

STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony COMMENTING on H.B. 2729
RELATING TO CANNABIS FOR MEDICAL USE.**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES

Hearing Date: Wednesday, February 7, 2018 Room Number: 329

1 **Fiscal Implications:** None determined.

2 **Department Testimony:** Thank you for the opportunity to COMMENT on this bill. The
3 Department SUPPORTS some provisions with clarifications, definitions, and recommended
4 language changes and OPPOSES other provisions.

5 In summary, the bill:

- 6 1. Allows but does not require the Department to accept written certifications of
7 debilitating medical condition for up to 3 years if the condition is chronic in
8 nature;
- 9 2. Defines bona fide patient-provider relationship as including a relationship
10 established via telehealth;
- 11 3. Adds vaping instruments as an allowed product;
- 12 4. Increases milligrams of products sold in multiple dose packs to 1,000 ml;
- 13 5. Exempts certain persons from background check requirements;
- 14 6. Provides a provision for reciprocity where the dispensary verifies the out-of-state
15 (OOS) patient qualifications; and

1 7. Requires disclosure of dispensary information to law enforcement only upon
2 receipt of a subpoena.
3

4 Regarding accepting medical certifications for up to three (3) years, the department
5 supports the intent of this provision with the understanding that the department will likely take a
6 more cautious approach based on standard medical practices and recognizing that the language
7 gives the department the authority to accept multi-year certifications but does not require it.
8 Standard medical practice normally requires annual visits to physicians or APRNs to continue
9 receiving ongoing prescriptions for chronic conditions. This ensures the medical condition is in
10 fact ongoing and determines whether specific medication or medication dosing needs to be
11 changed. Medical cannabis was authorized by the Legislature for medical purposes and its
12 continued access should be consistent with other medical practices. Otherwise, the department
13 could be accepting certification for medical use of cannabis for a time period that exceeds the
14 debilitating condition.
15

16 Regarding patient-provider relationships, the bill seeks to redefine bona fide patient-
17 provider relationship as including a relationship established via telehealth. The Department
18 supports the use of telemedicine to be consistent with its support for telemedicine in the medical
19 community and especially in rural areas with physician/APRN shortages. However, the bill
20 defines "telehealth" by cross-referencing to Section 453-1.3(j), HRS, and that creates an
21 inconsistency with Section 453-1.3(c), HRS, which requires an in-person consultation to

1 establish a physician-patient relationship. The department could SUPPORT this provision as
2 long as the legislature addresses the above inconsistency.

3

4 Regarding adding devices that provide safe pulmonary administration to the list of
5 allowed manufactured products, the Department requests the Legislature define “safe pulmonary
6 administration” and “sub-combustion temperature” and amends the bill language to ensure
7 against the use of vaping devices for vaping or smoking of tobacco or tobacco products.
8 The Department offers an amendment as follows to ensure against the use of devices for
9 consumption of tobacco consistent with the Department's anti-smoking policy (amended
10 language is underlined): “Devices which provide safe pulmonary administration, provided that
11 the device is distributed solely for use with single use, disposable, pre-filled and tamper-resistant
12 sealed containers that do not contain nicotine or other tobacco related products and is used to
13 aerosolize and deliver cannabis orally, the heating element of the device is made of inert
14 materials such as glass, ceramic, or stainless steel, and not of plastic or rubber, and there is a
15 temperature control on the device to ensure a sub-combustion temperature.” Dispensaries would
16 be required to provide signage and packaging inserts consistent with the above and Department
17 inspections will determine compliance.

18 Also, inserting the language on devices that provide safe pulmonary administration in this
19 section of the current statute would require the dispensaries to manufacture the devices. The
20 Legislature should clarify whether the intent is to require dispensaries to manufacture the devices
21 they sell or if they could buy manufactured devices and sell them.

22

1 Regarding multi-dose packs, the Department SUPPORTS this as cost beneficial to
2 dispensaries and patients as long as dispensing limits are not exceeded. Department inspections
3 will determine compliance.

4

5 Regarding exemptions from background checks, the Department recognizes that
6 dispensaries will continue to be required to log-in and -out persons who access the properties
7 whether the person is required to have a background check or not, and written logs can be
8 verified during Department inspections. However, as long as cannabis remains a Schedule I
9 controlled substance and remains illegal under federal law, background checks should remain a
10 requirement as part of the state's robust regulatory requirements.

11

12 Regarding reciprocity, the Department OPPOSES the proposed system. This system
13 would place dispensaries in a conflict of interest position of self-validating patients to whom they
14 would sell products. Other questions are unanswered by the bill, namely: 1. Would this simply
15 allow an individual to purchase medical cannabis from a dispensary, or would it provide the
16 state's legal protection for an out-of-state individual to possess and use cannabis?; 2. Do out-of-
17 state individuals have to meet the state definition of qualifying patient including a debilitating
18 medical condition recognized by the state?; and 3. Would the reciprocity proposed in this bill
19 require changes to other state statute?

20 A reciprocity program for medical cannabis is complex and requires the discipline of
21 more independent and objective verification processes.

1 One final comment on reciprocity is that reciprocity at this time could also jeopardize
2 Hawaii patients' access to medical cannabis. Only half of the dispensaries have begun to sell
3 medical cannabis products, and the Department continues to be responsive to dispensaries'
4 requests to conduct inspections when they are ready for the next phase of cultivation or
5 manufacture or retail sales, and the Department has also been responsive to dispensaries' requests
6 for increased plant counts. We have seen news stories that local dispensaries have run out of
7 retail product. The Department's focus continues to be on improving access of local medical
8 cannabis for local patients. Creating this or any other reciprocity program at this immediate
9 point in time could strain the availability of medical cannabis for local patients.

10

11 Regarding disclosure of information to law enforcement, the Department OPPOSES this
12 provision as problematic in the event law enforcement needs to take immediate action.
13 Requiring subpoena could slow down law enforcement, jeopardize criminal investigations, and
14 invite more rigorous enforcement of federal and state criminal laws.

15

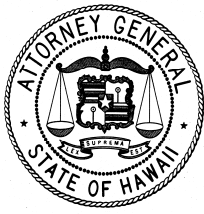
16 Finally, the Department respectfully requests that the exempt status of the dispensary
17 licensing supervisor position and inspector positions be made permanent to aid in the
18 Department's recruitment and retention efforts. Without permanence, the exempt status requires
19 the positions to be renewed annually and makes it difficult for qualified persons in other
20 permanent positions to want to apply.

21

1 In summary and in closing, the Department SUPPORTS THE INTENT on parts of this
2 bill as long as clarifications, definitions, and language changes are made, and OPPOSES other
3 parts of the bill as potentially diminishing the state’s robust regulatory processes, potentially
4 inviting federal law enforcement intervention, and risking access to medical cannabis by
5 Hawaii’s local patients.

6

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



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-NINTH LEGISLATURE, 2018**

ON THE FOLLOWING MEASURE:

H.B. NO. 2729, RELATING TO CANNABIS FOR MEDICAL USE.

