



STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony in SUPPORT of HB302 HD2
RELATING TO CANNABIS**

REP. DAVID A. TARNAS, CHAIR
HOUSE COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

Hearing Date: February 25, 2025

Room Number: 325

Department Position: The Department of Health ("Department") supports this measure.

Department Testimony: The Department appreciates the intent of HB302 HD2 to reduce barriers to medical cannabis access. The Department is grateful for the inclusion of its previously requested amendment to limit medical cannabis certifications to those originating from within the state, which serves to prevent mainland-based cannabis telehealth companies from operating in Hawaii. This safeguard is especially important, as some of these companies have faced scrutiny in other jurisdictions for questionable practices.

Furthermore, the Department appreciates the removal of the provision that would have allowed patients to purchase cannabis without first having their applications processed and receiving a registration card from the Department. This provision posed risks, including exposing a subset of patients to arrest for possession of a controlled substance without a physical medical cannabis card and creating inaccuracies in sales tracking and patient verification systems within state-licensed dispensaries.

Thank you for the opportunity to testify.

To: Representative David Tarnas, Chair
Representative Mahina Poepoe, Vice-Chair
Members of the House Judiciary and Hawaiian Affairs Committee

Fr: TY Cheng, Preident of Aloha Green Apothecary

Re: Testimony **In Support with Requested Amendments** on **House Bill (HB) 302, House Draft (HD) 2**
RELATING TO CANNABIS
Repeals the requirement that a provider-patient relationship be established in person. sEffective 7/1/3000.

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

Aloha Green Apothecary (“Aloha”) is a state licensed medical cannabis dispensary in Honolulu. Aloha **supports** HB302, HD1 which eases access issues for medical cannabis patients, but we request that the language which was removed in the prior committee be re-inserted to help avoid patient access delays.

When created in 2015, the medical cannabis dispensary laws were one of the most rigorous and strict systems amongst the dozens of states that allowed medical cannabis. Since that time, the nation’s landscape and our state’s attitudes over cannabis have also changed dramatically such that many states allow for adult use, and our state has decriminalized non-medical use. There is a thriving illicit market that makes it easy and cheaper to access cannabis, and there is now increased availability of THC through hemp-derived products. Yet, Hawaii’s medical cannabis system has hardly changed.

This appears to be one of the driving reasons why the number of registered patients has declined 15% over the past 3 years. While Aloha continues to provide safe products that are tracked from seed to sale, 3rd party lab tested against impurities and pesticides, labeled with dosage and warnings – less patients are getting their cannabis from dispensaries due to price and ease.

The purpose of this bill is to ease some of the archaic hurdles in the law that have been in place since 2015 that no longer seem necessary. The laws on telehealth were already revised in 2021 for parity of in-person and telehealth visits to create a bona fide physician-patient relationship, except for opiates and medical cannabis. That distinction for medical cannabis at this stage appears arbitrary, and the bill proposes to eliminate that difference.

The bill in its original and HD1 form, also had language to allows a qualifying patient immediate access to enter a dispensary and purchase a limited amount of medical cannabis upon the Department of Health’s registry system recognizing the submission of a complete application. Currently, a patient may wait anywhere from 3 days to a week to obtain their medical cannabis card or “329 card” which will then allow them to

enter into a licensed dispensary. This delay is often a significant barrier for patients who need their cannabis medication right away. It not only is a possible deterrent to obtain a 329 card, but can also serve to push a patient towards obtaining product from the illicit market.

At the prior hearings, we heard concerns from the Department of Health and AG about this immediate access – that there was little to no wait time as it currently stands; that a person who obtained this amount could be found to guilty for as much as a class C felony. We disagree.

While it is true some patients upon submission to the DOH get a quick response and obtain their registration, we are also aware of instances that have take a few to several days. Moreover, should a patient submit their documentation just prior to or on a weekend, they will most certainly need to wait a few days.

