



STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of SB3132
RELATING TO MEDICAL CANNABIS

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

SENATOR JARRETT KEOHOKALOLE, CHAIR
SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Hearing Date, 02-07-24, 1:00PM

Room Number: 225

1 **Fiscal Implications:** N/A

2 **Department Position:** SUPPORT

3 **Department Testimony:** The Department of Health (DOH) Office of Medical Cannabis Control
4 and Regulation (OMCCR) supports this measure amending 329-130, HRS, which repeals the
5 sunset date of the authorization for primary caregivers to cultivate medical cannnabis for
6 qualifying patients. The DOH supports patient access, which includes the ability of medical
7 cannabis patients and their designated primary caregivers to cultivate cannabis in a lawful, safe,
8 and patient-focused approach.

9 **Offered Amendments:** None

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



Akamai Cannabis Consulting

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**TESTIMONY ON SENATE BILL 3132
RELATING TO MEDICAL CANNABIS**

By
Clifton Otto, MD

Senate Committee on Health and Human Services
Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair
and

Senate Committee on Commerce and Consumer Protection
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

Wednesday, February 7, 2024; 1:00 PM
State Capitol, Room 225 & Videoconference

Thank you for the opportunity to provide COMMENTS on this measure.

This bill would remove the sunset for primary caregivers, but it would also restrict grow sites to no more than five patients about six months earlier than is currently on the books.

This is the wrong direction for the medical program to be heading. Patients must be able to grow based on need, not some arbitrary number.

Please make the following amendments to grow site size and number of patients per primary caregiver to correct this deficiency:

SECTION 2. Section 329-130, Hawaii Revised Statutes, is amended to read as follows:

"§329-130 Authorized sources of medical cannabis. (a) [~~After December 31, 2024, a~~] A qualifying patient shall obtain medical cannabis or manufactured cannabis products only:

(1) From a dispensary licensed pursuant to chapter 329D; provided that the cannabis shall be purchased and paid for at the time of purchase; [~~or~~]

(2) By cultivating cannabis in an amount that does not exceed an adequate supply for the qualifying patient, pursuant to section 329-122; provided that each location used to cultivate cannabis shall be used by no more than five qualifying patients; provided further that patient grow sites with more than five patients shall be allowed on land zoned for agricultural use; and provided further that the department shall adopt rules pursuant to chapter 91 to conduct routine voluntary grow site inspections without law enforcement [~~or~~]; or

(3) By the qualifying patient's primary caregiver cultivating cannabis in an amount that does not exceed an adequate supply for the qualifying patient pursuant to section 329-122; provided that [~~each location used to cultivate cannabis shall be used to cultivate cannabis for no more than five qualifying patients~~] a primary caregiver shall be allowed to cultivate for no more than five qualifying patients. [~~After December 31, 2024, no primary caregiver shall be authorized to cultivate cannabis for any qualifying patient.~~]

~~(b) This section shall not apply to:~~

~~(1) A qualifying patient who is a minor or an adult lacking legal capacity and the primary caregiver is the parent, guardian, or person having legal custody of a qualifying patient described in this paragraph;~~

~~or,~~

~~(2) A qualifying patient on any island on which there is no medical cannabis dispensary licensed pursuant to chapter 329D.~~

~~(e)]~~ (b) A qualifying out-of-state patient and a caregiver of a qualifying out-of-state patient shall be authorized to obtain cannabis for medical use only from retail dispensing locations of dispensaries licensed pursuant to chapter 329D."

And please add the following provisions from [SB 3278](#) to address other program changes that are necessary to ensure a successful medical cannabis program:

SECTION 3. Section [329-121](#), Hawaii Revised Statutes, is amended as follows:

By amending the definition of "adequate supply" to read:

"Adequate supply" means an amount of usable ~~[medical]~~ cannabis jointly possessed between the qualifying patient and the primary caregiver that is not more than is reasonably necessary to ensure the uninterrupted availability of cannabis for the purpose of alleviating the symptoms or effects of a

qualifying patient's debilitating medical condition; provided that an "adequate supply" shall not exceed: ten cannabis plants, [~~whether immature or mature,~~] and four ounces of usable cannabis at any given time, or an amount determined by the certifying physician or certifying advanced practice registered nurse. The [~~four ounces~~] adequate supply [~~of usable cannabis~~] obtained from a dispensary shall include any combination of [~~usable~~] cannabis and manufactured cannabis products, as provided in chapter 329D, with the cannabis in the manufactured cannabis products being calculated using information provided pursuant to section 329D-9(c).

By amending the definition of "advanced practice registered nurse" to read:

"Advanced practice registered nurse" means a person licensed to practice under Chapter 457 [~~an advanced practice registered nurse with prescriptive authority as described in section 457-8.6 and registered under section 329-32~~].

