

SB173

Measure Title: RELATING TO MEDICAL MARIJUANA.

Report Title: Medical Marijuana; Plant; Seedling; Primary Caregivers; Felons; Employment; Edible Cannabis Products

Description: Clarifies that an adequate supply of medical marijuana authorized for possession by a qualifying patient and the primary caregiver includes seven marijuana plants that are at least twelve inches in height or width, and seven marijuana seedlings that are less than twelve inches in height and width. Authorizes primary caregivers to continue cultivating marijuana for qualifying patients after December 31, 2018. Allows a felon to work in the medical marijuana industry if the individual has not served time in prison for a felony conviction in the five years immediately preceding the employment. Defines edible cannabis products as manufactured cannabis that is intended to be used, in whole or in part, for human consumption. Authorizes licensed medical marijuana dispensaries to manufacture and distribute edible cannabis products beginning July 1, 2018.

Companion:

Package: None

Current Referral: CPH/PSM, JDL/WAM

Introducer(s): ESPERO, RUDERMAN, Gabbard, Galuteria

DAVID Y. IGE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
919 Ala Moana Boulevard, 4th Floor
Honolulu, Hawaii 96814

NOLAN P. ESPINDA
DIRECTOR

Cathy Ross
Deputy Director
Administration

Jodie F. Maesaka-Hirata
Deputy Director
Corrections

Renee R. Sonobe Hong
Deputy Director
Law Enforcement

No. _____

**TESTIMONY ON SENATE BILL 173
RELATING TO MEDICAL MARIJUANA**

By

Nolan P. Espinda, Director
Department of Public Safety

Senate Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair

Senate Committee on Public Safety, Intergovernmental, and Military Affairs
Senator Clarence K. Nishihara, Chair
Senator Glenn Wakai, Vice Chair

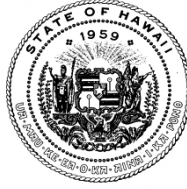
Thursday, February 9, 2017; 1:15 p.m.
State Capitol, Conference Room 229

Chairs Baker Nishihara, Vice Chair Wakai, and Members of the Committees:

The Department of Public Safety (PSD) **opposes** Senate Bill (SB) 173, which proposes to: 1) clarify "adequate supply" of marijuana; 2) authorize primary caregivers to continue to cultivate marijuana for qualifying patients after December 31, 2018; 3) allow a felon who has not served time in prison for a conviction in the five years immediately preceding the employment application date to work in the medical marijuana industry; and 4) authorize licensed medical marijuana dispensaries to manufacture and distribute edible cannabis products beginning July 1, 2018.

PSD opposes the passage of new laws related to marijuana until the medical marijuana dispensaries have been opened and operating, and agencies are able to evaluate and assess the impact of medical marijuana upon the State.

Thank you for the opportunity to present this testimony.



Testimony by:
FORD N. FUCHIGAMI
DIRECTOR

Deputy Directors
JADE T. BUTAY
ROSS M. HIGASHI
EDWIN H. SNIFFEN
DARRELL T. YOUNG

IN REPLY REFER TO:

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
869 PUNCHBOWL STREET
HONOLULU, HAWAII 96813-5097

February 9, 2017
1:15 p.m.
State Capitol, Room 229

S.B. 173
RELATING TO MEDICAL MARIJUANA

Senate Committees on Commerce, Consumer Protection, and Health
& Public Safety, Intergovernmental, and Military Affairs

The Department of Transportation **opposes** S.B. 173 relating to medical marijuana. Among other things, the bill defines edible cannabis products as manufactured cannabis that is intended to be used, in whole or in part, for human consumption and authorizes licensed medical marijuana dispensaries to manufacture and distribute edible cannabis products beginning July 1, 2018.

Marijuana-impaired driving is already a problem in Hawaii, with 18 percent of fatal crashes from 2013 through 2015 involving tetrahydrocannabinol (THC).

We believe that legalizing edible cannabis products will contribute to an increase in marijuana-impaired driving incidents. Edible marijuana is very different from “joints” and other marijuana products; its potency is often at least several times that of an average joint, according to Smart Approaches to Marijuana’s October 2016 report, “Lessons Learned After 4 Years of Marijuana Legalization.” And when consumed in edibles compared to smoking, THC sometimes takes 30 minutes to several hours to take effect. Because of this delay, people are more likely to eat more than the recommended serving since they don’t immediately feel the effects. These same people may get behind the wheel of a car and be driving when the effects are felt.