We also disagree that a patient who had immediate access would ever likely be prosecuted. They would have their certifying documentation from a health provider, they would have a labeled packaged product identifying that it came from a dispensary. But, if it would help achieve a more acceptable approach, Aloha would propose lessening the amount for the one-time amount from fifty percent (50%) of the dispensing limit to twenty-five percent (25%)

Therefore, we respectfully request that the committee amend the bill by adding back in the following language.

In Section 2 of the bill, the language in yellow highlight be added back in:

"(a) Physicians or advanced practice registered nurses who issue written certifications shall provide, in each written certification, the name, address, patient identification number, and other identifying information of the qualifying patient. The department of health shall require, in rules adopted pursuant to chapter 91, that all written certifications comply with a designated form completed by or on behalf of a qualifying patient. The form shall require information from the applicant, primary caregiver, and physician or advanced practice registered nurse as specifically required or permitted by this chapter. The form shall require the address of the location where the cannabis is grown and shall appear on the registry card issued by the department of health. The certifying physician or advanced practice registered nurse shall be required to have a bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship, as applicable, with the qualifying patient[.]; provided that nothing under this part shall require that the bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship be established by

conducting an initial in-person consultation. After the submission of the applicant's form but before receipt of confirmed registration from the department of health, the applicant or primary caregiver may use the submission of the applicant's form as proof and documentation authorizing the applicant or primary caregiver to enter and make a one-time purchase of cannabis from a medical cannabis dispensary licensed under chapter 329D in an amount that is no more than twenty-five per cent of the dispensing limits under section 329D-13. The department of health office of medical cannabis control and regulation shall facilitate the temporary authorization for applicants and primary caregivers. All current active medical cannabis permits shall be honored through their expiration date."

Thank you for the opportunity to testify.



SanHi

GOVERNMENT STRATEGIES

A LIMITED LIABILITY LAW PARTNERSHIP

DATE: February 24, 2025

TO: Representative David Tarnas
Chair, Committee on Judiciary & Hawaiian Affairs

Representative Mahina Poepoe
Vice Chair, Committee on Judiciary & Hawaiian Affairs

FROM: Mihoko Ito

RE: **H.B. 302, HD2 – Relating to Cannabis**

Hearing Date: Tuesday, February 25, 2025 at 2:00 p.m.
Conference Room: 325

Dear Chair Tarnas, Vice Chair Poepoe, and Members of the Committee on Judiciary & Hawaiian Affairs:

We submit this testimony on behalf of Cure Oahu in **support of H.B. 302, HD2, Relating to Cannabis**, which repeals the requirement that a provider-patient relationship be established in person.

Cure Oahu supports this bill because it will ease the difficulties on patients and primary caregivers to navigate the registration process for the medical cannabis program. The number of registered medical cannabis patients has been in decline since 2021. There are various issues with the registration process - including the limited number of providers participating in the certification process, the costs incurred by patients as part of the certification process, and the proliferation of illicit market products.

We believe that access to medical cannabis should be as streamlined as possible to ensure that patients can obtain their medical cannabis cards and access medical cannabis in a way that keeps patients and the public safe rather than bypassing the medical program altogether. Allowing full access via telehealth and providing the temporary purchase of small amounts of cannabis will help streamline access while balancing public safety concerns.

For these reasons, we support this measure and ask that the Committee pass H.B. 302, HD2. Thank you for the opportunity to submit testimony in support of this measure.



Akamai Cannabis Consulting

3615 Harding Ave, Suite 304
Honolulu, HI 96816

**TESTIMONY ON HOUSE BILL 302 HD2
RELATING TO CANNABIS**

Clifton Otto, MD

House Committee on Judiciary & Hawaiian Affairs
Representative David A. Tarnas, Chair
Representative Mahina Poepoe, Vice Chair

Tuesday, February 25, 2025 – 2:00 PM
State Capitol, Room 325 & Videoconference

This bill is very important for patients who have difficulty attending in-person certification evaluations, especially patients on outer islands where access to certifying providers is limited.

