**TESTIMONY OF**
**THE DEPARTMENT OF THE ATTORNEY GENERAL**
**THIRTIETH LEGISLATURE, 2020**

**ON THE FOLLOWING MEASURE:**
H.B. NO. 2097, H.D. 1, RELATING TO MEDICAL CANNABIS.

**BEFORE THE:**
HOUSE COMMITTEES ON CONSUMER PROTECTION AND COMMERCE AND ON JUDICIARY

**DATE:** Wednesday, February 12, 2020 **TIME:** 2:00 p.m.

**LOCATION:** State Capitol, Room 325

**TESTIFIER(S):** Clare E. Connors, Attorney General, or
Tara K.C.S. Molnar, Deputy Attorney General

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Chairs Takumi and Lee and Members of the Committees:

The Department of the Attorney General offers the following comments on this bill.

This measure would: (1) amend the definition of "manufactured cannabis product" in section 329D-1, Hawaii Revised Statutes (HRS); (2) amend section 329D-8, HRS, to allow for the remediation and retesting of product; (3) amend section 329D-10, HRS, to allow for the production of edible cannabis products; and (4) amend section 329D-11, HRS, to allow a dispensary to provide educational and scientific materials related to cannabis and its products, and sponsor events about cannabis that would not be considered advertising.

**Comments on section 3, amending section 329D-8, HRS, to allow for the remediation and retesting of product. (page 3, lines 4-7)**

This bill amends section 329D-8, HRS, to allow for the remediation and retesting of product. However, the proposed wording "any batch of product" is vague. This ambiguity could be resolved by clarifying whether the term "product" refers only to manufactured cannabis products or both cannabis and manufactured cannabis products.

**Comments on section 4, allowing a dispensary to produce edible cannabis products. (page 5, lines 16-18; page 6, line 1, through page 7, line 4)**

If the Committees are inclined to allow the production of edible cannabis products, we suggest, for the purposes of clarity, replacing the wording, on page 6, line 21, to page 7, line 2, "and not under section 328-1 as "food" and exempted from those further requirements," with "and not as "food" as defined and regulated in chapter 328."

Thank you for the opportunity to provide comments.

DAVID Y. IGE
GOVERNOR

TESTIMONY BY:
JADE T. BUTAY
DIRECTOR

Deputy Directors
LYNN A.S. ARAKI-REGAN
DEREK J. CHOW
ROSS M. HIGASHI
EDWIN H. SNIFFEN

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

February 12, 2020
2:00 P.M.
State Capitol, Room 325

.

**H.B. 2097, H.D. 1**
**RELATING TO MEDICAL CANNABIS**

House Committee(s) on Consumer Protection and Commerce, & Judiciary

The Department of Transportation (DOT) **opposes** H.B. 2097.

Among other provisions, this bill allows licensed retail dispensaries to sell edible cannabis products. Edible marijuana is very different from "joints" and other marijuana products, and the effects of THC when consumed in edibles compared to smoking sometimes takes several hours. People are more likely to eat more than the recommended serving since they don't immediately feel the effects. These same people may get into a car and start driving, which may lead to serious or fatal consequences.

Cannabis can impair a driver's cognitive function, affecting a driver's time/space perception, reaction time, ability to concentrate, etc. Contrary to popular belief, marijuana does not make someone a better, more careful driver. According to the "Drug Recognition Expert (DRE) Examination Characteristics of Cannabis Impairment" study published in the July 2016 Accident Analysis & Prevention Journal, an evaluation of 302 toxicologically-confirmed cannabis-only DRE cases saw that in 72.3 percent of cases, one or more moving violations were listed as reasons for the traffic stop. Speeding was the number one violation (27.7 percent), followed by weaving (19.0 percent). Similarly, in a two-year study of THC in drivers in Orange County, California, published in the August 2016 Journal of Forensic Science, the top five moving violations were speeding (24 percent), unable to maintain lane position (23.2 percent), ran red light or stop sign (13.0 percent), unsafe lane change (8.7 percent) and involved in a collision (8.3 percent).

In Hawaii, a local study on motor vehicle crash fatalities and undercompensated care associated with legalization on medical marijuana finds that "THC positivity among driver fatalities increased since legalization, with a threefold increase from 1993-2000 to 2001-2015. THC positivity among all injured patients tested at our highest level trauma center increased from 11% before to 20% after legalization. From 2011 to 2015, THC positive patients were significantly less likely to wear a seatbelt or helmet (33% vs

56%).”  The study was published in the Journal of Trauma and Acute Care Surgery in May 2018.

DOT is primarily concerned about improving highway safety and protecting the lives of our community members and visitors.  DOT coordinates specialized training and certifies law enforcement officers to recognize impairment in drivers under the influence of drugs through its DRE program to combat this issue.

Thank you for the opportunity to provide testimony.

POLICE DEPARTMENT

CITY AND COUNTY OF HONOLULU

801 SOUTH BERETANIA STREET · HONOLULU, HAWAII 96813
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KIRK CALDWELL
MAYOR

SUSAN BALLARD
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CLYDE K. HO
DEPUTY CHIEFS

OUR REFERENCE PJ-FG

February 12, 2020

The Honorable Roy M. Takumi, Chair
and Members
Committee on Consumer Protection
and Commerce
The Honorable Chris Lee, Chair
and Members
Committee on Judiciary
House of Representatives
Hawaii State Capitol
415 South Beretania Street, Room 325
Honolulu, Hawaii 96813

Dear Chair Takumi, Chair Lee and Members:

SUBJECT: House Bill No. 2097, H.D. 1, Relating to Medical Cannabis

I am Acting Major Phillip Johnson of the Narcotics/Vice Division of the Honolulu Police Department (HPD), City and County of Honolulu.

The HPD opposes House Bill No. 2097, H.D. 1, Relating to Medical Cannabis.

This bill, in part, seeks to amend Section 329D-10 of the Hawaii Revised Statutes to include edible cannabis products. Edible marijuana products should not be allowed. Hospitals in Colorado report an increase in the number of children who are treated for illnesses/injuries related to the accidental consumption of edible marijuana products. The Colorado Veterinary Medical Association has stated that veterinarians are treating an increased number of animals for accidental marijuana ingestion. If marijuana is made available in more edible forms, it will likely increase the exposure to children and pets.

The HPD urges you to oppose House Bill No. 2097, H.D. 1, Relating to Medical Cannabis, and thanks you for the opportunity to testify.

APPROVED:

Susan Ballard

Susan Ballard
Chief of Police

Sincerely,

Phillip Johnson, Acting Major
Narcotics/Vice Division

*Serving and Protecting With Aloha*

# COMMUNITY ALLIANCE ON PRISONS

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**COMMITTEE ON CONSUMER PROTECTION & COMMERCE**
Rep. Roy Takumi, Chair
Rep. Linda Ichiyama, Vice Chair

**COMMITTEE ON JUDICIARY**
Rep. Chris Lee, Chair
Rep. Joy San Buenaventura, Vice Chair
Wednesday, February 12, 2020
2:00 PM – Room 325

**SUPPORT FOR HB 2097 HD1 – MEDICAL CANNABIS**

Aloha Chair Takumi, Vice Chair Ichiyama and Members of the Committees!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies in Hawai`i for more than two decades. This testimony is respectfully offered on behalf of the families of **ASHLEY GREY, DAISY KASITATI, JOEY O`MALLEY, JESSICA FORTSON AND ALL THE PEOPLE WHO HAVE DIED UNDER THE "CARE AND CUSTODY" OF THE STATE** including the ten people who have died in the last 5 months, as well as the approximately 5,200 Hawai`i individuals living behind bars or under the "care and custody" of the Department of Public Safety on any given day. We are always mindful that more than 1,200 of Hawai`i's imprisoned people are serving their sentences abroad thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Kanaka Maoli, far, far from their ancestral lands.

HB 2097 allows for a process to remediate any batch of cannabis that fails laboratory testing standards so long as any final product passes all such laboratory standards. Authorizes licensed retail dispensaries to sell edible cannabis products, under certain conditions, and circulate, sponsor, and promote educational and scientific information and events related to cannabis. The HD1 defected the date to 2050.

Community Alliance on Prisons supports this measure that allows edible cannabis products to be sold at dispensaries. On a personal note, I have been the caregiver to several terminally ill patients and know many more people who are suffering and have witnessed the effect that medical cannabis has on their quality of life. When my Mom was dying, she got to a point where she was losing so much weight, that there was not enough flesh to inject her with morphine. Edibles would have served her well and would have improved the quality of the rest of her life.

Please consider the suffering members of our community and pass this bill to allow dispensaries to sell products that will improve the quality of their lives. Mahalo for this opportunity to testify.

KUSH BOTTLES
HAWAII

**TO: Committee on Consumer Protection & Commerce and Committee on Judiciary**
**FROM: Miles Wesley Tuttle & Adealani Wesley**
**HEARING DATE: 12 February 2020, 2:00 PM**
**RE: HB2097, Relating to Medical Cannabis, STRONG SUPPORT**

**Dear Chair Takumi and Chair Lee, and Members of the Committees,**

The introduction of manufactured, cannabis-infused edible products to the list of approved cannabis products in the state of Hawaii presents many positive solutions to patient health and preference. This introduction also raises concerns about the possible negative consequences, mostly the unintentional ingestion of edible cannabis-infused products by Hawaii's children. Following two years of a state Medical Dispensary Program, it is becoming apparent that Hawaii's Medical Cannabis patients and Out-of-State Patients (OSP) are asking for edible Cannabis-infused products more frequently to serve as an alternate method of ingesting their medicine. To better inform all parties involved in this process of considering the approval of Cannabis-infused edible products, we are conducting a Health Impact Assessment focused on preventing the unintended ingestion of edible Cannabis-infused products by Hawaii's children, the potential role that child-resistant packaging, a mandatory edible-specialist/patient consultation, and a systematic addition or narrowing of allowable edible types of products could play in mitigating the problem. After reviewing the scientific evidence and incorporating stakeholder input, we make the following recommendations:

**1. Require Certified Child-Resistant Packaging that is non-attractive to children and possess a Universal Warning Symbol.**
**2. Implement Accurate and Proper Labeling Requirements.**
**3. Systematic addition of types of edible products, beginning with Chocolated Medicinal Pieces.**
**4. Mandatory Consultation with Cannabis-infused edibles safety specialist.**
**5. Specify a maximum milligram/container content for edibles**.
**6. Access to educational material provided to patients regarding the consumption of edibles.**

## Background

The introduction and allowance of retail sale of Cannabis-infused edible products has been on the legislative table for a couple of years. Act 116 Medical Cannabis Outstanding Issues Working Group was established by the legislature pursuant to H.B. 2729, H.D. 2, S.D. 2, C.D. 1, Act 116 (2018). The working group was convened by the Department of Health, Office of Medical Cannabis Control, and Regulators to consider and make recommendations regarding edible products. Their recommendation was focused on the authorization and regulation of the manufacture and dispensing of edible cannabis products by a licensed medical cannabis dispensary.

