



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

**Testimony in SUPPORT of HB1217 HD2 SD1
RELATING TO MEDICAL CANNABIS**

SENATOR KARL RHOADS, CHAIR
SENATOR DONOVAN M. DELA CRUZ, CHAIR
SENATE COMMITTEE ON JUDICIARY
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: 04-04-23

Room Number: 211

1 **Fiscal Implications:** N/A.

2 **Department Testimony:** The Department of Health (DOH) appreciates and supports this
3 measure amending section 329-41, HRS, various sections of part IX, chapter 329, HRS, and
4 section 329D-2, HRS, which strengthens the integrity of the medical cannabis law and provides
5 clear parameters regarding the medical use of cannabis for qualifying patients, primary
6 caregivers, qualifying out-of-state patients, or caregivers of qualifying out-of-state patients.

7 Thank you for the opportunity to testify.

8 **Offered Amendments:** The department supports patients growing cannabis for their personal
9 medical use and, in balancing the needs of the patients with the limited resources of the state,
10 respectfully requests limiting the number of patients to a single grow site location from 50 (or
11 500 plants) to 20 (or 200 plants). Four sites on Oahu have between 21 – 50 registered patients,
12 and two sites on Hawaii have between 21-30 registered patients that would be impacted but
13 would be able to apply for a waiver with the department according to this measure. The
14 department offers the following amendments:

15 Page 8, line 14 to 18: No more than ~~fifty~~ [twenty] qualifying patients may use a particular
16 location to cultivate cannabis; provided that this limitation shall not apply to qualifying patients
17 who obtain a written exemption from the department of health.

1 Page 13, line 2: no more than ~~fifty~~ [twenty] qualifying patients.

2 The DOH supports patients and their designated primary caregiver’s ability to produce cannabis
3 products for themselves or their qualifying patient’s personal use and provides an amendment,
4 for clarity, to page 14, lines 4-7, that “no person shall produce, manufacture or dispense cannabis
5 or manufactured cannabis products without a dispensary license unless they are the qualifying
6 patient or the qualifying patient’s designated primary caregiver authorized to produce and
7 manufacture cannabis or cannabis products for the patient’s personal medical use under chapter
8 329, part IX, Hawaii Revised Statutes.”

Testimony for HB1217 SD1

COMMENTS for HB1217 SD1, with suggestions for amendments clarifying guidelines for grow site collectives.

Aloha e Chair Rhoads, Vice Chair Gabbard, and Senators on the Judiciary Committee, and Chair Dela Cruz, Vice Chair Keith-Agaran, and Senators of the Ways And Means Committee,

Mahalo for all your effort and thorough work on this bill. We want to thank you for the amendments that increased the qualified patient card count per grow site location from 5 patients/caregivers to 50 patients/caregivers.

We would like to offer additional amendments regarding:

1. Defining "Immature cannabis plant" and "Mature cannabis plant".

DEFINITIONS

Immature cannabis plant. "Immature cannabis plant" means a cannabis plant that is not a mature cannabis plant or seedling. "Immature cannabis plant" does not include hemp.

Mature cannabis plant. "Mature cannabis plant" means a flowering female cannabis plant. "Mature cannabis plant" does not include hemp.

Mature plant canopy. "Mature plant canopy" means the total surface area within a cultivation area where mature cannabis plants are growing. The surface area of the mature plant canopy must be calculated in square feet and measured using the outside boundaries of the area and must include all of the area within the boundaries. If the surface area of the mature plant canopy consists of noncontiguous areas, each component area must be separated by identifiable boundaries. If a tiered or shelving system is used in the cultivation area, the surface area of each tier or shelf must be included in calculating the area of the mature plant canopy. Calculation of the surface area of the mature plant canopy may not include the areas within the cultivation area that are not used at any time to cultivate mature cannabis plants.

2. Amend Section 2. Allowing for purposes of "medical use", the term "distribution" is limited to the transfer of cannabis and paraphernalia[.] from the qualifying patient's registered primary caregiver to the qualifying patient or between qualifying patients to qualifying patients.

3. Amend Section 3. (4) The cultivation, handling, or possession of a qualifying patient's cannabis for medical use, unless the person is the qualifying patient or the qualifying patient's registered primary caregiver or, for purposes of shared cultivation sites, another qualifying patient registered to the same cultivation site."

4. Amend Section 4. Any cultivation site over 5000 Square Feet an additional fee of \$3000 shall be paid to the Department. Each registered cultivation site shall have a detailed map showing the flowering cultivation area for easy identification and compliance by DOH. A qualifying patient registered with a shared cultivation site may at any time cancel or change their registration to a different site and may take possession of up to the 10 mature plants permitted by patients cultivating only for themselves.

5. Amend Section 5. To the extent the department is authorized by this chapter, the department may conduct pre-scheduled inspections of grow sites without the presence of law enforcement to verify a person's compliance with this chapter. The department shall give the grow sites reasonable notice of no less than 48 hours or two (2) business days in advance of these inspections. Prior to scheduling such inspections, the Department Of Health shall develop protocols that detail the scope of work for such inspections to ensure compliance with this chapter.

6. Amend Section 8. No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license unless authorized pursuant to part IX of chapter 329."

Mahalo nui loa for your consideration.

Name

Elsworth Kaanaana

Email

Kkaanaana13@gmail.com

Testimony for HB1217 SD1

COMMENTS for HB1217 SD1, with suggestions for amendments clarifying guidelines for grow site collectives.

Aloha e Chair Rhoads, Vice Chair Gabbard, and Senators on the Judiciary Committee, and Chair Dela Cruz, Vice Chair Keith-Agaran, and Senators of the Ways And Means Committee,

Mahalo for all your effort and thorough work on this bill. We want to thank you for the amendments that increased the qualified patient card count per grow site location from 5 patients/caregivers to 50 patients/caregivers.

We would like to offer additional amendments regarding:

1. Defining "Immature cannabis plant" and "Mature cannabis plant".

DEFINITIONS

Immature cannabis plant. "Immature cannabis plant" means a cannabis plant that is not a mature cannabis plant or seedling. "Immature cannabis plant" does not include hemp.

Mature cannabis plant. "Mature cannabis plant" means a flowering female cannabis plant. "Mature cannabis plant" does not include hemp.

Mature plant canopy. "Mature plant canopy" means the total surface area within a cultivation area where mature cannabis plants are growing. The surface area of the mature plant canopy must be calculated in square feet and measured using the outside boundaries of the area and must include all of the area within the boundaries. If the surface area of the mature plant canopy consists of noncontiguous areas, each component area must be separated by identifiable boundaries. If a tiered or shelving system is used in the cultivation area, the surface area of each tier or shelf must be included in calculating the area of the mature plant canopy. Calculation of the surface area of the mature plant canopy may not include the areas within the cultivation area that are not used at any time to cultivate mature cannabis plants.

2. Amend Section 2. Allowing for purposes of "medical use", the term "distribution" is limited to the transfer of cannabis and paraphernalia[.] from the qualifying patient's registered primary caregiver to the qualifying patient or between qualifying patients to qualifying patients.

3. Amend Section 3. (4) The cultivation, handling, or possession of a qualifying patient's cannabis for medical use, unless the person is the qualifying patient or the qualifying patient's registered primary caregiver or, for purposes of shared cultivation sites, another qualifying patient registered to the same cultivation site."

4. Amend Section 4. Any cultivation site over 5000 Square Feet an additional fee of \$3000 shall be paid to the Department. Each registered cultivation site shall have a detailed map showing the flowering cultivation area for easy identification and compliance by DOH. A qualifying patient registered with a shared cultivation site may at any time cancel or change their registration to a different site and may take possession of up to the 10 mature plants permitted by patients cultivating only for themselves.

5. Amend Section 5. To the extent the department is authorized by this chapter, the department may conduct pre-scheduled inspections of grow sites without the presence of law enforcement to verify a person's compliance with this chapter. The department shall give the grow sites reasonable notice of no less than 48 hours or two (2) business days in advance of these inspections. Prior to scheduling such inspections, the Department Of Health shall develop protocols that detail the scope of work for such inspections to ensure compliance with this chapter.

6. Amend Section 8. No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license unless authorized pursuant to part IX of chapter 329."

Mahalo nui loa for your consideration.

Name

Eric Hansen

Email

ewhansen@hawaii.edu

Testimony for HB1217 SD1

COMMENTS for HB1217 SD1, with suggestions for amendments clarifying guidelines for grow site collectives.

Aloha e Chair Rhoads, Vice Chair Gabbard, and Senators on the Judiciary Committee, and Chair Dela Cruz, Vice Chair Keith-Agaran, and Senators of the Ways And Means Committee,

Mahalo for all your effort and thorough work on this bill. We want to thank you for the amendments that increased the qualified patient card count per grow site location from 5 patients/caregivers to 50 patients/caregivers.

We would like to offer additional amendments regarding:

1. Defining "Immature cannabis plant" and "Mature cannabis plant".

DEFINITIONS

Immature cannabis plant. "Immature cannabis plant" means a cannabis plant that is not a mature cannabis plant or seedling. "Immature cannabis plant" does not include hemp.

Mature cannabis plant. "Mature cannabis plant" means a flowering female cannabis plant. "Mature cannabis plant" does not include hemp.

Mature plant canopy. "Mature plant canopy" means the total surface area within a cultivation area where mature cannabis plants are growing. The surface area of the mature plant canopy must be calculated in square feet and measured using the outside boundaries of the area and must include all of the area within the boundaries. If the surface area of the mature plant canopy consists of noncontiguous areas, each component area must be separated by identifiable boundaries. If a tiered or shelving system is used in the cultivation area, the surface area of each tier or shelf must be included in calculating the area of the mature plant canopy. Calculation of the surface area of the mature plant canopy may not include the areas within the cultivation area that are not used at any time to cultivate mature cannabis plants.

2. Amend Section 2. Allowing for purposes of "medical use", the term "distribution" is limited to the transfer of cannabis and paraphernalia[.] from the qualifying patient's registered primary caregiver to the qualifying patient or between qualifying patients to qualifying patients.

3. Amend Section 3. (4) The cultivation, handling, or possession of a qualifying patient's cannabis for medical use, unless the person is the qualifying patient or the qualifying patient's registered primary caregiver or, for purposes of shared cultivation sites, another qualifying patient registered to the same cultivation site."

4. Amend Section 4. Any cultivation site over 5000 Square Feet an additional fee of \$3000 shall be paid to the Department. Each registered cultivation site shall have a detailed map showing the flowering cultivation area for easy identification and compliance by DOH. A qualifying patient registered with a shared cultivation site may at any time cancel or change their registration to a different site and may take possession of up to the 10 mature plants permitted by patients cultivating only for themselves.

5. Amend Section 5. To the extent the department is authorized by this chapter, the department may conduct pre-scheduled inspections of grow sites without the presence of law enforcement to verify a person's compliance with this chapter. The department shall give the grow sites reasonable notice of no less than 48 hours or two (2) business days in advance of these inspections. Prior to scheduling such inspections, the Department Of Health shall develop protocols that detail the scope of work for such inspections to ensure compliance with this chapter.

6. Amend Section 8. No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license unless authorized pursuant to part IX of chapter 329."

Mahalo nui loa for your consideration.

Additional Comments

Dispensary products are cost prohibitive for most medical cannabis patients. Patients should be allowed to make their own choices & decisions in regards to methods of consuming cannabis and Which methods work best for their condition. Using the plant to make their own tinctures,edibles and topicals. Please respect the individual needs of the patients.

Name Victoria Kach

Email 808vickik@gmail.com

Testimony for HB1217 SD1

COMMENTS for HB1217 SD1, with suggestions for amendments clarifying guidelines for grow site collectives.

Aloha e Chair Rhoads, Vice Chair Gabbard, and Senators on the Judiciary Committee, and Chair Dela Cruz, Vice Chair Keith-Agaran, and Senators of the Ways And Means Committee,

Mahalo for all your effort and thorough work on this bill. We want to thank you for the amendments that increased the qualified patient card count per grow site location from 5 patients/caregivers to 50 patients/caregivers.

We would like to offer additional amendments regarding:

1. Defining "Immature cannabis plant" and "Mature cannabis plant".

DEFINITIONS

Immature cannabis plant. "Immature cannabis plant" means a cannabis plant that is not a mature cannabis plant or seedling. "Immature cannabis plant" does not include hemp.

