

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

**Testimony in SUPPORT of HB2443_HD2_SD1
RELATING TO MEDICAL CANNABIS**

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

SENATOR KARL RHOADS, CHAIR
SENTATE COMMITTEE ON JUDICIARY

Hearing Date: 03/28/24

Room Number: 211

1 **Fiscal Implications:** N/A

2 **Department Position:** SUPPORT

3 **Department Testimony:** The Department of Health (DOH) Office of Medical Cannabis Control
4 and Regulation (OMCCR) supports this measure amending 329-130, HRS, which repeals the
5 sunset date of the authorization for primary caregivers to cultivate medical cannabiss for
6 qualifying patients, while maintaining a limit on patients per grow site. The DOH supports
7 patient access, which includes the ability of medical cannabis patients and their designated
8 primary caregivers to cultivate cannabis in a lawful, safe, and patient-focused approach.

9 Grow site limits are important for ensuring patient safety and monitoring compliance with state
10 rules for growing cannabis for medical use to prevent excessive growth and diversion from the
11 medical-use system. If grow sites are not limited, OMCCR would require additional resources,
12 including personnel and operational costs, to maintain adequate oversight of larger grow
13 operations.

1 The DOH notes that 96% of grow sites currently have less than 5 patients registered to grow
2 medical cannabis. Limiting each grow site to 5 patients or less would therefore only affect 4%
3 of the registered growsites. As each patient is allowed to grow up to 10 plants, restricting grow
4 sites to growing medical cannabis for 5 patients will limit the total number of plants at a grow
5 site to no more than 50 plants. DOH respectfully urges the legislature to maintain the 5-card
6 limit per grow site.

7 If the legislature is considering increasing the 5-patient limit for grow sites, the DOH
8 recommends limiting grow sites to no more than 10 patients. The data shows that, for grow
9 sites with more than 5 patients, average number of patients registered is only 9 patients. Out
10 of 11,507 total registered grow sites (including grow sites registered to only 1 patient), only 12
11 grow sites have more than 10 patients registered to them (4-Hawaii, 7-Honolulu, 1-Maui). For
12 islands that do not have access to a dispensary, there is only one grow site on Molokai that has
13 10 patients registered, and no grow sites with more than 10 patients registered. Implementing
14 a 10-patient limit on grow sites will therefore not impact the most rural islands and affect only
15 a total of 12 grow sites statewide. Since each patient is allowed to grow up to 10 plants, a 10-
16 patient limit will limit the total number of plants at a grow site to no more than 100 plants. This
17 is a manageable grow site size for DOH to adequately monitor, better protects patient safety,
18 and still ensures patient access.

19 Charts showing data on patient grow site types and the number of grow sites by card counts
20 are attached to DOH's testimony.

21 **Offered Amendments:** Should the legislature wish to increase grow sites to no more than 10
22 patients, DOH respectfully offers the following amendment to replace page 2, line 16, through
23 page 4, line 4 of HB2443 HD2:

24 "**§329-130 Authorized sources of medical cannabis.** (a) [~~After December 31, 2024,~~
25 a] A qualifying patient shall obtain medical cannabis or manufactured cannabis products only:

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

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

6 (3) From the qualifying patient's primary caregiver who cultivates cannabis in an amount
7 that does not exceed an adequate supply for the qualifying patient pursuant to section 329-
8 122; provided that each location used to cultivate cannabis shall be used to cultivate cannabis
9 for no more than ten qualifying patients.

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

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

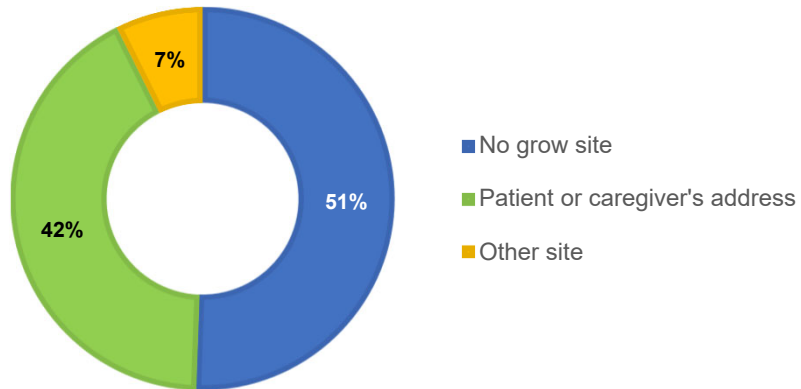
13 ~~—(1) A qualifying patient who is a minor or an adult lacking legal capacity and the primary~~
14 ~~caregiver is the parent, guardian, or person having legal custody of a qualifying patient~~
15 ~~described in this paragraph; or~~

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

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

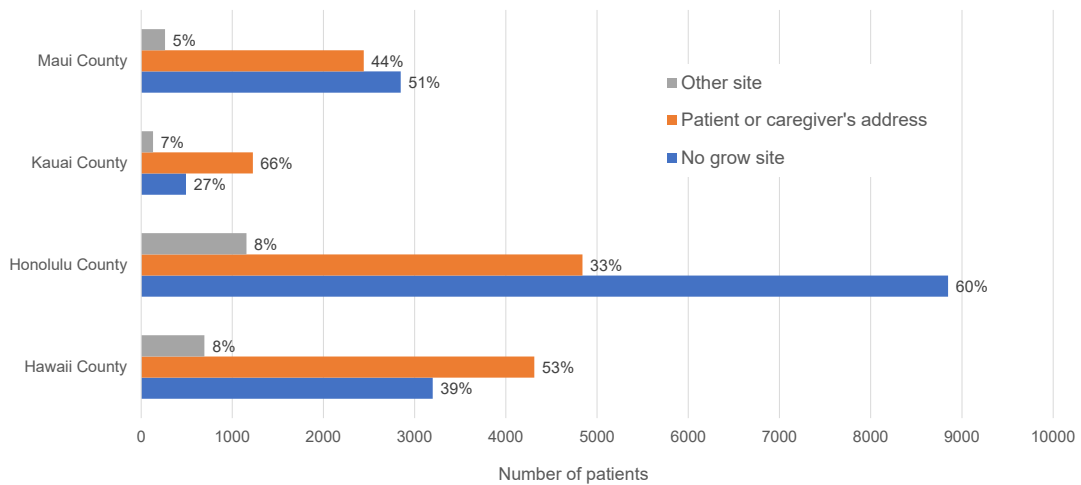
21
22 Thank you for the opportunity to testify on this measure.

Patient Grow Site Type – State of Hawaii December 2023

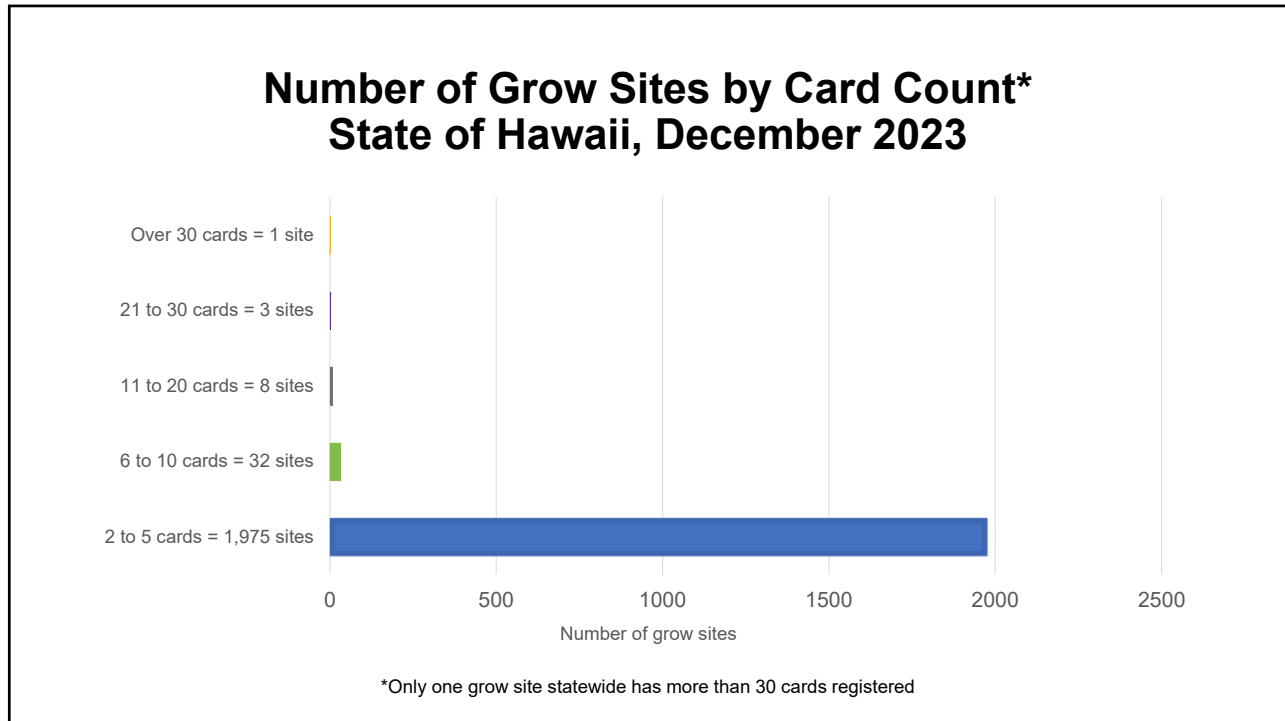


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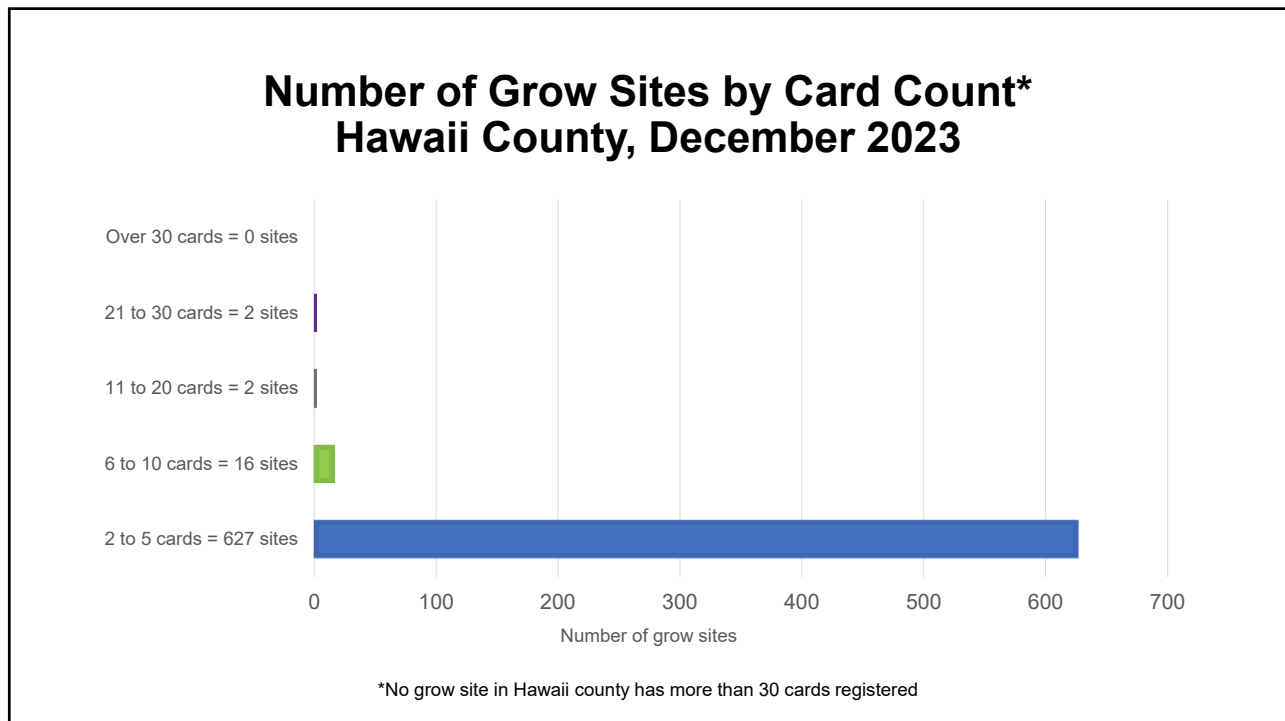
Patient Grow Site Type – By County December 2023



