



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on H.B. 2097 H.D. 2
RELATING TO MEDICAL CANNABIS**

SENTATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date: Thursday, March 12, 2020

Room Number: 229

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

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

4 (1) Allowing for the remediation of cannabis products;

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

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

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

9 In 2015, the Hawaii Legislature established a regulated statewide dispensary system to
10 ensure safe and legal access to medical cannabis for qualifying patients. In doing so, the
11 Legislature authorized DOH to “establish and enforce standards for laboratory-based testing of
12 cannabis and manufactured cannabis products for content, contamination, and consistency.” In
13 2017, the Legislature amended the requirements for laboratory standards and testing to ensure
14 product and patient safety at reasonable tolerance levels with reasonable cost implications,
15 providing that DOH “[r]eview and take guidance from the testing programs and standards

1 utilized in other jurisdictions,” and “[c]onsider the impact of the standards on the retail cost of
2 the product to qualifying patient.”

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

8 While regulatory decisions should be based on scientific evidence, the fact remains that
9 although scientific knowledge about cannabis is rapidly evolving, it remains limited. In such
10 cases, decision-making should be based on a reasonable balance of risk analysis, a scientifically
11 based process of evaluating hazards, the likelihood of exposure to those hazards, and an estimate
12 of the resulting public health impact. Given the potential impact to patients of destroying whole
13 batches of cannabis flower (e.g., cost and the unavailability of products) when methods already
14 in use by other industries, such as pasteurization and concentrated ozone¹, are available to
15 address microbial contamination, it is reasonable to allow the remediation of cannabis under
16 certain circumstances. It does not make sense to regulate based on potential risks that are not
17 evidence-based. If this were the case, there would be no medical use of cannabis.

18 To keep abreast of standards used in other jurisdictions, as charged by the Legislature,
19 Hawaii’s dispensary program actively participates in a national regulators’ workgroup comprised

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.

1 of the administrators, laboratorians, environmental health scientists, enforcement, medical, and
2 legal advisors of the 33 states and District of Columbia with legalized medical use. This
3 workgroup meets twice a year in-person and has monthly conference calls. The cannabis industry
4 is not a part of this workgroup. 75% of participating states explicitly allow for remediation in
5 limited circumstances, e.g., only for failed flower material and only for failed microbial
6 standards, but not manufactured products, and not for failed pesticides and heavy metals. The
7 practice of other jurisdictions also helps to inform the viewpoint that it is reasonable to allow
8 remediation of cannabis under certain circumstances.

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

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

20 “(4) Consider processes that may allow cannabis or manufactured cannabis products that
21 fail testing standards to be remediated.”

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

1 DOH’s overwhelming concern related to edible cannabis products (“edibles”) is ensuring
2 patient and product safety. As demonstrated by the recent nationwide outbreak of vaping-related
3 lung illnesses, the addition of a single ingredient to a product can result in significant morbidity
4 and mortality among previously healthy individuals, and medical cannabis patients are certified
5 as having a debilitating medical condition. “Edibles” can comprise a myriad of products from
6 confections to baked goods to savory items to beverages. To ensure product safety, any approval
7 for edible products should be made on a case-by-case basis and based on a thorough assessment
8 which considers good manufacturing practices, dosing, serving size and homogeneity, labelling
9 and packaging, food safety training of employees, and of course, laboratory testing, among other
10 things.² Towards this end, over half of state cannabis programs require the pre-approval of all
11 products, including requirements or limits related to ingredients or flavorings. One-third of
12 medical-use only states explicitly prohibit edibles. Hawaii is not alone.

13 When dispensary facilities first began opening in 2017 and the types of manufactured
14 products were limited, the program focused heavily on security concerns related to the 2013 Cole
15 Memorandum.³ However, in 2019, to prepare for potential expansion of the types of authorized
16 products, the dispensary program augmented its attention to quality control, health, safety, and
17 sanitation standards by incorporating the elements of section 11-850-75, HAR, into routine
18 inspections. In 2019, the program conducted 151 facility inspections, over 100 of which were
19 unannounced. The only inspections that are scheduled are record reviews and inspections

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>.

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

1 pertaining to approvals for new facilities. Also, in 2019, DOH administratively re-assigned
2 environmental health support functions for the dispensary program from the DOH Food Safety
3 Program (formerly the Sanitation Branch) to the DOH Food and Drug Program to align with its
4 role of ensuring that food, drugs, cosmetics, medical devices and related consumer products are
5 safe.

6 Another major DOH concern related to edibles remains the risk of accidental poisoning
7 of children. Studies continue to show that changes in laws which made edible products more
8 accessible to children have resulted in increased child exposures.^{4, 5, 6, 7, 8} Hawaii Poison Control
9 Center data from 2010-2019 shows a growing trend of edibles-related exposures in Hawaii.
10 While non-existent prior to 2013, edibles comprised 68% of cannabis exposures reported to the
11 Hawaii Poison Control Center in 2019. Two-thirds of these edibles exposures were in youth aged
12 19 years and younger and over half were children under the age of 6 years. Unintentional
13 exposure in children and adult intoxications must be considered when proposing to authorize
14 edibles.