By adding a new definition of "cannabis plant" to be appropriately inserted and to read:

"Cannabis plant" means a plant of the genus Cannabis that is greater than twelve vertical inches in height from where the base of the stalk emerges from the growth medium to the tallest point of the plant, or greater than twelve horizontal inches in

width from the end of one branch to the end of another branch;
provided that multiple stalks emanating from the same root ball
or root system shall be considered part of the same single
plant.

By amending the definition of "debilitating medical condition" to read:

"Debilitating medical condition" means a medical condition
for which the certifying physician or certifying advanced
practice registered nurse has determined that the medical use of
cannabis is appropriate.[÷

- ~~(1) Cancer, glaucoma, lupus, epilepsy, multiple sclerosis, rheumatoid arthritis, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, or the treatment of these conditions;~~
- ~~(2) A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following:
 - ~~(A) Cachexia or wasting syndrome;~~
 - ~~(B) Severe pain;~~
 - ~~(C) Severe nausea;~~
 - ~~(D) Seizures, including those characteristic of epilepsy;~~~~

~~(E) Severe and persistent muscle spasms, including those characteristic of multiple sclerosis or Crohn's disease; or~~

~~(F) Post-traumatic stress disorder; or~~

~~(3) Any other medical condition approved by the department of health pursuant to administrative rules in response to a request from a physician or advanced practice registered nurse or potentially qualifying patient.]~~

By amending the definition of "medical use" to read:

"Medical use" means the acquisition, possession, cultivation, use, distribution, or transportation of cannabis or paraphernalia relating to the administration of cannabis to alleviate the symptoms or effects of a qualifying patient's debilitating medical condition; provided that "medical use" does not include the cultivation or distribution of cannabis or paraphernalia by a qualifying out-of-state patient or the caregiver of a qualifying out-of-state patient. For the purposes of "medical use" for qualifying patients, the term "distribution" is limited to the transfer of cannabis and paraphernalia between qualifying patients.

By amending the definition of "physician" to read:

"Physician" means a person who is licensed to practice under chapter 453 [~~and is licensed with authority to prescribe drugs and is registered under section 329-32~~]. "Physician" does

not include a physician assistant as described in section 453-5.3.

By amending the definition of "usable cannabis" to read:

"Usable cannabis" means the dried leaves and flowers of the plant genus Cannabis [~~family Moraceae~~], and any mixture or preparation thereof, including hash and rosin, that are appropriate for each patient's [~~the~~] medical use of cannabis. "Usable cannabis" does not include the seeds, stalks, and roots of the plant.

By amending the definition of "written certification" to read:

"Written certification" means the qualifying patient's medical records or a statement signed by a qualifying patient's physician or advanced practice registered nurse, stating that in the physician's or advanced practice registered nurse's professional opinion, the qualifying patient has a debilitating medical condition and the potential benefits of the medical use of cannabis would likely outweigh the health risks for the qualifying patient. The department of health shall [~~may~~] require, through its rulemaking authority, that all written certifications comply with a designated form. "Written certifications" are valid for one year from the time of signing [~~; provided that the department of health may allow for the validity of any written certification for three years if the~~

~~qualifying patient's physician or advanced practice registered nurse states that the patient's debilitating medical condition is chronic in nature].~~

SECTION 4. Section [329-122](#), Hawaii Revised Statutes, is amended as follows:

By amending subsection (c) to read:

(c) Notwithstanding any law to the contrary, the medical use of cannabis within the State by a qualifying out-of-state patient aged eighteen years or older legally authorized to use cannabis for medical purposes in another state, a United States territory, or the District of Columbia shall be permitted only if the qualifying out-of-state patient:

- (1) Possesses a valid registration card from another medical cannabis state [~~Provides to the department of health a valid medical use of cannabis card with an explicit expiration date that has not yet passed from the issuing jurisdiction and a valid photographic identification card or driver's license issued by the same jurisdiction~~];
- (2) Possesses valid government issued identification; [~~Attests under penalty of law pursuant to section 710-1063 that the condition for which the qualifying out-of-state patient is legally authorized to use cannabis~~

~~for medical purposes is a debilitating medical condition as defined in section 329-121;~~

- ~~(3) Provides consent for the department of health to obtain information from the qualifying out-of-state patient's certifying medical provider and from the entity that issued the medical cannabis card for the purpose of allowing the department of health to verify the information provided in the registration process;~~
- ~~(4) Pays the required fee for out-of-state registration to use cannabis for medical purposes;~~
- ~~(5) Registers with the department of health pursuant to section 329-123.5 to use cannabis for medical purposes;~~
- ~~(6) Receives a medical cannabis registry card from the department of health; and~~
- ~~(7)]~~ (3) Abides by all laws relating to the medical use of cannabis, including not possessing an amount of cannabis that exceeds an adequate supply.

By amending subsection (d) to read:

(d) Notwithstanding any law to the contrary, the medical use of cannabis by a qualifying out-of-state patient under eighteen years of age shall only be permitted if:

- (1) The qualifying out-of-state patient and the caregiver of the qualifying out-of-state patient possess a valid

registration card from another medical cannabis state
~~[provides the information required pursuant to~~
~~subsection (c); and] ;~~

(2) The qualifying out-of-state patient and the caregiver
of the qualifying out-of-state patient possess valid
government issued identification ~~[consents in writing~~
~~to:~~

~~(A) Allow the qualifying out-of-state patient's~~
~~medical use of cannabis;~~

~~(B) Undertake the responsibility for managing the~~
~~well-being of the qualifying out-of-state patient~~
~~who is under eighteen years of age with respect~~
~~to the medical use of cannabis; and~~

~~(C) Control the acquisition of the cannabis, the~~
~~dosage, and the frequency of the medical use of~~
~~cannabis by the qualifying out-of-state patient~~
~~who is under eighteen years of age.] ; and~~

(3) The qualifying out-of-state patient and the caregiver
of the qualifying out-of-state patient abide by all
laws relating to the medical use of cannabis,
including not possessing an amount of cannabis that
exceeds an adequate supply.

By amending the definition of "transport" to read:

For purposes of interisland transportation, "transport" of cannabis, usable cannabis, or any manufactured cannabis product, by any means is allowable only between dispensaries to the extent authorized by section 329D-6(r) and between a production center or retail dispensing location and a certified laboratory for the sole purpose of laboratory testing pursuant to section 329D-8, as permitted under section 329D-6(m) and subject to section 329D-6(j), or by qualifying patients or qualifying out-of-state patients for their own personal use, [and] with the understanding that state law and its protections do not apply outside of the jurisdictional limits of the State. [~~Allowable transport pursuant to this section does not include interisland transportation by any means or for any purpose between a qualifying patient, primary caregiver, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient and any other entity or individual, including an individual who is a qualifying patient, primary caregiver, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient.~~]

SECTION 5. Section [329-123](#), Hawaii Revised Statutes, is amended to read:

(a) Physicians or advanced practice registered nurses who issue written certifications shall provide, in each written certification, the name, address, patient identification number, and other identifying information of the qualifying

patient. The department of health shall require, in rules adopted pursuant to chapter 91, that all written certifications comply with a designated form completed by or on behalf of a qualifying patient. The form shall require information from the applicant, primary caregiver, and physician or advanced practice registered nurse as specifically required or permitted by this chapter. The form shall require the adequate supply determined by the certifying physician or certifying advanced practice registered nurse [~~address of the location where the cannabis is grown~~] and shall appear on the registry card issued by the department of health. The certifying physician or advanced practice registered nurse shall be required to have a bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship, as applicable, with the qualifying patient. All current active medical cannabis permits shall be honored through their expiration date.

(b) Qualifying patients shall register with the department of health. The registration shall be effective until the expiration of the written certification [~~certificate issued by the department of health and signed by the physician or advanced practice registered nurse~~]. Every qualifying patient shall provide sufficient identifying information to establish the personal identities of the qualifying patient and the primary caregiver. Qualifying patients shall report changes in

information within ten working days. A [Every] qualifying patient may share a primary caregiver with four other registered patients [~~shall have only one primary caregiver at any given time~~]. The department of health shall issue to the qualifying patient a registration certificate and may charge a fee for the certificate in an amount adopted by rules pursuant to chapter 91.

(c) Primary caregivers shall register with the department of health. A [Every] primary caregiver may [~~shall~~] be responsible for the care of five qualifying patients [~~only one qualifying patient~~] at any given time [~~, unless the primary caregiver is the parent, guardian, or person having legal custody of more than one minor qualifying patient, in which case the primary caregiver may be responsible for the care of more than one minor qualifying patient at any given time; provided that the primary caregiver is the parent, guardian, or person having legal custody of all of the primary caregiver's qualifying patients~~]. The department of health may permit registration of up to two primary caregivers for a minor qualifying patient; provided that both primary caregivers are the parent, guardian, or person having legal custody of the minor qualifying patient.

(d) Upon inquiry by a law enforcement agency, which inquiry may be made twenty-four hours a day, seven days a week,

the department of health shall immediately verify whether the subject of the inquiry has registered with the department of health and may provide reasonable access to the registry information for official law enforcement purposes.

(e) This section shall not apply to [~~registration of~~] a qualifying out-of-state patient or a caregiver of a qualifying out-of-state patient.