If this committee wishes to make further changes to Hawaii's Medical Use of Cannabis Act that would improve patient access and encourage program participation, then it may want to consider the following amendments:

Allowing certifying providers to decide qualifying conditions:

§329-121 Definitions. As used in this part:

"Debilitating medical condition" means any condition determined by the certifying physician or APRN. [:

~~(1) Cancer, glaucoma, lupus, epilepsy, multiple sclerosis, rheumatoid arthritis, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, or the treatment of these conditions;~~

~~(2) A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following:~~

~~(A) Cachexia or wasting syndrome;~~

~~(B) Severe pain;~~

~~(C) Severe nausea;~~

~~(D) Seizures, including those characteristic of epilepsy;~~

~~(E) Severe and persistent muscle spasms, including those characteristic of multiple sclerosis or Crohn's disease; or~~

~~(F) Post-traumatic stress disorder; or~~

~~(3) Any other medical condition approved by the department of health pursuant to administrative rules in response to a request from a physician or advanced practice registered nurse or potentially qualifying patient.]~~

Providing immediate registration approval:

§329-123 Registration requirements; qualifying patients; primary caregivers.

(a) Physicians or advanced practice registered nurses who issue written certifications shall provide, in each written certification, the name, address, patient identification number, and other identifying information of the qualifying patient. The department of health shall require, in rules adopted pursuant to chapter 91, that all written certifications comply with a designated form completed by or on behalf of a qualifying patient. The form shall require information from the applicant, primary caregiver, and physician or advanced practice registered nurse as specifically required or permitted by this chapter. The form shall require the address of the location where the cannabis is grown and shall appear on the registry card issued by the department of health. The certifying physician or advanced practice registered nurse shall be required to have a bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship, as applicable, with the qualifying patient. All current active medical cannabis permits shall be honored through their expiration date.

(b) Qualifying patients shall register with the department of health. The registration shall be effective until the expiration of the certificate issued by the department of health and signed by the physician or advanced practice registered nurse. Every qualifying patient shall provide sufficient identifying information to establish the personal identities of the qualifying patient and the primary caregiver. Qualifying patients shall report changes in information within ten working days. Every qualifying patient shall have only one primary caregiver at any given time. The department of health shall issue to the qualifying patient a registration certificate and may charge a fee for the certificate in an amount adopted by rules pursuant to chapter 91.

(c) Primary caregivers shall register with the department of health. Every primary caregiver shall be responsible for the care of only one qualifying patient at any given time, unless the primary caregiver is the parent, guardian, or person having legal custody of more than one minor qualifying patient, in which case the primary caregiver may be responsible for the care of more than one minor qualifying patient at any given time; provided that the primary caregiver is the parent, guardian, or person having legal custody of all of the primary caregiver's qualifying patients. The department of health may permit registration of up to two primary caregivers for a minor qualifying patient; provided that both primary caregivers are the parent, guardian, or person having legal custody of the minor qualifying patient.

(d) Upon inquiry by a law enforcement agency, which inquiry may be made twenty-four hours a day, seven days a week, the department of health shall immediately verify whether the subject of the inquiry has registered with the department of health and may provide reasonable access to the registry information for official law enforcement purposes.

(e) The department shall use AI technology to make registration approval instantaneous. In those instances where application errors are detected, the defective application shall be immediately returned to the certifying physician or APRN for correction and resubmission.

(f) [~~(e)~~] This section shall not apply to registration of a qualifying out-of-state patient or a caregiver of a qualifying out-of-state patient.



To: Representative David Tarnas, Chair
Representative Mahina Poepoe, Vice-Chair
Members of the House Judiciary and Hawaiian Affairs Committee

Fr: Blake Oshiro on behalf of the HICIA Assn.

Re: Testimony **In Support with Requested Amendments** on **House Bill (HB) 302, House Draft (HD) 2**
RELATING TO CANNABIS
Repeals the requirement that a provider-patient relationship be established in person. sEffective 7/1/3000.

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

The Hawai'i Cannabis Industry Association, represents a majority of the state's licensed medical cannabis dispensaries. HICIA **supports** HB302, HD1 which eases access issues for medical cannabis patients, but we request that the language which was removed in the prior committee be re-inserted to help avoid patient access delays.