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.

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

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

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

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

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

17 Preventing youth use is a key objective of Hawaii’s medical cannabis program and
18 exposure to advertising has been shown to significantly impact youth perception of cannabis. A
19 2018 RAND Corporation study found that the proportion of adolescents in Southern California
20 who reported viewing medical marijuana advertising increased sharply from 25% in 2010 to
21 70% by 2017 and that higher average exposure to advertising was associated with higher average

1 use.⁹ Accordingly, at least two-thirds of state cannabis programs have some form of restriction
2 on advertising including prohibitions on event sponsorship, radio, television, and print media,
3 and branded apparel; over half have restrictions specific to youth appeal. Despite these concerns,
4 DOH supports the circulation of science- and evidence-based educational information. DOH
5 opposes the circulation of materials that would otherwise be construed as advertising or self-
6 serving by the medical cannabis industry.

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

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

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

16 Thank you for the opportunity to testify on this measure.

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.

A BILL FOR AN ACT

RELATING TO MEDICAL CANNABIS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that amendments to
2 chapter 329D, Hawaii Revised Statutes, are warranted to clarify
3 legislative intent, ensure smooth administration of the medical
4 cannabis dispensary system law, allow for adequate patient
5 access based on experiences in other states that have a
6 reasonable medical cannabis program, and resolve other issues
7 that have arisen under the existing law.

8 The purpose of this Act is to:

9 (1) Allow for a process to remediate any batch of cannabis
10 or manufactured cannabis product that fails laboratory
11 testing standards so long as any final product passes all
12 the laboratory standards;

13 (2) Authorize licensed dispensaries to manufacture and
14 distribute edible cannabis products under certain
15 conditions; and

16 (3) Authorize licensed dispensaries to circulate, sponsor,
17 and promote educational and scientific information and

1 events related to cannabis.

2 SECTION 2. Section 329D-1, Hawaii Revised Statutes, is
3 amended by amending the definition of "manufactured cannabis
4 products" to read as follows:

5 "Manufactured cannabis product" means any capsule,
6 lozenge, oil or oil extract, tincture, ointment or skin lotion,
7 pill, transdermal patch, or pre-filled and sealed container used
8 to aerosolize and deliver cannabis orally, such as an inhaler or
9 nebulizer, that has been manufactured using cannabis, or any
10 other products as specified by the department pursuant to
11 section [~~329D-10(a)(10).~~] 329D-10(a)(11)."

12 SECTION 3. Section 329D-8, Hawaii Revised Statutes, is
13 amended by amending subsection (a) to read as follows:

14 "(a) The department shall establish and enforce standards
15 for laboratory-based testing of cannabis and manufactured
16 cannabis products for content, contamination, and consistency;
17 provided that in establishing these standards, the department
18 shall:

19 (1) Review and take guidance from the testing programs and
20 standards utilized in other jurisdictions;

21 (2) Consider the impact of the standards on the retail
22 cost of the product to the qualifying patient;

23 (3) Review and take guidance from the testing programs and

1 standards for pesticides under the regulations of the
2 United States Environmental Protection Agency;

3 (4) Consider processes that may allow cannabis or
4 manufactured cannabis products that fail testing
5 standards to be remediated;

6 [~~4~~] (5) For the testing for microbiological impurities,
7 consider the benefits of organically grown cannabis that
8 features the use of bacteria in lieu of pesticides; and

9 [~~5~~] (6) Include permission for qualifying patients and
10 primary caregivers to obtain testing services directly from
11 certified laboratories on the island where the qualifying
12 patient and primary caregiver reside."

13 SECTION 4. Section 329D-10, Hawaii Revised Statutes, is
14 amended to read as follows:

15 **"§329D-10 Types of manufactured cannabis products. (a)**

16 The types of medical cannabis products that may be manufactured
17 and distributed pursuant to this chapter shall be limited to:

- 18 (1) Capsules;
- 19 (2) Lozenges;
- 20 (3) Pills;
- 21 (4) Oils and oil extracts;
- 22 (5) Tinctures;
- 23 (6) Ointments and skin lotions;

- 1 (7) Transdermal patches;
- 2 (8) Pre-filled and sealed containers used to aerosolize
3 and deliver cannabis orally, such as with an inhaler
4 or nebulizer; provided that containers need not be
5 manufactured by the licensed dispensary but shall be
6 filled with cannabis, cannabis oils, or cannabis
7 extracts manufactured by the licensed dispensary;
8 shall not contain nicotine, tobacco-related products,
9 or any other non-cannabis derived products; and shall
10 be designed to be used with devices used to provide
11 safe pulmonary administration of manufactured cannabis
12 products;
- 13 (9) Devices that provide safe pulmonary administration;
14 provided that:
- 15 (A) The heating element of the device, if any, is
16 made of inert materials such as glass, ceramic,
17 or stainless steel, and not of plastic or rubber;
- 18 (B) The device is distributed solely for use with
19 single-use, pre-filled, tamper-resistant, sealed
20 containers that do not contain nicotine or other
21 tobacco products;
- 22 (C) The device is used to aerosolize and deliver
23 cannabis by inhalation, such as an inhaler,

1 medical-grade nebulizer, or other similar medical
2 grade volitization device;

3 (D) There is a temperature control on the device that
4 is regulated to prevent the combustion of
5 cannabis oil; and

6 (E) The device need not be manufactured by the
7 licensed dispensary; ~~and~~

8 (10) Edible cannabis products; and

9 [~~(10)~~] (11) Other products as specified by the department.

10 (b) As used in this section, "lozenge" means a small
11 tablet manufactured in a manner to allow for the
12 dissolving of its medicinal or therapeutic component
13 slowly in the mouth.

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

20 (d) Provided further, that any medical cannabis products
21 manufactured pursuant to this chapter shall be
22 regulated and approved by the department and meet all

1 requirements of rules adopted pursuant to this
2 chapter.

3 SECTION 5. Section 329D-11, Hawaii Revised Statutes, is
4 amended to read as follows:

5 **"§329D-11 Advertising and packaging.** (a) The department
6 shall establish standards regarding the advertising and
7 packaging of cannabis and manufactured cannabis products;
8 provided that the standards, at a minimum, shall require the use
9 of packaging that:

- 10 (1) Is child-resistant and opaque to that the product
11 cannot be seen from outside the packaging;
- 12 (2) Uses only black lettering on a white background with
13 no pictures or graphics;
- 14 (3) Is clearly labeled with the phrase "For medical use
15 only";
- 16 (4) Is clearly labeled with the phrase "Not for resale or
17 transfer to another person";
- 18 (5) Includes instructions for use and "use by date";
- 19 (6) Contains information about the contents and potency of
20 the product;
- 21 (7) Includes the name of the production center where
22 cannabis in the product was produced, including the
23 batch number and date of packaging;

1 (8) Includes a barcode generated by tracking software; and

2 (9) In the case of a manufactured cannabis product,
3 includes a:

4 (A) Listing of the equivalent physical weight of the
5 cannabis used to manufacture the amount of the
6 product that is within the packaging, pursuant to
7 section 329D-9(c);

8 (B) Clearly labeled warning stating that the product:

9 (i) Is a medication that contains cannabis, and
10 is not a food; and

11 (ii) Should be kept away from children; and

12 (C) Date of manufacture.

13 (b) Any capsule, lozenge, or pill containing cannabis or
14 its principal psychoactive constituent tetrahydrocannabinol
15 shall be packaged so that one dose, serving, or single wrapped
16 item contains no more than ten milligrams of
17 tetrahydrocannabinol; provided that no manufactured cannabis
18 product that is sold in a pack of multiple doses, servings, or
19 single wrapped items, nor any containers of oils, shall contain
20 more than a total of one thousand milligrams of
21 tetrahydrocannabinol per pack or container; provided further
22 that no dispensary shall exceed the dispensing limits imposed by
23 section 329D-7.

1 (c) All manufactured cannabis products shall be
2 individually wrapped at the original point of manufacture.

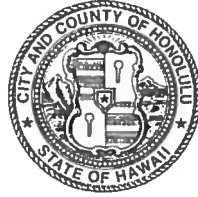
3 (d) The department is authorized to allow dispensaries to
4 provide, disseminate, and publish educational and scientific
5 materials relating to medical cannabis and its approved
6 products, and sponsor events about medical cannabis."

7 SECTION 6. Statutory material to be repealed is bracketed
8 and stricken. New statutory material is underscored.

9 SECTION 7. This Act shall take effect upon its approval.

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

801 SOUTH BERETANIA STREET · HONOLULU, HAWAII 96813
TELEPHONE: (808) 529-3111 · INTERNET: www.honoluluupd.org



KIRK CALDWELL
MAYOR

SUSAN BALLARD
CHIEF

JOHN D. MCCARTHY
CLYDE K. HO
DEPUTY CHIEFS

OUR REFERENCE

PJ-LS

March 12, 2020

The Honorable Rosalyn H. Baker, Chair
and Members
Committee on Commerce, Consumer
Protection, and Health
State Senate
Hawaii State Capitol
415 South Beretania Street, Room 229
Honolulu, Hawaii 96813

Dear Chair Baker and Members:

SUBJECT: House Bill No. 2097, H.D. 2, 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. 2, 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 exposure to children and pets.

The HPD urges you to oppose House Bill No. 2097, H.D. 2, Relating to Medical Cannabis, and thanks you for the opportunity to testify.

APPROVED:

Sincerely,

Handwritten signature of Susan Ballard in cursive script.

Susan Ballard
Chief of Police

Handwritten signature of Phillip Johnson in cursive script.

Phillip Johnson, Acting Major
Narcotics/Vice Division



MICHAEL P. VICTORINO
MAYOR

OUR REFERENCE
YOUR REFERENCE

POLICE DEPARTMENT

COUNTY OF MAUI

55 MAHALANI STREET
WAILUKU, HAWAII 96793
(808) 244-6400
FAX (808) 244-6411

March 9, 2020



TIVOLI S. FAAUMU
CHIEF OF POLICE

DEAN M. RICKARD
DEPUTY CHIEF OF POLICE

The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
and Members of the Committee on Commerce,
Consumer Protection, and Health

The Senate
Hawaii State Capitol
Honolulu, Hawaii 96813

RE: House Bill No. 2097 – Relating To Medical Cannabis

Dear Chair Baker and Members of the Committee:

The Maui Police Department strongly OPPOSES the passage of H.B. No. 2097.

The act to “Allow 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” would be contrary to the standards listed in Chapter 329D of the Hawaii Revised Statutes.

There should be no instance where a failed batch is allowed to be modified until it complies with laboratory standards. If cannabis is to be utilized for medicinal standards, it should be held to the strict guidelines set forth. For example, a batch of Tylenol is found tainted with pesticides. It is revealed that washing it through a bleaching process removes the pesticides from the Tylenol. This batch of Tylenol now passes standards. Would you buy that Tylenol? There are reasons for laboratory testing standards of cannabis.

We are also against the act to “Authorize licensed retail dispensaries to sell edible cannabis products under certain conditions; and authorize licensed dispensaries to circulate, sponsor and promote educational and scientific information and events related to cannabis.”

Edible cannabis products are marketed to appeal to the general public and are often disguised in candy form, lozenges, “brownies” and other familiar sources of snacks. We feel that these products can and will get into the hands of innocent

The Honorable Rosalyn H. Baker, Chair
March 9, 2020
Page 2

Children because once purchased, there are no guidelines on storage of these products to prevent accidental overdose/poisoning.


These products should have strict restrictions on storage. The only warning that this act proposes is a label that reads, "Warning: Contains cannabis and is for medical use. This is not food. Keep out of reach of children." Children do not read labels before eating something, let alone most people. There has to be standards set in place to keep edibles away from people under 21.

Authorizing licensed dispensaries to circulate, sponsor and promote educational and scientific information and events related to cannabis is choosing the pro-cannabis campaign. Cannabis is still a Schedule 1 substance in the Hawaii Revised Statutes as well as the Federal Substance Controlled Act. Possession of cannabis without a valid prescription is at a minimum a violation of the law; at maximum, it is a felony. Dispensaries promoting the use of cannabis validates their desire to profit from cannabis use. Cannabis is being used medicinally. Marketing it encourages the public to experiment with cannabis when the law was not designated as such.

The Maui Police Department asks that you strongly OPPOSE the passage of H.B. No. 2097.

Thank you for the opportunity to testify.

Sincerely,


For TIVOLI S. FAAUMU
Chief of Police

HB-2097-HD-2

Submitted on: 3/9/2020 2:35:59 PM

Testimony for CPH on 3/12/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tai Cheng	Testifying for Aloha Green Holdings Inc.	Support	No

Comments:



KUSH BOTTLES

HAWAII

TO: Committee on Commerce, Consumer Protection, and Health
FROM: Miles Wesley Tuttle & Adealani Wesley
HEARING DATE: 12 March 2020, 9:30 AM
RE: HB2097 HD2, Relating to Medical Cannabis, STRONG SUPPORT

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

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

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

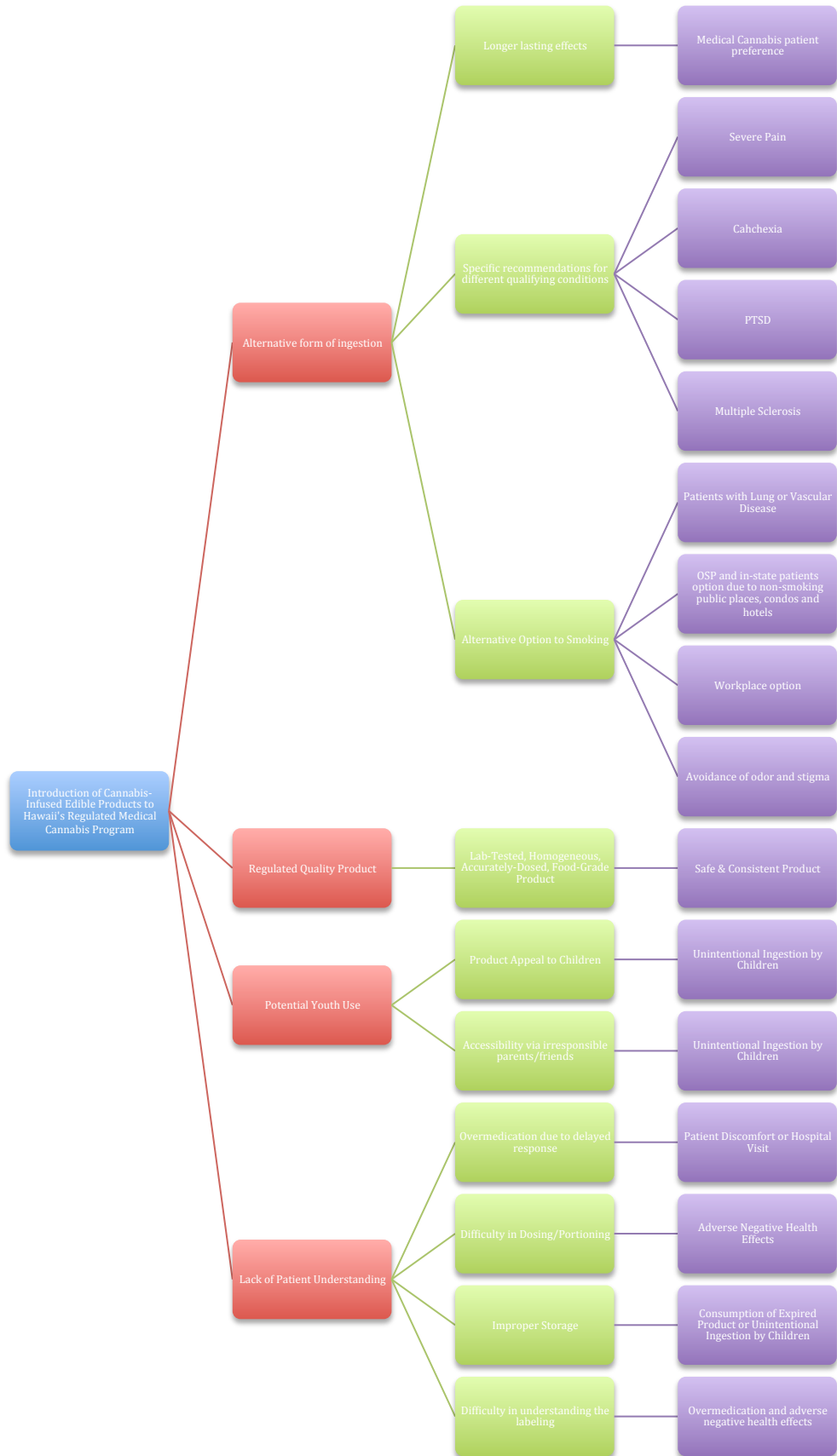
During the last two years of operation, the Medical Cannabis Dispensaries in the state of Hawai'i have had multiple requests for the availability of ready-to-eat Cannabis products. Patients who try to make their own edible products at home have found that it is a difficult process to properly and accurately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

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.



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. 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.

Impact Map

Recommendation	Anticipated Magnitude of Health Impact*	Distribution	Strength of Evidence
Certified Child-Resistant Packaging	Strong	Patients/Caregivers	Strong
Opaque Packaging	Medium	Patients/Caregivers	Medium
Packaging Non-Attractive to Children	Medium	Patients/Caregivers/Public	Medium
Universal Warning Symbol	Low	Patients/Caregivers/Public	Low
Accurate & Proper Labeling	Medium	Patients/Caregivers/Public	Medium
Chocolated Medicinal Pieces as first addition	Medium	Patients/Caregivers	Medium
Mandatory consultation	Strong	Patients/Caregivers	Strong
Specific maximum THC milligram content	Strong	Patients/Caregivers	Strong
Patient access to informational materials on edibles	Low	Patients/Caregivers/Doctors /APRNs	Medium

** Impact Magnitude was considered Strong if it was a primary barrier to accessing item/educating patients, Medium if was a secondary barrier to accessing item/educating patients, and Low if it was a tertiary barrier OR post-access recommendation.*

Scientific Evidence:

Research finds that Cannabis-infused edible products are especially popular with medicinal cannabis users¹, as well as with the Baby Boomer generation.²

Patient Understanding:

Even if accurate THC dosing and proper content labeling for edibles can be achieved, this information is only useful if it is used and understood by Medical Cannabis patients. A national representative survey of adults conducted by the US

¹ Pacula R, Jacobson M, Maksabedian EJ. In the weeds: A baseline view of cannabis use among legalizing states and their neighbours. *Addiction*. 2016;111(6):973–980.

² Murphy F, Sales P, Murphy S, Averill S, Lau N, Sato SO. Baby Boomers and cannabis delivery systems. *Journal of Drug Issues*. 2015;45(3):293–313. <http://dx.doi.org/10.1177/0022042615580991>.

FDA found that **50%** of US adults reported that they often read the label on food products when buying a product for the first time, and **29%** sometimes read the label.³ Among the respondents who attested that they never read labels, **59%** agreed that they do not use the information on food labels because it is too hard to understand.

Similar concerns have been found when evaluating consumer understanding of label information on prescription medications. Research has found that patients with lower literacy levels and those taking a greater number of medications were less able to understand the meaning of the labels.⁴ Further, among patients who understood the labels, only a minority could demonstrate how to take the medication properly. These findings suggest that consumers of edible Cannabis-infused products may not fully understand information provided on Δ^9 -THC content and dosing.

The potential negative actions of those Medical Cannabis patients who possess this lack of understanding are those that we would like to mitigate. Patients in other states reported that, having eaten the suggested serving size initially and not feeling any effects, continued to consume the entire Cannabis-infused edible product. They also reported that it was practical to consume the entire edible product in one sitting, just as they would a normal baked good⁵, suggesting a lack of consumer understanding, even among daily cannabis users.

The Colorado Department of Revenue commissioned an independent report of which utilized data from Colorado's Cannabis market and clinical research findings to develop one such metric for calculating dose equivalency across methods of cannabis delivery.⁶ Application of this metric to laboratory analysis of edibles and smokable Cannabis available in Colorado suggests that **1 mg** of Δ^9 -THC contained in an edible produces a behavioral effect similar to **5.71 mg** of Δ^9 -THC contained in smokable cannabis. The current regulations in Colorado and Washington define a single serving of an edible as a unit containing no more than **10 mg** of Δ^9 -THC. In order to reduce the risk of accidental overdose, it is recommended that patients who consume of Cannabis-infused edibles gradually up-titrate their dose until they find an effective dose for their personal medicinal need.

³ Lin CJ, Zhang Y, Carlton ED, Lo SC. 2014 FDA Health and Diet Survey. Center for Food Safety and Applied Nutrition, United States Food and Drug Administration; Silver Spring, MD: 2016.

⁴ Davis TC, Wolf MS, Bass PF, III, Thompson JA, Tilson HH, Neuberger M, Parker RM. Literacy and misunderstanding prescription drug labels. *Annals of Internal Medicine*. 2006;145(12):887–894.

⁵ Hudak M, Severn D, Nordstrom K. Edible cannabis-induced psychosis: Intoxication and beyond. *The American Journal of Psychiatry*. 2015;172(9):911–912.
<http://dx.doi.org/10.1176/appi.ajp.2015.15030358>.

⁶ Orens A, Light M, Rowberry J, Matsen J, Lewandowski B. Marijuana equivalency in portion and dosage. Colorado Dept. of Revenue; Denver, CO: 2015.

Drugged Driving

Several studies found that when Driving Under the Influence of Cannabis (DUIC) is **perceived** as more dangerous, people were less likely to DUIC. One study found that college students who perceived DUIC as more dangerous were less likely to report DUIC and Riding Under the Influence of Cannabis (RUIC). Another study also found that frequent cannabis users who perceived DUIC as dangerous were less likely to drive after smoking or to smoke while driving. In an online convenience sample of Colorado and Washington cannabis users, a similar study found that perceived dangerousness of DUIC was associated with lower odds of DUIC and its frequency.⁷

One study found that light cannabis users and edible (cannabis) users were less likely to drive after use.⁸ Yet another study found that people were less likely to DUIC if they believed people important to them would be disappointed if they did.⁹

Potential Youth Use:

Both cognitive and developmental psychologists generally agree that 8-24 months is the approximate age at which a child understands object permanence (he/she knows an object is there without seeing it) and 2-7 years of age is the time when thinking is centered on a single aspect of a situation, i.e. drinking a toxic substance without noticing other aspects of the situation, such as a warning label.¹⁰ Furthermore, marketing research has found that one of the best ways to increase food appeal to adolescents is to present the product in packaging that allows them to view the item.¹¹ These findings helped to develop the scientific basis for our recommendation that all child-resistant packages should be opaque.

The Cannabis industry isn't alone in trying to anticipate what will catch a curious toddler's eye. People call Colorado's poison control hotline thousands of times each year when children swallow household cleaners and prescription

⁷ United States, Congress, Massachusetts Cannabis Control Commission Research Department, et al. "A Baseline Review and Assessment of Cannabis Use and Public Safety." *A Baseline Review and Assessment of Cannabis Use and Public Safety*, Jan. 2019, mass-cannabis-control.com/documents.

⁸ Krauss MJ, Rajbhandari B, Sowles SJ, Spitznagel EL, Cavazos-Rehg P. A latent class analysis of poly-marijuana use among young adults. *Addict Behav.* 2017;75(June):159- 165. doi:10.1016/j.addbeh.2017.07.021

⁹ Ward NJ, Schell W, Kelley-Baker T, Otto J, Finley K. Developing a theoretical foundation to change road user behavior and improve traffic safety: Driving under the influence of cannabis (DUIC). *Traffic Inj Prev.* 2018;19(4):358-363. doi:10.1080/15389588.2018.1425548

¹⁰ Theory of Development. <http://web.cortland.edu/andersmd/PIAGET/PIAGET.HTML>. Accessed Aug. 5, 2013.

¹¹ FTC FTC. A Review of Food Marketing to Children and Adolescents. 2012.

medications — far more often than they call about Cannabis products, said Larry Wolk, the Colorado state health agency’s executive director.¹²

Despite this evidence, states with regulated Cannabis programs have been implementing stricter regulations to help mitigate potential accidental youth ingestion. Colorado lawmakers approved the ban on edible Cannabis products shaped like animals, people and fruit in 2016. At one hearing on the issue, lawmakers who were shown packages of gummy candies that contained Cannabis and typical gummy bears couldn’t tell the difference, said Mike Hartman, director of Colorado’s Department of Revenue.¹²

At Colorado Harvest Company, a Denver dispensary, CEO Tim Cullen displays the result: a chocolate bar wrapped in a paper sleeve that’s difficult for even an adult to slide off; cookies stamped with “T-H-C” in edible dye; and gem-shaped lozenges sold in a white vial capped with a childproof top.¹²

“The same rules that apply to alcohol or prescription medication have to apply to marijuana,” Cullen said. “Realizing that you have an adult product in your house and making sure your children can’t get it is the ultimate line of defense.”¹²

Comparative State Policies:

Dependent upon the state, Cannabis-infused edibles must be labeled with specific warnings about potential harmful aspects of edible Cannabis consumption, and/or labels that provide nutritional information. Warning labels or accompanying material in the states of Alaska, Colorado, and Washington must state that cannabis has intoxicating effects (1 Colo. Code Regs. § 212-2, 2016; Wash. Admin. Code § 314-55-105, 2016; Alaska Admin. Code tit. 3, § 306.345, 2016).

In Colorado and Oregon, Cannabis-infused edibles’ labels must include the state-designated universal symbol for cannabis, (1 Colo. Code Regs. § 212-2; Or. Admin. R. 333-007-0070, 2016) and must state that their intoxicating effects may not be felt for up to 2 hours after consumption (1 Colo. Code Regs. § 212-2; Or. Admin. R. 333-007-0070).

Washington and Oregon regulations also require, or will require, that additional informational material be distributed to buyers of Cannabis-infused edibles with each sale or displayed on posters in the dispensary (Wash. Admin. Code § 314-55-105; Or. Admin. R. 333-008-1500, 2016).

¹² Foody, Kathleen. “Colorado Bans Pot Gummy Bears & Edibles Appealing to Kids: Aroma News.” *Aroma Dispensary*, 3 Oct. 2017, aromadispensary.com/2017/10/13/Colorado-bans-pot-gummy-bears-edibles-appealing-kids/.

Washington State’s additional material must include warning statements pertaining to potential health risks, keeping out of reach of children, impaired judgment, delayed activation, disclosures of pesticides, and extraction methods (Wash. Admin. Code § 314-55-105).

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.





Nutrition Facts
 Serving Size: 0.125 oz (4 grams)
 Servings Per Container: 10

Amount Per Serving	Calories: 15	Calories from Fat: 0	% Daily Value*
Total Fat 0g			0%
Saturated Fat 0g			0%
Trans Fat 0g			0%
Cholesterol 0mg			0%
Sodium 5mg			0%
Total Carbohydrate 3g			1%
Dietary Fiber 0g			0%
Sugars 2g			
Protein 0g			
Vitamin A 0%	Vitamin C 0%		
Calcium 0%	Iron 0%		

*Percent Daily Values are based on a 2,000 calorie diet.

Ingredients: Powdered sugar, corn syrup (light corn syrup, high fructose corn syrup), skim milk powder, semisweet chocolate (chocolate liquor, sugar, cocoa butter), soy lecithin, pure vanilla, vanilla, butters, cocoa (processed with potassium carbonate), vanilla extract (alcohol, sugar), salt, THC (tetrahydrocannabinol), CO₂ oil

The standardized serving size for this product is 10 milligrams of active THC. This container includes 10 servings.

This item is perishable. Keep refrigerated. Please recycle.

Warnings: There may be health risks associated with the consumption of this product. This product is unlawful outside the State of Colorado. This product is infused with marijuana. This product was produced without regulatory oversight for health, safety or efficacy. There may be additional health risks associated with the consumption of this product for women who are pregnant, breastfeeding, or planning on becoming pregnant. Do not drive a motor vehicle or operate heavy machinery while using marijuana. This product was tested for metals, mold, mildew, pH, microbial, pesticides, opiates, terpenes and harmful chemicals. KEEP OUT OF REACH OF CHILDREN. This package is child-resistant.

3. The systematic addition of types of edible cannabis 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). This consultation would also include such precautions as the implications of drugged driving.

5. Specify a maximum milligram/container content for edible cannabis products.

See the “Cannabis Packaging Requirements By State Matrix” below for comparable allowances of THC milligram/serving and THC milligram/container.

6. Educational material should be provided to all patients regarding consumption of edible cannabis products.

Implement public education via public awareness campaigns targeting youth, Hawai'i constituents, and drivers at risk, including efforts to educate on:

- The benefits of edible Cannabis products, as well as the possible negative impacts to try to avoid
- Laws and statutes of Operating Under the Influence (OUI) of Cannabis
- Dangers of driving after Cannabis use
- Differential effects of varying Cannabis products and methods of consumption
- The importance of keeping edible Cannabis out of the reach of children
- Common misconceptions about the effects of Cannabis and edible Cannabis

As further reference, here is a matrix of other states' current Cannabis packaging and labeling requirements, followed by a list of links to the Cannabis packaging regulations by state:

Cannabis Packaging Regulations by State

State	Child Resistant Packaging	Opaque Packaging	Non-attractive to children	Special Labeling Requirements	Edibles – THC mg/serving Total mg/container	Universal Warning Symbol	Mandatory edibles consult
ALASKA	X	X		X	5mg/serving 50mg/container		
ARIZONA	X			X			
CALIFORNIA	X	X	X	X	10mg/serving 100mg/container	X	
COLORADO	X	X	X	X	10mg/serving 100mg/container	X	
CONNECTICUT	X	X					
DELAWARE	X	X	X	X	10mg/serving 50mg/container	X	
DISTRICT OF COLUMBIA	X		X	X			
FLORIDA	X	X	X	X	10mg/serving 200mg/container	X	
ILLINOIS	X	X	X	X	100mg/container	X	
MAINE	X	X	X	X	10mg/serving 100mg/container	X	
MARYLAND	X	X	X	X			
MASSACHUSETTS	X	X	X	X	5mg/serving 100mg/container	X	
MICHIGAN	X		X	X	50mg/serving 500mg/container	X	
MINNESOTA	X		X	X			
NEVADA	X	X	X	X	10mg/serving 100mg/container	X	
NEW HAMPSHIRE	X	X	X	X			
NEW JERSEY	X		X	X	10mg/serving 100mg/container		
NEW MEXICO	X	X		X			
OKLAHOMA	X	X	X	X		X	
OREGON	X	X	X	X	5mg/serving 50mg/container	X	
RHODE ISLAND	X	X	X	X	5mg/serving 100mg/container		
WASHINGTON	X		X	X	10mg/serving 100mg/container	X	

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](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.

HAWAI'I CANNABIS INDUSTRY ASSOCIATION

March 12, 2020

TO: Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection and Health

FR: Teri Freitas Gorman, 2020 Chair, Hawai'i Cannabis Industry Association (HCIA)

RE: **HB2097 HD2 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. Effective 7/1/2050

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. HCIA SUPPORTS HB2097 HD2 as the provisions of this measure are substantially similar to SB2024 SD1 which passed out of this committee, and ensures 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.

While we support the current language of the bill, HCIA is also supportive of the language in SB024 SD1, or the language as proposed by the Department of Health in its testimony.

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, requiring 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 Statutes (C.R.S) 44-11-202 (3)(a)(I) & 44-12-202(3)(a)(IV)

HAWAI'I CANNABIS INDUSTRY ASSOCIATION

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 contaminants that can trigger dried cannabis flowers to fail Hawai'i's testing standards can often be safely rectified using industry standard processes, such as supercritical 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 stringent 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 palatable 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

HAWAI'I CANNABIS INDUSTRY ASSOCIATION

Currently, edible products are approved for medical cannabis patients in Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida (pending regulations), Illinois, Maine, Maryland, Massachusetts, 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 regulatory 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 training 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 registered medical cannabis patients.

HB-2097-HD-2

Submitted on: 3/11/2020 5:15:44 AM

Testimony for CPH on 3/12/2020 9:30:00 AM

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

Comments:

TESTIMONY IN OPPOSITION OF
H.B. 2097 H.D. 2– RELATING TO MEDICAL CANNABIS

Senate Committee on Commerce, Consumer Protection, and Health

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

I would like to thank the Committee for the opportunity to testify in OPPOSITION of H.B. 2097 H.D. 2, specifically to the portions regarding edible cannabis products.

The purpose of H.B. 2097 H.D. 2 is to allow medical cannabis dispensaries to sell medical cannabis in the form of “edible cannabis products”, on top of the currently allowed forms of medical cannabis products (pills, oils, oil extracts, skin lotions, capsules, and other products specified by the Department of Health). Allowing the sale of edible products will greatly increase the likelihood that people, including children, will inappropriately or even inadvertently consume cannabis.

Allowing dispensaries to sell commercially-made food-like products will increase the likelihood that children will be drawn to and actually ingest these products, whether intentionally or accidentally, as well as likely increasing the chances of adults ingesting these products unnecessarily as well. When Colorado began permitting medical cannabis dispensaries in 2010, the annual number of hospitalizations and Emergency Room visits for possible cannabis exposure for children under 9 years old, increased 5-fold in years 2010-2013, as compared to the nine years prior. This may be one of the reasons why no prescription medication currently on the market is legally manufactured and sold in snack-form; medication is not meant to be delicious or tantalizing.

In addition to overall public safety and welfare concerns, allowing medical cannabis dispensaries to sell commercially manufactured food-products containing medical cannabis will make it even harder to enforce Hawai'i's laws regarding marijuana and medical cannabis. There is no practicable way for law enforcement to accurately analyze the contents or potency of these food-products, particularly when potency could vary widely throughout the product or different portions of the products (as with baked goods).

Hawai'i's dispensary system should be held to the strictest regulations and parameters due to the high risk for abuse, accidental ingestion, and the unique legal and medical standing of medical cannabis and medical cannabis dispensaries. Dispensaries must not be permitted to sell food products that further broaden the appeal of these products beyond actual, debilitating, medical needs. It is a public safety and welfare concern.

Thank you for the opportunity to testify in opposition of H.B. 2097 H.D. 2.

Sincerely,

Taralyn Titus