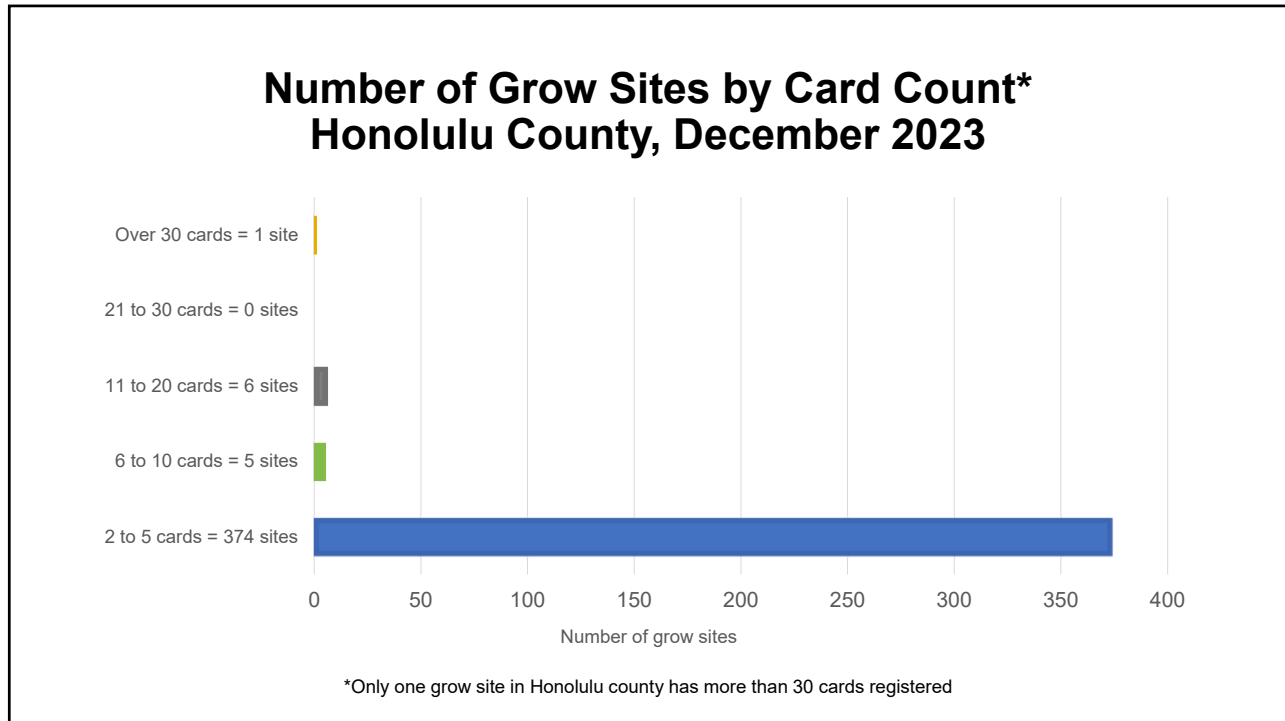
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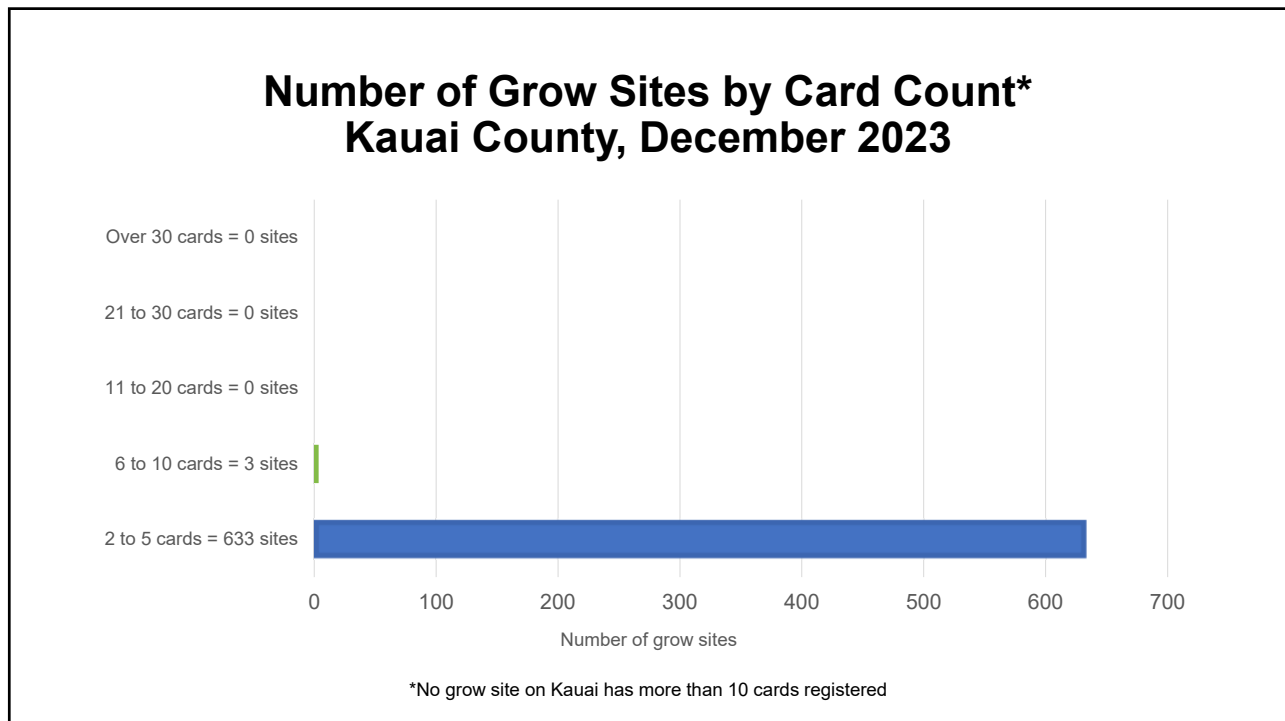
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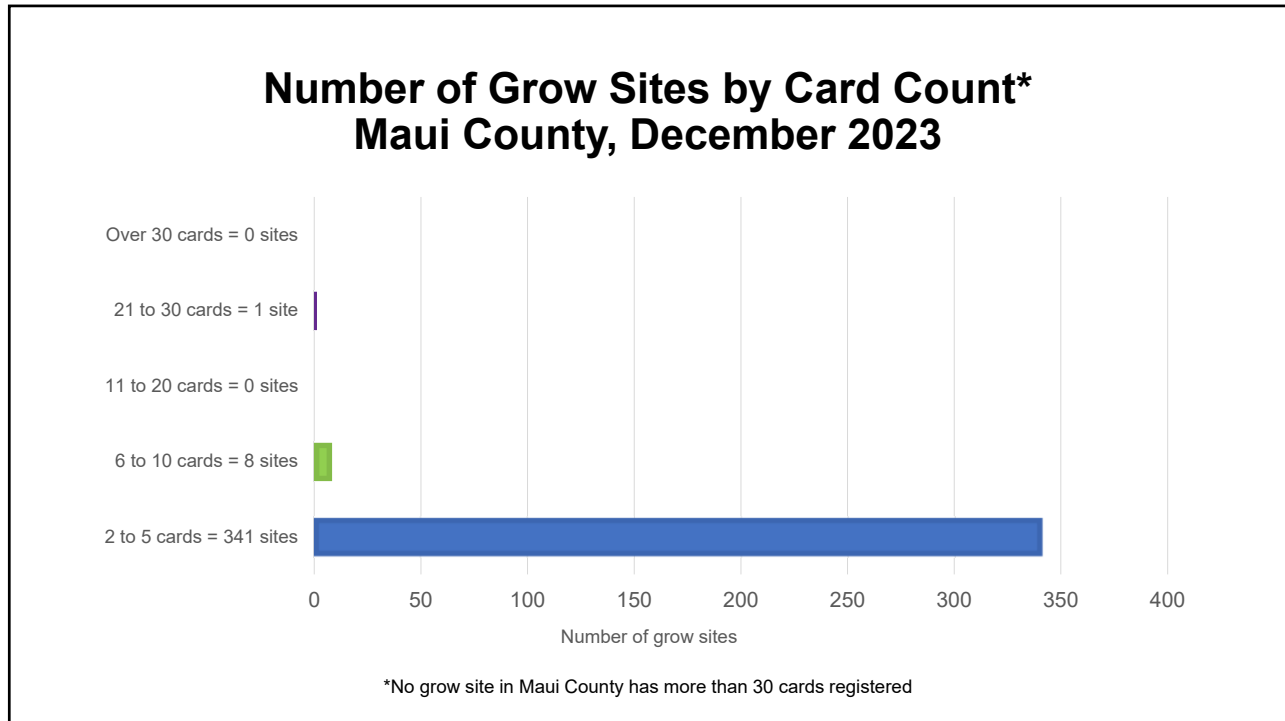
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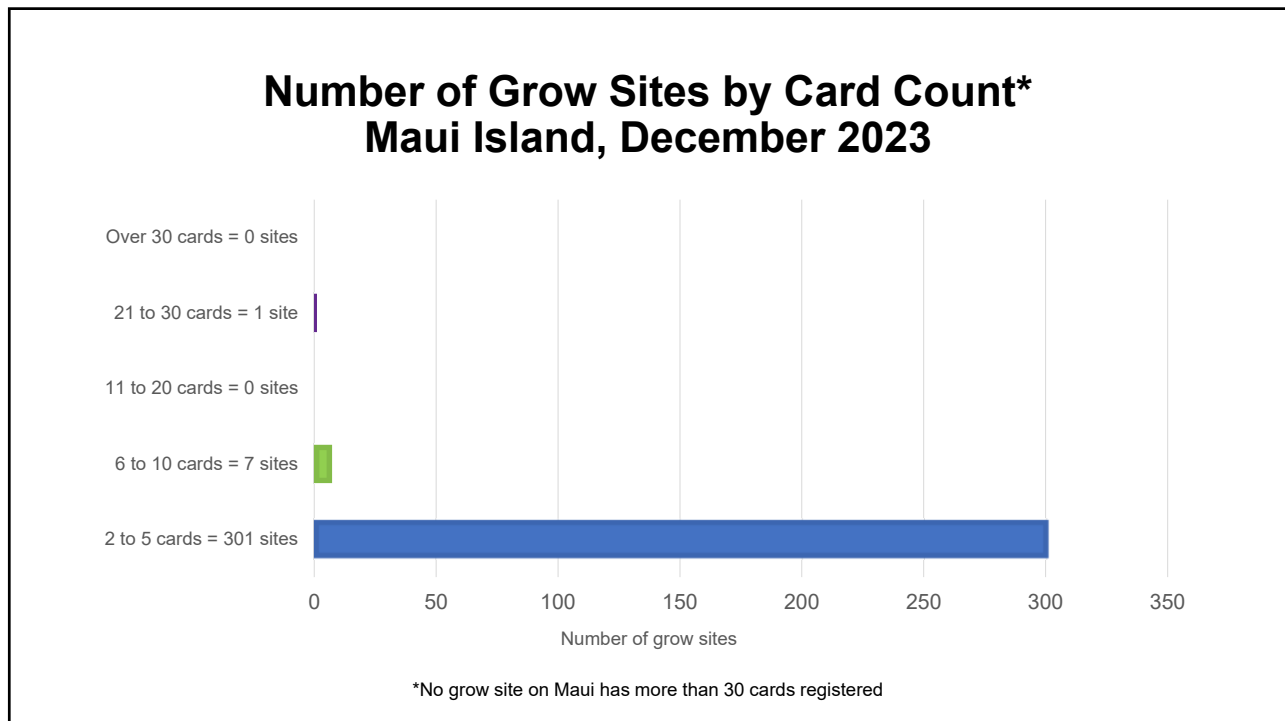
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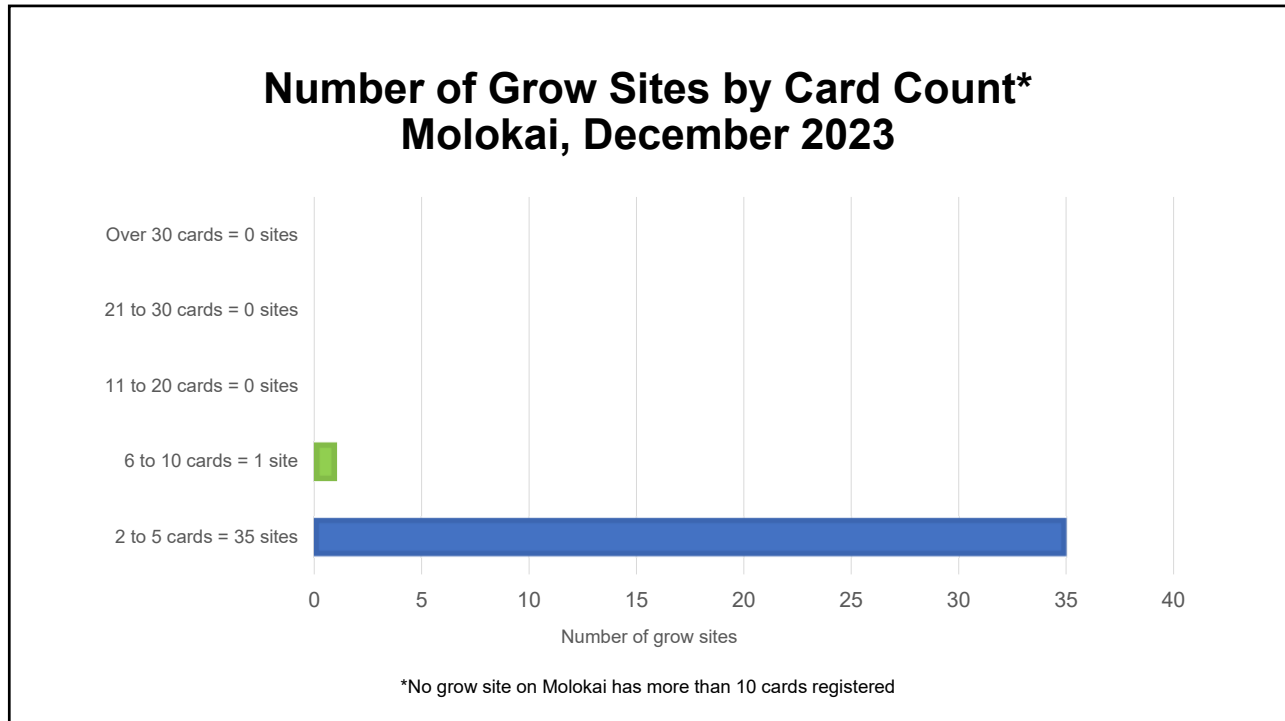
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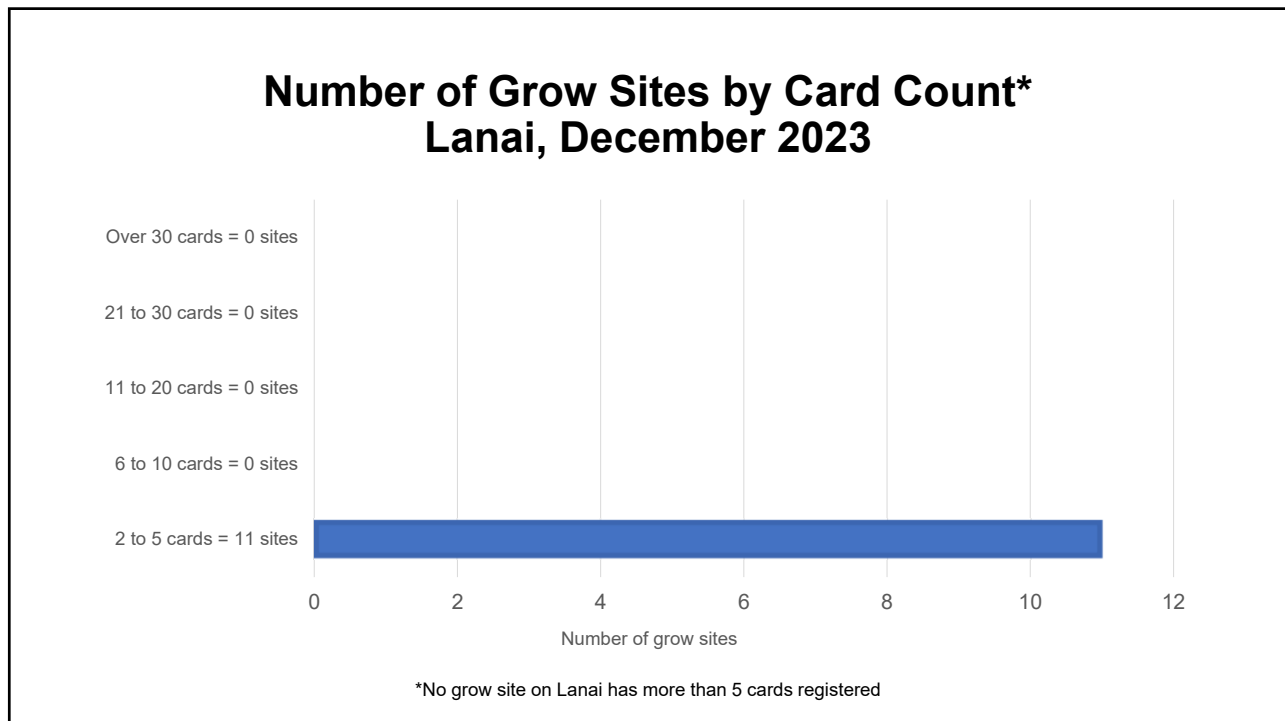
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**WRITTEN TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-SECOND LEGISLATURE, 2024**