SECTION 6. Section [329-123.5](#), Hawaii Revised Statutes, is amended by repealing the entire section:

~~(a) Notwithstanding section 329-123, a qualifying out-of-state patient and a caregiver of a qualifying out-of-state patient shall register with the department of health as established by rule. The registration shall be effective for no more than sixty days and may be renewed for no more than one additional sixty-day period that begins no later than twelve months after the preceding registration date; provided that the department shall not register any qualifying out-of-state patient for a period that exceeds the term of validity of the qualifying out-of-state patient's authority to use medical cannabis in the qualifying out-of-state patient's home jurisdiction.~~

~~(b) A qualifying out-of-state patient aged eighteen or older, at a minimum, shall meet the following criteria for registration:~~

~~(1) Provide a valid government-issued medical cannabis card issued to the qualifying out-of-state patient by another state, United States territory, or the District of Columbia; provided that the medical cannabis card has an expiration date and has not expired;~~

~~(2) Provide a valid photographic identification card or driver's license issued by the same jurisdiction that issued the medical cannabis card; and~~

~~(3) Have a debilitating medical condition, as defined in section 329-121.~~

~~(c) A qualifying out-of-state patient under eighteen years of age may be registered pursuant to this section only if the qualifying patient has a debilitating medical condition as defined in section 329-121 and the caregiver of the qualifying out-of-state patient, at a minimum, meets the requirements of paragraphs (1) and (2) of subsection (b) and consents in writing to:~~

~~(1) Allow the qualifying out-of-state patient's medical use of cannabis;~~

~~(2) Undertake the responsibility for managing the well-being of the qualifying out-of-state patient who is under eighteen years of age, with respect to the medical use of cannabis; and~~

~~(3) Control the acquisition of the cannabis, the dosage, and the frequency of the medical use of cannabis by the qualifying out-of-state patient who is under eighteen years of age.~~

~~(d) In the case of any qualifying out-of-state patient who is under eighteen years of age, the department of health shall register the qualifying out-of-state patient and the caregiver of the qualifying out-of-state patient; provided that the department may register two caregivers for a qualifying out-of-state patient if each caregiver is the parent, guardian, or person having legal custody of the qualifying out-of-state patient who is under eighteen years of age.~~

~~(e) Each qualifying out-of-state patient shall pay a fee in an amount established by rules adopted by the department pursuant to chapter 91 for each registration and renewal.~~

~~(f) Upon inquiry by a law enforcement agency, the department of health shall immediately verify whether the subject of the inquiry has registered with the department of health and may provide reasonable access to the registry information for official law enforcement purposes. An inquiry and verification under this subsection may be made twenty-four hours a day, seven days a week.~~

~~(g) The department of health may temporarily suspend the registration of a qualifying out-of-state patient or a~~

~~registered caregiver of a qualifying out-of-state patient for a period of up to thirty days if the department of health determines that the registration process for qualifying patients or primary caregivers is being adversely affected or the supply of cannabis for medical use available in licensed dispensaries is insufficient to serve qualifying patients and qualifying out-of-state patients. A temporary suspension may be extended by thirty-day periods until the department of health determines that:~~

- ~~(1) Adequate capacity exists to register qualifying out-of-state patients and caregivers of qualifying out-of-state patients in addition to qualifying patients and primary caregivers; and~~
- ~~(2) The licensed dispensaries are able to meet the demands of qualifying patients.~~

SECTION 7. Section [329-125.5](#), Hawaii Revised Statutes, is amended to read:

(a) No school shall refuse to enroll or otherwise penalize, and no landlord shall refuse to lease property to or otherwise penalize, a person solely for the person's status as a qualifying patient or primary caregiver in the medical cannabis program under this part, unless failing to do so would cause the school or landlord to lose a monetary or licensing-related benefit under federal law or regulation; provided that the

qualifying patient or primary caregiver strictly complied with the requirements of this part; provided further that the qualifying patient or primary caregiver shall present a medical cannabis registry card or certificate and photo identification, to ensure that the qualifying patient or primary caregiver is validly registered with the department of health pursuant to section 329-123.

(b) For the purposes of medical care, including organ transplants, a registered qualifying patient's use of cannabis in compliance with this part shall be considered the equivalent of the use of any other medication under the direction of a physician and shall not constitute the use of an illicit substance or otherwise disqualify a registered qualifying patient from medical care.

(c) No qualifying patient or primary caregiver under this part shall be denied custody of, visitation with, or parenting time with a minor, and there shall be no presumption of neglect or child endangerment, for conduct allowed under this part; provided that this subsection shall not apply if the qualifying patient's or primary caregiver's conduct created a danger to the safety of the minor, as established by a preponderance of the evidence.

(d) Unless a failure to do so would cause the employer to lose a monetary or licensing-related benefit under a contract or

federal law, an employer shall not discriminate against a person in hiring, termination, or any term or condition of employment, other than that contained in a collective bargaining agreement, if the discrimination is based upon either of the following:

(1) The person's status as a cardholder; or

(2) A registered qualifying patient's positive drug test for cannabis components or metabolites, unless the registered qualifying patient was impaired by cannabis during the hours of employment;

provided that nothing in this subsection shall abridge any existing right of an employer to send an employee for medical evaluation when the employer has safety concerns about the impairment of the employee; provided further that an employer may take adverse action or discipline an employee who uses or possesses medical cannabis in the workplace and is impaired.

(e) In a potentially dangerous occupation, an employer may use a fit-for-duty test as a risk-based assessment tool for a registered qualifying patient.

(f) No employer shall have any liability to any employee who is injured or killed during the performance of the employee's job if the employee's impairment by medical cannabis was the sole contributing factor to the employee's death or injury.

(g) [~~(d)~~] This section shall apply to qualifying patients, and primary caregivers who are validly registered with the department of health, and qualifying out-of-state patients, and caregivers of qualifying out-of-state patients who are recognized [~~validly registered with the department of health~~] pursuant to this part and the administrative rules of the department of health.

SECTION 8. Section [329-126](#), Hawaii Revised Statutes, is amended by amending subsection (b) to read:

(b) For purposes of this section, a bona fide physician-patient relationship may be established via telehealth, as defined in section 453-1.3(j), and a bona fide advanced practice registered nurse-patient relationship may be established via telehealth, as defined in section 457-2 [~~; provided that treatment recommendations that include certifying a patient for the medical use of cannabis via telehealth shall be allowed only after an initial in-person consultation between the certifying physician or advanced practice registered nurse and the patient~~].

SECTION 9. Section [329D-1](#), Hawaii Revised Statutes, is amended by amending the definition of "manufactured cannabis product" to read:

"Manufactured cannabis product" means:

(1) Any capsule, lozenge, oil or oil extract, tincture, ointment or skin lotion, pill, or transdermal patch [~~, or pre-filled and sealed container used to aerosolize and deliver cannabis orally or by inhalation, such as an inhaler, nebulizer, or device that provides safe pulmonary administration, that has been manufactured using cannabis~~];

(2) Edible cannabis products; or

~~[(3) Pre-rolled cannabis flower products; or~~

~~(4)]~~ (3) Any other products as specified by the department pursuant to section 329D-10(a)(11).

SECTION 10. Section [329D-6](#), Hawaii Revised Statutes, is amended as follows:

By amending subsection (1) to read:

(1) No free samples of cannabis or manufactured cannabis products shall be provided at any time, and no consumption of cannabis or manufactured cannabis products shall be permitted by customers on any dispensary premises; provided that dispensaries shall make an accommodation for employees who are registered patients and must engage in the medical use of cannabis during working hours to relieve the symptoms of their debilitating medical condition; provided further that such accommodation shall only be allowed if impairment does not result at work.

By amending subsection (n) to read:

(n) A dispensary may engage in the [~~shall be prohibited from~~] off-premises delivery of cannabis or manufactured cannabis products to a qualifying patient, or primary caregiver; provided that such delivery shall only occur to the qualifying patient's or primary caregiver's residential address. A dispensary shall be prohibited from the off-premises delivery of cannabis or manufactured cannabis products to a [7] qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient.

By adding a new subsection (s) to be appropriately inserted and to read:

(s) dispensaries may sell viable cannabis seeds; provided that such seeds shall be produced in Hawaii with the understanding that state law and its protections do not apply outside of the jurisdictional limits of the State.

SECTION 11. Section [329D-7](#), Hawaii Revised Statutes, is amended by amending subsection (18) to read:

(18) A process to recognize [~~and register~~] patients who are authorized to purchase, possess, and use medical cannabis in another state, a United States territory, or the District of Columbia as qualifying out-of-state patients; provided that this [~~registration~~] process may commence no sooner than January 1, 2018.

SECTION 12. Section [329D-8](#), Hawaii Revised Statutes, is amended by amending subsection (a) to read:

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

- (1) Review and take guidance from the testing programs and standards utilized in other jurisdictions;
- (2) Consider the impact of the standards on the retail cost of the product to the qualifying patient;
- (3) Review and take guidance from the testing programs and standards for pesticides under the regulations of the United States Environmental Protection Agency;
- (4) Establish [~~Consider~~] standardized processes that [~~may~~] allow cannabis or manufactured cannabis products that fail testing standards to be remediated and make these processes available to the public;
- (5) For the testing for microbiological impurities, consider the benefits of organically grown cannabis that features the use of bacteria in lieu of pesticides; and
- (6) Include permission for qualifying patients and primary caregivers to obtain testing services directly from certified laboratories on the island where the qualifying patient and primary caregiver reside.

- (7) Establish and maintain standards for testing of cannabis and manufactured cannabis products at the department's State lab for reference purposes and post-marketing testing.
- (8) Promote the formation of prep labs on islands that do not have a certified testing facility to facilitate the preparation of "de minimis" samples that fall below the threshold for federal regulation and can be transported legally to another island for required potency and contaminant testing.

SECTION 13. Section [329D-10](#), Hawaii Revised Statutes, is amended by amending subsection (a) to read:

(a) The types of medical cannabis products that may be manufactured and distributed pursuant to this chapter shall be limited to:

- (1) Capsules;
- (2) Lozenges;
- (3) Pills;
- (4) Oils and oil extracts;
- (5) Tinctures;
- (6) Ointments and skin lotions;
- (7) Transdermal patches;

(8) Pre-filled and sealed containers used to aerosolize and deliver cannabis orally; ~~[or by inhalation, such as an inhaler, nebulizer, or device that provides safe pulmonary administration; provided that~~

~~(A) Containers need not be manufactured by the licensed dispensary but shall be filled with cannabis, cannabis oils, or cannabis extracts manufactured by the licensed dispensary or purchased from another dispensary pursuant to section 329D-6(r); but shall not contain nicotine, tobacco-related products, or any other non-cannabis derived products; and:~~

~~(B) For devices that provide safe pulmonary administration:~~

~~(i) The heating element of the device, if any, shall be made of inert materials such as glass, ceramic, or stainless steel, and not of plastic or rubber;~~

~~(ii) The device shall be distributed solely for use with single-use, pre-filled, tamper resistant, sealed containers that do not contain nicotine or other tobacco products;~~

~~(iii) There shall be a temperature control on the device that is regulated to prevent the combustion of cannabis oil; and~~

~~(iv) The device need not be manufactured by the licensed dispensary;~~

~~(9) Pre-rolled cannabis flower products, as specified by the department;]~~

~~(10)~~ (9) Edible cannabis products, as specified by the department; and

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

SECTION 14. Section [329D-13](#), Hawaii Revised Statutes, is amended by amending subsection (c) to read:

(c) Beginning on January 1, 2018, this section shall ~~[may]~~ apply to qualifying out-of-state patients from other states, territories of the United States, or the District of Columbia; provided that the patient meets the ~~[registration]~~ requirements of section [329-122](#) and [329-130](#) ~~[329-123.5]~~.

SECTION 15. Section [329D-25](#), Hawaii Revised Statutes, is amended to read:

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 and federal laws and regulations related to medical cannabis.

SECTION 16. Section [329D-27](#), Hawaii Revised Statutes, is amended to read:

(a) The department shall adopt rules pursuant to chapter 91 to effectuate the purposes of this chapter.

(b) No later than January 4, 2016, the department shall adopt interim rules, which shall be exempt from chapter 91 and chapter 201M, to effectuate the purposes of this chapter; provided that the interim rules shall remain in effect until August 1, 2024 [~~July 1, 2025~~], or until rules are adopted pursuant to subsection (a), whichever occurs sooner.

(c) The department may amend the interim rules, and the amendments shall be exempt from chapters 91 and 201M, to effectuate the purposes of this chapter; provided that any amended interim rules shall remain in effect until August 1, 2024 [~~July 1, 2025~~], or until rules are adopted pursuant to subsection (a), whichever occurs sooner.

And finally, what are we going to do about the federal situation with cannabis in Hawaii?

The Office of the Attorney General is saying ([see page 9](#)) that patients cannot have legal safe harbor from federal drug law.

But if this is true, then why are members of the Native American Church able to enjoy legal safe harbor from federal Schedule I for the ceremonial use of [peyote](#)?

Let's have a discussion about what the State can do to [fix](#) the federal situation and end the discrimination that our medical cannabis patients are experiencing.

SB-3132

Submitted on: 2/6/2024 6:49:25 AM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
adam	Testifying for 434 Tattoo	Oppose	Written Testimony Only

Comments:

Medical co-ops are a Great way for patients in need to acquire there meds at a very cheap and affordable cost , larger farms will no longer be able to operate at a limit of 5 cards , please do not limit farms to 5 cards per property.

SB-3132

Submitted on: 1/31/2024 4:23:44 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mike Golojuch, Sr.	Individual	Support	Written Testimony Only

Comments:

I support SB3132. Please pass this bill.

Mike Golojuch, Sr.