BEFORE THE:

HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES

DATE: Wednesday, February 7, 2018 **TIME:** 10:30 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Russell A. Suzuki, Acting Attorney General, or
Jill T. Nagamine, Deputy Attorney General

Chair Mizuno and Members of the Committee:

The Department of the Attorney General provides the following comments on this bill, including our comments in opposition to sections 7, 8, and 9.

This bill would (1) amend the funding sources of the medical cannabis registry and regulation special fund to include fees derived from the certification of patients visiting Hawaii; (2) amend the definition of "written certification" in section 329-121, Hawaii Revised Statutes (HRS), to authorize the Department of Health (DOH) to allow a certification to be valid for up to three years for those patients whose certifier states their debilitating medical condition is chronic in nature; (3) amend section 329-126, HRS, to allow a bona fide physician-patient relationship or advanced practice registered nurse-patient relationship to be established via telehealth; (4) amend section 329D-10, HRS, to add certain types of pulmonary administration devices to the types of medical cannabis products that may be manufactured and distributed; (5) amend section 329D-11 to increase the allowable potency of manufactured cannabis products that are sold in packages of multiple doses and containers of oils from 100 milligrams of tetrahydrocannabinol (THC) to 1000 milligrams of THC; (6) amend section 329D-12, HRS, to exclude some dispensary employees and others from background check requirements under certain conditions; (7) amend section 329D-13, HRS, to delete the authority of the DOH to establish a registration process for qualifying patients from other states and replace it with a method for dispensaries to determine whether a person from out-of-state qualifies as a patient, and to establish purchase limits for out-of-state

qualifying patients; and (8) amend section 329D-20, HRS, to prohibit the DOH from disclosing information, documents, and other records in its possession to any state, federal, or county agency engaged in a criminal investigation or prosecution of violations of laws related to the operations or activities of a medical cannabis dispensary unless that agency obtains and provides a subpoena.

Comments on Section 4 (page 4, line 20, through page 6, line 7)

This section would amend section 329-126, HRS, to allow a bona fide physician-patient relationship or advanced practice registered nurse-patient relationship to be established via telehealth. For this section to apply as intended, the word "subsection" at page 6, line 4, should be changed to "section." Additionally, the definition of "telehealth" is cross-referenced to section 453-1.3(j), HRS, and that creates an inconsistency with section 453-1.3(c), HRS, which provides "For the purposes of prescribing opiates or medical cannabis, a physician-patient relationship shall only be established after an in-person consultation between the prescribing physician and the patient." If the committees are inclined to advance this section, we recommend that these inconsistencies be resolved.

Comments on Section 5 (page 6, line 8, through page 7, line 10)

This section would amend section 329D-10, HRS, to allow for the production of "[d]evices that provide safe pulmonary administration," which have a temperature control "to ensure a sub-combustion temperature" (page 7, lines 4 through 9). These terms are not defined. If the committees are inclined to allow for the production of these devices, we suggest they define the terms "safe pulmonary administration" and "sub-combustion temperature," in order to clarify the type of devices that may be manufactured.

Comments on Section 7 (page 8, line 1, through page 9, line 10)

This section would exempt employees of a medical cannabis dispensary, subcontracted production center, or retail dispensing location, as well as "[a]ny other person approved for access and entry by the department," from complying with the background check requirements in section 329D-12, HRS, when the employee or person "will have no direct access, contact, or exposure to any cannabis or

manufactured cannabis product, and the person (not an employee) is “accompanied at all times on the premises by an authorized employee of the dispensary” (page 8, line 8, through page 9, line 5). While the section limits the exemption to individuals who will not have “direct access, contact, or exposure to any cannabis or manufactured cannabis product,” in practice, the DOH does not have the resources to ensure that the individuals who use the exemption maintain distance from cannabis. Because cannabis is a Schedule I controlled substance and still illegal under federal law, we recommended that this section be deleted from the measure so as to prevent unauthorized access, contact, or exposure to any cannabis or manufactured cannabis product.

Comments on Section 8 (page 9, line 11, through page 11, line 8)

This section would amend section 329D-13, HRS, to delete the authority of the DOH to establish a registration process for qualifying patients from other states and replace it with a method for dispensaries to determine whether a person from out-of-state qualifies as a patient, and to establish purchase limits for out-of-state qualifying patients. It would impose requirements on dispensaries to verify and copy all documents presented by the out-of-state patient and enter information about the patient into the computer tracking system to ensure compliance with dispensing limits provided for out-of-state qualifying patients. The dispensaries would be required to make reasonable good faith efforts to verify whether the visitor's photo identification and medical cannabis card or written certification has not expired, and that the certifying physician's license is in good standing within the applicable jurisdiction.

It is unclear what would constitute reasonable good faith efforts, but it is unlikely that dispensaries would be able to reliably verify the validity of a person's medical cannabis card without accessibility to a computerized database, such as the DOH's medical cannabis registry. Currently, there is no means for dispensaries to access out-of-state registry data, so assigning the heavy responsibility of determining who is entitled to the medical use of cannabis to a dispensary will create a risk of diversion of cannabis to people who are not entitled to have it, and that, in turn, may create a risk to the State of federal intervention to enforce laws against controlled substances. We

recommend that this section of the bill be deleted in order to allow a more cautious and reliable approach to reciprocity.

Comments on Section 9 (page 11, line 9, through page 12, line 2)

This section would amend section 329D-20, HRS, to prohibit the DOH from disclosing information, documents, and other records regarding medical cannabis dispensaries and production centers to any state, federal, or county agency engaged in a criminal investigation or prosecution of violations of laws related to the operations or activities of a medical cannabis dispensary unless that agency obtains and provides a subpoena. By requiring a subpoena for all disclosures of records pertaining to the operations or activities of a medical cannabis dispensary, without exception, this section would impede both the DOH and law enforcement from doing their jobs. If in the process of monitoring the activities of licensed dispensaries, the DOH was to suspect that illegal activity was occurring, the DOH would need the ability to openly share information with law enforcement for the purpose of preventing illegal activity, but this section would prevent that. Similarly, sometimes exigent circumstances require law enforcement to act quickly without taking the time to get a subpoena, but the proposed amendment would not allow any exceptions for emergency situations. We recommend that this section of the bill be deleted to prevent interference with DOH's monitoring activities of licensed dispensaries and with the duties of law enforcement.

Thank you for considering our comments.

