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

ON THE FOLLOWING MEASURE:
S.B. NO. 2024, RELATING TO MEDICAL CANNABIS.

BEFORE THE:

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

DATE: Friday, January 31, 2020 **TIME:** 9:30 a.m.

LOCATION: State Capitol, Room 229

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

Chair Baker and Members of the Committee:

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 10-17; page 6, line 1, through page 7, line 4)

If the Committee is 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.

LATE

DAVID Y. IGE
GOVERNOR OF HAWAII

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

STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony COMMENTING on S.B. 2024
RELATING TO MEDICAL CANNABIS.

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

Hearing Date: Friday, January 31, 2020 Room Number: 229

Fiscal Implications: Cannot be determined at this time.

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

1. Allow for remediation of cannabis products that fail laboratory testing;
2. Authorize licensed dispensaries to sell edible cannabis products under certain conditions; and
3. Allow licensed dispensaries to circulate, sponsor, and promote educational and scientific information and events related to cannabis.

Allow us to address each one separately.

1. Remediation of Cannabis Products: The Department provides COMMENTS and proposes alternate language.

The scope of medical cannabis products and the scientific knowledge regarding quality assurance of these products is rapidly evolving. To ensure patient and product safety, the majority of states with medical cannabis programs currently allow for remediation only in limited circumstances, for example, only for failed flower material and only for failed microbial

standards, but not manufactured products, and not for failed pesticides and heavy metals. Recent discussions with other states have also centered on the types of remediation processes that are appropriate and advisable for product safety as well as employee workplace safety. As a result, 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 monitor the scope and volume of testing failures to promptly identify issues that could jeopardize patient safety. This will also allow DOH to more readily and appropriately respond to industry and technology innovations.

If the committee is inclined to allow for the remediation and retesting of products, 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: The Department provides 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. Over half of state cannabis programs (adult- and medical-use) require pre-approval of products and have requirements or limits related to ingredients or flavorings. One-third of medical-use only states explicitly prohibit edibles.

Another major DOH reservation related to edibles remains the risk of accidental poisoning of children. Studies continue to show that changes in laws which made edible products more accessible to children have resulted in increased child exposures.[1, 2, 3, 4, 5] Adult over-intoxications from overconsumption due to failed appreciation of the delayed effects of ingested cannabis products also remain of concern. While the Act 116, HB2719, HD2, SD2, CD1 (2018) Medical Cannabis Outstanding Issues Working Group identified safety measures for edibles including production standards, use of a universal symbol to readily identify cannabis-containing products, a product recall system, and a mandatory pre-purchasing education protocol, overdosing, and especially the consequences of unintentional exposure in children must be considered when proposing amendments to authorize edibles. As a result, should the committee be inclined to allow this amendment to move forward, DOH requests authority to pre-approve any manufactured cannabis product, including edibles, if authorized, as well as the authority to establish and modify, as appropriate, requirements or limits to ingredients,

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[1] 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

[2] 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

[3] 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

[4] 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

[5] 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.

flavorings, or additives, product packaging and labelling, and requirements for patient education on safe usage and safe storage.

If the committee is inclined to allow the production of edible cannabis products, DOH offers the following alternate language (underlined) 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):

"(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: The Department 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 as demonstrated by a 2018 RAND Corporation study of adolescent exposure to medical marijuana advertising in Southern California.[6] The study found that the proportion of adolescents who reported viewing medical marijuana advertising increased sharply from 25% in 2010 to 70% by 2017 and that higher average exposure to medical marijuana advertising was associated with

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

higher average use, intentions to use, positive expectancies, and negative consequences. At least two-thirds of state cannabis programs (adult- and medical-use) have some form of restriction on advertising including prohibitions on event sponsorship, billboards, radio, television, and print media, and branded apparel; over half have restrictions specific to youth appeal.