SB-3132

Submitted on: 2/4/2024 4:56:27 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tamara Paltin	Individual	Support	Written Testimony Only

Comments:

I support SB3132

Mahalo,

Tamara Paltin

SB-3132

Submitted on: 2/5/2024 7:57:51 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jennifer Martin	Individual	Support	Written Testimony Only

Comments:

To the Committee,

I think cards per site need to be limited because enforcement of black market activity will be a key component of successful recreational legalization, and having medical caregiver card numbers unlimited will be the main way that underground growers continue to operate without taxation and product quality verification. They will keep licensed growers from succeeding because, as we've learned from many states already, licensed growers can't compete when their costs are so much higher.

Thanks for your time. Jennifer

SB-3132

Submitted on: 2/5/2024 9:17:13 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anela Kealakai	Individual	Oppose	In Person

Comments:

Aloha Honorable Members of the Legislature,

My name is Anela Kealakai, and I stand before you today not just as a concerned citizen of our beautiful state but as a voice for the countless medical cannabis patients whose lives and well-being hinge upon the accessibility of their prescribed medicine. The bill under consideration, which seeks to impose a stringent limitation on the number of medical cannabis cards allowed on any given cultivation site, is a matter of grave concern that threatens to undermine the healthcare needs and rights of our community.

The proposal to cap the number of cards to five per site is not just an arbitrary figure; it is a direct assault on the accessibility of medical cannabis for patients across Hawaii. Let me bring to your attention the situation at Care Waialua, a cultivation site that has been a beacon of hope and relief for hundreds of patients relying on medical cannabis as part of their treatment regimen. By imposing such a restrictive limit, we are effectively pulling the rug out from under these patients, many of whom have found solace and improvement in their conditions solely through this treatment.

Opposition Points:

- **Restricts Patient Access:** The proposed cap drastically reduces the ability of patients to obtain their necessary medication, particularly affecting those in remote or underserved areas who may rely on larger cultivation sites like Care Waialua for access.
- **Undermines Caregiver Ability:** Many patients depend on caregivers to cultivate and provide their medical cannabis. This cap undermines the caregiver's ability to effectively support multiple patients, which is especially concerning for those caring for patients with severe disabilities or those who are terminally ill.
- **One Size Does Not Fit All:** The arbitrary limit fails to consider the diverse needs and varying scales of medical cannabis cultivation necessary to meet patient demand. The capacity should be determined by patient need, not a blanket restriction.

- **Economic Impact:** For cultivation sites that have invested significant resources to meet current patient needs, this cap could have devastating economic impacts, potentially leading to job losses and reduced economic activity in the sector.

As we debate this bill, I urge you to consider the real-world implications of such a restrictive policy. We must find a balance that respects the need for regulation while ensuring that patients who rely on medical cannabis are not left in the lurch. The health and well-being of our community members should be at the forefront of our legislative efforts, not an afterthought.

In closing, I implore you to oppose the proposed cap on medical cannabis cards per cultivation site. Let us work together to ensure that our laws reflect a compassionate and pragmatic approach to healthcare, one that recognizes the diverse needs of our patients and the critical role that medical cannabis plays in their lives.

Mahalo for your time and consideration.

LATE

SB-3132

Submitted on: 2/6/2024 2:27:04 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Brian Cook	Individual	Oppose	In Person

Comments:

i oppose this bill, not good for medical patients

SB-3132

Submitted on: 2/5/2024 11:24:21 AM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Angela M Anderson	Individual	Oppose	Written Testimony Only

Comments:

This bill is not intended for the interest of patients it is clearly in the interest of the dispensary. By restricting grow sites and caregiver access you are creating roadblocks to patient access. This is the wrong direction for this bill. We need to make it easier for patients and more affordable. This will only push more patients to the black market to get affordable medicine.

As a disabled veteran on a fixed income, I need affordable medicine. I don't drive, so my caregiver must have access. There are no dispensary on the north shore and now you want to restrict my grow sites access too? Full legalization is in the right direction more restrictions only favors big business and not the patients who need affordable access

SB-3132

Submitted on: 2/5/2024 11:25:06 AM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Andre Pulido	Individual	Oppose	Written Testimony Only

Comments:

Hello,

I am a burn injury survivor. I use medical cannabis to help with pain, ptsd, stress, and anxiety. I oppose the bill and limits to the grow site. I have been to both the dispensaries and am a member of the grow site for nearly 2 years.

with prices and inflation, the grow site provides me with quality medicine at an affordable price. I go to the dispensary once in a while but the prices are very high. I support using grow sites for those whom order to go that route .

Please allow us to continue and shut down this bill. Last time our farm was raided for no reason , I bought my medicine black market cause it was affordable. Please shut down this bill and support locals who use grow sites.

mahalo

Andre

SB-3132

Submitted on: 2/5/2024 11:30:10 AM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Todd	Individual	Oppose	Written Testimony Only

Comments:

Oppose.