This Working Group concluded the following recommendations:

1. Amend the definition of "manufactured medical cannabis product" to differentiate edibles from other manufactured products.
2. Eliminate edible products that are not shelf-stable, are potentially hazardous, may increase the toxicity of cannabis, may create an unsafe combination with other psychoactive substances, or any item attractive to children.
3. Amend edibles product-packaging requirements to include the use of a universal symbol.
4. Implement a system of reporting product complaints, such as a State Poison Control Hotline toll free number included on edible cannabis packaging.
5. Specify cannabis edible product labeling requirements to include information applicable to consumption, such as estimated activation time, serving size, number of servings per container, cannabinoid content per serving, and ingredients.
6. Require product packaging to be continually child-resistant.
7. Incorporate appropriate provisions for manufacturing protocol.
8. Implement manufacturing standards, including limitations of cannabinoid concentration per serving, and providing tools to help with portioning.
9. Create a process for the systematic addition of product categories to help control uniform distribution of cannabinoids within each product.
10. Implement a product recall system.
11. Establish mandatory pre-purchasing education protocol for patients new to the purchase of edibles.

## The Need for Cannabis-Infused Edibles

During the last two years of operation, the Medical Cannabis Dispensaries in the state of Hawai'i have had multiple requests for the availability of ready-to-eat cannabis products. Patients who try to make their own edible products at home have found that it is a difficult process to properly and accurately extract

cannabinoids from the Cannabis flower provided in Medical Dispensaries, and/or accurately dose and homogenize the cooking oil provided as well.

A majority of Hawaii's Medical Cannabis patients use cannabis to help relieve their chronic and severe pain. Through research, it has been found that THC ingested via the gastrointestinal tract provides a longer lasting effect, and is more suitable for overnight relief than a smoked Cannabis product.

Other qualifying conditions that specifically recommend the usage of edible Cannabis products are Cachexia for nausea/vomiting and stimulating appetite; Multiple Sclerosis for spasticity; PTSD symptoms, and those suffering from lung disease, due to the inability to inhale Cannabis via smoking or vaporizing.

Hawai'i has an incredible tourist population throughout the year. Our Out-of-State Medical Cannabis program (OSP) is slowly becoming more popular with other Medical Cannabis patients throughout the United States that visit our islands, however these out-of-state patients are presented with a difficult situation as to where they are able to consume their medicine. Hotels and Condo-hotels are non-smoking residences, as are public places within the state. As Medical Dispensaries are currently not allowed to offer edibles, it leaves our out-of-state patients with purchased medicine and nowhere to medicate... legally.

## Impact

The introduction of Cannabis-infused edible products into Hawaii's Medical Cannabis Program will have intended positive impacts as well as unintended negative impacts, the latter of which we hope to mitigate.

The main impact is presenting Hawaii's resident and out-of-state patients with an alternative form of ingestion of Cannabis. By making this alternate option available to patients, it will allow them the flexibility of using their medicine in a form that is complimentary to their specific qualifying condition, preference, environment, or activity/time of day. Patients with lung disease will be able to have an efficient and effective way to consume their Medical Cannabis. This positive impact of an alternative form of Cannabis ingestion could lead to an increase in the overall Medical Cannabis resident and out-of-state patient population in the State of Hawaii. This increase could lead to a higher number of legal patient purchases, and therefore would boost the Medical Cannabis Dispensary sales in the state and hopefully save the patients (who have no Cannabis cooking experience) the time, money and frustration of trying to make edibles themselves. This alternative form of ingestion would also solve the problem of out-of-state patients having no physical location to consume Cannabis due to public places and hotels being non-smoking environments. Resident patients would benefit from this impact as well, as many live in condominiums or apartments that do not allow smoking. A vast number of

patients prefer edible consumption based on the longer lasting effect, especially beneficial for sleeping. This option of ingestion also eliminates the odor of Cannabis smoke and the ongoing negative stigma toward Cannabis that many patients are still dealing with.

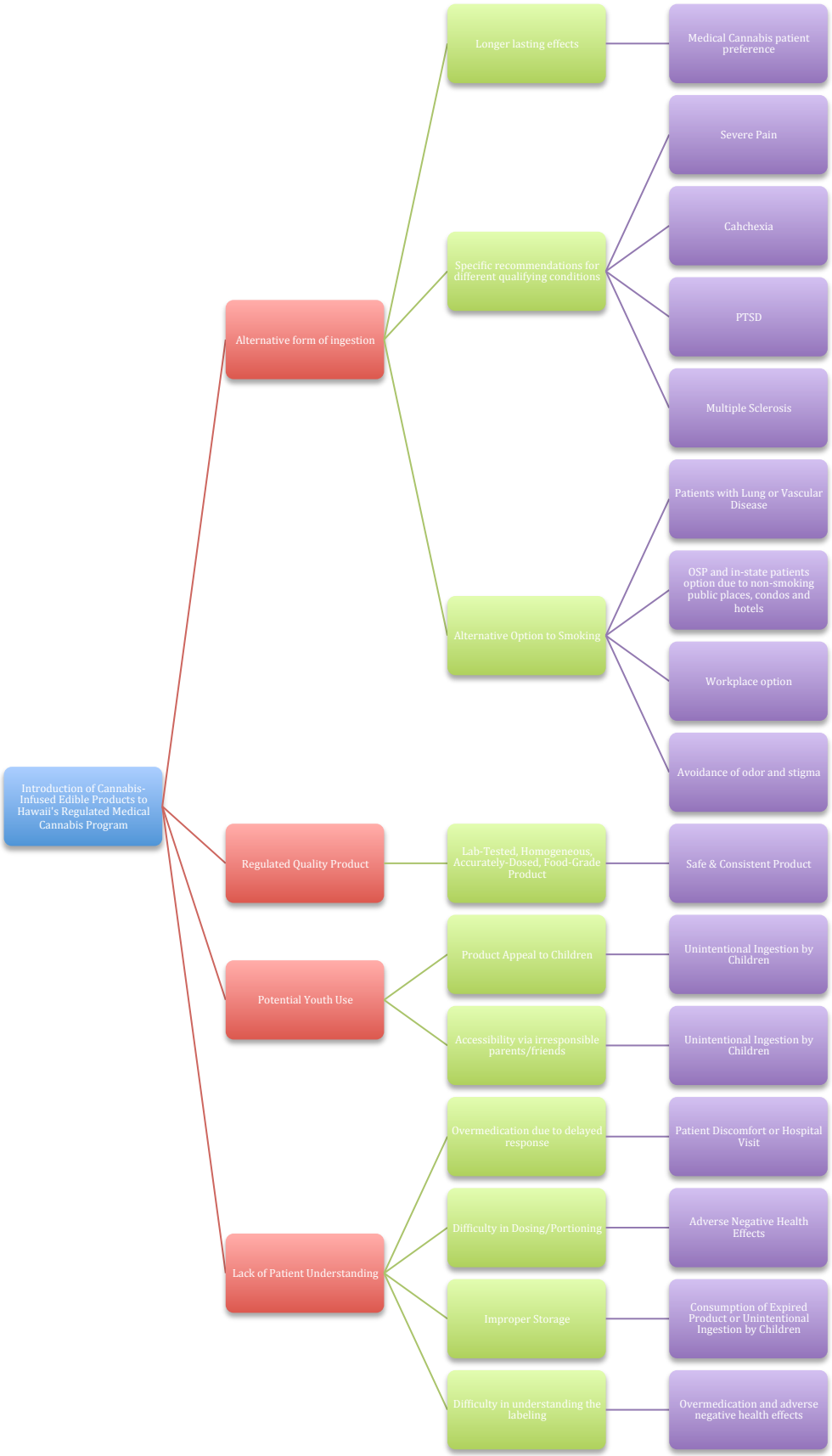
Another positive impact of the introduction of Cannabis-infused edible products into the Medical Cannabis Program in the state of Hawai'i is the ability of the Medical Cannabis Dispensaries to manufacture a regulated, quality product for its patients. As the Medical Dispensaries are strictly regulated by the Department of Health, they must have all of their products lab-tested and THC content accurately dosed. These dispensaries must operate in accordance with the Hawai'i State Food Safety Code. Based on the advanced technologies that the current production centers of the State Medical Cannabis Dispensaries already possess for the extraction/processing of other manufactured Cannabis products, achieving homogeneity within an edible product would be feasible: a task that is extremely difficult to accomplish in a home kitchen. The current dispensaries would also already have the capabilities to label the edible products appropriately to mitigate any misunderstanding of contents, as they already implement this practice for other Cannabis products. These standards that Hawaii's Medical Cannabis Dispensaries would be able to offer to its patients would ultimately lead to a healthier, safer edible product. This would make its consumption a positive experience, and decrease the number of patients who may suffer from the risks involved in the actual manufacturing or cooking of the edible Cannabis-infused product, and potentially over-medicating unintentionally.