HB-2729

Submitted on: 2/6/2018 12:40:55 PM

Testimony for HHS on 2/7/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Victor K. Ramos	Maui Police Department	Oppose	No

Comments:

HAWAII EDUCATIONAL ASSOCIATION FOR LICENSED THERAPEUTIC HEALTHCARE

To: Representative John Mizuno, Chair Health and Human Services (HHS)
Representative Bertrand Kobayashi, Vice-Chair HHS
Members of the HHS Committee

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

Re: Testimony **In Strong Support** on **House Bills (HB) 2729 and 2733**
RELATING TO CANNABIS FOR MEDICAL USE
RELATING TO MEDICAL CANNABIS

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

HEALTH is the trade association made up of the eight (8) licensed medical cannabis dispensaries under Haw. Rev. Stat. (HRS) Chapter 329D. We **support BOTH HB2729 and HB2733** as an important bill for the dispensary industry in order to enhance the medical cannabis dispensary program with additional patient access, product controls and safety, and provide improvements to the administration of the program. We note that the differences between the bills appear to be mostly language drafting, but the issues covered in both bills appear to be substantially and substantively similar. As such, we support both proposals. We would note the HB2729 as a triple referral of (HHS, JUD, FIN) whereas HB2733 is a double referral (HHS, JUD), and so to that limited extent, would likely support the latter very slightly more.

(1) Reciprocity program

The current law, Haw. Rev. Statutes (HRS) 329D-13, provided for a start date of January 1, 2018 for a program where patients from other states would be able to legally purchase medical cannabis from dispensaries. Unfortunately, that program has yet to be implemented.

As such, the bill proposes to allow for these out-of-state patients to obtain medical cannabis similar to the way in which Nevada ran its reciprocity program. By keep the purchase limit low (basically half of what a Hawaii resident is able to obtain), this should help to minimize the concern about an out-of-state patient obtaining a large quantify of product. All purchases are to be logged into the state's tracking system, and dispensaries would be held accountable for any improper or invalid sale.

(2) Extend possible validity of a qualifying patient's written certification from 1 to 3 years

The current law authorizes a qualified patient's written certification to be valid for up to one year. However, because most, if not all, of the qualifying conditions under HRS 329-121 are chronic debilitating diseases and conditions by definition, these conditions will likely be with the patient for a significant and ongoing time. While their condition

could be approached with many different types of treatment, the underlying condition will likely still remain with the patient, and we believe that medical cannabis should always remain as part of, it not an option for, their ongoing treatment.

(3) Telehealth relationship

We believe that telehealth can be especially helpful for patients in rural communities and/or patients suffering from severe debilitating conditions that make even a physical face-to-face appointment or traditional patient-provider interaction relationship difficult. Therefore, this change will be especially helpful for patient access and for monitoring of a patient's use of medical cannabis.

(4) Add safe pulmonary administration to the list of medical cannabis products

We support this addition to possible product offerings because of the ability for more precise dosage administration, safe inhalation of certain patients and their conditions, and the possible stigma associated with "smoking" cannabis.

Our research has shown that administration through pulmonary inhalation, can be more effective for certain patients who have a low tolerance for, or resistance to, smoking the cannabis. It is more readily absorbed, and its effects felt more quickly, so that the potential for taking too large a dose, is minimized.

The language ensures that the device's heating element would be made of inert materials, and there is a temperature control, so that there is additional safety against a device becoming unsafe and combustible.

(5) THC limit per pack or container

Because edibles are not an authorized cannabis product, there is little need for any package or container limit. Should that product list ever change, then this provision should likely be revisited.

(6) Clarify background check requirement to those with direct access to cannabis or manufactured cannabis product

The current law requires all employees and any subcontractors to undergo a background check. This requirement seems overbroad, for there are many employees and subcontractors who never come in contact with, or have any access to, cannabis product. The bill does NOT seek to change the department's authority to approve these individuals having access to the premises. As such, we think that providing the DOH with authority to indicate when a background check should be conducted on any individual that does not have access to product, is reasonable.

(7) DOH's disclosure of information via a legally authorized subpoena

With the changes and uncertainties of the current federal administration, along with even recent examples of local law enforcement using patient information for purposes


unrelated to cannabis possession where the Honolulu Police Department had initially required gun-owners with medical cannabis card to surrender their legally held guns, we are concerned with the existing law's low threshold for law enforcement to obtain any information "upon request." While we can understand the need for law enforcement to verify that a person is a valid and qualifying patient under the law, and perhaps even to verify where that person may have obtained their cannabis or cannabis product, any other disclosure of personal health information, should only be disclosed via a lawful process, like a subpoena.

Thank you for your consideration.



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Members, Committee on Health and Human Services

From:  Paula Yoshioka, Vice President, Government Relations and External Affairs, The Queen's Health Systems

Date: February 6, 2018

Hrg: House Committee on Health and Human Services and Committee on Housing Joint Hearing; Wednesday, February 7, 2018 at 10:30 AM in Room 329

Re: **Comments on H.B. 2729, Relating to Cannabis for Medical Use**

My name is Paula Yoshioka, and I am a Vice President at The Queen's Health Systems (Queen's). I would like to provide comments on H.B. 2729, Relating to Cannabis for Medical Use.

Queen's has concerns with regards to Section 4 (4)(b), which would allow a bona fide physician-patient or advanced practice registered nurse-patient relationship to be established via telehealth. This language is inconsistent with current HRS statute, which requires in-person consultation to establish a physician-patient relationship. It is also federally illegal to prescribe controlled substances via telemedicine without a previously established patient-provider relationship. Much consideration needs to be made to ensure that the potential for telehealth is not abused for the purposes of prescribing controlled substances such as opioid narcotic pain medications and medical marijuana.

Thank you for the opportunity to testify on this important matter.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

February 5, 2018



TO: House Committee on Health & Human Services
Rep. John Mizuno, Chair, Rep. Bertrand Kobayashi, Vice Chair
House Committee on Judiciary
Rep. Scott Nishimoto, Chair, Rep. Joy San Buenaventura, Vice Chair
House Committee on Finance
Rep. Sylvia Luke, Chair, Rep. Ty Cullen Vice Chair

FROM: Teri Freitas Gorman

RE: Testimony-**SUPPORT HOUSE BILL HB 2729**
RELATING TO CANNABIS FOR MEDICAL USE

Aloha e Chairs Mizuno, Nishimoto and Luke Nishihara, Vice-Chairs Kobayashi, San Buenaventura, Cullen and members of all committees:

My name is Teri Freitas Gorman and I am Director of Community Relations & Patient Affairs for Maui Grown Therapies and a board member of the Hawai'i Educational Association for Licensed Therapeutic Healthcare, the trade association for all state-licensed dispensaries. Mahalo for allowing me to testify in favor of SB 2718.

Maui Grown Therapies made history on August 8, last year when we became Hawai'i's first licensed medical cannabis dispensary. During the past six months we have worked closely with Department of Health (DOH) staff to launch our business as well as our fledgling industry. My executive role puts me in close personal contact with a wide spectrum of Maui's medical cannabis patients.

Since opening, we've seen medical cannabis help a retired plantation worker get through chemotherapy, a wheelchair-bound former professional football player relieved of knee pain, a quadriplegic with frequent muscle spasms who found tinctures help him sleep through the night, and an arthritic grandfather who can use his computer keyboard again. There are some sad stories too. We also received flowers from a widow, grateful that her husband's personality was not muted by narcotics during his final days.