Mature cannabis plant. "Mature cannabis plant" means a flowering female cannabis plant. "Mature cannabis plant" does not include hemp.

Mature plant canopy. "Mature plant canopy" means the total surface area within a cultivation area where mature cannabis plants are growing. The surface area of the mature plant canopy must be calculated in square feet and measured using the outside boundaries of the area and must include all of the area within the boundaries. If the surface area of the mature plant canopy consists of noncontiguous areas, each component area must be separated by identifiable boundaries. If a tiered or shelving system is used in the cultivation area, the surface area of each tier or shelf must be included in calculating the area of the mature plant canopy. Calculation of the surface area of the mature plant canopy may not include the areas within the cultivation area that are not used at any time to cultivate mature cannabis plants.

2. Amend Section 2. Allowing for purposes of "medical use", the term "distribution" is limited to the transfer of cannabis and paraphernalia[.] from the qualifying patient's registered primary caregiver to the qualifying patient or between qualifying patients to qualifying patients.

3. Amend Section 3. (4) The cultivation, handling, or possession of a qualifying patient's cannabis for medical use, unless the person is the qualifying patient or the qualifying patient's registered primary caregiver or, for purposes of shared cultivation sites, another qualifying patient registered to the same cultivation site."

4. Amend Section 4. Any cultivation site over 5000 Square Feet an additional fee of \$3000 shall be paid to the Department. Each registered cultivation site shall have a detailed map showing the flowering cultivation area for easy identification and compliance by DOH. A qualifying patient registered with a shared cultivation site may at any time cancel or change their registration to a different site and may take possession of up to the 10 mature plants permitted by patients cultivating only for themselves.

5. Amend Section 5. To the extent the department is authorized by this chapter, the department may conduct pre-scheduled inspections of grow sites without the presence of law enforcement to verify a person's compliance with this chapter. The department shall give the grow sites reasonable notice of no less than 48 hours or two (2) business days in advance of these inspections. Prior to scheduling such inspections, the Department Of Health shall develop protocols that detail the scope of work for such inspections to ensure compliance with this chapter.

6. Amend Section 8. No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license unless authorized pursuant to part IX of chapter 329."

Mahalo nui loa for your consideration.

Additional Comments

This is way better for the local people.

Name shayne Pung

Email punshayne@yahoo.com

Testimony for HB1217 SD1

COMMENTS for HB1217 SD1, with suggestions for amendments clarifying guidelines for grow site collectives.

Aloha e Chair Rhoads, Vice Chair Gabbard, and Senators on the Judiciary Committee, and Chair Dela Cruz, Vice Chair Keith-Agaran, and Senators of the Ways And Means Committee,

Mahalo for all your effort and thorough work on this bill. We want to thank you for the amendments that increased the qualified patient card count per grow site location from 5 patients/caregivers to 50 patients/caregivers.

We would like to offer additional amendments regarding:

1. Defining "Immature cannabis plant" and "Mature cannabis plant".

DEFINITIONS

Immature cannabis plant. "Immature cannabis plant" means a cannabis plant that is not a mature cannabis plant or seedling. "Immature cannabis plant" does not include hemp.

Mature cannabis plant. "Mature cannabis plant" means a flowering female cannabis plant. "Mature cannabis plant" does not include hemp.

Mature plant canopy. "Mature plant canopy" means the total surface area within a cultivation area where mature cannabis plants are growing. The surface area of the mature plant canopy must be calculated in square feet and measured using the outside boundaries of the area and must include all of the area within the boundaries. If the surface area of the mature plant canopy consists of noncontiguous areas, each component area must be separated by identifiable boundaries. If a tiered or shelving system is used in the cultivation area, the surface area of each tier or shelf must be included in calculating the area of the mature plant canopy. Calculation of the surface area of the mature plant canopy may not include the areas within the cultivation area that are not used at any time to cultivate mature cannabis plants.

2. Amend Section 2. Allowing for purposes of "medical use", the term "distribution" is limited to the transfer of cannabis and paraphernalia[.] from the qualifying patient's registered primary caregiver to the qualifying patient or between qualifying patients to qualifying patients.

3. Amend Section 3. (4) The cultivation, handling, or possession of a qualifying patient's cannabis for medical use, unless the person is the qualifying patient or the qualifying patient's registered primary caregiver or, for purposes of shared cultivation sites, another qualifying patient registered to the same cultivation site."

4. Amend Section 4. Any cultivation site over 5000 Square Feet an additional fee of \$3000 shall be paid to the Department. Each registered cultivation site shall have a detailed map showing the flowering cultivation area for easy identification and compliance by DOH. A qualifying patient registered with a shared cultivation site may at any time cancel or change their registration to a different site and may take possession of up to the 10 mature plants permitted by patients cultivating only for themselves.

5. Amend Section 5. To the extent the department is authorized by this chapter, the department may conduct pre-scheduled inspections of grow sites without the presence of law enforcement to verify a person's compliance with this chapter. The department shall give the grow sites reasonable notice of no less than 48 hours or two (2) business days in advance of these inspections. Prior to scheduling such inspections, the Department Of Health shall develop protocols that detail the scope of work for such inspections to ensure compliance with this chapter.

6. Amend Section 8. No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license unless authorized pursuant to part IX of chapter 329."

Mahalo nui loa for your consideration.

Name

Nomi Carmona

Email

nomicarmona@gmail.com

Testimony for HB1217 SD1

COMMENTS for HB1217 SD1, with suggestions for amendments clarifying guidelines for grow site collectives.

Aloha e Chair Rhoads, Vice Chair Gabbard, and Senators on the Judiciary Committee, and Chair Dela Cruz, Vice Chair Keith-Agaran, and Senators of the Ways And Means Committee,

Mahalo for all your effort and thorough work on this bill. We want to thank you for the amendments that increased the qualified patient card count per grow site location from 5 patients/caregivers to 50 patients/caregivers.

We would like to offer additional amendments regarding:

1. Defining "Immature cannabis plant" and "Mature cannabis plant".

DEFINITIONS

Immature cannabis plant. "Immature cannabis plant" means a cannabis plant that is not a mature cannabis plant or seedling. "Immature cannabis plant" does not include hemp.

Mature cannabis plant. "Mature cannabis plant" means a flowering female cannabis plant. "Mature cannabis plant" does not include hemp.

Mature plant canopy. "Mature plant canopy" means the total surface area within a cultivation area where mature cannabis plants are growing. The surface area of the mature plant canopy must be calculated in square feet and measured using the outside boundaries of the area and must include all of the area within the boundaries. If the surface area of the mature plant canopy consists of noncontiguous areas, each component area must be separated by identifiable boundaries. If a tiered or shelving system is used in the cultivation area, the surface area of each tier or shelf must be included in calculating the area of the mature plant canopy. Calculation of the surface area of the mature plant canopy may not include the areas within the cultivation area that are not used at any time to cultivate mature cannabis plants.

2. Amend Section 2. Allowing for purposes of "medical use", the term "distribution" is limited to the transfer of cannabis and paraphernalia[.] from the qualifying patient's registered primary caregiver to the qualifying patient or between qualifying patients to qualifying patients.

3. Amend Section 3. (4) The cultivation, handling, or possession of a qualifying patient's cannabis for medical use, unless the person is the qualifying patient or the qualifying patient's registered primary caregiver or, for purposes of shared cultivation sites, another qualifying patient registered to the same cultivation site."

4. Amend Section 4. Any cultivation site over 5000 Square Feet an additional fee of \$3000 shall be paid to the Department. Each registered cultivation site shall have a detailed map showing the flowering cultivation area for easy identification and compliance by DOH. A qualifying patient registered with a shared cultivation site may at any time cancel or change their registration to a different site and may take possession of up to the 10 mature plants permitted by patients cultivating only for themselves.

5. Amend Section 5. To the extent the department is authorized by this chapter, the department may conduct pre-scheduled inspections of grow sites without the presence of law enforcement to verify a person's compliance with this chapter. The department shall give the grow sites reasonable notice of no less than 48 hours or two (2) business days in advance of these inspections. Prior to scheduling such inspections, the Department Of Health shall develop protocols that detail the scope of work for such inspections to ensure compliance with this chapter.

6. Amend Section 8. No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license unless authorized pursuant to part IX of chapter 329."

Mahalo nui loa for your consideration.

Name

Mark Jacobson

Email

devineswede@yahoo.com

Testimony for HB1217 SD1

COMMENTS for HB1217 SD1, with suggestions for amendments clarifying guidelines for grow site collectives.

Aloha e Chair Rhoads, Vice Chair Gabbard, and Senators on the Judiciary Committee, and Chair Dela Cruz, Vice Chair Keith-Agaran, and Senators of the Ways And Means Committee,

Mahalo for all your effort and thorough work on this bill. We want to thank you for the amendments that increased the qualified patient card count per grow site location from 5 patients/caregivers to 50 patients/caregivers.

We would like to offer additional amendments regarding:

1. Defining "Immature cannabis plant" and "Mature cannabis plant".

DEFINITIONS

Immature cannabis plant. "Immature cannabis plant" means a cannabis plant that is not a mature cannabis plant or seedling. "Immature cannabis plant" does not include hemp.

Mature cannabis plant. "Mature cannabis plant" means a flowering female cannabis plant. "Mature cannabis plant" does not include hemp.

Mature plant canopy. "Mature plant canopy" means the total surface area within a cultivation area where mature cannabis plants are growing. The surface area of the mature plant canopy must be calculated in square feet and measured using the outside boundaries of the area and must include all of the area within the boundaries. If the surface area of the mature plant canopy consists of noncontiguous areas, each component area must be separated by identifiable boundaries. If a tiered or shelving system is used in the cultivation area, the surface area of each tier or shelf must be included in calculating the area of the mature plant canopy. Calculation of the surface area of the mature plant canopy may not include the areas within the cultivation area that are not used at any time to cultivate mature cannabis plants.

2. Amend Section 2. Allowing for purposes of "medical use", the term "distribution" is limited to the transfer of cannabis and paraphernalia[.] from the qualifying patient's registered primary caregiver to the qualifying patient or between qualifying patients to qualifying patients.

3. Amend Section 3. (4) The cultivation, handling, or possession of a qualifying patient's cannabis for medical use, unless the person is the qualifying patient or the qualifying patient's registered primary caregiver or, for purposes of shared cultivation sites, another qualifying patient registered to the same cultivation site."

4. Amend Section 4. Any cultivation site over 5000 Square Feet an additional fee of \$3000 shall be paid to the Department. Each registered cultivation site shall have a detailed map showing the flowering cultivation area for easy identification and compliance by DOH. A qualifying patient registered with a shared cultivation site may at any time cancel or change their registration to a different site and may take possession of up to the 10 mature plants permitted by patients cultivating only for themselves.

5. Amend Section 5. To the extent the department is authorized by this chapter, the department may conduct pre-scheduled inspections of grow sites without the presence of law enforcement to verify a person's compliance with this chapter. The department shall give the grow sites reasonable notice of no less than 48 hours or two (2) business days in advance of these inspections. Prior to scheduling such inspections, the Department Of Health shall develop protocols that detail the scope of work for such inspections to ensure compliance with this chapter.

6. Amend Section 8. No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license unless authorized pursuant to part IX of chapter 329."

Mahalo nui loa for your consideration.

Name

Ricky Magill

Email

rmagilljr7@gmail.com

Testimony for HB1217 SD1

COMMENTS for HB1217 SD1, with suggestions for amendments clarifying guidelines for grow site collectives.

Aloha e Chair Rhoads, Vice Chair Gabbard, and Senators on the Judiciary Committee, and Chair Dela Cruz, Vice Chair Keith-Agaran, and Senators of the Ways And Means Committee,

Mahalo for all your effort and thorough work on this bill. We want to thank you for the amendments that increased the qualified patient card count per grow site location from 5 patients/caregivers to 50 patients/caregivers.

We would like to offer additional amendments regarding:

1. Defining "Immature cannabis plant" and "Mature cannabis plant".

DEFINITIONS

Immature cannabis plant. "Immature cannabis plant" means a cannabis plant that is not a mature cannabis plant or seedling. "Immature cannabis plant" does not include hemp.

Mature cannabis plant. "Mature cannabis plant" means a flowering female cannabis plant. "Mature cannabis plant" does not include hemp.