An unintended negative impact of the introduction of Edible Cannabis-infused products is the potential increase in Cannabis use among youth, mainly in the form of unintentional ingestion by Hawaii's children. This is an issue that is incredibly important in every stakeholder's eyes. Edible foods, especially those that are worthy of the title "treat," are already more appealing to children than other forms Cannabis, such as flower or concentrated material. A Cannabis-infused "gummy bear" might look the same as a non-Cannabis-infused "gummy bear". The accessibility of edible Cannabis-infused products to children is a problem that could be a result of the adult patient's irresponsibility when considering its storage. It is up to the adult patient to protect their children or grandchildren from accessing Cannabis products, similar to other prescription medications that they may have to be responsible for. The dispensaries and doctors should be able to help their patients to be fully aware of how to accomplish this task, as well as inform the patients of the risks of this form of ingestion, such as overconsumption.

Another unintended negative impact of introducing Cannabis-infused edibles to the Hawaii Medical Cannabis Program is the potential overmedication of patients. This overmedication usually results from being under-informed in regards to the consumption and safety of edible Cannabis products. As edible products have a delayed response in the effects felt, it is common to be impatient and overmedicate. It is also sometimes difficult to dose or portion out pieces of edible products

appropriately. Labeling of the product can be quite extensive, and there can be difficulty in understanding the consumption and storage instructions on the label. All of these situations could lead to unintentional overmedication, which could be followed by patient discomfort or anxiety, increased hospital visits, or other adverse negative health effects.

The Causal Map below identifies these impacts of the introduction of Cannabis-infused edible products to Hawaii's Regulated Medical Cannabis Program. It highlights the positive impacts of offering an alternative form of ingestion, and having regulated, quality edible products. It also addresses the unintended negative impacts, including a potential increase in youth use, and the result of patients' lack of understanding concerning dosing.


Introduction of Cannabis-Infused Edible Products to Hawaii's Regulated Medical Cannabis Program
Alternative form of ingestion
Longer lasting effects
Medical Cannabis patient preference
Specific recommendations for different qualifying conditions
Severe Pain
Cahchexia
PTSD
Multiple Sclerosis
Alternative Option to Smoking
Patients with Lung or Vascular Disease
OSP and in-state patients option due to non-smoking public places, condos and hotels
Workplace option
Avoidance of odor and stigma
Regulated Quality Product
Lab-Tested, Homogeneous, Accurately-Dosed, Food-Grade Product
Safe & Consistent Product
Potential Youth Use
Product Appeal to Children
Unintentional Ingestion by Children
Accessibility via irresponsible parents/friends
Unintentional Ingestion by Children
Lack of Patient Understanding
Overmedication due to delayed response
Patient Discomfort or Hospital Visit
Difficulty in Dosing/Portioning
Adverse Negative Health Effects
Improper Storage
Consumption of Expired Product or Unintentional Ingestion by Children
Difficulty in understanding the labeling
Overmedication and adverse negative health effects

## Recommendations

We introduce the following recommendations to provide mitigation of the unintended negative impacts discussed above. We have separated them into two categories: Youth Use & Patient Understanding.

**YOUTH USE:**

**1. Require Certified Child-Resistant Packaging** –

Packaging for Cannabis-infused Edibles should adhere to Title 16 of the Code of Federal Regulations Part 1700 of the Poison Prevention Packaging Act of 1970 (PPPA). This packaging should be opaque, re-closable and non-attractive to children. Here are a few options of Certified Child Resistant Edibles Packaging Products:

**2. Implement Accurate and Proper Labeling Requirements.**

As proposed by the Working Group, labeling requirements should include information applicable to consumption, such as estimated activation time, serving size, number of servings per container, cannabinoid content per serving, and ingredients. Clear directions for use and storage should be present on the label, as well as a universal warning symbol.


**3. The systematic addition of types of edible products beginning with Chocolated Medicinal Pieces.**

These could be aesthetically similar to Ex-Lax Medicated Laxative Pieces, a medicinal edible product that is non-appealing to children currently offered in our pharmaceutical market.


**PATIENT UNDERSTANDING:**

**4. Mandatory Consultation with an edibles safety specialist.**

All patients who purchase Cannabis-infused edibles should be required to have a mandatory consultation with a Cannabis-infused edibles specialist before they leave the dispensary premises. This consultation should encompass the directions for use and safety of storage of their purchased edible product(s). (Not the dosage that is recommended for them, as the latter should be discussed with their Doctor or APRN)

**5. Specify a maximum milligram/container content for edibles**.

**6. Educational material should be provided to all patients regarding consumption of edibles.**

As further reference, here is a list of links to other states packaging and labeling regulations:

ALASKA: https://www.mpp.org/states/alaska/a-summary-of-measure-2-an-act-to-tax-and-regulate-the-production-sale-and-use-of-marijuana/

ARIZONA: http://azdhs.net/director/administrative-counsel-rules/rules/index.php#adhs-rules

CALIFORNIA: https://www.cdph.ca.gov/Programs/CEH/DFDCS/MCSB/Pages/MCSB.aspx

COLORADO: https://www.colorado.gov/pacific/aginspection/labeling-requirements

CONNECTICUT: https://portal.ct.gov/DCP/Medical-Marijuana-Program/Law-and-Regulations

DELAWARE: https://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Public%20Health/Health%20Systems%20Protection%20(HSP)/4470.shtml

DISTRICT OF COLUMBIA: https://www.dcregs.dc.gov/

FLORIDA: https://www.flsenate.gov/Session/Bill/2017A/00008A

HAWAII: https://law.justia.com/codes/hawaii/2018/title-19/chapter-329d/section-329d-11/

ILLINOIS: http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3503&ChapterID=35

MAINE: https://www.maine.gov/dafs/omp/medical-use

MARYLAND: http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.62.23.*

MASSACHUSETTS: https://malegislature.gov/Laws/SessionLaws/Acts/2012/Chapter369

MICHIGAN: https://www.michigan.gov/lara/0,4601,7-154-89334_79571_79575---,00.html

MINNESOTA: https://www.revisor.mn.gov/rules/4770.0850/?format=pdf

MONTANA: https://dphhs.mt.gov/marijuana/rulesandregulations

NEVADA: https://www.leg.state.nv.us/nac/nac-453a.html

NEW HAMPSHIRE: https://legiscan.com/NH/text/HB573/id/709869

NEW JERSEY: https://www.nj.gov/health/medicalmarijuana/

NEW MEXICO: http://164.64.110.239/nmac/parts/title07/07.034.0004.htm

NEW YORK: https://regs.health.ny.gov/content/section-100411-manufacturing-requirements-approved-medical-marihuana-products

OREGON: https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1222

RHODE ISLAND: https://health.ri.gov/healthcare/medicalmarijuana/

VERMONT: https://medicalmarijuana.vermont.gov/

WASHINGTON: https://app.leg.wa.gov/WAC/default.aspx?cite=314-55-105

Thank you for this opportunity.

Testimony in OPPOSITION of HB 2097 HD1

Submitted by:
Peter Oshiro
Resident of Mililani.

Aloha Chairs Lee and Takumi and Members of the House Committee on Consumer Protection and Commerce, and the Committee on the Judiciary.

Mahalo for allowing me to testify.
I am testifying as a private citizen and my testimony has not been approved or endorsed by the DOH.

I stand in Strong Opposition to HB 20987 HD1 for the following reasons:

1) There are no scientific or medical studies to date, which concludes that the practice of "remediating" cannabis/cannabis products that have failed mold/yeast product standards is safe. Please keep in mind that many 329 card-holders are immuno-compromised due to disease or the treatment of adverse medical conditions.

    a) Would you allow restaurants to remediate unwholesome, "moldy" food by washing it off, cooking it off, or dipping it in a chemical that removes the mold?!

2) Disturbingly, the DOH has allowed industry to do exactly that beginning around the Fall of 2017. No dispensaries were ever inspected under HAR §11-850-75 Quality control, health, safety, and sanitation standards prior to opening. That is the only section of the existing rule that addresses public health controls over the industry to prevent adulteration of cannabis products which may have been produced under insanitary conditions. You all would be surprised if I told you that as of today, the DOH had not made even ONE unannounced inspection of any dispensary by persons qualified to recognize and prevent environmental factors that protect communicable disease transmission at least at the level of a food establishment as intended for in HAR 11-850-73 (requirement that dispensaries have food establishment permits issued under Har 11-50, Food Safety Code, to enforce the section of the rule that is supposed to protect the health of 329 card holders. The Food Safety Specialists that inspect our restaurants take ~3 years to learn their craft. The Med Cann program sent one of their staff to a 90 minute Food Handlers Education Class geared for a 6$^{th}$ grade education for back food establishment employees. The only routine inspections of the dispensaries being done, were to ONLY address diversion of cannabis and not sanitary conditions or sanitary techniques being used by industry to manufacture and package cannabis/cannabis products. The DOH has knowingly allowed industry to violate HAR §11-850-85 (c) which clearly prohibits the dispensing of ANY product that have not met standards designed to protect public health from high levels of pesticides, yeast, mold, bacteria and various other contaminants.

3) For good reason, this proposal does not set a maximum level of how much mold or yeast that would be allowed in order for the adulterated cannabis product to be remediated. Under this proposal, cannabis products that that have unlimited amounts of mold or yeast would be allowed to be further processed for ingestion or inhaling after being "remediated".

a) Common sense would dictate that there should be a point where the cannabis has so much mold and yeast that it must be destroyed. It is curious that the point at which the product must be destroyed has already been determined by the DOH and codified in the current rule.

b) Trace elements of the dead mold and yeast colonies will be concentrated in any extracted product, and even though the "remediated" product may pass the testing for mold and yeast after being "remediated", there are no studies that show that the trace elements or by- products of mold and yeast colonies that were exposed to varying "remediation techniques" produce no long or short term maladies. Can you imagine "vaping" these unknown compounds into the lungs of unsuspecting 329 cared holders. Or spraying these into your mouth or consuming pills made from adulterated source product.

c) I can already hear proponents of this measure state that some other states allow this practice. This is especially apparent in "recreational" States that have already succumbed to "Regulatory Capture", including Hawaii, whereby industry has influenced regulatory to do an about face to their rules under the guise of losing or going out of business which in turn affects the coffers of government tax take from the industry.

d) Because the DOH refused to do any regulatory lab testing, we already have an unholy alliance whereby we rely on results that are paid for by industry. There is absolutely a place for third-party lab testing (to ensure QC of a product for industry), but if you want unbiased, uninfluenced lab results, the DOH must collect and test regulatory samples at a determined frequency to keep the system above board. Shopping for labs is a frequent practice in States that allow 3rd party testing as the sole regulatory source.