According to a November 2015 report from the Canadian Centre on Substance Abuse entitled “Cannabis Regulation: Lessons Learned in Colorado and Washington State,” stakeholders in Colorado and Washington recommended that any jurisdiction considering policy change, including commercialization and legalization of marijuana, should “develop a clear, comprehensive communication strategy to convey details of the regulations prior to implementation, so that the public and other stakeholders understand what is permitted, as well as the risks and harms associated with use, so that individuals can make informed choices.” Stakeholders in both states agreed that “moving gradually and decreasing the restrictiveness of regulations is easier than increasing them, so they recommended beginning with a more restrictive framework

and easing restrictions as evidence indicates. Colorado's experience with edible cannabis products illustrates the importance of this theme."

Medical marijuana dispensaries have not opened in Hawaii yet, so we have not seen the impacts retail sales may have on impaired driving and public safety in our state. To legalize edibles at this point would be premature and perhaps regrettable.

Thank you for the opportunity to provide testimony.

Section 3: ~~[After December 31, 2018, no primary caregiver shall be authorized to cultivate marijuana for any qualifying patient.]~~ The repeal of this provision and the return of caregiver rights is much-needed component of §329 language. While this statutory consideration applies to a very small minority, the removal of caregivers' rights will have a dramatic impact on those who would rather seek cannabis based medicine over other, more invasive and potentially problematic, medicinal solutions.

Sections 4, 5, 6, & 9: Allowing for individuals whom have "not served time in prison for a felony [convictions;] conviction in the five years immediately preceding..." to participate in Hawaii's medical cannabis industry. Incorporating this language would allow industry hiring, licensing, and ownership standards to fall more in line with federal and state hiring standards.

Section 8: The inclusion of Edibles. The language of this measure appropriately aims to promote the development of safe methods of medical cannabis administration that will not only help patients by providing them with the ability to obtain alternative forms of medicine, but will expand economic opportunities for the dispensaries and diversify their product offerings. Under this bill, patients will now have access to a variety of new ingestion methods available to them at dispensaries – these methods are more medically effective than inhalation, yet safe. It is my opinion that these amendments are sensible, practical, and necessary changes that encourage greater patient access to a well-rounded selection of medical cannabis products.

For these reasons, we stand in **STRONG SUPPORT** of **SB173**.

I would like to recommend that this bill be moved forward for further discussion. Thank you very much for the opportunity to provide testimony on this measure.



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

TO: Senate Committees on Commerce, Consumer Protection and Health; Public Safety, Intergovernmental and Military Affairs
FROM: Carl Bergquist, Executive Director
HEARING DATE: 9 February 2017, 1:15PM
RE: SB173, Relating to Medical Marijuana, **SUPPORT**

Dear Chairs Baker and Nishihara, Vice Chair Wakai, Committee Members:

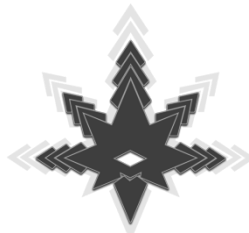
The Drug Policy Forum of Hawai'i (DPFHI) strongly supports this omnibus measure to address various shortcomings in the state's current medical cannabis statutes, related administrative rules as well as the operation of the Department of Health's (DOH) medical cannabis registry and dispensary programs.

In particular, we would like to highlight why the following are good for patients:

- a) **Increasing the permitted plant count** per patient or caregiver to include both seven plants as well as **seven seedlings** ensures that they can properly replenish their supply of medicine;
- b) **Allowing caregivers to serve patient needs** after the current statutory sunset date of 12/31/18 will honor those patients and caregivers who have had crucial working relationships, sometimes as far back as the inception of the medical cannabis program;
- c) Including **edibles** as a permissible form of medical cannabis for sale at the dispensaries will help patients who need the slow release that such products can deliver and/or patients who cannot e.g. ingest or use their medicine in other ways. **However, we see no reason to delay the effective date of this provision to July 2018.** Patients need this form of medical cannabis now, and further, the reciprocity provisions may kick in half a year before that, putting Hawai'i at a competitive disadvantage with other tourist destinations.
- d) The **revision to the total bar for felons** to apply for a medical cannabis license or to work with such a licensee was always too punitive. The proposed change to only apply the ban to felons within the past five years is a welcome start to eliminating the bar entirely.