Mature plant canopy. "Mature plant canopy" means the total surface area within a cultivation area where mature cannabis plants are growing. The surface area of the mature plant canopy must be calculated in square feet and measured using the outside boundaries of the area and must include all of the area within the boundaries. If the surface area of the mature plant canopy consists of noncontiguous areas, each component area must be separated by identifiable boundaries. If a tiered or shelving system is used in the cultivation area, the surface area of each tier or shelf must be included in calculating the area of the mature plant canopy. Calculation of the surface area of the mature plant canopy may not include the areas within the cultivation area that are not used at any time to cultivate mature cannabis plants.

2. Amend Section 2. Allowing for purposes of "medical use", the term "distribution" is limited to the transfer of cannabis and paraphernalia[.] from the qualifying patient's registered primary caregiver to the qualifying patient or between qualifying patients to qualifying patients.

3. Amend Section 3. (4) The cultivation, handling, or possession of a qualifying patient's cannabis for medical use, unless the person is the qualifying patient or the qualifying patient's registered primary caregiver or, for purposes of shared cultivation sites, another qualifying patient registered to the same cultivation site."

4. Amend Section 4. Any cultivation site over 5000 Square Feet an additional fee of \$3000 shall be paid to the Department. Each registered cultivation site shall have a detailed map showing the flowering cultivation area for easy identification and compliance by DOH. A qualifying patient registered with a shared cultivation site may at any time cancel or change their registration to a different site and may take possession of up to the 10 mature plants permitted by patients cultivating only for themselves.

5. Amend Section 5. To the extent the department is authorized by this chapter, the department may conduct pre-scheduled inspections of grow sites without the presence of law enforcement to verify a person's compliance with this chapter. The department shall give the grow sites reasonable notice of no less than 48 hours or two (2) business days in advance of these inspections. Prior to scheduling such inspections, the Department Of Health shall develop protocols that detail the scope of work for such inspections to ensure compliance with this chapter.

6. Amend Section 8. No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license unless authorized pursuant to part IX of chapter 329."

Mahalo nui loa for your consideration.

Name

Senala Poe

Email

parincessluna@gmail.com

Testimony for HB1217 SD1

COMMENTS for HB1217 SD1, with suggestions for amendments clarifying guidelines for grow site collectives.

Aloha e Chair Rhoads, Vice Chair Gabbard, and Senators on the Judiciary Committee, and Chair Dela Cruz, Vice Chair Keith-Agaran, and Senators of the Ways And Means Committee,

Mahalo for all your effort and thorough work on this bill. We want to thank you for the amendments that increased the qualified patient card count per grow site location from 5 patients/caregivers to 50 patients/caregivers.

We would like to offer additional amendments regarding:

1. Defining "Immature cannabis plant" and "Mature cannabis plant".

DEFINITIONS

Immature cannabis plant. "Immature cannabis plant" means a cannabis plant that is not a mature cannabis plant or seedling. "Immature cannabis plant" does not include hemp.

Mature cannabis plant. "Mature cannabis plant" means a flowering female cannabis plant. "Mature cannabis plant" does not include hemp.

Mature plant canopy. "Mature plant canopy" means the total surface area within a cultivation area where mature cannabis plants are growing. The surface area of the mature plant canopy must be calculated in square feet and measured using the outside boundaries of the area and must include all of the area within the boundaries. If the surface area of the mature plant canopy consists of noncontiguous areas, each component area must be separated by identifiable boundaries. If a tiered or shelving system is used in the cultivation area, the surface area of each tier or shelf must be included in calculating the area of the mature plant canopy. Calculation of the surface area of the mature plant canopy may not include the areas within the cultivation area that are not used at any time to cultivate mature cannabis plants.

2. Amend Section 2. Allowing for purposes of "medical use", the term "distribution" is limited to the transfer of cannabis and paraphernalia[.] from the qualifying patient's registered primary caregiver to the qualifying patient or between qualifying patients to qualifying patients.

3. Amend Section 3. (4) The cultivation, handling, or possession of a qualifying patient's cannabis for medical use, unless the person is the qualifying patient or the qualifying patient's registered primary caregiver or, for purposes of shared cultivation sites, another qualifying patient registered to the same cultivation site."

4. Amend Section 4. Any cultivation site over 5000 Square Feet an additional fee of \$3000 shall be paid to the Department. Each registered cultivation site shall have a detailed map showing the flowering cultivation area for easy identification and compliance by DOH. A qualifying patient registered with a shared cultivation site may at any time cancel or change their registration to a different site and may take possession of up to the 10 mature plants permitted by patients cultivating only for themselves.

5. Amend Section 5. To the extent the department is authorized by this chapter, the department may conduct pre-scheduled inspections of grow sites without the presence of law enforcement to verify a person's compliance with this chapter. The department shall give the grow sites reasonable notice of no less than 48 hours or two (2) business days in advance of these inspections. Prior to scheduling such inspections, the Department Of Health shall develop protocols that detail the scope of work for such inspections to ensure compliance with this chapter.

6. Amend Section 8. No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license unless authorized pursuant to part IX of chapter 329."

Mahalo nui loa for your consideration.

Additional Comments

I additionally repeat my "want to thank you for the amendments that increased the qualified patient card count per grow site location from 5 patients/caregivers to 50 patients/caregivers." As I am one of many people who is in a situation where I can not grow my own plants in my own home, and even if I did my body keeps me fairly bedridden a good chunk of my time that could otherwise be allotted to gardening.

If it were not for Care Waialua specifically there is so so much of my life I see drastically different. I was on island pre-dispensary system as a young mother of two special needs boys, a military spouse trying to navigate federal laws, and in general learning about plant medicine for the 1st time, and at that time it felt like a stressful situation to get medicine. However before we moved on island I had heard dispensaries were in the works and was excited, so I thought it can't be that bad. The dispensaries I did rely on for a while but admittedly I wasn't using my medicine in a therapeutic way. I had a budget monthly I could afford and I had to pray I could play the system of rewards, and special days for special sales, to make it work. It was still stressful. I still see a system where Hawaii has dispensaries, but I also hope that there will be many small family farms to rely on. I would love to see cannabis farmers thrive as small farmers markets have with the support of our government.

Thank you for your time.

Name

Shari Seibel

Email

shariseibel@gmail.com

Testimony for HB1217 SD1

COMMENTS for HB1217 SD1, with suggestions for amendments clarifying guidelines for grow site collectives.

Aloha e Chair Rhoads, Vice Chair Gabbard, and Senators on the Judiciary Committee, and Chair Dela Cruz, Vice Chair Keith-Agaran, and Senators of the Ways And Means Committee,

Mahalo for all your effort and thorough work on this bill. We want to thank you for the amendments that increased the qualified patient card count per grow site location from 5 patients/caregivers to 50 patients/caregivers.

We would like to offer additional amendments regarding:

1. Defining "Immature cannabis plant" and "Mature cannabis plant".

DEFINITIONS

Immature cannabis plant. "Immature cannabis plant" means a cannabis plant that is not a mature cannabis plant or seedling. "Immature cannabis plant" does not include hemp.

Mature cannabis plant. "Mature cannabis plant" means a flowering female cannabis plant. "Mature cannabis plant" does not include hemp.

Mature plant canopy. "Mature plant canopy" means the total surface area within a cultivation area where mature cannabis plants are growing. The surface area of the mature plant canopy must be calculated in square feet and measured using the outside boundaries of the area and must include all of the area within the boundaries. If the surface area of the mature plant canopy consists of noncontiguous areas, each component area must be separated by identifiable boundaries. If a tiered or shelving system is used in the cultivation area, the surface area of each tier or shelf must be included in calculating the area of the mature plant canopy. Calculation of the surface area of the mature plant canopy may not include the areas within the cultivation area that are not used at any time to cultivate mature cannabis plants.

2. Amend Section 2. Allowing for purposes of "medical use", the term "distribution" is limited to the transfer of cannabis and paraphernalia[.] from the qualifying patient's registered primary caregiver to the qualifying patient or between qualifying patients to qualifying patients.

3. Amend Section 3. (4) The cultivation, handling, or possession of a qualifying patient's cannabis for medical use, unless the person is the qualifying patient or the qualifying patient's registered primary caregiver or, for purposes of shared cultivation sites, another qualifying patient registered to the same cultivation site."

4. Amend Section 4. Any cultivation site over 5000 Square Feet an additional fee of \$3000 shall be paid to the Department. Each registered cultivation site shall have a detailed map showing the flowering cultivation area for easy identification and compliance by DOH. A qualifying patient registered with a shared cultivation site may at any time cancel or change their registration to a different site and may take possession of up to the 10 mature plants permitted by patients cultivating only for themselves.

5. Amend Section 5. To the extent the department is authorized by this chapter, the department may conduct pre-scheduled inspections of grow sites without the presence of law enforcement to verify a person's compliance with this chapter. The department shall give the grow sites reasonable notice of no less than 48 hours or two (2) business days in advance of these inspections. Prior to scheduling such inspections, the Department Of Health shall develop protocols that detail the scope of work for such inspections to ensure compliance with this chapter.

6. Amend Section 8. No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license unless authorized pursuant to part IX of chapter 329."

Mahalo nui loa for your consideration.

Additional Comments

These amendments would ensure safety and equality for local caregivers that have been providing safe medicine since the year 2000! Please support these amendments!

Name Maddie Meheula

Email burnzspoti@gmail.com

Testimony for HB1217 SD1

COMMENTS for HB1217 SD1, with suggestions for amendments clarifying guidelines for grow site collectives.

Aloha e Chair Rhoads, Vice Chair Gabbard, and Senators on the Judiciary Committee, and Chair Dela Cruz, Vice Chair Keith-Agaran, and Senators of the Ways And Means Committee,

Mahalo for all your effort and thorough work on this bill. We want to thank you for the amendments that increased the qualified patient card count per grow site location from 5 patients/caregivers to 50 patients/caregivers.

We would like to offer additional amendments regarding:

1. Defining "Immature cannabis plant" and "Mature cannabis plant".

DEFINITIONS

Immature cannabis plant. "Immature cannabis plant" means a cannabis plant that is not a mature cannabis plant or seedling. "Immature cannabis plant" does not include hemp.

Mature cannabis plant. "Mature cannabis plant" means a flowering female cannabis plant. "Mature cannabis plant" does not include hemp.

Mature plant canopy. "Mature plant canopy" means the total surface area within a cultivation area where mature cannabis plants are growing. The surface area of the mature plant canopy must be calculated in square feet and measured using the outside boundaries of the area and must include all of the area within the boundaries. If the surface area of the mature plant canopy consists of noncontiguous areas, each component area must be separated by identifiable boundaries. If a tiered or shelving system is used in the cultivation area, the surface area of each tier or shelf must be included in calculating the area of the mature plant canopy. Calculation of the surface area of the mature plant canopy may not include the areas within the cultivation area that are not used at any time to cultivate mature cannabis plants.

2. Amend Section 2. Allowing for purposes of "medical use", the term "distribution" is limited to the transfer of cannabis and paraphernalia[.] from the qualifying patient's registered primary caregiver to the qualifying patient or between qualifying patients to qualifying patients.

3. Amend Section 3. (4) The cultivation, handling, or possession of a qualifying patient's cannabis for medical use, unless the person is the qualifying patient or the qualifying patient's registered primary caregiver or, for purposes of shared cultivation sites, another qualifying patient registered to the same cultivation site."

4. Amend Section 4. Any cultivation site over 5000 Square Feet an additional fee of \$3000 shall be paid to the Department. Each registered cultivation site shall have a detailed map showing the flowering cultivation area for easy identification and compliance by DOH. A qualifying patient registered with a shared cultivation site may at any time cancel or change their registration to a different site and may take possession of up to the 10 mature plants permitted by patients cultivating only for themselves.

5. Amend Section 5. To the extent the department is authorized by this chapter, the department may conduct pre-scheduled inspections of grow sites without the presence of law enforcement to verify a person's compliance with this chapter. The department shall give the grow sites reasonable notice of no less than 48 hours or two (2) business days in advance of these inspections. Prior to scheduling such inspections, the Department Of Health shall develop protocols that detail the scope of work for such inspections to ensure compliance with this chapter.

6. Amend Section 8. No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license unless authorized pursuant to part IX of chapter 329."

Mahalo nui loa for your consideration.

Name

Daniel Shane

Email

konaboygenetics@gmail.com

Testimony for HB1217 SD1

COMMENTS for HB1217 SD1, with suggestions for amendments clarifying guidelines for grow site collectives.