ON THE FOLLOWING MEASURE:

H.B. NO. 2443, H.D. 2, S.D. 1, RELATING TO MEDICAL CANNABIS.

BEFORE THE:

SENATE COMMITTEES ON JUDICIARY AND ON WAYS AND MEANS

DATE: Thursday, March 28, 2024 **TIME:** 9:45 a.m.

LOCATION: State Capitol, Room 211 and Videoconference

TESTIFIER(S): **WRITTEN TESTIMONY ONLY.**
(For more information, contact Andrew Goff,
Deputy Attorneys General, at 808-587-3050)

Chairs Rhoads and Dela Cruz and Members of the Committees:

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

This bill repeals the sunset date for the authorization of primary caregivers to grow medical cannabis for qualifying patients and clarifies that primary caregivers may continue to grow medical cannabis for qualifying patients subject to certain restrictions.

Section 329-130, Hawaii Revised Statutes, currently provides that, after December 31, 2024, no primary caregiver may grow cannabis for medical use for any qualifying patient, and each location used by a qualifying patient to grow the patient's own medical cannabis cannot be used by more than five qualifying patients. This bill would allow caregivers to continue to grow medical cannabis for their patients and increase the maximum number of qualified patients for each location where either patients grow medical cannabis for themselves or caregivers grow medical cannabis for their patients from five to ten patients.

According to the Department of Health's testimony, out of 11,507 total registered grow sites only twelve grow sites have more than ten patients registered to a single location. Therefore, restricting medical cannabis patient grows to ten patients per location will not impact the vast majority of grow sites. Limits to unregulated grow sites are necessary to ensure that larger grow sites do not become de facto commercial

operations—but without the safeguards of testing and tracking in place to ensure patient safety or compliance with the laws.

The Department notes that there is substantial risk in any amendment to the bill that would allow a large or unlimited number of patients to grow at one location, and the Department would oppose such an amendment. Any such amendment could create confusion as to whether large-scale grow sites that effectively operate as commercial operations are legal. To be clear, such operations are completely illegal regardless of the number of patients allowed to grow at any location. However, a law without a clear restriction could create the conditions under which an illicit operation could operate with a false veneer of legitimacy by entangling its operations with the medical-cannabis program.

When a state is considering legalizing adult-use cannabis, having reasonable limits on personal cannabis grows is essential if the legal market is to be promoted. Given that the growth of the illicit market is one of the main problems associated with legalization in other states, laws that leave the medical-cannabis program and patients vulnerable to exploitation by bad actors are antithetical to a sound transition to a legal market.

Thank you for the opportunity to provide comments.

To: Senator Donovan Dela Cruz, Chair
Senator Sharon Moriwaki, Vice-Chair
Members of the Committee on Ways and Means

To: Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair
Members of the Committee on Judiciary

Fr: TY Cheng, President, Aloha Green Apothecary

Re: Testimony in **OPPOSITION** of **House Bill (HB) 2443 HD2, SD1**

RELATING TO MEDICAL CANNABIS.

Repeals the sunset date of the authorization for primary caregivers to cultivate medical cannabis for qualifying patients. Clarifies that primary caregivers may continue to cultivate medical cannabis for qualifying patients subject to certain restrictions. Increases the maximum number of qualified patients for which each location used to cultivate cannabis may cultivate cannabis from five to ten patients. Effective 12/31/2050. (SD1)

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

Aloha Green Apothecary is one of the state-licensed medical cannabis dispensaries operating in Honolulu. Aloha Green Apothecary writes to **OPPOSE HB2443 HD2** as this bill will negatively affect caregivers and the medical cannabis program.

After speaking with a number of our patients we respectfully submit that this poorly drafted measure should be deferred and the Department of Health should reintroduce a more thought-out bill that addresses all stakeholder concerns.

Thank you for the opportunity to testify.

Aloha,

TY Cheng

HB2443 HD2 (oppose)

Aloha Legislators. Below are our recommendations for this bill with notes for each amendment. Mahalo



Sunshine Date:

We ask the legislature, at a minimum, to extend the sunshine date on this bill from ~~Dec. 2024~~ to **Dec. 2030**.

Multi-card site limits:

We also believe there should be **no limit** on multi-card sites. ~~Limit of five cards per site.~~

Caregiver Law:

We ask that you **reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients.** Please remove the one caregiver to-one patient limit currently in place.

Sunshine Date notes.

We have worked with the legislature numerous times, with success, in extending the sunshine date to allow DOH time to develop regulations. DOH has been approving multi-card properties since January 1, 2015. Almost nine years later, DOH has not attempted to provide any rules regarding multi-card properties. DOH has continuously approved 329 cards on multi-site properties, with up to 1500 cards approved on one at any given time at one multi-card property. Care Waialua has been operating for over five years and has not received any noncompliance citations from DOH. Care Waialua has also not received complaints from qualifying patients regarding "unsafe medicine." We assist in thoroughly testing qualifying patients' medicine. We would not be arguing this bill now if DOH had done its job. Please don't limit multi-card sites. We have provided the DOH site visits and anecdotal data to develop multi-card site regulations. We have been transparent, and we have been ignored.

Multi-card site limits Notes:

Dispensaries, DOH, and the Attorney general will have you believe that these sites are unregulated and may be providing cannabis to the illicit market. If these folks are going to make such claims, don't you feel that they should at least provide data that supports these claims? Please remember that every cardholder at a multi-card site is registered with the DOH, and each member relies on their rights to grow medicine. These multi-card sites are easy to regulate and are professional with databases, security, and cannabis testing.

Caregiver Law Notes,

We also believe that it is a fundamental right to have people who are disabled, elderly, or too sick to grow to have a caregiver take care of their plants and provide them with medicine. We ask that you reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients. The job of the caregiver is to get the qualifying patient cannabis. DOH believes that if you enable a caregiver to care for more than one qualifying patient, the patient receives inadequate care. Once again, DOH has provided no data at all. On the contrary, many registered nurses in the field have seen firsthand how a caregiver can care for many qualifying patients.

DOH is also currently interpreting the caregiver act using unreasonable, arbitrary guidelines. For example, no other person may touch, water, or look at another patient plant at a multi-site location. This is out of touch, lacks any data, and is unreasonable. Many multi-card grow sites provide functions such as automated watering for patients, allowing them not always to be on-site. Is this breaking the law and having patients perceived as criminals?

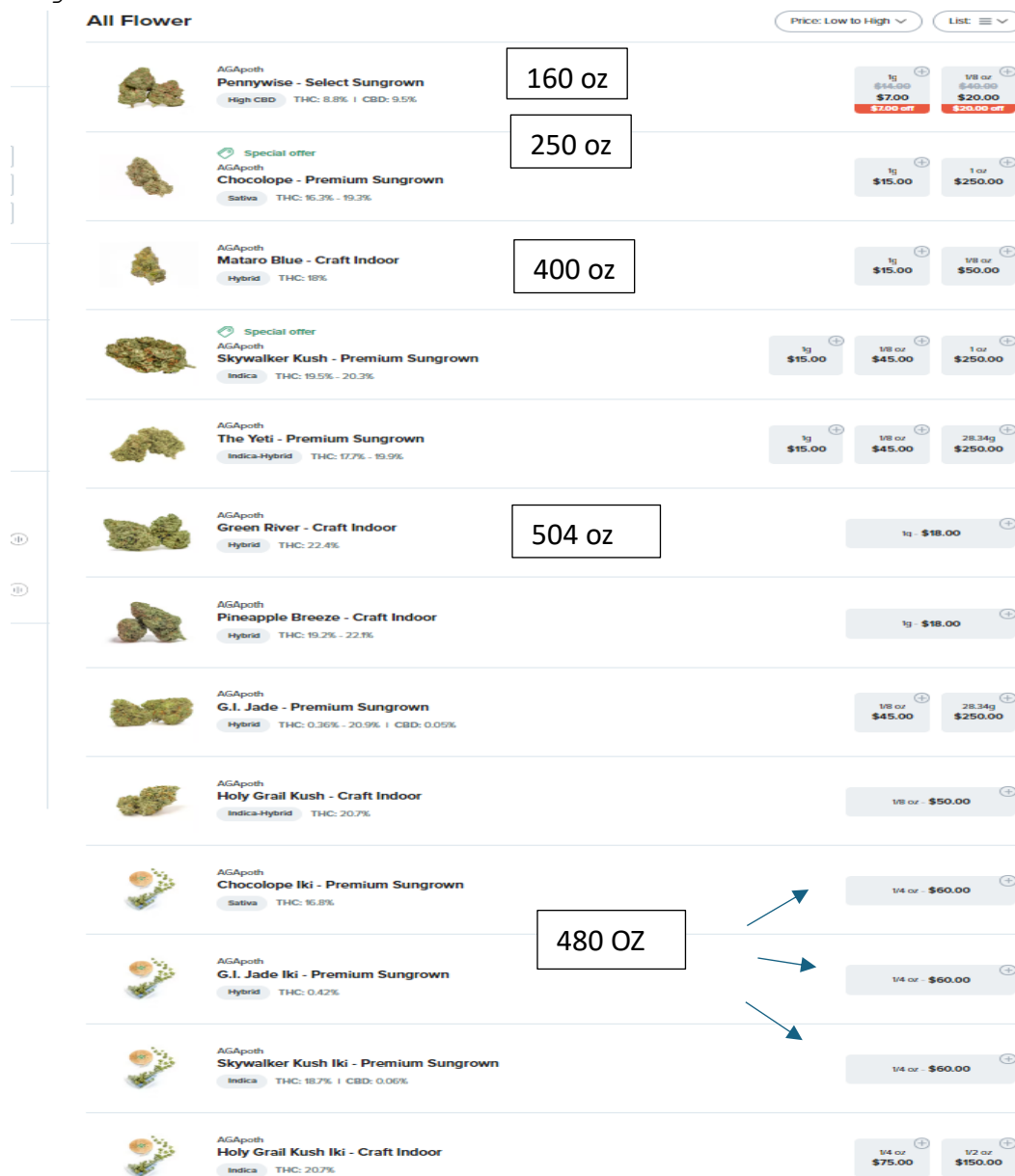
In conclusion,

Farming is a fundamental human right, precisely what multi-card sites provide to patients. The opportunity to farm your cannabis or vegetables is at risk right now. There is plenty of testimony from dispensaries to show they are fearmongering and want to shut down multi-card sites because of loss of revenue. The DOH has failed to work on any regulation since they were handed the cannabis program in 2016. Instead, they continue to testify that they are only supporting dispensaries with the notion that all medical cannabis patients will go to dispensaries. This is false, and the data shows that over 60% of patients have been to a dispensary once and have not returned due to inferior products and cost. Dispensaries will tell you

they have met the demand for the medical market and now charge less than the illicit market. This is false, and one menu is posted in Figure 1. They have limited flowers under \$200, only one strain, and most strain costs are \$250 to \$505 an oz. The unregulated market for Grade A (tested) indoor cannabis is \$250. Their best product does not compete with these prices.

Aloha,
 Jason Hanley (Care Waialua), owner

Figure 1.





Akamai Cannabis Consulting

3615 Harding Ave, Suite 304
Honolulu, HI 96816

TESTIMONY ON HOUSE BILL 2443 HD2 SD1
RELATING TO MEDICAL CANNABIS

By
Clifton Otto, MD

Senate Committee on Ways and Means
Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair
and
Senate Committee on Judiciary
Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair

Thursday, March 28, 2024; 9:45 AM
State Capitol, Room 211 & Videoconference

DECISION MAKING

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

This bill is a significant step towards protecting the right of medical cannabis patients to control how their cannabis is being cultivated, which the department supports.

If the committees wanted to further support the need of patients to grow in larger groups on agricultural land, then the following amendment suggestions may be helpful:

SECTION 2. Section 329-130, Hawaii Revised Statutes, is amended to read as follows:

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

patient shall obtain medical cannabis or manufactured cannabis products only:

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

(2) By cultivating cannabis in an amount that does not exceed an adequate supply for the qualifying patient, pursuant to section 329-122; provided that each location used to cultivate cannabis shall be used by no more than [~~five~~] ten qualifying patients; and provided further that each location used to cultivate cannabis may be used by more than ten patients on land zoned for agricultural use following approval by the department in accordance with rules adopted pursuant to chapter 91 to implement this section[-]; or

(3) From the qualifying patient's primary caregiver who cultivates 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 to cultivate cannabis for no more than ten qualifying patients~~] a primary caregiver shall be allowed to cultivate for no more than ten patients on land zoned for residential or commercial use, and for more than ten patients on land zoned for agricultural use.

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

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

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

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

~~(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 3. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 4. This Act shall take effect on July 1, 3000.

HB-2443-SD-1

Submitted on: 3/27/2024 6:49:24 AM

Testimony for JDC on 3/28/2024 9:45:00 AM

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

Comments:

Aloha Legislators. Below are our recommendations for this bill with notes for each amendment. Mahalo

Sunshine Date:

We ask the legislature, at a minimum, to extend the sunshine date on this bill from ~~Dec. 2024~~ to Dec.2030.

Multi-card site limits:

We also believe there should be no limit on multi-card sites. ~~Limit of five cards per site.~~

Caregiver Law:

We ask that you reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients. Please remove the one caregiver to-one patient limit currently in place.

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Dispensaries, DOH, and the Attorney general will have you believe that these sites are unregulated and may be providing cannabis to the illicit market. If these folks are going to make such claims, don't you feel that they should at least provide data that supports these claims? Please remember that every cardholder at a multi-card site is registered with the DOH, and each member relies on their rights to grow medicine. These multi-card sites are easy to regulate and are professional with databases, security, and cannabis testing.

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DOH is also currently interpreting the caregiver act using unreasonable, arbitrary guidelines. For example, no other person may touch, water, or look at another patient plant at a multi-site location. This is out of touch, lacks any data, and is unreasonable. Many multi-card grow sites provide functions such as automated watering for patients, allowing them not always to be on-site. Is this breaking the law and having patients perceived as criminals?

In conclusion,

Farming is a fundamental human right, precisely what multi-card sites provide to patients. The opportunity to farm your cannabis or vegetables is at risk right now. There is plenty of testimony from dispensaries to show they are fearmongering and want to shut down multi-card sites because of loss of revenue. The DOH has failed to work on any regulation since they were handed the cannabis program in 2016. Instead, they continue to testify that they are only supporting dispensaries with the notion that all medical cannabis patients will go to dispensaries. This is false, and the data shows that over 60% of patients have been to a dispensary once and have not returned due to inferior products and cost. Dispensaries will tell you they have met the demand for the medical market and now charge less than the illicit market. This is false, and one menu is posted in Figure 1. They have limited flowers under \$200, only one strain, and most strain costs are \$250 to \$505 an oz. The unregulated market for Grade A (tested) indoor cannabis is \$250. Their best product does not compete with these prices.

RE: HB2443 HD2; Hearing Wednesday March 28, 2024

Aloha Honorable Committee Members,

The Cannabis Society of Hawaii (CSOH) strongly supports HB2443 HD2 SD1 with amendments. This bill can improve patient access to safe and effective medical cannabis while ensuring product quality and patient safety. Medical cannabis offers significant relief for patients with conditions like chronic pain, cancer, epilepsy, and glaucoma.

We appreciate the hard work and opportunity to provide feedback before the bill's adoption. CSOH strongly opposes any reduction in current patient rights, including limits on caregivers, patients per grow site, and the overall plant count. Taking away these rights will significantly hinder patient access, particularly in rural areas.

CSOH recommends a square footage model instead of an arbitrary plant count, which restricts selective breeding for essential cannabinoids and terpenes. Additionally, male cannabis plants, crucial for breeding, should not be included in the count.

We are concerned about the DOH's testimony. While they initially support patient access through cultivation, they then cite resource limitations as the sole reason for restricting grow sizes. CSOH proposes utilizing existing program funds to expand DOH's capacity before reducing patient rights.

The DOAG's concern regarding "unregulated growsites" seems unfounded. Current registered medical cannabis patients operate within program rules and are not commercial enterprises. Furthermore, the lack of compliance checks by the OMCCR shouldn't be misconstrued as a lack of regulations. Increased investment in DOH resources would allow for proper oversight.

A thriving medical cannabis community can benefit Hawaii's economy through job creation and potential tax revenue.

Without the CLAIM ACT, many patients rely on caregiver models for access to specific remedies.

HB2443 HD2 SD1, without amendments, would create unnecessary hardship by hindering this patient-caregiver collaboration.

Please consider the proposed changes outlined above. We urge the committee to prioritize patient access and create a sustainable medical cannabis program in Hawai'i.

Respectfully,

Cannabis Society of Hawai'i

HB-2443-SD-1

Submitted on: 3/25/2024 6:01:37 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Mike Golojuch, Sr.	Individual	Support	Written Testimony Only

Comments:

I support HB2443. Please pass this bill.

Mike Golojuch, Sr.

HB-2443-SD-1

Submitted on: 3/25/2024 6:56:32 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Scott Kidd	Individual	Support	Written Testimony Only

Comments:

I support this measure

HB-2443-SD-1

Submitted on: 3/26/2024 1:01:55 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

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

Comments:

Aloha Legislators. Below are our recommendations for this bill with notes for each amendment. Mahalo

Sunshine Date:

We ask the legislature, at a minimum, to extend the sunshine date on this bill from Dec. 2024 to Dec.2030.

Multi-card site limits:

We also believe there should be no limit on multi-card sites. Limit of five cards per site.

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DOH is also currently interpreting the caregiver act using unreasonable, arbitrary guidelines. For example, no other person may touch, water, or look at another patient plant at a multi-site location. This is out of touch, lacks any data, and is unreasonable. Many multi-card grow sites

provide functions such as automated watering for patients, allowing them not always to be on-site. Is this breaking the law and having patients perceived as criminals?

In conclusion,

Farming is a fundamental human right, precisely what multi-card sites provide to patients. The opportunity to farm your cannabis or vegetables is at risk right now. There is plenty of testimony from dispensaries to show they are fearmongering and want to shut down multi-card sites because of loss of revenue. The DOH has failed to work on any regulation since they were handed the cannabis program in 2016. Instead, they continue to testify that they are only supporting dispensaries with the notion that all medical cannabis patients will go to dispensaries. This is false, and the data shows that over 60% of patients have been to a dispensary once and have not returned due to inferior products and cost. Dispensaries will tell you they have met the demand for the medical market and now charge less than the illicit market. This is false, and one menu is posted in Figure 1. They have limited flowers under \$200, only one strain, and most strain costs are \$250 to \$505 an oz. The unregulated market for Grade A (tested) indoor cannabis is \$250. Their best product does not compete with these prices.

HB-2443-SD-1

Submitted on: 3/26/2024 1:07:14 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Todd Bliss	Individual	Oppose	Written Testimony Only

Comments:

OPPOSE!!!

HB-2443-SD-1

Submitted on: 3/26/2024 1:13:31 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
TRICIA SILETTI	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I was one of the first patients at Care Waialua. I am a disabled Veteran with a 90% disability rating. Care has provided me with quality medicine since they opened. Prior to this, I was on 10 different medications from the VA and after getting pregnant, my civilian doctor told me to exchange these debilitating pills with Marijuana and sent me to Care Waialua. Care had a great grow site, something I could never do on my own. They care for the plants and provide me with high quality medicine that has gotten me off of so many nonsense medications that the VA doctors had me prescribed.

I have, on few occasions, tried the dispensary marijuana and it was poor grade and quite expensive. A friend of mine is a local biologist that told me she examines the Marijuana coming into the dispensaries and found it laden with mold. So I never went back to the dispensaries again, so grateful that Care provided me with a healthier, cheaper, option for my healthcare.

There is no way that an average person or even a disabled Veteran can educate themselves .on growing Marijuana enough to grow and care for it well. Care provides that service excellently. They truly Care about their patients and grow quality Marijuana. The dispensaries do not provide that option. They only care about the bottom dollar line.

As my elected representatives, you are entitled with ensuring your community has a quality lifestyle. Your job is to ensure that civic options, such as safety, are available to the public. Your job is not to be the police, but rather ensure the police are there to ensure a safe community. By challenging option of having more than 5 grow cards at a site, you are overstepping your bounds and policing something that you should be protecting. The community needs Care Waialua. It is a service many of us have taken advantage of because it is a needed option. As representatives of your community, you should recognize this and allow Care Waialua to have as many cards as the community wants. If you don't believe thus, you have other vested interests in mind that do not correlate with the patients needing medicine in this community. Are you planning on limiting how many patients an allopathic doctor can see? Are you planning on controlling what medications the doctor can prescribe? If not, then why are you trying to limit Care Wailalua to 5 patients? It really seems like we are fighting a nonsense battle. Many states have legalized Marijuana and for some reason, you try to establish more control. This makes little sense to me unless you have the interest of the dispensaries in mind and not the patients at Care Wailalua that need their services.

Mahalo for your time. I know that you will vote with your community because it is definitely the right thing to do.

HB2443 HD2 (oppose)

Aloha Legislators. Below are our recommendations for this bill with notes for each amendment. Mahalo

Sunshine Date:

We ask the legislature, at a minimum, to extend the sunshine date on this bill from ~~Dec. 2024~~ to **Dec. 2030**.

Multi-card site limits:

We also believe there should be **no limit** on multi-card sites. ~~Limit of five cards per site.~~

Caregiver Law:

We ask that you **reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients.** Please remove the one caregiver to-one patient limit currently in place.

Sunshine Date notes.

We have worked with the legislature numerous times, with success, in extending the sunshine date to allow DOH time to develop regulations. DOH has been approving multi-card properties since January 1, 2015. Almost nine years later, DOH has not attempted to provide any rules regarding multi-card properties. DOH has continuously approved 329 cards on multi-site properties, with up to 1500 cards approved on one at any given time at one multi-card property. Care Waialua has been operating for over five years and has not received any noncompliance citations from DOH. Care Waialua has also not received complaints from qualifying patients regarding "unsafe medicine." We assist in thoroughly testing qualifying patients' medicine. We would not be arguing this bill now if DOH had done its job. Please don't limit multi-card sites. We have provided the DOH site visits and anecdotal data to develop multi-card site regulations. We have been transparent, and we have been ignored.

Multi-card site limits Notes:

Dispensaries, DOH, and the Attorney general will have you believe that these sites are unregulated and may be providing cannabis to the illicit market. If these folks are going to make such claims, don't you feel that they should at least provide data that supports these claims? Please remember that every cardholder at a multi-card site is registered with the DOH, and each member relies on their rights to grow medicine. These multi-card sites are easy to regulate and are professional with databases, security, and cannabis testing.

Caregiver Law Notes,

We also believe that it is a fundamental right to have people who are disabled, elderly, or too sick to grow to have a caregiver take care of their plants and provide them with medicine. We ask that you reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients. The job of the caregiver is to get the qualifying patient cannabis. DOH believes that if you enable a caregiver to care for more than one qualifying patient, the patient receives inadequate care. Once again, DOH has provided no data at all. On the contrary, many registered nurses in the field have seen firsthand how a caregiver can care for many qualifying patients.

DOH is also currently interpreting the caregiver act using unreasonable, arbitrary guidelines. For example, no other person may touch, water, or look at another patient plant at a multi-site location. This is out of touch, lacks any data, and is unreasonable. Many multi-card grow sites provide functions such as automated watering for patients, allowing them not always to be on-site. Is this breaking the law and having patients perceived as criminals?

In conclusion,

Farming is a fundamental human right, precisely what multi-card sites provide to patients. The opportunity to farm your cannabis or vegetables is at risk right now. There is plenty of testimony from dispensaries to show they are fearmongering and want to shut down multi-card sites because of loss of revenue. The DOH has failed to work on any regulation since they were handed the cannabis program in 2016. Instead, they continue to testify that they are only supporting dispensaries with the notion that all medical cannabis patients will go to dispensaries. This is false, and the data shows that over 60% of patients have been to a dispensary once and have not returned


due to inferior products and cost. Dispensaries will tell you they have met the demand for the medical market and now charge less than the illicit market. This is false, and one menu is posted in Figure 1. They have limited flowers under \$200, only one strain, and most strain costs are \$250 to \$505 an oz. The unregulated market for Grade A (tested) indoor cannabis is \$250. Their best product does not compete with these prices.

Aloha,
Mike Elwood- Care Waialua Member


Figure 1.

All Flower


Price: Low to High List

- 


AGApoth
Pennywise - Select Sungrown
High CBD | THC: 8.8% | CBD: 9.5%

1g ~~\$14.99~~ **\$7.00** **\$2.00 off**
1/8 oz ~~\$149.99~~ **\$20.00** **\$20.00 off**
- 


Special offer
AGApoth
Chocolope - Premium Sungrown
Sativa | THC: 16.3% - 19.3%

1g **\$15.00**
1 oz **\$250.00**
- 


AGApoth
Mataro Blue - Craft Indoor
Hybrid | THC: 18%

1g **\$15.00**
1/8 oz **\$50.00**
- 


Special offer
AGApoth
Skywalker Kush - Premium Sungrown
Indica | THC: 19.5% - 20.3%

1g **\$15.00**
1/8 oz **\$45.00**
1 oz **\$250.00**
- 


AGApoth
The Yeti - Premium Sungrown
Indica-Hybrid | THC: 17.7% - 19.9%

1g **\$15.00**
1/8 oz **\$45.00**
28.34g **\$250.00**
- 


AGApoth
Green River - Craft Indoor
Hybrid | THC: 22.4%

1g **\$18.00**
- 


AGApoth
Pineapple Breeze - Craft Indoor
Hybrid | THC: 19.2% - 22.1%

1g **\$18.00**
- 


AGApoth
G.I. Jade - Premium Sungrown
Hybrid | THC: 0.36% - 20.9% | CBD: 0.05%

1/8 oz **\$45.00**
28.34g **\$250.00**
- 


AGApoth
Holy Grail Kush - Craft Indoor
Indica-Hybrid | THC: 20.7%

1/8 oz **\$50.00**
- 


AGApoth
Chocolope Iki - Premium Sungrown
Sativa | THC: 16.8%

1/4 oz **\$60.00**
- 

AGApoth
G.I. Jade Iki - Premium Sungrown
Hybrid | THC: 0.42%

1/4 oz **\$60.00**
- 

AGApoth
Skywalker Kush Iki - Premium Sungrown
Indica | THC: 18.7% | CBD: 0.06%

1/4 oz **\$60.00**
- 

AGApoth
Holy Grail Kush Iki - Craft Indoor
Indica | THC: 20.7%

1/4 oz **\$75.00**
1/2 oz **\$150.00**

HB-2443-SD-1

Submitted on: 3/26/2024 1:19:16 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Tiana Wong	Individual	Oppose	Written Testimony Only

Comments:

HB2443 HD2 (oppose)



Aloha Legislators. Below are our recommendations for this bill with notes for each amendment. Mahalo

Sunshine Date:

We ask the legislature, at a minimum, to extend the sunshine date on this bill from Dec. 2024 to Dec.2030.

Multi-card site limits:

We also believe there should be no limit on multi-card sites. Limit of five cards per site.

Caregiver Law:

We ask that you reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients. Please remove the one caregiver to-one patient limit currently in place.

Sunshine Date notes.

We have worked with the legislature numerous times, with success, in extending the sunshine date to allow DOH time to develop regulations. DOH has been approving multi-card properties since January 1, 2015. Almost nine years later, DOH has not attempted to provide any rules regarding multi-card properties. DOH has continuously approved 329 cards on multi-site properties, with up to 1500 cards approved on one at any given time at one multi-card property. Care Waialua has been operating for over five years and has not received any noncompliance citations from DOH. Care Waialua has also not received complaints from qualifying patients regarding “unsafe medicine.” We assist in thoroughly testing qualifying patients' medicine. We would not be arguing this bill now if DOH had done its job. Please don't limit multi-card sites. We have provided the DOH site visits and anecdotal data to develop multi-card site regulations. We have been transparent, and we have been ignored.

Multi-card site limits Notes:

Dispensaries, DOH, and the Attorney general will have you believe that these sites are unregulated and may be providing cannabis to the illicit market. If these folks are going to make such claims, don't you feel that they should at least provide data that supports these claims? Please remember that every cardholder at a multi-card site is registered with the DOH, and each member relies on their rights to grow medicine. These multi-card sites are easy to regulate and are professional with databases, security, and cannabis testing.

Caregiver Law Notes,

We also believe that it is a fundamental right to have people who are disabled, elderly, or too sick to grow to have a caregiver take care of their plants and provide them with medicine. We ask that you reinstate the caregiver law and allow a caregiver to care for

unlimited qualifying patients. The job of the caregiver is to get the qualifying patient cannabis. DOH believes that if you enable a caregiver to care for more than one qualifying patient, the patient receives inadequate care. Once again, DOH has provided no data at all. On the contrary, many registered nurses in the field have seen firsthand how a caregiver can care for many qualifying patients.

DOH is also currently interpreting the caregiver act using unreasonable, arbitrary guidelines. For example, no other person may touch, water, or look at another patient plant at a multi-site location. This is out of touch, lacks any data, and is unreasonable. Many multi-card grow sites provide functions such as automated watering for patients, allowing them not always to be on-site. Is this breaking the law and having patients perceived as criminals?

In conclusion,

Farming is a fundamental human right, precisely what multi-card sites provide to patients. The opportunity to farm your cannabis or vegetables is at risk right now. There is plenty of testimony from dispensaries to show they are fearmongering and want to shut down multi-card sites because of loss of revenue. The DOH has failed to work on any regulation since they were handed the cannabis program in 2016. Instead, they continue to testify that they are only supporting dispensaries with the notion that all medical cannabis patients will go to dispensaries. This is false, and the data shows that over 60% of patients have been to a dispensary once and have not returned due to inferior products and cost. Dispensaries will tell you they have met the demand for the medical market and now charge less than the illicit market. This is false, and one menu is posted in Figure 1. They have limited flowers under \$200, only one strain, and most strain costs are \$250 to \$505 an oz. The unregulated market for Grade A (tested) indoor cannabis is \$250. Their best product does not compete with these prices.

HB-2443-SD-1

Submitted on: 3/26/2024 1:20:44 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Gary Hofheimer	Individual	Oppose	Written Testimony Only

Comments:

Please do not allow this bill to pass.

a lot of us are hurting badly, and this is something you folks in the big square building could do to help us along.

Mahalo

HB-2443-SD-1

Submitted on: 3/26/2024 1:25:54 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Heather Smith	Individual	Support	Written Testimony Only

Comments:

Medical Marijuana has been very helpful to me. Due to chronic pain this is a lifesaver. I don't feel comfortable with opioids because I'm aware they are highly addictive and lead to harder street drugs. I'd been using edibles for quite some time. I've had a 329 card over the last 5 years. I also support Waluia Farm being that most of the dispensaries are unaffordable. Jason is an amazing person he is just trying to help the community. I also feel that if something as harmful as liquor and cigarettes are legal why shouldn't cannabis be. It has lower side effects. Thank you for giving me an opportunity to have an opinion to support cannabis, medical and recreational.

HB-2443-SD-1

Submitted on: 3/26/2024 1:34:07 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Nikki Craig	Individual	Oppose	Written Testimony Only

Comments:

Aloha legislators,

I am writing as a medical cannabis patient to oppose HB2443 HD2 SD1. In particular, placing a tight restriction on the number of patients one caregiver can grow for threatens access to an essential medication for disabled veterans, our kūpuna, and other disabled members of our Hawai'i community.

With land at a premium and so many medical patients renting rather than owning their homes, there are few caregivers on the island who have the ability and opportunity to assist patients with growing their cannabis. In addition, growing cannabis at the quality required for medical patients with ailments ranging from cancer to PTSD requires a high level of investment and care.

The Department of Health has stated that a patient receives inadequate care if a caregiver grows for more than one patient. On the contrary, in my time on the island I have received more high quality care from my caregiver than from any dispensary on O'ahu. My caregiver is able to provide me not only the type of medical cannabis I need to manage my ailments, but also a safe community space and listening ear. And I know he has done the same for all other patients he lovingly cares for.

A 1:1 or even a 10:1 caregiver law would restrict a large number of patients from growing their own cannabis, particularly those who are disabled, low-income, and renting. As the medical cannabis law is in place to provide patients access to this essential medication, I believe restricting that access by removing the existing caregiver would be unconscionable. As of June 2022, there were 34,199 medical cannabis patients in Hawai'i. A 10:1 caregiver law would require 3,420 caregivers qualified to grow high-quality medicine, or else push patients to the expensive, daunting, and difficult to access dispensary system.