Mahalo for the opportunity to testify.

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SB173

RELATING TO MEDICAL MARIJUANA

Senate Committee on Commerce, Consumer Protection, and Health
Senate Committee on Public Safety, Intergovernmental, and Military Affairs
Thursday February 9, 2017
1:15 AM
State Capitol, Conference Room 229

Aloha Chair Baker, Chair Nishihara, Vice Chairs, and Members of the Committee,

Pakalōlō Suite, a Hawai'i based community organization of qualified medical marijuana patients, who currently subsist from personally cultivated adequate supplies, **STRONGLY SUPPORTS** SB173. SB173 clarifies the definition of “adequate supply” by adding “seven marijuana seedlings;” authorizes primary caregivers to continue cultivating marijuana for qualifying patients; and allows a felon to work in the medical marijuana industry if the individual has not served time in prison for a felony conviction in the five years immediately preceding the employment.

A narrow reading of “adequate supply” pursuant to HRS § 329-121 to mean that qualifying patients are permitted to possess a maximum of seven marijuana plants, whether mature or immature, would create an unreasonable definition that frustrates the very notion of adequacy. From seed to harvest, the survival of a plant is not absolute. Limiting the number of newly sprouted plants to the maximum number allowable could result in an inadequate number of plants by harvest. In essence, a qualified patient cultivator, who subsists entirely off of their own grow efforts for treatment, would be subjected to an incredibly high cultivation standard of 100% plant survivability – no one’s thumb is that green. **Clarifying the definition of “adequate supply” to mean a qualified patient’s allowable possession of seven marijuana plants, whether mature/immature, and “seven marijuana seedlings,” would be a reasonable reading of “adequacy” in supply to meet qualified patient needs.**

Pakalōlō Suite urges the Committees to **PASS** SB173. Mahalo nui loa for this opportunity to share our testimony,

Māhealani Traub
Pakalōlō Suite Prime Advocate

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 8, 2017 2:29 PM
To: CPH Testimony
Cc: adamsiehr@gmail.com
Subject: Submitted testimony for SB173 on Feb 9, 2017 13:15PM

SB173

Submitted on: 2/8/2017

Testimony for CPH/PSM on Feb 9, 2017 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
adam	custom tattooing llc	Support	No

Comments: ON THE FOLLOWING MEASURE: SB NO. 173, RELATING TO MEDICAL MARIJUANA BEFORE THE: JOINT SENATE COMMITTEES ON COMMERCE, CONSUMER PROTECTION, & HEALTH/ PUBLIC SAFETY, INTERGOVERNMENTAL & MILITARY AFFAIRS DATE: Thursday, February 9, 2017 TIME: 1:15 P.M. LOCATION: State Capitol, Conference Room 229 Honorable Chairs Baker and Nishihara and Members of the Committees: As a stakeholder in the medical marijuana industry I am writing in STRONG SUPPORT of SB173 RELATING TO MEDICAL MARIJUANA, which clarifies that an adequate supply of medical marijuana authorized for possession by a qualifying patient and the primary caregiver includes seven marijuana plants that are at least twelve inches in height or width, and seven marijuana seedlings that are less than twelve inches in height and width. Authorizes primary caregivers to continue cultivating marijuana for qualifying patients after December 31, 2018. Allows a felon to work in the medical marijuana industry if the individual has not served time in prison for a felony conviction in the five years immediately preceding the employment. Defines edible cannabis products as manufactured cannabis that is intended to be used, in whole or in part, for human consumption. Authorizes licensed medical marijuana dispensaries to manufacture and distribute edible cannabis products beginning July 1, 2018. It is my opinion that these amendments are sensible, practical, and necessary changes that encourage greater patient access to a well-rounded selection of medical cannabis products. The language of this measure appropriately aims to promote the development of safe methods of medical cannabis administration that will not only help patients by providing them with the ability to grow a more predictable personal supply, but will expand economic opportunities for the dispensaries and diversify their product offerings. Under this bill, patients will now have access to a variety of new ingestion methods available to them at dispensaries – these methods are more medically effective than inhalation, yet safe. For these reasons, I stand in STRONG SUPPORT of SB173. I would like to recommend that this bill be moved forward for further discussion. 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, February 7, 2017 11:12 AM
To: CPH Testimony
Cc: thebowen@hawaiiantel.net
Subject: Submitted testimony for SB173 on Feb 9, 2017 13:15PM