Aloha e Chair Rhoads, Vice Chair Gabbard, and Senators on the Judiciary Committee, and Chair Dela Cruz, Vice Chair Keith-Agaran, and Senators of the Ways And Means Committee,

Mahalo for all your effort and thorough work on this bill. We want to thank you for the amendments that increased the qualified patient card count per grow site location from 5 patients/caregivers to 50 patients/caregivers.

We would like to offer additional amendments regarding:

1. Defining "Immature cannabis plant" and "Mature cannabis plant".

DEFINITIONS

Immature cannabis plant. "Immature cannabis plant" means a cannabis plant that is not a mature cannabis plant or seedling. "Immature cannabis plant" does not include hemp.

Mature cannabis plant. "Mature cannabis plant" means a flowering female cannabis plant. "Mature cannabis plant" does not include hemp.

Mature plant canopy. "Mature plant canopy" means the total surface area within a cultivation area where mature cannabis plants are growing. The surface area of the mature plant canopy must be calculated in square feet and measured using the outside boundaries of the area and must include all of the area within the boundaries. If the surface area of the mature plant canopy consists of noncontiguous areas, each component area must be separated by identifiable boundaries. If a tiered or shelving system is used in the cultivation area, the surface area of each tier or shelf must be included in calculating the area of the mature plant canopy. Calculation of the surface area of the mature plant canopy may not include the areas within the cultivation area that are not used at any time to cultivate mature cannabis plants.

2. Amend Section 2. Allowing for purposes of "medical use", the term "distribution" is limited to the transfer of cannabis and paraphernalia[.] from the qualifying patient's registered primary caregiver to the qualifying patient or between qualifying patients to qualifying patients.

3. Amend Section 3. (4) The cultivation, handling, or possession of a qualifying patient's cannabis for medical use, unless the person is the qualifying patient or the qualifying patient's registered primary caregiver or, for purposes of shared cultivation sites, another qualifying patient registered to the same cultivation site."

4. Amend Section 4. Any cultivation site over 5000 Square Feet an additional fee of \$3000 shall be paid to the Department. Each registered cultivation site shall have a detailed map showing the flowering cultivation area for easy identification and compliance by DOH. A qualifying patient registered with a shared cultivation site may at any time cancel or change their registration to a different site and may take possession of up to the 10 mature plants permitted by patients cultivating only for themselves.

5. Amend Section 5. To the extent the department is authorized by this chapter, the department may conduct pre-scheduled inspections of grow sites without the presence of law enforcement to verify a person's compliance with this chapter. The department shall give the grow sites reasonable notice of no less than 48 hours or two (2) business days in advance of these inspections. Prior to scheduling such inspections, the Department Of Health shall develop protocols that detail the scope of work for such inspections to ensure compliance with this chapter.

6. Amend Section 8. No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license unless authorized pursuant to part IX of chapter 329."

Mahalo nui loa for your consideration.

Name

Jason Poe

Email

jason@poehouse.com

Testimony for HB1217 SD1

COMMENTS for HB1217 SD1, with suggestions for amendments clarifying guidelines for grow site collectives.

Aloha e Chair Rhoads, Vice Chair Gabbard, and Senators on the Judiciary Committee, and Chair Dela Cruz, Vice Chair Keith-Agaran, and Senators of the Ways And Means Committee,

Mahalo for all your effort and thorough work on this bill. We want to thank you for the amendments that increased the qualified patient card count per grow site location from 5 patients/caregivers to 50 patients/caregivers.

We would like to offer additional amendments regarding:

1. Defining "Immature cannabis plant" and "Mature cannabis plant".

DEFINITIONS

Immature cannabis plant. "Immature cannabis plant" means a cannabis plant that is not a mature cannabis plant or seedling. "Immature cannabis plant" does not include hemp.

Mature cannabis plant. "Mature cannabis plant" means a flowering female cannabis plant. "Mature cannabis plant" does not include hemp.

Mature plant canopy. "Mature plant canopy" means the total surface area within a cultivation area where mature cannabis plants are growing. The surface area of the mature plant canopy must be calculated in square feet and measured using the outside boundaries of the area and must include all of the area within the boundaries. If the surface area of the mature plant canopy consists of noncontiguous areas, each component area must be separated by identifiable boundaries. If a tiered or shelving system is used in the cultivation area, the surface area of each tier or shelf must be included in calculating the area of the mature plant canopy. Calculation of the surface area of the mature plant canopy may not include the areas within the cultivation area that are not used at any time to cultivate mature cannabis plants.

2. Amend Section 2. Allowing for purposes of "medical use", the term "distribution" is limited to the transfer of cannabis and paraphernalia[.] from the qualifying patient's registered primary caregiver to the qualifying patient or between qualifying patients to qualifying patients.

3. Amend Section 3. (4) The cultivation, handling, or possession of a qualifying patient's cannabis for medical use, unless the person is the qualifying patient or the qualifying patient's registered primary caregiver or, for purposes of shared cultivation sites, another qualifying patient registered to the same cultivation site."

4. Amend Section 4. Any cultivation site over 5000 Square Feet an additional fee of \$3000 shall be paid to the Department. Each registered cultivation site shall have a detailed map showing the flowering cultivation area for easy identification and compliance by DOH. A qualifying patient registered with a shared cultivation site may at any time cancel or change their registration to a different site and may take possession of up to the 10 mature plants permitted by patients cultivating only for themselves.

5. Amend Section 5. To the extent the department is authorized by this chapter, the department may conduct pre-scheduled inspections of grow sites without the presence of law enforcement to verify a person's compliance with this chapter. The department shall give the grow sites reasonable notice of no less than 48 hours or two (2) business days in advance of these inspections. Prior to scheduling such inspections, the Department Of Health shall develop protocols that detail the scope of work for such inspections to ensure compliance with this chapter.

6. Amend Section 8. No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license unless authorized pursuant to part IX of chapter 329."

Mahalo nui loa for your consideration.

Name

Kelsey Hesapene

Email

kelsey.hesapene@gmail.com

To: Senator Karl Rhoads, Chair of the Senate Judiciary Committee,
Senator Donovan Dela Cruz, Chair of the Senate Ways and Means Committee,
Members of the Senate Judiciary Committee and
Members of the Senate Ways and Means Committee.

Fr: TY Cheng, President of Aloha Green Holdings Inc.

RE: Testimony in SUPPORT with COMMENTS of House Bill (HB) 1217 HD2 SD1

RELATING TO CANNABIS.

Prohibits any person other than those authorized pursuant to chapter 329, part IX or chapter 329D, Hawai'i Revised Statutes, from cultivating, producing, manufacturing, distributing, possessing, or dispensing cannabis for medical use. Clarifies that the definition of "distribution" within the definition of "medical use" is limited to the transfer of cannabis and cannabis paraphernalia from the qualifying patient's registered primary caregiver to the qualifying patient. Clarifies that the authorization for the medical use of cannabis does not apply to the cultivation, handling, or possession of a qualifying patient's cannabis for medical use, unless the person is the qualifying patient or the qualifying patient's registered primary caregiver. Increases the restriction on the number of qualifying patients who may use a grow site to fifty, unless an exemption is obtained by the Department of Health, and authorizes the Department of Public Safety to inspect grow sites for compliance. Establishes that a person who is not a qualifying patient, primary caregiver, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient or medical cannabis dispensary under chapter 329D, Hawai'i Revised Statutes, shall not be afforded certain protections. Authorizes only a qualifying patient or their designated primary caregiver to cultivate cannabis after December 31, 2024. Repeals a provision in existing law that exempts certain qualifying patients from obtaining medical cannabis or manufactured cannabis products from authorized sources. Prohibits the mischaracterization or disguise of transactions arising out of the production, manufacture, sale, or distribution of cannabis intended for medical use as another type of compensation or expense. Clarifies that no qualifying patient, primary caregiver, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient shall use butane or any other...(see document for full description) (SD1)

Dear Chairs, Vice-Chairs and Members of the Joint Committee:

Aloha Green Apoth believes in the importance of patient access and affordable cannabis medicines and therefore respectfully submits a comment to keep the limit for patients per caregiver location to a reasonable number with no more than 50 patients. We also support the removal of the caregiver sunset on December 31, 2024 protecting the right of caregivers to grow on behalf of a patient in perpetuity.

Aloha Green Apoth supports true medical cannabis cooperative grows where plant medicine is grown and divided among registered patients not for a profit. We do not support for-profit caregivers who act as retail dispensaries under the disguise of a cooperative by miscategorizing

product payment as “rent” for cannabis products without collecting GET and taxes. These caregivers act in the law’s grey area by legally growing but illegally selling. This creates an uneven playing field with two separate markets for the same cannabis medicine. This is not a turf war but two group of players playing on two different fields – one with many rules and another with no rules.

As a company regulated by the DOH, Aloha Green Apoth believes the DOH has the knowledge and experience to ensure medicine grown by a third party is done so in a safe manner to protect patients and the community. Hawaii does not allow food to be sold unless it meets some sanitation standard, why should medicine be any different when provided to a 3rd party? Hawaii also regulates commercial agriculture to protect the environment and the community.

Aloha Green Apoth believes in the importance of caregiver grows to provide a choice of medicine for medical patients, but commercial sized farming should be regulated for the safety of the community and first responders. Applying an outdoor cultivation average of 10 square feet per cannabis plant, a 50-patient grow would allow for 500 plants and require about 5000 square feet of outdoor cultivation space. Five thousand square feet of cultivation is a relatively large commercial operation even by illicit market standards in Hawaii.

Future 50 patient caregivers may be the front runners for new medical (or adult-use) cannabis cultivation licenses. Why not allow DOH to provide regulation guidance now so that larger caregiver grows may find a legal path to cultivation? There will always be some form of regulation for cannabis despite those who wish to “free the plant”.

Only through regulations and oversight of commercial sized caregiver grows can we get to the point where caregiver growers can one day apply and receive potential state cultivation licenses in the future. The safety of the community, patients and first responders should be considered in order to build the integrity of a sustainable Hawaiian cannabis industry.

Thank you for your leadership in Hawaii's cannabis industry.

[Aloha Green Apoth](#) attaches our previous week's specials below to counter the argument dispensary prices remain high. Prices are down over 50% since we opened in 2016. Our pricing is lower than some mainland dispensaries and some caregivers.

ALOHA GREEN APOTHECARY

Ends Sunday!
3/17 - 3/19

\$ 35 1/8 Oz.
↳ G.I. Jade 

\$ 99 1/2 Oz.
↳ Skywalker Kush Iki Nugs 

\$ 199 Oz.
↳ The Duke 

\$ 10 w/purchase of \$125+.
↳ Crumble of your choice. Limit 1. 

2 for \$ 50
↳ LA Carts: The Yeti & Hawaiian Snow 

4 for \$ 90
↳ All Live Resin Concentrate 

\$ 20 6-Pack
↳ Tiny Bubbles Drink 

Promo available while supplies last. May not be combined with any other discounts or loyalty.

PRE-ORDER | DISCOUNTS | EDUCATION | COMMUNITY  AGAPOTH.COM



Akamai Cannabis Consulting

3615 Harding Ave, Suite 304

Honolulu, HI 96816

TESTIMONY ON HOUSE BILL 1217 HD2 SD1
RELATING TO MEDICAL CANNABIS

By

Clifton Otto, MD

Senate Committee on Judiciary
Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair

Senate Committee on Ways and Means
Senator Donovan M. Dela Cruz, Chair
Senator Gilbert S.C. Keith-Agaran, Vice Chair

Tuesday, April 4, 2023; 10:00 AM
State Capitol, Room 211 & Videoconference

Thank you for the opportunity to provide amendment recommendations on this measure:

Page 6, Line 2:

For the purposes of “medical use”, the term “distribution” is limited to the transfer of cannabis and paraphernalia [.] from the qualifying patient’s registered primary caregiver to the qualifying patient, **or between qualifying patients registered to the same grow site.**”

Page 8, Line 14:

No more than fifty qualifying patients may use a particular location to cultivate cannabis; provided that this limitation shall not apply to qualifying patients who obtain a written exemption from the department of health; **and provided further that the department shall adopt rules pursuant to chapter 91 to implement this section.**

Page 10, Line 19:

To the extent the department is authorized by this chapter, the department may conduct inspections of grow sites to verify a person’s compliance with this chapter; **provided that grow site inspections shall be voluntary and shall not involve law enforcement.**

Aloha.

