

# HB1488 HD1

Measure Title: RELATING TO MEDICAL MARIJUANA.

Report Title: Medical Marijuana Dispensaries; Computer Tracking System; Testing Standards

Description: Establishes the Office of Medical Marijuana Administration in DOH to administer dispensary system and patient registration. Extends civil service exemptions and interim rulemaking authority. Requires an alternate tracking system for use when the DOH computer tracking system is nonfunctional. Adds considerations for establishing testing standards and selecting additional dispensary licensees. Specifies retention requirements for video security recordings. (HB1488 HD1)

Companion: [SB1159](#)

Package: None

Current Referral: CPH, JDL/WAM

Introducer(s): BELATTI, KEOHOKALOLE, MCKELVEY, MORIKAWA, NAKASHIMA, NISHIMOTO, SOUKI, WOODSON, DeCoite, San Buenaventura



**TESTIMONY OF  
THE DEPARTMENT OF THE ATTORNEY GENERAL  
TWENTY-NINTH LEGISLATURE, 2017**

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**ON THE FOLLOWING MEASURE:**

H.B. NO. 1488, H.D. 1, RELATING TO MEDICAL MARIJUANA.

**BEFORE THE:**

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

**DATE:** Thursday, March 16, 2017                      **TIME:** 9:30 a.m.

**LOCATION:** State Capitol, Room 229

**TESTIFIER(S):** Douglas S. Chin, Attorney General, or  
Tara K.C.S. Molnar, Deputy Attorney General

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Chair Baker and Members of the Committee:

The Department of the Attorney General provides comments on this bill.

This measure would amend section 329D-6, Hawaii Revised Statutes (HRS), to enable the Department of Health to implement an alternate tracking system that would allow qualified patients to purchase marijuana or manufactured marijuana products from a designated licensed dispensary on a temporary basis (page 10, line 1, through page 12, line 13; and page 14, lines 1-6). The bill would also allow a qualifying patient or primary caregiver to transport samples of marijuana and manufactured marijuana products to a certified laboratory for testing (page 5, lines 6-11; and page 6, lines 1-2, 5, and 7-9).

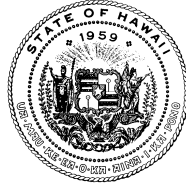
The proposed wording on page 10, line 1, through page 12, line 13; and page 14, lines 1-6, raises concerns, because the alternate tracking system does not provide a means for actually tracking the sale of marijuana or manufactured marijuana products in real time if the Department's computer tracking system is not working properly, and may allow qualified patients to purchase marijuana or manufactured marijuana products in excess of statutory limits, which could increase the risk of possible diversion of marijuana and manufactured marijuana products. In order to maintain the robust regulatory scheme required by the U.S. Department of Justice (DOJ) Memorandum for

All United States Attorneys dated August 29, 2013 (the Cole memo), we suggest that the wording creating an alternate tracking system be deleted. If the Committee is inclined to provide a backup system, we recommend that this measure include a means of tracking the sale of marijuana or manufactured marijuana products in as close to real time as possible through some other means.

In addition, the proposed wording on page 5, lines 6-11; and page 6, lines 1-2, 5, and 7-9, raises concerns because it could allow for unlimited transport of marijuana and manufactured marijuana products by qualifying patients and primary caregivers. While the Department of the Attorney General does not oppose a means of allowing qualifying patients and primary caregivers to obtain independent testing of either the marijuana products they obtain from dispensaries or which they grow themselves, the proposed wording could allow for unfettered transport of marijuana and manufactured marijuana products, which could increase the risk of possible diversion of marijuana and manufactured marijuana products. Without any limitation to the amount being transported for testing and without a requirement for documentation of the purpose of transport, any qualifying patient or primary caregiver, if questioned by law enforcement about being in possession of marijuana, could claim to be transporting it to a laboratory for testing, and use the proposed amendment as a legal defense to otherwise illegal activity.

If this Committee decides to pass this bill, we strongly recommend that wording be inserted to allow transport of marijuana or its products by qualifying patients or primary caregivers to a certified laboratory only if the qualifying patient or primary caregiver (1) secures an appointment with a certified laboratory, (2) obtains a written confirmation from the laboratory of the exact date and time of the appointment, including a detailed description of the products and the exact amount that will be transported to the laboratory; (3) carries the written confirmation attached to the marijuana or manufactured marijuana products during transport, and (4) transports the marijuana or marijuana products directly to the certified laboratory at the appointed time. All of the marijuana or manufactured marijuana products transported directly to certified laboratories by qualifying patients or primary caregivers would be retained by the

certified laboratory for testing and subsequent disposal, with none being returned to the qualifying patient or primary caregiver. The Department of the Attorney General respectfully recommends that, if the Committee moves this measure forward, it amends the bill as suggested.



STATE OF HAWAII  
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**Testimony COMMENTING on H.B. 1488, HD1  
RELATING TO MEDICAL MARIJUANA.**

SENATOR ROSALYN H. BAKER, CHAIR  
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
Hearing Date: Thursday, March 16, 2017 Room Number: 229

1 **Fiscal Implications:** Unknown

2 **Department Testimony:** The Department generally opposes the passage of new laws related to  
3 marijuana until the medical marijuana dispensaries open and the Department has the chance to  
4 gauge the impact upon the State. However, this bill contains several specific proposals which  
5 the Department supports, opposes, or on which comments are warranted, based on the  
6 Department's foundational principles of patient safety, product safety, and public safety. In  
7 addition, the state should recognize recent statements made by the current federal administration  
8 regarding recreational marijuana and take heed to not dilute the state's current robust regulatory  
9 system which is aimed to protect the state's medical marijuana patients.

10 Allow me to testify on each proposal:

11 1. Office of Medical Marijuana (MM) Administration: **Position: Oppose.**

12 The Department intends to combine the currently separate Registry and Licensing  
13 programs into a combined program but intended to wait to begin the process until after the major  
14 work to establish most/all of the dispensaries is better underway and for the biennium since this  
15 may require additional resources. To combine both programs before this time will likely take  
16 away time and effort to accomplish the more critical and immediate work needs.

1 In addition, the Department emphasizes that it should be allowed to exercise its executive  
2 and managerial authority and discretion to identify the best organizational structure for the  
3 combined MM Administration and where within the DOH it best fits.

4 As a result, the Department asks that this language be deleted.

5 2. Delay Dates to Require MMJ Products Only from Dispensaries: **Position: Support.**

6 The Department supports the extended time period to allow registered caregivers to  
7 continue to cultivate marijuana for their patients. This can work well as a way to cover the gaps  
8 in availability of MMJ products as dispensaries continue to prepare for cultivation. Four (4) of  
9 the eight (8) licensees have been issued Notices to Proceed by the Department of Health to  
10 cultivate and manufacture medical marijuana. In addition, this extended time will provide a  
11 continued alternative for low cost access to personal MMJ products.

12 The Department also recommends that the Legislature limit the number of patients to five  
13 (5) that can use a single grow site. As the number of caregivers decline, more patients are using  
14 a single site.

15 3. Delays to Award Additional Licenses: **Position: Comments; the Department**  
16 **appreciates the intent and offers an alternative to additional licenses.**

17 The Department supports the delay in considering the award of additional licenses while  
18 the Department continues major work efforts to ensure the start-up of cultivation and sales of  
19 current licensees.

20 However, the Department respectfully asks the Legislature to consider a more practical  
21 first step before awarding additional new licenses, namely to allow current licensees the ability  
22 to expand their operations by allowing for an increase in plant count, an increase in the number

1 of production centers, and/or an increase in the number of retail locations based on the same or  
2 similar criteria for new licenses. This could provide a quicker way of making medical marijuana  
3 available to underserved geographic locations, provide an improved return on investment (ROI)  
4 for current licensees, avoid for the Department the significant added burden of a license  
5 application and award process, and avoid the delays of new licensees getting products to the  
6 market place. This would also allow for greater competition among the current licensees and  
7 allow for market forces to drive industry growth and efficiencies.

8 More specifically, as a way to address an apparent concern about the availability of  
9 medical marijuana in more rural areas of the State, the Legislature could amend current statute to  
10 allow current licensees up to two (2) additional retail locations for a total of up to four (4) retail  
11 locations as long as the additional retail locations are located in rural areas. However, the  
12 Legislature should define what it considers "rural" or "underserved geographic areas".

13 4. Alternate Tracking System: **Position: Oppose.**

14 The current statutory language is very prescriptive and requires a single system to track  
15 MMJ inventory and sales. This language could be viewed as diluting the State's robust  
16 regulatory oversight of the industry and for the industry to become a target of federal authorities  
17 and it would be expensive to implement and maintain.

18 The draft bill does not identify a time period of inoperability of the state's computer  
19 tracking system before the Department would be required to authorize the alternative system.

20 Nevertheless, any alternative system, whether electronic or other, will cost money to  
21 implement or to enforce which the program does not current have nor will those costs be  
22 supported through the current licensure fees. HD-1 would require the Department to monitor the

1 State's tracking system every day from 8 am to 8 pm except for holidays and to take necessary  
2 and immediate action to inform all dispensaries of a system outage and of when the outage is  
3 resolved. This will require unbudgeted overtime for staff equating to almost a full-time person.  
4 However, the MMJ program will experience an annual operating deficit and will run out of cash  
5 reserves in 2021 at the latest. The Legislature would be required to provide funding but the  
6 Department will likely oppose any funding that takes away from the Governor's budget package.