SB173

Submitted on: 2/7/2017

Testimony for CPH/PSM on Feb 9, 2017 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Bowen Dickinson	Individual	Support	No

Comments: This bill should become effective as soon as possible--do not make patients wait until July 2018

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 7, 2017 10:03 AM
To: CPH Testimony
Cc: gabecollazo23@gmail.com
Subject: Submitted testimony for SB173 on Feb 9, 2017 13:15PM

SB173

Submitted on: 2/7/2017

Testimony for CPH/PSM on Feb 9, 2017 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Gabriel Collazo	Individual	Comments Only	No

Comments: I am submitting testimony today as a proponent of the current Medical Marijuana laws in Hawaii, but also one who knows that it has room for improvement. First of all, I would like to express my approval of the current caregiver system. Many MMJ patients are suffering from debilitating conditions that do not allow them to perform the physical labor associated with the cultivation of their medicine. Most have someone in their life who believes in the efficacy of cannabis medication and is willing to cultivate and prepare safe medicine for the afore mentioned patient. Doing away with this program would take medicine away from the people who need it the most, and cannot provide for themselves. Secondly, the measure allowing felons to work in the burgeoning MMJ industry would put jobs in the hands of those who need them most. Non re-offending felons. Thirdly, the part of this measure that allows for MMJ edibles is absolutely crucial. While smoking cannabis is the most widely used method of medicating, it may not be the most healthy way, or even possible for some patients. Some seriously ill patients cannot physically smoke, and therefore need to ingest their medication. Edibles, tinctures and infused oils are the only refuge for some, especially those in hospice care. Please have a heart toward your fellow humans, your fellow Americans, and your fellow Hawaiian citizens, and cast your vote to help those in need. Thank you for your time and consideration. Sincerely, Gabriel Collazo

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February 7, 2017

Dear Legislatures,

Caregiver Solutions

Hawai'i has made great strides in opening up the dispensary option which will make it easier for patients who need the medicinal properties of cannabis but do not have the knowledge or physical ability, or network, to produce clean appropriate medicine for their condition.

However, the current bill which restricts access to caregiver provided medicine after December 2018 can negatively impact patients who are having success with their current medication. Just like any medication, individual patients respond differently to certain prescriptions and doses it is the same with medical cannabis. There are thousands of different strains grown with different levels of potency – not one size fits all. Even if the dispensaries offer choices, for many patients, including myself, it has taken years to dial in the exact strain and dosage appropriate for my condition. If a caregiver were no longer able to provide the exact medicine to a patient, they would have to start over searching for the right combination.

Although varieties and strains are named and that naming can suggest attributes of the strain are consistent, growing techniques, fertilizers, soil, pesticides and fungicides used can alter the attributes of the medicine. It could take me months (if ever), and hundreds of dollars, to find a dispensary that carries a strain that will control my symptoms. That is if the strain can be found. With limits on how much medicine I can store during the search I do not know how my health will handle with time without my exact medicine.

My condition is not life threatening but many patients who have life threatening or life altering diseases rely on the safety and security of their medicine. They trust their caregivers to have their health, and not profit and availability, as the number one priority. Caregivers communicate directly with their patient, they plan their production accordingly, they use care to avoid caustic chemicals that could damage the compromised immune system of a patient, they do not charge extra for overhead and advertising, they are intimately close to the patient's condition and needs. Without the caregiver network patients who are suffering will suffer more. How will they afford the increased cost of their medicine, how will they travel to pick up their medicine when they are sick and how will they know that what they need will be readily available?