As legislators, it is important for you to understand both the characteristics and character of our patients. Most of them--65 percent--are well over the age of 45. Nearly 50 percent are retirement aged, 55 years or older. Our oldest patient is 93. Our patients come from every community in our county, including Hana, a two and a half-hour drive away, and others who travel from Moloka'i and Lana'i.

Several of our island-born patients live in multi-generational households to help their children and grandchildren cope with Maui's cost of living. Some of our patients get by on fixed incomes while others have retired to Maui with ample means. But they all share conditions that bring them to our dispensary in search of a better quality of life. My testimony today is delivered as patient advocate who understands that our industry must thrive if we are to serve our fellow islanders with cannabis products that are second to none.

Below are our positions on key provisions of HB 2729.

1. Amend the Reciprocity Program

Act 231 provides that qualifying patients, verified as a patient in their home state, may be served by licensed dispensaries beginning January 1, 2018. Maui Grown Therapies started receiving inquiries from hopeful out-of-state patients as soon as we opened our doors. However, both phone and email inquiries have accelerated dramatically last month because some websites are erroneously reporting that reciprocity in Hawai'i began at the start of 2018.

Even though we have information on our homepage explaining the status of reciprocity, we have received 107 email inquiries from out-of-state patients and our staff has answered slightly over 250 telephone phone queries. Approximately 48 percent of inquiries come from California residents and nearly 15 percent have come from Canadian citizens. Although we do not request personal information, many of those inquiring through our website offer medical reasons for their requests. Mentioned most often are cancer/chemotherapy, severe pain, and end-of-life care.

Compassion dictates that Hawai'i develop its medical cannabis reciprocity program without further delay. Pragmatism suggests the program be simple to implement and execute without unnecessary bureaucracy. More than 30 American jurisdictions oversee medical cannabis programs, each with different laws and regulations. To try to design a reciprocity program that synchronizes the unique requirements of each jurisdiction with those of Hawai'i is a recipe for failure.

For this reason, we recommend that any patient with a letter from their licensed healthcare provider be eligible to shop in a Hawai'i-licensed dispensary if their provider is licensed and in good standing in the patient's home state. This allows physicians to determine medical options for their patients. State-licensed dispensaries can vet and process visitor registrations as the only sanctioned method for them to access medical cannabis while in Hawai'i. Additionally, dispensaries can collect visitor registration fees on behalf of the state to help offset costs of the medical cannabis dispensary program without adding to the financial burden of Hawai'i patients.

Smart business dictates that reciprocity must begin before the end of this year. Licensees have invested millions of dollars based upon statute that promised out-of-state visitors would have access to dispensaries in 2018. As a result of DOH staffing shortages, the rate of growth for registered 329 patients has fallen from 4 percent per month one year ago to 0.55 percent during the last month of 2017. This is an area of concern for all licensees, but even more so for those operating on neighbor islands, serving several small rural communities. When dispensaries serve more patients, including those from out-of-state, prices will come down for Hawai'i patients. In every single jurisdiction, when the sector becomes economically viable, prices to patients inevitably fall. This is especially important for our kūpuna on fixed incomes.

2. Extend the maximum validity of a qualifying patient's written certification

The current requirement for annual renewal for a 329 card does not consider the chronic nature of the vast majority of Hawai'i's qualifying conditions. Annual renewals add both cost and inconvenience for patients, and because of unpredictable registry response times, patients often experience a lapse in treatment.

3. Allow a bona fide physician-patient or advanced practice registered nurse-patient relationship to be established via telehealth

Telemedicine is an especially important option for physicians to certify extremely ill patients including those who cannot leave their homes and/or are receiving hospice care. However, this option is especially needed on the neighbor islands. Maui's largest single employer of physicians is Kaiser Permanente, with 73 MDs on their payroll. These physicians are prevented from certifying patients for medical use of cannabis and they represent 26.6 percent of all Maui physicians. Additionally, our neighbors on Lana'i and Moloka'i must commute to Maui for many of their medical appointments. Telemedicine would increase their accessibility to MDs and APRNs who understand and support the applications of cannabis therapy to qualifying conditions.

4. Add certain devices that provide safe pulmonary administration to the list of medical cannabis products that may be distributed

This provision is crucial for the large number of our patients who do not want to smoke herbal cannabis. Pulmonary administration of cannabinoids provides quick relief for severe pain, nausea and other conditions; effects are typically felt within two minutes of dosage. Ingestible forms of cannabis (tinctures, capsules, etc.) can take up to three hours before patients experience relief.

With DOH permission, Maui Grown Therapies sold pre-filled cartridges intended for use in personal vaporization devices for about four weeks in October of 2017. This position was later reversed and we were required to sell concentrate oils packaged in syringes that forced patients to fill their own cartridges. Our patients were angry about this development and wanted to express their displeasure, so we provided printed postcards for their signature and comment. We are aware of 114 signed postcards that our patients mailed to Department Director Pressler.

Because so many of our older patients live in multigenerational households, they prefer to use vaporization devices to get quick relief without the pungent, tell-tale smell of burning cannabis. Other patients have conditions such as paralysis, arthritis, tremors, or injuries that prevent them from using a syringe to fill a cartridge. This is not only callous it is also discriminatory because it prevents patients with disabilities from using this form of administration.

5. Increase the tetrahydrocannabinol limit per pack or container of certain manufactured cannabis products

As with all packaged products, smaller sizes are always more expensive for consumers than larger sizes. The current limit of 10 mg. per dose and 100 mg. per package for THC does not accomplish much more than increase final cost to patients. Many conditions and symptoms require larger doses of THC for relief so increasing the THC limit for manufactured products is important for our patients both therapeutically and economically.

Me ka ha'a ha'a (humbly yours),



Teri Freitas Gorman
Director of Community Relations & Patient Affairs

HB-2729

Submitted on: 2/5/2018 8:23:34 PM

Testimony for HHS on 2/7/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kat Culina		Oppose	No

Comments:

HB-2729

Submitted on: 2/5/2018 9:01:52 PM

Testimony for HHS on 2/7/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tamara Paltin		Oppose	No

Comments:

Aloha Representatives,

I oppose this bill because it continues to support the injustice of cannabis prohibition.

The hypocrisy of the cannabis prohibition is obvious when alcohol and cigarettes are both legal.

Hawaii is experiencing a housing crisis and we desperately need to raise revenue. Cannabis has proven to be a safe and successful way to raise revenue, while increasing jobs and businesses, and ending the tragic incarceration of good citizens for consuming natural herbal cannabis products.

Please amend this bill to legalize cannabis.

Tamara Paltin

808-870-0052

HB-2729

Submitted on: 2/5/2018 9:11:34 PM

Testimony for HHS on 2/7/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Whispering Wind	Patients Without Time	Oppose	No

Comments:

I OPPOSE HB2729

because I SUPPORT LEGALIZATION OF CANNABIS!

The illegal cannabis prohibition is based on racial prejudice, discrimination, and corporate greed. This unjust bill is blatantly prejudice against seriously ill and disabled cannabis patients, and continues to deny the rights of cannabis consumers, patients, and entrepreneurs.