Without vast changes to the current medical program that would increase dispensary access, lower prices, and offer more variety of product, sunseting the existing caregiver law would

punish only the patients and restrict their access to medical cannabis. Given that the legislature's stated intention is to expand a qualifying patient's access to cannabis, and that 46% of patients access their cannabis from outside of the dispensary system, I would ask the following of the legislature:

1. I ask the legislature, at a minimum, to extend the sunshine date on this bill to Dec.2030.
2. I also believe there should be no limit on multi-card sites.
3. I ask that you reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients. Please remove the one caregiver to-one/ten patient limit currently in place

I do appreciate your consideration so that myself and other medical cannabis patients can continue receiving access to our medication.

Aloha,

Nikki C., medical cannabis patient

HB-2443-SD-1

Submitted on: 3/26/2024 1:39:51 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

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

Comments:

Hi, my name is Kevin Martin and I'm a 33 year construction project manager living here on Oahu. Prior to living in Oahu, I spent 3.5 years in the US army as a Cavalry Scout. More specifically, I served 11 months in Kandahar, Afghanistan where I was I wounded in action after the vehicle I was in was struck by an improvised explosive device (IED).

Going to war at twenty years old was not easy, however, I never imagined that the most difficult part about going to war and experiencing combat would be returning home. After I got out of the Army, there was a brief moneymoon phase. Even so, after the honey moon phase faded, I found myself in need of serious help.

I spent years trying to find meaningful solutions to my rapidly deteriorating mental health condition with no avail, until I began using medical cannabis. After years of struggling with PTSD, depression, and suicidal ideations, I finally found relief from cannabis. What's more, is that Cannabis at the dispensaries on island is poor quality and overpriced. At Care Waiialua, I get quality, affordable medicine, that is locally owned, and provides a safe community for me and others like myself. Do the right thing, tell your corporate dispensary donors to take a hike, and give the power back to the people.

HB-2443-SD-1

Submitted on: 3/26/2024 3:28:23 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Alexander Harper	Individual	Comments	Written Testimony Only

Comments:

You have DEA agents working at your dispensaries, so should we give them the excluave right to pedal weed? Yea, and be gangsters, cuz that's what is all about. Selling out your countrymen to support traitors... WTF is going on between your ears?

LEGALIZE IT, not so you can pretend to be cool, but to stop the violence they started...

HB-2443-SD-1

Submitted on: 3/26/2024 3:33:04 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Donna Brooks	Individual	Oppose	Written Testimony Only

Comments:

HB2443 HD2 (oppose)

Aloha Legislators. Below are our recommendations for this bill with notes for each amendment. Mahalo

Sunshine Date:

We ask the legislature, at a minimum, to extend the sunshine date on this bill from Dec. 2024 to Dec.2030.

Multi-card site limits:

We also believe there should be no limit on multi-card sites. Limit of five cards per site.

Caregiver Law:

We ask that you reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients. Please remove the one caregiver to-one patient limit currently in place.

Sunshine Date notes.

We have worked with the legislature numerous times, with success, in extending the sunshine date to allow DOH time to develop regulations. DOH has been approving multi-card properties since January 1, 2015. Almost nine years later, DOH has not attempted to provide any rules regarding multi-card properties. DOH has continuously approved 329 cards on multi-site properties, with up to 1500 cards approved on one at any given time at one multi-card property. Care Waialua has been operating for over five years and has not received any noncompliance citations from DOH. Care Waialua has also not received complaints from qualifying patients regarding “unsafe medicine.” We assist in thoroughly testing qualifying patients' medicine. We would not be arguing this bill now if DOH had done its job. Please don't limit multi-card sites. We have provided the DOH site visits and anecdotal data to develop multi-card site regulations. We have been transparent, and we have been ignored.

Multi-card site limits Notes:

Dispensaries, DOH, and the Attorney general will have you believe that these sites are unregulated and may be providing cannabis to the illicit market. If these folks are going to make such claims, don't you feel that they should at least provide data that supports these claims? Please remember that every cardholder at a multi-card site is registered with the DOH, and each member relies on their rights to grow medicine. These multi-card sites are easy to regulate and are professional with databases, security, and cannabis testing.

Caregiver Law Notes,

We also believe that it is a fundamental right to have people who are disabled, elderly, or too sick to grow to have a caregiver take care of their plants and provide them with medicine. We ask that you reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients. The job of the caregiver is to get the qualifying patient cannabis. DOH believes that if you enable a caregiver to care for more than one qualifying patient, the patient receives inadequate care. Once again, DOH has provided no data at all. On the contrary, many registered nurses in the field have seen firsthand how a caregiver can care for many qualifying patients.

DOH is also currently interpreting the caregiver act using unreasonable, arbitrary guidelines. For example, no other person may touch, water, or look at another patient plant at a multi-site location. This is out of touch, lacks any data, and is unreasonable. Many multi-card grow sites provide functions such as automated watering for patients, allowing them not always to be on-site. Is this breaking the law and having patients perceived as criminals?

In conclusion,

Farming is a fundamental human right, precisely what multi-card sites provide to patients. The opportunity to farm your cannabis or vegetables is at risk right now. There is plenty of testimony from dispensaries to show they are fearmongering and want to shut down multi-card sites because of loss of revenue. The DOH has failed to work on any regulation since they were handed the cannabis program in 2016. Instead, they continue to testify that they are only supporting dispensaries with the notion that all medical cannabis patients will go to dispensaries. This is false, and the data shows that over 60% of patients have been to a dispensary once and have not returned due to inferior products and cost. Dispensaries will tell you they have met the demand for the medical market and now charge less than the illicit market. This is false, and one menu is posted in Figure 1. They have limited flowers under \$200, only one strain, and most strain costs are \$250 to \$505 an oz. The unregulated market for Grade A (tested) indoor cannabis is \$250. Their best product does not compete with these prices.

Thank you!

HB-2443-SD-1

Submitted on: 3/26/2024 3:34:21 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Lorraine Martinez	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill! I need my medicine from my farm!

HB-2443-SD-1

Submitted on: 3/26/2024 3:42:40 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Koree Bruce	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill

Cannabis 2443

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!

If a group of people want to get together and grow a larger area, because it would be cheaper for them to share resources shen that too should be allowed.

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-2443-SD-1

Submitted on: 3/26/2024 4:58:09 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

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

Comments:

“It would be wryly interesting if in human history the cultivation of marijuana led generally to the invention of agriculture, and thereby to civilization.”

— [Carl Sagan](#)

Dear chairs, vice chairs and members,

I am writing to address an important aspect of the proposed legislation.

While I understand the intention behind the bill, which aims to regulate cannabis cultivation by patients and encourage reliance on local dispensaries, it's essential to consider its potential impact on public health. Despite efforts to limit access, patients will likely continue growing cannabis individually and collectively. Implementing restrictive laws may inadvertently harm our most vulnerable populations.

Having dedicated the past 8 years to caring for medical cannabis patients in our state, I've witnessed firsthand the profound impact they've had on me and my practice. One aspect unique to Hawaii is the prevalence of collective growing practices, particularly among Polynesians who cultivate not only cannabis but also food for their communities. This collaborative approach, exemplifying 'laulima,' significantly reduces individual burdens and expenses.

While I agree with the need to regulate grow sites in residential areas, I propose a different approach for rural or agriculturally zoned land. Instead of restricting the number of patients per caregiver, consider setting limits based on the size of the grow site—say, 5,000 or 10,000 square feet. Additionally, caregivers should be permitted to cultivate cannabis for multiple patients, and their role should be recognized permanently, without sunset clauses, due to their invaluable contributions to our community.

In summary:

- Limit the number of cannabis cards per caregiver only in residential neighborhoods.
- **Allow caregivers to grow for multiple patients.**
- Reevaluate restrictions on agricultural land to accommodate more than five patients.

Thank you for considering these suggestions.

Sincerely,

Fuimaono-Poe FNP-BC

Marlin Ouverson
44-127 Bayview Haven Place
Kāneʻohe HI 96744

26 Malaki 2024

HB2443 HD2 (oppose)

Aloha mai e ke Legislator(s),

As a person with a cancer diagnosis, this bill concerns me. May I share a few specifics without disclosing too many personal details? If you wish to follow up, of course, I will be happy to speak with you.

Short of that, I can assure you here that my concerns are real, specific, and of immediate importance.

Sunshine Date

For patients actively undergoing related treatment/therapy, December 2024 is so near we can feel it breathing down our necks!

Upon inquiring, I learned that — for some patients' medications — Care Waialua Farms is the sole source in the state. To develop a replacement source or to move the manufacture of that medicine(s) into existing retail channels (e.g., dispensaries) would take time some patients do not wish to gamble when a solution of known quality and reliability already exists.

Additionally, consolidating growth and production into retail channels reduces competitiveness and I expect the cost of equivalent meds would rise considerably, as a result.

To reiterate: we have a working system serving dependent patients with no equivalent replacement. *We ask that the legislature extend the sunshine date on this bill to December 2030 or further out, please.*

Multi-card site limits

Honestly, *there should be no limit on multi-card sites.* Reasons for this include:

- Presuming there is/will be misuse by bad actors deprives patients because of a perceived problem that does not exist to any significant degree.
- Growing health, effective sources of medication should not be restricted to home gardeners of unknown skill, with growing conditions of unknown quality.
- Additionally, patients and an unknown number of caregivers cannot be expected to individually develop the expertise required to process and package medications of various forms. *This is clearly unreasonable for some formats and may even pose dangers.* It might also be more vulnerable to abuses in the system.
- Denying patients the expertise and setup of existing operations — such as (a) a reliable supply of medicines in the format(s) their therapy dictates, and (b) the kind of production efficiency that lowers costs — of seems to be an attempt to solve a problem that doesn't exist at a scale to warrant it.

Multi-card grow sites are well regulated, easily monitored, efficient, and reliable. The sites are registered, the patients are documented. Lacking substantive evidence of significant wrongdoing or misuse, it is not knee-jerk cynicism to observe this proposed legislation seems like an attempt to solve a problem that just doesn't exist — perhaps even to direct any related finance to pockets in the retail sector instead of the public-service one(s) we have.

Caregiver Law

For similar reasons, *please reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients.* I understand this will require removing the one-patient-per-caregiver limit.

Remembering that *we are dealing with health and medication in these particular considerations*, not recreation or hobbies, we should not pass legislation that, essentially, *forces the production of medication into more people's hands* and, in many cases, less-expert ones.

That is simply not good practice. Placing the burden on the shoulders of patients in variable or declining states of health does not make sense. Forcing one-patient-per-caregiver is akin to requiring a nurse or a pharmacist to treat only one patient — untenable.

Final Thought

I believe preserving the wellbeing of patients is a better priority than protecting retail channels or defending against hypothetical misuses that can be managed without penalizing patients... if misuses exist to any degree.

I assure you not all effective related medications are available at dispensaries. Informal, back-of-envelope estimates — what dispensary prices would be if the dosages and formats were available there — yielded unmanageable, stratospheric prices compared to today's working solutions.

I fear that, in an unknown number of medical cases, patients will suffer worse outcomes as a result of losing current sources or, alternatively, be forced to move to some mainland community where it can be obtained with the blessing of lawmakers and physicians alike.

Mahalo nui — your kind attention is appreciated and is very important to us.

Marlin Ouverson

www.ExternalDesign.com

www.H2Oiq.org

HB-2443-SD-1

Submitted on: 3/26/2024 6:15:59 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Pi'iali'i Lawson	Individual	Oppose	Written Testimony Only

Comments:

Aloha Legislators,

I am submitting testimony in opposition of this bill as a medical cannabis patient, one who grows at a co-op farm and as a holistic healer who values and understands the importance of having local, sustainable farming options that are community based and is in touch with the needs of the community that provides quality and affordable medical cannabis for its patients and values each patient not just as a patient but a member of a community that believes in the sacredness and powerful healing cannabis has to offer.

Below are recommendations for this bill with notes for each amendment. Mahalo

Sunshine Date:

We ask the legislature, at a minimum, to extend the sunshine date on this bill from ~~Dec. 2024~~ to Dec.2030.

Multi-card site limits:

We also believe there should be no limit on multi-card sites. ~~Limit of five cards per site.~~

Caregiver Law:

We ask that you reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients. Please remove the one caregiver to-one patient limit currently in place.

In conclusion,

Farming is a fundamental human right, precisely what multi-card sites provide to patients. The opportunity to farm your cannabis or vegetables is at risk right now. There is plenty of testimony from dispensaries to show they are fearmongering and want to shut down multi-card sites because of loss of revenue. The DOH has failed to work on any regulation since they were handed the cannabis program in 2016. Instead, they continue to testify that they are only supporting dispensaries with the notion that all medical cannabis patients will go to

dispensaries. This is false, and the data shows that over 60% of patients have been to a dispensary once and have not returned due to inferior products and cost. Dispensaries will tell you they have met the demand for the medical market and now charge less than the illicit market. This is false, and one menu is posted in Figure 1. They have limited flowers under \$200, only one strain, and most strain costs are \$250 to \$505 an oz. The unregulated market for Grade A (tested) indoor cannabis is \$250. Their best product does not compete with these prices.

Aloha, Pi'iali'i

HB-2443-SD-1

Submitted on: 3/26/2024 6:34:00 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

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

Comments:

Oppose

HB-2443-SD-1

Submitted on: 3/26/2024 7:01:16 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Emily Gale Moore	Individual	Oppose	Written Testimony Only

Comments:

I am opposing this bill. It would be so sad to be forced to only support the corporate dispensaries and lose the ability to purchase quality medicine at affordable prices from local growers. (Which requires community gardens and multiple cards at one grow site) My husband has depended on medical cannabis for many years to control his pain. Each time a state allows recreational marijuana, and turns the market over to big business dispensaries, the consequences for medical patients are quite unfortunate. Let's use the aina in Hawaii to help patients! Not ship products in from some California packaging plant!!!!

Please carefully consider the support of local growers! Mahalo.

HB-2443-SD-1

Submitted on: 3/26/2024 7:27:19 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Betty L. Bodlak	Individual	Oppose	Written Testimony Only

Comments:

Extend the date to December 2030

This is a good site especially for elders like my husband who has benefitted from having the dispensary near home because he is a polio survivor whose pain is well controlled by cannabis versus other drugs, such as opioids which are addictive. Our dispensary has had no legal issues and only card holders are permitted to purchase products there.

HB-2443-SD-1

Submitted on: 3/26/2024 7:48:01 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
parsha l oliva	Individual	Oppose	Written Testimony Only

Comments:

HB2443 HD2 (oppose)

Aloha Legislators. Below are our recommendations for this bill with notes for each amendment. Mahalo

Sunshine Date:

We ask the legislature, at a minimum, to extend the sunshine date on this bill from Dec. 2024 to Dec.2030.

Multi-card site limits:

We also believe there should be no limit on multi-card sites. Limit of five cards per site.

Caregiver Law:

We ask that you reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients. Please remove the one caregiver to-one patient limit currently in place.

Sunshine Date notes.

We have worked with the legislature numerous times, with success, in extending the sunshine date to allow DOH time to develop regulations. DOH has been approving multi-card properties since January 1, 2015. Almost nine years later, DOH has not attempted to provide any rules regarding multi-card properties. DOH has continuously approved 329 cards on multi-site properties, with up to 1500 cards approved on one at any given time at one multi-card property. Care Waialua has been operating for over five years and has not received any noncompliance citations from DOH. Care Waialua has also not received complaints from qualifying patients regarding “unsafe medicine.” We assist in thoroughly testing qualifying patients' medicine. We would not be arguing this bill now if DOH had done its job. Please don't limit multi-card sites. We have provided the DOH site visits and anecdotal data to develop multi-card site regulations. We have been transparent, and we have been ignored.

Multi-card site limits Notes:

Dispensaries, DOH, and the Attorney general will have you believe that these sites are unregulated and may be providing cannabis to the illicit market. If these folks are going to make such claims, don't you feel that they should at least provide data that supports these claims? Please remember that every cardholder at a multi-card site is registered with the DOH, and each member relies on their rights to grow medicine. These multi-card sites are easy to regulate and are professional with databases, security, and cannabis testing.

Caregiver Law Notes,

We also believe that it is a fundamental right to have people who are disabled, elderly, or too sick to grow to have a caregiver take care of their plants and provide them with medicine. We ask that you reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients. The job of the caregiver is to get the qualifying patient cannabis. DOH believes that if you enable a caregiver to care for more than one qualifying patient, the patient receives inadequate care. Once again, DOH has provided no data at all. On the contrary, many registered nurses in the field have seen firsthand how a caregiver can care for many qualifying patients.

DOH is also currently interpreting the caregiver act using unreasonable, arbitrary guidelines. For example, no other person may touch, water, or look at another patient plant at a multi-site location. This is out of touch, lacks any data, and is unreasonable. Many multi-card grow sites provide functions such as automated watering for patients, allowing them not always to be on-site. Is this breaking the law and having patients perceived as criminals?

In conclusion,

Farming is a fundamental human right, precisely what multi-card sites provide to patients. The opportunity to farm your cannabis or vegetables is at risk right now. There is plenty of testimony from dispensaries to show they are fearmongering and want to shut down multi-card sites because of loss of revenue. The DOH has failed to work on any regulation since they were handed the cannabis program in 2016. Instead, they continue to testify that they are only supporting dispensaries with the notion that all medical cannabis patients will go to dispensaries. This is false, and the data shows that over 60% of patients have been to a dispensary once and have not returned due to inferior products and cost. Dispensaries will tell you they have met the demand for the medical market and now charge less than the illicit market. This is false, and one menu is posted in Figure 1. They have limited flowers under \$200, only one strain, and most strain costs are \$250 to \$505 an oz. The unregulated market for Grade A (tested) indoor cannabis is \$250. Their best product does not compete with these prices.

Aloha,

Parsha Oliva

HB-2443-SD-1

Submitted on: 3/26/2024 9:00:04 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Frank Lopez	Individual	Oppose	Written Testimony Only

Comments:



HB2443 HD2 (oppose)

Aloha Legislators. Below are our recommendations for this bill with notes for each amendment. Mahalo

Sunshine Date:

We ask the legislature, at a minimum, to extend the sunshine date on this bill from ~~Dec. 2024~~ to Dec. 2030.

Multi-card site limits:

We also believe there should be no limit on multi-card sites. ~~Limit of five cards per site.~~

Caregiver Law:

We ask that you reinstate the caregiver law and allow a caregiver to care for unlimited qualifying

patients. Please remove the one caregiver to-one patient limit currently in place.

Sunshine Date notes.

We have worked with the legislature numerous times, with success, in extending the sunshine date to allow DOH time to develop regulations. DOH has been approving multi-card properties since January 1, 2015. Almost nine years later, DOH has not attempted to provide any rules regarding multi-card properties. DOH has continuously approved 329 cards on multi-site properties, with up to 1500 cards approved on one at any given time at one multi-card property. Care Waialua has been operating for over five years and has not received any noncompliance citations from DOH. Care Waialua has also not received complaints from qualifying patients regarding “unsafe medicine.” We assist in thoroughly testing qualifying patients' medicine. We would not be arguing this bill now if DOH had done its job. Please don't limit multi-card sites. We have provided the DOH site visits and anecdotal data to develop multi-card site regulations. We have been transparent, and we have been ignored.

Multi-card site limits Notes:

Dispensaries, DOH, and the Attorney general will have you believe that these sites are unregulated and may be providing cannabis to the illicit market. If these folks are going to make such claims, don't you feel that they should at least provide data that supports these claims? Please remember that every cardholder at a multi-card site is registered with the DOH, and each member relies on their rights to grow medicine. These multi-card sites are easy to regulate and are professional with databases, security, and cannabis testing.

Caregiver Law Notes,

We also believe that it is a fundamental right to have people who are disabled, elderly, or too sick to grow to have a caregiver take care of their plants and provide them with medicine. We ask that you reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients. The job of the caregiver is to get the qualifying patient cannabis. DOH believes that if you enable a caregiver to care for more than one qualifying patient, the patient receives inadequate care. Once again, DOH has provided no data at all. On the contrary, many registered nurses in the field have seen firsthand how a caregiver can care for many qualifying patients.

DOH is also currently interpreting the caregiver act using unreasonable, arbitrary guidelines. For example, no other person may touch, water, or look at another patient plant at a multi-site location. This is out of touch, lacks any data, and is unreasonable. Many multi-card grow sites provide functions such as automated watering for patients, allowing them not always to be on-site. Is this breaking the law and having patients perceived as criminals?

In conclusion,

Farming is a fundamental human right, precisely what multi-card sites provide to patients. The

opportunity to farm your cannabis or vegetables is at risk right now. There is plenty of testimony from dispensaries to show they are fearmongering and want to shut down multi-card sites because of loss of revenue. The DOH has failed to work on any regulation since they were handed the cannabis program in 2016. Instead, they continue to testify that they are only supporting dispensaries with the notion that all medical cannabis patients will go to dispensaries. This is false, and the data shows that over 60% of patients have been to a dispensary once and have not returned due to inferior products and cost. Dispensaries will tell you they have met the demand for the medical market and now charge less than the illicit market. This is false, and one menu is posted in Figure 1. They have limited flowers under \$200, only one strain, and most strain costs are \$250 to \$505 an oz. The unregulated market for Grade A (tested) indoor cannabis is \$250. Their best product does not compete with these prices.

The Honorable Mark M. Nakashima And Karl Roads, Chairs
SENATE COMMITTEE ON WAYS & MEANS
SENATE COMMITTEE ON JUDICIARY

Date: Thursday, March 28, 2024

Time: 09:45 AM

HB2443, HD2, SD1; RELATING TO MEDICAL CANNABIS

TESTIFIER: BRIAN GOLDSTEIN

POSITION: STRONG SUPPORT

I stand in strong support of HB2443, HD2, SD1, which repeals the sunset date of the authorization for primary caregivers to cultivate medical cannabis for qualifying patients while maintaining a limit on patients per grow site.

Grow site limits are important for ensuring patient safety and monitoring compliance with state rules for growing cannabis for medical use to prevent excessive growth and diversion from the medical-use system.

According to the Department of Health's testimony, 96 percent of current registered medical cannabis grow sites have fewer than five patients. Therefore, restricting medical cannabis grow sites to five patients per location, which has been contemplated in the law since 2017, will not impact the vast majority of patients. Limits to unregulated grow sites are necessary to ensure that larger grow sites do not become de facto commercial operations—but without the safeguards of testing and tracking in place to ensure patient safety or compliance with the laws.

Thank you for the opportunity to testify.

HB-2443-SD-1

Submitted on: 3/27/2024 12:31:24 AM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Shawnnell Alonso	Individual	Oppose	Written Testimony Only

Comments:

I do not support this bill.

HB-2443-SD-1

Submitted on: 3/27/2024 7:46:30 AM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
April Bullis	Individual	Oppose	Written Testimony Only

Comments:

Aloha Legislators. Below are our recommendations for this bill with notes for each amendment. Mahalo

Sunshine Date:

We ask the legislature, at a minimum, to extend the sunshine date on this bill from ~~Dec. 2024~~ to Dec.2030.

Multi-card site limits:

We also believe there should be no limit on multi-card sites. ~~Limit of five cards per site.~~

Caregiver Law:

We ask that you reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients. Please remove the one caregiver to-one patient limit currently in place.

Sunshine Date notes.

We have worked with the legislature numerous times, with success, in extending the sunshine date to allow DOH time to develop regulations. DOH has been approving multi-card properties since January 1, 2015. Almost nine years later, DOH has not attempted to provide any rules regarding multi-card properties. DOH has continuously approved 329 cards on multi-site properties, with up to 1500 cards approved on one at any given time at one multi-card property. Care Waialua has been operating for over five years and has not received any noncompliance citations from DOH. Care Waialua has also not received complaints from qualifying patients regarding “unsafe medicine.” We assist in thoroughly testing qualifying patients' medicine. We would not be arguing this bill now if DOH had done its job. Please don't limit multi-card sites. We have provided the DOH site visits and anecdotal data to develop multi-card site regulations. We have been transparent, and we have been ignored.

Multi-card site limits Notes:

Dispensaries, DOH, and the Attorney general will have you believe that these sites are unregulated and may be providing cannabis to the illicit market. If these folks are going to make such claims, don't you feel that they should at least provide data that supports these claims? Please remember that every cardholder at a multi-card site is registered with the DOH, and each member relies on their rights to grow medicine. These multi-card sites are easy to regulate and are professional with databases, security, and cannabis testing.

Caregiver Law Notes,

We also believe that it is a fundamental right to have people who are disabled, elderly, or too sick to grow to have a caregiver take care of their plants and provide them with medicine. We ask that you reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients. The job of the caregiver is to get the qualifying patient cannabis. DOH believes that if you enable a caregiver to care for more than one qualifying patient, the patient receives inadequate care. Once again, DOH has provided no data at all. On the contrary, many registered nurses in the field have seen firsthand how a caregiver can care for many qualifying patients.

DOH is also currently interpreting the caregiver act using unreasonable, arbitrary guidelines. For example, no other person may touch, water, or look at another patient plant at a multi-site location. This is out of touch, lacks any data, and is unreasonable. Many multi-card grow sites provide functions such as automated watering for patients, allowing them not always to be on-site. Is this breaking the law and having patients perceived as criminals?

In conclusion,

Farming is a fundamental human right, precisely what multi-card sites provide to patients. The opportunity to farm your cannabis or vegetables is at risk right now. There is plenty of testimony from dispensaries to show they are fearmongering and want to shut down multi-card sites because of loss of revenue. The DOH has failed to work on any regulation since they were handed the cannabis program in 2016. Instead, they continue to testify that they are only supporting dispensaries with the notion that all medical cannabis patients will go to dispensaries. This is false, and the data shows that over 60% of patients have been to a dispensary once and have not returned due to inferior products and cost. Dispensaries will tell you they have met the demand for the medical market and now charge less than the illicit market. This is false, and one menu is posted in Figure 1. They have limited flowers under \$200, only one strain, and most strain costs are \$250 to \$505 an oz. The unregulated market for Grade A (tested) indoor cannabis is \$250. Their best product does not compete with these prices.

HB-2443-SD-1

Submitted on: 3/27/2024 9:15:21 AM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
GORDON KITAURA	Individual	Oppose	Written Testimony Only

Comments:

I'm 76 yrs old and I am opposed to the bill. I believe that myself and many others like me that use medical marijuana are opposed to this bill. I oppose to any measure that take away access to my medical needs.

HB-2443-SD-1

Submitted on: 3/27/2024 9:53:36 AM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Bryan Nakamura	Individual	Oppose	Written Testimony Only

Comments:

HB 2443 HD2 (oppose)

Aloha, Legislators--Below are our recommendations for this bill with notes for each amendment:

Sunshine Date: We ask the legislature, at a minimum, to extend the sunshine date on this bill to Dec. 2030.

Multi-card site limits: We also believe there should be no limit on multi-card sites.

Caregiver Law: We ask that you reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients. Please remove the one caregiver to-one patient limit currently in place.

Sunshine Date notes: We have worked with the legislature numerous times, with success, in extending the sunshine date to allow DOH time to develop regulations. DOH has been approving multi-card properties since January 1, 2015. Almost nine years later, DOH has not attempted to provide any rules regarding multi-card properties. DOH has continuously approved 329 cards on multi-site properties, with up to 1500 cards approved on one at any given time at one multi-card property. Care Waialua has been operating for over five years and has not received any noncompliance citations from DOH. Care Waialua has also not received complaints from qualifying patients regarding “unsafe medicine.” We assist in thoroughly testing qualifying patients' medicine. We would not be arguing this bill now if DOH had done its job. Please don't limit multi-card sites. We have provided the DOH site visits and anecdotal data to develop multi-card site regulations. We have been transparent, and we have been ignored.

Multi-card site limits notes: Dispensaries, DOH, and the Attorney general will have you believe that these sites are unregulated and may be providing cannabis to the illicit market. If these folks are going to make such claims, don't you feel that they should at least provide data that supports these claims? Please remember that every cardholder at a multi-card site is registered with the DOH, and each member relies on their rights to grow medicine. These multi-card sites are easy to regulate and are professional with databases, security, and cannabis testing.

In conclusion: Farming is a fundamental human right, precisely what multi-card sites provide to patients. The opportunity to farm your cannabis or vegetables is at risk right now. There is

plenty of testimony from dispensaries to show they are fearmongering and want to shut down multi-card sites because of loss of revenue. The DOH has failed to work on any regulation since they were handed the cannabis program in 2016. Instead, they continue to testify that they are only supporting dispensaries with the notion that all medical cannabis patients will go to dispensaries. This is false, and the data shows that over 60% of patients have been to a dispensary once and have not returned due to inferior products and cost. Dispensaries will tell you they have met the demand for the medical market and now charge less than the illicit market. This is false, and one menu is posted in Figure 1. They have limited flowers under \$200, only one strain, and most strain costs are \$250 to \$505 an ounce. The unregulated market for Grade A (tested) indoor cannabis is \$250. Their best product does not compete with these prices.

HB-2443-SD-1

Submitted on: 3/27/2024 10:25:42 AM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Dolores Martinez	Individual	Oppose	Written Testimony Only

Comments:

Sunshine Date:

We ask the legislature, at a minimum, to extend the sunshine date on this bill from ~~Dec. 2024~~ to Dec. 2030.

Multi-card site limits:

We also believe there should be no limit on multi-card sites. ~~Limit of five cards per site.~~

Caregiver Law:

We ask that you reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients. Please remove the one caregiver to-one patient limit currently in place.

Sunshine Date notes.

We have worked with the legislature numerous times, with success, in extending the sunshine date to allow DOH time to develop regulations. DOH has been approving multi-card properties since January 1, 2015. Almost nine years later, DOH has not attempted to provide any rules regarding multi-card properties. DOH has continuously approved 329 cards on multi-site properties, with up to 1500 cards approved on one at any given time at one multi-card property. Care Waialua has been operating for over five years and has not received any noncompliance citations from DOH. Care Waialua has also not received complaints from qualifying patients regarding “unsafe medicine.” We assist in thoroughly testing qualifying patients' medicine. We would not be arguing this bill now if DOH had done its job. Please don't limit multi-card sites. We have provided the DOH site visits and anecdotal data to develop multi-card site regulations. We have been transparent, and we have been ignored.

Multi-card site limits Notes:

Dispensaries, DOH, and the Attorney general will have you believe that these sites are unregulated and may be providing cannabis to the illicit market. If these folks are going to make such claims, don't you feel that they should at least provide data that supports these claims?

Please remember that every cardholder at a multi-card site is registered with the DOH, and each member relies on their rights to grow medicine. These multi-card sites are easy to regulate and are professional with databases, security, and cannabis testing.

Caregiver Law Notes,

We also believe that it is a fundamental right to have people who are disabled, elderly, or too sick to grow to have a caregiver take care of their plants and provide them with medicine. We ask that you reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients. The job of the caregiver is to get the qualifying patient cannabis. DOH believes that if you enable a caregiver to care for more than one qualifying patient, the patient receives inadequate care. Once again, DOH has provided no data at all. On the contrary, many registered nurses in the field have seen firsthand how a caregiver can care for many qualifying patients.

DOH is also currently interpreting the caregiver act using unreasonable, arbitrary guidelines. For example, no other person may touch, water, or look at another patient plant at a multi-site location. This is out of touch, lacks any data, and is unreasonable. Many multi-card grow sites provide functions such as automated watering for patients, allowing them not always to be on-site. Is this breaking the law and having patients perceived as criminals?

In conclusion,

Farming is a fundamental human right, precisely what multi-card sites provide to patients. The opportunity to farm your cannabis or vegetables is at risk right now. There is plenty of testimony from dispensaries to show they are fearmongering and want to shut down multi-card sites because of loss of revenue. The DOH has failed to work on any regulation since they were handed the cannabis program in 2016. Instead, they continue to testify that they are only supporting dispensaries with the notion that all medical cannabis patients will go to dispensaries. This is false, and the data shows that over 60% of patients have been to a dispensary once and have not returned due to inferior products and cost. Dispensaries will tell you they have met the demand for the medical market and now charge less than the illicit market. This is false, and one menu is posted in Figure 1. They have limited flowers under \$200, only one strain, and most strain costs are \$250 to \$505 an oz. The unregulated market for Grade A (tested) indoor cannabis is \$250. Their best product does not compete with these prices. Aloha Dolores Martinez 86 yr old patient!!!

HB-2443-SD-1

Submitted on: 3/27/2024 11:38:32 AM

Testimony for JDC on 3/28/2024 9:45:00 AM

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

Comments:

These bill moving forward will bring no benefits to the people of Hawaii. It is evident that only a small fraction of individuals actually take the time to read and comprehend the contents of these bills, falsely assuming that Hawaii will reap positive outcomes from the cannabis industry. However, it is disheartening to note that the profits generated will predominantly flow into the coffers of foreign dispensaries, utilizing politicians as mere conduits for monetary gain. We can do better legalization.

HB-2443-SD-1

Submitted on: 3/27/2024 12:35:10 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Andre Pulido	Individual	Oppose	Written Testimony Only

Comments:

Oppose the bill! Leave it medical!

no limits on caregiver patients as well as it is hard to find growers if u make it only 5.

HB-2443-SD-1

Submitted on: 3/27/2024 12:40:24 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Kevin Mita	Individual	Oppose	Written Testimony Only

Comments:

As a medical patient this bill would not help me

thank you

kevin mita

HB-2443-SD-1

Submitted on: 3/27/2024 11:48:38 PM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Garrett Kuwada	Individual	Oppose	Written Testimony Only

Comments:

Aloha Legislators. Below are recommendations for this bill with notes for each amendment. Mahalo

Sunshine Date:

We ask the legislature, at a minimum, to extend the sunshine date on this bill from Dec. 2024 to Dec.2030.

Multi-card site limits:

We also believe there should be no limit on multi-card sites. Limit of five cards per site.

Caregiver Law:

We ask that you reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients. Please remove the one caregiver to-one patient limit currently in place.

Sunshine Date notes.

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Multi-card site limits Notes:

Dispensaries, DOH, and the Attorney general will have you believe that these sites are unregulated and may be providing cannabis to the illicit market. If these folks are going to make

such claims, don't you feel that they should at least provide data that supports these claims? Please remember that every cardholder at a multi-card site is registered with the DOH, and each member relies on their rights to grow medicine. These multi-card sites are easy to regulate and are professional with databases, security, and cannabis testing.

Caregiver Law Notes,

We also believe that it is a fundamental right to have people who are disabled, elderly, or too sick to grow to have a caregiver take care of their plants and provide them with medicine. We ask that you reinstate the caregiver law and allow a caregiver to care for unlimited qualifying patients. The job of the caregiver is to get the qualifying patient cannabis. DOH believes that if you enable a caregiver to care for more than one qualifying patient, the patient receives inadequate care. Once again, DOH has provided no data at all. On the contrary, many registered nurses in the field have seen firsthand how a caregiver can care for many qualifying patients.

DOH is also currently interpreting the caregiver act using unreasonable, arbitrary guidelines. For example, no other person may touch, water, or look at another patient plant at a multi-site location. This is out of touch, lacks any data, and is unreasonable. Many multi-card grow sites provide functions such as automated watering for patients, allowing them not always to be on-site. Is this breaking the law and having patients perceived as criminals?

In conclusion,

Farming is a fundamental human right, precisely what multi-card sites provide to patients. The opportunity to farm your cannabis or vegetables is at risk right now. There is plenty of testimony from dispensaries to show they are fearmongering and want to shut down multi-card sites because of loss of revenue. The DOH has failed to work on any regulation since they were handed the cannabis program in 2016. Instead, they continue to testify that they are only supporting dispensaries with the notion that all medical cannabis patients will go to dispensaries. This is false, and the data shows that over 60% of patients have been to a dispensary once and have not returned due to inferior products and cost. Dispensaries will tell you they have met the demand for the medical market and now charge less than the illicit market. This is false, and one menu is posted in Figure 1. They have limited flowers under \$200, only one strain, and most strain costs are \$250 to \$505 an oz. The unregulated market for Grade A (tested) indoor cannabis is \$250. Their best product does not compete with these prices.

Mahalo

Garrett

HB-2443-SD-1

Submitted on: 3/28/2024 9:04:05 AM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Jeremiah J Ryan III	Individual	Oppose	Written Testimony Only

Comments:

This is an Occupation Government.

Your "laws" are FAKE and ILLEGAL.

You don't understand Cannabis.

Because of Proaganda, people will never understand Cannabis until they or someone they LOVE gets sick/old and needs REAL MEDICINE, not harmful pharmaceuticals.

Mahalo nui loa.

Jeremiah J. Ryan III

HB-2443-SD-1

Submitted on: 3/28/2024 9:46:20 AM

Testimony for JDC on 3/28/2024 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Pernille Ottosen	Individual	Oppose	Written Testimony Only

Comments:

Aloha Legislators

We oppose this bill

There should be no limit on multiscard sites. Cultivating high quality medical cannabis requires skill and experience along with time and resources. Limiting multiscard sites makes this more difficult, and this will cause Care Waialua one of the current successful grow sites to be forced to shut down leaving many medical cannabis patients without a trusted source of high quality and affordable medicine.

For the same reason you must also allow a caregiver to care for more than one qualifying patient.

My husband is a cannabis patient. Care Waialua has consistently provided us with high quality affordable medicine for the last several years. Please, do not pass such a restrictive bill that clearly appears to be favoring the cannabis monopoly of the current dispensaries. Please, do not pass a bill that will cause Care Waialua to shut down.

Sincerely,

Pernille Ottosen MD

and Jeremiah Ryan