[COMMITTEE ON JUDICIARY](#)

Senator Karl Rhoads, Chair

Senator Mike Gabbard, Vice Chair

[COMMITTEE ON WAYS AND MEANS](#)

Senator Donovan M. Dela Cruz, Chair

Senator Gilbert S.C. Keith-Agaran, Vice Chair



Jason Hanley
President Oahu Cannabis Farms Alliance
Owner Care Waialua

We humbly ask that the state take a step back and review the medical program in its entirety before moving forward with the actions recommended in this bill. We ask that the review of the program is undertaken by a group of people who have experience in all aspects of the cannabis industry. This is clearly not happening right now and the DOH and Rep. Belatti do not have the expertise to make recommendations to the medical cannabis law. The state has an opportunity right now to review the data collected from both dispensaries and cooperatives, to develop the best model that works for the patients of Hawaii. There is also 20 years of data compiled from other states which clearly shows the pitfalls and the successes of both medical and adult recreational cannabis programs.

I would also like to bring to light the fact that all other working groups, both the dispensary task force team and the recent task force team recommendations have been ignored. What is the purpose of working with patient advocate working groups if the recommendations are ignored? After all, the rights and recommendations of the medical community are most important.

We also ask the state to please review “The 2014 Sunrise Analysis: Regulation of Medical Marijuana Dispensaries”, conducted by the state auditor, which identified concerns we now clearly have some answers to.

- **Regulation should be avoided if it artificially increases the costs of goods and services to the consumer unless the cost is exceeded by potential dangers to the consumer.**
 - More than 80% percent of medical patients do not visit dispensaries.
 - The current cost at a dispensary is almost three times as much as the cost to produce in the local market.
 - Quality in the dispensaries is subpar to the local grown cannabis.
 - Dispensaries cannot cater to the variety of medical cannabis products needed for the medical patient.

- **Is regulation of medical marijuana dispensaries necessary to protect the health, safety, and welfare of qualifying patients? Is there danger to the patient (consumer).**
 - There is no data that suggests that collective grows or home grows are unsafe.
 - Many home growers and collectives test their own medicine and could easily comply with a reasonable and affordable mandatory testing program.
 - DOH reported that since the medical program started in 2000, there has only been three cases of tainted medicine which came from the mainland (black market)

Lastly, if you want to address the collectives, here is what folks who operate them are recommending. We have submitted these changes to Senator Dela Cruz. If the state is poised to take some type of action to this bill, we ask that they impose a 5000 sq. ft. flowering canopy regulation on all sites with more than 1 card, rather than limit the amount of patients’ cards can be at one site. (The current bill limits 25 cards per site). This action will do a few things.

- It will make compliance very simple for DOH by only having to measure a canopy space instead of counting hundreds of plants.
- It will limit the amount of cannabis any farm can grow through flowering canopy size rather than just allowing a plant count which has no boundaries or control. Simply put, a 20-patient plant site can grow 200 pounds every 90 days. A 25-plant site can grow 250 pounds, etc. A site with a canopy limit can only grow as much that will fit in the canopy limits so there is no need to limit the plant count or patients on the site. Most growers would agree that a 5000 sq ft flowering canopy at most can hold 5000, 2 ft. plants at about an oz a plant or 5000 oz. (312.5 pounds max.)

- Allow the state to issue open market medical cultivation licenses, anybody can play, to prepare cultivators for the future without oversaturation conflicts. Each licensee can only grow 5000 sq ft flowering canopy.

Flowering canopy regulation will prepare the state for the future, whether cooperative cultivation licenses are issued, or the state decides to go adult use and issue cultivation licenses. Canopy flowering regulation is the key and approximately 90% of the current states with medical and/or adult use have failed because they could not control the amount of cannabis grown at a site and limited participation by local people and business.

Thank you very much. Aloha



April 4th, 2023

Hawai'i 32nd Legislature, Sen. Committee on Judiciary, Sen. Committee on Ways and Means

Mark Barnett
Maine Craft Cannabis Association
146 Capitol St, Augusta, ME 04330

HB 1217: COMMENTING ONLY

Honorable Members of the Committee on Judiciary,

The Maine Craft Cannabis Association (MCCA) is pleased to submit comments on HB 1217. We submitted comments during the last Dual Use Task force hearing as well, and many of these policy points are relevant to the content of HB 1217 before you. We make two proposals today—strike nefarious language regarding transactions from this bill and reconsider the 'plant count' approach to regulating medical patient farms in favor of a much more efficient and functional 'plant canopy' approach.

MCCA's members are small cannabis businesses from across the supply chain including cultivators, retailers, manufacturers, medical practitioners and medical patients - as well as businesses in Maine's newer Adult Use market. We have decades of collective experience in legal regulated cannabis markets. Our group is a member of the National Craft Cannabis Coalition (NCCC), a coalition of state-level organizations working to promote state and federal policies that support small producers and a business ecosystem that supports craft cannabis cultivation. Our testimony today represents only the opinions of the MCCA.

We have watched this session in Hawai'i's legislature with some dismay—the focus of most legislation has been forcing residents of Hawai'i into the clearly failed system of regulated dispensary monopolies, proposing various strategies to remove their current protections and freedoms to cultivate as medical cannabis patients in the state. While some of the worst language to that end has died, some of it remains before you here in HB1217. We have two specific areas of concern: language attacking patient freedoms, and flaws in proposed market design.

The first item is straightforward: we recommend striking the following language from HB 1217:

1: SECTION 2. Section 329-121, Hawaii Revised Statutes, is amended by amending the definition of "medical use" to read as follows:

""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[.] ~~from the qualifying patient's registered primary caregiver to the qualifying patient.~~"

2: SECTION 3. Section 329-122, Hawaii Revised Statutes, is amended by amending subsection (e) to read as follows:



...

(3) The use of cannabis by a qualifying patient, parent, primary caregiver, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient, for purposes other than medical use permitted by this part[.]; and

~~(4) The cultivation, handling, or possession of a qualifying patient's cannabis for medical use, unless the person is the qualifying patient or the qualifying patient's registered primary caregiver."~~

5: SECTION 4. Section 329-123, Hawaii Revised Statutes, is amended as follows:

~~... No more than fifty qualifying patients may use a particular location to cultivate cannabis; provided that this limitation shall not apply to qualifying patients who obtain a written exemption from the department of health.~~

4: SECTION 5. Section 329-125, Hawaii Revised Statutes, is amended to read as follows:

~~... (e) No person shall mischaracterize or disguise transactions arising out of the production, manufacture, sale, or distribution of cannabis intended for medical use as another type of compensation or expense."~~

Each of these provisions is aimed at blocking the legal practice of shared cultivation sites for medical patients and, intentionally or not, at forcing patients for purchase from the failed dispensary system. That alone should give this legislature pause when considering these proposals.

Regarding plant count in Section 4, consider instead using a plant canopy allowed per farm rather than a count which will not restrict patient participation while keeping the size of these farms limited as the legislature seems to wish to do. In Maine and in most regulated cannabis markets, policy is shifting or has shifted to regulation based on plant canopy which is more efficient for compliance staff, easier for operators to understand, and which allows for far more efficient cultivation practices.

Many states have made the mistake of allowing a market design easily captured by large well-funded interests in the name of the 'dangers' of cannabis. So many of the regulations in existence are based on the trifecta of bad science, stigma, and regulatory capture. We are so fortunate to be able to change this paradigm away from manipulative fear and towards social benefit. An industry made up of small farmers and entrepreneurs with a connection to the land, to the people, and to the place will ensure that regardless of how federal regulation unfolds, Hawai'i will have its own healthy and vibrant cannabis ecosystem for many years.

Sincerely,

Mark Barnett

Policy Director
Maine Craft Cannabis Association



M A I N E
CRAFT CANNABIS
A S S O C I A T I O N

A BILL FOR AN ACT

RELATING TO MEDICAL CANNABIS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. Section 329-41, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) It is unlawful for any person:

(1) Who is subject to part III to distribute, administer, prescribe, or dispense a controlled substance in violation of section 329-38 or rules authorized under section 329-31; however, a licensed manufacturer or wholesaler may sell or dispense a controlled substance to a master of a transpacific ship or a person in charge of a transpacific aircraft upon which no physician is regularly employed, for the actual medical needs of persons on board [~~such~~] the ship or aircraft when not in port; provided that schedule I or II controlled substances shall be sold to the master of [~~such~~] the ship or person in charge of [~~such~~] the aircraft only in accordance with the provisions [~~set forth in~~] of title 21 Code of Federal Regulations[~~7~~] sections 1301, 1305, and 1307, adopted pursuant to [~~Title~~] title 21[~~7~~] United States Code[~~7~~] section 821;

(2) Who is a registrant to manufacture a controlled substance not authorized by the registrant's registration or to distribute or dispense a controlled substance not authorized by the registrant's registration to another registrant or another authorized person;

(3) To refuse or fail to make available, keep, or furnish any record, notification, order form, prescription, statement, invoice, or information in patient charts relating to the

administration, dispensing, or prescribing of controlled substances;

(4) To refuse any lawful entry into any premises for any inspection authorized by this chapter;

(5) Knowingly to keep or maintain any store, shop, warehouse, dwelling, building, vehicle, boat, aircraft, or other structure or place for the purpose of using these substances or ~~[which]~~ that is used for keeping or selling them in violation of this chapter or chapter 712, part IV;

(6) Who is a practitioner or pharmacist to dispense a controlled substance to any individual not known to the practitioner or pharmacist, except under the following circumstances:

- (A) When dispensing a controlled substance directly to an individual, the practitioner or pharmacist shall first obtain and document, in a log book or an electronic database, the full name, identification number, identification type, and signature, whether by actual signature or by electronic signature capture device, of the individual obtaining the controlled substance. If the individual does not have any form of proper identification, the pharmacist shall verify the validity of the prescription and identity of the patient with the prescriber, or their authorized agent, before dispensing the controlled substance; and
- (B) For mail order prescriptions, the practitioner or pharmacist shall not be subject to subparagraph (A); provided that all other requirements of

chapter 329 shall apply and that the practitioner or pharmacist, as part of the initial registration process of an individual in a mail order prescription drug plan and prior to the controlled substance being dispensed, shall obtain all identification information, including the full name, identification number, identification type, signature, and a photocopy of a form of proper identification of the individual obtaining the controlled substance. The practitioner or pharmacist shall also comply with other requirements [~~set forth~~] established by rule.

For the purpose of this section, "proper identification" means government-issued identification containing the photograph, printed name, identification number, and signature of the individual obtaining the controlled substance;

(7) Who is a practitioner to predate or pre-sign prescriptions to facilitate the obtaining or attempted obtaining of controlled substances; [~~or~~]

(8) Who is a practitioner to facilitate the issuance or distribution of a written prescription or to issue an oral prescription for a controlled substance when not physically in the State[~~or~~]; or

(9) To cultivate, produce, manufacture, distribute, or dispense cannabis for medical use if the person is not authorized pursuant to chapter 329, part IX, or chapter 329D."

SECTION 2. Section 329-121, Hawaii Revised Statutes, is amended by amending the definition of "medical use" to read as follows:

"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~~[-]~~ from the qualifying patient's registered primary caregiver to the qualifying patient or between qualifying patients to qualifying patients.

SECTION 3. Section 329-122, Hawaii Revised Statutes, is amended by amending subsection (e) to read as follows:

"(e) The authorization for the medical use of cannabis in this section shall not apply to:

(1) The medical use of cannabis that endangers the health or well-being of another person;

(2) The medical use of cannabis:

(A) In a school bus, public bus, or any moving vehicle;

(B) In the workplace of one's employment;

- (C) On any school grounds;
- (D) At any public park, public beach, public recreation center, or 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, 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[~~-~~]; and

(4) The cultivation, handling, or possession of a qualifying patient's cannabis for medical use, unless the person is the qualifying patient or the qualifying patient's registered primary caregiver."

SECTION 4. Section 329-123, Hawaii Revised Statutes, is amended as follows:

1. By amending subsection (a) to read:

"(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. ~~No more than fifty qualifying patients may use a particular location to cultivate cannabis; provided that this limitation shall not apply to~~ Any cultivation site being used by more than 1 patients must be registered to the DOH and have no more than 5000 sq ft of flowering plants. If possible, a \$2500 yearly registration will be imposed for sites with more than 1 card per site. Each registered cultivation site shall have a detailed map showing the flowering cultivation area for easy identification and compliance by DOH. There shall be no limit to the amount of 329 cards on a cultivation site.

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."

2. By amending subsection (c) to read:

"(c) Primary caregivers shall register with the department of health. Every primary caregiver shall be responsible for the care of only one qualifying patient 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. A primary caregiver shall not use a qualifying patient's cannabis, nor shall the primary caregiver accept a qualifying patient's cannabis as compensation for the primary caregiver's services."

SECTION 5. Section 329-125, Hawaii Revised Statutes, is amended to read as follows:

"§329-125 Protections afforded to a qualifying patient, primary caregiver, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient. (a) A qualifying

patient, 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, 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, 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. To the extent the department is authorized by this chapter, the department may conduct pre-scheduled inspections of grow sites without the presence of law enforcement to verify a person's compliance with this chapter. The department shall give the grow sites reasonable notice of such inspections which shall be no less than five (5) business days in advance of these inspections. Prior to scheduling such inspections, the department of health shall develop protocols that detail the scope of work for such inspections to ensure compliance with this chapter. The department shall provide these

protocols to the grow sites no less than five (5) business days in advance of these inspections.

(c) A person who is not a qualifying patient, primary caregiver, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient or registered grow site with qualifying patients, or medical cannabis dispensary under chapter 329D shall not:

(1) Be afforded any protections against searches and seizures pertaining to the misapplication of the medical use of cannabis, other than the protections provided under constitutional law;

(2) Cultivate, produce, manufacture, distribute or dispense cannabis; or

(3) Receive compensation, cannabis or cannabis products, or engage in other related business transactions arising out of the production, manufacture, sale, or distribution of cannabis intended for medical use.

~~[(e)]~~ (d) 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.

~~(e) No person shall mischaracterize or disguise transactions arising out of the production, manufacture, sale, or distribution of cannabis intended for medical use as another type of compensation or expense."~~

SECTION 6. Section 329-129, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) No qualifying patient, primary caregiver, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient shall use butane ~~or any other flammable solvent to~~

~~[extract tetrahydrocannabinol from]~~ process cannabis plants~~[-]~~ or manufacture cannabis products."

SECTION 7. Section 329-130, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"§329-130 Authorized sources of medical cannabis. (a) After December 31, 2024, 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 [five] fifty qualifying patients.~~

After December 31, 2024, ~~[no]~~ only a qualifying patient or their designated 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].~~

~~[-e)]~~ (b) 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."

SECTION 8. Section 329D-2, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) The director of health shall grant medical cannabis dispensary licenses to allow dispensaries to produce, manufacture, and dispense cannabis and manufactured cannabis products pursuant to this chapter. No person shall ~~produce, manufacture, or~~ dispense cannabis or manufactured cannabis products without a dispensary license unless authorized pursuant to part IX of chapter 329."

SECTION 9. This Act does not affect rights and duties that matured, penalties that were incurred, and proceedings that were begun before its effective date.

SECTION 10. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 11. This Act shall take effect on June 30, 2050.



SUBJECT: Opposing Testimony with Comments for HB1217 SD1

Aloha e Chair Rhoads, Vice Chair Gabbard, and Senators on the Judiciary Committee, and Chair Dela Cruz, Vice Chair Keith-Agaran, and Senators of the Ways And Means Committee,

Mahalo for all your effort and thorough work on this bill. We want to thank you for the amendments that increased the qualified patient card count per grow site location from five (5) patients/caregivers to fifty (50) patients/caregivers. We also want to thank you for protecting the role of 329 medical caregivers in perpetuity.

We would like to submit the additional amendments:

1. Defining "Immature cannabis plant" and "Mature cannabis plant". There is a fundamental difference between male and female cannabis plants. Males do not produce flowers (buds) and have relatively no medicinal value besides providing pollen for seed production. Cuttings (unestablished clones), seedlings, and female plants still in the vegetative state also do not have any substantial THC or cannabinoids present.

In farming, crops will always suffer from anticipated attrition rates as many unforeseeable factors including pests, disease, environmental changes, and genetic anomalies cause plant casualties and population losses. When farmers plant seeds and take cuttings they always prepare **more** than the expected minimum number required for a target harvest goal. This is because a number of plants will be expected to die or be culled from the final crop. A farmer will need to cultivate and eventually sort through **more than** 10 cannabis plants in order to narrow down the selection of 10 healthy and robust "winners" that will produce the desired outcomes, with respect to quality and yield. Consequently, the 10 plants per qualifying medical patient, to be counted by the Department Of Health, should be specified as ten (10) **flowering** plants.

DEFINITIONS

Immature cannabis plant. "Immature cannabis plant" means a cannabis plant that is not a mature cannabis plant or seedling. "Immature cannabis plant" does not include hemp.

Mature cannabis plant. "Mature cannabis plant" means a flowering female cannabis plant. "Mature cannabis plant" does not include hemp.

Mature plant canopy. "Mature plant canopy" means the total surface area within a cultivation area where mature cannabis plants are growing. The surface area of the mature plant canopy must be calculated in square feet and measured using the outside boundaries of the area and must include all of the area within the boundaries. If the surface area of the mature plant canopy consists of noncontiguous areas, each component area must be separated by identifiable boundaries. If a tiered or shelving system is used in the cultivation area, the surface area of each tier or shelf must be included in calculating the area of the mature plant canopy. Calculation of the surface area of the mature plant canopy may not include the areas within the cultivation area that are not used at any time to cultivate mature cannabis plants.

2. Amend **Section 2**. Qualifying medical cannabis patients and caregivers are **not** customers and salespeople. We are not businesses and corporations with the primary purpose of maximizing our profit margins. We are farmers and medical caregivers who grow medicine for the primary purpose of healing people, soil, and the land. We grow together and share the financial burden of cultivation as well as the harvests. Our community prioritizes **medicine** and **equity** with a much greater passion and dedication to the **community** than the capitalist market economy driven by money and greed.

Allowing for purposes of "medical use", the term "distribution" is limited to the transfer of cannabis and paraphernalia[.] from the qualifying patient's registered primary caregiver to the qualifying patient or between qualifying patients to qualifying patients.

3. Amend **Section 3**. We, medical patients and caregivers, are a medical **community**, not a commercial market! Medical patients and caregivers should be allowed to work together and help each other grow healthy, quality, and safe medical plants. This collective effort will continuously improve the final outcomes of community-driven medical cannabis cultivation and healing.

(4) The cultivation, handling, or possession of a qualifying patient's cannabis for medical use, unless the person is the qualifying patient or the qualifying patient's registered primary caregiver or, for purposes of shared cultivation sites, another qualifying patient registered to the same cultivation site."

4. Amend **Section 4**.

Any cultivation site over 5,000 Square Feet an additional fee of \$3000 shall be paid to the Department. Each registered cultivation site shall have a detailed map showing the flowering cultivation area for easy identification and compliance by Department Of

Health. A qualifying patient registered with a shared cultivation site may at any time cancel or change their registration to a different site and may take possession of up to the 10 mature plants permitted by patients cultivating only for themselves.

5. Amend **Section 5**. The Department Of Health should provide a clear pathway to build positive relationships with medical patients and caregivers at registered grow sites, with the goal to educate and support their efforts to remain in compliance with HRS-329. All of the inspections should be voluntary, and the Department Of Health should be required to contact the patients and caregivers associated with each registered grow site via email and telephone prior to a **scheduled** visitation.

To the extent the department is authorized by this chapter, the department may conduct pre-scheduled inspections of grow sites without the presence of law enforcement to verify a person's compliance with this chapter. The department shall give the grow sites reasonable notice of no less than 48 hours or two (2) business days in advance of these inspections. Prior to scheduling such inspections, the Department Of Health shall develop protocols that detail the scope of work for such inspections to ensure compliance with this chapter.

6. Amend **Section 7**. ***No law should limit how much food and medicine you can legally grow for your own community.*** A limit on medical cannabis cultivation is a limit on Hawaiian agriculture, period. We need more Hawaiians and local residents to be actively farming, and if farming cannabis collectively as a **community** inspires Hawaiians and local residents to come together and grow food and medicine, ***that is a GOOD thing!***

Access to a secure, discreet, privately owned property on an island is very difficult, especially in dense urban development areas such as nearly all of Oahu and all the residential zoned areas on Kauai, Maui, and Hawaii. This proposed 50 patient/caregiver limit does not take into account agricultural zoned properties where farming and plant cultivation **should** occur, and rural neighbor islands where patients and caregivers cultivate their own medicine, and dispensaries are not available. **Agriculture should especially be encouraged by the State of Hawaii in these locations, and medical cannabis cultivation IS agriculture.**

If agriculture zoned land is available to provide the space, infrastructure, privacy, remoteness, and cooperative community-based cultivation and shared responsibility of medical self-determination, why would the State of Hawaii make it illegal for more than fifty (50) qualifying patients from growing, propagating, and flowing their medical plants together? Many hands make light work, and division of labor is a fundamental economic principle of efficiency and minimizing labor costs - especially for Hawaii's farming

medical community.

Intentional disregard of financial and social equity is the essential problem here. The right for a community to grow its own medicine shall not be infringed upon. Under HRS-329, each qualified medical patient has the right to cultivate, or have a caregiver cultivate, 10 plants registered to their 329 card. It does not matter if those plants are grown alone in the patient's backyard, or grown next to 10,000 other plants (in other words, 1,000 other medical patients) at a farm located on an Ag zoned property with multiple acres of farmable space. **10 plants per patient equals 10 plants per patient.**

(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 [five] fifty qualifying patients.~~]

7. Amend **Section 8.** We qualifying medical patients and caregivers do not "dispense" cannabis or cannabis products to the general public. We take care of each other - like how communities are supposed to function!

No person shall [~~produce, manufacture, or~~] dispense cannabis or manufactured cannabis products without a dispensary license unless authorized pursuant to part IX of chapter 329."

DO THE RIGHT THING. RESPECTFULLY.

Mahalo nui loa,

Alex Wong

Kauai Farm Planning

HB-1217-SD-1

Submitted on: 4/3/2023 11:23:28 AM

Testimony for JDC on 4/4/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Michal C Cohen	Testifying for Michal Cohen, LCSW	Oppose	Written Testimony Only

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee,

My name is Michal Cohen, I am a licensed clinical social worker and I reside in Kaka'ako. I provide therapy to people who have PTSD and many of my clients use cannabis to alleviate their symptoms.

I am writing in strong opposition to HB1217. This bill limits the number of qualified medical patients and caregivers per registered grow site to only five (5). This limit does not provide the sufficient amount of flowering plants required to have consistent harvests due to the biological and physiological nature of the cannabis plant, and the fact that it has three distinct phases in the growth cycle. This limit does not take into account agricultural areas where farming and plant cultivation should occur, and rural neighbor islands where patients and caregivers cultivate their own medicine and dispensaries are not available. Agriculture should especially be encouraged by the State of Hawai'i in these locations, and medical cannabis cultivation IS agriculture.

This bill also gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license. The DOH should provide a pathway to build positive relationships with medical patients and caregivers at registered grow sites, with the goal to educate and support their efforts to remain in compliance with HRS-329. All of the checks should be voluntary, and the DOH should be required to contact the patients and caregivers associated with each registered grow site prior to a scheduled visitation.

This legislation will negatively affect the people in our community who choose not to go to dispensaries by creating more barriers to access. According to a report from the Hawai'i Cannabis Industry Association, only 26.5% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients and caregivers. This bill would be devastating to my patients who cannot afford the dispensaries and who prefer be connected with Care Wailua.

Please consider adding language to protect patients and caregivers rights to medical cannabis cultivation and access. Under current law the caregiver program sunsets on 12/31/24.

Cannabis 1217

I strongly think that we as citizens of Hawaii nation and of this state that we should be able to grow or have grown for us in a location of our choice as much cannabis the law allows. Some of us may not have the area to grow, and others do not know how. In the 60s when it was, illegal people grew them in their back yards or where ever they could risking jail. Are we to go back to that time just because of a few large companies and dispensaries want to control the trade?

Ever since the law was passed the dispensaries have fought having a place for the ordinary people to go. They have fought it at every chance. They are making money, and want more, and they want to be a monopoly for the product much like the big pharmaceutical's for all our other drugs either over the counter or by prescription. And where has that brought us as common people, more expensive medical supplies, and drugs!

I strongly oppose this bill and again I say it will only lead to higher cost and more profits for the dispensaries and the people/companies that own them.

William Andersen



HB-1217-SD-1

Submitted on: 4/1/2023 10:18:57 AM

Testimony for JDC on 4/4/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Darlene Popoalii	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB1217 limiting grow sites. This push by these dispensaries is criminal! Certainly not done in the name of medicine! I oppose and I support medical cooperatives! Please let us have one area of medicine that is about the patient! I need the service and attention the cooperatives offer! Dispensary is not the same, it doesn't have the same healing quality to the visit, the product is all about money not healing which is what God intended! Oppose HB1217!! I can't afford the medicine I need at a dispensary! I don't get the healing I need at a dispensary and I like being around other patients! Oppose HB1217!!!

Sincerely, Darlene Popoalii



SanHi

GOVERNMENT STRATEGIES

A LIMITED LIABILITY LAW PARTNERSHIP

DATE: April 3, 2023

TO: Senator Karl Rhoads
Chair, Committee on Judiciary

Senator Donovan Dela Cruz
Chair, Committee on Ways and Means

FROM: Mihoko Ito

RE: **H.B. 1217, H.D.2, S.D.1 – Relating to Medical Cannabis**
Hearing Date: Tuesday, April 4, 2023 at 10:00 a.m.
Conference Room: 211

Dear Chair Rhoads, Chair Dela Cruz, and members of the Joint Committees:

We submit this testimony on behalf of Cure Oahu in **support** of moving H.B. 1217, H.D. 2., S.D. 1 for further discussion. Cure Oahu is a vertically integrated licensed dispensary that has been operating in the State of Hawaii since 2018, with two retail locations in the Kapahulu and Kapolei areas.

H.B. 1217, H.D. 2, S.D. 1, Relating to Medical Cannabis amends various statutory provisions for the purpose of strengthening the integrity of medical cannabis law. Currently, medical cannabis dispensaries are regulated under HRS Chapter 329D and the individual medical use of medical cannabis is regulated under HRS Chapter 329. By definition, any activity that falls outside of these regulations is not regulated cannabis.

We believe clarity as to what is permitted by law is fundamental to any legal, regulated system. It is important for the agencies that regulate cannabis to have the tools they need to perform compliance and oversight responsibilities as necessary to ensure compliance with the law. It is equally important for dispensaries and medical cannabis patients to have clarity about the existing regulations. There is currently some confusion in the marketplace and community of medical cannabis patients as to what is permissible under the law, and something must be done to clarify the intent of both Chapter 329 and Chapter 329D. We believe this measure will help both dispensaries and medical cannabis patients interpret and comply with the letter and spirit of the law on equal footing. It will also help the regulatory agencies educate the community regarding current permissible uses of cannabis.

We note that the S.D.1 included amendments to Section 329-130, HRS, to permanently allow 50 patients and/or caregivers to share one location for cultivation, which would be the equivalent of 500 plants at a single location. We do have some concerns regarding the addition of this language as follows:

- Allowing 50 patients to share a cultivation site without additional clarification would mean there is no standardization or consistency on how any viable product grown for each patient at the site is accounted for. We believe all expectations and requirements for responsible parties must be clearly stated to avoid further confusion on the issue.
- Any cannabis grown at these locations should be exclusively provided to and accessible only by the registered patient so they receive the full and total amount of product cultivated using their name.
- Currently, patients are not legally allowed to possess more than four ounces of usable cannabis/manufactured product equivalent and ten plants as adequate supply. We are unsure if there is any party, including the patient, who would know the total amount of product in their name and possession at any given time if no clarification is provided on this issue. As a medical cannabis dispensary regulated under Chapter 329D, we cannot accept any responsibility or legal liability should a patient's purchase from our dispensary, combined with product grown at cultivation sites outside of the State tracking system, somehow exceed a patient's legal limit of possession.

We also believe if the intent of this provision is to make large multi-patient cultivation at a single location permanent without licensing, clarity must be provided to all stakeholders as to how this new approach fits with the dispensary system and how the Department of Health and other state agencies should operate to harmonize and equalize all parts of the medical cannabis program while ensuring patient safety, product safety and public safety.

We respectfully request that the Committee pass this measure to allow for discussions to continue on these issues. Thank you for the opportunity to submit testimony in support of moving this bill.

HB-1217-SD-1

Submitted on: 4/1/2023 11:52:52 AM

Testimony for JDC on 4/4/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Amy Denzer	Individual	Oppose	Written Testimony Only

Comments:

I hereby oppose HB1217 on grounds that a natural approach to medicine should include knowing WHERE and HOW my herb is grown, the quality of soil, protection from pesticide overspray from nearby farms, etc.

Please know that choosing where I grow my plants is a right I highly value.

Thank you,

AD

HB-1217-SD-1

Submitted on: 4/2/2023 8:06:39 PM

Testimony for JDC on 4/4/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Dara Yatsushiro	Individual	Support	Written Testimony Only

Comments:

Support

HB-1217-SD-1

Submitted on: 4/2/2023 8:25:53 PM

Testimony for JDC on 4/4/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Wendy Gibson-Viviani	Individual	Oppose	Written Testimony Only

Comments:

TO: COMMITTEE ON JUDICIARY and COMMITTEE ON WAYS AND MEANS

FROM: Wendy Gibson-Viviani RN/BSN

Hearing: Tuesday, April 4, 2023 at 10:00 a.m. in Room 211 and Videoconference

RE: HB1217 – In Strong Opposition

Dear Chairs Rhoads and Dela Cruz, Vice Chairs Gabbard, and Keith-Agaran, and Members of the Committees,

My name is Wendy Gibson-Viviani. I'm a Medical Cannabis Nurse (RN) who has lived on Oahu for 30 years. I've been a medical cannabis patient advocate for 8 years, working on improving Hawaii's DOH-administered medical cannabis program's laws and rules. I'm very focused on patient protections and access to their medicines. The intentions of the original bill passed in 2000 included expanding access to cannabis medicine(s) for qualifying patients and recognizing that cannabis is a medicine that should be treated as any other medicine—even if you grow it yourself.

I OPPOSE HB1217 because it poses many potential threats to this patient population and their support networks—without offering any viable solutions to those who may be harmed.

I OPPOSE HB1217 mainly because:

- Limiting the number of cards per property to 50 could still lead to the **criminalization of more than one thousand patients or caregivers** – who are currently LEGALLY growing and **manufacturing** cannabis medicines for themselves or others.
- It will destroy a supportive, collective, therapeutic gardening community—in the name of bringing some law and order to a situation that some view as out of control. This has been the goal of the historically **failed** prohibitionist **drug policies** since 1937.
- Many patients will be cut off from access to their medicine(s) if they have no other place to grow it. Cutting off access to **any** medicine, without a SUITABLE replacement is not only unethical and cruel, it is potentially very HARMFUL. For example, one consideration in the risk/benefit analysis of using medical cannabis is **how much damage**

may be caused **if the disease is allowed to continue to progress**, compared to the potential risks of using cannabis.

- Patients may be harmed if they are forced to discontinue using their medicine or ration it:
 - Finding suitable replacements such as prescription medications, dispensary products or black-market purchases may not be an option.
 - Finding suitable replacements could take years. Some patients have had to try many types of cannabis to find the right one(s) that work for them.
 - Patients may be more at risk of harm from opiate use, if that is the only “suitable replacement” they can find for pain management. 85% of the more than 33,000 patients in the program use cannabis for chronic and debilitating pain.
- Allowing the DPS to conduct the DOH-mandated grow site inspections is regressive drug policy and will further damage already strained relationships between patients, the DOH and Law Enforcement officers.
- Currently, Law Enforcement who show up to do the inspections, do so in a way that frightens patients. They show up “SWAT style”, with multiple vehicles and a show of force.
- Allowing the DPS to conduct the inspections could lead to harsher penalties for patients who are not in strict compliance. For example, for a patient who has not correctly labeled their plants, the DOH might just give a corrective warning, while Law Enforcement might seize the plants and/or put the patients certification in jeopardy.
- Allowing DPS to conduct inspections is counter to the idea that cannabis should be treated as any other medicine. Patients who take home potentially deadly and addictive prescription drugs are not subjected to law enforcement searches and pill counts of their medicines to ensure that they are in compliance.

While I understand some of the concerns being expressed by Legislators, Dispensary Licensees, Law Enforcement and the DOH about needing stricter rules and the power to enforce them—**HB1217 is not the answer**. These problems need to be worked out in ways that do not criminalize and punish patients and those who help by supplying a space for them to grow.

HB1217 institutes regressive policies that will criminalize a portion of the medical cannabis patient population. Many of them have been successfully growing **and manufacturing** medicines for themselves and other patients for nearly 23 years. Manufacturing includes making brownies, extracting the oil from the flowers in a crock pot and making tea.

We have many complex problems with the current medical cannabis program that need well-thought-out solutions, **not found in HB1217**.

For example, our Dispensary Licensees are struggling financially largely because of overregulation and the Federal/State law conflict related to banking and taxes. Shutting down

large collective grows isn't going to save the dispensaries. Licensees are asking to be able to share products with other dispensaries and to transport them interisland –to avoid shortages.

One solution might be to create a separate class of grower licenses for the collectives. Collective grow sites or patients who participate, could sell their lab-tested overstock to dispensaries—who could then pass along the lower-priced product to patients who use dispensaries. The growers could bear the burden of paying lab-testing and taxes.

Please do not deprive law-abiding **patients** of their safe and effective medicines by passing laws that criminalize them. Please find other solutions that do not punish patients. And, Please, Please do not subject patients to search and seizures with DPS, SWAT-style investigations.

Thank you for the opportunity to share my concerns,

I will be available if you have any questions or comments.

Wendy Gibson-Viviani RN/BSN

Cannabis Nurse Educator.

Kailua (808) 321-4503

Cannabisnursewendygv@gmail.com

HB-1217-SD-1

Submitted on: 4/2/2023 9:25:16 PM

Testimony for JDC on 4/4/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Andrew Simmons	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair/ Vice chair,

I'm a medical cannabis patient that participates in a co op type medical grow with a total of 4 patients. I am in strong opposition of any bill that seeks to restrict or limit patient access to safe, clean homegrown cannabis. Hb1217 is obviously backed and likely written by the monopolized dispensaries who seek to gain more customers. In a time when patient rights and access should be expanded I cannot support this bill that seeks to do the the opposite!

Thank you for your time and consideration, Andrew Simmons

As a patient, caregiver, and former dispensary employed cultivator, I am in strong opposition to any bill that attempts to limit a patient's access to medical cannabis products by designating the currently licensed dispensaries as the only legitimate point of sale for these products, and in doing so, criminalizes the legacy cultivators and the patient networks that they have been serving.

Hawaii has had a medical cannabis program since 2000 and didn't see its first licensed dispensary open until 2017! Who provided the patients of Hawaii with their meds for those 17 years? The independent growers and caregivers of Hawaii! To many people including myself, bills like these, written and lobbied for by those invested in the success of the dispensary system, clearly aim to shut out anyone but themselves from the cannabis market, whether it be adult use or medical. This is clearly all about money and the level of short sightedness being displayed by state legislators, and greed by dispensary license holders and associates, is simply unacceptable. Alleged concern for public health and safety is obviously just a convenient facade to try to pass these bills under.

As a former cultivator for one of the dispensaries, it's very apparent to me that there is no way for the dispensaries alone to effectively serve the patients of Hawaii. Who are the dispensaries to try and dictate to patients what products they have access to? Why would a patient ever leave their caregiver/co-op for a limited selection of assuredly more expensive and possibly inferior product? They wouldn't, plain and simple. It's so obvious that bills like this are an attempt by the dispensaries to end the relationships and dismantle the networks formed over many years between the caregivers and patients of Hawaii, thus forwarding their agendas and leaving the dispensaries as the only legal option for patients to obtain their meds through. That's just WRONG and that is definitely NOT progress.

For the record, I'm not anti-dispensary; they do have their role in the scheme of things. It doesn't have to be legacy vs. dispensary. We absolutely can work together to build a thriving, more diversified cannabis economy in Hawaii, that best serves the interests of patients, caregivers, and retailers; but HB1217 is essentially the opposite of that.

I SAY NO TO HB1217 AND ALL SIMILAR BILLS!!

HB-1217-SD-1

Submitted on: 4/3/2023 12:40:16 AM

Testimony for JDC on 4/4/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Mark Tamosiunas	Individual	Oppose	Written Testimony Only

Comments:

Dear Representative,

I am writing to express my strong opposition to HB1217 relating to Cannabis in Hawaii. The legalization of cannabis in the state of Hawaii, under the pretext of medical or recreational purposes, is a catastrophic mistake that will undoubtedly have far-reaching and negative consequences.

The medicinal value of marijuana has been studied extensively, and while there are certain cases where it may alleviate pain or help individuals with specific medical conditions, the evidence proving its efficacy and safety is not wholly conclusive. Additionally, there are other treatments already available that also address these conditions without the psychoactive properties and the risk of addiction attached to cannabis use.

Furthermore, despite the strict regulations included in the proposed legislation, there is a real concern that the drug will be misused and the state's social and economic costs will rise. Many experts predict that the legalization of marijuana will contribute to increased crime rates, traffic fatalities, and addiction-related issues.

Therefore, I implore you to consider the larger picture when forming your opinions and decisions on this matter. Hawaii must prioritize public safety and combat drug addiction, and legalizing a drug like marijuana is not the way to achieve these goals.

Thank you for your time and consideration.

Sincerely,

Reefer Madness

P.S. I used Chatgpt to create this letter that I believe helps promote a false narrative just like the HICIA has been providing the Committee over the years.

Mahalo.

HB-1217-SD-1

Submitted on: 4/3/2023 7:04:37 AM

Testimony for JDC on 4/4/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Daniel Carroll	Individual	Oppose	Written Testimony Only

Comments:

I oppose hb 1217. This bill does not help medical patients or our community. Please only accept bills that help our community. The amendments to this bill are better than the original bill but still do not meet the needs of the people. This is an obvious last ditch effort to protect and continue to monopolize dispensary cannabis. Please protect medical cannabis and co-op farms and do not change the rules to protect the failing dispensary program. Let the people choose between supporting our local farmers or supporting overpriced corporate cannabis like the illegally flown in Cookies brand from Noa Botanicals. Thank you very much for your time.

HB-1217-SD-1

Submitted on: 4/3/2023 8:32:36 AM

Testimony for JDC on 4/4/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
celia tapp	Individual	Comments	Written Testimony Only

Comments:

Aloha e

I feel like I have already testified against this during the SB962 hearing which was then amended per the DOH's request but- please do not limit patients from manufacturing non-pulmonary products at home! Also please don't ban the use of alcohol in formulating shelf-stable tincture. This is a very effective and safe way to medicate and save medicine from one season to the next. Some patients suffer total crop loss and need medicine from the medicine cabinet. Simply strike that language about "flammable solvents" and instead continue to ban butane and maybe add other noxious chemicals if you see fit. But don't let food grade alcohol become classified as a dangerous solvent. It's an ancient tradition used in herbal medicine making for many lifetimes. Also I don't mind compliance checks but I certainly wouldn't want the department cutting locks on my gate to access my grow site. We live in a crime stricken area and our dogs and locks serve as protection. Hopefully the department will treat compliance checks like county building inspectors and send certified mail, call or email to schedule a visit?

Thank you

Celia

HB-1217-SD-1

Submitted on: 4/3/2023 10:40:28 AM

Testimony for JDC on 4/4/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ann Chung	Individual	Support	Written Testimony Only

Comments:

On behalf of PONO LIFE MAUI, one of eight medical cannabis dispensaries licensed by the Department of Health to provide safe, legal access to medical cannabis for Hawaii-registered patients, we testify in SUPPORT of HB1217 HD2 SD1.

We believe clarity on what is permitted by existing law is critical to any legal, regulated system and this bill will help both dispensaries and medical cannabis patients.

We do have some concerns with the current draft of the bill which included amendments to Section 329-130 HRS which would allow 50 patients/caregivers to share one location for cultivation which is equivalent to 500 plants at a single location. If this is the intent, clarity must be provided to all stakeholders as to how this new approach fits with the existing dispensary system in place.

For ease of reference, here is a link to laws/lessons from other states:

<https://www.networkforphl.org/wp-content/uploads/2022/11/Regulation-of-Home-Cultivation-in-Adult-Use-States.pdf>

HB-1217-SD-1

Submitted on: 4/3/2023 10:56:06 AM

Testimony for JDC on 4/4/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Me Fuimaono-Poe	Individual	Comments	Written Testimony Only

Comments:

Aloha e Chair Rhoads, Vice Chair Gabbard, and Senators on the Judiciary Committee, and Chair Dela Cruz, Vice Chair Keith-Agaran, and Senators of the Ways And Means Committee,

Mahalo for all your effort and thorough work on this bill. We want to thank you for the amendments that increased the qualified patient card count per grow site location from 5 patients/caregivers to 50 patients/caregivers.

We would like to offer additional amendments regarding:

1. Defining "Immature cannabis plant" and "Mature cannabis plant".

DEFINITIONS

Immature cannabis plant. "Immature cannabis plant" means a cannabis plant that is not a mature cannabis plant or seedling. "Immature cannabis plant" does not include hemp.

Mature cannabis plant. "Mature cannabis plant" means a flowering female cannabis plant. "Mature cannabis plant" does not include hemp.

Mature plant canopy. "Mature plant canopy" means the total surface area within a cultivation area where mature cannabis plants are growing. The surface area of the mature plant canopy must be calculated in square feet and measured using the outside boundaries of the area and must include all of the area within the boundaries. If the surface area of the mature plant canopy consists of noncontiguous areas, each component area must be separated by identifiable boundaries. If a tiered or shelving system is used in the cultivation area, the surface area of each tier or shelf must be included in calculating the area of the mature plant canopy. Calculation of the surface area of the mature plant canopy may not include the areas within the cultivation area that are not used at any time to cultivate mature cannabis plants.

2. Amend Section 2. Allowing for purposes of "medical use", the term "distribution" is limited to the transfer of cannabis and paraphernalia[.] from the qualifying patient's registered primary caregiver to the qualifying patient or between qualifying patients to qualifying patients.

3. Amend Section 3. (4) The cultivation, handling, or possession of a qualifying patient's cannabis for medical use, unless the person is the qualifying patient or the qualifying patient's

registered primary caregiver or, for purposes of shared cultivation sites, another qualifying patient registered to the same cultivation site."

4. Amend Section 4. Any cultivation site over 5000 Square Feet an additional fee of \$3000 shall be paid to the Department. Each registered cultivation site shall have a detailed map showing the flowering cultivation area for easy identification and compliance by DOH. A qualifying patient registered with a shared cultivation site may at any time cancel or change their registration to a different site and may take possession of up to the 10 mature plants permitted by patients cultivating only for themselves.

5. Amend Section 5. To the extent the department is authorized by this chapter, the department may conduct pre-scheduled inspections of grow sites without the presence of law enforcement to verify a person's compliance with this chapter. The department shall give the grow sites reasonable notice of no less than 48 hours or two (2) business days in advance of these inspections. Prior to scheduling such inspections, the Department Of Health shall develop protocols that detail the scope of work for such inspections to ensure compliance with this chapter.

6. Amend Section 8. No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license unless authorized pursuant to part IX of chapter 329."

Mahalo nui loa for your consideration.

HB-1217-SD-1

Submitted on: 4/3/2023 1:18:36 PM

Testimony for JDC on 4/4/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Tricia Mills	Individual	Oppose	Written Testimony Only

Comments:

Aloha Kakahiaka,

As a 329 cardholder, I oppose HB1217

As a 329 cardholder, I am able to grow my own plants.

As a 329 cardholder, I am able to process it into medicine for my consumption.

As a 329 cardholder, I attended the Cannabis Coaching Institute and became a Certified Health and Wellness Coach who specializes in Cannabis. I understand that our bodies are designed to benefit from plant medicine because we have an endocannabinoid system and plants have phytocannabinoids.

As a 329 cardholder, I know cannabis is a healing gift from our creator and not the dangerous drug that some make out to be.

As a 329 cardholder, I have met many patients who are not able to grow their own medicine because of a lack of time, space, money, or knowledge.

As a 329 cardholder, I cannot afford dispensary prices on a retirement income.

As a 329 cardholder, I know several patients who utilize Care Waialua because of their inability to grow, the cannabis choices available there, the affordable pricing of medicine, and the compassionate care given.

As a 329 cardholder, I think it's in the patient's best interest to utilize cooperatives like Care Waialua to purchase their medical cannabis needs without the limitation of cards allowed per site.

As a 329 cardholder, I ask that you also oppose HB1217.

Mahalo for your time and for allowing me to voice my opinion.

Tricia Mills

HB-1217-SD-1

Submitted on: 4/3/2023 10:08:28 PM

Testimony for JDC on 4/4/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Fehren Jones	Individual	Oppose	Written Testimony Only

Comments:

Aloha e Chair Rhoads, Vice Chair Gabbard, and Senators on the Judiciary Committee, and Chair Dela Cruz, Vice Chair Keith-Agaran, and Senators of the Ways And Means Committee,

Mahalo for all your effort and thorough work on this bill. We want to thank you for the amendments that increased the qualified patient card count per grow site location from 5 patients/caregivers to 50 patients/caregivers.

We would like to offer additional amendments regarding:

1. Defining "Immature cannabis plant" and "Mature cannabis plant".

DEFINITIONS

Immature cannabis plant. "Immature cannabis plant" means a cannabis plant that is not a mature cannabis plant or seedling. "Immature cannabis plant" does not include hemp.

Mature cannabis plant. "Mature cannabis plant" means a flowering female cannabis plant. "Mature cannabis plant" does not include hemp.

Mature plant canopy. "Mature plant canopy" means the total surface area within a cultivation area where mature cannabis plants are growing. The surface area of the mature plant canopy must be calculated in square feet and measured using the outside boundaries of the area and must include all of the area within the boundaries. If the surface area of the mature plant canopy consists of noncontiguous areas, each component area must be separated by identifiable boundaries. If a tiered or shelving system is used in the cultivation area, the surface area of each tier or shelf must be included in calculating the area of the mature plant canopy. Calculation of the surface area of the mature plant canopy may not include the areas within the cultivation area that are not used at any time to cultivate mature cannabis plants.

2. Amend Section 2. Allowing for purposes of "medical use", the term "distribution" is limited to the transfer of cannabis and paraphernalia[,] from the qualifying patient's registered primary caregiver to the qualifying patient or between qualifying patients to qualifying patients.

3. Amend Section 3. (4) The cultivation, handling, or possession of a qualifying patient's cannabis for medical use, unless the person is the qualifying patient or the qualifying patient's registered primary caregiver or, for purposes of shared cultivation sites, another qualifying patient registered to the same cultivation site."

4. Amend Section 4. Any cultivation site over 5000 Square Feet an additional fee of \$3000 shall be paid to the Department. Each registered cultivation site shall have a detailed map showing the flowering cultivation area for easy identification and compliance by DOH. A qualifying patient registered with a shared cultivation site may at any time cancel or change their registration to a different site and may take possession of up to the 10 mature plants permitted by patients cultivating only for themselves.

5. Amend Section 5. To the extent the department is authorized by this chapter, the department may conduct pre-scheduled inspections of grow sites without the presence of law enforcement to verify a person's compliance with this chapter. The department shall give the grow sites reasonable notice of no less than 48 hours or two (2) business days in advance of these inspections. Prior to scheduling such inspections, the Department Of Health shall develop protocols that detail the scope of work for such inspections to ensure compliance with this chapter.

6. Amend Section 8. No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license unless authorized pursuant to part IX of chapter 329."

Mahalo nui loa for your consideration.

HB-1217-SD-1

Submitted on: 4/4/2023 5:24:05 AM

Testimony for JDC on 4/4/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Chad Miller	Individual	Oppose	Written Testimony Only

Comments:

Strong oppose. This bill was poorly formed and pushed for by the dispensaries targeting one specific farm? This farm has been providing access to people with the inability to grow their medicine themselves. The has been going on for years knowingly, and has been legally registered with the state and its patients under the current law. They have helped many patients from our kapuna and communities that need medical cannabis.

why is this farm truly being targeted? Is bc of the people they have helped? Are they providing harm or care to the community? Bottom line this is wrong and immoral. Punishing a farm that continued to find a way to help more patients coming them directly for help. This is super sad to see and shows the real intent of where this bill is coming from. This isn't just wrong it's immoral