4) There is already scant research regarding the safety of any cannabis/cannabis product, why on earth would we intentionally add the unknown variable of remediating adulterated product that is intended to be used by persons treating various medical conditions?!

5) We really need to talk about vape products being produced at the dispensaries and how ill equipped the DOH is to regulate this industry.

a) In June of 2019, I sent an email to all DOH Administrators involved in regulating medical cannabis, warning them that some dispensaries were actually adding unknown, imported, un-approved ingredients to vape pens in direct violation of HAR. In September of 2019 we began hearing nation-wide concerns that persons were dying or becoming gravely ill from what appeared to be tainted, unregulated THC vape pens. In October of 2019, I have it on good word that someone from the DOH contacted the dispensaries warning them that the DOH would be "cracking down" on adulterated vape products being sold. So instead of taking clear regulatory action, or formally notifying industry to cease and desist from selling vape cartridges with illegal additives, the mixed message left industry to resort to a "Fire Sale" of vape products with unapproved ingredients. Cartridges that normally sold for $45-$60 for 0.5 gm were being sold for as low as $6 each in unlimited quantities "while supplies last". This allowed industry to literally flood the 329 card holder market with illegal vape pens. 329 Card holders were not told that these pens contained ingredients that were not approved by the DOH.

This is exactly the definition of and what "Regulatory Capture" looks like in real life.

As a professional environmental law enforcer for over 3 decades now, if you want to ensure that industry follows the rule of law, you must give industry "crystal clear" instruction and consistent interpretations of the laws. It is critical that the regulatory program conduct unannounced inspections for the sole purpose of ensuring compliance with the law. If the dispensaries were at least inspected with the same vigor and frequency as a food establishment, food safety specialist would have easily identified illegal sourced products on the shelf. This means that you actually have to do inspections!!
The regulatory agency must be completely transparent to both the public and regulated industry in order to influence industry behavior, and not sweep major problems under the rug while boasting that the DOH has one of the strictest Med Cann programs in the Nation. This statement, which has been repeated ad nauseam to cover up DOH's ineptness, is no more than a bald faced lie when not even one inspection has been done at a dispensary for the purpose of enforcing HAR §11-850-75, Quality control, health, safety and sanitation standards.

Having to give and prepare this testimony is very difficult as I am extremely disturbed at how I truly believe the DOH is endangering the health and safety of the State's 329 Card holders. I am more disturbed by the years of sweat and the very steep knowledge curve that my program has gained in assessing the safety and practices of the cannabis industry which apparently resulted in my program being recently removed from any aspect of interfacing with this industry to protect public health. Appearances allude to the DOH attempting to cover up past egregious actions by replacing my program's involvement with regulating this industry. It is odd that the Food Safety Branch even recently participated in the 2019 legislatures' PIG regarding edible cannabis products to assist the legislature in regulating this industry. We chaired the manufacturing of cannabis edibles sub-committee.
Our program has been removed from regulating this industry and has been replaced with a neophyte program with no track record of any accomplishments or abilities and no applied knowledge of how medical cannabis is processed. This is the same Food and Drug Branch that was abolished in 2012 due to major performance issues and resurrected in early 2019.
I can only surmise that the DOH was afraid that my program would take the necessary action to reverse wrong doings of the past and give the DOH another black eye.

Mahalo for the opportunity to testify and please take the time to read all of the materials sent. It should be very enlightening and frightening at the same time.

# STATUS OF CANNABIS DISPENSARIES
Apr 4, 2019

## Introduction:

Survey results of the Medical Marijuana Dispensaries in Hawaii and the current status of inspections done under HAR §11-850 designed to protect public health.

HAR section §11-850 -75 Quality Control, health, safety, and sanitation standards. is the only section in the rule that is designed to protect public health by ensuring that cannabis/cannabis products are properly handled, extracted, refined, and packaged to prevent possible adulteration and to reduce risk factors that may contribute to illnesses.

It is the view of the author that one of the critical first steps to ensure that the DOH has a handle on regulating industry practices designed to prevent the public from being exposed to undue risk from consuming cannabis/cannabis products, is to create a risk-based inspection and enforcement protocol. (See attached draft MOA).

It is critical that the DOH have updated SOP's for the manufacturer of each of the many varied cannabis products being manufactured statewide.
To date, there have been no unannounced inspections, for any of the dispensaries in the State to determine compliance with 11-850-75. Thus far, only surveys have been done to vaguely familiarize ourselves with the highly technical manufacturing processes currently employed by the cannabis industry.

## Problem:

1) One of the early, critical public health issues in the cannabis industry dealt with non-compliance regarding the "extraction" of cannabis products that have failed lab testing.

The problem began early in the dispensary licensing process when the dispensaries first started failing testing standards for mold/yeast. The first dispensaries (MGT, Aloha Green) were opened with no dispensary inspections to determine compliance with 11-850-75.

The DOH intentionally misrepresented HAR to industry by specifically informing industry that they can re-mediate cannabis product(s) for patient use, that have failed laboratory standards set forth by HAR. This is a direct violation of 11-850-85(c) which prohibits the dispensing of any product that has not met standards designed to protect public health from high levels of pesticides, yeast, mold, bacteria and various other contaminants. Allowing the reprocessing of cannabis flower/product that has failed public health standards is irresponsible at best, violates the provisions of HAR 11-850, and may be hazardous to patients' health, especially those that are immunocompromised due to chemo, radiation therapy, or other pharmaceuticals.

The practice for the local industry prior to May 2018, for flower that failed mold/yeast Max contamination levels (MCL), was to extract the adulterated product which would remove evidence of any mold/yeast. The solvent action of heat/pressure/supercritical CO2 will denature mold/yeast to the

point it will not be detected. This process is analogous to toasting moldy bread to remove traces of mold.

Aloha Green, Noa Botanicals and Cure Oahu were all "extracting" flowers that failed testing standards as part of their normal SOP due to "regulatory capture".

A second survey of all dispensaries were done on the following dates.

| | |
|---|---|
| 9/24/18 | Aloha Green (Whitmore Village) |
| 9/27/18 | Green Aloha (Kapaa) |
| 10/10/18 | Maui Wellness (Kula) |
| 10/11/18 | Cure Oahu (North Shore) |
| 10/15/18 | Noa (Kunia) |
| 1/18/19 | Big Island Grow (Hilo) |

Aloha Green, MGT, Noa Botanicals, and Cure Oahu were all still processing flower that has failed mold/yeast testing standards.

Since the first surveys were done in the fall of 2017 to check compliance with 11-850-75, all three Oahu dispensaries have altered the way they handle cannabis flowers that have failed mold/yeast standards. **All the major dispensaries (MGT, Aloha Green, Noa Botanicals, and Cure Oahu) now routinely "remediate" failed product with UV light, 95%+ ethanol, CO2 or a combination of one or all three PRIOR to beginning any organic extraction using supercritical CO2 as the solvent.**

The dispensaries now claim that they are extracting flower that is now deemed to be "clean", as cannabis flowers remediated by exposure to UV, ethanol, or pressurized CO2 show no evidence of mold/yeast colonies upon retesting. Retesting does not check for other toxins and/or trace amounts of possible contaminants left behind by the moldy/yeasty flower.

## Solution:

The DOH must either halt the practice of industry remediating product that has failed testing standards or change the rules to specifically allow it under certain conditions. (Did HRS recently pass that bans that practice altogether?). It will now be difficult to gain compliance as industry has invested thousands of $$ in equipment designed to remediate flower that has failed mold/yeast standards as the DOH has led them to believe that the practice of remediation was acceptable.

## Problem:

2) Highly varied extracted products are now being produced at the 3 main dispensaries on Oahu and at Maui Grown Therapies. Vape oil cartridges, shatter, rosin, purified elixirs, confections (mints), THC infused olive and vegetable oils, capsules, lozenges, coconut oil (MCT) based tinctures, mist sprays, topical gels, and body oils. **None** of these extracted processes have been inspected through unannounced routine inspections and reviewed for safety or compliance with 11-850-75 by the DOH since opening in 2017.

DOH must begin a comprehensive inspection of all extraction processes at all dispensaries engaged in extractions.
Infused olive and vegetable oils must be reviewed for shelf stability due to c. bot risk.

## Solution:

Dispensaries must be classified by risk, based on the variety and types of extracted products being produced and inspected at a commensurate frequency.

## Problem

3) A transparent inspection program should be created to inform public regarding inspection findings/action similar to the restaurant inspection system.

I'm sure the public would be curious as to how a regulatory program that oversees the cannabis industry has not issued even one violation letter or formal violation notice to date, for failing to meet laboratory testing standards or any other requirements under HAR 11-850 as a result of inspectional findings.

## Solution:

The DOH must create a progressive enforcement system to suspend products from commerce that do not meet testing standards after repeated failed testing results.
Penalty guidelines must also be created and enforced for violations of 11-850 revealed during routine inspections, or for egregious or repeat violations.

The DOH must create administrative penalty guidelines for this industry to be a viable regulatory program.

P Oshiro 4-4-19

# Partnership Agreement

## Medical Cannabis Dispensary Licensing Program and the Sanitation Branch

I. Purpose

HAR Chapter 11-850, Medical Marijuana Dispensaries, Subchapter 6, Product and product standards requires the application of environmental sanitation theory to effectively enforce the subchapter specifically designed for quality control, health, safety, and sanitation standards.

Section 11-850-73 was written with the intention that cannabis dispensaries obtain DOH food establishment permits under HAR 11-50 for cannabis products intended to be ingested orally, but conflicts with legal definitions of adulterated food products prevent this issuance of food permits required by this section.