The hypocrisy of the cannabis prohibition is obvious, when alcohol and cigarettes are both legal;

According to the CDC, alcohol kills 88,000 American every year, and cigarettes cause 400,000 premature deaths every year, while cannabis kills zero citizens, providing scientific medical research that consuming alcohol or cigarettes is far more dangerous than consuming cannabis. Therefore, legalize cannabis to SAVE LIVES!

Hawaii is experiencing a housing crisis, and we desperately need to raise revenue. Cannabis has proven to be a very safe and successful way to raise revenue, while increasing jobs and businesses, and ending the tragic incarceration of good citizens for consuming natural herbal cannabis products.

Please, amend this bill to LEGALIZE CANNABIS.

HB-2729

Submitted on: 2/5/2018 10:37:42 PM

Testimony for HHS on 2/7/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Me Fuimaono-Poe	Malie Cannabis Clinic	Oppose	Yes

Comments:

Aloha representatives thank you for hearing our testimony today. My name is Me Fuimaono-Poe I am a Family Nurse Practitioner and a Cannabis Clinician. I have over 20 years of clinical experience and I am currently the medical director for the Malie Cannabis Clinic. I am also the provider for a quarter of the patients in the medical cannabis program in Oahu.

In its current form, I do not support House Bill 2729 for the following reasons

SECTION 3. Section 329-121

Subsection B

(b) For purposes of this subsection, a bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship may be established via telehealth, as defined in section 453-1.3(j). I1

I am currently a telehealth provider for HMSA and have been doing Telehealth visits for over 3 years. When doing telehealth, we follow the current state mandate which states

Source: [HI Revised Statutes § 329-1.](#)

Treatment recommendations made via telemedicine are appropriate for traditional physician-patient settings that do not include a face-to-face visit, but in which

prescribing is appropriate, including on-call telephone encounters and encounters for which a follow-up visit is arranged.

Issuing a prescription based solely on an online questionnaire is prohibited.

For the safety of the patients, the cannabis clinician should be held to the same standards of all other patient provider relationships.

Source: [HI Revised Statutes § 453-1.3](#).

Newly Passed Legislation (Effective Jan. 1, 2017)

A physician-patient relationship may be established via telehealth if the patient is referred to the telehealth provider by another health care provider who has conducted an in-person consultation and has provided all pertinent patient information to the telehealth provider. This would provide ample protection to our patient population.

I would like to highlight **§453-1.3 Practice of telehealth.**

opiates or medical marijuana, a physician-patient relationship shall only be established ~~[pursuant to chapter 329.]~~ after an in-person consultation between the prescribing physician and the patient.

I suggest telehealth: Should be available only for follow up once a patient has been seen in the clinic, unless the patient is referred by another provider who forwarded all of the patient's information.

SECTION 5. Section 329D-10,

shall contain more than a total of one [one] thousand milligrams of tetrahydrocannabinol per pack or container.

I would like to know if this will be limited to certain products like vaporizers or topical. I would also like to know the justification of increasing the current limit from 100 to 1,000 essentially making it 10 x's stronger. I agree with the increase if it is limited to vaporizer cartridges and topical preparations, where a single dose is not equal to 1,000 mg. There is no efficacy or safety data available for high doses of THC. The average dose is around 10 mg of THC

3. Section 329D-12, H

or the patient furnishes a written certification from the patient's primary care physician certifying that the patient has a debilitating medical condition;

A medical cannabis dispensary shall make reasonable good faith efforts to verify that the patient's government issued photo identification is valid, the patient's medical cannabis card or written certification has not expired, and the certifying physician's license is in good standing with the applicable jurisdiction.

which shall be valid for a period of no more than six months and may be renewed prior to expiration every six months

1. If only a written certification is required what is the plan for fraudulent cards. Will the dispensaries be able to verify the medical licenses of Physicians located in New York?
2. I would like to see all out of state patients verified using bio track
3. According to <http://dbedt.hawaii.gov/visitor/tourism/> Hawaii department of tourism the average length of stay in Hawaii is 9 days I think that temporary cards should be available for a maximum of 4 weeks well over the average length of stay for our visitors. Tourists wishing to stay longer should establish relationships with local clinicians for the safety of our patients and the safety of our patient focused industry.

In closing, we have a medical cannabis program with over 20,000 patients in the state of Hawaii. We have 116 physicians and 18 APRN-RX's in the state providing care to these patients. In a medical model the clinicians should be at the center of care. Providing an environment that promotes medical cannabis use in a safe and responsible manner should be a priority for the state.

Hawaii should be proud of our patient focused program, we have one of the cleanest, and most reliable program in the nation right now and we must protect that legacy.

ON THE FOLLOWING MEASURE:
SB2729, RELATING TO CANNABIS FOR MEDICAL USE

BEFORE THE:
COMMITTEE ON HEALTH & HUMAN SERVICES
DATE: Wednesday, February 7 TIME: 10:30AM
LOCATION: Conference Room 329

TESTIFIER: Tanya Johnson, COO, Noa Botanicals

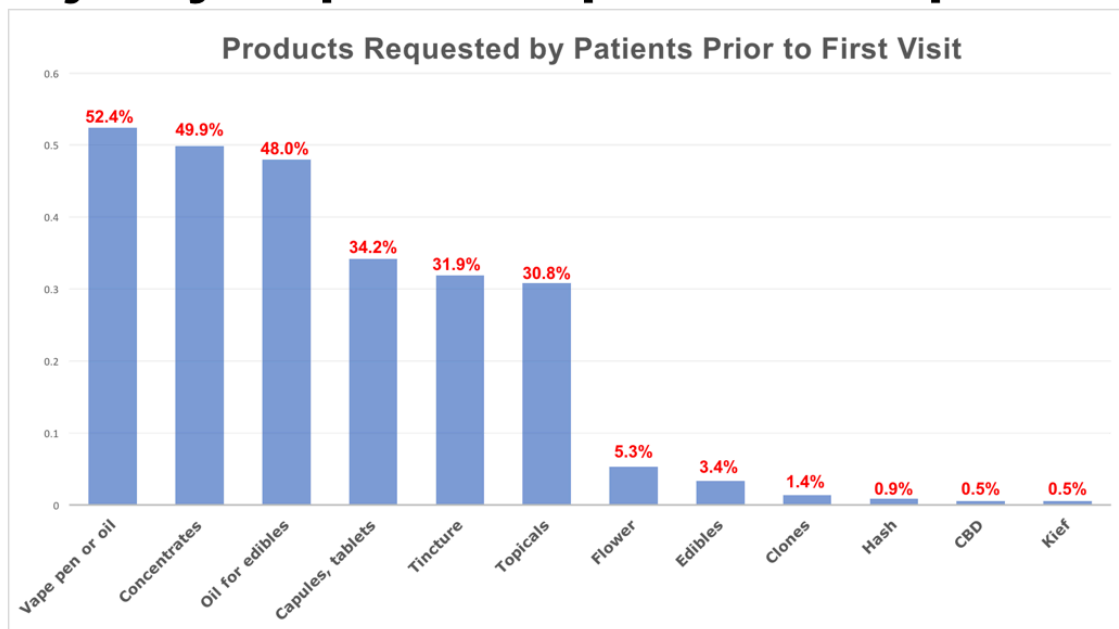
POSITION: SUPPORT WITH COMMENTS

Chair Mizuno, Vice Chair Kobayashi and Members of the Committee:

Noa Botanicals is a licensed medical marijuana dispensary in the City and County of Honolulu.

Hundreds of our patients have been asking that we sell cannabis oil in pre-filled cartridges. It is the number one request that we receive.

Majority of patients prefer to vaporize



Survey data of 565 pre-registrations "What products are you interested in purchasing"

NO OTHER STATE IN THE NATION PROHIBITS MEDICAL CANNABIS DISPENSARIES FROM SELLING PRE-FILLED VAPING CARTRIDGES.

A survey of our patients before their visit (via a pre-registration form) shows that over 52% of Hawaii patients are interested in vaping cannabis oil. Since we are not allowed to sell pre-filled cartridge, we sell cannabis oil in dispensing syringes. It is then up to the patient to purchase an appropriate tool for vaporizing the cannabis oil and for filling the cartridge. This increases patient cost and complexity and can place undue stress on oftentimes fragile patients.

Vaporizing cannabis is a safe delivery system. Not just safer but safe. This is demonstrated in the peer reviewed, clinical study (attached) *Vaporization as a Smokeless Cannabis Delivery System: A Pilot Study*. According to this study “CO levels were reduced with vaporization. No adverse events occurred. Vaporization of cannabis is a safe and effective mode of delivery of THC.”

This bill also limits background check requirements to those individuals that have direct contact with cannabis plants.

This section is important for several reasons;

- **REDUCE INDUSTRY STIGMA AND INCREASE ACCESS TO BANKING SERVICES** - The medical cannabis industry in Hawaii lacks access to banking services, cash transport and vaulting services, has limited access to insurance services, and needs additional MDs and APRNs willing to certify patients. A critical tool that dispensaries can use to reduce stigma and educate bank and insurance executives, MDs and APRNs is to have them visit our facilities and see that we are professionally run companies. Numerous bank executives have expressed interest in visiting our facility, but none are willing to go through the time and trouble to get fingerprinted and go through the background check process.
- **REDUCE PATIENT COSTS** – Current rules require that every person that enters a dispensary or production facility be fingerprinted and background checked. This include cleaning people, electricians, HVAC repair persons, etc. This requirement limits the pool of available people and as a result increases costs.

This bill modifies the reciprocity system to one that is workable and does not require DOH rulemaking. In 2015 the legislature determined that Hawaii dispensaries should begin accepting qualifying patients from outside of Hawaii beginning January 1, 2018 (reciprocity system). Unfortunately, DOH never issued the necessary rules to implement

a reciprocity system. The reciprocity system described in this bill limits purchases and provides a framework for a safe and fair system for accepting out-of-state patients.

Medical cannabis dispensaries in Hawaii have very high operating costs due, in part, to the stringent requirements of the Hawaii medical cannabis program. Currently, the number of qualifying patients in Hawaii is relatively small and growing at a slow pace. This can result in medical cannabis product costs that are higher than they would otherwise. The best way to reduce product costs is to increase demand for medical cannabis. **A well-run reciprocity program will provide additional revenues to the state and decrease product costs to Hawaii patients.**

HB-2729

Submitted on: 2/6/2018 5:36:09 AM

Testimony for HHS on 2/7/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara Barry		Oppose	No

Comments:

Aloha,

I oppose HB 2729. Legalize Cannabis for adult use now.

Mahalo,

Ms. Barbara Barry

Ha'iku, HI



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

TO: House Committee on Health & Human Services
FROM: Carl Bergquist, Executive Director
HEARING DATE: 7 February 2018, 10:30AM
RE: HB2719, RELATING TO CANNABIS FOR MEDICAL USE, **SUPPORT/COMMENTS**

Dear Chair Mizuno, Vice Chair Kobayashi, Committee Members:

The Drug Policy Forum of Hawai'i (DPFHI) **supports** this measure, and the near identical HB2733 on this hearing agenda, to reform the medical cannabis registry and dispensary programs that are administered by the Hawai'i Department of Health (DOH). Among the provisions are several that would directly benefit *current* registered patients as well as help encourage *prospective* patients to register with the state. While these reforms are essential, there are additional provisions that are detailed in other bills before the legislature. Many of those provisions were recommended to the legislature by a majority of the Act 230 Legislative Oversight Working Group.

We particularly support the following provisions in this bill:

- longer valid certification periods for patients (up to 3 years in cases of chronic conditions); and
- allowing telehealth certification by expanding the definition of what constitutes a “bona fide” relationship between the patient and his/her health care professional; and
- allowing the sale of certain new devices for easier ingestion of medicine; and
- increasing of the tetrahydrocannabinol (THC) limit per pack or container of certain dispensary products; and
- the outlining of a reciprocity system for out of state patients, which will ultimately also benefit Hawaii's patients when they travel.

In addition, we want to make the committee aware of key provisions in the other main omnibus bill, [HB2740](#). The instant bill would be improved by incorporating the following from HB2740, or stand-alone bills like e.g. [HB344](#) (repealing unnecessary new felony offenses related to dispensaries):

- End of prohibition on interisland transportation for patients/caregivers; and
- Protections for using medical cannabis, not including smoking, in places of public accommodation such as a cafe or restaurant; and
- Making it easier for incapacitated or bedridden patients to get the necessary identification in order to become a medical cannabis patient; and
- Adding “substance use disorder” as a qualifying condition; and
- Amending the definition of “prescription drugs” to include state approved medical cannabis for purposes of workers compensation; and
- Prohibiting termination of medical cannabis patients by an employer in the event of a failed drug test or discovery of the person’s medical cannabis patient status.

Thank you for the opportunity to testify.

HB-2729

Submitted on: 2/6/2018 6:51:29 AM

Testimony for HHS on 2/7/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Debra Koonohiokala Norenberg		Comments	No

Comments:

Aloha,

This bill does not provide for the recreational use of marijuana so although I support the terms of the bill under the "medical marijuana" category of uses, I do not support the bill entirely for it's lack of provisions and oversight relating to the recreational use of marijuana. I propose, again, that we provide for the recreational use of marijuana.

Aloha

HB-2729

Submitted on: 2/6/2018 8:25:33 AM

Testimony for HHS on 2/7/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	OCC Legislative Priorities	Support	No

Comments:

**PRESENTATION OF THE
OAHU COUNTY COMMITTEE ON LEGISLATIVE PRIORITIES
DEMOCRATIC PARTY OF HAWAII
TO THE COMMITTEE ON HEALTH & HUMAN
SERVICES
HOUSE OF REPRESENTATIVES
TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018
Wednesday, February 7, 2018
10:30 a.m.**

Hawaii State Capitol, Conference Room 329

RE: Testimony in Support of HB 2729, RELATING TO CANNABIS FOR MEDICAL USE

To the Honorable John M. Mizuno, Chair; the Honorable Bertrand Kobayashi, Vice-Chair, and Members of the Committee on Health & Human Services:

Good morning. My name is Melodie Aduja. I serve as Chair of the Oahu County Committee ("OCC") Legislative Priorities Committee of the Democratic Party of Hawaii. Thank you for the opportunity to provide written testimony on House Bill No.2729 regarding, among other things, medical cannabis; Telehealth; Medical Cannabis Registry and Regulation Special Fund; reciprocity; written certification; and manufactured cannabis products.

The OCC Legislative Priorities Committee is in favor of House Bill No. 2729 and support its passage.

House Bill No.2729 is in accord with the Platform of the Democratic Party of Hawai'i ("DPH"), 2016, as it (1) amends the reciprocity program, subject to certain safeguards, reporting and transparency requirements, and payment of a visiting patient certifying fee, (2) extends the maximum period of validity of a qualifying patient's written certification of a debilitating medical condition, (3) allows a bona fide physician patient or advanced practice registered nurse-patient relationship to be established via telehealth, (4) adds certain devices that provide safe pulmonary administration to the list of medical cannabis products that may be manufactured and distributed, (5) increases the tetrahydrocannabinol limit per pack or container of certain manufactured cannabis products, (6) exempts from the background check requirement employees of a dispensary or subcontracted production center or retail dispensing location without direct access, contact, or exposure to any cannabis or manufactured cannabis product, and (7) conditions the department of health's mandatory disclosure of information and documents of dispensaries and production centers, for purposes of verifying qualifying patient information, only upon receipt of a legally authorized subpoena.

Specifically, the DPH Platform provides that we "support fair and equitable access to medical marijuana to be administered by the State of Hawaii's Department of Health." (Platform of the DPH, P. 7, Lines 386-387 (2016)).

Given that House Bill No, 2729 provides, among other things, for medical cannabis; Telehealth; Medical Cannabis Registry and Regulation Special Fund; reciprocity; written certification; and manufactured cannabis products, it is the position of the OCC Legislative Priorities Committee to support this measure.

Thank you very much for your kind consideration.

Sincerely yours,

/s/ **Melodie Aduja**

Melodie Aduja, Chair, OCC Legislative Priorities Committee

Email: legislativepriorities@gmail.com, Tel.: (808) 258-8889

HB-2729

Submitted on: 2/6/2018 8:38:23 AM

Testimony for HHS on 2/7/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Richard Reed		Support	No

Comments:

This measure has the potential to save patients a great deal of money especially the provision to allow prescriptions to be valid for 3 years in the case of chronic conditions.

HB-2729

Submitted on: 2/6/2018 10:43:05 AM

Testimony for HHS on 2/7/2018 10:30:00 AM



Submitted By	Organization	Testifier Position	Present at Hearing
Tulsi Greenlee		Oppose	No

Comments:

Please oppose this bill. Thank you

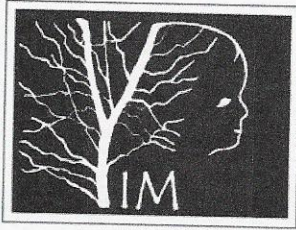
HB-2729

Submitted on: 2/6/2018 12:23:43 PM

Testimony for HHS on 2/7/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
DONNIE BECKER		Oppose	No

Comments:



Gregory K. Yim, M.D. LLC
Pediatric Neurology

Kapiolani Medical Center for Women and Children
1319 Punahou Street, Suite 1000 • Honolulu, HI 96826
TEL 808-946-4474 • FAX 808-946-4475
E-mail: Gregyim@aol.com

February 6, 2018

TO: House Committee on Health & Human Services
Rep. John M. Mizuno, Chair, Rep. Bertrand Kobayashi, Vice Chair
House Committee on Judiciary
Rep. Scott Nishimoto, Chair, Rep. Joy San Buenaventura, Vice Chair
House Committee on Finance
Rep. Sylvia Luke, Chair, Rep. Ty Cullen, Vice Chair

FROM: Gregory Yim, MD

RE: Testimony-**SUPPORT SENATE BILL (HB) 2729**
RELATING TO CANNABIS FOR MEDICAL USE

Dear Chairs Mizuno, Nishimoto and Luke and Vice-Chairs Kobayashi, San Buenaventura and Cullen and Members of the HHS, JUD and FIN Committees:

As a pediatric neurologist, a member of the Act 230 Working Group and the chief medical officer for one of Hawai'i's eight licensed dispensaries, I am very pleased to testify in favor of key provisions in HB2729.

I first testified before this committee in 2015 at the urging of a parent of one my patients with Dravet syndrome, a severe form of infantile epilepsy. Together we supported the measure that ultimately became Act 241. At that time, we presented anecdotal evidence that cannabis may help, but did not appear to harm kids with this disease. In our case, we observed that cannabis therapy significantly reduced the frequency of seizures without negative side effects.

With the passage of the medical cannabis dispensary law the legislature jumped ahead of the clinical evidence. Like lawmakers in dozens of other states, you voted with patients and their families despite federal classification of cannabis as a Schedule 1 substance. Although this classification has had a chilling effect on research, the scientific evidence is mounting that many conditions can be safely treated with controlled-dose, quality-assured medical cannabis.¹

¹ With regard to Dravet syndrome, results from a double-blind, placebo-controlled study of 120 children found that fewer seizures were experienced by patients taking a daily oral solution of the cannabis compound cannabidiol. Over 14 weeks of treatment, convulsive seizures dropped from a monthly average of 12.4 to 5.9. In contrast, the

What follows are my recommendations regarding the key provisions of HB 2729.

1) Amend the reciprocity program - **strong support**

Act 231 provides that qualifying patients *verified as a patient in their home state* may be served by licensed dispensaries beginning January 1, 2018 subject to a registration process established by the Department of Health (DOH). The statute further requires that patients be “*verified as patients in their home state.*” To the extent this provision is interpreted as patients *verified by their home state (i.e., a government agency)* we can expect a complex, costly and ultimately unworkable program. The regulatory agencies, patient credentialing and the qualifying conditions for medical cannabis in the other 28 states, two territories and the District of Columbia are varied and ever changing. No two are alike.

I therefore strongly support the language in section 8 where, as an *alternative* to presenting a medical cannabis card from their home state, patients can supply a *written certification from their primary care physician* certifying that the patient may benefit from cannabis therapy. Such a provision *honors the sanctity of the physician-patient relationship while minimizing the need for complex interstate compliance management* among and between numerous agencies. As for the physician validation process, US states and territories require physicians to hold licenses and ascertaining standing seems straightforward relative to uncovering the latest patient credentialing scheme in 31 separate jurisdictions.

