LATE *Testimony submitted late may not be considered by the Committee for decision making purposes.

KENNETH S. FINK, M.D., M.G.A., M.P.H.

DIRECTOR OF HEALTH KA LUNA HO'OKELE

JOSH GREEN, M.D. GOVERNOR OF HAWAI'I KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAI'I



STATE OF HAWAII DEPARTMENT OF HEALTH KA 'OIHANA OLAKINO

P. O. Box 3378 Honolulu, HI 96801-3378 doh.testimony@doh.hawaii.gov

Testimony COMMENTING on SB962_SD1_HD1 RELATING TO MEDICAL CANNABIS.

REPRESENTATIVE MARK M. NAKASHIMA, CHAIR HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE Hearing Date: Tuesday, 3/21/2023 Room Number: 329

- 1 Fiscal Implications: N/A.
- 2 **Department Testimony:** The Department of Health (DOH) provides comments on the intent of
- 3 SB 962 SD1 to: (1) Defining "waiting room" within a medical cannabis retail dispensing location
- 4 and specifying who may have access to the waiting room; (2) Amending the medical cannabis
- 5 dispensary licensing fee structure; (3) Permitting the use of lettering in colors approved by the
- 6 Department of Health on the labels of cannabis and manufactured cannabis products; (4)
- 7 Establishing a Medical Cannabis Cultivation Site Registry and registration fee for the owners or
- 8 operators of medical cannabis cultivation sites where qualifying patients or their primary
- 9 caregivers are cultivating cannabis for medical use and the site is not the residence of either the
- qualifying patient or their primary caregiver; (5) Amending the use of and sources of funding for
- the Medical Cannabis Registry and Regulation Special Fund by: (A) Authorizing expenditures
- from the special fund for the regulation of medical cannabis collectives and cooperatives,
- medical cannabis dispensaries, and for the establishment and regulation of the Medical Cannabis
- 14 Cultivation Site Registry; (B) Authorizing the Office of Medical Cannabis Control and
- 15 Regulation, in addition to the Director of Health, to expend monies deposited in the special fund
- 16 for certain activities; (C) Authorizing the deposit of fees from the Medical Cannabis Cultivation
- 17 Site Registry into the special fund; and (D) Deleting the Medical Cannabis Registry Program
- Sub-account and Medical Cannabis DispensaryProgram Sub-account; (6) Prohibiting the
- 19 cultivation, production, manufacture, possession, distribution, handling, or dispensation of
- 20 medical cannabis except by qualifying patients, qualifying out-of-state patients, their authorized

- primary caregivers, or medical cannabis dispensaries; (7) Restricting the number of qualifying
- 2 patients who may use a grow site to twenty, unless an exemption is obtained from the
- 3 Department of Health and authorizing the Department to conduct inspections of grow sites to
- 4 verify compliance; (8) Prohibiting the use or receipt of cannabis as compensation for acting as a
- 5 primary caregiver to a qualifying patient; (9) Changing the effective date to June 30, 3000, to
- 6 encourage further discussion; and (10) Making technical, nonsubstantive amendments for the
- 7 purposes of clarity, consistency, and style. DOH opposes the amendments in Section 5 revising
- 8 the fee structure and requiring the fee structure to be set by rules adopted pursuant to chapter 91.
- 9 DOH appreciates the amendment in Section 3 to add a definition for "waiting room" and
- 10 clarifying analogous statutory language which will better serve the needs of qualifying patients
- by allowing caregivers to assist patients into retail dispensary locations.
- DOH opposes the amendments in Section 5 to require the fee structure to be set by rules
- adopted pursuant to chapter 91 and to revise the fee structure for license renewals that was just
- implemented by the 2022 Legislature. DOH requested the fee structure currently in place to
- ensure adequate funding to maintain existing personnel and the operational cost of licensing,
- inspecting, and regulating the dispensary industry. DOH objects to the rulemaking by chapter 91
- 17 process because this will result in loss of the current interim rulemaking authority which is
- 18 necessary to timely and efficiently respond to this still evolving industry to support patient
- 19 safety.
- 20 DOH opposes the amendment in Section 7 to allow the addition of colors to the labeling of
- 21 medical cannabis packaging. Dispensary products are medical products and do not need the
- 22 addition of colors to help advertise or sell the products. The addition of colors to package labels
- 23 has been shown to entice children and minors.
- 24 DOH appreciates and supports part III of this bill which strengthens the integrity of the program
- by amending various sections of the medical cannabis law by allowing the department to access
- and consolidate the medical cannabis registry and regulation special fund, provides clear
- 27 parameters regarding the medical use of cannabis for qualifying patients, primary caregivers,

- 1 qualifying out-of-state patients, caregivers of qualifying out-of-state patients, and incorporates
- 2 cooperatives or collectives into the system to operate under a regulatory framework.
- 3 The DOH appreciates and supports the amendment in Section 19, increasing the number of
- 4 patients that can register a single location from five to 20 and provides a process for patients to
- 5 obtain a written exemption from the DOH to exceed the limitation. According to the patient
- 6 registry data, as of December 2022, there were a total of 88 large collectives (6 or more
- 7 registered patients registered to a single location) with the largest being on Oahu (total of 1049
- 8 registered patients). An increase to allow 20 patients to register to a single location would
- 9 accommodate all but seven (5 Oahu, 2 Hawaii) established cooperatives.
- 10 The DOH supports part IV of this bill establishing annual reporting requirements for the DOH
- regarding the medical cannabis patient registry program.
- 12 Thank you for the opportunity to testify.
- 13 Offered Amendments: The DOH supports caregiver's being able to grow for their patients and
- offers an amendment in section 21, page 44, lines 9 and 10 to, "After December 31, 2024,
- 15 [no] only a qualifying patient, or their designated primary caregiver shall be authorized to
- 16 cultivate cannabis [for any qualifying patient]."



Web site: dbedt.hawaii.gov

DEPARTMENT OF BUSINESS, **ECONOMIC DEVELOPMENT & TOURISM**

KA 'OIHANA HO'OMOHALA PĀ'OIHANA, 'IMI WAIWAI A HOʻOMĀKAʻIKAʻI

JOSH GREEN, M.D.

CHRIS J. SADAYASU

DANE K. WICKER DEPUTY DIRECTOR

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Statement of CHRIS J. SADAYASU Director

Department of Business, Economic Development, and Tourism before the

SENATE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Tuesday, March 21, 2023 2:00 PM State Capitol, Conference Room 329

In consideration of SB962, SD1, HD1 **RELATING TO MEDICAL CANNABIS.**

Chair Nakashima, Vice Chair Sayama and members of the Committee.