The Sanitation Branch agrees to assist the Medical Cannabis Dispensary Program with the following:

II. Sanitation Branch Responsibilities and General Requirements

Enforcement actions by the Sanitation Branch will be limited to the provisions of HAR 11-850, Subchapter 6 and §11-850-85, Laboratory standards and testing, through the following activities:

1) Building Plan reviews for any new or remodeled dispensary facilities if required.
2) Drafting of enforcement protocols for violations of Subchapter 6 and §11-850-85.
3) Provide review and approval of SOP's for the manufacture of cannabis and cannabis products, including but not limited to harvesting, drying, curing, extraction, infusing, manufacturing, and packaging of cannabis products.
4) Approve SOP's for the manufacture of edible cannabis products
5) Inspect dispensaries for compliance with HAR 11-850, Subchapter 6, and investigate violations of HAR section §11-850-85, Laboratory standards and testing. Inspections for new openings, routine compliance inspections, consultations, complaints of illness, general complaints and follow-up compliance inspections to be provided.
6) Develop protocols for recalls, embargoes, and seizures for cannabis/cannabis products that are adulterated; failed to meet lab standards set forth in HAR 11-850, or were produced under conditions that may lead to adulteration.
7) Develop DOH sampling protocol for laboratory testing of cannabis products.
8) Issue violation letters, warnings, cease and desist orders, Notice of Violations and Orders (NOVO).
9) Establish inspection frequencies for dispensaries using risk-based principles. Inspection frequencies will focus on the complexity of the dispensaries manufacturing processes and volume of product.

All proposed regulatory actions initiated by Sanitation Branch shall be reviewed and approved by the Program Manager of the Medical Cannabis Licensing Program AND the deputy AG assigned to the Medical Cannabis Dispensary Licensing program prior to issuance of formal enforcement documents.

Copies of all Routine and follow-up inspections conducted by Sanitation Branch shall be emailed to the Medical Cannabis Licensing program by COB on the day of the inspection, or no later than noon of the next working day if electronic submittal is not possible.

The Medical Cannabis Licensing program, Program Manager, the Deputy Director for Health Resources, or the Director of Health reserves the right to terminate this agreement immediately for any reason.

The Sanitation Branch agrees to give the Medical Cannabis Licensing program adequate notice of at least 60 days, if the Sanitation Branch wishes to terminate this agreement.

All parties agree that the long-term goal of the Medical Cannabis Licensing program will be the establishment of a Sanitarian position or its equivalent to encompass the duties and responsibilities outlined in this partnership agreement.

The undersigned agree to operate according to the provisions of this Partnership Agreement.

_____ _____

Michele Nakata, Program Manager,
Medical Cannabis Licensing Program — Date

_____ _____

Peter Oshiro, Program Manager,
Sanitation Branch — Date

_____ _____

Danette Tomiyasu, Deputy Director
Health Resources Administration — Date

_____ _____

Lynn Nakasone, Division Administrator
Environmental Health Services Division — Date

_____ _____

Keith Kawaoka, Deputy Director,
Environmental Health Administration — Date

_____ _____

Bruce S. Anderson, Director,
Department of Health — Date

# How the State DOH is Gambling with the Health of 329 Card Holders and Jeopardizing the Reputation of the Cannabis Industry

May 2, 2018

This article is being written to encourage internal voluntary change within the DOH regarding the regulating of the medical cannabis industry in Hawaii.

The recent departure of the last Surveyor for the Med Cann program and the failure of the DOH to act on critical information regarding major deficiencies in regulating the Med Cann industry leads me to author this critique.

There is a major problem with a lack of basic regulatory infrastructure within the med cann program and with employee retention. All employees originally on the regulatory end of the med cann program has terminated their employment, the last two with 48 hrs notice. There are no longer any employees left to regulate diversion of product within the industry, nor is there any agreement with environmental health to date that delineates any responsibility to protect public health and product safety. Control of regulatory processes from harvest to sale, including solvent and supercritical CO2 extractions of product using cutting edge equipment and processes which rely heavily on applying public health theory in the manufacture of products to be inhaled, ingested, or applied topically to alleviate debilitating medical conditions.

The lack of basic regulatory controls, infrastructure, and risk-based decision making in regulating this industry are frightening. In addition, the DOH intentionally misrepresents HAR to industry by specifically informing industry that they are allowed to re-process cannabis product(s) for patient use, that have failed laboratory standards set forth by HAR. This is a direct violation of 11-850-85(c) which prohibits the dispensing of any product that has not met standards designed to protect public health from high levels of pesticides, yeast, mold, bacteria and various other contaminants. Allowing the reprocessing of cannabis flower/product that has failed public health standards is irresponsible at best, violates the provisions of HAR 11-850, and may be hazardous to patients' health, especially those that are immunocompromised due to chemo, radiation therapy, or other pharmaceuticals.

The lab testing standards were placed in the emergency rule for public health reasons, and the DOH must come out and reverse its position on this critical act of malfeasance. This poor decision by DOH now affects the reputation of the industry itself if they actually chose to re-process product that failed testing standards after DOH informed them that it was OK to do so.

This document will touch on the following deficiencies within the Med Cann program

I. REGLATORY FOUNDATION (HAR 11-850) for the Med Cann program is defective for the following reasons:

§11-850-75 Laboratory standards and testing. (c)
*....for each batch of marijuana and manufactured marijuana products tested for that dispensary;... The certificate of analysis shall include the results with supporting data for the following:*

The DOH standard set by 11-850 for *ANY* pesticide *regulated by the EPA, is 1ppm.* Many tolerances for pesticides are well below 1ppm for food crops.

§11-850-75 Laboratory standards and testing. (d)
*The certified lab may retest or reanalyze the sample or a different sample from the same batch by following its standard operating procedure to confirm or refute the original result, upon request by the department at the dispensary licensee's expense.*

A) This practice is defective from a regulatory standpoint as no other industry is allowed to "shop" regulatory results until you get a good sample. The original "hot" sample within the lot may be the result of spot contamination (like spilled toxic liquid) versus contamination that is homogenized throughout the lot. Your re-sample may be below tolerance, but everything around it in the same lot may exceed tolerance and be completely "hot", which in turn may imperil public health.

B) Industry has stated that they are under the impression that they can only retest once, but the rule does not state that. As written, the rule allows for indefinite retesting.

C) Pesticides residues have half-life degradation rates. Because there is no time limit on the re-test or re-analysis, the dispensary can choose to simply sit on a "hot" pesticide lot, and have it retested when the pesticide degrades and is no longer above 1ppm.

II. TRAINED REGULATORY STAFF

Nearly 100% employee defection rate from the med cann enforcement program has left the program void of any trained regulatory staff. There is no training protocol other than OTJ. Sanitation Branch has the only trained regulatory staff (Industrial scaled food manufacturing applied theory) available to evaluate manufacturing and extractions of cannabis products.

III. DISPENSARY INSPECTION PROGRAM NOT BASED ON HACCP (Hazard Analysis Critical Control Point) PRINCIPLES.

There is no regulatory distinction between critical and non-critical violations that are based on any public health protection priorities. This creates major problems for industry and the DOH as both have no idea where to focus their QC or regulatory resources if there are no risk-based regulatory priorities within the DOH. The glaring example of this failure is the mold/yeast standard violations by industry and the inability of the DOH to respond in a proper manner. Should this have been treated the same as a pesticide violation? What about a high bacteria count violation? Which ones can industry legally re-process – NONE at this time.

IV. COMPLIANCE AND ENFORCEMENT

Currently, there is no enforcement protocol for violations of testing standards and violations revealed during inspections. The lack of these protocols also place 329 card holders at undue risk as industry itself cannot discern what their responsibility is in preventing further violations or what kind of time frame is allowed for correction of specific violations and whether lack of compliance will lead to fines, permit suspensions or other penalties.

This was painstakingly revealed in the early months following the approval of Aloha Green and MGT (which by the way were issued dispensary licenses even though no evaluation regarding compliance with 11-850-75 was done. 11-850-75 is the ONLY section of the emergency rule that ensures public health and product safety during manufacture and packaging of product) when numerous violations of testing standards were revealed and the DOH had no clue as to what was causing it or how to deal with it from an enforcement standpoint, as no protocol had been developed after repeated warnings to do so by the food safety program to do so PRIOR to licensing. As the only person deemed to be a SME in

manufacturing/processing/testing and the evaluation of regulatory testing results, I was hesitantly brought in after the fact and was made aware that DOH informed industry that:

**The cannabis industry has stated that they have been informed by the DOH that they are allowed to re-process marijuana products that fail standards set forth in §11-850-85 (c).**

§11-850-85 Laboratory standards and testing. (i) states that:
*The level of contaminants in marijuana and manufactured marijuana products shall not exceed the standards provided in subsection (c), and if any of the standards are exceeded, the dispensary licensee shall not dispense any portion of the batch of marijuana or manufactured marijuana product that does not conform to the standards.*

§11-850-85 Laboratory standards and testing. (j) states that:
*A dispensary licensee shall destroy a batch that does not conform to the testing standards set out in subsection (c) as indicated by the certificate of analysis; provided that a dispensary licensee shall quarantine a non-conforming batch until any retesting pursuant to subsection (d) is completed, after which the dispensary licensee shall dispose of or destroy the batch if the results of the retesting confirm that the batch is non-confirming.*

The emergency rule was created whereby the DOH went out of its way to make sure that ANY product which failed subsection (c) standards must be destroyed, but after implementation, DOH realized that the failure to employ risk-based protocol when developing emergency rules leaves no discretion regarding the destruction of product that failed QC tests (mold/yeast, total viable aerobic bacteria) versus critical public health protection test results (mycotoxins, aspergillus, E. coli, heavy metals, solvents) that would render the product unsafe by any measure.

The rules intent and the actions of the department are in direct conflict, and industry and the consuming public should be given clarity as to what the departments intentions are with regards to this subsection.