Notwithstanding the above deep concerns, the Department supports the circulation of educational and scientific information that is based on scientific research and supported by evidence-based data. DOH opposes the circulation of materials that would otherwise be construed as advertising or self-serving by the medical cannabis industry.

In order to provide adequate controls to prevent youth exposure, ensure safe access to medical cannabis retail locations, and prevent broad advertising, the Department proposes the following alternative language (underlined) beginning on page 9, lines 10 through 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.

DAVID Y. IGE
GOVERNOR

LATE

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

January 31, 2020
9:30 A.M.
State Capitol, Room 229

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S.B. 2024
RELATING TO MEDICAL CANNABIS

Senate Committee on Commerce, Consumer Protection and Health

The Department of Transportation (DOT) **opposes** S.B. 2024.

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
TELEPHONE: (808) 529-3111 · INTERNET: www.honolulupd.org

KIRK CALDWELL
MAYOR

SUSAN BALLARD
CHIEF

JOHN D. McCARTHY
CLYDE K. HO
DEPUTY CHIEFS

OUR REFERENCE PJ-FG

January 31, 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: Senate Bill No. 2024, 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 Senate Bill No. 2024, 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 Senate Bill No. 2024, 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

HAWAIʻI CANNABIS INDUSTRY ASSOCIATION

January 31, 2020

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

Fr: Teri Freitas Gorman, 2020 Chair, Hawaiʻi Cannabis Industry Association (HICIA)

Re: TESTIMONY IN **SUPPORT** OF SENATE BILL 2024

RELATING TO MEDICAL CANNABIS.
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 Hawaiʻi Cannabis Industry Association, formerly known as the Hawaiʻi Educational Association for Licensed Therapeutic Healthcare (HEALTH), represents all eight of the state's licensed medical cannabis dispensaries plus associate members. Our testimony is in support of SB2024, an important bill that helps ensure registered patients have access to an adequate, affordable supply of manufactured medical cannabis products; provides patients with a wider selection of safety-assured products for those who choose not to inhale cannabis for personal or health reasons; and benefits registered and prospective cannabis patients by allowing dispensaries to promote scientific and educational information and events to increase understanding of the therapeutic use of cannabis

FLOWER REMEDIATION: The association believes the recommended provision: "*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*;" more accurately represents standard industry practice while upholding the Department of Health's foundational principles of "Product Safety, Patient Safety, and Public Safety." Most of the factors that can cause a batch of dried cannabis flower to fail testing standards may be safely rectified during the extraction and/or manufacturing process, similar to how pasteurization safely eliminates pathogens from raw milk. The ability to remediate cannabis flower that has failed Hawai'i's very stringent testing standards ensures that patients will have uninterrupted access to reasonably priced manufactured products. Every product in a state-licensed medical cannabis dispensary is required to be tested for content, safety and purity by a private independent lab before it can be released by a dispensary for sale.

CANNABIS-INFUSED EDIBLE PRODUCTS: Hawaiʻi's medical cannabis dispensaries began operating nearly two and a half years ago and throughout this time, the most-asked question of patients has been "Why don't you sell edibles?"

Although the medical cannabis dispensary program's current list of approved products includes ingestible products like tinctures, capsules or lozenges, 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.

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 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

The legislature always 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 linked to marijuan 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.

SB-2024
Submitted on: 1/30/2020 9:23:23 AM
Testimony for CPH on 1/31/2020 9:30:00 AM

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

Comments:

January 30, 2020

To: Senator Rosalyn Baker, Chair

Senator Stanley Chang, Vice Chair

Members of the Senate Committee on Commerce, Consumer Protection, and Health

Senator Karl Rhoads, Chair

Senator Jarret Keohokalole, Vice Chair

Members of the Senate Judiciary Committee

Fr: Tai Cheng, Co-Founder

Re: TESTIMONY IN **SUPPORT** OF SENATE BILL 2024

RELATING TO MEDICAL CANNABIS.

> 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.