The Department of Business, Economic Development and Tourism (DBEDT) supports the intent and offers comments regarding Part V of SB962, SD1, HD1, that establishes annual reporting requirements for Department of Health (DOH) and requires a report from DBEDT.

The Part V of the bill requires DBEDT to prepare a report for the legislature. In order to provide the analysis requested in the bill and §201-13.9, specific economic data such as annual investment by category, employment, annual payroll would need to be collected from the businesses. These data are not specified in the bill and, thus, would need to be provided by DOH to DBEDT. DBEDT would require the related data in order to submit the report within the specified deadline.

Thank you for the opportunity to testify.

SB-962-HD-1

Submitted on: 3/19/2023 10:20:59 AM

Testimony for CPC on 3/21/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Karl Michael Kvalvik	329 Cannabis Patient	Oppose	Written Testimony Only

Comments:

Greetings Chair, Vice Chair, and members of this council.

I strongly oppose SB962.

This bill represents the "Turf War" initiated by the Hawaii Cannabis Institution against the Oahu Cannabis Farms Alliance.

If SB962, or any other Bill that would limit Medical Cannabis Farms to 5 patients, passes into law we would see the Cannabis Market taken away from the people and placed firmly in the hands of the Business.

It remains clear to me the difference between Medical Cannabis Markets, and Recreational markets: They are not the same and both must be allowed room for commerce.

Please do not give Hawaii's Cannabis Market into the hands of a single group/organization/person to be monopolized.

Please Vote NO on SB962.



Akamai Cannabis Consulting

3615 Harding Ave, Suite 304 Honolulu, HI 96816

TESTIMONY ON SENATE BILL 962 SD1 HD1 RELATING TO MEDICAL CANNABIS By Clifton Otto, MD

House Committee on Consumer Protection & Commerce Representative Mark M. Nakashima, Chair Representative Jackson D. Sayama, Vice Chair

> Tuesday, March 21, 2023; 2:00 PM State Capitol, Room 329 & Videoconference

Thank you for the opportunity to offer COMMENTS on this measure:

SMOKING

Patients should not be encouraged to smoke, anything. Marijuana Cigarettes or "Prerolls" are intended to be smoked. If the department is concerned about manual dexterity issues, then it should promote the sale of pre-ground cannabis flower and herbal vaporizers by dispensaries and provide public education on herbal vaporizers as a safer way to inhale cannabis.

Recommend removal of the provisions to add pre-rolls to the list of allowed manufactured products.

Page 3, Line 5:

""Manufactured cannabis product" means any capsule, lozenge, oil or oil extract, tincture, ointment or skin lotion, pill, transdermal patch, or pre-filled and sealed container used to aerosolize and deliver cannabis orally [-] or by inhalation, such as an inhaler [or], nebulizer, or device that provides safe pulmonary administration, that has been manufactured using cannabis, edible cannabis products, [pre-rolled cannabis flower products], or any other products as specified by the department pursuant to section 329D-10(a)(11)."

Page 17, Line 1:

(9) Pre-rolled cannabis flower products, as specified by the department;

SB962 SD1 HD1 – Testimony – Otto March 21, 2023 Page 2

Instead, allow dispensaries to sell herbal vaporizers:

§329D-10 Types of manufactured cannabis products.

(e) Dispensaries shall be allowed to sell third-party commercially available herbal vaporizers that allow for the use of ground cannabis flower; provided that such devices shall have a means of controlling temperature to prevent combustion.

EDUCATION

Page 27, Line 19:

The program shall include, at minimum, education and outreach regarding:

- (4) best practices for certification evaluations and ongoing medical follow-up required of certifying providers under chapter 329.
- (5) biannual accredited Continuing Medical Education (CME) on Cannabinoid Medicine for physicians and APRNs.
- (6) benefits of vaporizing herbal cannabis compared with smoking.

CULTIVATION SITES

Page 39, Line 3:

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 patients and primary caregivers registered to the same medical cannabis cultivation site."

Page 41, Line 1:

(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 a patient or primary caregiver registered to the same medical cannabis cultivation site."

Line 41, Line 20:

No more than twenty qualifying patients may use any 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 for the purposes of this section.

Page 43, Line 13:

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 such inspections shall be voluntary and shall not include local, state, or federal law enforcement.

SB-962-HD-1

Submitted on: 3/20/2023 10:05:09 AM

Testimony for CPC on 3/21/2023 2:00:00 PM

Submitted By Organization		Testifier Position	Testify
TY Cheng	Aloha Green Holdings Inc.	Support	Written Testimony Only

Comments:

We support the intent of this bill to make the medical cannabis program better and more efficient for patients.

Aloha Legislators.

Jason Hanley Care Waialua

I oppose SB962 SD1 HD2. The original intent of this bill was aimed at improving medical dispensary retail regulation, but was quickly turned into a tool to address medical cannabis grow sites and patients. The original bill language can be found in HB1217. Although we are looking for answers to build and protect the medical program, rushing into it with these type of amended rules in the wrong bill is a catastrophe. I have put forth recommendation that I believe can start to strengthen the medical patient program, but in large this bill has many pitfalls that need to be addressed and cannot support this bill. I do think the best recommendation provided is to extend the sunrise date to December 31, 2027 to take time to regulate a complex medical cannabis system. I have over one thousand patients on my patient farm that are relying on the legislature to protect them and not pass bills that will endanger them. If this bill was passed as is, over 1000 patients would be forced off their grow site and be without medicine. Care Waialua's patients needs legislature oversight help. Mahalo

SECTION 2. The purpose of this part is to:

(1) Define "waiting room" within a medical cannabis retail dispensary dispensing location and specify who may have access to the waiting room;

PART III SECTION 13. The purpose of this part is to:

(5) For a medical cannabis cultivation site that obtains an exemption from the department of health to exceed twenty qualifying patients, the size of the flowering canopy space at such site shall not exceed 5,000 square feet;

"\$329- Medical cannabis cultivation site registry; fees; penalties. (a) All persons owning or operating a medical cannabis cultivation site shall register with the department of health. The department of health shall issue each owner or operator of a medical cannabis cultivation site a registration certificate, which shall be valid for twelve months from the date of approval and shall charge a fee of no greater than two thousand five hundred dollars (\$2,500.00) for the certificate. The registration shall be effective until the expiration of the certificate issued by the department of health.

