

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
Honolulu, HI 96801-3378
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**Testimony in SUPPORT of HB1217 HD1
RELATING TO MEDICAL CANNABIS**

REPRESENTATIVE MARK M. NAKASHIMA
HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

Hearing Date: Wed., Feb. 15, 2023

Room Number: 329

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

2 **Department Testimony:** The Department of Health (DOH) appreciates and supports this
3 measure and all of the amendments to section 329-41, HRS, various sections of part IX, chapter
4 329, HRS, and section 328D-2, HRS which strengthens the integrity of the medical cannabis law
5 and provides clear parameters regarding the medical use of cannabis for qualifying patients,
6 primary caregivers, qualifying out-of-state patients, or caregivers of qualifying out-of-state
7 patients.

8 Thank you for the opportunity to testify.

9 **Offered Amendments:** N/A.

HB-1217-HD-1

Submitted on: 2/13/2023 12:20:08 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
TY Cheng	Aloha Green Holdings Inc.	Support	Remotely Via Zoom

Comments:

To: Representative Mark M. Nakashima, Chair

Representative Jackson D. Sayama, Vice-Chair

Members of the Committee on Consumer Protection & Commerce

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

RE: Testimony in SUPPORT with Comments of House Bill (HB) 1217 HD1

RELATING TO MEDICAL CANNABIS.

Prohibits the cultivation, production, manufacture, distribution, possession, or dispensation of medical cannabis except by qualifying patients, qualifying out-of-state patients, their authorized primary caregivers, or medical cannabis dispensaries. Restricts the number of qualifying patients who may use a grow site to five. Prohibits the receipt of cannabis or cannabis products as compensation for acting as a primary caregiver to a qualifying patient. Effective 6/30/3000. (HD1)

Dear Chair, Vice-Chair and Members of the Committee:

Aloha Green Apothecary is a state licensed medical cannabis dispensary licensee operating on Oahu since 2016.

Aloha Green Apothecary SUPPORTS the intent of this bill to allow responsible caregiver cultivation through practical regulation. Patients should always be allowed to grow their own medicine. But when patients rely on others, caregivers should grow plant medicine to a regulated standard in order to protect consumers.

Aloha Green's comment is to amend the addition of the provision "No more than five qualifying patients may use any particular location to cultivate cannabis" to "No more than five qualifying patients may use any particular location unless with prior written exemption issued by the Office of Medical Cannabis Control and Regulation to allow more than five qualifying patients per location".

It is important to provide the Department of Health regulators with reasonable powers and discretion to allow for multiple legitimate patients and caregivers who may be operating at one location. There may be situations where more than five qualifying patients is reasonable and beneficial but only with the discretion of an experienced regulator. Only through thoughtful regulation can we encourage the legacy and illicit markets into the light of the legal and taxed market.

The Department of Health has access to the 329 patient registry and should be given the power to inspect and regulate the number of patients per caregiver to ensure public safety, product safety and patient safety.

Thank you for the opportunity to testify with comments. I am available to answer any questions over Zoom.

HB-1217-HD-1

Submitted on: 2/14/2023 12:45:20 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
william collins	Hawaii Patients Union	Oppose	Written Testimony Only

Comments:

I would like to express my opposing thoughts on HB1217, and explain why this bill is a bad idea for the Hawaii Medical Cannabis program.

Cannabis is plant medicine. It is similar to produce, whereas, there is a limited time that it should be used. As with other farmed produce, it takes a lot of time and attention to cultivate and prepare. Most patients do not have the skill, knowledge, time, or space to grow their own medicine effectively. By allowing others to cultivate for them, patients can be assured that they will have a

steady supply of cannabis. I urge you to consider supporting a higher plant count per patient, and to oppose limiting the number of cards per TMK. Hawaii needs to loosen its grip on the Cannabis Program, not tighten it. Perpetuating the falsehood that Cannabis is dangerous, is ludicrous, and shows how little Lawmakers know about the plant.

Furthermore, it appears that the Hawaii legislature is attempting to cater to dispensaries. It has been clear, to those on the outside of the decision making process, that Hawaii's Medical Cannabis program has been corrupted by the Dispensary involvement. The strangle hold that the legislators have placed on the dispensaries,(vertical business model) has placed undue stress on the dispensaries to recoup their investment by charging high prices, and increased lobbying efforts. Unfortunately, this has created a union of the dispensaries and the legislators. It appears as the legislators are now trying to correct their mistake by limiting a patient's ability to acquire medicine from any other outlet. This union of lawmakers and industry will destroy the Medical Cannabis program's integrity, as well as, comprimising the Legislature's integrity. It makes a case for rampant corruption in the Hawaii Legislature.

I would urge you to reject HB1217, and work toward expanding the Medical Cannabis program to include entities, beyond the dispensaries, to include the greater public. If your concern is truly for the patients, then please act accordingly, and educate yourself more on patient rights, desires, and needs. We patients deserve to have a say in the Process. We cannot afford Lobbyists, nor do we have paid representatives to write legislation and appear at each committee meeting to further our cause.

Thank you



SanHi

GOVERNMENT STRATEGIES

A LIMITED LIABILITY LAW PARTNERSHIP

DATE: February 13, 2023

TO: Representative Mark Nakashima
Chair, House Committee on Consumer Protection and Commerce

FROM: Mihoko Ito

RE: **H.B. 1217, H.D. 1 – Relating to Medical Cannabis**
Hearing Date: Saturday, February 15, 2023 at 2:00 p.m.
Conference Room: 329

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

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

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

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

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

To: omccr@doh.hawaii.gov

02-14-23

Regarding : HB1217 HD1

Stance : Testimony in opposition

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Kai Luke, a representative of Cannabis Society of Hawai'i a diverse group of Community members made up of Native Hawaiians, People of Hawai'i, 329 Patients, Health Care Professionals, Dispensary workers, Previous Dispensary workers, Industry Professionals, Concerned Citizens, and Advocates in Health and Wellness.

We are writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

"Card stacking" is not a threat to our community. It allows patients to utilize the deep and extensive knowledge required to cultivate cannabis while sharing resources to have access to medicine. The vast majority of these group grow sites are families and friends growing together and sharing the heavy burden of cultivating plant medicines. Is this a reason to create laws that will turn these individuals into criminals? Inspections by the DOH should remain voluntary with an opportunity for patients to comply and make changes as necessary. Patients are not criminals and should not have their residences inspected as if they are.

Regarding Section 7B:

No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license.

Many patients create their own cannabis products for many different reasons. Some include cost, allergies, dietary requirements, and product preferences. Criminalizing patients for consuming their medicine in the ways that best alleviate their ailments is wrong and should not be restricted by legislation. This part of the bill should be taken out completely.

Patients need control over the quality and cost of their medicine. We need the DOH to be a resource that can help keep patients safe, not a hostile agency that will criminalize them. Hawaii and our cannabis patients have been subjected to a brutal war on drugs, including Green Harvest, Operation Wipe Out, job loss, incarceration, subsequent criminal records, and continued stigmatization. This legislation will perpetuate these harmful effects.

Please consider a NO vote.

Mahalo,
Kai Luke, Cannabis Society of Hawai'i
cannabissocietyofhawaii@gmail.com



February 15, 2023

Hawai'i 32nd Legislature, House Committee on Consumer Protection and Commerce

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

HB 1217: OPPOSE

Honorable Chairs and Members of the Committee,

The Maine Craft Cannabis Association (MCCA) is pleased to submit comments in strong opposition to HB 1217. We submitted comments during the last Dual Use Task force hearing as well, and many of these policy points are relevant to the content of HB 1217 before you. We urge you to kill this terrible bill.

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

Even from an outsider's perspective, HB 1217 is clearly an attempt by the state's monopolist dispensaries to force Hawaiian patients into their facilities, robbing patients of choice, variety, quality, and ultimately destroying access to medical cannabis for many thousands of Hawaiians. It certainly appears that these business entities have no concern whatsoever for the patients of Hawai'i except to view them as profit centers. This is an abuse of the legislative process and should be rejected by this Legislature.

If the medical program's operators are failing, then it's time to reform regulation to be less onerous and more accessible to all of the hardworking entrepreneurs in Hawai'i. End the monopolies like Maine did, and you will see a blossoming of economic activity, local investment and benefit, and in the quality of medicinal cannabis. Our medical program has been an incredible engine of wellness and economic health in Maine, and it should be in Hawai'i too. Allow more people to participate and compete on fair footing, and you will see. For reference, Maine's medical cannabis market is significantly larger in sales than our Adult Use market because we allow folks to start businesses in medical and heavily restrict their abilities in Adult Use—so Mainers choose medical every time. Even as a tourist state, medical greatly outsells Adult Use cannabis.



Medical patients clearly do not desire to be forced to purchase from the dispensaries. If they did so desire, they would. Please listen to your own citizens over these investors—patients are happily accessing safe, high-quality and effective medicinal cannabis outside of the dispensary system by their own choice. What is wrong with that? That patients are growing medical cannabis for each other's benefit is a beautiful thing, it leads to a wide variety of specialty crops and products being produced that actually address their medical conditions rather than what makes the most economic sense for the dispensary monopolists' industrial production. This is what community looks like, this is what a people-first approach to cannabis looks like.

On the other hand, the policy in this bill is the product of greed, bullying, and scare tactics meant to convince the legislature to guarantee these investors their money. Where are all of the health and public safety emergencies that are arising from patient-to-patient activity? The burden of proof is certainly upon the dispensaries and their only arguments are theoretical fear-mongering that isn't born out in any real-world data. This bill would, on the contrary, make matters much worse as it would lead to higher participation in the legacy informal market that is completely unregulated and out of the light of day, as folks currently accessing their medical cannabis from other patients clearly don't want dispensary products and will look elsewhere, i.e. the informal market. There is nothing resembling good cannabis public policy in this bill—each and every piece of this bill is designed for one goal: dispensary investor revenue.

Support your medical patients' right to make their own choices as informed adults. Support your medical patients' right to choose who legally cultivates and produces their desired product. Support your medical patients' access to affordable medical cannabis. What do you think will happen to pricing when folks are all forced into the dispensaries for legal products? You can expect the dispensaries to continue their price-gouging tactics at the expense of patients who rely on medical cannabis for their well-being. Reject this terrible bill. If the Legislature really wants to address the issue of participation in the legal market, break the dispensary monopolies and allow small farmers to legally grow and serve patients direct-to-consumer, with reasonable safety regulations and sales tax and licensing that allows small businesses to grow and thrive in the light of day—literally, allow for sun-grown cannabis! Further, significantly reduce the fees placed on the monopoly licensees and relax the most burdensome regulations they suffer under so they have a better chance at succeeding themselves. They're obviously struggling to convince Hawaiians to buy their products under their current regulation. Let them thrive as well.