Aloha Green Holdings Inc. is one of the eight state licensed medical cannabis dispensaries in Hawaii. Aloha Green Holdings Inc. is in support of SB2024, an important bill that helps to ensure registered patients have access to an adequate,

affordable supply of manufactured medical cannabis products; provides patients with.a wider selection of safety-assured products for those who choose not to inhale cannabis for personal or health reasons: and benefits registered and prospective cannabis patients by allowing dispensaries to promote scientific and educational information and events to increase understanding of how and why medical cannabis works.

FLOWER REMEDIATION: The association believes the recommended provision: "*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*;" more accurately represents standard industry practice while upholding the Department of Health's foundational principles of "Product Safety, Patient Safety, and Public Safety." Most of the factors that may cause a batch of dried cannabis flower to fail testing standards can be safely rectified during the extraction and/or manufacturing process, similar to how pasteurization safely eliminates pathogens from raw milk. The abiity to remediate cannabis flower that has failed Hawai'i's very stringent testing standards ensures that patients will have uninterrupted access to reasonably priced manufactured products. Every product in a state-licensed medical cannabis dispensary is required to be tested for content, safety and purity by a private third-party lab before it can be released for sale.

CANNABIS-INFUSED EDIBLE PRODUCTS: Hawai'i's medical cannabis dispensaries began operating nearly two and a half years ago and during this time, the most-asked question of patients has been "Why don't you sell edibles?"

Although the medical cannabis dispensary program's current list of approved products includes ingestible products like tinctures, capsules or lozenges, 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 prefer edibles for longer pain management enabling them to enjoy sound sleep for 6 to 8 hours.

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;
- Be regulated and approved by the Department of Health's Office of Medical Cannabis Control & Regulation as a medical cannabis manufactured product.

AMEND ADVERTISING RESTRICTIONS TO ALLOW PROMOTION OF PUBLIC EDUCATION

The association believes that Hawai'i's registered medical cannabis patients and prospective patients would benefit from a more thorough understanding 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 the 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 cannabis misinformation and stigma with a more accurate and balanced view of the therapeutic uses for cannabis based on 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.

Akamai Cannabis Clinic
3615 Harding Ave, Suite 304
Honolulu, HI 96816

TESTIMONY ON SENATE BILL 2024
RELATING TO MEDICAL CANNABIS
By
Clifton Otto, MD

Senate Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

Friday, January 31, 2020; 9:30 AM
State Capitol, Conference Room 229

Thank you for the opportunity to provide testimony on this measure. Please consider the following comments related to this bill:

Any changes to our Medical Cannabis Program require that we also address the misconception that our program is violating federal law in order to eliminate the injuries that the current situation is causing our patients and dispensaries.

These injuries include **patients** not being able to obtain employment because of a positive cannabis screening drug test, being terminated from employment because of failing a cannabis urine drug test that does not test for impairment in the workplace, being evicted from federally subsidized housing, not being able to obtain life insurance, not being able to enjoy the protections of the Americans with Disabilities Act, being discriminated against in child custody hearings, not being able to travel to other islands with their medicine, not being able to obtain firearms for home protection and hunting. In addition, our **dispensaries** are suffering from not being able to carry on normal banking activity, having to conduct a majority of their transactions in cash, not being able to enjoy standard business expense deductions which is creating a 70%+ tax burden that only raises product costs for patients, and not being able to conduct medical research with the University of Hawaii System.

Our patients and dispensaries should not be required to operate under the false assumption that they are violating federal law in order to engage in the medical use of cannabis in Hawaii.

The State of Hawaii created this situation when it lawfully decided that cannabis has medical use in Hawaii, which means that the State cannot simply wait for Congress to fix a situation that it created. We can no longer stand for the federal regulation that has the non-medical use of cannabis on the Schedule I list being unconstitutionally applied to our medical cannabis program.

There is a simple solution to this problem, which is presented in Senator Ruderman's federal exemption bill, SB2462, which was recently introduced into the Senate.