Furthermore is the concern of cost. Caregiver's provide a service; the cost is usually negotiated ahead of time so the patient can budget and plan for their medicine. Sometimes patients provide the start-up investment of equipment the caregiver uses to cultivate the medicine, thereby reducing the patients cost. It is yet to be seen, but taken away from the power of the patient, commercial cannabis may be too expensive for fixed income patients.

The dispensary system will assist those who do not have a good solution for their medicine, those who are traveling and need medicine, and those who are not networked with a caregiver and do not have options to cultivate their own medicine. It is a good solution, however it is not the only solution. Patients should have a right to cultivate their own medicine and if they are too sick to do so they should be able to work with a caregiver to provide their needs.

Edible Cannabis Products

I am further writing to support the option to allow edible cannabis products to be consumed by patients and produced and sold at dispensaries. Edible cannabis is the best solution for many patients. Smoking cannabis is counterintuitive to good health. There are tar products in the smoking of cannabis that can damage lung tissue. Releasing cannabinoid properties into butters, oils and tinctures to be used in cooking provides a safer cleaner way of ingesting the medicine than smoking. Patients who have never smoked before certainly do not want to start when they are sick just to get their medicine! Older people who need relief from pain and very ill patients who it is dangerous to “smoke” can find comfort in being able to eat or drink their medicine. Please see beyond the commercialization of edible cannabis to the very real benefit to the patients of ingesting their medicine.

Mahalo for your time, wisdom and community service,

Yours truly,

Julie Wiggett,

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 7, 2017 3:21 AM
To: CPH Testimony
Cc: dsusott@gmail.com
Subject: Submitted testimony for SB173 on Feb 9, 2017 13:15PM

SB173

Submitted on: 2/7/2017

Testimony for CPH/PSM on Feb 9, 2017 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
daniel susott, md, mph	Individual	Support	Yes

Comments: Mahalo for being on the right side of this one. If you are unclear what that is, please get help.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 6, 2017 8:48 PM
To: CPH Testimony
Cc: courtneybruch808@gmail.com
Subject: *Submitted testimony for SB173 on Feb 9, 2017 13:15PM*

SB173

Submitted on: 2/6/2017

Testimony for CPH/PSM on Feb 9, 2017 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Courtney Bruch	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 6, 2017 5:22 PM
To: CPH Testimony
Cc: naturadoc@gmail.com
Subject: Submitted testimony for SB173 on Feb 9, 2017 13:15PM

SB173

Submitted on: 2/6/2017

Testimony for CPH/PSM on Feb 9, 2017 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Bonnie Marsh	Individual	Support	No

Comments: Please support SB173 to continue to allow caregiver to grow medicine for patients. Many times patients are too sick to grow their own medicine or do not live where they can. Mahalo.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 6, 2017 1:09 PM
To: CPH Testimony
Cc: wao-hsl@WeAreOne.cc
Subject: *Submitted testimony for SB173 on Feb 9, 2017 13:15PM*

SB173

Submitted on: 2/6/2017

Testimony for CPH/PSM on Feb 9, 2017 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph Kohn MD	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 6, 2017 12:04 PM
To: CPH Testimony
Cc: maria.bacalso@gmail.com
Subject: *Submitted testimony for SB173 on Feb 9, 2017 13:15PM*

SB173

Submitted on: 2/6/2017

Testimony for CPH/PSM on Feb 9, 2017 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
maria linz	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 4, 2017 12:56 PM
To: CPH Testimony
Cc: jamesjtz@aol.com
Subject: *Submitted testimony for SB173 on Feb 9, 2017 13:15PM*

SB173

Submitted on: 2/4/2017

Testimony for CPH/PSM on Feb 9, 2017 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
James Gauer	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 4, 2017 11:48 AM
To: CPH Testimony
Cc: joeygreen808@gmail.com
Subject: Submitted testimony for SB173 on Feb 9, 2017 13:15PM

SB173

Submitted on: 2/4/2017

Testimony for CPH/PSM on Feb 9, 2017 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph Sanborn	Individual	Support	No

Comments: Please pass this bill to allow greater access to medical cannabis for those in need. People shouldn't have to pay for something they can do themselves, in an often superior manner, for little to no cost. Caregivers work and they need to continue that work for sick people.