There are many cannabis bills before this Legislature, and so we would like to include our more general comments that we submitted to the Dual Use Task Force as a hopefully useful framework for analyzing the policy decisions before you. We are happy to make ourselves and any other resources available to aid the Legislature in any way we can throughout this process.

Social Equity

- Legislation should focus first on decriminalizing and undoing the harms of unjust criminalization rather than on for-profit commercialization. The urgency lies in criminal justice reform, not profit or tax collections;



- Retaining strong oversight of Executive by the Legislature helps ensure the will of the people remains foremost in consideration (e.g. legislative review of rulemaking, strong ethics oversight, periodic holistic review & reporting);
- We suggest the State offer services and training to the industry where possible and re-invest funds from the program into relevant areas of public interest rather than treat license fee and tax receipts as a ‘slush fund’;
- We strongly suggest avoiding use of law enforcement for civil regulatory issues and avoiding staffing the office of oversight with law enforcement personnel;
- Low barriers to entry are the single greatest tool to promote equitable participation in the market. Market structures that limit participation to highly-capitalized players are guaranteed to fail the state’s goals for equitable cannabis regulation. Affordability for patients is also an equity issue;
- A focus on providing robust, ongoing support to individuals who qualify as SEAs may be a lower-risk and more sustainable model than restricting others to avoid expensive litigation. We believe market restrictions based on limiting the market share of individual participants rather than on participation itself could prove more effective in achieving goals of supporting local participation.

Market Structure

- While creating an entirely new department of oversight may prove a good move, consider carefully what powers it will have and who is hired to enforce this role. A focus on expertise within the fields of agriculture and public health may be more appropriate than a background in law enforcement. We recommend avoiding individuals with conflicts of interest within or adjacent to the industry, and avoiding the awarding of no-bid or monopoly contracts in the guise of RFPs for government services. As the Group states in its findings: *“...Most of the rules applicable to the cannabis market: consumer protection, common law nuisance, county building safety/building codes, AOA covenants, tax compliance, business registration requirements, labor laws, insurance requirements, etc., already exist and do not need to be created sui generis.”*
- All employees and consultants hired by state government should be rigorously vetted for conflicts of interest above and beyond current practices given the high rate of corruption in cannabis policy circles;
- There should be limits on the number of cultivation, retail, manufacturing, or any type of license a single individual/entity or affiliated group of individuals/entities can hold. This is the best way to ensure that access to capital does not automatically distort market share and push small and medium businesses owners out. Preventing cross-holdings is essential for fair market structure for such a nascent industry.
- Focus business enforcement on abusive monopolistic practices and gross violations of public safety rather than on minor business errors and overbearing proscriptive rules, and
- Look to create an oversight and penalty structure equivalent to other industries rather than one rooted in the criminal code;
- Focus on educating and supporting businesses rather than on punishing them unless there are real public health and safety risks - such as dumping of pesticides;
- Keep the regulations for the adult’ use of cannabis entirely independent of the medical use of cannabis program to avoid regulatory capture of the medical program by consumer-



packaged-goods businesses. There can still be a holistic strategy for regulating the programs.

- Avoid using the state to create business models, focus on the bigger picture and keep the tools to pick winners and losers out of the hands of a small group of unelected individuals;
- Prioritize the societal and environmental considerations and implications of regulation before private commercial concerns;
- Keep business overhead and cannabis taxes low. Higher costs of doing business result in less competition and more advantage to the more highly-capitalized - and this ultimately leads to less choice and higher costs for patients;
- We recommend the State not give privileged early access to existing dispensary license holders. That is a guarantee of exclusive financial benefit to a tiny group not just for the early years of the program but well into the future. It could also lead to legal challenge. They already have a big leg up on new entrants to the industry.
- Keeping business regulation simple should expedite policymaking goals of launching a fair and robust market more than creating a special pathway to profits for a select few who can afford to navigate it.

Medical Use

- Explicitly enshrine the ability for Direct-to-Customer (DTC) operations to ensure patient access and choice. We recommend the state not limit these to dispensary license holders as those licenses are inaccessible to anyone but the very wealthy;
- Center patient choice and access by establishing a caregiver structure that removes patient limits and affirms patient choice among caregivers and dispensaries;
- Promote economic participation, better health outcomes from expanded access to medicine, and healthy competition by expanding the caregiver model and not the inaccessible dispensary licenses;
- Tax medical cannabis like healthcare rather than like 'recreational' cannabis;
- Use the State itself for overseeing public health and safety rather than creating mandatory business models for testing of cannabis or surveillance of patients and providers. Focus on things like secret shopping, inspections, and education to ensure product quality and reduce externalities, but ensure there are no market or regulatory barriers to affordably testing product for the benefit of the patient;
- Eliminating the list of qualifying conditions should be done immediately. Research clearly highlights the therapeutic applications and potential of cannabis—remove the stigma of who should be allowed to access this plant medicine;
- Provide access for visiting patients with valid identification. Patients visiting or doing business in Hawaii should continue to have access to treat the condition that they and their medical provider determined would most benefit from use of cannabis without having to resort to the illicit market;
- Consider limiting the cost of patient certifications to ensure economic status doesn't restrict access and/or funding the cost of certifications for groups in need.



Public Health and Safety

Be wary of crafting regulations that create plastic waste in the name of child safety, particularly around packaging. While preventing unsafe access to cannabis by youth should be a priority, parents are able to perform that function without packaging, which is already an environmental disaster in this country. Excessive labeling requirements not required for far more dangerous items in widespread use will also drive enormous packaging waste. In most states, cannabis packaging weighs multiples of the product it carries.

- Cannabis is not an inherently dangerous plant. Social attitudes towards it and particularly its legal treatment are not based on data showing harm, toxicity, or crime. On the contrary, cannabis can have enormous and varied medicinal and therapeutic benefits, and will have even greater potential when allowed to be studied. The criminalization and stigmatization of cannabis cultivation and use was an active commercial strategy employed by industrial interests in this country that found an ally in politicians using messages of racism and xenophobia to advance their own interests. Humans had been safely using cannabis in all its forms for thousands of years medicinally prior to that.
- When collecting and analyzing data, there is so much focus on the 'harms' of cannabis rather than its many potential benefits. Those potential benefits should be fundamental to the mission of any government body tasked with studying or facilitating study, especially with regards to distribution of resources such as public grant money.

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

Sincerely,

Mark Barnett

Policy Director
Maine Craft Cannabis Association



February 14, 2023
Consumer Protection & Commerce

Jason Hanley, Member of the Oahu Cannabis Farms Alliance

OPPOSING HB1217

Honorable Members of the

My name is Jason Hanley, I am an Army veteran, 20-year retired U.S. Fish and Wildlife Biologist working in the Hawaii and Pacific Islands National Wildlife Refuge Complex, and a cannabis advocate for over 1000 medical patients in Hawaii. I am also the owner of Care Waialua, the largest caregiver farm in Hawaii.

My farm, Care Waialua, has been visited by 20 legislative members including Gov. Green, Senators Delacruz, Keohokalole, Kidani, and various representatives. They have all been amazed at the professionalism the farm provides to medical cannabis patients. I have been transparent with my model even to go as far as inviting the Dept of Tax during a task force hearing this summer.

In this bill the DOH would like the authority to take rights away from medical patients who are not only growing their own plants at our site, but “manufacturing” their own products by making edibles and concentrates. This is a fear tactic. The medical cannabis law protects all 329 card patients against this type of harassment from legally growing and making their own medicine.

I would like to bring to your attention the current medical grow site compliance checks that DOH is engaging in. In 2020, DOH staff Michelle Nakata, 20 Narcotics officers, and EPA came on to our property without consent and entered our property without permission. What should have been a simple plant tag search, resulted in Narcotics seizing over 200 small plants which were clearly labeled. When I asked Mrs. Nakata why you are allowing the Narcotics officers to take our plants, she replied she has no control over the officers. **We were provided no report or follow up of this site visit.** This is totally demeaning to a to me and threatens my patients as well. I am a professional and cannot believe the behavior that is taking place by both agencies. In 2021, thirty narcotics agents and two helicopters arrived at our site without any DOH inspector present. After seeking a lawyer, we asked for a search warrant and they left without entry. If you’re going to build a compliance program there needs to be laws for the compliance agencies, not a “wild west” approach with Narcotics agents wearing patches with anti-cannabis symbols like ghostbusters.

Our farm provides growing space for 1000 people who communally take care of the grow. We have a total of 3000 small flowering plants, not the reported 10000 plants that we can grow by

law. If a farm like ours was limited to 5 patients, where would the other 995 patients go that have nowhere to grow. They can't afford dispensaries and can't stand the indoor cannabis flowers the dispensaries provide. Our patients want outdoor cannabis flowers that are free of mold and tailored to their specific needs. We give them that and we also test regularly, the results of which I can provide results to the legislature. Patient farms are far and few due to police harassment and bad policy set forth by the DOH. Patients have nowhere to go and that is why they choose to grow with Care Wailaua and others like us.

Listen to the patients. Put the patients before dispensary profits. It's the right thing to do, and rejecting this bill is how you do that.

HB-1217-HD-1

Submitted on: 2/15/2023 12:04:21 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Derek Shirley	Medical Patients	Oppose	Remotely Via Zoom

Comments:

My name is Derek Shirley, I am a medical cannabis lobbyist living in Maine, and I am here today representing medical patients not just in Hawaii but all over the United States.

Little back ground about myself, I'm a cannabis patient who practices their right to homegrow, a proud cannabis felon for 4 ounces of flower back in 2013. In Maine, I sat on the Maine Cannabis Coalition board a little over 3 years, where we wrote and passed bills in our VLA committees, and later on in senate .. I'm on my towns Zoning Board of Appeals and i lobby in Maine State House and local level to preserve and protect our medical rights as patients and caregivers.

I am against HB 1217. HB 1217, Hb 669 and Hb 375 are all frankly train wrecks of cannabis legislation. I would recommend completely throwing out these bills and actually sit down and listen to the stakeholders and people your cannabis community and people of Hawaii. The patients and frankly the people should have a right to choice when it comes to cannabis, and a lot of these bills are really really discriminatory and destructive. Which you will hear in other testimonies with examples today. Thanks for your time.

im a person, not a party

Derek Shirley

HB-1217-HD-1

Submitted on: 2/14/2023 8:33:02 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Remy Maylott	Individual	Oppose	Remotely Via Zoom

Comments:

Strongly oppose. As a registered 329 patient I do not appreciate bills that attempt to control my rights and access to medicine in order to protect the financial investment of licensed dispensaries. It needs to end.