As for administering the visiting patient credentialing process, we know DOH is overwhelmed by staffing challenges in both the patient registry and licensed dispensary programs. However, licensed dispensaries have been cleared by DOH to conduct sales, have been thoroughly vetted, maintain real time records, submit regular reports, are subject to unannounced inspections by multiple agencies, and must reapply annually for license renewals.

Hawai'i's dispensaries are operating in one of the most rigorously regulated medical cannabis programs in country. This proposed process to serve visiting patients will honor the patient-physician relationship, simplify a potentially protracted and complex interstate scheme, and relieve administrative pressure at the DOH.

2) Extend the maximum validity of a qualifying patient's written certification – **strong support**

Annual certification for *chronic* conditions is unnecessary. A longer validation period for chronic or progressive conditions will reduce costs for patients, ease the workload for DOH registry staff and reduce the risk of treatment interruption.

placebo group decreased from 14.9 to 14.1. During the study seizures completely stopped in 5% of the treated patients. Orin Devinsky, J. Helen Cross, Linda Laux, Eric Marsh, Ian Miller, Rima Nababout, Ingrid E. Scheffer, Elizabeth A. Thiele, Stephen Wright. **Trial of Cannabidiol for Drug-Resistant Seizures in the Dravet Syndrome.** *New England Journal of Medicine*, 2017; 376 (21)

- 3) Allow a bona fide physician-patient or advanced practice registered nurse-patient relationship to be established via telehealth – **strong support**

A University of Hawai'i study released in September 2017 concluded that the physician shortage in the state is worsening. The university's Physician Workforce Assessment found O'ahu needs 381 physicians; Hawai'i Island is short 196 providers; Maui County has a deficit of 139, and the island of Kaua'i is short 53 doctors. Telemedicine is an efficient way to help bridge this gap. Telemedicine is especially important for house-bound patients including those receiving end-of-life care.

- 4) Add certain devices that provide safe pulmonary administration to the list of medical cannabis products that may be manufactured and distributed – **strong support**

Multiple peer-reviewed medical and scientific studies² have concluded that vaporization is a safer alternative to smoking that permits rapid relief for patients experiencing acute symptoms. By heating cannabis material to a temperature at which cannabinoids convert vapors but below the point of combustion, vaporization prevents the inhalation of harmful pyrolytic compounds that are produced when cannabis material is combusted³. Many cannabis patients, especially cancer patients, refuse to smoke herbal cannabis but still want the fast onset pulmonary administration provides. Personal vaporization devices made of non-reactive materials are safe for this purpose. Cartridges pre-filled with cannabis extract, which can permit greater ease of administration than cannabis plant material, are especially important for paralyzed or disabled patients and those with rheumatoid arthritis and/or tremors from age-related conditions. In fact, not providing pre-filled cartridges to these patients may be discriminatory for those with disabilities.

- 5) Increase the tetrahydrocannabinol limit per pack or container of certain manufactured cannabis products –**strong support**

Noted cannabis researcher Donald Abrams, MD documented⁴ how patient-determined dose titration is not unique to cannabis; he recommends patient-determined dosing as preferable given the safety and low toxicity of cannabis. The maximum 100mg/package limit in Hawai'i law was likely modeled after restrictions on edible products in other jurisdictions. Oral ingestion of THC has quite different pharmacokinetics than pulmonary administration because the onset of effects is delayed making dose titration more complicated. An experienced cannabis patient

² See for example Abrams et al (2007): Vaporization as a smokeless delivery system, *Clinical Pharmacology and Therapeutics* 82(5) pg. 572: '**Vaporization is a safe and effective mode of delivery of THC.**'

³ Fishedick et al (2010): Cannabinoid Receptor Binding Activity and Quantitative Analysis of *Cannabis Sativa* L Smoke and Vapor, *Chemical and Pharmaceutical Bulletin*: 58(2) pg. 207: '**Quantitative comparison of cannabis smoke and vapor shows that vaporizing cannabis...is a more reliable and safer administration form for the delivery of d9-THC due to the lack of pyrolytic degradation and more efficient d9-THC volatilization.**'

⁴ Abrams et al (2010) **Cannabis for chronic neuropathic pain: a randomized controlled trial.** A single inhalation of 25 mg of 9.4% tetrahydrocannabinol herbal cannabis three times daily for five days reduced the intensity of pain, improved sleep and was well tolerated. Controlled Trial Register no. ISRCTN68314063) *Canadian Medical Association Journal*. 2010 Oct 5; 182(14): E694–E701.

can easily titrate and regulate dose through pulmonary administration to obtain desired effects and minimize any undesirable effects cannabis products.

Optimal THC dosage will vary from patient to patient, but Abrams found that a single inhalation of 25 mg. of 9.4% Delta-9-tetrahydrocannabinol (THC), three times daily for five days effectively reduced the intensity of neuropathic pain, improved sleep and was well tolerated by patients. The current Hawai'i per-dose limit of 10 mg. is insufficient, impractical and adds unnecessary production and packaging expenses that are passed on to patients.

Mahalo for your time and consideration.



Gregory Yim, MD

HB-2729

Submitted on: 2/6/2018 8:49:42 PM

Testimony for HHS on 2/7/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Richard Ha	Lau Ola, LLC	Support	Yes

Comments:

Aloha Chairs and Members.

i am strongly supportive of HB2729.

i have farmed commercially for 40 Years in bananas and hydroponic tomatoes. We grew 600 acres of bananas. And produced a million pounds of tomatoes annually for ten years.

i obtained a 329 medical card 9 months ago, so I would know the subject. It has wide medical usage and foreign studies show that we are just now at the beginning of its medical usage.

The Dept of Health is smart to learn from other states. No sense reinvent the wheel.

Richard Ha

CEO

Lau Ola LLC

HB-2729

Submitted on: 2/6/2018 10:00:38 PM

Testimony for HHS on 2/7/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brian Murphy	Patients Without Time	Oppose	No

Comments:

I OPPOSE HB2729 because it reaffirms the prejudice of the unjust cannabis prohibition, and promotes an illegal commercial cannabis monopoly, based on racial prejudice, corporate greed, and is blatantly discriminatory against Hawaii's poor and disabled cannabis patients by denying them legal access to cannabis.

This bill fails in one of it's main stated purposes which is "to allow for adequate patient access."

Thousands of registered cannabis patients are suffering today, because they are being denied legal access, or are priced out of the program, and are being denied the right have affordable patient cooperatives.

This bill makes it an easy, and expensive, online experience for tourists to register to buy cannabis from the dispensaries during their vacation, but does nothing to help local patients gain access to medical cannabis.

Placing the convenience of tourists to get high, and the profits of corporations, above the needs of Hawaii's seriously ill medical cannabis patients violates the spirit of aloha and compassion that motivated the vanguard 2000 legislators, who were first in the nation to allow the use of medical cannabis by legislative action.

The only fair and just solution is to LEGALIZE CANNABIS.