DAVID Y. IGE
GOVERNOR OF HAWAII

BRUCE S. ANDERSON, Ph.D.
DIRECTOR OF HEALTH

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

Written Only

Testimony in SUPPORT of H.B. 2097 H.D.2, S.D.1
RELATING TO MEDICAL CANNABIS

SENATOR KARL RHOADS, CHAIR
SENATE COMMITTEE ON JUDICIARY

Hearing Date: Tuesday, June 30, 2020 Room Number: 016

Fiscal Implications: Cannot be determined at this time but additional staffing resources would be required in the near future.

Department Testimony: The Department of Health (DOH) appreciates the direction of this bill and SUPPORTS the proposals to:

(1) Authorize DOH to allow remediation of cannabis or manufactured cannabis products that fail testing;

(2) Authorize licensed dispensaries to manufacture and distribute edible cannabis products under certain conditions; and

(3) Authorize DOH to allow licensed dispensaries to provide educational and scientific information and sponsor events related to medical cannabis.

Allow us to address each one separately.

(1) Remediation – DOH supports the language proposed in the amendment to section 329D-8, HRS (page 3, lines 4-6), which clarifies DOH's authority to consider processes that may allow cannabis or manufactured cannabis products that fail testing standards to be remediated. The DOH is currently allowing remediation in specific circumstances and the

proposed language clarifies that DOH is authorized to adapt appropriate standards based on current science and best practices.

(2) Edibles – DOH supports the statutory authority for the department to establish a medical cannabis edibles program. Please see, below, DOH's recommended edits to this bill. DOH's overwhelming concern on all cannabis products, including edibles, is ensuring patient and product safety. As demonstrated by the nationwide outbreak of vaping-related lung illnesses which continue to occur, unregulated products pose a significant risk of morbidity and mortality among previously healthy individuals and medical cannabis patients are certified as having a debilitating medical condition. Lessons learned from the vaping-related illnesses, coupled with lessons learned on edible products from other jurisdictions, puts DOH is a good position to be able to exercise the authority to approve all manufactured cannabis products and require such products to meet all the requirements of rules adopted pursuant to chapter 329D, HRS. However, in the near future, DOH will need additional staffing resources to properly maintain adequate oversight over an additional type of manufactured product.

However, **DOH requests the following alternate language (underlined) for the proposed amendments under SECTION 4 amending section 329D-10, HRS:**

Clarifying that DOH may authorize edible cannabis products (page 5, lines 13-15):

"and (10) Other products, including edible cannabis products, as specified by the department."

And clarifying that edible cannabis products are neither a drug, nor a food, nor bottled beverage and should not be regulated as such (page 5, lines 19-21; page 6, lines 1-3):

(c) As used in this section, "edible cannabis products" means manufactured cannabis products intended for gastrointestinal administration of any cannabinoid extracted from the cannabis plant and regulated as manufactured cannabis products and not as a "drug" or "food" as defined and regulated in chapter 328, HRS, or as "bottled water" as defined and regulated in chapter 328D, HRS."

(3) Education - DOH supports the language proposed in the amendment to section 329D-11, HRS (page 8, lines 15-18), which clearly states DOH's authority to allow dispensaries to provide, disseminate, and publish educational and scientific materials to ensure that youth are not targeted.

Thank you for the opportunity to provide testimony on this measure.

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU
801 SOUTH BERETANIA STREET · HONOLULU, HAWAII 96813
TELEPHONE: (808) 529-3111 · INTERNET: www.honolulupd.org

LATE

KIRK CALDWELL
MAYOR

SUSAN BALLARD
CHIEF

JOHN D. McCARTHY
CLYDE K. HO
DEPUTY CHIEFS

OUR REFERENCE PJ-LS

June 30, 2020

The Honorable Karl Rhoads, Chair
and Members
Committee on Judiciary
State Senate
Hawaii State Capitol
415 South Beretania Street, Room 016
Honolulu, Hawaii 96813

Dear Chair Rhoads and Members:

SUBJECT: House Bill No. 2097, H.D. 2, S.D. 1, Relating to Medical Cannabis

I am Major Phillip Johnson of the Narcotics/Vice Division of the Honolulu Police Department (HPD), City and County of Honolulu.

The HPD opposes House Bill No. 2097, H.D. 2, S.D. 1, Relating to Medical Cannabis.

This bill, in part, seeks to amend Section 329D-10 of the Hawaii Revised Statutes to include edible cannabis products. Edible marijuana products should not be allowed. Hospitals in Colorado report an increase in the number of children who are treated for illnesses/injuries related to the accidental consumption of edible marijuana products. The Colorado Veterinary Medical Association has stated that veterinarians are treating an increased number of animals for accidental marijuana ingestion. If marijuana is made available in more edible forms, it will likely increase exposure to children and pets.

The HPD urges you to oppose House Bill No. 2097, H.D. 2, S.D. 1, Relating to Medical Cannabis, and thanks you for the opportunity to testify.

APPROVED:

Susan Ballard
Chief of Police

Sincerely,

Phillip Johnson, Major
Narcotics/Vice Division

Serving and Protecting With Aloha

HAWAI'I CANNABIS INDUSTRY ASSOCIATION

June 30, 2020

To: Senator Karl Rhoads, Chair
Senator Jarret Keohokalole, Vice Chair
Members of the Senate Judiciary Committee

Fr: Randy Gonce, Program Director
Teri Freitas Gorman, 2020 Board Chair
Hawai`i Cannabis Industry Association (HICIA)

Re: TESTIMONY IN **SUPPORT** OF HOUSE BILL 2097 WITH REQUESTED AMENDMENTS

RELATING TO MEDICAL CANNABIS.

Allows for a process to remediate any batch of cannabis that fails laboratory testing standards so long as any final product passes all such laboratory standards. Authorizes licensed retail dispensaries to sell edible cannabis products, under certain conditions, and circulate, sponsor, and promote educational and scientific information and events related to cannabis.

The Hawaiʻi Cannabis Industry Association (HICIA), formerly known as the Hawaiʻi Educational Association for Licensed Therapeutic Healthcare (HEALTH), represents all eight of the state's licensed medical cannabis dispensaries plus associate members. The provisions of HB2097 ensure i) registered patients have access to an adequate, affordable supply of manufactured medical cannabis products; ii) provides patients with a wider selection of safety-assured products for those who choose not to inhale cannabis for personal or health reasons; and iii) benefits registered and prospective cannabis patients by allowing dispensaries to disseminate scientific and educational information to increase awareness of the potential therapeutic benefits of quality-assured medical cannabis.

1. FLOWER REMEDIATION: "*Consider processes that allow any batch of product that fails testing standards to be remediated and manufactured so long as any final product passes testing standards*."

This provision reflects widespread industry practice while upholding the Department of Health's foundational principles of product safety, patient safety, and public safety. In accordance with these principles, Hawai'i's testing standards have been among the most stringent in the industry, requiring comprehensive testing for flowers and manufactured products. In fact, Hawai`i testing standards have led the industry, especially for many of the most dangerous pathogens.

For example, it wasn't until September 15, 2019 that Colorado mandated that cannabis plant material that failed yeast and mold testing, and is remediated through extraction to produce cannabis concentrates, must be *retested* for mycotoxins prior to sale.[1] Hawai'i's threshold for failure due to the

[1] Colorado Revised Statues (C.R.S) 44-11-202 (3)(a)(I) & 44-12-202(3)(a)(IV)

Hawaiʻi Cannabis Industry Association (HICIA)
220 S King St #1600, Honolulu, HI 96813
www.808hcia.com

presence of mycotoxins is zero. *Regulations of the Hawai'i Department of Health have always mandated a full battery of lab tests for manufactured cannabis products prior to sale.*[2]

Prevention is the best way to halt biological contamination in cannabis, so Hawaiʻi's medical cannabis licensees use measures such as dehumidification, air filtration and biological controls. According to Michael Covington, chief operating officer for Steep Hill Hawaiʻi, when cannabis flowers do fail mandated testing in Hawaiʻi, its due to the detection of "biological organisms," including mold, yeast and bacteria. Pesticide residues are very rarely detected, as Hawaiʻi's licensed growers tend not to use pesticides.[3]

The biological and chemical contaminents that can trigger dried cannabis flowers to fail Hawai'i's testing standards can often be safely rectified using standard industry processes, such as supercritical CO2 extraction and processing methods common in the food industry.

Remediation for Biological Contaminants is Safe

According to the extensive Cannabis Safety Institute report[4] written by physicians at Harvard Medical School, Duke University and University of Vermont in 2015, approved medical cannabis extraction methods in Hawaiʻi are sterilizing, including CO2 and ethanol. A few mold spores or toxins might survive extraction, but that is why Hawaiʻi law requires laboratory screening for all final products to ensure they are free of these potential contaminants. There is no risk of mold or mildew exposure from lab-tested medical cannabis products sold in any Hawaiʻi dispensary. *Such claims do not appear to be supported by any scientific evidence whatsoever.*

It is important to distinguish remediation from crucial product safety measures used prior to microbial testing. *Licensees should be afforded the opportunity to remediate and retest failed product because patients ultimately pay the additional costs of needlessly destroying cannabis flower*. It is also important to emphasize *the DOH, not the licensee, will determine if, and when, plant remediation is permissable, based upon lab testing results.*

Remediation is Allowed in Nearly Every State with a Legal Cannabis Program

Thirty-two of 34 states with legal cannabis programs allow for multiple methods of remediation of failed cannabis flower <u>because it is safe</u>. (Connecticut and Hawaiʻi are the only exceptions). Modern cannabis extraction processes involve extreme temperatures, high pressure, natural ozone treatment and/or multiple filtration technologies, including molecular sieves and chromatography. Similar to Pasteurization, these processes eliminate all biological contaminants, including mold and mildew. Every single process for sterilizing food and surfaces, will leave protein residues, but those residues are not a threat. These same remediation techniques are used for processing packaged baby foods.

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[2] Hawai□i Administrative Rules §11-850-85: Laboratory Standards & Testing

[3] Hawai□i lab rejects more than 20% of medical marijuana tested, *Marijuana Business Daily*, October 12, 2018

[4] M. Holmes, Phd, J Vyas, MD, PhD, W Steinbach, MD, J McPartland, MD. Microbiological Safety Testing of Cannabis. *Cannabis Safety Institute*, May 2015

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220 S King St #1600, Honolulu, HI 96813
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There is abundant scientific evidence that ozone commonly used in food processing, as a means to sanitize raw meats and vegetables, can safely reduce microbiological contamination in cannabis flowers as well. Another study, specific to ozone decontamination of raw plant materials[5] is used by other states to substantiate the efficacy and safety of cannabis plant remediation. Hawaiʻi must protect its patients from real health risks, not imaginary threats conjured up by those with no cannabis manufacturing expertise.

Bottom line: Final medical cannabis products available for sale to patients have passed 100% of DOH's rigorous testing standards administered by an independent, state-certified laboratory <u>prior</u> to sale.

2. CANNABIS-INFUSED EDIBLE PRODUCTS: Hawaiʻiʻs medical cannabis dispensaries began operating nearly three years ago and throughout this time, a common patient question has been "Why don't you offer edibles?"

Because HRS §329D anticipates edible products to be included in Hawaiʻi's medical cannabis program, this issue has been thoroughly studied and scrutinized over the past four years. The Act 230 legislative oversight working group examined edibles in 2016-2017 and in 2081, a special Edibles Working Group further analyzed data and conclusions from other states.

The medical cannabis dispensary program's current list of approved products includes ingestible products like tinctures, capsules or lozenges, but many patients prefer to consume cannabis in food for medical reasons. Patients with damaged or diseased lungs cannot inhale cannabis; cancer patients coping with severe nausea or loss of appetite often find edibles to be the most palatible method of administration; and many patients with severe chronic pain prefer edibles for longer pain relief enabling them to enjoy sound sleep for 6 to 8 hours.

Banning edible products from regulated dispensaries leaves patients with two risky alternatives: making their own edible products at home or purchasing products on the black market. Home-cooks discover it is nearly impossible to accurately calculate THC potency in homemade cannabinoid-infused foods. This greatly increases the danger of accidental overdose by an adult and homemade edibles are often accessible to children and other unsuspecting adults seeking a snack. The recent vaping illnesses demonstrate the hazards of illicit products sold on the black market. THC-infused, gummy bears and candies in colorful packages are much more enticing to Hawaiʻīs children than the plain, childproof packaging mandated by Hawai'i's program.

Currently, edible products are approved for medical cannabis patients in Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida (pending regulations), Illinois, Maine, Maryland,

[5] *Ozonation – an alternative decontamination method for raw plant materials.* Agnieszka J. Brodowska, Krzysztof Śmigielski Institute of General Food Chemistry, Lodz University of Technology 90-924 Lodz, Poland

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Massachussets, Michigan, Nevada, Ohio, Oregon, Rhode Island, Vermont, and Washington. These states have successfully passed laws and regulations that ensure product safety while effectively barring minors from accessing cannabinoid-infused products and preventing accidental overdose by adults.

This bill reflects industry best practices for dispensing edible cannabis products for medical use including:

- Edible products must undergo and pass all laboratory tests;
- A mandatory warning on the label that states: "WARNING: CONTAINS CANNABIS FOR MEDICAL USE. THIS IS NOT FOOD. KEEP OUT OF REACH OF CHILDREN";
- Labels must contain a list of all ingredients;
- Ensuring that the words "candy" or "candies" or "gummy" or "gummies" do not appear on product packaging; and
- Be regulated and approved by the Department as a medical cannabis manufactured product.

Requested Amendment
In consideration of changes caused by the COVID-19 emergency, we request an amendment to delay the **effective date of the edibles provision to July 1, 2021.** This should provide the DOH with sufficient time to acquire the resources needed to exercise its regulatory authority over edible products.

3. AMEND ADVERTISING RESTRICTIONS TO ALLOW PROMOTION OF PUBLIC EDUCATION

With the passage of HB 321 in 2015 the legislature intended to offer education as part of the medical cannabis program. "HRS §329D-26 (a) provides for a continuing education and trainining program...for community partner agencies, physicians and other healthcare providers, patients, and caregivers, law enforcement agencies, law and policy makers, and the general public." The DOH has been able to educate other agencies, but public education is a massive and expensive task best shared among stakeholders.

HICIA believes that Hawaiʻi's citizens would benefit from a more thorough understanding of the risks and benefits of medical cannabis therapy. Current legislation prevents licensees from promoting or advertising scientific or medical information or events produced for educational purposes. This bill amends the law to allow dispensaries to promote educational events while limiting the purpose to ensure such activity does not promote only commercial interests. We believe this amendment will help dispensaries to replace outdated misinformation with a more accurate and balanced view of medical cannabis based upon peer-reviewed scientific and medical evidence.

Mahalo for the opportunity to testify on behalf of the state's eight medical cannabis licensees and for your consideration to move this bill forward on behalf of the state's 29,685 registed medical cannabis patients.

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HB-2097-SD-1
Submitted on: 6/28/2020 9:02:52 AM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mary	Testifying for Maui Cannabis Conference	Oppose	No

Comments:

To whom it may concern,

I oppose this bill because it allows rededication of cannabis. Remediating cannabis means that you can take a product that failed lab testing and "sterilize" it. However the microbe DNA and proteins remain and patients can have a negative reaction, especially immune compromised patients (most medical patients are senior citizens and/or immune compromised).

Patients purchase cannabis at medical dispensaries because they expect the medicine to be safe and free of dangerous microbes. Passing this bill would allow unsafe cannabis to be sold to unsuspecting medical patients. This is not safe or ethical.

Hawaiian medical cannabis patients choose to purchase their medicine at legal cannabis dispensaries because the products are tested and proven to be safe. This bill would counteract that and allow potentially unsafe cannabis to be sold without it being properly labeled.

With gratitude,

Mary Bailey

Executive Producer - Maui Cannabis Conference

HB-2097-SD-1
Submitted on: 6/28/2020 10:52:24 AM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tai Cheng	Testifying for Aloha Green Holdings Inc.	Support	No

Comments:

To: â€‹Senator Karl Rhoads, Chair

â€‹Senator Jarret Keohokole, Vice Chair

â€‹Members of the Senate Judiciary Committee

Re: â€‹TESTIMONY IN SUPPORT OF HOUSE BILL 2097

RELATING TO MEDICAL CANNABIS.

Allows for a process to remediate any batch of cannabis that fails laboratory testing standards so long as any final product passes all such laboratory standards. Authorizes licensed retail dispensaries to sell edible cannabis products, under certain conditions, and circulate, sponsor, and promote educational and scientific information and events related to cannabis.

Re Infused Edibles

Currently, edible products are approved for medical cannabis patients in Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida (pending regulations), Illinois, Maine, Maryland, Massachussets, Michigan, Nevada, Ohio, Oregon, Rhode Island, Vermont, and Washington. These states have successfully passed laws and regulations that ensure product safety while effectively barring minors from accessing cannabinoid-infused products and preventing accidental overdose by

adults. The Department of Health will have control of what edibles and how edibles are released and available to patients. The industry would be limited on the types of edibles it can sell to prevent the sale of edibles appealing to children or at a higher risk of over consumption

Hawaii's program already allows the sale of tinctures, lozenges and pills There have been no reported hospitalization cases of child use or adult overuse from these types of orally administered cannabis products.

Re Remediation. The Deprtament of Health still controls the process and determines what product can be remediate and if that is safe through additional and final lab testing. Upon a lab testing failure, the States' electronic tracking system locks a failed cannabis batch from movement, retesting, or any processing until DOH review.

Thirty-two of 33 states with legal cannabis programs allow for multiple methods of decontamination / remediation of failed cannabis flower because it is safe. (Connecticut is the only exception.) Modern cannabis extraction processes involve extreme temperatures, high pressure, natural ozone treatment and/or multiple filtration technologies, including molecular sieves and chromatography. Similar to Pasteurization, these processes eliminate all biological contaminants, including mold and mildew. Every single process for sterilizing food and surfaces, will leave protein residues, but those residues are not a threat. They use thesesame remediation techniques on organic baby food.

June 30, 2020

To: Senator Karl Rhoads, Chair
Senator Jarret Keohokalole, Vice Chair
Members of the Senate Judiciary Committee

Fr: Gregory Park, MD, Chief Compliance Officer
Maui Wellness Group DBA Maui Grown Therapies

Re: TESTIMONY IN **SUPPORT OF HOUSE BILL 2097, HD2, SD1**

On August 8, 2017 Maui Grown Therapies conducted Hawai'i's first legal sale of cannabis as a licensed medical cannabis dispensary. We support passing this bill because it will help patients to maintain access to an adequate, affordable supply of manufactured medical cannabis products; have a wider choice of administration methods, and allow people statewide to learn, *from qualified experts*, how to effectively and safely use medical cannabis.

Edible Products: Many patients have medical conditions, such as lung illness or injury that preclude cannabis inhalation. Other patients suffering from pain-induced insomnia, cancer-related pain, chemotherapy-related nausea and other symptoms, have found edible cannabis products to be more effective than inhaled formulations. In fact over 600 Maui Grown Therapies patients seeking edibles as a preferred method of administration have sent post cards to Hawai'i Director of Health Dr. Bruce Anderson, respectfully requesting that edibles be added to the list of products approved for sale in state-licensed dispensaries.

Properly lab-tested, labeled and packaged edible products supplied by licensed dispensaries would be MUCH SAFER than purchasing Black Market products or forcing patients to make their own edibles with no understanding of how to control THC dose in home kitchens.

Promoting Medical & Scientific Information and Events: Patient education has always been at the heart of our mission at Maui Grown Therapies. As a practicing physician, I am still surprised by the misinformation my patients share with me that has been proven to be false by peer-reviewed studies. Likewise, they are often unaware of new findings that could help to make medical use of cannabis both safer and more effective.

Maui Grown Therapies' Science & Medical Advisory Board, led by chief science officer Andrew Weil, MD, regularly updates our staff, patients and Maui medical providers with the latest cannabis science findings. However, our abiity to share this information with others is severely limited because existing regulations restrict our abiity to communicate with physicians, patients and prospective patients throughout the state. Cannabis is an accepted medical intervention in Hawai'i and should be recognized as such. With the passage of HB2097, the days of Hawai'i registered patients relying on anecdote, folklore and propaganda for medical guidance can finally be put behind us.

Mahalo for the opportunity to testify on behalf of Maui Grown Therapies in support of this important bill.

COMMUNITY ALLIANCE ON PRISONS

P.O. Box 37158, Honolulu, HI 96837-0158

Phone/E-Mail: (808) 927-1214 / kat.caphi@gmail.com

COMMITTEE ON JUDICIARY
Sen. Karl Rhoads, Chair
Sen. Jarrett Keohokalole, Vice Chair
Tuesday, June 30, 2020
9:46 a.m. – Room 016

SUPPORT FOR HB 2097 SD1 – MEDICAL CANNABIS

Aloha Chair Rhoads, Vice Chair Keohokalole and Members of the Committees!

I hope this finds you and your `ohana well during these challenging times…a true test of our resilience!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies in Hawai`i for more than two decades. This testimony is respectfully offered on behalf of all the people who are currently under the 'care and custody' of the state here and abroad, all those who died in the state's 'care', and we are always mindful that more than 1,100 of Hawai`i's imprisoned people are serving their sentences thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Kanaka Maoli, far, far from their ancestral lands.

HB 2097 SD1 authorizes the Department of Health to consider processes that may allow cannabis or manufactured cannabis products that fail testing to be remediated. Allows the Department of Health to allow licensed dispensaries to provide educational and scientific information and sponsor events related to medical cannabis. Effective 7/1/2050. (SD1)

Community Alliance on Prisons supports this measure that allows edible cannabis products to be sold at dispensaries. On a personal note, I have been the caregiver to several terminally ill patients and know many more people who are suffering and have witnessed the effect that medical cannabis has on their quality of life. When my Mom was dying, she got to a point where she was losing so much weight, that there was not enough flesh to inject her with morphine. Edibles would have served her well and would have improved the quality of the rest of her life.

Please consider the suffering members of our communities and pass this bill with an effective date in 2020 to allow dispensaries to sell products that will improve the quality of their lives. Mahalo for this opportunity to testify.

Testimony to OPPOSE of H.B. 2097

PROPOSED HD1 RELATING TO MEDICAL CANNABIS

Hearing Date: Wednesday, 02-12-20 2:05PM

Aloha Committee Chair, and committee members,

PATIENTS WITHOUT TIME strongly OPPOSE H.B. 2097, and we OPPOSE allowing dispensaries to advertise by allowing them to "circulate, sponsor, and promote educational and scientific information and events related to cannabis."

It is a well-known fact that anyone with the money to buy a medical cannabis recommendation can get a 329 card, regardless of their "actual" medical condition, rendering any "medical" research, and the "medical" cannabis program completely bogus.

The PAY-TO-PLAY, mafia-style "PROTECTION FROM PROSECUTION" racket continues to SUPPORT the Prejudice and Inequality of the marijuana prohibition. Selling STAY-OUT-OF-Jail Cards, while sending good citizens to jail for 30 days for 3.1 grams of cannabis, and to jail for a year for an ounce of marijuana!

Please OPPOSE this bill, H.B. 2097, and legalize cannabis for the thousands of small cannabis entrepreneurs that have created a billion-dollar-a year cannabis industry, that has been world-famous since the 1960's, and do NOT hand it over to big corporations.

Mahalo for your kind attention,

Brian Murphy, Director
PATIENTS WITHOUT TIME

HB-2097-SD-1
Submitted on: 6/28/2020 11:20:33 PM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Me Fuimaono-Poe	Testifying for Malie Cannabis Clinic	Oppose	No

Comments:

TESTIMONY ON HOUSE BILL 2097 HD2 SD1 RELATING TO MEDICAL CANNABIS
By
Me Fuimaono-Poe FNP-BC

Senate Committee on Judiciary Senator Karl Rhoads, Chair

Senator Jarrett Keohokalole, Vice Chair

Tuesday, June 30, 2020; 9:46 AM State Capitol, Conference Room 016

Thank you for the opportunity to provide testimony on this important bill. I have an invested interest in this bill because I am one of the certifying APRN in the state of Hawaii. I want to specifically address **Remediation.**

(1) The department of health to consider processes that may allow cannabis or manufactured cannabis products that fail lab testing to be remediated

The process of Remediation has some safety concerns that have come up in both the United States and Canada. Like many other aspects of the cannabis industry, the products and producers move faster than the science. We saw this in the fall of 2019 where patients from across the nation and locally experienced a type of pneumonia unique to vaping.

Consumers were using these products under the assumption of safety. Many of these vape cartridges were from the unregulated market; however, there is no long term safety data on cannabis vape oils. “The long-term effect on human health of repeated

use of these solvents is virtually unknown. There have been few animal or human studies on the safety of propylene glycol or vegetable glycerine when inhaled, especially long-term."

according to a National Academy Of Science

We are again in a situation where safety is assumed but remains unknown**.**
Remediation is the process of taking cannabis that failed lab testing for microbes. These products typically have bacteria, mold or yeasts. These lab standards were put in place by the DOH to protect patients, especially our patient population.

Hawaii's medical program, according to our statistics in May of 2020, the average age is 51 years old and 42% are over 56 years old. Many have multiple medical conditions and are immune-compromised. I know as I spend the majority of my time with them every day.

Remediation: This process uses radiation, gas treatment, peroxide, UV light, sterilization, and extraction methods. All of these methods can help cannabis pass lab testing but can be problematic and because , these are novel ideas, there is no safety data.

Radiation: is heavily used in Canada and safety is assumed because it is widely used to decontaminate foods, however, this technique for decontaminating cannabis has no long term safety data for humans. I include a link to a study from Canada.

Gamma Irradiation for Cannabis

If Remediation happens patients should be aware

Gas treatment : (Ozone, Propylene Oxide, Ethylene Oxide, Sulfur Dioxide):
Treating cannabis with gas is in-expensive and readily available however it's toxic to humans and when the cannabis is treated with gases you have to have a special facility and this method can introduce gases that can effect the end product. Remediating Cannabis

Peroxide: Increases moisture in the cannabis product, and can cause the spores to germinate. This method only treats the surface of the plant Peroxide remediation.

UV Light: This process treats only the surface of the plant, causes oxidation and decreases terpenes UV light

Extraction: This is the only method of Remediation allowed by the state of Colorado Super Critical

My patients have been telling me that the dispensaries are already showing their patients that they will have edibles in a month, so I know that this bill is going to be passed.

I would recommend that if you allow Remediation it is with the following Caveats;

1. Limit the original sample size to 10- 15 pounds (right now, there are no limits) a 100 lb's of cannabis can be passed based on limited sample size.
2. If a product fails allow a limited number of Remediation
3. Transparency if a product has been remediated, the product should be labeled, so patients can choose to consume it or not.
4. When choosing a form of remediation that is acceptable please be guided by science consider CO2 (super critical), Radio frequency and please don't allow radiation or Ozone

Thank you for taking the time to read and consider this testimony

HB-2097-SD-1
Submitted on: 6/29/2020 9:29:36 AM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
jaclyn moore	Testifying for Big Island Grown Dispensaries	Support	Yes

Comments:

Big Island Grown Dispensaries is in **SUPPORT** of **HB2097**.

With the exception of Connecticut and Hawaii, thirty-two of 34 states with legal cannabis programs allow for multiple methods of remediation of product. It is an industry standard in cannabis and agriculture. The reality is that we operate in a state of the art-clean room environment. When a randomly selected sample leaves our facility for testing, we have no control over the integrity of that sample. Not allowing for retesting will unilaterally burden the licensed dispensaries that drive production costs, increase retail prices, and continue to create an environment that enables the black market to flourish. It has been repeatedly shown that deviation from industry standard does nothing but boost the black market.

HB-2097-SD-1
Submitted on: 6/27/2020 6:08:29 PM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kai M Takekawa	Individual	Oppose	No

Comments:

nothing should be remediated and sold to individuals without prior knowledge. if the process is changing, then the end user should know what they are buying. I oppose HB2097.

HB-2097-SD-1
Submitted on: 6/27/2020 6:40:02 PM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Ostwald	Individual	Oppose	No

Comments:

There is no safety data that show remediation would be 100% safe. Existing data show that even after remediation, patients can react to the remaining contaminants.

HB-2097-SD-1
Submitted on: 6/27/2020 6:45:59 PM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
tania victorine	Individual	Oppose	No

Comments:

HB-2097-SD-1
Submitted on: 6/27/2020 8:34:50 PM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Reide Chinen	Individual	Oppose	No

Comments:

No studies verifying remediation is safe. Edibles I support but not allowing remediation to pass as well.

HB-2097-SD-1
Submitted on: 6/27/2020 8:43:19 PM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Elizabeth Winternitz	Individual	Oppose	No

Comments:

i am a senior citizen and medical cannabis patient, While the approval of edibles would be much appreciated, I oppose this bill because there is no evidence to suggest remediated cannabis is safe for the patient. Itvis unfortunate these two disparate goals were introduced in the same bill.

HB-2097-SD-1
Submitted on: 6/27/2020 8:43:39 PM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
celia farrell	Individual	Oppose	No

Comments:

I whole heartedly oppose HB2097. Everyone is full of excuses, so I am not surprised that lobbyists have tried to convince the state that this bill is good for Hawaii's future- it's not. The limitations dispensaries face- whether it be greenhouse or indoor, have made it difficult to grow clean cannabis. If the people want to make it easier for dispensaries to survive and patients to thrive, maybe take a deeper look at the compliance test. Examine the data yourself or have a professional do it. Fact- "remediation" is scary. The off gassing is dangerous and the product you are left with is not medicine!

HB-2097-SD-1
Submitted on: 6/27/2020 9:46:50 PM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
lauren	Individual	Oppose	No

Comments:

HB-2097-SD-1
Submitted on: 6/28/2020 12:36:09 AM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dylan Ramos	Individual	Comments	No

Comments:

Aloha Chair Rhoads, Vice Chair Keohokalole, and Members of the JDC,

I would like to express my tentative support for HB2097, pending amendment.

I recognize that there are well-meaning experts who say no remediation is the best remediation. However, such conclusions are often drawn explicitly because of the nebulous state of remediation research and technologies. I believe we can find a balance by only allowing cannabis remediation via dry heat and (regulated) extraction. It leaves the choice with businesses, giving them options they may decide against anyway for profit reasons, while limiting those options to strategies that have been shown to be effective without introducing more moisture or carcinogens. As I understand it, the resulting remediated product can be used for oils and concentrates found in tinctures, waxes, edibles and other products. As remediation technologies improve and research expands, the law can be revisited for amendment. Meanwhile, cannabis producers will maintain options to try and salvage their work, safer options that can benefit consumers and patients interested in products that do not necessarily require smoking or inhalation.

Separately, I believe it is well past time that other parts of this bill are codified into law for the sake of industry, economy, public and patient health. Proper regulations on advertising and packaging, permitting medical cannabis education, allowing edibles, and, as discussed, regulations on remediation are all necessary for the industry to work safely and legally.

Mahalo,
Dylan Ramos
HD19, SD10 (Kaimuki)

Aloha Lawmakers,

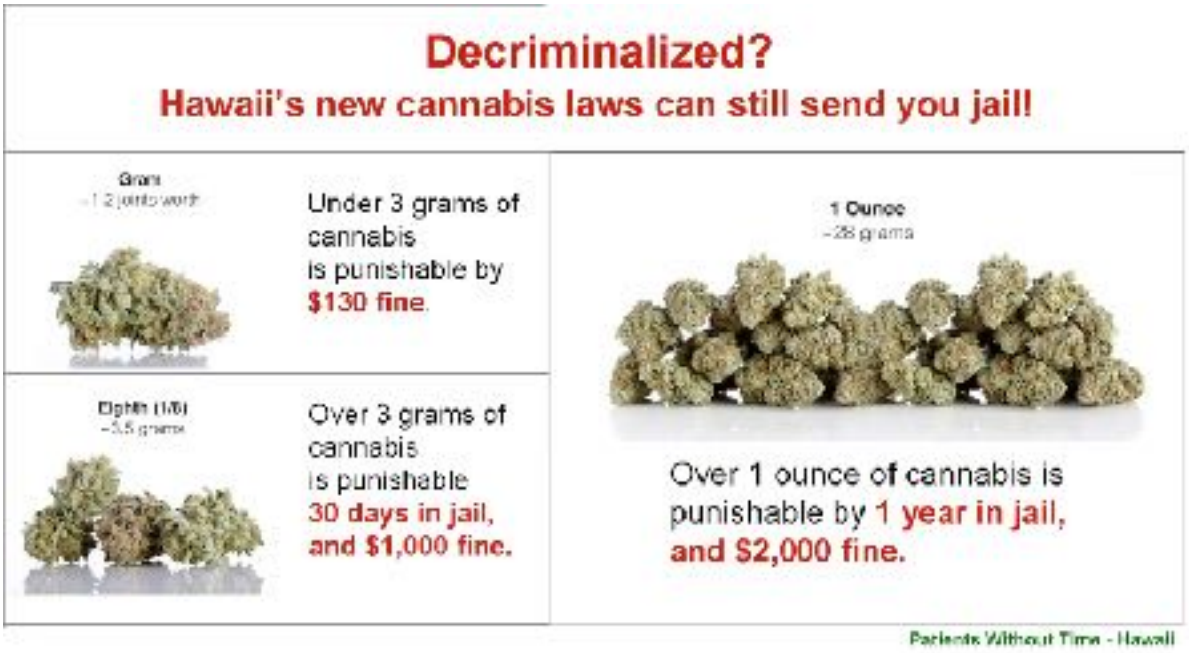
I strongly OPPOSE this bill, HB2097 HD2

For 20 years, the State of Hawaii has been selling "medical" cannabis "329 cards" to anyone with about $200 to pay the fees for a recommendation, and registration, regardless of their "actual" medical condition. Now, Hawaii State sells "STAY OUT OF JAIL" cards to tourists, too.

The whole medical cannabis program will continue to be abused by recreational users, pretending to have serious pain, to obtain a card so they can enjoy cannabis without fear of arrest. This renders all "medical" research completely useless, and invites further abuse of the program.

Hawaii State is engaging in **INEQUALITY in Justice**. Prejudice, discrimination, and hypocrisy are obvious in Hawaii's medical cannabis program. Allowing them to advertise will make things worse!

Selling 4 ounces to one citizen, while sending another citizen to jail for one-year for possession of 1.1 ounces of cannabis is outrageous!



Hawaii State rejected the federal marijuana prohibition by establishing the medical marijuana program, by vanguard, first in the nation legislation. However, the rejection, only applied to a select portion of the population, while continuing to enforce the marijuana prohibition on other citizens. That is not compassion, it's prejudice.

Please, kill this prejudice bill that supports **INEQUALITY**, and the unjust cannabis prohibition.

Mahalo for your thoughtful consideration,

Mary Whispering Wind

RYAN
KAWAILANI
OZAWA

95-595 Kanamee Street, #326
Mililani, Hawaii 96789-1431
(815) 310-0808
hawaii@outlook.com
www.ryanozawa.com
@hawaii

June 28, 2020

Aloha e Senator Karl Rhoads, Chair; Senator Jarrett Keohokalole, Vice Chair; and members of the Committee on Judiciary:

I am writing to express my **support** of HB 2097 as it relates to medical cannabis.

My interest in this issue is more than intellectual. Someone very close to me is a Metastatic Breast Cancer (MBC, or Stage 4) patient. Cancer has invaded her bones, and threatens her organs, and she lives with chronic pain. Yet she remains a committed and loving mother of three, a hardworking retail employee, and a first-class wife.

She does benefit from excellent industrial healthcare that provides for powerful daily painkillers – painkillers that bring relief, but which also make headlines every day for their dangerous and sometimes addictive properties. And for all the relief they provide, I can speak firsthand to the chemical and emotional turmoil that this dependence creates.

The one thing that has helped reduce this dependence, and brought additional relief, is the state's nascent medical marijuana program. We are glad to be able to patronize professional and well-regulated facilities for additional help in this lifelong battle. But it is time to take the next step, and that is to allow an additional and more convenient delivery method.

It's frustrating that delivery is currently limited to smoking, vaping, and tinctures, options that range from unhealthy to unappealing and certainly don't help with cancer-related nausea. Edibles are safe, unoffensive, and with the rules stipulated in HB 2097, well regulated.

HB 2097 also provides an opportunity for the medical cannabis industry to be more active in the community in education and outreach, efforts that I am confident will yield positive results for everyone.

Thank you for your consideration.

HB-2097-SD-1
Submitted on: 6/28/2020 8:34:08 AM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lee Eisenstein	Individual	Oppose	No

Comments:

End Hawaii's plantation style monopoly on shops selling cannabis and allow a normal free market in sales to adults. Our medical dispensary law is in this regard, the most backward in the country and this is yet another example of that. On a related note, lawmakers, please have the humility to step aside and leave adults alone, regarding marijuana in their personal lives.

HB-2097-SD-1
Submitted on: 6/28/2020 8:54:30 AM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marissa Abadir	Individual	Oppose	No

Comments:

HB-2097-SD-1
Submitted on: 6/28/2020 9:48:41 AM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Fink	Individual	Oppose	No

Comments:

I oppose HB 2097; this bill allows for the "remediation" of cannabis. If the cannabis fails lab testing for microbial contaminants like bacteria, fungus, and mold, the cannabis could be treated (remediated) and SOLD to me without my knowledge. There is no safety data that show that remediation is 100% safe, and the data shows that even after remediation, patients can react to the remaining contaminants.

I SUPPORT the sale of edibles, but not at the cost of patient safety.

HB-2097-SD-1
Submitted on: 6/28/2020 10:17:08 AM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
birdena samuel	Individual	Oppose	No

Comments:

I am a 329 card holder and have recently become aware of HB 2097. I am horrified to learn that the response to cannabis that has failed lab testing is to "remediate" or clean in some way the contaminated product which had evidence microbial failure. It is my understanding that the data indicate that remediation does not clean the cannabis 100%. Therefore, I am extremely concerned that the state legislature is proposing this bill. I vehemently oppose it. Instead of trying to purify contaminated cannabis, could the state consider other options that do not put Hawaii residents in harms way? Please reconsider this bill including other innovative ideas. Did benchmarking show that Colorado and California use remediation or other measures for contaminated cannabis?

HB-2097-SD-1
Submitted on: 6/28/2020 11:24:49 AM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara Best	Individual	Support	No

Comments:

My husband and I are very interested in the educational and scientific aspects of this bill.

I have chronic pain and would love to be able to purchase edibles at my local dispensary.

Mahalo for accepting input from citizens.

HB-2097-SD-1
Submitted on: 6/28/2020 2:11:51 PM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kanani KealohaFaleafine	Individual	Oppose	No

Comments:

Please do not allow remediation for cannabis that fail testing. You can't ensure that the even if it's remediated you can't ensure that it is safe

HB-2097-SD-1
Submitted on: 6/28/2020 1:05:13 PM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tanja Browne	Individual	Oppose	No

Comments:

Remediating cannabis products that have failed testing seems to invalidate the whole exercise of testing in the first place. Ideally, safety standards are in place to protect the health of consumers and allow for the full expression of the medicinal value of cannabis. Remediation begs further consideration in terms of: who will decide on remediated standards? Who decides on the allowable toxicity of the process to reverse the presence of mold or fungus, etc.? Consumers in Hawaii are paying a premium to purchase from dispensaries and not the black market ***because*** they trust the testing of the product.

As far as edibles, perhaps we should wait for national consensus on a universal/standardized doseage, to begin at no higher than 5 mg. THC ***per item***. In other words, do not sell a whole cookie at 75mg and tell consumers to only eat a quarter of it. Titration is critical when dealing with edibles.

HB-2097-SD-1
Submitted on: 6/28/2020 4:00:30 PM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bradley Kuo	Individual	Oppose	No

Comments:

Akamai Cannabis Clinic
3615 Harding Ave, Suite 304
Honolulu, HI 96816

TESTIMONY ON HOUSE BILL 2097 HD2 SD1
RELATING TO MEDICAL CANNABIS
By
Clifton Otto, MD

Senate Committee on Judiciary
Senator Karl Rhoads, Chair
Senator Jarrett Keohokalole, Vice Chair

Tuesday, June 30, 2020; 9:46 AM
State Capitol, Conference Room 016

Thank you for the opportunity to provide testimony on this measure. I have an interest in this bill because of the impact it will have upon our Medical Cannabis patients.

You all know how much time and energy I have put into advocating for our patients and trying to eliminate the discrimination that they face every day because of the current misconception that our medical cannabis program violates federal law.

But let's put patient concerns aside for a moment and focus on a subject that you can more easily relate to: MONEY.

UNBEARABLE TAX BURDEN:

This bill should really be called "Relating to Rescuing Dispensaries". Remediation, edibles, and medical/scientific education are all activities that are directly connected to increasing dispensary revenue.

Instead of throwing the dispensaries a few more bones to help them make it through the long federal winter, you should be looking at one area that could provide the dispensaries with massive economic relief: FEDERAL TAX DEDUCTIONS.

This article from the August 11, 2019 online edition of The Gazette out of Iowa is perhaps the first time that a dispensary has admitted to the extent of the tax burden that they must bear due to not being able to deduct standard business expenses on their federal tax returns because of being classified as a Continuing Criminal Enterprise by the IRS.

"Marijuana companies - including Iowa's licensed medical cannabidiol producers and dispensaries - do not qualify for certain federal tax deductions and credits because their business is not recognized by the federal government.

By some estimates, that effectively equates to a 70 percent tax penalty. Inevitably, those costs are passed on to people who purchase medicine through the state-authorized businesses.

"That's an absurdly high amount. … That directly impacts patients," Lucas Nelson, general manager of MedPharm Iowa, told me recently."

I can't think of any other legitimate business that could survive with a 70% tax burden. Why in the world would you allow such discrimination to continue against our dispensaries, while at the same time applying band aids to the wounds that continue to fester under the current solvable conflict with the federal regulation of the non-medical use of marijuana ?

In order to stop the federal regulation of the non-medial use of marijuana from being unconstitutionally applied to the state-authorized medical use of cannabis in Hawaii, the follow provision, taken from SB2462, which has already been heard this session, needs to be included in this bill:

"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. The department shall submit a written request, in accordance with title 21 C.F.R. section 1307.03, to the Office of Diversion Control, Drug Enforcement Administration by September 1, 2020, stating that part IX of chapter 329 and this chapter do not create any positive conflict with state or federal drug laws and regulations and are consistent with title

21 U.S.C. section 903, and requesting formal written acknowledgement that the listing of marijuana as a controlled substance in federal schedule I does not apply to the nonprescription use of cannabis under the medical cannabis registry and dispensary programs established pursuant to chapters 329 and 329D."

Please don't let the current power structure of the Legislature prevent this committee from adopting a solution that can resolve this conflict once and for all by removing the misconception that our medical cannabis program violates federal law and allowing our dispensaries to function like any other legal enterprise.

PROGRAM MISMANAGEMENT:

Before authorizing any additional activities for dispensaries, this committee needs to first address the gross mismanagement of our Dispensary Program by the Department of Health (DOH), which is being caused in part by the overall poor construction of our Medical Use of Cannabis Act.

For example, this process of "remediation" is a way for dispensaries to sell material to patients that has failed first round testing, which applies primarily to flowers that are too moldy to pass the required mold and fungi tests. The fact that remediation is being addressed in this bill tells us that this is a process that deserves statutory authorization and formal regulation.

And yet, DOH has been allowing this process to go on for at the least the past year without any standardized protocol or regulatory oversight aside from requiring that failed material test within limits before it is sold to patients. DOH has been justifying this potentially unsafe practice with the unethical policy that any activity that is not specifically prohibited by state law is good enough for our patients.

But, we know that such unregulated remediation by dispensaries has resulted in elevated levels of ethanol in vape cartridges that have reached ten times the allowable level in California, which is also due in part to the fact that DOH does not require dispensaries to test for ethanol in their products.

DOH knew about the potential for elevated levels of certain untested solvents in dispensary products nearly two years ago and did nothing about it.

Any formal authorization for remediation by dispensaries should include creation of standardized remediation processes that all dispensaries must follow, and product labeling that notifies patients about which products have been remediated, by which process, and for what kind of failure.

The department shall adopt rules that allow for remediation of failed material and require that all dispensaries follow standardized remediation protocols that are subject to inspection and validation. The department shall also require dispensaries to disclose on product labeling whether a product has been remediated, by which process, and for which failure.

DOH also knew about the possible contamination of dispensary cartridges with lead back in February of this year, and instead of issuing a temporary ban on dispensary cartridge sales and performing independent third-party testing on oils that have been heated in these cartridges to look for possible lead content, they again did nothing.

We are not talking about finger painting here. We are talking about the state-authorized production of a medicine that patients are putting into their bodies with the faith that their health and welfare, and not the bottom line, are DOH's top priorities.

I believe that the hands-off approach that DOH has maintained towards our Medical Cannabis Program from the time that it inherited administration of the program is due to the department's discomfort with regulating an activity that it still believes is in violation of federal law. This is another reason why the federal exemption provision above needs to be included in this bill.

In order ensure proper management of our Dispensary Program by DOH, this committee first needs to address the following existing administrative deficiencies:

<u>UNQUALIFIED INSPECTORS:</u>
Proper regulation of Hawaii's dispensaries requires rigorous inspections. We are being told that one of DOH's new inspectors has absolutely no experience in this field and is much less thorough than previous inspectors. The fact that DOH cannot even regulate for product labeling that clearly shows concentrations and storage instructions, and DOH's allowance of what dispensaries are calling "soft lozenges" (ie. Gummy bears) that do not meet the definition of a tablet under HRS 329D-10(10)(b), are just some of the examples of DOH's inability to regulate this program.

Instead of relying on DOH's own inspectors, we need to have independent third-party inspectors with certified experience in chemistry and regulatory procedures. There are already several such independent companies in Hawaii that could provide such service, which would be an excellent use for part of that one million dollars that DOH is collecting from patient registration fees every year (30,000 patients x $38.50 = $1,155,000).

The department shall employ third-party inspectors from a qualified local quality assurance company with expertise in chemistry and regulatory protocols for all dispensary inspections.

SILENT ENFORCEMENT POWERS:

DOH has enforcement powers under HAR 11-850-101 to discipline dispensaries for statutory and administrative violations. However, there have been no such enforcement remedies to date that we are aware of, even after it was found that five of our eight dispensaries were in violation of HAR 11-850-72 and HAR 11-850-75 for importing third-party terpenes and adding these to vape cartridges without the knowledge of DOH or patient customers.

One way to help correct this situation is to require that DOH make public on its website all dispensary violations and their remedies, so that the regulatory process is as transparent as possible, and interested parties have a way of learning about issues that need correcting.

The department shall make public on its website all dispensary violations and their remedies that have occurred since inception of the dispensary program.

NONEXISTENT EXPERT MEDICAL ADVICE:

It was about a year ago, while we were inquiring with DOH about which advisory body should be addressed to take up the issue of a federal exemption, that we discovered that DOH has no medical cannabis advisory board. Not only did this vacuum of an advisory board preclude the opportunity to petition for our issue to be added to a medical advisory board's agenda, but it also revealed that there is no formal advisory board that can provide expert medical advice to the Registry and Dispensary programs for their decision making and enforcement workload.

Instead it appears that DOH is relying primarily upon the dispensaries themselves for advice on changes that need to be made to the program. This is demonstrated time and time again with the privileged access that the dispensaries seem to have with DOH behind closed doors, and the complete lack of advance communication with other stakeholders on important bills such as this one. This needs to change immediately.

The department shall create a Medical Cannabis Advisory Board within thirty days of enactment of this bill. The Medical Cannabis Advisory Board shall contain at least one medical doctor who is a Certified Cannabinoid Specialist.

INADEQUATE INTERIM RULES:

Unfortunately, the suspension of Hawaii's Administrative Procedures Act, Chapter 91, under current interim dispensary rules, precludes pursuit of administrative remedies for many of the regulatory issues that we are currently facing. DOH needs to adopt formal dispensary rules immediately to allow for formal public participation and submission of rulemaking petitions.

The department shall adopt formal dispensary rules within thirty days of enactment of this bill to allow for restoration of Chapter 91 administrative procedures.

UNNECESSARY EDIBLES:

I can't remember the last time my patients needed their metformin, or their losartan, or their simvastatin in cookie form to improve effectiveness and compliance.

Allowing dispensaries to sell edibles before restructuring DOH's regulatory capabilities would be a disaster. And allowing dispensaries to do so at this time would only prove that commercial interests, and not health priorities, are driving this train.

In addition, edibles are really the bread and butter of recreational use establishments. This is not the direction our dispensaries should be heading. A better goal would be the production of intra-state pharmaceutical grade medical cannabis products that would not require FDA approval for interstate marketing and could be accepted for coverage by local medical insurance companies.

INAPPROPRIATE EDUCATION:

Keith Ridley started this misconception that “bud-tenders” can give medical advice to dispensary patient customers in an interview that appeared in the August 18, 2017 edition of the Star Advertiser, in which he said “dispensaries will discuss dosing recommendations with the patient or caregiver based on patients' needs and the dispensaries knowledge of their products.”

Last time I checked, a discussion of treatment options and dosing of medications falls under the category of medical advice and requires a medical or similar health professional license in the State of Hawaii.

Unfortunately, Mr. Ridley’s comments gave dispensaries the impression that their staff can elicit confidential medical information from our patients and use this to recommend particular products and dosing regimens for specific medical conditions. Menus are even given out to patients to guide the selection of products based upon medical claims for which there are no FDA-approved clinical studies.

Medical education for patients should be left to the certifying physician or APRN. If there are doubts about the ability of certifying providers to properly educate patients during the certification process, then Hawaii’s Medical and Nursing Boards should adopt guidelines for performing medical cannabis evaluations and create minimum certification requirements for all certifying providers.

In addition, education on the medical use of cannabis is an authority that already rests with DOH under HRS 329D-26:

HRS 329D-26 Public education.
(a) The department shall conduct a continuing education and training program to explain and clarify the purposes and requirements of this chapter or to provide substance abuse prevention and education. The program shall target community partner agencies, physicians and other health care providers, patients and caregivers, law enforcement agencies, law and policy makers, and the general public.
(b) The department shall employ at least one full-time staff member whose qualifications and duties include the provision of medical cannabis health education.

Transferring this function to dispensaries goes against DOH’s mission of protecting the health and welfare of our patients and prevents an impartial distribution of educational information to our patients. Do not allow it.

Aloha.

HB-2097-SD-1
Submitted on: 6/28/2020 10:44:38 PM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ric Wirick	Individual	Oppose	No

Comments:

This bill overlooks failed tests and approves failed Cannabis products and production. While allowing dispensaries to promote products that may have failed testing and may be harmful to patient's health -- for instance hazardous vape pens and more. This bill overlooks the patients health while putting more funds in a few dispensaries pockets -- it is a lose -- lose bill for the patient...

HB-2097-SD-1
Submitted on: 6/29/2020 8:15:34 AM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sandra L McGuinness	Individual	Support	No

Comments:

Aloha,

I am a registered 329 medical cannabis cardholder and I am writing in support of HB2097.

As a kupuna suffering from sacroelitis and piriformis syndrome which cause severe pain, I have found relief using cannabis therapies. I prefer not to smoke cannabis and have found relief from pain using manufactured products such as tinctures, lozenges and topicals.

Hawai`i is one of only two states (of the 34 states with legal cannabis programs) that does not allow for multiple methods of remediation of failed cannabis flower. Please change this status.

Please pass this measure which would allow dispensaries to manufacture and sell edible products; allow for the remediation of cannabis flowers (which final products would be tested by an independent lab); and allow dispensaries to promote educational and scientific information and events.

Mahalo for your consideration,

Sandra McGuinness

Makawao, Maui, Hawai`i

PS I am writing as an individual; however, I am an on-call employee of one of Maui‘s licensed cannabis dispensaries. And, a note of interest, I was not a 329 cardholder when I began employment with the dispensary more than two years ago. It was only after I saw patients (many kÅ«puna) finding relief from their conditions by using our products that I consulted with my physician and obtained a 329 card. Having been trained by some of the nation‘s leading experts in the field (through my employment), I know firsthand how beneficial medical cannabis is in the treatment of many debilitating conditions.

HB-2097-SD-1
Submitted on: 6/29/2020 8:41:22 AM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Koran Munafo	Individual	Oppose	No

Comments:

I oppose HB 2097 that would:

"Authorizes the Department of Health to consider processes that may allow cannabis or manufactured cannabis products that fail testing to be remediated."

As a liscensed medical user of cannabis, I rely on it to treat my chronic pain condition in a natural and non-toxic manner. HB 2097 would introduce a dangerous loophole by allowing "remidiation" procedures which would provide the opportunity for the introduction of potentailly harmful external substances to the natural plant product. This is alarming from a consumer standpoint because I purchase my cannibis at the state dispensaries and should HB 2097 become law, I would not feel as safe as a consumer knowing that my product could have legally been through a "remediation" process.

Therefore, again I OPPOSE HB2097 as I believe it will lower public trust and ultimately may affect the overall quality of the product available at state certified dispensaries. This may also have an effect on tourist spending because the cannibis consumer/visitor is generally expecting a high level of quality in local dispensaries and changes to that could damage Hawaii's historically excellent reputation in the cannabis community/culture.

Thank you,

Koran Munafo
Honolulu resident
Instructor, Educational Coach
PhD student

HB-2097-SD-1
Submitted on: 6/29/2020 8:55:16 AM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Michael DiGregorio	Individual	Oppose	No

Comments:

I oppose HB2097 as a person who benefits from having a 329 card.

I have been doing some research, and have not found actual safety data that demonstrates that remediation is 100% safe. Even after remediation, patients can react to remaining contaminants.

Microbial contaminants in cannabis can be very dangerous, and sterilization does not necessarily ensure that the product is safe.

No remediation method is perfect, and remediation can put the consumer at risk. Instead of supporting remediation, please support strict standards for sanitary growing and distribution of cannabis. Thank you.

Honorable Representative Chris Lee

House District 51
Chair of the Committee on Judiciary

RE: SUPPORT of HB2097 HD2 SD1

I'm a public health professional with over 20 years of experience. Received training through the University of New Mexico School of Medicine. The focus of my mission has been to reduce opioid use, addiction rates, and overdose deaths associated with the use of opioid medications by providing patients safe and responsible alternatives.

One established substitute is medical cannabis. Although an excess of 50,000 Americans on average perish each year due to opioid medications; and while millions of American families struggle to assist loved one who suffer opioid addiction battles, there are no known overdose deaths from cannabis intervention and the devastating side effects from opioid medications are not significantly demonstrated in cannabis patients.

Remediation of Cannabis

Opposition to remediation is **not supported** by evidence-based research. Remediation is currently authorized by the state's DOH with regulated oversight. HB2097 serves as a "house keeping update" to allow DOH staff to formally establish rules to clarify when, how, and what can be remediated, while ensuring continued patient safety.

The most common form of remediation within the cannabis industry is ozone (O_3) gas and is applied throughout the growing process to minimize growth of microorganisms and mold. Historical review documents the rigorous efforts by state DOH to prevent unsafe products reaching consumer markets. All medical cannabis products must pass third-party testing protocols.

To date, some 32 of 33 states in the U.S. permit remediation in their cannabis programs. Connecticut remains the only outlier and maintains only a small cannabis grow and distribution system. Our national neighbor, Canada, allows for cannabis remediation in both legal and medical programs.

At this time, the DOH retains final authority over remediation processes. Our public health officials continue to protect patients by establishing when and how any batch is treated and managed in case of initial failure. It is critical to point out remediation is not a magical process. Methodologies are scientifically-established and occasionally are inadequate to resolve cannabis grow challenges. The DOH ensures a batch that continues to fail after remediation is destroyed.

Research shows the most successful remediation occurs around the failure point for microbial contaminants, such as bacterium, fungi, and mold, and the cannabis industry applies some of strictest protocols in the world. [*please see Appendix*]

Sale of Cannabis Edibles

As a public health professional and long-time established medical cannabis patient, I stand in support of cannabis edibles manufacture and sales. Licensed also in the State of New Mexico, currently led by Governor Michelle Lujan Grisham, who is a former state DOH director. The state's Medical Cannabis program authorizes a wide-range of edible products with an established safety record for patients, their families and pets.

With the outset of COVID19, society is further reminded the dangers surrounding smoking and vaping. COVID19 attacks lungs harshly. Research suggests smoking, inhaling or vaping cannabis medications increase inflammation in lung tissue, which could complicate and decrease COVID19 recovery outcomes.

I stand in support of child-proof packaging, clear and distinct medical and safety warnings, as well as penalties for irresponsible storage and care.

Mahalo nui loa and thank you for your time, leadership and consideration of our health and safety.

Scott Goold
1778 Ala Moana Blvd
Honolulu, HI 96815

Appendix: National Cannabis Industry Association Remediation Recommendations

Given the potential costs associated with the destruction of a batch of cannabis, licensees should be afforded the opportunity to remediate, decontaminate, and retest failed product. Testing laboratories strive for complete accuracy but are never perfect. Mistakes happen, and it is possible that a sample could test positive for contaminants when none are present.

Even if the failed test was accurate, a variety of methods have been developed that can remove contaminants without rendering the product unsaleable. In such circumstances, product would have to be retested prior to release into the stream of commerce. Therefore, regulators should authorize retesting and remediation by establishing requirements for licensees to follow.

Rather than believing their facility is culpable for producing a product that does not pass required testing, cannabis cultivators and product manufacturers sometimes blame a failed test on the laboratories results. This perspective could corrode confidence in the regulated system without an opportunity to retest. When a laboratory can confirm its result or correct a mistake, stakeholders will gain confidence in the system and cannabis products will be safer.

Additionally, there are a variety of remediation, decontamination, and reformulation methods that can be used to treat cannabis that has failed initial contaminant or potency testing. For example, contaminated cannabis can be placed into a CO_2 extraction system and the process will kill certain microbial contamination, resulting in a concentrate that can pass contaminant testing. There are other methods to address contamination that are readily used in other industries, such as pasteurization and concentrated ozone. Producers should be offered the opportunity to leverage these options, provided the resulting product can pass required contaminant and potency tests.

CLAC should develop official policy governing a licensee's ability to retest. This would include a determination of the types of failed tests that a licensee is permitted to retest. Different failed contaminant or potency tests pose varying risks to public health and safety. For example, re-sampling and retesting requirements would be different for a batch that failed homogeneity testing than a batch that failed for Shiga-toxin producing Escherichia coli. Additionally, policy must establish the number of retests that must be conducted, requirements for use of different laboratories, and re-sampling a quarantined batch for additional testing.

While some states have adopted blanket regulations for retesting, the nuanced safety risks of different types of contamination must be considered and a more narrowly tailored approach should be considered by regulators. If established by CLAC in official policy rather than in regulation, retesting can provide for differentiated processes that effectively protect public health and safety while maximizing business flexibility. As new science develops on the safety of different levels of contamination, CLAC official policy can quickly change to accommodate.

Similar to retesting, batch remediation procedures should differ depending on the product form as well as the source and type of initial contamination or testing failure. Simple molds and yeasts can be remediated using a solvent-based extraction process, but that same process could potentially concentrate other contaminants such as pesticides or heavy metals.

The microbiological contaminant could leave behind toxic remnants that survive the remediation process, such as mycotoxins, that must be included in the retesting to ensure the resulting product is safe for human consumption. CLAC should develop official policy detailing: the types of testing failures that can be remediated; unacceptable forms of remediation; sampling and testing procedures for remediated product; and the frequency of permitted remediation.

This policy must be flexible enough to allow for innovation while still ensuring remediation or reformulation is performed safely. Once remediated, the new batch must be re-sampled and undergo retesting for all required analyses.

Like retesting, policy for remediation is best handled by CLAC official policy rather than regulation, as this area of science is rapidly advancing and processes for product remediation are outside the scope of experience for most regulators. Changes to remediation policy should not significantly impact the financial wellbeing of licensees.

TO: COMMITTEE ON JUDICIARY

FROM: Wendy Gibson-Viviani R.N.

RE: HB2097 HD2 SD1 – In Support

HEARING: Tuesday, June 30, 2020 at 9:46 A.M., Conference Room 016

Aloha Chair Senator Karl Rhoads, Vice Chair Senator Jarrett Keohokalole, and members of the Committee,

I'm Wendy Gibson-Viviani R.N., a medical cannabis patient advocate and I am writing in **support of HB2097 HD2 SD1.**

This bill has three main purposes:

1) Allowing the dispensary licensees to manufacture and sell edible cannabis products
2) Allowing the DOH to establish and enforce standards for lab testing of cannabis and manufactured cannabis products – and remediation of products that fail initial lab testing.
3) Allowing dispensary licensees to provide science-based educational materials.

I believe that many of the 29,865 patients in Hawaii's Medical Cannabis program could benefit from having access to edible cannabis products. Other States (such as Colorado) have been successful at establishing safety guidelines and educating consumers about proper use of edible cannabis products. We can do that too.

Although the safety and effectiveness of a plant medicine that has been altered by remediation can be disputed, this bill is not going to determine if it happens or not. Remediation of cannabis or cannabis products is a process that is already in place in Hawaii (and nearly every State that has a medical cannabis program). We need to allow the DOH to establish and enforce standards (and provide education).

I would like to see these products **labeled** as "Remediated". The consumer should be able to make an informed decision when purchasing medicine, especially that which has been altered to remove contaminants.

Thank you for allowing me to testify in support of HB2097.

Wendy Gibson-Viviani R.N.
American Cannabis Nurse Association member
Wendygibson9@gmail.com

HB-2097-SD-1
Submitted on: 6/29/2020 1:41:53 PM
Testimony for JDC on 6/30/2020 9:46:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Doni Chong	Individual	Comments	No

Comments:

Support with regulation

HB-2097-SD-1
Submitted on: 6/29/2020 3:40:11 PM
Testimony for JDC on 6/30/2020 9:46:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
SCOTT UEKI	Individual	Oppose	No

Comments:

AS A PATIENT I WILL DEFINITELY BE BUYING ELSEWHERE IF DISPENSERIES ARE ALLOWED TO REMIDIATE. IT'S BAD ENOUGH THE STATE DIDN'T REGULATE CARTRIDGES AND NOW THIS. SHAME ON STATE GOVERNMENT.

DAVID Y. IGE
GOVERNOR

TESTIMONY BY:
JADE T. BUTAY
DIRECTOR

Deputy Directors
LYNN A.S. ARAKI-REGAN
DEREK J. CHOW
ROSS M. HIGASHI
EDWIN H. SNIFFEN

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
869 PUNCHBOWL STREET
HONOLULU, HAWAII 96813-5097

LATE

June 30, 2020
9:46 a.m.
State Capitol, Room 016

H.B. 2097, H.D. 2, S.D. 1
RELATING TO MEDICAL CANNABIS.

Senate Committee on Judiciary

The Department of Transportation (DOT) **opposes** H.B. 2097, H.D. 2, S.D. 1, as it relates to edibles.

Among other provisions, this bill allows licensed retail dispensaries to sell edible cannabis products. Edible marijuana is very different from "joints" and other marijuana products, and the effects of THC when consumed in edibles compared to smoking sometimes takes several hours. People are more likely to eat more than the recommended serving since they don't immediately feel the effects. These same people may get into a car and start driving, which may lead to serious or fatal consequences.

Cannabis can impair a driver's cognitive function, affecting a driver's time/space perception, reaction time, ability to concentrate, etc. Contrary to popular belief, marijuana does not make someone a better, more careful driver. According to the "Drug Recognition Expert (DRE) Examination Characteristics of Cannabis Impairment" study published in the July 2016 Accident Analysis & Prevention Journal, an evaluation of 302 toxicologically-confirmed cannabis-only DRE cases saw that in 72.3 percent of cases, one or more moving violations were listed as reasons for the traffic stop. Speeding was the number one violation (27.7 percent), followed by weaving (19.0 percent). Similarly, in a two-year study of THC in drivers in Orange County, California, published in the August 2016 Journal of Forensic Science, the top five moving violations were speeding (24 percent), unable to maintain lane position (23.2 percent), ran red light or stop sign (13.0 percent), unsafe lane change (8.7 percent) and involved in a collision (8.3 percent).

In Hawaii, a local study on motor vehicle crash fatalities and undercompensated care associated with legalization on medical marijuana finds that "THC positivity among driver fatalities increased since legalization, with a threefold increase from 1993-2000 to 2001-2015. THC positivity among all injured patients tested at our highest level trauma

center increased from 11% before to 20% after legalization. From 2011 to 2015, THC positive patients were significantly less likely to wear a seatbelt or helmet (33% vs 56%)." The study was published in the Journal of Trauma and Acute Care Surgery in May 2018.

DOT is primarily concerned about improving highway safety and protecting the lives of our community members and visitors. DOT coordinates specialized training and certifies law enforcement officers to recognize impairment in drivers under the influence of drugs through its DRE program to combat this issue.

Thank you for the opportunity to provide testimony.

HB-2097-SD-1
Submitted on: 6/30/2020 2:29:51 AM
Testimony for JDC on 6/30/2020 9:46:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Seven	Individual	Support	Yes

Comments:

I support HB2097 my name is Drew Seven Gauge Sannes I am willing to give in person testimony.

LATE

HB-2097-SD-1
Submitted on: 6/29/2020 9:23:42 PM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alana Reis	Individual	Oppose	No

Comments:

I oppose the sale of Lab-failed Cannabis products to patients if the product/Cannabis cannot be otherwise guaranteed to be safe.

LATE

HB-2097-SD-1
Submitted on: 6/30/2020 8:42:12 AM
Testimony for JDC on 6/30/2020 9:46:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marco Cabrera	Individual	Oppose	No

Comments:

I oppose HB2097, although I support the sale of edibles, I do not support allowing remediation of cannabis without the customers knowledge. I do however believe in compromise, which I believe is allowing remediation with the following terms: the cannabis MUST be labeled as such giving the customer the choice and the remediation process MUST be safe for the end user and a highly regulated procedure. I think if left unregulated to the highest standard the remediation process could lead down a slippery slope making cannabis chemically littered and hazardous such as cigarettes have become. I believe it is the Governments duty to regulate and hold accountable farmers, manufacturers, and producers of sort to use safe ingredients, procedures and processes. Our country is already riddled with toxic and carcinogenic products that can lead to cancer and numerous auto-immune diseases. To our government officials, I beseech that you look out for those that do not know better, to keep things natural for as long as possible, to help educate, to stop presenting deceptive and dubious bills, and to keep peoples best interest and health above all else.