When created in 2015, the medical cannabis dispensary laws were one of the most rigorous and strict systems amongst the dozens of states that allowed medical cannabis. Since that time, the nation's landscape and our state's attitudes over cannabis have also changed dramatically such that many states allow for adult use, and our state has decriminalized non-medical use. There is a thriving illicit market that makes it easy and cheaper to access cannabis, and there is now increased availability of THC through hemp-derived products. Yet, Hawaii's medical cannabis system has hardly changed.

This appears to be one of the driving reasons why the number of registered patients has declined 15% over the past 3 years. While HICIA continues to provide safe products that are tracked from seed to sale, 3rd party lab tested against impurities and pesticides, labeled with dosage and warnings – less patients are getting their cannabis from dispensaries due to price and ease.

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qualifying patient. The form shall require information from the applicant, primary caregiver, and physician or advanced practice registered nurse as specifically required or permitted by this chapter. The form shall require the address of the location where the cannabis is grown and shall appear on the registry card issued by the department of health. The certifying physician or advanced practice registered nurse shall be required to have a bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship, as applicable, with the qualifying patient[.]; provided that nothing under this part shall require that the bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship be established by conducting an initial in-person consultation. After the submission of the applicant's form but before receipt of confirmed registration from the department of health, the applicant or primary caregiver may use the submission of the applicant's form as proof and documentation authorizing the applicant or primary caregiver to enter and make a one-time purchase of cannabis from a medical cannabis dispensary licensed under chapter 329D in an amount that is no more than twenty-five per cent of the dispensing limits under section 329D-13. The department of health office of medical cannabis control and regulation shall facilitate the temporary authorization for applicants and primary caregivers. All current active medical cannabis permits shall be honored through their expiration date."

Thank you for the opportunity to testify.



To: Representative David A. Tarnas, Chair
Representative Mahina Poepoe, Vice-Chair
Members of the Committee on Judiciary & Hawaiian Affairs

From: Jaclyn Moore, Pharm.D., CEO Big Island Grown Dispensaries

Re: Testimony **In Strong Support** on **House Bill (HB) 302** RELATING TO CANNABIS

Repeals the requirement that a provider-patient relationship be established in person. Allows applicants or primary caregivers to temporarily purchase medical cannabis after the submission of the applicant's certification form.

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

Big Island Grown, a state-licensed medical cannabis dispensary operating in Hawaii County, stands in strong support of HB 302. Over the past three years, the number of patients registered to receive medical cannabis has dropped by over 15%. One of the primary causes of this decline are regulatory barriers for patients to access cannabis through the legal dispensary system.

Currently, patients must be certified as having one or more qualifying conditions via an in-person diagnosis from a small pool of registered certifying providers. Patients then wait days to receive a medical cannabis card to be eligible to even enter a state-licensed dispensary for their cannabis medication. For many patients who are terminally ill or in severe chronic pain, an in-person visit can be logistically challenging to schedule and make travel arrangements for. Based on the severity of circumstance, any delay in a patient's ability to access medical cannabis via the state-licensed dispensary system may simply drive them to alternate untested, unregulated sources. Legal access to medical cannabis via the dispensary system should be immediate following certification by a provider, especially for terminal patients.

HB302 seeks to address these challenges and bolster patients' access to cannabis medication by:

- Allowing initial physician consultation to occur via telemedicine – a safe and common medical practice used increasingly since the COVID-19 pandemic.

Please consider adding the provision back into the bill that would allow patients to temporarily purchase a limited quantity of cannabis medication upon submission of a certification form and while awaiting delivery of the medical cannabis patient card.

Thank you for the opportunity to testify in strong support. Without these important changes to the medical cannabis program, patient access to care will continue to decline and risk to public safety will increase as patients continue to turn to alternate untested, unregulated sources for their medical cannabis needs.

Jaclyn L. Moore, Pharm.D., CEO Big Island Grown Dispensaries

Lau Ola LLC, dba Big Island Grown Dispensaries
HILO WAIMEA KONA