It is critical that the department create and finalize enforcement protocols for all regulatory aspects within the Med Cann program as this should have been done **BEFORE operating licenses were issued to the dispensaries.**

The department needs to create specific enforcement protocol for varied violations of HAR 11-850, and define failure or substandard. Violations revealed during site inspections of the grow, manufacturing and retail facilities must also be "risk-based" and employ HACCP (Hazard analysis critical control point) principles to guide the enforcement protocol.

The lack of these protocols place 329 card holders at undue risk as industry itself cannot discern what their responsibility is in preventing further violations or what kind of time frame is allowed for correction of specific violations and whether lack of compliance will lead to fines, permit suspensions or other penalties.

## V. INDUSTRY AND COMMUNITY RELATONS

The intentional allowance by the DOH for violations of HAR is probably the worst example of attempting to foster industry and community relations. Instead of working out a solution in the "open" with regards to how to deal with industry failing testing standards, decisions were made by DOH to sweep these results under the rug by claiming it's not a problem and INSTRUCTING industry that they were allowed to re-process failed product rather than disposing or destroying it as HAR demands.

The Med Cann program manager continues to repeat this fallacy to any audience he speaks to, and states that this practice is acceptable. After repeated warnings that this is in direct conflict with HAR, the DOH Administration has failed to correct this situation and still allows industry to continue this practice. Deputy AG Tara Molnar, that represents the DOH's Med Cann program, has been notified of this transgression by email and has been asked to comment on this practice but there has been no response from her as to the legality of this practice to date.

## VI. PROGRAM SUPPORT AND RESOURCES

After repeated requests, ad nauseum, there is still no clear delineation of responsibilities for the environmental program. The Sanitation Branch is the only program within the Med Cann program that has any expertise in enforcing manufacturing, packaging, regulatory routine lab testing of product, sanitation principles to ensure what the DOH continually claims to provide the Nation's highest standards of product as well as ensuring patient and product safety.

Employee retention is non-existent, as ALL employees on the regulatory end of the program have quit (very abruptly with the last 2 key employees, and all within the last

year) and DOH Admin is oblivious to the fact that it is a management problem that plagues this and other failing programs under his purview.

Due to a lack of planning and vision, it appears that this program also lacks the necessary resources to provide its employees with the basic tools necessary to function such as cell phones and laptops for the Surveyors.

Repeated requests for change and action to correct all of the deficiencies noted have fallen on deaf ears and it is apparent that the DOH is not willing to enter into the critical paradigm shift needed to right this program.

It has always been my M.O. to allow administration to make the necessary and pono changes on their own, and if they fail to do so after offering concrete solutions (as I always do) and with repeated public health and legal justification will I take steps to the next level to influence change. It should be clear to the department by now, that all of the technical expertise in crafting enforcement protocol for highly complicated programs that involve proper interpretation and creation of HAR rules and procedures that involve sampling product, evaluating highly technical manufacturing processes with scant enforcement history, and high level skills in industry and community relations belong with the Food Safety program. Again, our resources and expertise has been put aside and ignored in favor of very questionable management practices and poor track record of the existing manager.

My email of February 9 to Dani and Ginny requesting an emergency meeting on this issue has also been met with silence, so I can only assume that nothing will be done and the DOH (and an unwitting industry) will continue to mismanage the Med Cann program to the point that it begins to jeopardize the health of 329 Card Holders, if it has not done so already, as extracted, concentrated product that is inhaled or vaped is being sold, as well as infused edible vegetable oils meant to be ingested.

As you can imagine, I have always run the Food Safety Program/Sanitation Branch with the highest degree of integrity and governmental transparency, and knowledge of this malfeasant activity has caused me great stress. The record (endless emails) will show that all of my concerns reflected in this paper has fallen on deaf ears and I have no reason to believe change is forth coming.

This is an excerpt from a recent email from Cure Oahu – It gives the false impression that Ridley has expertise in extraction methods. This is the main part of the management problem – He know little about the extraction process – nor does he have a good grasp of Bio-Track and how it functions from a regulatory standpoint, yet now he is signing of on compliance with 11-850?

The Sanitation Branch posed questions #1-6 below – Ridley does not even know what to ask, as I'm sure he has no clue how extraction really works. Ridley AGAIN, did not coordinate any

environmental health inspection with Cure Oahu and AGAIN, we had to chase this information from behind.

The email excerpt below is from Kristen McReynolds of Cure Oahu:

*Keith Kamita is working with Keith Ridley on bringing our extraction addition online. Keith Kamita passed along the below request for info. I've marked my responses in red. If you have any further questions on this system or need additional info let me know. My office number is in my signature and cell is (910) 389-4551.*

*Also, I've let both Keith's know the current procedures for the extractor are a work in progress. We're waiting on a background check for a consultant who will be assisting with final details on this system. Once he's been cleared, he'll be visiting us on site to give advice on our processing procedures and at that time we expect we'll be making some adjustments to the SOP's. We'll keep you up to date on those changes.*

1. *For the purpose of risk analysis, what is the typical volume of ethanol that must be used during one complete cycle of the CIP process after the 5 extraction runs? What % ethanol (HPLC grade) is being used for CIP?*
2. *Is ethanol the only flammable solvent used in your SFE process?*
3. *Section 3.3 of the Operation and Maintenance for the Extractor SOP – indicates that during the emptying of the cyclones, a portion of CO2 will be released. Approx. what volume of CO2 is released from one processing cycle ? - -Is the CO2 from off-gassing of the concentrate, or is it residual CO2 in the system (lines, valves, cyclone collectors, etc.) when disassembling lines, valving out? Or a combination of both.*
4. *What is the lubricant that is sprayed on the extraction vessel cap? (Food/pharmaceutical grade lube?)*
5. *Where are the extraction vessel chambers packed with product? (What room?).*
6. *What is "frit" that needs to be cleaned from the extraction vessel cap? Let me know if any further info is needed at this time.*

(Responses from Cure Oahu removed - confidential)

The above excerpt is to demonstrate to how complicated the extraction process is, yet any Ice Cream shop in Hawaii is under much stricter and standardized public health controls than any of the med cannabis dispensaries. There are multiple extraction methods being utilized by the dispensaries in addition to the supercritical CO2 extraction method above and it is amazing that the person in charge of the Med Cann program is oblivious and ignorant to the technical and scientific requirements of the program, the rule-making and interpretation of law, and industry and community relations by leading industry to believe that they are allowed to violate the provisions of HAR 11-850.

As always, I have made myself available and even offered the services of our program to assist the department, but it is obvious that the expertise and knowledge of our program is being used as a convenience for other managers to give an appearance that all is well.

I will be calling a press conference (On my vacation time) soon to explain to the media, industry and the general public my mana`o with regards to the Med Cann program.

With any luck, wholesale management of the program will be placed in better hands as the result of the press release. If not, at least my conscience will be clear in that I have made my best attempt to protect the health, reputation and continued success of Hawaii's Med Cann program in spite of the incompetence of the DOH.

This is the most painful and gut-wrenching decision that I have ever made in my employ at the DOH but there is no question in my mind that it is the right one. I am still ever hopeful that Ginny and Dani will make the right decision by placing the Med Cann program under the Food Safety program, as our program has a clear track record of success with major paradigm shifts and the ability to create world class regulatory programs with nearly identical methods and goals used to regulate cannabis. Our extensive contact with SME's in this field from Denver regulatory, Denver industry, and extraction equipment manufacturers that are pioneers in the regulated cannabis world, have led to an amazing, but steep learning curve in regulating this industry. It is sad that the same passion and integrity cannot be said of the current leadership of the Med Cann program. The Food Safety program from the outset has had to drag the Med Cann program into educating itself about this industry. We brought in the SME's from Denver and the extraction experts from Extractor Depot to educate the DOH, as well as introducing the DOH into the Management Symposium in Denver. You would think that this push would come from the manager of the Med Cann program.

As stated before, I can lay out an outline and vision for this program as well as re-writing HAR, creating needed enforcement protocols and introducing a risk-based approach to regulating this industry. The illegal re-processing of product that has failed testing standards can also be effectively dealt with in the interim, but it would take open and honest discussions with industry laying out the DOH intent of how to cure the possible regulatory nightmare that has been created.

Please get in contact with me ASAP if you wish to have a serious, frank and outcomes based discussion.

If DOH doesn't care about this, I'm sure the State's 329 Card Holders, the cannabis industry and the public will.

Peter Oshiro

May 2018

**HB-2097-HD-1**
Submitted on: 2/11/2020 5:59:57 AM
Testimony for CPC on 2/12/2020 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---|---|---|---|
| dain retzlaff | Individual | Support | No |

Comments:

**HB-2097-HD-1**
Submitted on: 2/10/2020 9:17:35 PM
Testimony for CPC on 2/12/2020 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---|---|---|---|
| Frances | Individual | Support | No |

Comments:

The State of Hawaii should provide a smoke and vape options to Medicinal Marijuana card holders that include edible items. I highly encourage the State of Hawaii Legislatures to Pass this Measure

**HB-2097-HD-1**
Submitted on: 2/11/2020 1:29:25 PM
Testimony for CPC on 2/12/2020 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---|---|---|---|
| Allix Hessick | Individual | Support | No |

Comments:

I believe it is crucial to carry both product and informational materials to educate and assist the public in pursuing an economy based in health and tourism. Carrying a variety of product, edible as well as solventless extracts, will provide people with other more convenient options for medication than carrying flower alone. Studies have also shown that smoking the flower as opposed to using edibles and extracts to treat psychological imbalances is less measured and more volatile, because smoking can have a very sudden and adverse reaction of the terpines are not matched with the patients individual needs. Which brings me to support education for the public at large about the chemistry involved in the terpine configurations and the correct dosages for whatever affliction has the patient seeking Medicinal Marijuana.