To: CHAIR MARK NAKASHIMA
VICE-CHAIR SAYAMA
MEMBERS OF THE HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE
CPC

From: ANN CHUNG

Hearing Date: Feb 15, 2023
2:00PM
RM 329

Re: SUPPORT
HB1217 HD1, RELATING TO MEDICAL CANNABIS

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

I am writing **in support of HB1217 HD1**, to strengthen the integrity of the medical cannabis law.

State-legal medical cannabis, and the future of legal cannabis, currently rely on state law as its bedrock with federal policy guidance. As a new industry evolves, state, federal, and international standards align, similar to food, drugs, telecommunications, and automobiles. Success with establishing legal medical cannabis would provide significant economic and social benefits.

Strengthening the medical cannabis law is safe and adds value. Discarding the integrity of the medical cannabis law adds more risk, and cost, and destructs economic and social benefits.

While adult use will be heavily discussed in this 2023 legislative session, most successful adult-use markets used the medical cannabis program as their launching pad, and continuously make improvements. In 2017, Colorado House Bill 17-1220 unanimously passed and became law. Colorado's law:

Places a cap on the number of plants that can be possessed or grown on a residential property at 16 plants unless a local jurisdiction permits possessing or growing more than 16 plants. The criminal penalties for violating the cultivation limit are:

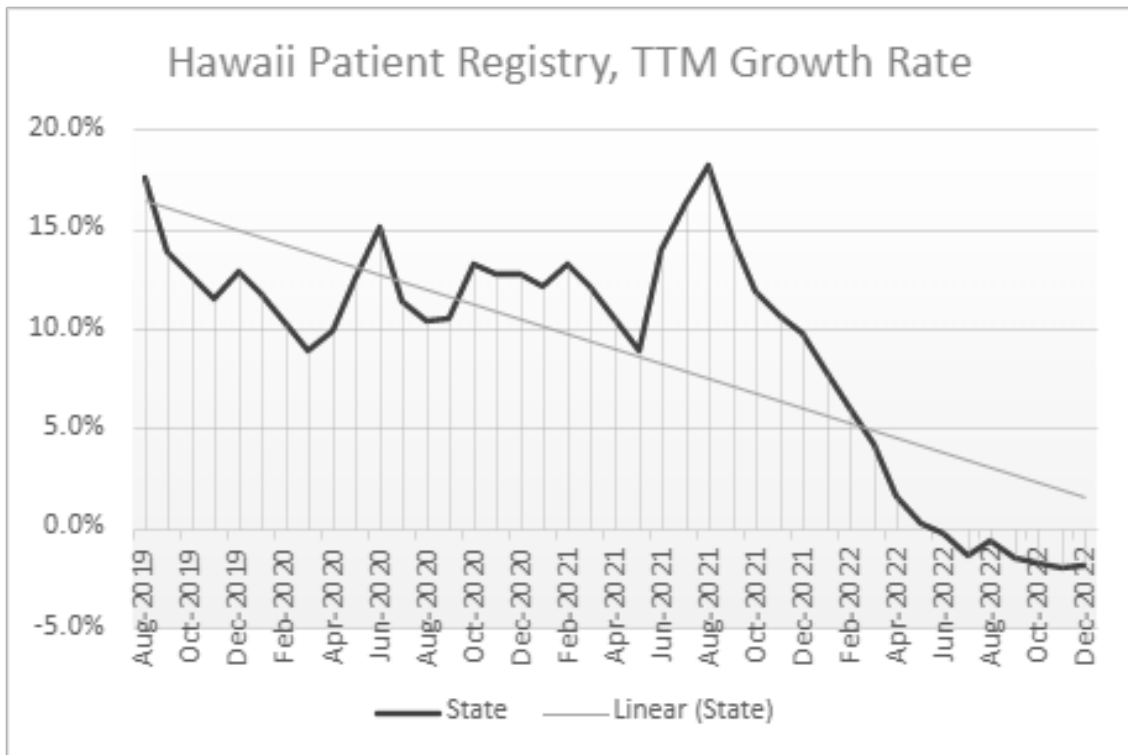
- A level 1 drug petty offense for a first offense if the offense involves more than sixteen plants, punishable by a fine of up to one thousand dollars;
- A level 4 drug felony for a second or subsequent offense if the offense involves more than sixteen but not more than thirty plants; or
- A level 3 drug felony for a second or subsequent offense if the offense involves more than thirty plants.

A medical marijuana patient or primary caregiver who cultivates more than 16 plants must cultivate the plants in compliance with applicable city, county, or city and county law. The bill requires a patient or primary caregiver cultivating medical marijuana to comply with all local laws, regulations, and zoning requirements.

Despite more medical cannabis dispensaries, and expanded product selection including edibles, registered patients are declining; less than half of registered patients utilize a dispensary each month.

Month	Patients	Unique Patient Encounters	Utilization Rate
Dec-2019	27,152	9,638	35.5%
Dec-2020	30,868	12,013	38.9%
Dec-2021	34,125	13,558	39.7%
Dec-2022	33,308	14,443	43.4%

Hawaii DOH MedCan Program Statistics



HB-1217-HD-1

Submitted on: 2/13/2023 4:37:12 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jordan Smith	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

I am writing in strong **opposition** to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Dispensaries set their prices very high and price out some of the exact people that need medical cannabis the most. Do not harm people that wish to grow with a community and seek friendship while dealing with debilitating illnesses.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access.

“Card stacking” is not a threat to our community. It allows patients to utilize the deep and extensive knowledge required to cultivate cannabis while sharing resources to have access to medicine. The vast majority of these group grow sites are families and friends growing together and sharing the heavy burden of cultivating plant medicines. Is this a reason to create laws that will turn these individuals into criminals? Inspections by the DOH should remain voluntary with an opportunity for patients to comply and make changes as necessary. Patients are not criminals and should not have their residences inspected as if they are.

Thank you for the opportunity to testify.

HB-1217-HD-1

Submitted on: 2/13/2023 10:50:48 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Hanna Greenwell	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

As a supporter of Care Waialua and co-ops on the island I do strongly oppose this bill. It's very hard to grow medical cannabis and limiting the amount of licenses per property will only make people's access to medicine that much harder.

I support dispensaries but they're pricing and accessibility is really not what the people of Hawaii want or need. As a medical card holder for many years now I can say the dispensaries are my last option, supporting local farms and building a community is much more important.

I've seen cannabis help so many people from cancer, seizures, PTSD, depression, and the list goes on. Denying these people access to their medicine would be the real crime. I understand the law system around everything can be quite tricky but this medicine needs to stay in the hands of the people.

I'd like to see a hawaii where individuals can own and distribute medical cannabis products to 329 card holders. A place where you don't have to be backed by so many investors, a place where anyone can have a chance. It's already hard enough living in hawaii. Owning a business is a whole other thing. There's no way we could ever compete with dispensaries, but we shouldn't have to. The cannabis community here supports one another and we should be keeping it in our hands. Providing jobs, medicine, and healing for the people of these islands.

I think we need more co-ops, if taxing or money is the problem. We could work with them to find a proper way to tax and still help the community with its needs. Closing down care waialua or anything like it would not only be a loss but it would certainly be a step backward in the future of Hawaii Cannabis.

I know navigating these waters is very difficult I just ask you take into consideration all of the people who's lives have changed from having access to this medicine. Not only that but the impact it would make on them and the community, if they didn't have access to it anymore.

We are a sharing community and I strongly support more co-ops and less dispensaries giving our people the medicine they need. Limiting the licenses is not the way to go, we need a community of people helping one another and growing together.

Mahalo for your time.

HB-1217-HD-1

Submitted on: 2/13/2023 4:50:10 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Adam Scott Wayson	Individual	Oppose	Written Testimony Only

Comments:

My name is Adam Wayson. I live in Mākaha on O'ahu. I am writing in strong opposition to HB1217.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access.

HB-1217-HD-1

Submitted on: 2/13/2023 4:53:00 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

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

Comments:

Considering in any sane universe cannabis would be legal this is just more byzantine bureaucracy

...

HB-1217-HD-1

Submitted on: 2/13/2023 4:48:24 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Safire Rhoades	Individual	Oppose	Written Testimony Only

Comments:

My name is Safire and I am a 27 year old veteran. The fact that this idea has even been proposed is unfathomable. Limiting the amount of patients our local grow sites can support is comparable to a pharmacy being limited to its patient population. The ability for us as patients to grow in our own homes or otherwise is not possible for the majority. Limiting the grow sites is just a disgusting push from those of you in legislation to profit from commercial cannabis companies. NOA and Aloha green aren't in this business for us patients, its just dollars them. Taking away access to local grow sites is taking away medicine from people who really need that support and access. I know I personally cannot afford the medicine at those dispensaries, the quality of there medicine was not helpful to my symptom relief, and they never educated me they just sold to me. I wasn't a patient, I was a patron. Cannabis is medicine and to allow this to pass will have astronomical negative impacts. If you actually care about your population and their health, you'll oppose this bill. Thank you.

HB-1217-HD-1

Submitted on: 2/13/2023 4:58:32 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

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

Comments:

I am against this because I feel that 5 patients is unreasonable. There shouldn't be a limit on how much people in your community you're allowed to help.

thank you

HB-1217-HD-1

Submitted on: 2/13/2023 5:22:45 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Brian Kasai	Individual	Oppose	Written Testimony Only

Comments:

I am 66 and retired. I have seen the governments abuse of power in controlling a natural gift from God. I have been successful in treating and easing my health issues of arthritis, diverticulitis, severe periodontal disease, and esophagus and tongue cancer. I would not be able to enjoy life without its healing properties. Throughout my life I have been misled into taking the drugs offered by the AMA which never healed me and only caused another health issue. No such side effects from cannabis. Throughout my life I have also seen the corrupt nature of government controlling and criminalizing a natural substance meant to heal us. I disagree with any government interference of humanity being freely able to access this natural wonder. I do not support hb1217. Time to give back to the people what is theirs in the first place. Thank you for your consideration.

HB-1217-HD-1

Submitted on: 2/13/2023 5:23:03 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Marlin Ouverson	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

I am semi-retired on windward O'ahu, and am strongly opposed to HB1217. This bill, as I understand it, would limit the number of 329 cards registered to a single growing site to only five.

The reasons for my opposition are personal and specific.

I am under observation for a medical condition for which, I am told, the "treatment" is only to wait. Waiting will reveal whether this condition is static, gets worse slowly, or will require a significant surgery.

With no other recourse on offer, I have undertaken a course of therapy that has been so apparently effective that my surgeon had to double-check to be sure he was remembering the diagnosis correctly. Fingers crossed that this continues!

This treatment would likely cost thousands per month at dispensaries, even if it were available in the required format(s) there. I could not even begin to follow my protocol at dispensary prices!