In order to increase the chances that this important change will be made to our Medical Use of Cannabis Act this session, I ask that you please adopt the following language from SB2462 into the bill before you:

"329D-25 Coordination among state and federal agencies. The department shall initiate ongoing dialogue among relevant state and federal agencies to identify processes and policies that ensure the privacy of qualifying patients and qualifying out-of-state patients and the compliance of qualifying patients, primary caregivers, qualifying out-of-state patients, and caregivers of qualifying out-of-state patients and medical cannabis dispensaries with state laws and regulations related to medical cannabis. The department shall submit a written request, in accordance with title 21 C.F.R. section 1307.03, to the Office of Diversion Control, Drug Enforcement Administration by September 1, 2020, stating that part IX of chapter 329 and this chapter do not create any positive conflict with state or federal drug laws and regulations and are consistent with title 21 U.S.C. section 903, and requesting formal written acknowledgement that the listing of marijuana as a controlled substance in federal schedule I does not apply to the nonprescription use of cannabis under the medical cannabis registry and dispensary programs established pursuant to chapters 329 and 329D."

Thank you for considering this very necessary amendment.

Aloha.

SB-2024
Submitted on: 1/30/2020 7:53:10 AM
Testimony for CPH on 1/31/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
rachel burkons	Testifying for Crop to Kitchen	Support	No

Comments:

Crop to Kitchen believes that edibles products that have been through rigorous testing procedures are safe for consumption. Culinary cannabis professionals who make licensed edibles products are highly trained individuals, and their expertise deserves a path to market. Support the culinary cannabis community as a whole by allowing professionals in Hawaii to develop safe, compliant businesses that serve the needs of their communities. Edibles are an integral category for health-minded cannabis users who prefer to not smoke, or cannot smoke because of medical reasons. Denying them the oppirtunity to purchase safe, tested medicine hurts the community as a whole. Please apprvove this initiative. Thank you!

KUSH BOTTLES
HAWAII

TO: Committee on Commerce, Consumer Protection, and Health
FROM: Miles Wesley Tuttle & Adealani Wesley
HEARING DATE: 31 January 2020, 9:30 AM
RE: SB2024, 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 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 cannabanoids 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 cannabanoids 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.

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.

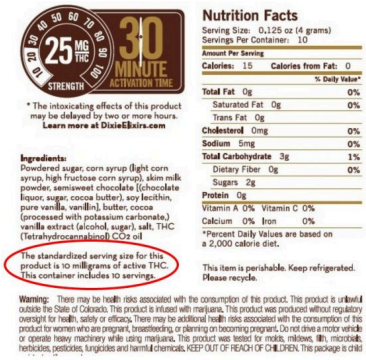
YOUTH USE:

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 included 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.

Thank you for this opportunity.

SB-2024
Submitted on: 1/29/2020 4:35:41 PM
Testimony for CPH on 1/31/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Anne Wheelock	Individual	Support	No

Comments:

Honorable Senators Rosalyn Baker, Chair, and Stanley Chang, Vice Chair,

Pleae support SB2024 relating to medical cannabis.

Thank you.

Sincerely,

Anne Wheelock, R.Ph., M.S.

SB-2024
Submitted on: 1/29/2020 5:36:35 PM
Testimony for CPH on 1/31/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Elizabeth Winternitz	Individual	Support	No

Comments:

As a senior citizen and lifelong Hawai'i resident-- and a medical cannabis user -- I support this bill.

SB-2024
Submitted on: 1/28/2020 7:10:51 PM
Testimony for CPH on 1/31/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ema Crisp	Individual	Support	No

Comments:

I support SB2024. As a new resident to Honolulu, my previous home was in a marijuana legalized state. I had access to quality controlled and laboratory tested edibles and non-flower marijuana products for medical use. Due to severe allergies (not an intolerance) to standard anti-inflammatory pain relievers such as NSAIDs and aspirin, edible and non-flower products helped greatly with my debilitating bone and joint pain, a side effect from immunotherapy. Transdermal patches were also a great alternative when products were not able to be consumed due to nausea. Marijuana products were not consumed for entertainment purposes for personal enjoyment, but as medication in helping me function on a day to day basis when my deep bone and joint pain rendered me unable to walk or move freely. Thank you.