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From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 4, 2017 11:16 AM
To: CPH Testimony
Cc: morrislures@yahoo.com
Subject: Submitted testimony for SB173 on Feb 9, 2017 13:15PM

SB173

Submitted on: 2/4/2017

Testimony for CPH/PSM on Feb 9, 2017 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Nick Morris	Individual	Support	No

Comments: Yes I'm totally for this. 7 Plant limit without seedlings is very hard to have a adequate supply of medicine. Seedlings have 50/50 chance of males. Which means I'm lucky to get 4 females out of 7 seedlings. With weather and bugs I'm lucky to get 1-2 plants left at harvest. Now I have to start the whole process again. Dispensaries are not an option for me, i can't afford it and I choose to grow 100% organically. Which the dispensaries will not offer. Thanks

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From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 3, 2017 1:26 PM
To: CPH Testimony
Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for SB173 on Feb 9, 2017 13:15PM*

SB173

Submitted on: 2/3/2017

Testimony for CPH/PSM on Feb 9, 2017 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 7, 2017 7:35 PM
To: CPH Testimony
Cc: crystalkpaul@yahoo.com
Subject: *Submitted testimony for SB173 on Feb 9, 2017 13:15PM*

SB173

Submitted on: 2/7/2017

Testimony for CPH/PSM on Feb 9, 2017 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Crystal Kia Paul	Individual	Support	No

Comments:

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ON THE FOLLOWING MEASURE:

SB NO. 173, RELATING TO MEDICAL MARIJUANA

BEFORE THE:

JOINT SENATE COMMITTEES ON COMMERCE, CONSUMER PROTECTION, &
HEALTH/ PUBLIC SAFETY, INTERGOVERNMENTAL & MILITARY AFFAIRS

DATE: Thursday, February 9, 2017

TIME: 1:15 P.M.

LOCATION: State Capitol, Conference Room 229

Honorable Chairs Baker and Nishihara and Members of the Committees:

As a stakeholder in the medical marijuana industry I am writing in **STRONGSUPPORT of SB173 RELATING TO MEDICAL MARIJUANA**, which clarifies that an adequate supply of medical marijuana authorized for possession by a qualifying patient and the primary caregiver includes seven marijuana plants that are at least twelve inches in height or width, and seven marijuana seedlings that are less than twelve inches in height and width. Authorizes primary caregivers to continue cultivating marijuana for qualifying patients after December 31, 2018. Allows a felon to work in the medical marijuana industry if the individual has not served time in prison for a felony conviction in the five years immediately preceding the employment. Defines edible cannabis products as manufactured cannabis that is intended to be used, in whole or in part, for human consumption. Authorizes licensed medical marijuana dispensaries to manufacture and distribute edible cannabis products beginning July 1, 2018.

It is my opinion that these amendments are sensible, practical, and necessary changes that encourage greater patient access to a well-rounded selection of medical cannabis products. The language of this measure appropriately aims to promote the development of safe methods of medical cannabis administration that will not only help patients by providing them with the ability to grow a more predictable personal supply, but will expand economic opportunities for the dispensaries and diversify their product offerings. Under this bill, patients will now have access to a variety of new ingestion methods available to them at dispensaries – these methods are more medically effective than inhalation, yet safe.

For these reasons, I stand in **STRONGSUPPORT** of **SB173**.

I would like to recommend that this bill be moved forward for further discussion. Thank you very much for the opportunity to provide testimony on this measure.

Respectfully,

Stacy Kracher, PMHNP, PMHCNS, CSAC, APRNRX

2/08/17, 12:30pm

Re: SB173,

Hearing: Feb 9, 2017 1:15 PM, CPH/PSM Rm 229,

Testimony of Robert Petricci,
State of Hawaii medical marijuana patient,

Patient position: strong support,

Senator Rosalyn H. Baker, Chair, CPH,
Senator Clarence K. Nishihara, Vice Chair,
Committee members,

Senator Clarence K. Nishihara, Chair, PSM,
Senator Glenn Wakai, Vice Chair,
Committee members,

Aloha Senators

Allowing seven marijuana seedlings that are less than twelve inches in height and width for patients in addition to seven plants larger than 12" is the right thing to do. It will help ensure an uninterrupted supply of medicine for those who can not afford to pay commercial operators prices that will be many times what they can grow their own for. In addition many patients want "clean" or "organic" medicine, it will be difficult for large commercial operations like Mr. Ha to do. Mono cropping by nature is difficult to do without chemical fertilizers, pesticides, and fungicides, as we see with recalls in Colorado and other states due to illegal pesticide use by large commercial growers.