I'm sure valid philosophical and political reasons exist for opposing a law that, in part, seems to protect retailers over patients and to limit the benefits that can come from economies of scale. But, as I say, my immediate reasons are more personal than that.

Please reject HB1217.

HB-1217-HD-1

Submitted on: 2/13/2023 5:25:41 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Leilani Broyard-Amani	Individual	Oppose	Written Testimony Only

Comments:

My name is Leilani and I live in Waianae, Hawaii. I am writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

"Card stacking" is not a threat to our community. It allows patients to utilize the deep and extensive knowledge required to cultivate cannabis while sharing resources to have access to medicine. The vast majority of these group grow sites are families and friends growing together and sharing the heavy burden of cultivating plant medicines. Is this a reason to create laws that will turn these individuals into criminals? Inspections by the DOH should remain voluntary with an opportunity for patients to comply and make changes as necessary. Patients are not criminals and should not have their residences inspected as if they are.

Regarding Section 7B:

No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license.

Many patients create their own cannabis products for many different reasons. Some include cost, allergies, dietary requirements, and product preferences. Criminalizing patients for consuming their medicine in the ways that best alleviate their ailments is wrong and should not be restricted by legislation. This part of the bill should be taken out completely.

Patients need control over the quality and cost of their medicine. We need the DOH to be a resource that can help keep patients safe, not a hostile agency that will criminalize them. Hawaii and our cannabis patients have been subjected to a brutal war on drugs, including Green Harvest, Operation Wipe

Out, job loss, incarceration, subsequent criminal records, and continued stigmatization. This legislation will perpetuate these harmful effects. Please consider a no vote.

Mahalo,

Leilani

HB-1217-HD-1

Submitted on: 2/13/2023 5:48:41 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lori Ofagalilo	Individual	Oppose	Written Testimony Only

Comments:

Talofa Chair, Vice Chair, and Members of the Committee,

My name is Lori Ofagalilo and I live in Honolulu, Oahu. I am writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

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Faafetai tele lava for your time,

Lori Ofagalilo

HB-1217-HD-1

Submitted on: 2/13/2023 5:50:55 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
toma barrett	Individual	Oppose	Written Testimony Only

Comments:

Stop making it harder for cardholders. Not everyone can afford to buy from dispensaries which are SO expensive and its not easy to grow your own

HB-1217-HD-1

Submitted on: 2/13/2023 5:59:50 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
kristy titcomb	Individual	Oppose	Written Testimony Only

Comments:

My name is Kristy Titcomb. I live in Waianae, HI. I am writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

HB-1217-HD-1

Submitted on: 2/13/2023 6:21:15 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Karen Doolittle	Individual	Oppose	Written Testimony Only

Comments:

Completely Oppose this bill. Cannabis should be free and legal for everyone ! It has health benefits, and corporations and chemicals should be kept out, not welcomed in. please do not pass this bill. Many States have completely legalized the growth and permitting for personal use. Everyone should have free access to this plant medicine. No one should be going to jail for having small amount of plants and supply. Corporate business should have nothing to do with it.

HB-1217-HD-1

Submitted on: 2/13/2023 6:47:38 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Debralenne Boots	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Debralenne. I live in [Kahalu'u and Oahu. I am writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

Dispensaries are so expensive, and I can't grow plants...try making it more affordable for everyone...or legalize recreational use.

HB-1217-HD-1

Submitted on: 2/13/2023 6:40:31 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rebecca Ching	Individual	Oppose	Written Testimony Only

Comments:

My name is Rebecca Ching and I am submitting testimony in opposition of this bill and search and seizure as well as criminalization is not helpful to our patients. Cannabis is medicine!!! I strongly oppose hb1217.

HB-1217-HD-1

Submitted on: 2/13/2023 6:50:28 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

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

Comments:

I very strongly oppose HB1217 specifically as it pertains to restriction of authorized grow site providers to only 5 cards / patients. Many patients are unable to cultivate for themselves due to lack of skill or secure area to grow their own medicine. By passing this measure, you are blocking affordable and safe access to medicine for patients in need.

HB-1217-HD-1

Submitted on: 2/13/2023 7:49:44 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Fernanda Santos	Individual	Oppose	Written Testimony Only

Comments:

My name is Fernanda Medeiros Gomes dos Santos.

I live in Haleiwa, O’ahu, Hawai’i. I am writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

“Card stacking” is not a threat to our community. It allows patients to utilize the deep and extensive knowledge required to cultivate cannabis while sharing resources to have access to medicine. The vast majority of these group grow sites are families and friends growing together and sharing the heavy burden of cultivating plant medicines. Is this a reason to create laws that will turn these individuals into criminals? Inspections by the DOH should remain voluntary with an opportunity for patients to comply and make changes as necessary. Patients are not criminals and should not have their residences inspected as if they are.

Regarding Section 7B:

No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license.

Many patients create their own cannabis products for many different reasons. Some include cost, allergies, dietary requirements, and product preferences. Criminalizing patients for consuming their medicine in the ways that best alleviate their ailments is wrong and should not be restricted by legislation. This part of the bill should be taken out completely.

Patients need control over the quality and cost of their medicine. We need the DOH to be a resource that can help keep patients safe, not a hostile agency that will criminalize them. Hawaii and our cannabis patients have been subjected to a brutal war on drugs, including Green Harvest, Operation Wipe Out, job loss, incarceration, subsequent criminal records, and continued stigmatization. This legislation will perpetuate these harmful effects. Please consider a no vote.

Mahalo,

Fernanda Medeiros Gomes dos Santos

HB-1217-HD-1

Submitted on: 2/13/2023 7:52:13 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lyn Worley	Individual	Oppose	Written Testimony Only

Comments:

Aloha, I'm Lyn Moler

Aloha Chair, Vice Chair, and Members of the Committee,

I live in Waianae- and dispensaries from ME are far and few...

and I am writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health (DOH)the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

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their medicine in the ways that best alleviate their ailments is wrong and should not be restricted by legislation. This part of the bill should be taken out completely.

Patients need control over the quality and cost of their medicine. We need the DOH to be a resource that can help keep patients safe, not a hostile agency that will criminalize them.

THE DOH has REAL drug issues to work through and on, this would burden current employees and/or burden the state by hiring more unnecessary STATE employees.

Hawaii and our cannabis patients have been subjected to a brutal war on drugs, including Green Harvest, Operation Wipe Out, job loss, incarceration, subsequent criminal records, and continued stigmatization. This legislation will perpetuate these harmful effects.

Mahalo for considering a NO VOTE...

LYN

HB-1217-HD-1

Submitted on: 2/13/2023 8:08:22 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

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

Comments:

My name is Alexis. I live in Hawaii Kai on the island of Oahu. I am writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

Growing cannabis is a fundamental right as a human being. I have a garden where I grow my own food and I grow my own medicine. We should be encouraging more people to grow cannabis, teach classes and create education for Hawaii residents. Cannabis is a plant based medicine that grows right along side rosemary, basil, garlic, tumeric and any other herb that was is used as a medicine. Hawaii is a community of the land the aina and our state should encourage its citizens to return to the land by being sustainable. I create all my own cannabis products for my own health and care, i purchase cannabis from the dispensary. We should be sharing knowldge not criminalizing it. It's a hard plant to grow with much time, care and money that has to be invested. Don't take away patients or anyone rights to cultivate their own medicine and share their knowldge.

Card stacking” is not a threat to our community. It allows patients to utilize the deep and extensive knowledge required to cultivate cannabis while sharing resources to have access to medicine. The vast majority of these group grow sites are families and friends growing together and sharing the heavy burden of cultivating plant medicines. Is this a reason to create laws that will turn these individuals into criminals? Inspections by the DOH should remain voluntary with an opportunity for patients to comply and make changes as necessary. Patients are not criminals and should not have their residences inspected as if they are.

Regarding Section 7B:

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Patients need control over the quality and cost of their medicine. We need the DOH to be a resource that can help keep patients safe, not a hostile agency that will criminalize them. Hawaii and our cannabis patients have been subjected to a brutal war on drugs, including Green Harvest, Operation Wipe Out, job loss, incarceration, subsequent criminal records, and continued stigmatization. This legislation will perpetuate these harmful effects. Please consider a no vote.

Mahalo,

Alexis

HB-1217-HD-1

Submitted on: 2/13/2023 8:11:28 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Robert Rider	Individual	Oppose	Written Testimony Only

Comments:

My name is Robert GM Rider. I live in salt lake and Oahu. I am writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

HB-1217-HD-1

Submitted on: 2/13/2023 8:09:44 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

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

Comments:

Patients who can not afford or do not have access are the ones who need cooperatives to provide them with natural organic cheap medicine locally grown .
if the cooperatives are limited to only 5 cards per property many patients will suffer . Please do not put a limit of 5 cards per property.

HB-1217-HD-1

Submitted on: 2/13/2023 8:32:44 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Elizabeth Winternitz	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Elizabeth Winternitz. I am an elder who lives in Kula, Maui, and a 329 card holder. I am writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

“Card stacking” is not a threat to our community. It allows patients to utilize the deep and extensive knowledge required to cultivate cannabis while sharing resources to have access to medicine. The vast majority of these group grow sites are families and friends growing together and sharing the heavy burden of cultivating plant medicines. Is this a reason to create laws that will turn these individuals into criminals? Inspections by the DOH should remain voluntary with an opportunity for patients to comply and make changes as necessary. Patients are not criminals and should not have their residences inspected as if they are.

Regarding Section 7B:

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Patients need control over the quality and cost of their medicine. We need the DOH to be a resource that can help keep patients safe, not a hostile agency that will criminalize them. Hawaii and our cannabis patients have been subjected to a brutal war on drugs, including Green Harvest, Operation Wipe Out, job loss, incarceration, subsequent criminal records, and continued stigmatization. This legislation will perpetuate these harmful effects. Please consider a no vote.

Mahalo,

Elizabeth Winternitz

HB-1217-HD-1

Submitted on: 2/13/2023 8:43:57 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Loretta Black	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill

HB-1217-HD-1

Submitted on: 2/13/2023 8:53:27 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

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

Comments:

Opposed this bill 100%. We deserve the freedom of the use our medicine. Mahalo Leilani Nevarez 329 card holder

HB-1217-HD-1

Submitted on: 2/13/2023 9:00:34 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Aram Dalton Higa-Parker	Individual	Oppose	Written Testimony Only

Comments:

I do not support the passing of HB1217.

HB-1217-HD-1

Submitted on: 2/13/2023 9:22:54 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ali Ghalamfarsa	Individual	Oppose	Written Testimony Only

Comments:

I am 71 years old. I have four grand choilders, all of them born in Hawaii. I have been struggling with the pain and deformatoin in my bones like my mother did until the age of 91, as did all of her seven siblings. She was given many diffeenrt kinds of pharmaceutical drugs unilt it resulted a sever colon cancer which eventually killed her. The only thing that truly helped her to cope with pain and get a good and natural sleep was one or two puffs of marijuana. The cost of buying canibas from dispensaries is exorbitantly expensive for the averegae person. And for that matter, why shold anyone who needs this medicaton pay at all, when all it takes is plantng a few seeds, specailly in Hawaii.

HB-1217-HD-1

Submitted on: 2/13/2023 9:35:41 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Patricia Lynn Mahina-o-Hoku Naehu Silva	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Patricia Lynn Silva. I live Aiea, Oahu. I am writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

[OPTIONAL: Insert personal testimonial here—share a personal story or connection you have to this issue to emphasize how important it is to grow your own cannabis and make your own medicine.]

“Card stacking” is not a threat to our community. It allows patients to utilize the deep and extensive knowledge required to cultivate cannabis while sharing resources to have access to medicine. The vast majority of these group grow sites are families and friends growing together and sharing the heavy burden of cultivating plant medicines. Is this a reason to create laws that will turn these individuals into criminals? Inspections by the DOH should remain voluntary with an opportunity for patients to comply and make changes as necessary. Patients are not criminals and should not have their residences inspected as if they are.

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No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license.

Many patients create their own cannabis products for many different reasons. Some include cost, allergies, dietary requirements, and product preferences. Criminalizing patients for consuming their medicine in the ways that best alleviate their ailments is wrong and should not be restricted by legislation. This part of the bill should be taken out completely.

Patients need control over the quality and cost of their medicine. We need the DOH to be a resource that can help keep patients safe, not a hostile agency that will criminalize them. Hawaii and our cannabis patients have been subjected to a brutal war on drugs, including Green Harvest, Operation Wipe Out, job loss, incarceration, subsequent criminal records, and continued stigmatization. This legislation will perpetuate these harmful effects. Please consider a no vote.

The real issue is... the dispensary cost more than what can be found on the streets... I believe that the purpose of the dispensary was multi faceted yet I don't see it helping the people whom need the cannabis. I grow my own yet I struggle constantly with how to grow as well as where to get the seeds to grow... Why does the dispensary NOT offer the tools of the trade for me to grow my own??? Very frustrating have to pay ridiculous prices to the dispensary... why am I NOT given the tools to be able to grow on my own??? Cause of greed n profit...

Please oppose this bill....

Mahalo,

Patricia Lynn Silva

HB-1217-HD-1

Submitted on: 2/13/2023 10:08:41 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Damon Decker	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Damon. I live in Makiki on Oahu. I am writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

“Card stacking” is not a threat to our community. It allows patients to utilize the deep and extensive knowledge required to cultivate cannabis while sharing resources to have access to medicine. The vast majority of these group grow sites are families and friends growing together and sharing the heavy burden of cultivating plant medicines. Is this a reason to create laws that will turn these individuals into criminals? Inspections by the DOH should remain voluntary with an opportunity for patients to comply and make changes as necessary. Patients are not criminals and should not have their residences inspected as if they are.

Regarding Section 7B:

No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license.

Many patients create their own cannabis products for many different reasons. Some include cost, allergies, dietary requirements, and product preferences. Criminalizing patients for consuming their medicine in the ways that best alleviate their ailments is wrong and should not be restricted by legislation. This part of the bill should be taken out completely.

Patients need control over the quality and cost of their medicine. We need the DOH to be a resource that can help keep patients safe, not a hostile agency that will criminalize them. Hawaii and our cannabis patients have been subjected to a brutal war on drugs, including Green Harvest, Operation Wipe Out, job loss, incarceration, subsequent criminal records, and continued stigmatization. This legislation will perpetuate these harmful effects. Please consider a no vote.

Mahalo,
Damon Decker

HB-1217-HD-1

Submitted on: 2/13/2023 10:19:19 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

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

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Alfred Wehnert. I live in Ala Moana on Oahu. I am writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

I use auto flower with low energy LED lights and grow tents to keep the growing environment enclosed from the rest of my home. This helps me grow my medicine without harmful pesticides or cut with something like fentanyl. This helps me save a lot of money I do not have.

“Card stacking” is not a threat to our community. It allows patients to utilize the deep and extensive knowledge required to cultivate cannabis while sharing resources to have access to medicine. The vast majority of these group grow sites are families and friends growing together and sharing the heavy burden of cultivating plant medicines. Is this a reason to create laws that will turn these individuals into criminals? Inspections by the DOH should remain voluntary with an opportunity for patients to comply and make changes as necessary. Patients are not criminals and should not have their residences inspected as if they are.

Regarding Section 7B:

No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license.

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their medicine in the ways that best alleviate their ailments is wrong and should not be restricted by legislation. This part of the bill should be taken out completely.

Patients need control over the quality and cost of their medicine. We need the DOH to be a resource that can help keep patients safe, not a hostile agency that will criminalize them. Hawaii and our cannabis patients have been subjected to a brutal war on drugs, including Green Harvest, Operation Wipe Out, job loss, incarceration, subsequent criminal records, and continued stigmatization. This legislation will perpetuate these harmful effects. Please consider a no vote.

Mahalo,

Alfred Wehnert

HB-1217-HD-1

Submitted on: 2/13/2023 10:26:21 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Debbie Silk	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB1217 as one of my many thoughts are: how can you get away with passing laws to penalize cannabis caretakers, small farmers and/or growers when there is clearly much "hypocrisy" and may tether on a fine line of all anti-trust laws? (Acres of cannabis growing on LEASED LANDS since that YOU AS WELL AS THE PUBLIC ARE AWARE OF.

I believe the Attorney General should be involved in any and all "BILLS" going forward that ARE clearly attempting to silence any and all small businesses and/or farmers within the State of Hawaii.

Jenner.com a mainland law firm states: "Though cannabis companies may not be recognized as legal enterprises by the federal government, that doesn't mean they are not subject to the federal antitrust laws. Antitrust is an area of the law where a company can quickly find itself in trouble with law enforcement and regulators at both the federal and state level, as well as facing substantial civil liability." - Andrew Bail, Partner - JENNER & BLOCK

The following is part of an article written by the Star Advertiser on February 18, 2018 which is posted below to SHOW as evidence that this State was well aware of cannabis production and did not and HAS NOT performed its due diligence from 1994-present by SUDDENLY looking to pass and impose such drastic measures on any and all cannabis growers/farmers/providers and/or small businesses.

".....Finally, as the occupation generated international attention and tensions grew high, in 1994 Kanahale signed a 55-year lease on undeveloped, state-owned mauka lands for \$3,000 per year, or \$250 per month.

The newly relocated residents hacked away at the overgrown land and today, 24 years later, 80 people live in 20 houses that are powered by Hawaiian Electric Co.

Water comes from the Honolulu Board of Water Supply. The city picks up trash in a communal dumpster. Septic tanks and leach fields take care of human waste. And many of the homes are connected to satellite television dishes.

Pu'uhonua o Waimanalo is now awaiting a shipment of 10 dome houses from Japan; is working to develop more efficient energy systems; is trying to turn hydroponic fish effluent into a

moneymaking business; has its own medical marijuana clinic; and is preparing to launch its own cryptocurrency in Japan called "Aloha Coin." - as quoted by the Star Advertiser

Decriminalize cannabis and tax cannabis as any other commodity, BUT to leave OUT and SHUT DOWN small businesses and farmers by trying to CRIMINALIZE them, but allow dispensaries to have their way is another of your latest incidents of deceptive practices! Example: Holding hearings while the Cannabis Expo and Cannabis Cup were holding their respective events! I remain, Debbie Silk

HB-1217-HD-1

Submitted on: 2/13/2023 10:30:18 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

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

Comments:

At a time when patients rights should be expanded on we should not be eroding rights. Strongly oppose this bill!

HB-1217-HD-1

Submitted on: 2/13/2023 10:38:52 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Frances Tapiz-Andrian	Individual	Oppose	Written Testimony Only

Comments:

Defer Measure at this Time.

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Keith Botelho. I live in Kapolei, on Oahu. I am writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

“Card stacking” is not a threat to our community. It allows patients to utilize the deep and extensive knowledge required to cultivate cannabis while sharing resources to have access to medicine. The vast majority of these group grow sites are families and friends growing together and sharing the heavy burden of cultivating plant medicines. Is this a reason to create laws that will turn these individuals into criminals? Inspections by the DOH should remain voluntary with an opportunity for patients to comply and make changes as necessary. Patients are not criminals and should not have their residences inspected as if they are.

Regarding Section 7B: No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license.

Many patients create their own cannabis products for many different reasons. Some include cost, allergies, dietary requirements, and product preferences. Criminalizing patients for consuming their medicine in the ways that best alleviate their ailments is wrong and should not be restricted by legislation. This part of the bill should be taken out completely.

Patients need control over the quality and cost of their medicine. We need the DOH to be a resource that can help keep patients safe, not a hostile agency that will criminalize them. Hawaii and our cannabis patients have been subjected to a brutal war on drugs, including Green Harvest, Operation Wipe Out, job loss, incarceration, subsequent criminal records, and continued stigmatization. This legislation will perpetuate these harmful effects. Please consider a no vote.

Mahalo,

Keith Botelho

HB-1217-HD-1

Submitted on: 2/14/2023 12:37:10 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Caroline Stancil	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill because you are trying to force people to buy from overpriced low quality dispensaries. The products I've purchased at the dispensaries taste like chemicals and are excessively overpriced for what they are. Trying to ban people from using grow sites is taking away our access to fresh, low cost products. Many of us are unable to grow cannabis due to lack of knowledge or location, and having a grow site gives us the opportunity to access quality flower we can trust. I feel so much safer with a grow site than I do the dispensaries on island. If you take this away, thousands of people will stop buying from dispensaries altogether and end up right where we started, buying off the streets. This could cause people to become ill if they purchase something laced or filled with harmful additives. But even that sounds better than paying the outrageous prices expected at a dispensary. Stop trying to tear down small growers without at least fixing the dispensaries first. We want higher quality product at a reasonable price. More options. Etc. Small growers help our community, and I'd much rather give my money to them

HB-1217-HD-1

Submitted on: 2/14/2023 4:56:14 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ricky Magill	Individual	Oppose	Written Testimony Only

Comments:

I am testifying against this bill because it limits 5 cards per property, criminalizes dispensing any product that's not from a dispensary, and allows DOH to perform search and seizures.

HB-1217-HD-1

Submitted on: 2/14/2023 7:07:32 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Scott Murphy	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Scott Murphy. I live in Ocean View on Hawai'i. I am writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

“Card stacking” is not a threat to our community. It allows patients to utilize the deep and extensive knowledge required to cultivate cannabis while sharing resources to have access to medicine. The vast majority of these group grow sites are families and friends growing together and sharing the heavy burden of cultivating plant medicines. Is this a reason to create laws that will turn these individuals into criminals? Inspections by the DOH should remain voluntary with an opportunity for patients to comply and make changes as necessary. Patients are not criminals and should not have their residences inspected as if they are.

Regarding Section 7B:

No person shall produce, manufacture, or dispense cannabis or manufactured cannabis products without a dispensary license.

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Patients need control over the quality and cost of their medicine. We need the DOH to be a resource that can help keep patients safe, not a hostile agency that will criminalize them. Hawaii and our cannabis patients have been subjected to a brutal war on drugs, including Green Harvest, Operation Wipe Out, job loss, incarceration, subsequent criminal records, and continued stigmatization. This legislation will perpetuate these harmful effects. Please consider a no vote.

Mahalo,

Scott Murphy

HB-1217-HD-1

Submitted on: 2/14/2023 5:39:26 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
HELEN LATHROP	Individual	Oppose	Written Testimony Only

Comments:

This bill is on the wrong side of history. Many states and localities have made both medical and recreational marijuana legal. The need for regulated marijuana grow sites will continue to grow. It is better to include all grow sites and dispensaries as legal. Tax non-medical weed sales and businesses. Remove tax from medical, like all medications.

HB-1217-HD-1

Submitted on: 2/14/2023 8:03:21 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

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

Comments:

As a 329 patient I strongly oppose bill 1217. The current medical program is working well. Access to medicine in remote areas such as Waialua is still limited but in rural/farming communities co-ops are ideal. This bill is written by/for dispensaries to take away our rights so they can make more money. Please do not allow dispensary write laws. Please do not let greed decide our future. Please protect patients not dispensaries.

HB-1217-HD-1

Submitted on: 2/14/2023 8:13:41 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Pat Fondren	Individual	Oppose	Written Testimony Only

Comments:

I strongly appose hb1217.

It is a blatant push from dispensary owners to restrict Hawaii medical patients access to medicine

.
So many kupuna rely on medicine produced by their families and friends , they are on a fixed budget and cannot afford to pay the dispensary \$300-450 for an ounce of flower . These law makers must stop this .

It is obvious that dispensaries have low quality products that actually do more harm to Hawaii than good . They produce cannabis in a horrible inefficient unsustainable way , their employees are uneducated and rude . They are horrible representation of Hawaii culture

HB-1217-HD-1

Submitted on: 2/14/2023 8:22:13 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anthony Means	Individual	Oppose	Written Testimony Only

Comments:

My name is Anthony Means. I live in Makiki, on Oahu. I am writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

“Card stacking” is not a threat to our community. It allows patients to utilize the deep and extensive knowledge required to cultivate cannabis while sharing resources to have access to medicine. The vast majority of these group grow sites are families and friends growing together and sharing the heavy burden of cultivating plant medicines. Is this a reason to create laws that will turn these individuals into criminals? Inspections by the DOH should remain voluntary with an opportunity for patients to comply and make changes as necessary. Patients are not criminals and should not have their residences inspected as if they are.

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Patients need control over the quality and cost of their medicine. We need the DOH to be a resource that can help keep patients safe, not a hostile agency that will criminalize them. Hawaii and our cannabis patients have been subjected to a brutal war on drugs, including Green Harvest, Operation Wipe Out, job loss, incarceration, subsequent criminal records, and continued stigmatization. This legislation will perpetuate these harmful effects. Please consider a no vote

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

I am writing this testimony in **STRONG OPPOSITION** to **HB1217**. This bill seeks to further commercialize our local quasi-monopoly of dispensaries through the help of HICIA and dispensary industry leaders. This bill also aims to kill the many passionate caregiver-patient cooperatives and force many 329 patients to resort to buying directly from a registered dispensary at an inflated price. The passage of this bill would severely limit patient freedom and form an environment that is even more favored toward local dispensaries.

Having attended the Hawaii Cannabis Expo on February 4th, the first time this bill was heard in the HLT committee, I was in shock to see that the only people in attendance to this hearing were Hawaii Cannabis Industry Association representatives and government agencies. Having attended the expo, I established relationships with local caregiver-patient cooperatives that exemplify how a medicinal cannabis industry should **TRULY** function. Many, if not, all these cooperatives serve their patient base with passion, love, and aloha.

As a native Hawaiian, many of these co-operative communities exemplify kuleana to the land and the patients they serve. Many caregiver-patient cooperatives function like an ahupuaa would, local communities providing for each other, showing respect, love, and passion for the plant and the people in the community they provide care for. Many local caregivers harness the power of the Hawaiian sun to grow medicine for their patients, whereas dispensaries are sheltered, indoor, and use excess amounts of energy to create their product.

There is a significant lack of transparency for these dispensaries in comparison to local caregiver-patient cooperatives. These cooperatives function as fully transparent, thoughtful, and caring patient hubs where 329 patients get the medicine that they need at a price they can afford. Given the price of these dispensaries can range at **DOUBLE** or even **TRIPLE** the rate for products that caregivers can grow for patients, it is in 329 patient consumer interests to continue with the caregiver program and NOT kill off these vital caregiver-patient cooperatives.

I must make note that the Hawaii Medicinal Cannabis Statutes (329) have existed for about **thirteen (13) years** whereas these dispensaries have been serving their customer bases for **seven (7) years**. Being it that the medicinal cannabis program and the caregiver statute have existed nearly twice as long as local dispensaries, I believe that the concerns voiced by other testifiers regarding health issues with cannabis from caregivers is a moot point. These dispensaries have already generated the excess of **\$65M (\$65,000,000 USD) of gross revenue** (Calculated using tax revenue per DOH reports 2022). Despite these massive profits and upward shifts in revenue since their debuts in 2016, the dispensaries are still trying to craft legislation that will put more money in the pockets of the venture capitalist funded quasi-monopoly and essentially force many current patients to purchase from their establishments.

Mahalo for the opportunity to testify on this measure.

Maddie Meheula
329 Supporter
Patient Advocate

Maddie Meheula
329 Supporter
Patient Advocate

HB-1217-HD-1

Submitted on: 2/14/2023 8:22:31 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

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

Comments:

Aloha

I strongly OPPOSE HB 1217!! This HB 1217 bill needs to be killed and figure out a better way to help those who need medical cannabis, those who cultivate, those who manufacture, and to help better our communities with promising jobs, protection, and safety. Along with making Hawai'i better.. we want responsible rec! Not all legalization is good legalization. I understand this cannabis has the potential to be a "money" crop. But heading this way isn't gonna be a promising result. Hence, California, Ohio, Washington is burnt out. In the state of Maine, it has a decent turn out. We could utilize Maine as an example on how to go about it then be able to fine tune accordingly to Hawai'is needs. Here is a moment in time where history will be in the making. We can do this cautiously where it wont be overwhelming and in chaos. Please, I beg of you, do not support this bill HB 1217.

Mahalo for your time.

HB-1217-HD-1

Submitted on: 2/14/2023 8:50:29 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
James Stelpstra	Individual	Oppose	Written Testimony Only

Comments:

My name is James Stelpstra. The current card allowance let's us provide care to so many people in need if these politicians do this action against the people of Hawaii. Drastic actions to replace the current politicians will be in action! We are watching

HB-1217-HD-1

Submitted on: 2/14/2023 8:52:41 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sherri Wilmarth	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Sherri Wilmarth. I live in Mililani on Oahu. I am writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

“Card stacking” is not a threat to our community. It allows patients to utilize the deep and extensive knowledge required to cultivate cannabis while sharing resources to have access to medicine. The vast majority of these group grow sites are families and friends growing together and sharing the heavy burden of cultivating plant medicines. Is this a reason to create laws that will turn these individuals into criminals? Inspections by the DOH should remain voluntary with an opportunity for patients to comply and make changes as necessary. Patients are not criminals and should not have their residences inspected as if they are.

Regarding Section 7B:

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Patients need control over the quality and cost of their medicine. We need the DOH to be a resource that can help keep patients safe, not a hostile agency that will criminalize them. Hawaii and our cannabis patients have been subjected to a brutal war on drugs, including Green Harvest, Operation Wipe Out, job loss, incarceration, subsequent criminal records, and continued stigmatization. This legislation will perpetuate these harmful effects. Please consider a no vote.

Mahalo,

Sherri Wilmarth

HB-1217-HD-1

Submitted on: 2/14/2023 8:56:53 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

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

Comments:

I believe medical cannabis farms should not be limited to 5 cards per site considering the amount of people they are currently helping to provide affordable medicine. This is going backwards in the medical cannabis program.

HB-1217-HD-1

Submitted on: 2/14/2023 8:57:20 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

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

Comments:

Please oppose this bill ! Many patients will be disappointed, a vote for this would risk your job and put patients options at a disadvantage, make better bills to include all who want to be involved , please vote no on this bill

HB-1217-HD-1

Submitted on: 2/14/2023 9:27:40 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

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

Comments:

I oppose HB1217 because I feel that it's misleading. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. It fails to mention that just maybe some of the patients have decided medical cannabis isn't right for their needs but assumes they get from the black market or even grey market. I feel this bill treats us as if we are guilty because of our medical choices. This legislation would create regulations that could potentially criminalize most of our local 329 patients. Inspections by the DOH should remain voluntary with an opportunity for patients to comply and make changes as necessary. Please consider a NO. Mahalo,

Mark Tamosiunas

HB-1217-HD-1

Submitted on: 2/14/2023 9:29:47 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
James D Stringfellow	Individual	Oppose	Written Testimony Only

Comments:

My name is James D Stringfellow I live in Pearl City, Oahu. I am writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

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Patients need control over the quality and cost of their medicine. We need the DOH to be a resource that can help keep patients safe, not a hostile agency that will criminalize them. Hawaii and our cannabis patients have been subjected to a brutal war on drugs, including Green Harvest,

Operation Wipe Out, job loss, incarceration, subsequent criminal records, and continued stigmatization. This legislation will perpetuate these harmful effects. Please consider a no vote.

Mahalo,

James D Stringfellow

HB-1217-HD-1

Submitted on: 2/14/2023 9:40:53 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

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

Comments:

Aloha, I'm born and raised on big island of Hawaii and I do not think this bill will be good for any of our local natives. I do understand the bill and I know we can all do better with better data presented to you from the natives and locals that been here for awhile. We do know the dispensaries on big island is a rip off and we do know that our elders that been smoking marijuana are well off into theyre 80's and 90's. Stop dispensaries from using solvents. Aloha and thanks for your time 🙏👍💯.

Aloha Kākou Chair Belatti, Vice Chair Takenouchi, and members of the Committee,

I, Ku'uleikūponookealoha Nāahi'elua, am in strong opposition to Bill HB1217-HD1.

Please oppose this Bill HB1217-HD1. I do not believe it is in the best interest of the patients. Patients should have the right and autonomy to choose their medicinal distributors and cultivators. Dispensaries often cost patients twice the price of legal Care Taker Farms, which reduces access to medicine and creates unnecessary barriers to patient care. Hawai'i is already one of the most expensive states in the nation to live in, and residents struggle on a daily basis. The most vulnerable of patients, many of whom qualify for medical marijuana, should not have to pay exorbitant prices for medicine in the treatment of their condition. Since medical marijuana is not covered by insurance, the burden lies on patients to cover their 329 cards and medicine. In addition, the future of legal cannabis cultivation should include local farmers, not simply be subjected to the dispensary distributors. If we have established that medical marijuana is a legal treatment option and is helping patients, we need to create viable solutions for patients, not more barriers. Please allow patients the right to choose where they can obtain their medicine.

Warmest Mahalo,

Ku'uleikūponookealoha Nāahi'elua
MSN, APRN-Rx, AGNP-C, BC-ADM, PMHNP-BC

HB-1217-HD-1

Submitted on: 2/14/2023 11:01:13 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jacqueline Fitzgerald	Individual	Oppose	Written Testimony Only

Comments:

I am vehemently opposed to HB1217. This will force people to buy from the dispensaries in the probable event that they are unable to find a qualified, clean grower. The closest dispensary to my town is 35 minutes each way. How is a person supposed to afford gas on top of expensive, subpar dispensary medicine. This is not a choice. Furthermore, in a state where multiple generations/families live on one property, this provides for one or more property members to be excluded. Do better.

HB-1217-HD-1

Submitted on: 2/14/2023 11:22:13 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lise Lakalaka	Individual	Oppose	Written Testimony Only

Comments:

Regarding bill HB1217 Relating to Medical Cannabis, I am in strong opposition.

I oppose the limiting of 329 cards on a grow site to 5. As well as allowing the DOH to conduct search and seizures. It seems that we are moving backward as a state and are still criminalizing this plant medicine. Unless it puts money in the pockets of dispensary owners. Firmly oppose.

HB-1217-HD-1

Submitted on: 2/14/2023 11:57:14 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jerome Brynda	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Jerome Brynda. I live in Honolulu, Oahu. I am writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

Patients need control over the quality and cost of their medicine. We need the DOH to be a resource that can help keep patients safe, not a hostile agency that will criminalize them. Hawaii and our cannabis patients have been subjected to a brutal war on drugs, including Green Harvest, Operation Wipe Out, job loss, incarceration, subsequent criminal records, and continued stigmatization. This legislation will perpetuate these harmful effects. Please consider a no vote.

Mahalo, Jerome

HB-1217-HD-1

Submitted on: 2/14/2023 11:24:51 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Marialinda F West	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

My name is MariaLinda West, I live in Waikiki, Oahu. I am writing in strong opposition to HB1217. This bill limits the amount of 329 cards registered to a single site to five, gives the Department of Health the authority to do searches at residences to ensure compliance, and creates a criminal pathway for people who produce, manufacture, or dispense cannabis without a dispensary license.

Although this legislation has good intent, this legislation will affect the people in our community who choose not to go to dispensaries while creating more barriers to access. According to a report from the Hawaii Cannabis Industry Association, only 26% of our newly registered medical patients go to dispensaries. (Gonce, Cheng, Jarvis, Brewbaker, 2022) According to their own data, this means that over 75% of patients are getting cannabis from other sources. This legislation would create regulations that could potentially criminalize most of our local 329 patients.

Mahalo,

MariaLinda West

Aloha Kākou Chair Belatti, Vice Chair Takenouchi, and members of the Committee,

I, Prema Tanaka am in strong opposition to Bill HB1217-HD1.

Please oppose this Bill HB1217-HD1. I do not believe it is in the best interest of the patients. Patients should have the right and autonomy to choose their medicinal distributors and cultivators. Dispensaries often cost patients twice the price of legal Care Taker Farms, which reduce access to medicine and create unnecessary barriers to patient care. Hawai'i is already one of the most expensive states in the nation to live, and residents struggle on a daily basis. The most vulnerable of patients, many of whom qualify for medical marijuana, should not have to pay exorbitant prices for medicine in the treatment of their condition. Since medical marijuana is not a covered cost, the burden lies on patients to cover their 329 cards and medicine. In addition, the future of legal cannabis cultivation should include local farmers, not simply be subjected to the dispensary distributors. If we have established that medical marijuana is legal treatment option and is helping patients, we need to create viable solutions for patients, not more barriers. Please allow patients the right to choose where they can obtain their medicine.

Warmest Mahalo,

Prema Tanaka

HB-1217-HD-1

Submitted on: 2/14/2023 11:49:42 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
David White	Individual	Oppose	Written Testimony Only

Comments: Opposition to HB 1217

To Whom It May Concern

My name is Carol Couchie and I am a Elder Midwife Nishnawbe Kwe (Indigenous Woman) in Ontario Canada. I am a Member of Nipissing First Nation and reside on my home territory on the shores of Lake Nipissing. I come from a Matrilineal line of Midwives in my community that was interrupted by colonialism and the residential school system here in Canada.

My great grandmother was the Midwife in our village. She was able to practice her skills and attend her relatives and greet the newest citizens of our Nation. She was a role model and played a in tragal role in the life of the Nishnawbe people. In Ontario there was a slow progression to Dr only care and Midwives were thought to be redundant and were discouraged from practicing. It was never made completely illegal but as time when on and people were told to go to hospital and children were sent to residential school slowly we saw that the knowledge practice was no longer available.

In 1993 approximately Ontario was one of the first provinces in Canada to regulate Midwives and professionalize them in a formal way. They did so by first consulting with Indigenous people and then writing in an exemption clause for Indigenous communities and Midwives to be able to self-determine their own process and recognition for Midwifery and Midwives. As Indigenous people globally we have always had our own systems of health and healing. We have governed those systems within our communities and have been accountable to the people, our Nations, for that work.

Of the health and healing modalities Midwifery is often overlooked largely due to dominance of the modern medical system that it confronts. However, it is a cornerstone in its importance to the health and well being of our families now and in the future. Pregnant People and newborns are some of the most vulnerable being in our society and they are precious and deserve protection. By restricting Native Hawaiians Midwifery practice to be scrutinized by the very systems that have oppressed and failed them seems to me counterproductive. I urge you all to please look at the legislation in Ontario Canada and see it as a role model. Learn about the work we at National Aboriginal Council of Midwives are doing. Consider the unnecessary road blocks that this legislation has put up for the Native Hawaiian Midwives and the families they look after to give culturally safe care and assure Healthy Mothers and Babies.

Chi Miigwetch / Thank you for your time

Carol Couchie B.H.Sc Indigenous Midwife

HB-1217-HD-1

Submitted on: 2/14/2023 5:20:02 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jackson Emory	Individual	Oppose	Written Testimony Only

Comments:

Hawaii was built upon bartering. People should be able to sell and purchase each others goods how they please. Cannabis isn't the problem anymore. We have so many more issues we need to be delegating our resources to at the moment.

HB-1217-HD-1

Submitted on: 2/14/2023 7:00:09 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Melissa Zogopoulos	Individual	Oppose	Written Testimony Only

Comments:

Oppose, there are multigenerational families living throughout the islands of Hawaii. Especially now with the outrageous inflation costs.

Why a limit??? The need for controlling cannabis is out of control.

HB-1217-HD-1

Submitted on: 2/14/2023 8:36:16 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Joshua Siefman	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose HB1217 as it is a huge step in the wrong direction. Co-op farms and dispensaries can both thrive here and there is no need to limit 5 cards per TMK. Giving the DOH power to do search and seizures is a sort of tyrannical move for lack of better word choice. It will make local farmers and people more scared than anything else. The grassroots and co-op farmers are Not criminals and are just trying to get by and grow conscious clean medicine for people that want more selection and variety versus dispensary medicine. If you truly Understand the way the plant grows, the dynamics of farming this plant, and the dynamics of running a nursery, then you will realize that capping 5 card limit per Grow site will severely hinder many farm operations that aren't breaking any laws to begin with. You need to realize that many plants are necessary to grow medicine and we are just trying to make this work in an over-regulated bubble. The largest representation of local and Hawaiian farmers & families are in the co-op farming communities, not the dispensary and corporations. We should be leading by example and letting the native farmers shine and grow this plant to its full potential. Go out and ask the real farmers and consumers in the community which medicine they prefer. Most everyone knows that corporate, dispensary produced medicine is of lower quality. If you guys say otherwise, then you are disconnected from the reality of what is going on at the local co-op style farming level. Interview any local level co-op farmer, go to their operation and dig, ask questions. You will find that they are extremely particular and conscious when it comes to organic farming methods and inputs to make sure the end product is of the highest and cleanest quality. We want to grow proper medicine but HB1217 is a step backwards. We must honor & respect this plant to its full capacity so we can produce the highest quality medicine possible and this cannot be done if there is a constant fear of being raided & seized. The local farmers must be respectfully allowed to thrive and the dispensaries can still make all their money. We can all thrive here if we stop over regulating and micro managing everything. I hope you guys take a step back try to see this through the eyes of a family farm or small operations farm just trying to grow conscious medicine while following the given laws and get by. I challenge you (if you haven't already) to go out and see these farms for yourself and you will realize that limiting cards or plant count is truly unnecessary and creates a huge burden & stress on the farmer and their operations. We are truly not trying to break the laws by "stacking cards" just trying to make things work while the dispensaries & corporations constantly hold all the power. Aloha and thank you for taking the time to read this

HB-1217-HD-1

Submitted on: 2/14/2023 9:08:44 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

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

Comments:

Chair Belatti, Vice Chair Takenouchi, and Members of the Committee:

I understand the state's interest in increasing the legitimacy of Hawaii's Medical Use of Cannabis Program.

I oppose this bill because it offers no protection or compensation for registered caregivers for the patients they serve.

Thank you for the opportunity to testify on this measure.

HB-1217-HD-1

Submitted on: 2/14/2023 9:10:50 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rusty Tapp	Individual	Oppose	Written Testimony Only

Comments:

Chair Belatti, Vice Chair Takenouchi, and Members of the Committee:

I understand the state's interest in increasing the legitimacy of Hawaii's Medical Use of Cannabis Program.

I oppose this bill because it offers no protection or compensation for registered caregivers for the patients they serve.

Thank you for the opportunity to testify on this measure.

HB-1217-HD-1

Submitted on: 2/14/2023 9:30:35 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

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

Comments:

I strongly oppose this bill. I don't believe anyone has the right to tell someone how much medicine they can grow at any tmk. It's wrong. It's my medicine not yours!!

HB-1217-HD-1

Submitted on: 2/15/2023 1:49:53 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ruth Love	Individual	Oppose	Written Testimony Only

Comments:

Just legalize Marijuana already

Thank you

Mrs Ruth Love

HB-1217-HD-1

Submitted on: 2/14/2023 11:54:43 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
C. Kauai Lucas	Individual	Oppose	Written Testimony Only

Comments:

Chair Nakashima, Vice Chair Sayama, Committee Members,

Hawai'i-grown cannabis is probably as well known as pineapples, and yet we continue to vilify and criminalize farmers who for generations have been growing a plant many find superior to chemical pharmaceuticals, as medicine. Let's be practical. and reverse this regulatory trend.

HB1217 is a step in the wrong direction. Please do not pass.

me ka pono,

Kauai Lucas

HB-1217-HD-1

Submitted on: 2/15/2023 2:33:12 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

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

Comments:

Aloha e State of Hawaii Representatives,

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

PLEASE READ THE FOLLOWING CAREFULLY:

RE: HB1217 and HD1

1. What is the legal reason and justification for limiting the number of qualifying patients on a single location to only five (5)? Access to a secure, discreet, privately owned property on an island is very difficult, especially in dense urban development areas such as nearly all of Oahu and all the residential zoned areas on Kauai, Maui, and Hawaii.

Medical cannabis is farming and if agriculture zoned land is available to provide the space, infrastructure, privacy, remoteness, and cooperative community-based cultivation and shared responsibility of medical self-determination, why would the State of Hawaii make it illegal for more than five (5) qualifying patients from growing, propagating, and flowing their medical plants together? Many hands make light work, and division of labor is a fundamental economic principle of efficiency and minimizing labor costs. Costs that are important to consider when access to affordable medical cannabis in Hawaii is an ethical concern with regards to the not so affordable alternatives (i.e. dispensaries).

Financial and social equity is the essential problem here. The right for a community to grow its own medicine shall not be infringed upon. As long as one (1) qualifying patient is growing no more than ten (10) cannabis plants per their respective medical registration number/card, it should not matter if those plants are grown next to forty (40) other plants, or two-thousand (2,000) other plants. Keep in mind, not all cannabis plants counted will be in the flowering phase. Many of the counted plants will be in other various phases of the growth cycle (cutting, seedling, vegetative state). If not on agriculture zoned land, then where else can Hawaii’s qualifying patients living in residential areas cultivate their medicine? This is not a rhetorical question.

2. Who exactly do the authors of this bill suspect will be growing “medical cannabis” besides “qualifying patients, qualifying out-of-state patients, their authorized primary

caregivers, or medical cannabis dispensaries”? Clearly the authors of this bill are attempting to prevent certain individuals from cultivating medical cannabis. Who is it? This is not a rhetorical question.

3. Who exactly is going to enforce the “misapplication of the medical cannabis” in question?

The Department of Health? The Police? Who is going to fund this extra work to be required from either Department of Health and/or local law enforcement to “conduct onsite inspections to verify a person’s compliance”? Hawaii’s tax paying residents? The dispensaries? This is not a rhetorical question.

4. And who exactly is going to be the authority on executing “searches and seizures”?

The Department of Health? The Police? Who is going to fund this extra work to be required from Department of Health and/or local law enforcement? Hawaii’s tax paying residents? The dispensaries? This is not a rhetorical question.

5. “No person shall mischaracterize or disguise transactions arising out of the production, manufacture, sale, or distribution of cannabis intended for medical use as another type of compensation or expense.” Medical cannabis cultivation (indoor and outdoor) in Hawaii is farming. It requires physical labor, the ability to lift over 50 lbs, stand and sit for long periods of time, and the physical and mental capacity to regularly and consistently keep living plants alive. The expectation that the Department of Health expects medical patients with chronic or terminal illness, or debilitating conditions to successfully cultivate and process their own medicine over the span of 6 to 9 months is both ridiculous and callous. The expectation that these medical patients can afford to just go to the dispensary and pay \$400 to \$500 per ounce of flower is equally ridiculous and callous.

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

The State of Hawaii and the Department of Health have no business micromanaging the private arrangements medical patients and caregivers have regarding covering the expenses of their registered grow site and production of their medicine. Unless this committee can provide a valid legal reason for this amendment, we must conclude that the only motive for prohibiting reimbursement or compensation of medical cannabis cultivation outside of the dispensaries is to discourage and dismantle medical caregivers and growers from the 329 law, thereby leaving no other alternative for medical patients

(who cannot grow their own medicine) but to buy from the dispensary. This is unethical and an infringement on the right of medical self-determination.

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

HB1217 is clearly aiming to take away medical patients’ rights to grow and produce medicine at any reasonable capacity. It is a blatant attack on all medical cannabis cultivation and relationships that are outside of the dispensaries. The intention and motivation is obvious, the dispensaries want more customers (i.e. medical patients) and are willing to go as far as to change the law to forcibly push more medical patients into their retail stores.

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

WHERE IS YOUR ALOHA? Respectfully.

DO THE RIGHT THING. Respectfully.

Mahalo nui loa,

Alex Wong

HB-1217-HD-1

Submitted on: 2/15/2023 8:17:32 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Judiah McRoberts	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill.

ON THE FOLLOWING MEASURE: HB1217 HD1, RELATING TO CANNABIS

COMMITTEE ON CONSUMER PROTECTION & COMMERCE

DATE: Wednesday, February 15, 2023 TIME: 2:00 PM

TESTIFIER: Brian Goldstein

POSITION: **STRONG SUPPORT WITH COMMENTS**

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

This bill takes important steps amends various statutory provisions for the purpose of strengthening the integrity of medical cannabis law and reign in unlicensed dispensaries that operate under the guise of agricultural cooperatives.

One of the largest cannabis grow sites in Hawaii, is located on the North Shore of Oahu, a so called cooperative, which is in fact a for profit LLC ("Company").

With over 1,000 medical cannabis cardholders registered at their site, this Company can grow over 10,000 cannabis plants at a single location (licensed dispensaries may cultivate a maximum of 7,500 plants per production center §11-850-28 HAR).

Operating an unlicensed dispensary, the Company sells products that are not required to be tested for the presences of prohibited chemicals, heavy metals, or pesticides.

The Company sells highly potent products (e.g. 200 mg THC capsules), which are not allowed to be sold in licensed dispensaries.

Unlike licensed dispensaries, the Company sells products that are not required to be tested for potency (e.g mg THC per dose).

Unlike licensed dispensaries, the Company does not use a seed-to-sale tracking system to help prevent diversion.

Unlike licensed dispensaries with limits on the amount of cannabis that may be purchased (four ounces of cannabis during a period of fifteen consecutive days §11-850-42 HAR), the Company may sell unlimited amounts of cannabis to customers in their unlicensed dispensary.

Included with this testimony are photos of their grow site, unlicensed dispensary, and product menus.

I urge you to strengthen the integrity of Hawaii's medical cannabis law and pass HB1217 HD1.

North Shore Oahu Cannabis Farm and Unlicensed Dispensary




Unlicensed Dispensary Menu Board



Unlicensed Dispensary Menu

CAPSULE (vegetarian)
 ~ **Sativa** or Indica blends ~
 ** Effect usually peaks at about 3hrs. Take 1 & wait 2-3hr before taking




😊 Long duration of effect (4-8hr). No taste. Easy
 ☹️ Slower onset (60-120min) works faster on empty stomach

#	Dose	Rent-
30.	5mg	80
30.	7.5mg	80
30.	10mg	80
30.	20mg	100
30.	50mg	110
30.	80mg	120
20.	200mg	120

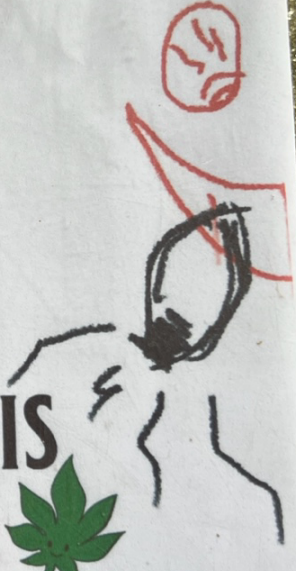
SUPPOSITORY
 Primarily used for cancer patients who need ex...
 per rectum greatly reduces psychoactive effect...
 Concentrate (RSO) in vegetable triglyceride b...

Dose: 400mg THC per 1 suppository.
 Rent: 8- each

ing address, OR
 6-8-006-010 Lot #
 incomplete or inconsisten



New Patient Day Hours
 9-5
 Wednesday
 Friday
 Saturday
 Sunday



**THIS IS
 WHERE
 I GROW**

Unlicensed Dispensary Menu

TINCTURES *(oral / sublingual)*

1). **Flavored Tinctures** = 100mg per 1ml.
 Added: natural flavor, extra terpenes & stevia (sweetener).

1. Mango – Sativa.	3. Berry – Indica.
2. Stress ~ hybrid + 20mg/ml CBD, kava, spearmint. ~ Kava numbs mouth ~	4. Abyss-Sedate ~ Indica + 20mg/ml CBN, cherry.

2). **High Dose Tincture** = 250mg per 1 ml. Only two ingredients.
Very strong. Sativa or Indica



Full Spectrum Concentrate
 AKA: Rick Simpson Oil (RSO)

*Lab standardized
 in MCT oil base.*

**Swishing in mouth for 2min brings on
 effect more quickly**

1 dram, 15ml, 30ml

Size ▶	1 dram	15ml	30ml	60ml
Flavored~	40-	150-		
High Dose~	60-	200-	400-	800-

- ☺ Very small amounts needed.
- ☺ Moderately fast onset with prolonged duration of effect.
- ☺ High dose has herbal taste. Stains anything it touches.
- ☺ **Easy to take too much too soon.**

GUMMIES & EDIBLES




***Faster onset and stronger effect when chewed for 2 whole minutes.*

- ☺ Moderate onset time (30-60min). Convenient, no smell or tools.
- ☹ **Easy to take too much too soon.** Take 1 & wait 2hr before taking more.

~ Variable doses available: See board postings.

INFUSED HONEY

Pure THC distillate infused into honey.
 Two strengths & sizes with added CBD distillate option.

Size	THC Dose	Rent
1.5oz	10mg/TSP	30-
1.5oz	50mg/TSP	60-
8oz	10mg/TSP	60-
8oz	50mg/TSP	120-

- = Additional 20% dose of CBD
- = Stronger 50mg/teaspoon (5ml)