7 Meanwhile, the Department will ask its vendor, BioTrackTHC™, to provide data on  
8 system outages in their other jurisdictions, and to offer alternative or duplicate systems that have  
9 been successful elsewhere for the Department to consider.

10 As a result, the Department asks that this language be deleted.

11 5. Retention of Video Security Recordings: **Position: Oppose, based on the need to**  
12 **maintain a robust regulatory system especially in light of recent statements by the**  
13 **current federal administration regarding recreational marijuana, and based on the**  
14 **intended use of security recordings as an inspection and enforcement tool.**

15 The Department testified in opposition to SB0305, the sole purpose of which was aimed  
16 at reducing the administrative rule requirement of one (1) year retention of video security  
17 recordings.

18 The Department has the ability to change this retention period in rules and opposes  
19 statutory changes at this time. The State should retain a robust regulatory system and wait until  
20 the Department gains better experience on the use of video recordings.

21 Video recordings will be used by the Department as an inspection tool. The video  
22 recordings will be used to verify written records and can be used to investigate past events if or



1 when suspicions of fraud, theft, diversion, or other irregularities come to light after a period of  
2 time. This could help to protect dispensary employees or be used as proof of regulatory  
3 noncompliance or criminal activity by others and could be used in criminal cases by law  
4 enforcement. It could also protect the Department's inspection staff from accusations of  
5 impropriety. Otherwise, a decreased retention period could be viewed as diluting the State's  
6 robust regulatory oversight of the industry.

7 As a result, the Department asks that this language be deleted.

8 6. Laboratory Testing Standards: **Position: Oppose as unnecessary except for Support**  
9 **for allowing lab testing of patient-grown marijuana and manufactured marijuana**  
10 **products.**

11 The State Labs Division (SLD) wrote the lab section of the current interim administrative  
12 rules using guidance and standards found in other jurisdictions. SLD also participates in a  
13 national MMJ laboratory working group through the Association of Public Health Laboratories  
14 and was provided specific testing guidance from Oregon, New York and Colorado for  
15 prospective laboratories.

16 SLD took guidance from the testing programs and standards for pesticides under the  
17 regulations of the United States Environmental Protection Agency (EPA). And as for the testing  
18 for microbiological impurities, SLD considered the use of bacteria in lieu of pesticides. The use  
19 of bacteria is acceptable as long as the bacterial counts conform to sanitary standards outlined in  
20 the administrative rules.

1           The Department's primary concern is patient safety, product safety, and public safety.  
2           While cost is an understandable consideration, health and safety have been and should remain  
3           the State's main focus.

4           The Department supports lab testing of patients' home-grown marijuana for patient and  
5           product safety reasons.

6           7. Extends Interim Rulemaking Authority: **Position: Support.**

7           This will provide greater flexibility to quickly revise interim administrative rules based  
8           on input from the Legislative Oversight Working Group, patients and caregivers, licensed  
9           dispensaries, other stakeholders, and based on actual operating experiences of licensees and of  
10          the Department.

11          This quicker mechanism to revise administrative rules can be used to improve patient  
12          safety, product safety and public safety.

13          8. Extend Civil Service Exemptions: **Position: Support. Prefer Admin bill H.B. 1104.**

14          The Department asks the conversion of exempt positions to civil service positions be  
15          delayed from July 1, 2017, to July 1, 2020, to preserve the current workforce. This will help to  
16          ensure continuity of patient safety, product safety and public safety.

17          The Department has made good progress in implementing the MMJ licensing and registry  
18          programs. Much work remains to bring all dispensaries to the point of being allowed to cultivate  
19          marijuana, to integrate the patient registry system with the state's computer software tracking  
20          system, and to test and allow the sale of manufactured medical marijuana products.

1           The Department would be in jeopardy of losing medical marijuana dispensary licensing  
2 staff prior to June 30, 2017, because of the reduction in salary from conversion to civil service.  
3 The additional 3 years is necessary to stabilize program operations.

4           Thank you for the opportunity to testify on this bill.

5   **Offered Amendments:** In conjunction with the Department’s recommendation to consider  
6 limiting the number of patients to five (5) that can use a single grow site, the Department  
7 requests that Section 321-121, HRS, be amended by amending the definition of “adequate  
8 supply” to read as follows: “Adequate supply” means an amount of marijuana jointly possessed  
9 between the qualifying patient and the primary caregiver that is not more than is reasonably  
10 necessary to ensure the uninterrupted availability of marijuana for the purpose of alleviating the  
11 symptoms of effects of a qualifying patient’s debilitating medical condition; provided that no  
12 more than five patients shall be permitted to register the same grow site location...”



*Dedicated to safe, responsible, humane and effective drug policies since 1993*

TO: Senate Committee on Commerce, Consumer Protection and Health  
FROM: Carl Bergquist, Executive Director  
HEARING DATE: 16 March 2017, 9:30AM  
RE: HB1488 HD1, Relating to Medical Marijuana, **COMMENTS**

Dear Chair Baker, Vice Chair Nishihara, Committee Members:

The Drug Policy Forum of Hawai'i (DPFHI) **wholeheartedly agrees with this amended measure's findings** that the current delays experienced in the implementation of the medical cannabis dispensary system are detrimental to the long-suffering patients of Hawai'i. The *access to tested, quality medicine has effectively been put on hold for many current and many prospective patients*. As such, while we find ourselves in agreement with provisions like the amended language to allow for patient and caregiver testing at certified laboratories, we wish to offer **a few comments** regarding those with which we do not agree as well as adding two more patient-centric provisions.

1) **SECTION 5**: Regarding the new date for the *phasing out of caregivers* (moved from 12/31/18 to 12/31/19), we find it more reasonable to scrap this phasing out entirely. For the medical cannabis programs to be successful, they need to allow for a variety of patient circumstances: Permitting the continuation of the patient/caregiver relationship is one of those.

2) **SECTION 6**: Regarding *a delay in the Department of Health's assessment of a need for additional licenses* (moved from 10/1/17 to 10/1/18), we do not understand the reason for this. Rather, the new language giving additional weight to applications that would "serve and supply medical marijuana...in an underserved geographical area..." underscores the need to assess if e.g. parts of O'ahu or the Big Island *already risk being underserved* in 2017. **DOH should retain this authority pursuant to the intent of the original dispensary law, Act 241.**

3) **SECTION 7**: Regarding *an alternate tracking system*, we welcome this in principle. However, the additional permission a patient would need to seek in order to buy medicine from more than one “designated dispensary” seems unduly burdensome. Instead, some form of communication between dispensaries could act as a safeguard to protect against patient overconsumption. The SD1 version of the Senate companion bill, SB1159, incorporated language to that effect.

Finally, there are two provisions we would insert from other bills introduced this session:

a) With the dispensaries likely to open between this legislative and the next one, it is crucial to consider the issue of interisland transportation of medicine for patients and caregivers. HB836 addressed this issue, by requiring (amended in HD1 to “authorizing”) the Department of Transportation to adopt such rules.

b) In order to continue serving patients who grow their own medicine, or rely on a caregiver, we believe it is time to update the statutory definition of “adequate supply” to include seven “seedlings” as well as seven plants. SB173 does just that. It is simply equitable to make this change for patients and caregivers, when the specific definition of “plant” for dispensary licensees was meant to ensure that they will always have an adequate supply.

Mahalo for the opportunity to testify.

# HAWAII EDUCATIONAL ASSOCIATION FOR LICENSED THERAPEUTIC HEALTHCARE

To: Senator Rosalyn Baker, Chair Consumer Protection and Health  
Senator Clarence Nishihara, Vice-Chair Consumer Protection and  
Health  
Members of the Senate Consumer Protection and Health Committee

Fr: Blake Oshiro, Esq. on behalf of the HEALTH Assn.

Re: Testimony - **Support House Bill (HB) 1488, House Draft 1 (HD) 1**

## RELATING TO MEDICAL MARIJUANA

Establishes the Office of Medical Marijuana Administration in DOH to administer dispensary system and patient registration. Extends civil service exemptions and interim rulemaking authority. Requires an alternate tracking system for use when the DOH computer tracking system is nonfunctional. Adds considerations for establishing testing standards and selecting additional dispensary licensees. Specifies retention requirements for video security recordings.

Dear Chair Baker, Vice-Chair Nishihara, Members of the Committee:

HEALTH is a recently formed trade association made up of the eight (8) licensed medical marijuana dispensaries under Haw. Rev. Stat. (HRS) Chapter 329D. HEALTH's members are all committed to ensuring the goals of patient safety, product safety and public safety.

HEALTH **supports** HB1488, HD1 as it is substantially similar to Senate Bill (SB)1159, Senate Draft 1 (SD1) that moved out of this committee. HB1488 HD1 addresses the following issues for our emerging industry:

- 1) Administration: reconfiguration of the medical marijuana program within the Department of Health (DOH) by consolidating the dispensary and registration programs, extending civil service exemption, extending the DOH interim rulemaking authority, extending deadlines and additional criteria for issuance of new licenses and extending deadlines for caregivers - **support for extensions, including language from SB1159 SD1 on plant count and facilities**
- 2) Laboratory testing transport for caregivers - **support**
- 3) Tracking system: creates an alternative system that allows patients continued access in the event that the computerized tracking system becomes inoperable – **strong support, or support SB1159 SD1 language**
- 4) Videotape recording period of 45-days – **support with suggested amendments based on SB305 SD1**
- 5) Laboratory testing standards: creates new considerations for the standards of laboratory testing – **strong support**

## I. ADMINISTRATIVE ISSUES

Much of the bills need to extend certain deadlines under the original law, Act 241, Session Laws of Hawaii 2015, is because recent delays have precluded licensed dispensaries from moving forward. While licenses were awarded somewhat timely, shortly after the April 15, 2016 deadline, the law's allowance for retail dispensing of medical marijuana on July 15, 2016 will likely be about 1 year late. While four (4) dispensaries have been issued a notice to proceed on cultivation of medical marijuana, there will have several months before such plants are ready for harvest, production and then retail sale. HEALTH therefore **supports** all of the extended deadlines in the bill.

It is regrettable that such extensions are necessary. And it appears to be due to these delays, that the bill also contemplates some reconfiguration in the DOH for the medical marijuana programs. HEALTH does not take any position on this because there is no assurance whether this will improve, or could exacerbate, the existing delays experienced thus far. However, to the extent that such changes could facilitate a more effective and efficient operation within DOH, we would be supportive of that effort.

Based on testimony before the prior committees on this bill and SB1159, we understand that the DOH supports increasing the plant count and looking at providing additional dispensary production or retail facilities, instead of issuing new licenses. HEALTH supports the language that was placed in SB1159, SD1:

Notwithstanding subsections (f) and (g) to the contrary, the department shall determine whether existing dispensary licensees shall be allowed to increase plant count, the number of production centers, or the number of retail dispensing locations per license.

## II. TESTING FOR QUALIFIED PATIENTS AND CAREGIVERS

This language allows qualified patients and caregivers to test their marijuana or marijuana products at certified labs and allows for transport in limited circumstances. HEALTH supports this provision as we believe it will help eliminate barriers for qualified patients and caregivers and additional approaches that will help cultivate a competitive and stable laboratory marketplace.

## III. TRACKING SYSTEM

HEALTH **strongly support** HB1488's approach to create an alternative access and tracking system in the remote and hopefully unlikely event that the DOH's tracking system goes down or is inoperable. HEALTH will continue to work with DOH on an approach to ensure compliance with the computer tracking program on a reasonable timetable. However, HEALTH understands that there have been such difficulties in other states with tracking systems, and so we believe that it is important to learn from their experiences.

We recognize that the computer tracking system serves an important role in upholding and ensuring product, patient and public safety, but HEALTH also believes that this must be balanced against the patients' need to receive their medicine. It is our understanding that the alternative access system in this bill mirrors systems in other states like Connecticut, Washington, Illinois, Maine, Nevada, New Jersey, Rhode Island and Vermont where a patient is allowed to designate a dispensary to provide access to the products, which again, is only necessary IF THE SYSTEM GOES DOWN. If that even never occurs, this process never becomes necessary. Unfortunately, given our experiences thus far with the delays in the implementation of the DOH's tracking system, HEALTH supports having prudent proactive approach enacted now, through a pre-determined alternative system to track marijuana product sales. This will allow qualified patients to be able to continue to have their supply of medical marijuana uninterrupted during any shutdown of the initial system with a process that still has the necessary safeguards, and has worked in other states.

Based on the testimony in the prior committee, we understand that the Department of the Attorney General (AG) has concerns over this provision asserting that this alternative process could be viewed as undermining a "rigorous" regulatory system to track medical marijuana contrary to the U.S. Department of Justice (DOJ) Memorandum for All United States Attorneys dated August 29, 2013 ("Cole memo").<sup>1</sup>

The Cole memo provides guidance for state law enforcement to set certain broad parameters of public safety where it lessens the likelihood of federal prosecution. The Cole memo states "jurisdictions that have . . . also implemented strong and effective regulatory and enforcement systems . . . is less likely to threaten the federal priorities."

However, these are broad guidelines and there is no specific requirement for a "real-time" tracking system or one that prevents the state from enacting an alternative remedial solution in the event that the state tracking system is inoperable. Dispensaries must have their own tracking systems and are

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<sup>1</sup> <https://www.justice.gov/iso/opa/resources/3052013829132756857467.pdf>



ultimately held liable to ensure that no qualified patient receives marijuana in excess of the statutory limits. Any dispensary that fails to have such safeguards in place, potentially may lose their license, or be subject to criminal penalties.

However, we would **also support** the approach taken in SB1159 SD1 which is more permissive and broad in terms of an alternative tracking and access system, which stated:

Notwithstanding any other provision of this subsection to the contrary, once the department has authorized a licensed dispensary to commence sales of marijuana or manufactured marijuana products, if the department's computer software tracking system is inoperable or is not functioning properly, the department **may** immediately implement an alternate tracking system that will enable qualified patients to purchase marijuana or manufactured marijuana products from a licensed dispensary on a temporary basis. The department shall seek input regarding the alternate tracking system from medical marijuana licensees. The alternate tracking system may operate as follows:

- (A) The department may immediately notify all licensed dispensaries that the computer software tracking system is inoperable; and
- (B) Once the computer software tracking system is operational and functioning to meet the requirements of this subsection, the department may notify all licensed dispensaries, and the alternate tracking system in this subsection shall be discontinued.

#### IV. LABORATORY TESTING

HEALTH **supports** the language to have the standards established in the interim rules for laboratory testing, be revised to ensure that there are some considerations of the implicated costs of the extensive testing that is mandated in no other jurisdiction.

Hawaii Administrative Rules (Interim Rules) Section 11-850-85, Laboratory standards and testing, requires testing of the tetrahydrocannabinol and cannabiniol levels, and sets testing for levels for certain contaminants like metals, microbiological impurities, moisture. But, the Interim Rules just require testing for:

(B) Pesticides regulated by the U.S. Environmental Protection Agency: 1.0 ppm (part per million)

There are hundreds of pesticides registered with and regulated by the EPA under the Federal Insecticide Fungicide and Rodenticide Act (FIFRA), which dates back to 1947. Scientific and agriculture advances have obviously made certain pesticides obsolete in use and production, and while it may be possible to test for every pesticide basically ever known, there seems to be little basis to do so.

While HEALTH supports ensuring product and patient safety, such testing must be done with reasonable tolerance levels and scope. Other states with years of experience, like State of Oregon have implemented testing standards that are appropriate, practical and evidence-based. HEALTH believes that the State Department of Agriculture, which regulates are restricted use pesticides (RUPs) and is knowledgeable about which pesticides are more commonly used for pests in Hawaii, could provide insight, guidance and assistance. But, that could only be done if there is a mechanism alternative to testing “all pesticides” is provided for.

HEALTH supports finding a more balanced approach to testing because we are concerned that unreasonably strict and expansive testing standards will lead to unnecessarily high production costs which will result in unaffordable medical marijuana for patient use.

HEALTH’s members are hopeful that in lieu of a legislative change, we can find some resolution via discussions with the DOH about the laboratory testing standards. This discussions are supposed to be scheduled shortly and so we hope to be able to report back favorable results.

However, there is one additional issue which we think does merit further consideration, and that is the administrative rules requirements for Under HAR 11-850-85(j):

A dispensary licensee shall destroy a batch that does not conform to the testing set forth in subsection (c) as indicated by the certificate of analysis.

HEALTH asserts that a dispensary should have an opportunity to cure a failed batch, or have the opportunity to re-configure the product for another use that can then be tested to meet the standards. This is an issue which we shall also be discussing with the DOH.

## V. VIDEO STORAGE

HEALTH **supports** changing the requirement for video storage periods since the current administrative rules on the requirements for video storage are extremely large, and it is our understanding that 365 days is over and beyond the requirements of any other jurisdiction which more commonly are at 30-45 days. However, we respectfully **request an amendment** to simply make the requirement 45 days, which would be the same as this committee moved forward in Senate Bill 305.

Attached, is a chart that shows the current requirements in AZ, NV, OR, CO, AK, WA, NY, IL, and Hawaii. We are unaware of any issues or problems with the 30-45 days in terms of criminal prosecution or any other needs for law enforcement.

The current 365-day requirement of stored video data, will not only likely affect the resolution quality of the video capable of being stored, more importantly, it will lead likely to significant infrastructure and administrative expenses increasing production costs and therefore, affecting patients' affordability.

Under the Department of Health's *Interim* Administrative Rules, Section 11-850-41(b): "[a] dispensary licensee shall retain for a minimum of one year all security recordings." The rules spell out the requirements for such security recordings under Section 11-850-51, including:

- Professionally installation
- 24-hour continuous video monitoring and recoding of all dispensary facilities
- back-up capability
- clearly displayed with time/date
- internet protocol compatible
- minimum resolution for a clear and certain identification of persons to include any area where products are produced, moved, stored, sold, packed/unpacked into containers for transport, surveillance storage areas, exists/entrances to indoor and outdoor locations
- secured in a lockbox, cabinet or closet to minimize access to tampering or theft

The required computerized tracking system in the law and rules will already ensure that marijuana and marijuana products are detailed and monitored from every seed to sale, or even possible disposal. Together with the video surveillance system referenced above, these safeguards will provide much needed security and safety at the dispensary facilities.

Therefore, we support changing the requirement for the duration of storage to 45 days since that mirrors that of other jurisdictions, and we are unaware of any

issues or concerns arising out of this more common video storage duration requirement.



TESTIMONY ON HOUSE BILL 1488 HD2  
RELATING TO MEDICAL MARIJUANA

by  
Keith Kamita  
Chief Compliance Officer  
Cure Oahu

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Thursday, March 16, 2017, 09:30 AM  
State Capitol, Conference Room 229

Chair Baker, Vice Chair Nishihara and Members of the Committee:

Cure Oahu supports House Bill 1488 HB1 but prefer the language in SB 1159 SD1. HB1488 HD2 proposes to establish the Office of Medical Marijuana Administration in DOH to administer dispensary system and patient registration. Extends civil service exemptions and interim rulemaking authority. Requires an alternate tracking system for use when the DOH computer tracking system is nonfunctional. Adds considerations for establishing testing standards and selecting additional dispensary licensees. Specifies retention requirements for video security recordings.

Cure Oahu would like to comment on Section 8 of House Bill 1488 HD1 that amends Hawaii Revised Statutes **§329D-7 Medical marijuana dispensary rules**, by adding language to specify that video surveillance monitoring and recording data of the medical marijuana dispensary and production center premises shall be retained for at least \_\_\_\_\_ days. Cure Oahu respectfully request an amendment to simply make the requirement 45 days.

Presently §329D Hawaii Revised Statutes relating to Hawaii's Medical Marijuana Dispensary Program does not specifically address security video data storage retention requirements it defers to Department of Health (DOH) rules 11-850-41 requiring dispensary licensees to retain a minimum of one year of video surveillance recordings, this requirement is overly excessive and burdensome for dispensary licensees. Presently banks are retaining video surveillance data for only 30-90 days and pharmacies that are also registered by the State under Section 329 HRS to be able to store, administer and dispense controlled substance do not have any video surveillance retention requirements in statute. Below are other state medical marijuana dispensary video data retention requirements compared to the State of Hawaii:

Hawaii	1 year (365 days)
Illinois	180 days (90 on site and 90 off site)
Washington	45 days
Colorado	40 days
Alaska	40 days
Oregon	initially 90 days then reduced to 30 days
New York	initially 90 days then reduced to 30 days
Nevada	30 days
Guam	30 days
Arizona	30 days
Maine	14 days
Michigan (Lansing)	14 days
California (Palm springs)	240 hours (10 days) Note: CA retention limits differ by city 14-60 days
Delaware	no set video retention limit
Massachusetts	no video retention requirement just ability to take stills from 24/7 video



Due to the one-year video surveillance data retention requirement imposed by §11-850-41 HAR which depending on the number of cameras utilized at facilities could be as much 965 terabyte (TB) of data for 30 cameras utilizing a frame capture rate of 30 per second or 482 TB for a frame capture rate of 15 per second. Presently commercial high quality video surveillance equipment on the market come with 24 to 32 TB of built in data storage capability. The storage limitation of most digital recording devices at the dispensaries and production center licensees will require licensees to have to decrease the amount of surveillance cameras, add additional external storage equipment or utilize a secure cloud storage service that is very expensive and sometimes not compatible with the proprietary video surveillance software making it unable to instantly recall the video surveillance data when required to do so by regulators at the dispensary or production center.

If a licensee is required to store one year of video surveillance data in compliance with 11-850-51 and 11-850-52 HAR on his/her high end digital surveillance recording equipment that is equipped with 32 TB of storage capacity and 30 cameras the licensee would have to drop the frame capture rate of the recorder to 1 frame per second to fit, all the data onto the digital video storage equipment's hard drive. The reduction in frame capture rate will compromise clarity and the amount of identifiable video frames that can be utilized by regulators or law enforcement to identify criminal or administrative violations and therefore defeat the purpose of having state of the art video monitoring equipment in the facilities.

Thank you for this opportunity to testify on this important bill.

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 13, 2017 12:26 PM  
**To:** CPH Testimony  
**Cc:** wao-hsl@WeAreOne.cc  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/13/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Joseph Kohn MD	We Are One, Inc. - www.WeAreOne.cc - WAO	Support	No

Comments: SUPPORT the omnibus medical marijuana bill, HB1488. We need your help to extend the termination date of caregivers from 2018, to 2019. [www.WeAreOne.cc](http://www.WeAreOne.cc)

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 13, 2017 4:32 PM  
**To:** CPH Testimony  
**Cc:** NuWayveUnl@gmail.com  
**Subject:** \*Submitted testimony for HB1488 on Mar 16, 2017 09:30AM\*

**HB1488**

Submitted on: 3/13/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
James Terrell Trice	NuWayve Unlimited	Support	No

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 13, 2017 5:29 PM  
**To:** CPH Testimony  
**Cc:** spectraanalyticallab@gmail.com  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/13/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
spectra analytical lab	Individual	Support	Yes

Comments: we support HB 1488 because all cardholders should have the right to test also. Its very important that everyone knows whats in there medicine. We do not support taking away caregiver rights. Please take that out. Mahalo!!

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 13, 2017 5:18 PM  
**To:** CPH Testimony  
**Cc:** dana.ciccone@hi.steepphill.com  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/13/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
steep hill hawaii	testing lab	Support	Yes

Comments: Testing Cannabis is so important for everyone. All MMj cardholders should be allowed to test and know whats in their medicine. Not allowing locals with cards to test would be a disservice to our state. Thank u

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 13, 2017 5:00 PM  
**To:** CPH Testimony  
**Cc:** hawaiicannabiscare@gmail.com  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/13/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Hawaii Cannabis Care	Individual	Support	Yes

Comments: Testing Cannabis is needed for all local mmj cardholders. Everyone needs to be able to test their products. Taking away caregiver rights we dont agree on.

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**ON THE FOLLOWING MEASURE:**

HB1488 HD1, RELATING TO MEDICAL MARIJUANA

BEFORE THE: SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION,  
AND HEALTH

DATE: Thursday, March 16, 2017                      TIME: 9:30 A.M.

LOCATION: State Capitol, Conference Room 229

TESTIFIER: Christopher Garth, Executive Director

Honorable Chair Baker and Members of the Committee:

The Hawai'i Dispensary Alliance submits the following testimony in **OPPOSITION** to **HB1488 HD1 RELATING TO MEDICAL MARIJUANA**, which establishes the Office of Medical Marijuana Administration in DOH to administer dispensary system and patient registration; extends civil service exemptions and interim rulemaking authority; requires an alternate tracking system for use when the DOH computer tracking system is nonfunctional; adds considerations for establishing testing standards and selecting additional dispensary licensees; specifies retention requirements for video security recordings.

The Hawai'i Dispensary Alliance is a patient-centric organization that aims to appropriately introduce the legitimate cannabis industry to the state of Hawai'i. Our membership is drawn from patients and caregivers, dispensaries, manufacturers, producers, and ancillary businesses who shape the physical and intellectual cannabis space, as well as those who generally support the value of a legal right to cannabis-based medicine. The Alliance has established itself as a consistent voice in the conversation for greater patient access to safe and quality cannabis resources. It is from this perspective that we **OPPOSE** HB1488 HD1.

Specific and strong objections to this measure are based on:

- SECTION 2: Create a new Office of Medical Marijuana Administration – **OPPOSE**
- SECTION 6: Delay DOH assessment for additional MMJ licenses - **OPPOSE**

SECTION 2 establishes a new “Office of Medical Marijuana Administration” and is a provision that our members find to be untimely as well as one that may seriously detract from DOH’s standing obligations and commitment to meeting patient needs. In fact, DOH itself has testified that this move is unnecessary.

This measure lacks a vital revenue and funding source to appropriately install a new Office of Medical Marijuana Administration. Act 241, Session Laws of Hawai'i 2015, established a funding provision for DOH’s Medical Marijuana Dispensary Program with a loan of \$750,000 over fiscal year (2015-16). Current revenue streams for the state’s dispensary program are insufficient to cover both repayment of this loan and current operating expenses; the registry program is similarly underfunded and understaffed. Combining these two programs without both necessary appropriations for the transition and a mechanism for increasing program revenue is not an act of prudence and should be avoided at all costs;

especially in the face of the recent economic forecasts of slowing growth in Hawai‘i and the projected \$170 million shortfall in the state budget. Given the Department of Health’s already slow roll-out of many aspects of the dispensary program under its current budget constraints, additional strains on that budget will further extend the time that Hawai‘i’s patient community must wait for consistent and convenient access to safe cannabis-based medicine across the state.

SECTION 6. Section 329D-2, Hawai‘i Revised Statutes, is amended to read as follows:

"(j) Notwithstanding subsection (d), the department shall determine whether, based on the qualifying patient need, additional dispensary licenses shall be offered to qualified applicants in the State after October 1, [~~2017~~] 2018;" A delay of this magnitude is unacceptable as it directly encourages the continuation of limited access to vital medicine for Hawai‘i’s already large certified patient population. This measure should rather encourage DOH to move, as prescribed by ACT 241, to realize the 500 patients to 1 dispensary ratio. Recent DOH statistics cite 15,708 registered participants (patients and caregivers) which could yield a total of 23 additional licenses for a grand total of 31 licensees.

Additional licensees will contribute to a greater marketplace for patients in Hawai‘i by providing affordable access to more diversified and consistent medical products. The availability of more medicine ultimately will lead to less expensive medicine, which in turn helps to significantly erode the feasibility of a secondary or black market economy. Costs for testing products will be shared by a larger number of players further reducing costs and medicine prices. Patient counts will continue to increase as access to medicine improves – up to approximately double the current number of patients – based on the experience of medical programs in other states. Public education and familiarity with this form of medication will improve and the mania and stigma surrounding the industry will erode as more people see a healthy, and safe, medical industry.

Finally, additional rounds of applicants/applications would translate into the resources needed to fund a sustainable and self-sufficient state regulatory program. Consider that a second round of applications as early as October 2017 could yield \$115,000 at a minimum (23 applicants X \$5,000 application fee, though this number will likely be much larger as the number of applicants will greatly exceed the number of available licenses), and \$1,725,000 annually in licensing fees (23 licensees X \$75,000 licensing fee). This is not to mention the benefits for the state’s economy in general that would result from the creation of dozens of new, local businesses and their need to erect new buildings and hire hundreds of local workers.

Dollar valuations and funding considerations aside, this bill should address the needs of the patients that the program is intended to benefit – yet it is actively detrimental to their interests. SECTIONS 2 and 6 of HB1488 HD1 make no provisions for continued patient access to quality medicine throughout the eminent period of stagnation that the unfunded DOH program will surely endure as it creates a new office and vets additional licensees at some indeterminate time in the future.

For all of the foregoing reasons, the Hawai‘i Dispensary Alliance **OPPOSES** the language of this measure and recommends that **HB1488 HD1**, which establishes the Office of Medical Marijuana Administration in DOH to administer dispensary system and patient registration; extends civil service exemptions and interim rulemaking authority; requires an alternate tracking system for use when the DOH computer tracking system is nonfunctional; adds considerations for establishing testing standards and selecting additional dispensary licensees; specifies retention requirements for video security recordings, be **DEFERRED**.

Thank you very much for the opportunity to provide testimony on this measure.



March 14, 2017

TO: Senator Rosalyn Baker, Chair, Commerce, Consumer Protection & Health Committee  
Senator Clarence Nishihara, Vice-Chair, Commerce, Consumer Protection & Health Committee  
Members of the Commerce, Consumer Protection & Health Committee

FROM: Gregory Park, MD, Co-Founder, Chief Compliance Officer & Board Member  
Greg Yim, MD, Chief Medical Officer & Board Member  
Maui Wellness Group, DBA Maui Grown Therapies

RE: Testimony-**SUPPORT HOUSE BILL (HB) 1488, HOUSE DRAFT 1 (HD) 1**  
RELATING TO MEDICAL MARIJUANA  
Establishes the Office of Medical Marijuana Administration in DOH to administer dispensary system and patient registration. Extends civil service exemptions and interim rulemaking authority. Requires an alternate tracking system for use when the DOH computer tracking system is nonfunctional. Adds considerations for establishing testing standards and selecting additional dispensary licensees. Specifies retention requirements for video security recordings.

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

Maui Wellness Group earned the state's first medical marijuana dispensary license last April after achieving a near perfect score of 510 of a possible 520 points. On February 1, 2017 we became the first licensee to receive our *Notice to Proceed with Cultivation*. Since receiving our license, we have worked closely with Department of Health staff and are pleased with the collaborative relationship we have developed during this time. We are also grateful to the legislature for careful oversight of this new industry. I submit this testimony in support of HB 1488 as detailed below:

- 1) Administration: reconfiguration of the medical marijuana program within the Department of Health (DOH) by consolidating the dispensary and registration programs, extending civil service exemption, extending the DOH interim rulemaking authority, extending deadlines and additional criteria for issuance of new licenses and extending deadlines for caregivers and issuance of new licensees - **comment with support for extensions**
- 2) Laboratory testing transport for caregivers - **support**
- 3) Tracking system: creates an alternative system that allows patients continued access should the statewide computerized tracking system becomes inoperable – **strongly support**
- 4) Videotape recording period of 45-days – **support with suggested amendment**
- 5) Laboratory testing standards: creates new considerations for the standards of laboratory testing – **strongly support**



### ADMINISTRATIVE ISSUES

HB 1488 includes two deadline extensions under the original law, Act 241, Session Laws of Hawaii 2015, due to the lengthy delay in approving licensees to begin cultivating medical cannabis. It will be several months before licensees will be able to sell medical cannabis, we believe it is fair and reasonable to extend the deadline for caregivers to provide cannabis for qualified patients and to postpone the issuance of new dispensary licenses for at least one year. We **support** the extended deadlines in the bill.

However, when a similar bill, SB1150 came to this committee, the DOH proposed allowing the department to determine whether existing dispensary licensees shall be allowed to increase plant count, the number of production centers, and/or the number of retail dispensing locations per license. **We strongly support this position** and would also support the language adopted in the Senate Draft 1 that allowed the DOH to have this additional authority.

Regarding the reconfiguration within the DOH for the medical marijuana program, we support these efforts only if such changes will facilitate a more effective and efficient operation within DOH.

#### I. TESTING FOR QUALIFIED PATIENTS AND CAREGIVERS

The bill allows qualified patients and caregivers to test their marijuana or marijuana products at certified labs and allows for transport in limited circumstances. The House Health Committee added this language as part of its HD. Maui Wellness Group supports this provision as it will encourage a competitive and stable laboratory marketplace to the benefit of all stakeholders.

#### II. TRACKING SYSTEM

Maui Wellness Group **strongly supports** HB1488's suggested creation of an alternative access and tracking system in the unlikely event that the DOH's tracking system fails. Several other states currently provide for registered patients to select one dispensary for their purchases because it preserves necessary controls to ensure patients do not exceed legal limits for purchases. Patients can easily switch to another dispensary with sufficient notice. All dispensaries are required to have seed-to-sale tracking software, so this system would be easy to implement if it becomes necessary. It is both prudent and responsible to proactively plan for a possible temporary failure of the DOH tracking system to ensure patients maintain regulated access to medical cannabis in accordance with statutory limits.

#### III. LABORATORY TESTING

Maui Wellness Group **supports** revisions to the laboratory testing standards established in the interim rules. These rules require review and reconsideration. Testing for all pesticides regulated by the U.S. Environmental Protection Agency is unrealistic, prohibitively expensive and would lead to long delays in bringing products to market.

Our company strongly supports vigorous laboratory testing to ensure product and patient safety, but such testing must be done with reasonable tolerance levels and scope. Other states such as Oregon have implemented testing standards that are appropriate, practical and evidence-base.



#### IV. VIDEO STORAGE

Maui Wellness Group **supports** changing the requirement for video storage periods since the current administrative rules on the requirement for 365 days of video storage is over and beyond the requirements of any other jurisdiction which more commonly are at 30-45 days. We respectfully **request an amendment** to simply establish the requirement at 45 days. However, our company is prepared to comply with any length of video storage requirement deemed prudent by DOH and Public Safety officials.

Mahalo for your consideration.



**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 14, 2017 11:56 AM  
**To:** CPH Testimony  
**Cc:** alon@shahardiamonds.com  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/14/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
alon shahar	Individual	Support	No

Comments: I support this to be passed, it will help prevent harm to all patients.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 14, 2017 11:51 AM  
**To:** CPH Testimony  
**Cc:** nathaniel\_abitbol@hotmail.com  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/14/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
nathaniel abitbol	Individual	Support	No

Comments: medical marijuana patients/caregivers should not be restricted from testing medical products. there are many harmful contaminates that have been shown to cause sever medical side effects or even death. The sale of contaminated products should be monitored and ensured it is not released into distribution for the safety of all medical marijuana patients. all medical marijuana patients should be entitled to the access to medical marijuana testing laboratories to insure their medical products are not tainted with harmful contaminates that could cause more of a sever medical condition then they already have. laboratories ensure patients are not inhaling pesticides, mold, fungal infections, and many other harmful elements that come with growing marijuana. laboratories also help to ensure patients do not exceed proper dosage by doing potency test. I believe this should not be restricted to only dispensaries, but accessible to all patients/caregives in the state of Hawaii.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 14, 2017 11:44 AM  
**To:** CPH Testimony  
**Cc:** dgilles@hawaii.edu  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/14/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
David Gilles	Individual	Support	No

Comments: Aloha, I am writing this testimony in support of HB1488, with a specific interest in caregiver rights and Medical Marijuana Cardholder rights. As a Hawaii state MMJ cardholder with little space or experience to grow my own medicine, I have been left to fend for myself to acquire medication from other local cardholders and caregivers. Thankfully I have been able to arrange a caregiver to provide my medicine to me on a monthly basis. He is an experienced grower and shares with me roughly \$200-500 worth of medication every few weeks depending on my needs. Although the advent of Dispensaries will greatly increase the availability, safety and peace of mind involved with acquiring medicine, I do not think I will be able to afford purchasing medication. Additionally, the language of the current legislation seems to avoid the caregiver and cardholder's ability to test at a state certified laboratory. The ability to access the highest quality medication is the entire reason for the Dispensaries and the fact that this prime directive is being neglected for the impoverished or selfless caregivers is non-sequitur. For this reason, I Fully support HB1488 with the amendments that will allow caregivers and cardholders the right to test at the DOH accredited laboratories.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 14, 2017 11:18 AM  
**To:** CPH Testimony  
**Cc:** lmrazondecosta@gmail.com  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/14/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Leslie Razon-DeCosta	Individual	Support	No

Comments: I believe testing of medical marijuana should be accessible to all patients statewide, to prevent the purchasing of contaminated medical marijuana products. This is important because there has been studies showing serious side effects from the use of contaminated medical marijuana. Patients should not be restricted from access to something that could identify possible contamination in their medical marijuana that is supposed to be curing them.