SB-2024
Submitted on: 1/29/2020 12:34:51 AM
Testimony for CPH on 1/31/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gerard Silva	Individual	Oppose	No

Comments:

SB-2024
Submitted on: 1/29/2020 5:37:48 PM
Testimony for CPH on 1/31/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Koalani Lagareta	Individual	Support	No

Comments:

Aloha,

I am testifying in support of SB 2024. I suffer from chronic pain due to an autoimmune disease and medical marijuana is the ONLY non-narcotic medicine that relieves the pain and subsequent insomnia as a result of the pain. I have found that ingesting marijuana is the most effective method for treating my symptoms and have begun making my own edibles at home. I have to guess and estimate the dosage that I ingest. It's like taking pill from an unmarked bottle- not recommended! Marijuana dispensaries in Hawai'i should be able to sell edible marijuana products that have been tested and have measurable doses of marijuana. Please support this bill.

Mahalo.

SB-2024
Submitted on: 1/29/2020 8:56:36 AM
Testimony for CPH on 1/31/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Whispering Wind	Individual	Oppose	No

Comments:

Aloha Lawmakers,

Cannabis consumers have been persecuted and prosecuted for generations, now Hawaii's cannabis patients are being abused for profits. You must not compromise on medical remedies. No, I do not support this. I do not support advertising, which has been banned, and should stay that way. Edibles would be an advanage for patients, but please, kill the rest o the bill

Hawaii's PAY-TO-PAY, vertically-integrated, seed-to-sale, medical cannabis monopoly, is operated like a mafia "protection from prosecution" racket, instead of a compassionate health care program.

Poor patients are priced out of the system. While anyone with money can buy a certification, no matter what their actual physical condition, rendering any medical research completely unreliable.

Hawaii rejected the federal marijuana prohibition in 2000, by landmark, first in the nation, legislative action, based on compassion. However, for the last two decades, Hawaii has been enforcing laws unequally upon cannabis consumers.

Hawaii needs a real medical cannabis program, AND an adult use program; two separate programs, not the "DUAL-Use" closed-program, as discussed in legislative meetings, and outlined in SB 686 SD1, which would give the entire adult-use market to the dispensary monopoly.

Hawaii's adult-use market should be legalized just as it has been operating for generations; which is thousands of small cannabis entrepreneurs, growing, processing, packaging and delivering world-famous brands of Hawaiian cannabis.

Hawaii's cannabis industry should not ripped fom the hands of the thousands of local growers that support their families, and communities by growing cannabis.

Please, do not place cannabis, and/or hemp, into the greedy hands of new-comer corporations, (like Arcadia Biosciences from California, and VAPEN MJ from Canada, and Archipelago Ventures from Delaware, and Legacy Ventures "Hawaii," which is actually from Nevada).

SB-2024
Submitted on: 1/29/2020 2:54:47 PM
Testimony for CPH on 1/31/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michal Cohen	Individual	Support	No

Comments:

Hello,

I am a licensed clincial social worker here in Honolulu. I provide therapy to many people, including veterans, who have PTSD. Many of my clients find tremendous relief of their symptoms with cannabis. Some people cannot smoke for various reasons and would benefit from being able to purchase edibles that are regulated. The problem is that edibles on the black market don't provide accurate information about the dose, so if edibles were to be regulated, it would help people gage the dose that is needed for symtptom relief. Thank you for taking my testimony into consideration.

Testimony in OPPOSITION of SB 2024

Submitted by:
Peter Oshiro
Resident of Mililani.