SB173 helps bring the patients non commercial rights more in line with the rules already passed for commercial operators (dispensaries, are allowed "unlimited" numbers of plants under 12"). It appears from the look of things that dispensaries will be selling marijuana to sick people at what is to me as a patient unfairly high prices. Medical cannabis law should not be written so as to profit unduly off patients who need it for all types of health issues.

Puna where I live is one of the poorest communities in the state and we see that more patients grow their own here for that reason. With dispensary prices expected to be between \$200.00 and \$400.00 dollars an ounce for high quality marijuana, it seems only right that poor sick people can grow their own medicine and save thousands of dollars a year, that could be the difference between needless suffering and quality of life issues without access to "affordable" medicine.

Further many poor patients are not able (because of illness) or not skilled enough to grow their own clean, organic, "affordable"

medicine. Removing the caregiver option as is mandated in Dec. 2018 will unduly burden many patients financially or result in an unsustainable supply of the medicine they depend on. IMO, medical marijuana law should be about helping patients first, then the big players who are in this at least as much for the money as the humanity. Profiting off the misfortune our most vulnerable patients should not be the primary result of our medical marijuana program, helping people get good affordable medicine should be the result, SB173 moves us in that direction.

Mahalo for your help.

Robert Petricci
Medical marijuana patient

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 8, 2017 3:21 PM
To: CPH Testimony
Cc: johnneperez@mac.com
Subject: Submitted testimony for SB173 on Feb 9, 2017 13:15PM

SB173

Submitted on: 2/8/2017

Testimony for CPH/PSM on Feb 9, 2017 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
johnne peters	Individual	Support	No

Comments: I am in strong support of the continuation of the caregiver program. I think its very important for patients to be able to get affordable medicine through a licensed familiar caregiver. its usually family that is helping each other. In most cases a care giver is helping an elderly patient. I ask you to support this bill SB173. thank you for your time.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 8, 2017 3:20 PM
To: CPH Testimony
Cc: aroussel.sf@gmail.com
Subject: Submitted testimony for SB173 on Feb 9, 2017 13:15PM

SB173

Submitted on: 2/8/2017

Testimony for CPH/PSM on Feb 9, 2017 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Ashley Roussel	Individual	Support	No

Comments: Individuals being primary caregivers is of the utmost importance to our community. While I am not anti-dispensary, I certainly do not think this state needs another monopoly on a natural product. I fully support SB 173. Thank you for your time.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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February 10, 2016

Hawaii State Legislature

Testimony in support of SB173

My Name is Kristin Wohlschlagel. I am a Registered Nurse and Certified Hospice and Palliative Nurse living and working on the Big Island for more than 12 years. I am providing testimony in SUPPORT of SB173.

In addition to my qualifications as a nurse, I have also been a Hawaii Medical Marijuana (Cannabis) Patient since June, 2016.

It is critically important to establish adequate supply as including up to 7 plants and 7 seedlings. As a patient I have discovered that cultivation challenges resulted in me being unable to produce adequate amounts of medicinal marijuana for my own treatment. Because it takes a minimum of 4 months to grow a plant from seedling or cutting to harvest it is important to be able to cultivate 7 plants and to also have 7 seedlings. To provide the highest quality medicinal cannabis, free of moulds and other pathogens, for my own health treatment I grow indoor in my home, under artificial lights. Because of the height and space limitations as well as the fact that indoor lighting will not penetrate a dense plant canopy, my plants will average only 3 feet tall. This size is also important so that, as a patient with a serious back injury, I can still participate in the care and cultivation of my medicinal plants. These plants do not produce large quantities of useable flower and there are always some losses due to pests or other cultivation challenges. Allowing me to have 7 maturing and 7 seedlings will allow me to cope with these challenges much more adequately.

When I take cuttings to reproduce my plants for the next medicinal grow, I always have to cut extras because anywhere from 20 to 50% could easily not survive to transplantable size. Allowing clear guidance about what defines a seedling will allow me to have a much higher chance of successfully producing the medicine I need.

As a Registered Nurse I am deeply concerned that our patients be able to have a Caregiver to help them grow their Medical Marijuana (Cannabis) after 2018. Many of the patients I care for are elderly and very medically fragile and many are unable to leave their home. Forcing them to travel to a dispensary is an unreasonable requirement and would cause hardship if not eliminate the practical use of Medicinal Cannabis altogether. These patients are also among those least able to financially afford what are certainly going to be higher costs associated with getting their medicine from a

dispensary. Many of these patients are also very private individuals and forcing them to go to a dispensary, if unable to grow their own, places an unnecessary emotional burden on them. Allowing patients to have a Caregiver assist them in producing their medicine privately is a very important right to maintain for these and other reasons.

As a nurse working with many patients currently undergoing treatment for cancer, I have learned that many of them are appropriately using doses of cannabis much larger than I had previously understood. If a patient is using cannabis for simple pain management they may be consuming only 5 to 20 mg of Delta-9 THC and or 15 to 60 mg of Cannabidiol (CBD) as a dose. On the other end of the spectrum a typical cancer patient they may be using, with physician guidance, 500 to 1000 mg of Delta-9 THC and or CBD every day to actually help treat their cancer. More patients are telling me that this is a treatment that they are interested in considering with their doctor but the costs associated with purchasing that much Cannabis is prohibitive for all but the wealthiest patients. Producing adequate medicine even with the new 7 & 7 guidelines will help but still not allow the patient to produce their total medicinal need. A more reasonable plant count would be 25 mature plants and 25 seedlings. But it is a step in the right direction.

Using Medical Cannabis in treatment of seizure disorders also typically requires doses in the higher ranges.

Again, I support SB 173.

Thank you for this opportunity to provide testimony.

Sincerely,

Kristin L. Wohlschlagel, RN, CHPN
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ON THE FOLLOWING MEASURE:

SB NO. 173, RELATING TO MEDICAL MARIJUANA

BEFORE THE:

JOINT SENATE COMMITTEES ON COMMERCE, CONSUMER PROTECTION, & HEALTH/ PUBLIC SAFETY, INTERGOVERNMENTAL & MILITARY AFFAIRS

DATE: Thursday, February 9, 2017

TIME: 1:15 P.M.

LOCATION: State Capitol, Conference Room 229

Honorable Chairs Baker and Nishihara and Members of the Committees:

As a stakeholder in the medical marijuana industry I am writing in **STRONG SUPPORT of SB173 RELATING TO MEDICAL MARIJUANA**, which clarifies that an adequate supply of medical marijuana authorized for possession by a qualifying patient and the primary caregiver includes seven marijuana plants that are at least twelve inches in height or width, and seven marijuana seedlings that are less than twelve inches in height and width. Authorizes primary caregivers to continue cultivating marijuana for qualifying patients after December 31, 2018. Allows a felon to work in the medical marijuana industry if the individual has not served time in prison for a felony conviction in the five years immediately preceding the employment. Defines edible cannabis products as manufactured cannabis that is intended to be used, in whole or in part, for human consumption. Authorizes licensed medical marijuana dispensaries to manufacture and distribute edible cannabis products beginning July 1, 2018.

It is my opinion that these amendments are sensible, practical, and necessary changes that encourage greater patient access to a well-rounded selection of medical cannabis products. The language of this measure appropriately aims to promote the development of safe methods of medical cannabis administration that will not only help patients by providing them with the ability to grow a more predictable personal supply, but will expand economic opportunities for the dispensaries and diversify their product offerings. Under this bill, patients will now have access to a variety of new ingestion methods available to them at dispensaries – these methods are more medically effective than inhalation, yet safe. For these reasons, I stand in **STRONG SUPPORT of SB173**.

I would like to recommend that this bill be moved forward for further discussion. Thank you very much for the opportunity to provide testimony on this measure.

Respectfully,
/s/ Stephen P. Pingree

Stephen P. Pingree, J.D.