SECTION 18. Section 329-122, Hawaii Revised Statutes, is amended by amending subsection (e) to read as follows:

(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 19. 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 twenty qualifying patients may use any particular location to cultivate cannabis after December 31, 2027; provided that this limitation shall not apply to existing grow sites with qualifying patients that have registered with these grow sites as of December 31, 2027. Effective January 1, 2028, any further expansion of grow sites with qualifying patients that existed prior to this effective date shall require a written exemption from the department of health. The department of health shall adopt rules pursuant to

chapter 91 that details the application and decision-making process for obtaining a grow site exemption.

SECTION 20. Section 329-125, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows: "(b) Any qualifying patient, primary caregiver, qualifying outof-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 prescheduled 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

SECTION 21. Section 329-130, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) After December 31, 2027, a qualifying patient shall obtain medical cannabis or manufactured cannabis products only:

in advance of these inspections. "

(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 from a medical cannabis cultivation site licensed pursuant to \$329-__; 329-122; provided that each location used to cultivate cannabis shall be used by no more than five qualifying patients.

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

First Name **Last Name** Merlin Abraham Kimberley Adams William Adams Robert Adams III Aaron Adamson Derek Agaran Rocky Agcalon Tovio Ah cheung Ah Nee Ryan Mary (TONA) Ah Quin Daniel-Reid K Aikau Noel Aipa Chirale Akina Rita Alana Phillip Allen **Charles Carroll** Allen Shawnnell Alonso William Anderson Keenan Anderson Erika Anderson Cierra Arakaki Robbi A Aranita Valerie Armenta Jasmine Arsisto Lance Asagi Jalen Kaena Asberry **Louis Bobby** Asia Paul Asuncion

Paul Asuncion Isaac Avilla-Kauwalu

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Brooke Bruffy Robert **Buckley** Christopher Bucknell Nicholas Gerard Buechel Timothy **Burns** Germaine Bush Brandi Bussell Butler Jesse Darren & caregiver AI Byrd Dorian Cabanting

Brown

Brown

Bruce

Cecil

Joshua

Koree

Kaleoalohakalani Cabral
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Eugene (Todd) Cambonga

Kuipo-Kawailehua Pu Cambonga-Hao Chinen

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Amy Denzer
Deborah DePalma
Kalenaonalani Kam La Derit

Loverra Di Giustino Tyrone Digman Anita Butay & caregiv Diniega NIck **Dionisios** Penelope & Fiona Dodson David Dolan Deborah Dominici Aimee Joy Donzis Jermaine Doublin Dorine Drake Kayla **Dubois** Mark Dunn

Dunnnigton Roger **Robert Scott** Dunten Ashlee Marie Dunten Sally Dupre Ann Ebata Janel Echiberi Michael Eddy Ryan **Edwards Bradley Matthew** Eickstead David Elgas Willie Elliott Michael Elwood

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Hayhurst

Hays

Hopfe

House

Hosokawa

Mark

Danyea E.M.

Brandon

Jonathan

Cory

Heglund Christopher Heidt Tyler Heisel Gary James Dean Helton Justin Henderson Raynette Henry Kaleolani Julio Hernandes Shanelle Hernando Charles Herrmann Erin Hewitt Derek Hiapo Sariah A Hicks Danielle & caregiver Hilbmann Glenn Yoshikuni Himuro Harrison Wo hoy Но

Joslyn Howanyk Yohl Phillipe Howe Hribek Lauren Carl & Pamela Hubbell Jeremy Huebner Tess Regan Hunter Kaila Hymes **Imaino** Carly Pearl Ingalls **Alexis** Inso Ashley Isei Kevin Ito Angela Jackson Hailey Jackson Robert Jackson **Tyronese Dorine** Jackson Jackson James h JR. Brian Jahn Cherahn Jeremiah **Tiffany Johns** Keith Johnson Ahi Johnson Stacey D Johnson Shinobu Johnson Jason Johnson **Davante Anthony** Johnson Shykettia Johnson Korey Lynn Johnson La Tara Tankersley **Jones** Anthony **Jones** Deanna **Jones** Matthew **Jones** Clanykia **Jones** Joel Abes Juan Keoni Jury **Robert Webber Justice** Summer Kaapuni Christopher Kaauwai Wayne Kagawa Kahiapo Jody Samuel Fujio Kaholokula

Mary Frances Kalapua Jackson

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Kaiwi

Kari A K B Kalima

Solomon Kaili

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Leah Marie Koonce-Fleming

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Kainan Kuewa
Nicholas Kujawa
Steven Kukui
Clayton Kumuhone

Matix and Andrienna Kurisu Garrett Kuwada Karl Michael Kvalvik Vitolio (Leo) Laban Kelly Lamug **Angelic** Lane Carla Lapinad Jeffrey Lasack Zorn Pi'ali'l Lawson Ikaika Lucky Lawson

Valerie Lawson Susan Layton-Small

Edwin Laza
Chris Le
Pierre George LeDoux
Makeba Lee

Samuel Lee Hargrove Hope Lehuanani Black Mokiao Leland Hardy Kealoha

Anthony Leon
Leslie Lessin
Jessica Levine
Richard (smooth) Lewis
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Tramaine Lyons Hillard
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Tiani Chantel Mangca Alyssa Mangeri Nicholas Lee Manges Natalie Star Mansfield Nelson Manzanillo Daniel G Marini Kyle Armonde Marion Baleen Markwort Gabriel Elias Marlow Winona Annette Martin Lorraine Martinez **Dolores** Martinez Jorge Martinez Carly Martinez Clyde Marzan Rosalba Ivette Mathis Marissa Matsusaka Tracie Lyn Kehaulani Matteson John Matthews Kuuleinani Maunupau Courtney McDonough Michael McEwan Jordan McGowan Therese Annabel McKeever Stacee McMillan Helene & caregiver V McTavish Roland Medeiros Melissa Valerio Meek Diego Caldeira Mendes Mendiola Angela Jennifer Lynae Menke Tyzelle Mericle Wesley Mericle Trenton Mericle Melcolm Merit

Kaylene Ann Meyer-moniz

Mesot

Mical

Noel Meyers John Migliaro Miller Majesty K Jude Bernard Milton Catherine Minich Aaron Mintz Shannon Mitchell Aaron P Mitchell Christine Miyahira **Jonathan** Miyahira Craig Miyamoto
Hannah Mizuno
Robert Molyneux
Seth A Mona
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Nicholas John Morley
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Rictavius Moss
Adam E Muller
Hailey Murray
Jane Musselman

Collin Hideo Muta

Carly Naganuma Brenan Nakamoto Bryan Etsuo Nakamura Cyrus & caregiver Nat Nakata Gerald Nakatani Lisa Nay Derrick Nekota Erika Nelson Leilani Marie Nevarez Keith Newton **Thomas** Nicholson Matthew Noe Malala Noraddin

Scott North Jeremy Norton Sean Odonnell Vertrisa Oglesby Rachel Ohara Parsha Oliva Carla may Oliveira Alexander Olomua Jennie (Jay) Olson Crystal Lee Omine Joseph patrick Oneill Chloe Louise Onken **Dennis** Orian Celia Ormsby

Lovey Uluwehi Ortega-Sanchez

Withelma TiOra Ortiz Walker Pettigrew

Jemma Osborne Donny Otake Levi Otholt Krystal Otholt Marlin Ouverson
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Wendell (Gecko) Pacheco
Michael Paige

Rodney Allen Jr. Paiva-Sanchez

Harold (Prince) Palafu Christopher Palenske Kevin Pang

Ginette Paonessa Persin

Marcello Parisi Lori Ann **Parizal** Alyssa Keona **Parizal** Robert Parker Marian Paige Parrott Ariel Pascal **Jonathan** Pascua Terri Pascua Izaiah Pascua Janet Pasua Min Soo Pata Danae Pearl Lesina Peato Rafael Peixoto Makusi Penitani **Thomas** Penn Allison Marie Perez Shon Perez

Hale H. K. Perez Wasson Craig Petronik Vladimir Pichugin Zelig (Rasta) **Pickering** Cedric Pila Desire Pilago **Dustin Kaipo** Pilialoha Kelly Pinzak Chong Franklin Pitman Darlene Popoalii

Poss

Justin Potter Dave **Primicias** Manuel Jr. Prince Robert **Pruner Slick** Andre Pulido Raymond Quel Sean Quigley Rita Chang Quinlan Kristin Qureshi

Heather

Zahid a Qureshi Zahid Qureshi Marieh Gracielle Qureshi Raksinh Darasay Sally Ramirez Jordan-Jayce Kamaka Ramirez Raistlin Ramos Ray C Raymond Christopher Regland Richard Rehkemper Philip d Reinhardt Peggy Ann Reising Jeremy Reisinger Max L Reyes Joseph Reyes Hewitt Reynolds Safire Rhoades Melissa Riccardi Clyde Andrew Richard Dewayne Richardson Nina **Ricketts** Limaris Rivera Jose Alberto Rivera Cynthia Rivera **Blake Everett Rivers** Todd Roberts Torren (TJ) Roberts

Amy Robertson Nielsen

Malia Noelani Robinson
Kimkoa Robinson
Angelina Summer Robinson
Jennifer & Ronnie Roddy
Jobey Rodrigues
Thomas Rodrigues
Leanne Rodriguez

Jean Carlo Rodriguez Nunez

Kaila Rodriquez Gustavan Rogers Teddi Jo Ann Rogers Christina & caregiver Rogers Kern Rogerson Todd Rohm Cristabel Rojas Anthony Roman Joseph thomas Romero Nathan Steven Routt Kumairy Rubeang

Tommy Louis Jr Ruelas Kristina britt Rutkowski Jeremiah & Pernille Ryan **Andrew Jeffrey** Ryan Suzanne Sachdeva Jerome Sakuma Naomi Puanani Salaveria Albertine Lani Samarripa Natalie Sanchez Carlos Sanchez Iris Sanchez

Ashly Monique Sanchez-Sagucio

Salina Santiago Romy Santos Francisco Jr Santos Julianne Sarocam Marisa Sato Kanoa Saunoa Joe Savoy Edward Schaefer Joseph Schraner Rebekah Lynne Schumacher Sheffield Schwartz Phoenix Scott **Dion Tyrone** Scott Jonnita Fatimah Scott Stephanie Seber Justin Sedeno Ambar Segura Shari Seibel Jeffrey Seitel Lamekh Seput Suzanne Seymour Shamim Shan Mary Ann Sheek John Craig Shelton Jordan Sherrier Kenshin Shima Kanoa Shimizu Patricia B Shine Virgil Shinnery Sophie Shitanishi Kelly Shogren

Siletti

Silge

Silva

Tricia

Emily

Luis

Debora Ann & Blaine Silk

Johnnie Silva Walfredo Silveira Derick Simon Janai Simpson

Kassius Singh Ravindiran Michael Singleton Dawnetta Dawn Sinkule Aden Jeremy Smathers Smith Rodney Quintin & Lorna Smith Cornelius Smith Ladonte Smith Anthony Smith Shannon Smith Shaun Smith **Patrick** Smoak Soderholm Lorie Lahaina Solatorio Sheleigh Solis Charles John Souza Mark Spencer Melanie Spurgeon Elizabeth Stacy **Dustin Russell** Stacy Caroline Stancil Louis Jr. Staunton Margueirte Steele **James** Stelpstra Eric Stiller Kalanu Robert Stockes

Theresa Marie Stohl John Stohl Aubrey Stuart Jessica Sturgis Obed Sullivan Mike Sunahara Stewart Sutton Lena Suzuki Matthew Howard Sylvain Noah Tadena Las Masa JR Takeuchi Peter Takushi Dexter Tamayo

Brian

Prema Cacia Rose

Carlos

Stockes

Tanaka

Tapia

Tanchico

Michael Thomas & ca Tate

Marcus Henry Tauvela Charissa Taylor

Alexander Theodise, Tal Jeffrey **Thomas** Romelia Thorne Mitchell Thorne Riina Timon Brandon Tojo Ikoke Toomata Julie **Topinio** Kristina **Torres**

Frank Tramontano Kody Travaso Brian Tudor Jael Esther **Tunick Patrick** Tuputala Steve Anthony Twidwell Daniel **Twiggs** Peter Ulu-Fano **Elvis** Ulufanua Jocelyn & SON (Kyle) Unciano Faith Underwood Isaac Urrieta Clifford Uyeda Talimalo Vaivai

Marion (MIKE) Valle
Karen Vallefuoco
Nick Van Nugent
Lauren Vanderwest
Sierra Vann

Erica Joyce Venancio
Jan Marie Ventura
Monica Vidal
Tasha Vierra

Teresa Vigneri-Berthiaume

Pio Vili Terrence & Jade Vincent Michael Viscovich Edna Vision **Matthew Thomas** Voyce Kathleen Anne (Kate) Wagner George & Caregiver Waialae **Brooke** Walker Walker Caitelynn DeVaughn Ward Tyshan Ward

Ward Megan & karen

David A Washington Delwyn Weekes Sheena Weekes Theodore (Peter) Weidanz Stacey & Ivan Wentland Wayne Ivan Wentland White Kenya Danilo Whitmer Benjamin Michael Wilcox Autumn Wiley Kari Michelle & David Wilkinson Kimberly Wilkinson **Bruce Geoffrey** Wilkinson Celeste Williams Jon Williams Sarah Williams Joshua Williams Genae rashad Williams Michael Williams James or Nadine care Wilson Ricky Wilson Katrina Wilson Jessica Windham Ryan Winslow

Lynn Edward Jr. Withrow **Brandon David** Wolfinger Tiana Wong Katherine Wong Phredric Wood Bruce (Woody) Wood Hannah Wyatt Ashley Xaypanya Gavin Yamane Eric Youn Dawn-Sheree Young Gabriella Donaleche Young Srenenity-Rose & car Young

Wiseman

Young

Yu Kei Lam

Trevor Patrick

Kailen Masake Alan S Yuh Yasmin Yusif Dexter Zane Deira Marie Zayas

Michael

Heacook

Sean Zimmerman



DATE: March 20, 2023

TO: Representative Mark Nakashima

Chair, Committee on Consumer Protection and Commerce

FROM: Mihoko Ito

RE: S.B. 962, SD 1 HD 1 - Relating to Medical Cannabis

Hearing Date: Tuesday, March 21, 2023 at 2:00 p.m.

Conference Room: 329 & Videoconference

Chair Nakashima, Vice Chair Sayama, and members of the Committee on Consumer Protection and Commerce:

We submit this testimony on behalf of Cure Oahu in **support** of S.B. 962, SD 1 HD 1. 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.

S.B. 962, SD 1 HD 1, Relating to Medical Cannabis updates the medical cannabis dispensary program by: (1) clarifying public access to the waiting rooms of dispensaries; (2) clarifying requirements related to signage, permitted types of manufactured cannabis products, supervision of certain personnel while at retail dispensing locations or production centers (3) adding fee structure, annual reporting, education and training program requirements (4) establishing the medical cannabis cultivation site registry (5) amending the uses of the medical cannabis registry and regulation special fund; (6) prohibiting the cultivation, production, manufacture, possession, distribution, handling, or dispensation of medical cannabis except by specific persons or entities; (7) restricting the number of qualifying patients who may use a grow site to twenty, unless an exemption is obtained; (7) prohibiting the use or receipt of cannabis as compensation for acting as a primary caregiver to a qualifying patient; and (8) requiring a report from DBEDT.

We support this bill and believe that it will assist the medical cannabis dispensaries overall with streamlining operations and resources and simply remaining operational. In addition to structural issues already impacting the cannabis industry nationwide, the medical cannabis market has, like many other industries, been subject to the recent impacts of inflation and labor shortage issues, both within business operations and with its vendors.

We summarize our support for the following provisions in the bill:

- Fee Structure: We appreciate the amendments made by the prior committee to address the dispensary fee structure. In November 2022, the medical cannabis dispensary program issued interim rules that dramatically changed the fee structure without opportunity for stakeholders to anticipate or provide input on potential impacts. This change in turn significantly impacted the budgeting process of the dispensaries due to sudden overall fee increases ranging from 200-400%. While we understand the need for increasing regulatory resources and support a way to achieve that, fees need to be predictable and budgeted for. More importantly, we believe it is important for stakeholders to have a voice when there are dramatic financial impacts to operations. We would ask for reasonable fees to be set that will provide stability in the medical cannabis market.
- Use of colors: We appreciate that the HD1 allows for the use of colored lettering on labels. Visual cues are important in distinguishing a variety of product categories that currently have limited packaging options and hope the limited scope addresses previous concerns expressed by the Department of the Attorney General.
- Pre-rolled cannabis product: We also note our support for other provisions that remain in the bill, including the allowance of pre-rolled cannabis product, which eliminates the need for patients to purchase and invest in cannabis accessories such as rolling paper, grinders, bowls, pipes and other paraphernalia. It also helps new patients who purchase and use flower but are unfamiliar with how to roll the product avoid wasting medicine if they were to learn to roll themselves. Pre-rolls are sold in many other states across the country, and we believe there is merit to adding them as allowable product for patients.
- Reporting and education requirements: Finally, we note our support for
 the provisions in this measure that add reporting requirements for the medical
 cannabis dispensary program under Chapter 329D and the individual medical
 use of medical cannabis under HRS Chapter 329. This will help the
 Legislature and other stakeholders understand the overall focus of the
 regulatory agencies in their oversight of the medical cannabis program. For
 dispensaries, understanding the priorities of the regulatory agencies involved
 will help them align expectations and allocate their resources accordingly.
- Other regulations: We also support the added provisions to clarify what is
 permitted by law so discussions can continue on the issue. Clarity 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 and according to law. It is equally
 important for dispensaries and medical cannabis patients to have clarity so
 there is no confusion in the marketplace and community as to what is
 permissible under the law.

Page 3

We would 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 this bill.

SB-962-HD-1

Submitted on: 3/20/2023 2:37:45 PM

Testimony for CPC on 3/21/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify	
Alex Wong	Kauai Farm Planning	Oppose	Written Testimony Only	

Comments:

Aloha e Chair Nakashima, Vice Chair Sayama, and Members of the Committee,

No law should limit how much food and medicine you can legally grow for your own community.

PLEASE READ THE FOLLOWING CAREFULLY:

RE: STRONG OPPOSITION to SB962

What is the legal reason and justification for limiting registered medical cannabis grow sites to only twenty (20) qualifying patients? 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 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 Hawaii in these locations, and medical cannabis cultivation IS agriculture.

Why is the State of Hawaii and Department Of Health attempting to levy fees on MEDICAL cannabis grow sites? Farming in Hawaii is already difficult enough. Now you want to punish and discourage property owners who are open and supportive of medical cannabis cultivation in order to discourage them from utilizing their agriculture zoned property for agriculture uses. This does not make sense and is clearly motivated by a certain representative, on this committee, who has financial ties to the current dispensary licensees.

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 twenty (20) 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. Costs that are important to consider when access to affordable medical cannabis in Hawaii is an ethical concern with regards to the not so affordable alternatives (i.e. dispensaries).

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 backyard, or grown next to 3,000 other plants (in other words, 300 other medical patients). 10 plants per patient equals 10 plants per patient. Keep in mind, not all cannabis plants counted will be in the flowering phase. Many of the counted plants will be in other various phases of the growth cycle (cutting, seedling, and vegetative state).

The DOH 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 DOH should be required to contact the patients and caregivers associated with each registered grow site prior to a scheduled visitation.

And who exactly is going to be the authority on executing enforcement for penalties and violations? Who will hold the individuals executing searches and seizures accountable throughout this process? The Department of Health? The Police? Who is going to fund this extra work to be required from the Department of Health and/or local law enforcement? Hawaii's tax paying residents? The dispensaries? The 329 medical patients themselves? This is not a rhetorical question.

"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." Medical cannabis cultivation (indoor and outdoor) in Hawaii is farming. It requires physical labor, the ability to lift over 50 lbs, stand and sit for long periods of time, and the physical and mental capacity to regularly and consistently keep living plants alive. The expectation that the Department of Health expects medical patients with chronic or terminal illness, or debilitating conditions to successfully cultivate and process their own medicine over the span of 6 to 9 months is both ridiculous and callous. The expectation that these medical patients can afford to just go to the dispensary and pay \$400 to \$500 per ounce of flower is equally ridiculous and callous. Please consider creating a bill to protect patients and caregivers rights to medical cannabis cultivation and access. Under current law the caregiver program sunsets on 12/31/2024. The prohibition on medical caregivers and growers in Hawaii needs to be stopped, and caregivers should be allowed to continue in perpetuity.

Medical cannabis cultivation, like all agriculture in Hawaii, has a high cost upfront and a very slow ROI (Return On Investment). Expenses include but are not limited to: the lease agreement for land and space to register the controlled grow site, electricity, water, infrastructure such as irrigation, greenhouse or tent canopy, soil, compost, fertilizer, pots/grow bags, raised beds, IPM (Integrated Pest Management), seeds, clones, time, and gas/transportation. To expect a caregiver to continuously do all of the work AND pay for the entire cost of all these inputs, and then turn around and give the final product to the patient for FREE is absurd. Especially while the dispensaries are charging \$400 to \$500 per ounce of flower. This is not equal and fair access to affordable medicine.

The State of Hawaii and the Department of Health have no business micromanaging the private arrangements medical patients and caregivers have regarding covering the expenses of their registered grow site and production of their medicine. Unless this committee can provide a valid legal reason for this amendment, we must conclude that the only motive for prohibiting reimbursement or compensation of medical cannabis cultivation outside of the dispensaries is to discourage and dismantle medical caregivers and growers from the 329 law, thereby leaving no other alternative for medical patients, who cannot grow their own medicine, but to buy from the dispensary. This is unethical and an infringement on the right of medical self-determination.

"No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license." Does this committee understand that not every patient can or wants to consume medical cannabis via smoking cannabis flower? Historically, cannabis extraction and infusion has been a widespread cultural and medical practice that many people from all around the world have adopted and developed over many generations. Criminalizing medical patients and caregivers for processing, or "manufacturing", cannabis "products" (i.e. FECO, RSO, concentrates, oils, edibles, topicals, etc.) for their own medical use is an infringement on equal and fair access to cannabis medicine. The fact that this bill only allows licensed dispensaries to SELL manufactured medical cannabis products to MEDICAL PATIENTS is unethical and frankly, very suspicious. Why would the State of Hawaii allow the dispensaries a legal monopoly over "manufactured" cannabis products AND criminalize anyone else producing other forms of cannabis medicine? This is not a rhetorical question.

SB962 is clearly aiming to take away medical patients' rights to grow and produce medicine at any reasonable capacity. It is a blatant attack on all medical cannabis cultivation and relationships that are outside of the dispensaries. The intention and motivation is obvious, the dispensaries want more customers (i.e. medical patients) and are willing to go as far as to change the law to forcibly push more medical patients into their retail stores.

This bill is clearly pushing an agenda for corporate cannabis dispensaries to profit off of more medical patients, and is absolutely forcing more medical patients to buy from the dispensaries by limiting their abilities to cultivate their own plants.

SB962 bill is fundamentally unethical, clearly written with animus towards medical growers and caregivers, and rotten with corporate and political greed at the root. It needs to be killed, NOT amended, KILLED.

WHERE IS YOUR ALOHA? Respectfully.

DO THE RIGHT THING. Respectfully.

Mahalo nui loa,

Alex Wong



Malie Cannabis Clinic 1050 Queen St. #100 Honolulu, Hi 96813

SB 962

Aloha Chair Nakashima and Vice Chair Sayama,

Thank you for hearing testimony on this important bill. SB 962 is being billed as. A patient protection bill. And while it has language that adds a waiting room for people who escort patients, beyond that this bill is truly a dispensary profit protection bill and will not only strengthen the monopoly of eight people in the state, the language saying cannabis vaporizers is safe is not only incorrect but not based in research, it will also create a huge violation in privacy for cannabis patients.

This bill has been thrown together with little thought of the execution and the real-life consequences. I want to start by saying the first part of the bill is great, I fully support allowing support staff for patients who are disabled and may need help with transportation and mobility. However, that's where the support stops.

I have a strong objection to calling cannabis vaporizers safe there's a ton of data that show cannabis vaporizers can cause health issues including Psychosis, EVALI, and Cannabis hyper emesis syndrome 1. (Chadi et al., 2020). Please consider removing safe from any further language.

Medical Cannabis Dispensary rules: There is no evidence that limiting licenses in states is effective or warranted. In a 2020 study of cannabis policy and the effects of public health evidence shows that when cannabis policy is created solely for profit (in this case our 8 dispensaries). When cannabis policies focus on the patients and access there are less public health issues and disparities. When patients are allowed to grow for themselves in in collectives 2. (Hall, 2020).

Part three section three. Medical cannabis cultivation site registry fee's: This information is already available within the DOH's registry. What is the advantage of creating and funding an entire new registry?

Part IV Medical use of cannabis reports, section 5 this is a huge violation of patient privacy and could lead to future legal issues. Why does the governor and legislature need to know the LOCATION of each grow site that has more than five patients, the number of patients at this location and the ten most frequently used sites. This is a huge violation of patient privacy and should be taken out completely.



Malie Cannabis Clinic 1050 Queen St. #100 Honolulu, Hi 96813

In conclusion this bill will be expensive and hard to enforce, and the enforcement of this bill only increases power and profit of our dispensaries and not the actual well-being of our citizens.

References

- 1. Chadi, N., Minato, C., & Stanwick, R. (2020). Cannabis vaping: Understanding the health risks of a rapidly emerging trend. *Paediatrics & Child Health*, 25(Supplement_1). https://doi.org/10.1093/pch/pxaa016
- 2. Hall, W. (2020). The costs and benefits of cannabis control policies. *Dialogues in Clinical Neuroscience*, 22(3), 281–287. https://doi.org/10.31887/dcns.2020.22.3/whall

3.

Submitted on: 3/20/2023 2:04:33 PM

Testimony for CPC on 3/21/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Wendy Gibson-Viviani	Individual	Comments	Remotely Via Zoom

Comments:

TO: COMMITTEE ON CONSUMER PROTECTION & COMMERCE

FROM: Wendy Gibson-Viviani RN/BSN

RE: SB962 – Providing Comments in OPPOSITION to the restrictions on patient grow sites

Hearing: March 21, 2023 at 2:00 pm

Dear Rep. Mark M. Nakashima, Chair, Jackson D. Sayama, Vice Chair and Members of the Committee,

My name is Wendy Gibson-Viviani. I am a Cannabis Nurse (BSN/RN) who has been a resident of Oahu for 30 years and a medical cannabis patient advocate for 8 years.

In 2014 I participated in the HCR48 Task Force - to Develop Recommendations for The Establishment of a Regulated Statewide Dispensary System for Medical Marijuana. The rationale used to establish the need for dispensaries included the fact that many patients lack the ability to grow their own supply, partly because of limited space to grow it. So, Dispensaries were established to provide medicine for those who cannot grow their own—NOT to replace patient grow sites.

Although SB962 has some good features that improve the medical cannabis program, it also has some features that I see as potentially devastating for the thousands of patients who rely upon small farms or caregiver growers for their medicine(s). These are the sections that I find the most disturbing:

- Prohibits the cultivation, production, manufacture, possession, distribution, handling, or dispensation of medical cannabis except by specific persons or entities.
- Restricts the number of qualifying patients who may use a grow site to **twenty**, unless an exemption is obtained from DOH.

• Prohibits the use or receipt of cannabis as compensation for acting as a primary caregiver to a qualifying patient.

For nearly 23 years now, our patients (and/or caregivers) have been allowed to grow (and manufacture) their own medicine(s). They have been left to their own devices to find seeds, cuttings or plants and a space to grow them. Patients had to become creative to be able to grow outdoors, in groups that support each other as a community. This law will destroy these communities and potentially turn **MOST of our patients who grow into criminals**.

When we passed the dispensary bill in 2015 the intent was to allow for a dispensary system in ADDITION to the patient growers, not as a replacement.

Creating a prohibition on an ARBITRARY number of patients who can grow per site needs to be reexamined. Currently there is no limit on the number of cards that can be "stacked" and perhaps there should be. But doing so is going to deprive thousands of patients access to their medicines.

Who is going to be responsible for deciding which 20 patients get to have medicine?

Who is going to be legally responsible for the harms caused to the patients who no longer have access to medicines that they know are both safe and effective? Remember, that turning to the black market is less safe than growing on an organic farm.

Maybe we need to have a balance between the patient's right to grow and the highly regulated dispensary produced products —but attempts to shut down what has been allowed for 23 years is going to come with extreme consequences to patients. They will need help finding new places to grow or financial support if they are forced to buy from a dispensary.

I ask that you remove any language from this bill that will affect a patient or caregivers rights to grow their 10 plants—whether on one property or in a collective.

One solution might be to create an oversight commission that could be instrumental in gathering the concerns of the DOH, the Dispensary Licensees, the patients, caregivers, farmers and Law Enforcement agencies, to work out the details on rulemaking and consequences.

Perhaps this will also help keep our patients and the farmers from being treated as criminals when compliance checks are done. Currently, some patients are dealing with law enforcement showing up –SWAT team style --to do plant compliance checks. Patients are frightened. We need to fix these types of problems before thinking about imposing more restrictions and penalties on patients. If the DOH finds counting a thousand plants overwhelming, let's not give the job to Law Enforcement. Let's find a way to work out these problems first.

Thank you for the opportunity to express my concerns with this bill. I oppose this bill unless the language restricting patients grows is removed.

Wendy Gibson-Viviani RN/BSN

Kailua

(808) 321-4503

Submitted on: 3/19/2023 10:22:03 AM

Testimony for CPC on 3/21/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Leilani Nevarez	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill. I will fight for my farms rights & my rights as a cannabis patient, for the farm provides me with my medicine. I am a 329 card holder, that cannot afford medicine outside of the farm. Dispensaries are way too expensive. They do not care about the patients & their needs. They are only in for control & profit.

Submitted on: 3/19/2023 12:04:03 PM

Testimony for CPC on 3/21/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Wakea Po	Individual	Oppose	Written Testimony Only

Comments:

Aloha representative,

As a medical patient I strongly am against the proposed changes, this will absolutely negatively effect my access to safe, reliable, transparent affordable medicine.

Giving more power over patient medicine and taking away our rights to , simply benefit the owners of a select few businesses is absolutely wrong and an assault on our right to medical autonomy.

The lack of transparency and lack of naturally produced safe medicine are only some of many reasons the dispensary cannot serve my unique needs as a patient .

I strongly and absolutely am against this measure

<u>SB-962-HD-1</u> Submitted on: 3/19/2023 12:16:54 PM

Testimony for CPC on 3/21/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Henry Bell	Individual	Oppose	Written Testimony Only

Comments:

Aloha I am a kanaka maoli and I oppose this bill strongly.

<u>SB-962-HD-1</u> Submitted on: 3/20/2023 1:00:56 AM

Testimony for CPC on 3/21/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jan Ventura	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I oppose this bill. I am a medical cannabis patient and I oppose the language of this bill as it limits access to affordable, quality medicine

Thank you,

Jan Ventura

808-551-5833

ON THE FOLLOWING MEASURE: SB962 SD1, HD1, RELATING TO MEDICAL CANNABIS

COMMITTEE ON CONSUMER PROTECTION & COMMERCE

DATE: Tuesday, March 21, 2023 TIME: 2:00 PM

TESTIFIER: Brian Goldstein

POSITION: STRONG SUPPORT WITH COMMENTS

Chair Nakashima, Vice Chair Sayama and Members of the Committee:

SB962 SD1, HD1 represents a critical step in reinforcing the integrity of Hawaii's medical cannabis law. The proposed bill seeks to amend various statutory provisions to curb the proliferation of unlicensed dispensaries that operate under the guise of agricultural cooperatives.

The need for such measures is particularly pressing in Oahu, where an unlicensed and unregulated company operates one of the state's largest cannabis grow sites on the North Shore of Oahu. This company masquerades as a cooperative, but in reality, it is a for-profit LLC that can grow over 10,000 cannabis plants at a single location - significantly more than the maximum allowed for licensed dispensaries.

This unregulated and unlicensed dispensary poses a serious threat to public health and safety. They sell products that are not required to be tested for prohibited chemicals, heavy metals, or pesticides, and offer highly potent products that exceed the limits allowed in licensed dispensaries. Moreover, they do not use a seed-to-sale tracking system to prevent diversion, and there are no limits on the amount of cannabis that may be purchased.

In contrast, licensed dispensaries operate within strict regulations and are required to test products for potency and contaminants, limit the amount of cannabis that can be purchased, and use seed-to-sale tracking systems.

In light of these significant risks, I urge you to support SB962 SD1, HD1 to ensure that medical cannabis is dispensed through legitimate, regulated channels that prioritize public health and safety.

Submitted on: 3/20/2023 9:00:16 AM

Testimony for CPC on 3/21/2023 2:00:00 PM

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

Comments:

I am in strong opposition to any bill that aims to restrict and limit patients rights to collectively grow. SB962 has strong influence from the dispensaries who wish to further their monopoly on Medical Cannabis access in Hawaii.

Thanks for your time, Andrew Simmons

<u>SB-962-HD-1</u> Submitted on: 3/20/2023 7:57:58 AM

Testimony for CPC on 3/21/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sean Lindsey	Individual	Oppose	Written Testimony Only

Comments:

i oppose this bil.

Submitted on: 3/20/2023 9:41:26 AM

Testimony for CPC on 3/21/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jennifer Martin	Individual	Oppose	Written Testimony Only

Comments:

Hello, the law mentions 3 times that persons with "any felony" should be excluded from the facilties. This is a civil rights violation, in conflict with §378-2.5, see link: https://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0378/HRS_0378-0002_0005.htm. It is also more restrictive language than was used on the 329 bill, which only excluded certain more serious felonies.

Submitted on: 3/20/2023 9:55:53 AM

Testimony for CPC on 3/21/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
donn viviani	Individual	Oppose	Written Testimony Only

Comments:

I am Donn Viviani, a Kailua resident.

I oppose SB962. For the following reasons. The focus of the legislature should be on the welfare of the people. Making sure that they receive the medicine they need in a safe and affordable way. Setting an arbitrary number of patients allowed on a grow site serves no purpose to further those aims, in fact it act in opposition to them. Rather, pass a bill with requirements for the safe growing and distribution, that would be both useful and defensible. Selecting an arbitrary restriction is not. Mahalo

Donn Viviani

Submitted on: 3/20/2023 9:56:23 AM

Testimony for CPC on 3/21/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kyle Kettle	Individual	Oppose	Written Testimony Only

Comments:

This testimony is in opposition to SB962. This bill will hurt patient access to quality medicine provided by caregivers and shared growspaces. The focus of legislation should be expanding patient access and providing social equity through rules that allow for small farms to participate in the market. Limiting dispensary licenses as is has only caused medicine in these establishments to be subpar and overpriced due to a lack of competition. The highest quality medical marijuana comes from small operators which can not be scaled up. Dispensaries have proven this time and time again, do not allow them to be the driver behind legislation that benefits them only. This bill is a gross disservice to your constituents and the people of Hawaii.

<u>SB-962-HD-1</u> Submitted on: 3/20/2023 12:03:07 PM

Testimony for CPC on 3/21/2023 2:00:00 PM

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

Comments:

This bill needs to be rewritten and until then I must oppose SB962 in its entirety.

Submitted on: 3/21/2023 7:53:59 AM

Testimony for CPC on 3/21/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michael karlovich	Individual	Oppose	Written Testimony Only

Comments:

Aloha, I oppose the DOH and law enforcement being able to conduct compliance checks without proper protocol. I believe patients and caregivers should have evry right to manufacture their medicine. Mahalo.

Submitted on: 3/20/2023 6:08:49 PM

Testimony for CPC on 3/21/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Talimalo Vaivai	Individual	Oppose	Written Testimony Only

Comments:

Defining card limits at farms without data is unacceptable. Allowing DOH to conduct compliance checks without protocol is a negative. Patients and their caregivers have a right to manufacture their medicine.

Submitted on: 3/20/2023 6:23:30 PM

Testimony for CPC on 3/21/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
adam	Individual	Oppose	Written Testimony Only

Comments:

I believe that this bill is not in the best interests of patients who rely on medical cannabis to manage their health conditions.

This bill seeks to restrict the number of qualifying patients who may use a grow site to five unless an exemption is obtained by the Department of Health. This provision is unreasonable and will make it difficult for patients to access medical cannabis, especially those who live in rural areas or have limited financial means. It may also result in the creation of a black market for medical cannabis, which could have negative consequences for public health and safety.

Please reconsider this bill for legislation in Hawaii, which would restrict access to medical cannabis for patients who need it. Instead, we should focus on creating a robust regulatory framework that ensures the safety and quality of medical cannabis products while also ensuring that patients have access to them. Thank you for your attention to this matter.

Submitted on: 3/21/2023 12:20:42 AM

Testimony for CPC on 3/21/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Abir Amirdash	Individual	Oppose	Written Testimony Only

Comments:

I am submitting testimony in strong opposition to this bill.

I would like to bring attention to the sneaky and vindictive amendments added to this bill about limiting access to cannabis if not purchased from dispensaries and limiting # of patients at grow sites. I am disappointed in such leadership that allows monopolization of the market! SHAME ON YOU!

"Ua mau ke kea o ka `aina i ka pono"