Aloha Chair Rosalyn Baker, Vice Chair Stanley Chang and Members of the Senate Committee on Health,

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 SB 2024 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 to enforce the section of the rule that is supposed to protect the health of 329 card holders. 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 wrongdoings 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

SB-2024
Submitted on: 1/28/2020 4:31:16 PM
Testimony for CPH on 1/31/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rodney Evans	Individual	Support	No

Comments:

I support total deregulation of this natural homeopathic medicine used for thousands of years.

SB-2024
Submitted on: 1/29/2020 5:06:35 PM
Testimony for CPH on 1/31/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
William Caron	Individual	Support	No

Comments:

Dear Senators,

This is another important step toward improving our medical cannabis program. As with any drug, the method of administration is important when it comes to cannabis. Besides the obvious benefit to ingesting cannabis as opposed to smoking it, edibles also can provide different kinds of relief for patients , as well as allow for different kinds of functionality for patients as well. We say cannabis is medicine, so we should empower patients to be able to administer it in, what is for them, the most effective way. Please pass the bill.

Mahalo!

SB-2024
Submitted on: 1/29/2020 3:40:14 PM
Testimony for CPH on 1/31/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Me	Individual	Support	No

Comments:

I support this legislation with reservation about "educational events" While some of our dispensaries have done an amazing job providing science-based education from health professionals (Maui Grown Therapies). Other dispensaries commonly label products using terms like Indica and Sativa (not science-based) and have educational seminars that are not by health care professionals and not based in science.

If this passes who will regulate the content? If you include this in the legislation please also specify content may be censored by the DOH for any questionable presentations.

LATE

SB-2024
Submitted on: 1/30/2020 4:08:24 PM
Testimony for CPH on 1/31/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Katherine Kitchen	Individual	Support	No

Comments:

Aloha, I'd like to thank the members of the senate of Hawaii for holding this hearing on edible products of medical cannabis. I am here to speak on my behalf and others who want an alternative form of this medicine. Edible products of cannabis should be allow for the same reason that alcohol, tobacco, caffeine and other substances are legal: millions of Americans value and enjoy its use; their use poses no inordinate hazards to society; the prohibition of these products artificially creates crime and black-market traffic in the same way as alcohol prohibition and deprives our economy of legal business and revenues. The laws against marijuana wrongly criminalize citizens of otherwise law-abiding citizens of Hawaii, while other forms and amounts are free of legal inspection.

I respectfully ask to reconsider this edible form of cannabis due to it unharmful nature on lungs, safer and more enjoyable administering to many patients. Some of which may not have access to cannabis in the state of Hawaii currently due to forms that are allowed at this time.

Mahalo,

Katherine Kitchen

LATE

SB-2024
Submitted on: 1/30/2020 9:32:13 PM
Testimony for CPH on 1/31/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Topjher Jacob	Testifying for Hawaiian Alchemy	Support	No

Comments:

Aloha,

My name is Topher Jacob, and I've been a chef here on the island for over 22 years. As a chef, I have gained knowledge of nutrition, and health. That is what my job is. It is to feed, nourish, and provide a sense of comfort if needed through the act of cooking and presenting food.

Cannabis has a long history in the world of restaurants. Unfortunately, the stigmatism holds to the ideas of old. Where its all alcohol, sex, drugs and rock and roll. Needless to say most of it is true, however, you also see the effects it takes on when used properly. especially, now as an aging chef here in Hawaii, the injuries endured throughout the long years of service on the line, has taken its toll. Yet, cannabis remains an important self-medicating practice of helping me work through the long hour shifts needed to provide not only rent but to our guests that support local businesses.

Looking to the future of what Hawaii can be, with cannabis, is a huge opportunity not just for the state, but to invoke the use of my many years of experience through my craft, of using culinary and cannabis by creating dishes, confections, and elevated fine dining techniques.