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COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Aloha Chair Baker, Vice Chair Nishihara and Members of the Committee on Commerce, Consumer Protection and Health,

Please support HB1488 HD1 "Relating to Medical Marijuana" with an amendment. This legislation is important to me, as a lifelong Hawaii resident because I have family and friends whose health is improved everyday by medical marijuana.

Currently the law states that after 12/31/2018, patients will be limited to obtaining medical marijuana from either the dispensaries or growing it themselves. They will no longer be able to obtain medical marijuana from caretakers. I know several patients that like obtaining their medical marijuana from their caretaker. They do not want to be limited to only buy from dispensaries when they like the medicine they currently use. Please amend the law so that patients can continue to obtain medical marijuana as they do now from caretakers if they choose.

If this amendment is not possible, please at least support the legislation as it is written to push back the cut off date from 12/31/2018 to 12/31/2019. Considering the delays in setting up the dispensaries, I believe this will be necessary to ensure patients throughout the state do not have a lapse in access to legal medical marijuana.

Please think of the patients and pass this legislation with the above-discussed amendment.

Thank you for considering my testimony!  
Arianna Feinberg  
Upcountry Maui

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 13, 2017 10:07 PM  
**To:** CPH Testimony  
**Cc:** Terez.amato@yahoo.com  
**Subject:** \*Submitted testimony for HB1488 on Mar 16, 2017 09:30AM\*

**HB1488**

Submitted on: 3/13/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Terez Amato Lindsey	Individual	Support	No

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 13, 2017 10:04 PM  
**To:** CPH Testimony  
**Cc:** johnsychong@yahoo.com  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/13/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
john chong	Individual	Support	No

Comments: I am pro cannabis and would like to see the labs able to test for Hawaii residents so that we know that our medicine is clean. thank you.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 13, 2017 8:39 PM  
**To:** CPH Testimony  
**Cc:** ncsugano@gmail.com  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/13/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jari S.K. Sugano	Individual	Support	No

Comments: I support the intent of HB1488 with the exception of the phase out of caregivers. Caregivers represent our most vulnerable patient group in the medical marijuana program in Hawaii. Please allow them to care for Hawaii's patients past 2019. This bill, as is, would force them into the dispensary system or the black market. Those with physical challenges have no real and practical way to access and/or navigate within a dispensary system as delivery services are currently available at this time. In Hawaii, we take care of our family members. I ask you, respectfully, to reconsider removing caregiver rights.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 13, 2017 6:15 PM  
**To:** CPH Testimony  
**Cc:** ona.kahookano@yahoo.com  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/13/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
keonaona	Individual	Support	No

Comments: I support hb 1488. Lab test for medical marijuana patients is key!! This will help me determine if I'm growing my medicine properly. It will also help me in my dosage amounts. I DO NOT SUPPORT taking away care giver rights.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 13, 2017 6:02 PM  
**To:** CPH Testimony  
**Cc:** dciccone@gmail.com  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/13/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
dana ciccone	Individual	Support	No

Comments: I support hb 1488. I am a patient and i grow my own adequate supply. I would like to test my medicine. Please help the locals obtain a very needed service. I do not support taking away caregiver rights.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 13, 2017 5:49 PM  
**To:** CPH Testimony  
**Cc:** dciccione@ymail.com  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/13/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Janet Ciccone	Individual	Support	No

Comments: I support hb 1488!! As a Grower I want to know what's in my medicine. i need to know what contaminants are in my Cannabis. I support hb 1488 but don't support taking away caregiver rights. Mahalo!!

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 13, 2017 11:48 AM  
**To:** CPH Testimony  
**Cc:** lsierraknight@yahoo.com  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/13/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
LS Knight	Individual	Support	No

Comments: Please continue the process of making medical marijuana affordable and accessible to caregivers and their clients. Make sure all the protocols are in place for smooth accounting and dispensing. Mahalo

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 13, 2017 9:39 AM  
**To:** CPH Testimony  
**Cc:** begoniabarry@gmail.com  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/13/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Barbara Barry	Individual	Support	No

Comments: Aloha Chair and Committee members, I support this measure and I ask that the termination dates for caregivers be extended to 2019 from 2018. Please also allow patients, and caregivers, to use certified laboratories to test their medical marijuana. Mahalo for your support, Ms. Barbara Barry Ha'iku, HI

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Re: HB1488 HD1

March 12, 2017

Aloha,

I am a physician, board-certified in Pain Management and in Addiction Medicine and currently working in the field of Hospice and Palliative Care. I consider myself one of the foremost experts on medical cannabis in the State of Hawaii.

I have been very supportive of the State's efforts to establish medical marijuana dispensaries which will bring oversight, testing and access to many individuals in that could benefit from cannabis that either don't currently have access at all or don't have access to plants that have been tested. Testing is critical for cannabis to be used as a medication because it identifies the unique chemical composition of each plant, as well as determining potency and purity. It is the combination of cannabinoids and terpenes contained in each different marijuana cultivar (strain) that determines that cultivar's specific physiologic properties.

Smoking whole-plant (most commonly, as "bud" or flower) marijuana is rarely, if ever, the best or safest way to use it. Inhaling (via "vaporizing") whole-plant is a better option for most people but often still not the best option. It is my opinion, as well as that of many experts, that one of the safest and most appropriate methods for administering marijuana medicinally for a variety of medical conditions is via ingestion of the plant or plant extracts in the form of "edibles".

When properly prepared, an edible product can allow for extremely precise dose administration, which is critically important for a repeatedly consistent treatment response. This is much more difficult to control when smoking or inhaling.

Another critically important issue for medical use is that the duration of action be appropriate for the problem being treated. Smoked or inhaled cannabis has a rapid onset with a short duration of action. This short duration of action is not ideal for treating a chronic problem, like neuropathic pain or insomnia. In addition to the ability to accurately control the dose, it allows for a long duration of action which is far more appropriate for medical use.

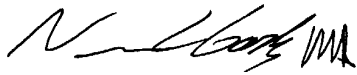
From my perspective treating people at end-of-life, another key factor which is often overlooked is acceptance and ease-of-use. Many people, especially the elderly, have no prior experience with smoking marijuana so they may be uncomfortable with accepting it as a treatment option if that is the only method available to them. Allowing the availability of edibles will make it far more acceptable to large numbers of individuals that could benefit from the effects of cannabis. Not only are edibles easier to use but they can be used more discretely and also by individuals living in places where smoking is not permitted.

Additionally, most people are already comfortable with ingesting medications (i.e., taking pills) so introducing medical cannabis to them in an edible form is a fairly straightforward thing. Also,

for debilitated patients or those with dementia for whom the act of smoking would be difficult, dangerous or impossible, edibles (as well as other orally administered forms, such as tinctures) are far more appropriate.

In summary, if you were to ask me to choose only a single route of administration for medical cannabis, I would say that ingestion is actually more appropriate than smoking. From a physician's perspective, to have smoking available but not edibles (and tinctures and concentrates) is really only a half-measure and quite far from ideal. For the sake of those who would benefit from it, I urge you to consider adding the availability of edible forms of medical cannabis in our dispensaries.

Sincerely,

A handwritten signature in black ink, appearing to read "Norm Goody MD". The signature is fluid and cursive, with a prominent "N" and "G".

Dr. Norm Goody  
75-809 Keaolani Dr.  
Kailua-Kona, HI 96740-8815  
808-331-8778  
cell: 808-987-6465  
fax: 877-296-6734  
DrNorm@ThreeRingRanch.org

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, March 11, 2017 12:55 PM  
**To:** CPH Testimony  
**Cc:** mendezj@hawaii.edu  
**Subject:** \*Submitted testimony for HB1488 on Mar 16, 2017 09:30AM\*

**HB1488**

Submitted on: 3/11/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 14, 2017 12:57 PM  
**To:** CPH Testimony  
**Cc:** Robin.s.knox@gmail.com  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/14/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
robin knox	Individual	Support	No

Comments: I support this bill as an interim measure but encourage the legislature to explore ways to reduce the costs and recordkeeping burdens, as well as to continue to allow primary caregivers after 2019. Many patients have spent years building relationships, facilities and specifically curated medical marijuana, and not all of those patients will be able to grow their medicine on their own or afford to purchase from dispensary. Why should the investments that patients have made over the years be thrown away, and their medicine be made unaffordable for them or in the case of curated strains, be unavailable legally if the patient cannot physically grow it themselves?

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 14, 2017 2:07 PM  
**To:** CPH Testimony  
**Cc:** Terez.amato@yahoo.com  
**Subject:** \*Submitted testimony for HB1488 on Mar 16, 2017 09:30AM\*

**HB1488**

Submitted on: 3/14/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Terez Amato Lindsey	Individual	Support	No

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, March 15, 2017 7:23 AM  
**To:** CPH Testimony  
**Cc:** cushmanzoo@hawaiiantel.net  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/15/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sharron Cushman	Individual	Support	No

Comments: I strongly support HB1488

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 14, 2017 11:49 PM  
**To:** CPH Testimony  
**Cc:** adamsiehr@gmail.com  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/14/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
adam	Individual	Oppose	No

Comments: ON THE FOLLOWING MEASURE: HB1488 HD1, RELATING TO MEDICAL MARIJUANA BEFORE THE: SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH DATE: Thursday, March 16, 2017 TIME: 9:30 A.M. LOCATION: State Capitol, Conference Room 229 Honorable Chair Baker and Members of the Committee: As a stakeholder in the medical marijuana industry I am writing in STRONG OPPOSITION to HB1488 HD1 RELATING TO MEDICAL MARIJUANA. I specifically and strongly oppose Section 2 and Section 6 for the following reasons: Section 2 establishes a new "Office of Medical Marijuana Administration" and is a provision that I find to be untimely as well as one that may seriously detract from DOH's standing obligations and commitment to meeting patient needs. In fact, DOH itself has testified that this move is unnecessary. This measure lacks a critical revenue and funding source to appropriately install and manage a new Office of Medical Marijuana Administration - let alone solve the budget woes of the current DOH Registry and Dispensary Programs. Combining these two programs without necessary appropriations for the transition and a mechanism for increasing program revenue should be avoided at all costs. Given the Department of Health's already slow roll-out of the dispensary program under its current budget constraints, any additional strains on that budget will further extend the time that Hawai'i's patient community must wait for consistent and convenient access to safe, cannabis-based medicine across the state. Section 6 prescribes a year-long delay in assessing additional licenses - from October 2017 to October 2018. The simplicity of this delay is a ruse as the reality is that any additional licensees simply won't be operational for at least another 12 to 24 months after the assessment is completed by DOH, leaving stakeholders like myself without access to safe, affordable, and diverse mediums of cannabis-based medicine for the next 3 to 4 years. Conversely, the addition of new licensees under the current statute's timeframe will provide affordable access to more diversified and consistent medical products. The availability of more medicine will reduce its cost, undermining the feasibility of a black market economy. Costs for testing products will also decline and patient counts will go up. Public education will grow and the stigma surrounding the industry will erode as more people see a healthy, safe, diverse, and inclusive medical cannabis program in Hawai'i. For these reasons, I stand

in STRONG OPPOSITION to HB1488 HD1 and ask that your committee DEFER this measure. Thank you very much for the opportunity to provide testimony on this measure. Respectfully, Adam Siehr

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 14, 2017 10:10 PM  
**To:** CPH Testimony  
**Cc:** Musicmind75@yahoo.com  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/14/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Laura Safranski	Individual	Oppose	No

Comments: Section 2 is unnecessary, burdensome and costly. Section 6 further delays access to medicine enabling an illegal black market as not everyone is able to grow it or have a caretaker..

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 14, 2017 10:04 PM  
**To:** CPH Testimony  
**Cc:** afm.jwm@gmail.com  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/14/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Joseph Morairty	Individual	Support	No

Comments: Aloha-Please pass this bill with 1)inter island medicine transport 2)maintain care giver grower 3)increase the max to 10 plants,please help us help ourselves get well.Mahalo,Joseph Morairty (former Rep Joe Bertram III D10)

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**ON THE FOLLOWING MEASURE:**

HB1488 HD1, RELATING TO MEDICAL MARIJUANA

BEFORE THE: SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION,  
AND HEALTH

DATE: Thursday, March 16, 2017                      TIME: 9:30 A.M.

LOCATION: State Capitol, Conference Room 229

Honorable Chair Baker and Members of the Committee:

As a stakeholder in the medical marijuana industry I am writing in **STRONG OPPOSITION** to **HB1488 HD1 RELATING TO MEDICAL MARIJUANA**.

I specifically and strongly oppose **Section 2** and **Section 6** for the following reasons:

**Section 2** establishes a new “Office of Medical Marijuana Administration” and is a provision that I find to be untimely as well as one that may seriously detract from DOH’s standing obligations and commitment to meeting patient needs. In fact, DOH itself has testified that this move is unnecessary. This measure lacks a critical revenue and funding source to appropriately install and manage a new Office of Medical Marijuana Administration - let alone solve the budget woes of the current DOH Registry and Dispensary Programs. Combining these two programs without necessary appropriations for the transition and a mechanism for increasing program revenue should be avoided at all costs. Given the Department of Health’s already slow roll-out of the dispensary program under its current budget constraints, any additional strains on that budget will further extend the time that Hawai‘i’s patient community must wait for consistent and convenient access to safe, cannabis-based medicine across the state.

**Section 6** prescribes a year-long delay in assessing additional licenses - from October 2017 to October 2018. The simplicity of this delay is a ruse as the reality is that any additional licensees simply won’t be operational for at least another 12 to 24 months *after* the assessment is completed by DOH, leaving stakeholders like myself without access to safe, affordable, and diverse mediums of cannabis-based medicine for the *next 3 to 4 years*. Conversely, the addition of new licensees under the current statute’s timeframe will provide affordable access to more diversified and consistent medical products. The availability of more medicine will reduce its cost, undermining the feasibility of a black market economy. Costs for testing products will also decline and patient counts will go up. Public education will grow and the stigma surrounding the industry will erode as more people see a healthy, safe, diverse, and inclusive medical cannabis program in Hawai‘i.

For these reasons, I stand in **STRONG OPPOSITION** to **HB1488 HD1** and ask that your committee **DEFER** this measure. Thank you very much for the opportunity to provide testimony on this measure.

Respectfully,



**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 14, 2017 8:57 PM  
**To:** CPH Testimony  
**Cc:** dtewabeach@gmail.com  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/14/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
David Thompson	Individual	Oppose	No

Comments: We have been waiting too long to get access to safe and affordable medicine. This bill will just increase the time it takes to get the dispensaries open. I strongly oppose this bill.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 14, 2017 8:28 PM  
**To:** CPH Testimony  
**Cc:** lynneronderko@gmail.com  
**Subject:** \*Submitted testimony for HB1488 on Mar 16, 2017 09:30AM\*

**HB1488**

Submitted on: 3/14/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lynn Onderko	Individual	Support	No

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 14, 2017 5:47 PM  
**To:** CPH Testimony  
**Cc:** tulsigreenlee@icloud.com  
**Subject:** Submitted testimony for HB1488 on Mar 16, 2017 09:30AM

**HB1488**

Submitted on: 3/14/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tulsi Greenlee	Individual	Support	No

Comments: I support the extending the termination date of caregivers from 2018, to 2019 and to allow patients, and caregivers, to use certified laboratories to test their medical marijuana. Thank you Tulsi

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**ON THE FOLLOWING MEASURE:**

HB1488 HD1, RELATING TO MEDICAL MARIJUANA

BEFORE THE: SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION,  
AND HEALTH

DATE: Thursday, March 16, 2017                      TIME: 9:30 A.M.

LOCATION: State Capitol, Conference Room 229

Honorable Chair Baker and Members of the Committee:

As a stakeholder in the medical marijuana industry I am writing in **STRONG OPPOSITION** to **HB1488 HD1 RELATING TO MEDICAL MARIJUANA**.

I specifically and strongly oppose **Section 2** and **Section 6** for the following reasons:

**Section 2** establishes a new “Office of Medical Marijuana Administration” and is a provision that I find to be untimely as well as one that may seriously detract from DOH’s standing obligations and commitment to meeting patient needs. In fact, DOH itself has testified that this move is unnecessary. This measure lacks a critical revenue and funding source to appropriately install and manage a new Office of Medical Marijuana Administration - let alone solve the budget woes of the current DOH Registry and Dispensary Programs. Combining these two programs without necessary appropriations for the transition and a mechanism for increasing program revenue should be avoided at all costs. Given the Department of Health’s already slow roll-out of the dispensary program under its current budget constraints, any additional strains on that budget will further extend the time that Hawai‘i’s patient community must wait for consistent and convenient access to safe, cannabis-based medicine across the state.

**Section 6** prescribes a year-long delay in assessing additional licenses - from October 2017 to October 2018. The simplicity of this delay is a ruse as the reality is that any additional licensees simply won’t be operational for at least another 12 to 24 months *after* the assessment is completed by DOH, leaving stakeholders like myself without access to safe, affordable, and diverse mediums of cannabis-based medicine for the *next 3 to 4 years*. Conversely, the addition of new licensees under the current statute’s timeframe will provide affordable access to more diversified and consistent medical products. The availability of more medicine will reduce its cost, undermining the feasibility of a black market economy. Costs for testing products will also decline and patient counts will go up. Public education will grow and the stigma surrounding the industry will erode as more people see a healthy, safe, diverse, and inclusive medical cannabis program in Hawai‘i.

For these reasons, I stand in **STRONG OPPOSITION** to **HB1488 HD1** and ask that your committee **DEFER** this measure. Thank you very much for the opportunity to provide testimony on this measure.

Respectfully,  
Miles W. Tuttle  
Kush Bottles Hawaii

TO: COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
Senator Rosalyn H. Baker, Chair, Senator Clarence K. Nishihara, Vice Chair

FROM: Wendy Gibson R.N.

RE: HB1488 HD1 In Support—with Comments.

DATE: Thursday, March 16, 2017 at 9:30 a.m. Conference Room 229

Dear Chair Baker, Vice Chair Nishihara and Members of the Committee,

I am Wendy Gibson, a cannabis nurse and patient advocate. While I support most of the features of this bill, there is one that I oppose.

I'm **OPPOSED to:** The **consolidating of the DOH dispensary and registration programs**. I agree with the DOH that we should wait until the medical marijuana dispensaries are open and the Department has the chance to gauge the impact upon the State. Creating a new office at this time would be costly, time-consuming and cause delays with the current operations.

**I SUPPORT extending:** The civil service exemption; the DOH interim rulemaking authority; deadlines and additional criteria for issuance of new licenses. I would like to see the date for assessment of the need for need for new licenses changed to 5/1/18 rather than 10/1/18). The needs should be clear by then.

**I SUPPORT extending the deadlines** for the caregiver phase-out but would prefer **to see the sunset date eliminated**. Patients should retain the option of growing their own medicine and might need the assistance of a caregiver.

**I SUPPORT laboratory testing** for patient-grown cannabis and products. Knowing what is in the medicine is crucial to dosing and knowing if contaminants (such as mold or leftover fertilizers) are present.

**I SUPPORT** creating an **alternate tracking system** that allows patients continued access in the event that the computerized tracking system becomes inoperable. I'm hopeful this can be done in a way that is simple, efficient and ensures safe access.

**I SUPPORT** retention of dispensary **videotape** recording for a period of not less than 45-days. Other states manage to operate with about 30 days.

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

Wendy Gibson PTA, RN/BSN.  
Wendygibson9@gmail.com

Ronald Cannarella  
1456 Thurston Ave. #1402  
Honolulu, HI 96822

March 15, 2017

Twenty Seventh Hawaii State Legislature  
Senate Committee on **Commerce, Consumer Protection, and Health (CPH)**  
Attention: Senator Rosalyn H. Baker, Chair

Subject: Testimony on HB1488, HD1, RELATING TO MEDICAL MARIJUANA  
Position: Support with comments

Dear Senator Baker,

I am submitting these comments on HB1488 HD1 in my capacity as a resident of Hawaii medical marijuana user with several chronic debilitating conditions. I have not been involved in the Medical Marijuana community until very recently. Please excuse my brevity, but I want to submit this testimony in time for it to be entered in the public record.

I am a proud retiree with over twenty years with the State of Hawaii Department of Land and Natural Resources/ Division of Forestry and Wildlife (DOFAW) where I was the section head for the Planning and Information Services section. At DOFAW I was the "tech guy" where I helped usher the technologies that we now take for granted including the internet, email, online license systems for the State's hunting program, Na Ala Hele and recreation in the Forest Reserves.

Prior to working with DOFAW I worked in the US Environmental Protection Agency's Office of Pesticide Management in Washington, DC which develops standards and language for pesticide labels.

In short, my testimony here is based on a lifetime of experience in the issues that HB1488\_HD1 addresses. I respectfully submit these comments, fully aware of the realities of working inside the State bureaucracy. I am very grateful for all of the work of the Legislature, DOH and the MMJ license holders. I am also a patient, who has been literally counting the days until the State MMJ dispensaries can supply medical cannabis.

In general I support most of the issues in this bill. But in short, I would urge the Legislature to please refrain from "letting the perfect be the enemy of the good". Please let the medical cannabis industry get up and running without delay.

1. I support the development of a data tracking system that can function during those times when the online system is down. Frankly, "real time" tracking of an agricultural crop can never really be attained. For example, the weight of a crop after harvest will vary with



humidity, stems, seeds, ect. And there are so few dispensaries in our system that real time data tracking hardly seems necessary. There is only one dispensary on Kauai! Does the Kauai Police Department really need on time data tracking, including nights, weekends and holidays? Colorado is reactivating a contract to do just that. They are spending \$ millions of dollars doing just that.

And it will take SEVERAL YEARS before Hawaii's tracking system is fully implemented. There will be glitches, computer crashes, changes in personnel and changes of DOH administrators before this system is fully realized.

And even "being online" is an abstract concept for the internet. Power outages are local and sporadic. Maui may be lit up, but Molokai may be in the dark. We all know this from experience.

So as a backup system, I would suggest paper and pen.

2. Please do not require DOH to reorganize the MMJ office at this time. They are overworked, understaffed, and doing their best to keep up. Doing a reorg is no trivial matter. Please do not insert DHRD into the system this year. Or even next year. At a later date everyone will have a better understanding on how to organize the bureaucracy.

3. Please do not restrict the patients' right to grow for their own use. Many of us are living from day to day. And many people feel a spiritual connection to cannabis. Growing is good therapy. It saves people money.

Please do not pull the rug out from under our feet. At the very least, please extend the deadline. Doing so may have a secondary effect of State government demonstrating aloha and goodwill.

4. Please ENCOURAGE the testing of cannabis without exception. It is good for anyone consuming a drug to know what they are ingesting, the potency, purity, etc. Testing could be done on an anonymous basis.

As for the legal concerns about "unlimited transport of marijuana" to the labs, that does not make sense. It would not be difficult for people to schedule the delivery of a sample to be tested at the lab via text. Reservations could be made with a timed window during which the sample could be taken to the lab.

5. With respect to testing standards for pesticides; don't even think about it! The application of a pesticide on an agricultural crop can only be done legally by a licensed pesticide applicator, and only in strict adherence to the label of that pesticide. Please defer to the Dept of Agriculture; they are experts in this field.

Out of time.





Thank you for all that you are doing.

Sincerely,  
Ronald Cannarella



**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, March 15, 2017 9:47 AM  
**To:** CPH Testimony  
**Cc:** gifts9954@gmail.com  
**Subject:** \*Submitted testimony for HB1488 on Mar 16, 2017 09:30AM\*

**HB1488**

Submitted on: 3/15/2017

Testimony for CPH on Mar 16, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Susan Vickery	Individual	Support	No

Comments:

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Sent from my iPhone  
HB1488 HD1, RELATING TO MEDICAL MARIJUANA  
BEFORE THE: SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION,  
AND HEALTH DATE: Thursday, March 16, 2017 TIME: 9:30 A.M.  
LOCATION: State Capitol, Conference Room 229  
Honorable Chair Baker and Members of the Committee:

As a stakeholder in the medical marijuana industry I am writing in **STRONG OPPOSITION** to HB1488 HD1 RELATING TO MEDICAL MARIJUANA.

I specifically and strongly oppose Section 2 and Section 6 for the following reasons:

Section 2 establishes a new “Office of Medical Marijuana Administration” and is a provision that I find to be untimely as well as one that may seriously detract from DOH’s standing obligations and commitment to meeting patient needs. In fact, DOH itself has testified that this move is unnecessary. This measure lacks a critical revenue and funding source to appropriately install and manage a new Office of Medical Marijuana Administration - let alone solve the budget woes of the current DOH Registry and Dispensary Programs. Combining these two programs without necessary appropriations for the transition and a mechanism for increasing program revenue should be avoided at all costs. Given the Department of Health’s already slow roll-out of the dispensary program under its current budget constraints, any additional strains on that budget will further extend the time that Hawai‘i’s patient community must wait for consistent and convenient access to safe, cannabis-based medicine across the state.

Section 6 prescribes a year-long delay in assessing additional licenses - from October 2017 to October 2018. The simplicity of this delay is a ruse as the reality is that any additional licensees simply won’t be operational for at least another 12 to 24 months after the assessment is completed by DOH, leaving stakeholders like myself without access to safe, affordable, and diverse mediums of cannabis-based medicine for the next 3 to 4 years. Conversely, the addition of new licensees under the current statute’s timeframe will provide affordable access to more diversified and consistent medical products. The availability of more medicine will reduce its cost, undermining the feasibility of a black market economy. Costs for testing products will also decline and patient counts will go up. Public education will grow and the stigma surrounding the industry will erode as more people see a healthy, safe, diverse, and inclusive medical cannabis program in Hawai‘i.

For these reasons, I stand in **STRONG OPPOSITION** to HB1488 HD1 and ask that your committee **DEFER** this measure. Thank you very much for the opportunity to provide testimony on this measure.

Respectfully,

JAY PINERA

**ON THE FOLLOWING MEASURE:**

HB1488 HD1, RELATING TO MEDICAL MARIJUANA

BEFORE THE: SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION,  
AND HEALTH

DATE: Thursday, March 16, 2017                      TIME: 9:30 A.M.

LOCATION: State Capitol, Conference Room 229

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For these reasons, I stand in **STRONG OPPOSITION** to **HB1488 HD1** and ask that your committee **DEFER** this measure. Thank you very much for the opportunity to provide testimony on this measure.

Respectfully,



Stephen P. Pingree, Attorney at Law