DAVID Y. IGE
GOVERNOR OF HAWAII

BRUCE S. ANDERSON, Ph.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
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**Testimony COMMENTING on H.B. 2097 H.D. 1**
**RELATING TO MEDICAL CANNABIS**

REPRESENTATIVE ROY M. TAKUMI, CHAIR
HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

REPRESENTATIVE CHRIS LEE, CHAIR
HOUSE COMMITTEE ON JUDICIARY

Hearing Date: Wednesday, February 12, 2020 Room Number: 325

**Fiscal Implications:** Cannot be determined at this time.

**Department Testimony:** The Department of Health (DOH) appreciates the opportunity to offer COMMENTS on the following proposals:

(1) Allowing for the remediation of cannabis products;

(2) Authorizing dispensaries to sell edible cannabis products under certain conditions; and

(3) Allowing dispensaries to circulate, sponsor, and promote educational and scientific information and events related to cannabis.

Allow us to address each one separately.

**(1) Remediation – DOH offers COMMENTS and proposes alternate language.**

In 2015, the Hawaii Legislature established a regulated statewide dispensary system to ensure safe and legal access to medical cannabis for qualifying patients. In doing so, the Legislature authorized DOH to "establish and enforce standards for laboratory-based testing of cannabis and manufactured cannabis products for content, contamination, and consistency." In

2017, the Legislature amended the requirements for laboratory standards and testing to ensure product and patient safety at reasonable tolerance levels with reasonable cost implications, providing that DOH "[r]eview and take guidance from the testing programs and standards utilized in other jurisdictions," and "[c]onsider the impact of the standards on the retail cost of the product to qualifying patient."

Cannabis plants, like other living things, are likely to be naturally contaminated with microorganisms, some of which pose a risk to patient safety. Therefore, DOH requires every batch of cannabis flower and manufactured product to meet laboratory standards for bacteria, yeast, and mold, as well as other contaminants before being allowed to be sold. All final products that fail even one standard are destroyed and cannot be sold.

While regulatory decisions should be based on scientific evidence, the fact remains that although scientific knowledge about cannabis is rapidly evolving, it remains limited. In such cases, decision-making should be based on a reasonable balance of risk analysis, a scientifically based process of evaluating hazards, the likelihood of exposure to those hazards, and an estimate of the resulting public health impact. Given the potential impact to patients of destroying whole batches of cannabis flower (e.g., cost and the unavailability of products) when methods already in use by other industries, such as pasteurization and concentrated ozone[1], are available to address microbial contamination, it is reasonable to allow the remediation of cannabis under

[1] Prabha, Vithu & Barma, Deb & Singh, Ranjit & Madan, Aditya. (2015). Ozone Technology in Food Processing: A Review. Trends in Biosciences 0974-8. 6. 4031-4047, commenting that ozone is effective against various kinds of microorganisms; decomposes rapidly to produce oxygen, leaving no residues, and is used in water treatment, sanitising, washing and disinfection of equipment, odour removal, and fruit, vegetable, meat and seafood processing; and that ozone treatment retains the sensory, nutritional and physicochemical characteristics of food.

certain circumstances. It does not make sense to regulate based on potential risks that are not evidence-based. If this were the case, there would be no medical use of cannabis.

To keep abreast of standards used in other jurisdictions, as charged by the Legislature, Hawaii's dispensary program actively participates in a national regulators' workgroup comprised of the administrators, laboratorians, environmental health scientists, enforcement, medical, and legal advisors of the 33 states and District of Columbia with legalized medical use. This workgroup meets twice a year in-person and has monthly conference calls. The cannabis industry is not a part of this workgroup. 75% of participating states explicitly allow for remediation in limited circumstances, e.g., only for failed flower material and only for failed microbial standards, but not manufactured products, and not for failed pesticides and heavy metals. The practice of other jurisdictions also helps to inform the viewpoint that it is reasonable to allow remediation of cannabis under certain circumstances.

Should the committee be inclined to allow this amendment to move forward, DOH requests that any remediation of medical cannabis or manufactured medical cannabis products be subject to DOH review and approval, provided that any final product must pass all required quality assurance standards to be dispensed. This will allow DOH to properly assess each request and make a determination based appropriately on current scientific knowledge. This will also allow DOH to monitor the scope and volume of testing failures to promptly identify issues that could jeopardize patient safety. And, it will also allow DOH to more readily and appropriately respond to industry and technology innovations.

**DOH offers the following alternate language (underlined) for the proposed amendment under SECTION 3, amending subsection (a) of section 329D-8, HRS, to allow for remediation (page 3, lines 4-7):**

"(4) Consider requests from a licensed medical cannabis dispensary to allow the remediation of a batch of medical cannabis or manufactured medical cannabis product, provided that any such batch of medical cannabis or manufactured medical cannabis product approved for remediation shall meet all required laboratory standards to be dispensed."

**(2) Edibles – DOH offers COMMENTS and proposes alternate language.**

DOH's overwhelming concern related to edible cannabis products ("edibles") is ensuring patient and product safety. As demonstrated by the recent nationwide outbreak of vaping-related lung illnesses, the addition of a single ingredient to a product can result in significant morbidity and mortality among previously healthy individuals, and medical cannabis patients are certified as having a debilitating medical condition. "Edibles" can comprise a myriad of products from confections to baked goods to savory items to beverages. To ensure product safety, any approval for edible products should be made on a case-by-case basis and based on a thorough assessment which considers good manufacturing practices, dosing, serving size and homogeneity, labelling and packaging, food safety training of employees, and of course, laboratory testing, among other things.[2] Towards this end, over half of state cannabis programs require the pre-approval of all

[2] Nat'l Environmental Hlth Assn. (March 2018). Food Safety Guidance for Cannabis-Infused Products. Retrieved from https://www.neha.org/sites/default/files/eh-topics/food-safety/Food-Safety-Guidance-Cannabis-Infused-Products.pdf.

products, including requirements or limits related to ingredients or flavorings. One-third of medical-use only states explicitly prohibit edibles. Hawaii is not alone.

When dispensary facilities first began opening in 2017 and the types of manufactured products were limited, the program focused heavily on security concerns related to the 2013 Cole Memorandum.[3] However, in 2019, to prepare for potential expansion of the types of authorized products, the dispensary program augmented its attention to quality control, health, safety, and sanitation standards by incorporating the elements of section 11-850-75, HAR, into routine inspections. In 2019, the program conducted 151 facility inspections, over 100 of which were unannounced. The only inspections that are scheduled are record reviews and inspections pertaining to approvals for new facilities. Also in 2019, DOH administratively re-assigned environmental health support functions for the dispensary program from the DOH Food Safety Program (formerly the Sanitation Branch) to the DOH Food and Drug Program to align with its role of ensuring that food, drugs, cosmetics, medical devices and related consumer products are safe.

Another major DOH concern related to edibles remains the risk of accidental poisoning of children. Studies continue to show that changes in laws which made edible products more

[3] Memorandum for All United States Attorneys: Guidance Regarding Federal Marijuana Enforcement, Office of the Deputy Attorney General (August 29, 2013).

accessible to children have resulted in increased child exposures.[4, 5, 6, 7, 8] Hawaii Poison Control Center data shows a growing trend of edibles-related exposures in Hawaii. While non-existent prior to 2013, edibles comprised 68% of cannabis exposures reported to the Hawaii Poison Control Center in 2019. Two-thirds of these edibles exposures were in youth aged 19 years and younger and over half were children under the age of 6 years. Unintentional exposure in children and adult intoxications must be considered when proposing to authorize edibles.

Should the committee be inclined to allow this amendment to move forward, DOH requests authority to pre-approve all manufactured cannabis products, including edibles, as well as the authority to establish and modify, as appropriate, requirements or limits to ingredients, flavorings, or additives, dosing, product packaging and labelling, employee training, and requirements for patient education on safe usage and safe storage.

**DOH offers the following alternate language (<u>underlined</u>) for the proposed amendment under SECTION 4, amending section 329D-10, HRS, to authorize edibles (page 6, lines 1-21; page 7, lines 1-4):**

[4] Wang GS, Roosevelt G, Heard K. Pediatric Marijuana Exposures in a Medical Marijuana State. JAMA Pediatr. 2013;167(7):630–633. doi:10.1001/jamapediatrics.2013.140

[5] Wang, George S. et al. Association of Unintentional Pediatric Exposures With Decriminalization of Marijuana in the United States. Annals of Emergency Medicine , Volume 63 , Issue 6 , 684 - 689

[6] Wang GS, Le Lait M, Deakyne SJ, Bronstein AC, Bajaj L, Roosevelt G. Unintentional Pediatric Exposures to Marijuana in Colorado, 2009-2015. JAMA Pediatr. 2016;170(9):e160971. doi:10.1001/jamapediatrics.2016.0971

[7] Dazhe Cao, Sahaphume Srisuma, Alvin C. Bronstein & Christopher O. Hoyte (2016) Characterization of edible marijuana product exposures reported to United States poison centers, Clinical Toxicology, 54:9, 840-846, DOI: 10.1080/15563650.2016.1209761

[8] Whitehill JM, Harrington C, Lang CJ, Chary M, Bhutta WA, Burns MM. Incidence of Pediatric Cannabis Exposure Among Children and Teenagers Aged 0 to 19 Years Before and After Medical Marijuana Legalization in Massachusetts. JAMA Netw Open. 2019;2(8):e199456. doi:10.1001/jamanetworkopen.2019.9456.

"(c) As used in this section, "edible cannabis products" means manufactured cannabis products intended for gastrointestinal administration of any cannabinoid extracted from the cannabis plant and regulated as manufactured cannabis products and not as "food" as defined and regulated in chapter 328.

(d) Provided further, that any medical cannabis products manufactured pursuant to this chapter shall be regulated and approved by the department and meet all requirements of rules adopted pursuant to this chapter."

**(3) Education – DOH offers COMMENTS and proposes alternate language.**

Preventing youth use is a key objective of Hawaii's medical cannabis program and exposure to advertising has been shown to significantly impact youth perception of cannabis. A 2018 RAND Corporation study found that the proportion of adolescents in Southern California who reported viewing medical marijuana advertising increased sharply from 25% in 2010 to 70% by 2017 and that higher average exposure to advertising was associated with higher average use.[9] Accordingly, at least two-thirds of state cannabis programs have some form of restriction on advertising including prohibitions on event sponsorship, radio, television, and print media, and branded apparel; over half have restrictions specific to youth appeal. Despite these concerns, DOH supports the circulation of science- and evidence-based educational information. DOH opposes the circulation of materials that would otherwise be construed as advertising or self-serving by the medical cannabis industry.

[9] D'Amico Elizabeth J. et al. Planting the seed for marijuana use: Changes in exposure to medical marijuana advertising and subsequent adolescent marijuana use, cognitions, and consequences over seven years. Drug and Alcohol Dependence, Volume 188, 2018, 385-391. doi.org/10.1016/j.drugalcdep.2018.03.031.

Should the committee be inclined to allow this amendment to move forward, DOH requests adequate controls to prevent youth exposure, ensure safe access to medical cannabis retail locations, and prevent broad advertising,

**DOH offers the following alternate language (underlined) for the proposed amendment under SECTION 5, amending section 329D-11, HRS, to allow dissemination of educational materials and event sponsorship (page 9, lines 10-14):**

"(d) The department is authorized to allow dispensaries to provide, disseminate, and publish educational and scientific materials relating to medical cannabis and its approved products, and sponsor events about medical cannabis."

Thank you for the opportunity to testify on this measure.

# HAWAI'I CANNABIS INDUSTRY ASSOCIATION

February 12, 2020

TO: Representative Roy Takumi, Chair
Representative Linda Ichiyama, Vice Chair
Members of the House Committee on Consumer Protection and Commerce

Representative Chris Lee, Chair
Representative Joy San Buenaventura, Vice Chair
Members of the House Committee on Judiciary

FR: Blake K. Oshiro, Capitol Consultants of Hawaii
on behalf of Hawai`i Cannabis Industry Association (HCIA)

RE: HB2097 HD1 RELATING TO MEDICAL CANNABIS. - **SUPPORT**

Allows for a process to remediate any batch of cannabis that fails laboratory testing standards so long as any final product passes all such laboratory standards. Authorizes licensed retail dispensaries to sell edible cannabis products, under certain conditions, and circulate, sponsor, and promote educational and scientific information and events related to cannabis.

The Hawai'i Cannabis Industry Association (HCIA), formerly known as the Hawai'i Educational Association for Licensed Therapeutic Healthcare (HEALTH), represents all eight of the state's licensed medical cannabis dispensaries plus associate members. The provisions of HB2097 ensure i) registered patients have access to an adequate, affordable supply of manufactured medical cannabis products; ii) provides patients with a wider selection of safety-assured products for those who choose not to inhale cannabis for personal or health reasons; and iii) benefits registered and prospective cannabis patients by allowing dispensaries to disseminate scientific and educational information to increase awareness of the potential therapeutic benefits of quality-assured medical cannabis.

**FLOWER REMEDIATION**: "*Consider processes that allow any batch of product that fails testing standards to be remediated and manufactured so long as any final product passes testing standards*."

This provision reflects widespread industry practice while upholding the Department of Health's foundational principles of product safety, patient safety, and public safety. In accordance with these principles, Hawai'i's testing standards have been among the most stringent in the industry, requirng comprehensive testing for flowers and manufactured products. In fact, Hawai`i testing standards have led the industry, especially with regard to the most dangerous pathogens.

For example, it wasn't until September 15, 2019 that Colorado mandated that cannabis plant material that failed yeast and mold testing, and is remediated through extraction to produce cannabis concentrates, must be retested for mycotoxins prior to sale.[1] In fact, Hawai'i's threshold for failure due

[1] Colorado Revised Statues (C.R.S) 44-11-202 (3)(a)(I) & 44-12-202(3)(a)(IV)

to the presence of mycotoxins is zero. *Regulations of the Hawai'i Department of Health have always mandated a full battery of lab tests for manufactured cannabis products prior to sale.*[2]

Prevention is the best way to halt biological contamination in cannabis, so Hawai'i's medical cannabis licensees use measures such as dehumidification, air filtration and biological controls.

According to Michael Covington, chief operating officer for Steep Hill Hawai'i, when cannabis flowers fail mandated testing in Hawai'i, its due to the detection of "biological organisms," including mold, yeast and bacteria. Pesticide residues are very rarely detected, as Hawai'i's licensed growers tend not to use pesticides.[3]

The biological and chemical contaminents that can trigger dried cannabis flowers to fail Hawai'i's testing standards can often be safely rectified using industry standard processes, such as supercritcal CO2 extraction and processing methods common in the food industry. Bottom line: *remediated products available to patients at state-licensed medical cannabis dispensaries have passed a full battery of stingent lab tests administered by independent labs regulated by the State Laboratory Division at Hawai`i DOH.*

**CANNABIS-INFUSED EDIBLE PRODUCTS:** Hawai'i's medical cannabis dispensaries began operating nearly two and a half years ago and throughout this time, a common patient question has been "Why do you not offer edibles?"

The medical cannabis dispensary program's current list of approved products includes ingestible products like tinctures, capsules or lozenges, but many patients prefer to consume cannabis in food for medical reasons. Patients with damaged or diseased lungs cannot inhale cannabis; cancer patients coping with severe nausea or loss of appetite often find edibles to be the most palatible method of administration; and many patients with severe chronic pain prefer edibles for longer pain relief enabling them to enjoy sound sleep for 6 to 8 hours.

Banning edible products from regulated dispensaries leaves patients with two risky alternatives: making their own edible products at home or purchasing products on the black market. Home-cooks discover it is nearly impossible to accurately calculate THC potency in homemade cannabinoid-infused foods. This greatly increases the danger of accidental overdose by an adult and homemade edibles are often accessible to children and other unsuspecting adults seeking a snack.

The recent vaping illnesses demonstrated the health hazards of purchasing illicit products from the black market. Plus, THC-infused, gummy bears and candies in colorful packages are much more enticing to children than the plain packaging mandated by Hawai'i's medical cannabis program.

[2] Hawai'i Administrative Rules §11-850-85: Laboratory Standards & Testing

[3] Hawai'i lab rejects more than 20% of medical marijuana tested, *Marijuana Business Daily*, October 12, 2018

Currently, edible products are approved for medical cannabis patients in Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida (pending regulations), Illinois, Maine, Maryland, Massachussets, Michigan, Nevada, Ohio, Oregon, Rhode Island, Vermont, and Washington. These states have successfully passed laws and regulations that ensure product safety while effectively barring minors from accessing cannabinoid-infused products and preventing accidental overdose by adults.

We believe this bill contains industry best practices for dispensing edible cannabis products for medical use including:

- Edible products must undergo and pass all laboratory tests;
- A mandatory warning on the label that states: "WARNING: CONTAINS CANNABIS FOR MEDICAL USE. THIS IS NOT FOOD. KEEP OUT OF REACH OF CHILDREN";
- Labels must contain a list of all ingredients;
- Ensuring that the words "candy" or "candies" or "gummy" or "gummies" do not appear on product packaging; and
- Be regulated and approved by the Department of Health's Office of Medical Cannabis Control & Regulation as a medical cannabis manufactured product.

Removing the existing legislative restriction on licensed dispensaries for cannabis-infused edibles will ultimately allow the DOH to exercise its reguatory authority to approve or refuse any cannabis product available in a state-licensed dispensary.

**AMEND ADVERTISING RESTRICTIONS TO ALLOW PROMOTION OF PUBLIC EDUCATION**

With the passage of HB 321 in 2015 the legislature intended to offer education as part of the medical cannabis program. "HRS §329D-26 (a) provides for a continuing education and trainining program...for community partner agencies, physicians and other healthcare providers, patients, and caregivers, law enforcement agencies, law and policy makers, and the general public." The DOH has been able to educate other agencies, but public education is a huge task best shared among stakeholders.

The association believes that Hawai'i's citizens would benefit from a more thorough understanding of the risks and benefits of medical cannabis usage. Current legislation prevents licensees from promoting or advertising scientific or medical information or events produced for educational purposes. This bill amends current law to allow dispensaries to promote educational events while limiting the purpose to ensure such activity does not promote only commercial interests. We believe this amendment will help dispensaries to replace misinformation and stigma with a more accurate and balanced view of medical cannabis based upon scientific and medical evidence.

Mahalo for the opportunity to testify on behalf of the state's eight medical cannabis licensees and for your consideration to move this bill forward on behalf of the state's 27,152 registed medical cannabis patients.

**HB-2097-HD-1**
Submitted on: 2/11/2020 2:15:23 PM
Testimony for CPC on 2/12/2020 2:00:00 PM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---|---|---|---|
| jaclyn moore | Big Island Grown Dispensaries | Support | No |

Comments:

PATIENTS WITHOUT TIME

~ helping cannabis patients in Hawaii since 2004.

# Testimony to OPPOSE of H.B. 2097

## PROPOSED HD1 RELATING TO MEDICAL CANNABIS

**Hearing Date: Wednesday, 02-12-20 2:05PM**

**Aloha Committee Chair, and committee members,**

**PATIENTS WITHOUT TIME strongly OPPOSE H.B. 2097, and we OPPOSE allowing dispensaries to advertise by allowing them to "circulate, sponsor, and promote educational and scientific information and events related to cannabis."**

**It is a well-known fact that anyone with the money to buy a medical cannabis recommendation can get a 329 card, regardless of their "actual" medical condition, rendering any "medical" research, and the "medical" cannabis program completely bogus.**

**The PAY-PLAY-PLAY, mafia-style "PROTECTION FROM PROSECUTION" racket continues to SUPPORT the Prejudice and Inequality of the marijuana prohibition. Selling STAY-OUT-OF-Jail Cards, while sending good citizens to jail for 30 days for 3.1 grams of cannabis, and to jail for a year for an ounce of marijuana!**

**Please OPPOSE this bill, H.B. 2097, and legalize cannabis for the thousands of small cannabis entrepreneurs that have created a billion-dollar-a year cannabis industry, that has been world-famous since the 1960's, and do NOT hand it over to big corporations.**

**Mahalo for your kind attention,**

**Brian Murphy, Director**

**PATIENTS WITHOUT TIME**