I am the content creator behind the local Instagram account with outreaching to the mainland and followers around the world, that have done such things. I create edibles to show that it is possible to create a meal or to incorporate cannabis without smoking or vaporization.

Taking its lead from chefs in California, Washington, and Colorado, I communicate with them daily on how we have created this cannabis community, this worldwide cannabis ohana but taking cannabis and elevating it to the heights of fine dining, to everyday uses beyond, brownies, cookies, and butter.

edibles do have a place here. Edibles have a possibility of opening up the market to creative ideas and also allow those who can not smoke cannabis to benefit from its effects, they have the choice to digest it.

As for regulatory practices, use we need medicine to be clean and produced by locals growers, this island has room enough for everyone and using different local growing techniques, and treating cannabis like grapes for wine, different growers can create a different taste. these local farmers can if they do pass regulations should be able to sell their grow. that would only celebrate what Hawaii is and showcase its diversity. Removing cannabis from its schedule 1 would help strengthen this and the state would show its support to support local.

regulating edibles, by micro-dosing amounts, 2.5-5mg of THC, with 100mg max per package, which would be re-sealable and childproof is by safe the best example of edibles I have experienced. Labels that clearly state the product has THC and has a universal THC logo on the bag, and the product having at least a small imprint of the universal THC logo for all candies.

In Maine, the dispensaries account for 50% of their sales to edibles specifically chocolate bars. In Colorado, edibles are 40% of their sales from gummies, and through specialized cannabis chefs that are allowed to hold private caterings. California, has amazing results, in their edible sector with private parties, gummies, and hard candy, regardless of their strict regulations. The host wine pairings to elevate and highlight their napa and Sonoma wine-producing culture, to having the first cannabis cafe. In Oklahoma where regulations are still being sorted out, it is enjoying its surge in local farms producing dinners that highlight and partner with local growers of Cannabis and its agriculture.

Hawaii is prime for that. We are a food culture, we invented the Luau! Edibles have their place here in Hawaii. As a chef, I'd love to share more of the ideas of food and our culture while creating medicine. food is medicine, and so is cannabis.

the Drug Policy Forum of hawai'i

LATE

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

TESTIMONY IN SUPPORT OF SB 2024

TO: Chair Baker, Vice Chair Chang & Members
Senate Committee on Commerce, Consumer Protection, & Health

FROM: Nikos Leverenz
DPFH Board President

DATE: January 31, 2020 (9:30 AM)

Drug Policy Forum of Hawai'i (DPFH) supports SB 2024, which authorizes licensed retail dispensaries to produce and sell cannabis-infused edible products.

DPFH actively participated in the Act 230 (2016) Medical Cannabis Legislative Oversight Working Group, which addressed, among other concerns, the facilitation of cannabis-infused edible products.

DPFH was also instrumental in the passage of Act 228 (2000), authorizing the acquisition, possession, and use of medical cannabis, and Act 241 (2015), authorizing the establishment and regulation of medical cannabis dispensaries.

Many cannabis consumers prefer edibles over flower and other products currently offered by dispensaries. DPFH strongly supports efforts to facilitate the production, distribution, and sale of edibles, which have been offered by medical cannabis dispensaries and adult-use retail establishments in other states for many years. For example, cannabis-infused edible products were widely available in most storefront patient collectives in California well over a decade ago.

DPFH also supports prospective efforts to involve other businesses in the production of cannabis-infused edibles. Continued vertical integration inhibits the variety of available products—to the detriment of consumers and those persons who could be otherwise employed in Hawai'i's emerging cannabis economy.

Thank you for the opportunity to testify on this measure.

SB-2024
Submitted on: 1/31/2020 8:15:55 AM
Testimony for CPH on 1/31/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Edgar Espero	Individual	Support	No

Comments:

Submitting support of SB2024.

SB-2024
Submitted on: 1/31/2020 3:26:08 PM
Testimony for CPH on 1/31/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ryan Ozawa	Individual	Support	No

Comments: