying out-of-state patients. A temporary suspension may be extended by thirty-day periods until the department of health determines that:~~

~~—(1) Adequate capacity exists to register qualifying out-of-state patients and caregivers of qualifying out-of-state patients in addition to qualifying patients and primary caregivers; and~~

~~—(2) The licensed dispensaries are able to meet the demands of qualifying patients.]~~

Remove out-of-state language:

§329-125 Protections afforded to a qualifying patient, or primary caregiver [, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient]

. (a) A qualifying patient, or primary caregiver [, ~~qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient~~] may assert the medical use of cannabis authorized under this part as an affirmative defense to any prosecution involving marijuana under this part, part IV, or part IV of chapter 712; provided that the qualifying patient, or primary caregiver [, ~~qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient~~] strictly complied with the requirements of this part.

(b) Any qualifying patient, or primary caregiver [~~, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient~~] not complying with the permitted scope of the medical use of cannabis shall not be afforded the protections against searches and seizures pertaining to the misapplication of the medical use of cannabis.

(c) No person shall be subject to arrest or prosecution for simply being in the presence or vicinity of the medical use of cannabis as permitted under this part.

Remove out-of-state language:

§329-125.5 Medical cannabis patient and caregiver protections. (a) No school shall refuse to enroll or otherwise penalize, and no landlord shall refuse to lease property to or otherwise penalize, a person solely for the person's status as a qualifying patient or primary caregiver in the medical cannabis program under this part, unless failing to do so would cause the school or landlord to lose a monetary or licensing-related benefit under federal law or regulation; provided that the qualifying patient or primary caregiver strictly complied with the requirements of this part; provided further that the qualifying patient or primary caregiver shall present a medical cannabis registry card or certificate and photo identification, to ensure that the qualifying patient or primary caregiver is validly registered with the department of health pursuant to section 329-123.

(b) For the purposes of medical care, including organ transplants, a registered qualifying patient's use of cannabis in compliance with this part shall be considered the equivalent of the use of any other medication under the direction of a physician and shall not constitute the use of an illicit substance or otherwise disqualify a registered qualifying patient from medical care.

(c) No qualifying patient or primary caregiver under this part shall be denied custody of, visitation with, or parenting time with a minor, and there shall be no presumption of neglect or child endangerment, for conduct allowed under this part; provided that this subsection shall not apply if the qualifying patient's or primary caregiver's conduct created a danger to the safety of the minor, as established by a preponderance of the evidence.

(d) This section shall apply to qualifying patients, or primary caregivers [~~, qualifying out-of-state patients, and caregivers of qualifying out-of-state patients~~] who are validly registered with the department of health pursuant to this part and the administrative rules of the department of health.

Allow telehealth for all medical cannabis patients:

§329-126 Protections afforded to a treating physician or advanced practice registered nurse. (a) No physician or advanced practice registered nurse shall be subject to arrest or prosecution, penalized in any manner, or denied any right or

privilege for providing written certification for the medical use of cannabis for a qualifying patient; provided that:

- (1) The physician or advanced practice registered nurse has diagnosed the patient as having a debilitating medical condition, as defined in section 329-121;
- (2) The physician or advanced practice registered nurse has explained the potential risks and benefits of the medical use of cannabis, as required under section 329-122;
- (3) The written certification is based upon the physician's or advanced practice registered nurse's professional opinion after having completed a full assessment of the patient's medical history and current medical condition made in the course of a bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship, as applicable; and
- (4) The physician or advanced practice registered nurse has complied with the registration requirements of section 329-123.

(b) For purposes of this section, a bona fide physician-patient relationship may be established via telehealth, as defined in section 453-1.3(j), and a bona fide advanced practice registered nurse-patient relationship may be established via telehealth, as defined in section 457-2 [~~provided that treatment recommendations that include certifying a patient for the medical use of cannabis via telehealth shall be allowed only after an initial in-person consultation between the certifying physician or advanced practice registered nurse and the patient~~] .

Remove out-of-state language:

§329-127 Protection of cannabis and other seized property. (a) Cannabis, paraphernalia, or other property seized from a qualifying patient or primary caregiver in connection with a claimed medical use of cannabis under this part shall be returned immediately upon the determination by a court that the qualifying patient or primary caregiver is entitled to the protections of this part, as evidenced by a decision not to prosecute, dismissal of charges, or an acquittal; provided that law enforcement agencies seizing live plants as evidence shall not be responsible for the care and maintenance of such plants.

(b) [~~This section shall also apply to qualifying out-of-state patients and caregivers of qualifying out-of-state patients who are validly registered with the department of health pursuant to this part and the administrative rules of the department of health; provided that notwithstanding subsection (a) to the contrary, under~~] Under no circumstances shall cannabis, paraphernalia, or other property be returned to any location outside of the island from which it was seized.

Clarifying solvent prohibition:

§329-129 Prohibited acts; flammable solvents. (a) No qualifying patient, or primary caregiver [, qualifying out-of-state patient, or caregiver of a qualifying out-of-state

patient] shall use butane to extract any cannabinoid [~~tetrahydrocannabinol~~] from cannabis plants.

(b) Any person who violates this section shall be guilty of a class C felony.

Allowing ten patients per grow site and primary caregiver cultivation any island:

§329-130 Authorized sources of medical cannabis. (a) [~~After December 31, 2024,~~
a] A qualifying patient shall obtain medical cannabis or manufactured cannabis products only:

(1) From a dispensary licensed pursuant to chapter 329D; provided that the cannabis shall be purchased and paid for at the time of purchase; or

(2) By cultivating cannabis in an amount that does not exceed an adequate supply for the qualifying patient, pursuant to section 329-122; provided that each location used to cultivate cannabis shall be used by no more than ten [~~five~~] qualifying patients.

[~~After December 31, 2024, no primary caregiver shall be authorized to cultivate cannabis for any qualifying patient.~~

~~—(b) This section shall not apply to:~~

~~—(1) A qualifying patient who is a minor or an adult lacking legal capacity and the primary caregiver is the parent, guardian, or person having legal custody of a qualifying patient described in this paragraph; or~~

~~—(2) A qualifying patient on any island on which there is no medical cannabis dispensary licensed pursuant to chapter 329D.~~

~~—(c) A qualifying out-of-state patient and a caregiver of a qualifying out-of-state patient shall be authorized to obtain cannabis for medical use only from retail dispensing locations of dispensaries licensed pursuant to chapter 329D.]~~

To: Representative Gregg Takayama, Chair
Representative Sue Keohokapu-Lee Loy
Members of the House Committee on Health

Fr: Karlyn Laulusa, Chief Executive Officer, Noa Botanicals

Re: Testimony with Comments of House Bill (HB) 302

Measure Title: RELATING TO CANNABIS.
Report Title: Medical Cannabis; Access; Providers; Certification
Companion: SB1069

Aloha Chair, Vice-Chair, and members of the committee,

My name is Karlyn Laulusa and I'm the Chief Executive Officer at Noa Botanicals, a medical licensee on the island of Oahu and I stand in strong support of HB302.

When the medical cannabis dispensary program was created 10-years ago, it was designed to prevent abuse and included stringent restrictions. However, over the past ten-years much has changed, and the original rules and regulations have had the unintended consequence of driving those seeking medical cannabis to the illicit black market. The program continues to struggle as enrollment has dropped precipitously by 15% since 2021 due to the following -

1. There is limited physician participation statewide with only 234 physicians and APRN's having issued one or more cards in 2023.
2. The requirement of an in-person physician-patient visit to establish a bona-fide relationship with a card issuer is burdensome.
3. The uninsured and uncontrolled cost of a medical cannabis card can range from \$100 to \$300 omit the \$38.50 state fee, depending on the provider and island.
4. With limited physician participation, mandatory in-person visits, and high cost of entry, the program has become unaffordable and unattractive.
5. The next largest impacting factor has been the explosion of viable cannabis products that are being sold under the guise of hemp at businesses that allow immediate access as they do not require a medical card, offer online sales and in some cases delivery services.

This bill aims to improve access to safe, regulated medical cannabis for qualified patients in Hawaii by easing at least one of the existing restrictions.

Thank you for the opportunity to provide testimony.

Aloha,
Karlyn Laulusa



To: Representative Gregg Takayama, Chair
Representative Sue Keohopaku-Lee Loy, Vice-Chair
Members of the House Health Committee

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

Re: Testimony **In Strong Support** on **House Bill (HB) 302** RELATING TO CANNABIS

Repeals the requirement that a provider-patient relationship be established in person. Allows applicants or primary caregivers to temporarily purchase medical cannabis after the submission of the applicant's certification form.

Dear Chair Takayama, Vice-Chair Keohokapu-Lee Loy and Members of the Committee:

Big Island Grown, a state-licensed medical cannabis dispensary operating in Hawaii County, stands in strong support of HB 302. Over the past three years, the number of patients registered to receive medical cannabis has dropped by over 15%. One of the primary causes of this decline are regulatory barriers for patients to access cannabis through the legal dispensary system.

Currently, patients must be certified as having one or more qualifying conditions via an in-person diagnosis from a small pool of registered certifying providers. Patients then wait days to receive a medical cannabis card to be eligible to even enter a state-licensed dispensary for their cannabis medication. For many patients who are terminally ill or in severe chronic pain, an in-person visit can be logistically challenging to schedule and make travel arrangements for. Based on the severity of circumstance, any delay in a patient's ability to access medical cannabis via the state-licensed dispensary system may simply drive them to alternate untested, unregulated sources. Legal access to medical cannabis via the dispensary system should be immediate following certification by a provider, especially for terminal patients.

HB302 seeks to address these challenges and bolster patients' access to cannabis medication by:

- Allowing initial physician consultation to occur via telemedicine – a safe and common medical practice used increasingly since the COVID-19 pandemic.
- Allowing patients to temporarily purchase a limited quantity of cannabis medication upon submission of a certification form and while awaiting delivery of the medical cannabis patient card.

Thank you for the opportunity to testify in strong support. Without these important changes to the medical cannabis program, patient access to care will continue to decline and risk to public safety will increase as patients continue to turn to alternate untested, unregulated sources for their medical cannabis needs.

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

Lau Ola LLC, dba Big Island Grown Dispensaries
HILO WAIMEA KONA

HB-302

Submitted on: 2/2/2025 2:18:08 PM

Testimony for HLT on 1/29/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Alexis Muller	Individual	Support	Written Testimony Only

Comments:

I am writing in support of HB302, which allows medical cannabis patients to access their medication without delay while waiting for a registration card from the Department of Health. Passing this bill into law will support medical cannabis patients and help sustain the medical cannabis patient program. This law encourages patients to join and remain in the program while promoting public health initiatives for safe and responsible cannabis use.