SB-3132

Submitted on: 2/5/2024 11:32:14 AM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sam Tanigawa	Individual	Oppose	Written Testimony Only

Comments:

Testimony in Opposition to SB 3132

Dear Members of the Hawaii Legislative Session,

I am writing to express my strong opposition to SB 3132, which pertains to medical cannabis regulations in our state. While I fully support the need for regulations to ensure safe access to medical cannabis, I believe that certain provisions within this bill are deeply concerning and may have detrimental effects on patients who rely on cannabis for their health and well-being.

Specifically, I oppose the provision in SB 3132 that dictates arbitrary limits on the number of patients served by each grow site. This provision fails to consider the individual needs of patients and instead imposes rigid restrictions that may not align with their medical requirements. By limiting the number of patients served by each grow site, SB 3132 effectively grants dispensaries control over how many patients can grow their medicine, which is unacceptable.

As a patient who relies on medical cannabis for managing my health condition, I must express my concern that some patients, including myself, are unable to grow their own cannabis due to various reasons, such as physical disabilities or limited space. Moreover, many patients, especially those from low-income backgrounds, cannot afford the high prices set by dispensaries. Therefore, knee-capping the current medical program by restricting patients' access to alternative means of obtaining cannabis would ultimately be a disservice to individuals with disabilities, low-income persons, and would likely undermine the effectiveness of the current medical cannabis program.

Medical cannabis patients should have the right to cultivate their own medicine in a manner that meets their specific needs and preferences. For many patients, cultivating cannabis at home is not only a cost-effective option but also provides them with a sense of autonomy and self-sufficiency in managing their medical condition. Some patients are however, unable to do so and should be given access to the same degree of autonomy and economic availability of their medication. By restricting the number of patients served by each grow site, SB 3132 undermines patients' rights and forces them to rely solely on dispensaries, which may not always have the strains or products that best suit their needs.

Furthermore, limiting grow sites based on the number of patients served fails to account for the diverse medical needs of patients. Some patients may require larger quantities of cannabis for

their treatment, while others may need only a small amount. Imposing a one-size-fits-all approach to patient limits overlooks these differences and may disproportionately impact patients with more significant medical needs.

In conclusion, I urge you to reconsider the provisions of SB 3132 that restrict the number of patients served by medical cannabis grow sites. Instead, I encourage you to support policies that prioritize patients' access to safe and affordable medicine and allow them to cultivate cannabis based on their individual needs. Thank you for considering my testimony on this important issue.

Sincerely,

Sam Tanigawa
Honolulu, HI 96825

SB-3132

Submitted on: 2/5/2024 11:35:31 AM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
LON IBARAKI	Individual	Oppose	Written Testimony Only

Comments:

Good afternoon- I oppose Bill SB3132

This bill would remove the sunset for primary caregivers, but it would also restrict grow sites to no more than five patients about six months earlier than is currently on the books.

This is the wrong direction for the medical program to be heading. Patients must be able to grow based on need, not some arbitrary number.

Thank you!

Lon Ibaraki

SB-3132

Submitted on: 2/5/2024 11:35:34 AM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ken kasik	Individual	Oppose	Written Testimony Only

Comments:

Opposed...

SB-3132

Submitted on: 2/5/2024 12:09:19 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Brian Tudor	Individual	Oppose	Written Testimony Only

Comments:

oppose. The small farms and co-ops are needed for medical marijuana cultivation because not all people can grow their own medicine. Besides being expensive, it is very involved to "grow your own" and co-ops and small farms Allow people in need access to sustainable and healthy medical marijuana.

SB-3132

Submitted on: 2/5/2024 12:13:17 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Phyllis Lessin	Individual	Oppose	Written Testimony Only

Comments:

As an early researcher of Medical Marijuana , we found that marijuana has extremely beneficial effects.

I am a patient and Live in Hawaii, I am an 83 year old with severe pain and mobililty issues as well as a TB1. I adamanatly opose this bill.

SB-3132

Submitted on: 2/5/2024 12:22:16 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
DeAnna Chavonne Jones	Individual	Oppose	Written Testimony Only

Comments:

I oppose this

SB-3132

Submitted on: 2/5/2024 12:37:25 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mike Elwood	Individual	Oppose	Written Testimony Only

Comments:

I oppose this legislation. This is the wrong direction for the medical program to be heading. Patients must be able to grow based on need, not some arbitrary number.

This bill is being introduced by dispensaries to control grow sites

SB-3132

Submitted on: 2/5/2024 12:55:14 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Brock	Individual	Oppose	Written Testimony Only

Comments:

Please consider not passing this bill. This will decrease access for locals who are low-income and are needing affordable access to their legally prescribed medication.

SB-3132

Submitted on: 2/5/2024 1:15:53 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Robert C. Anderson	Individual	Oppose	Written Testimony Only

Comments:

This is the wrong direction for the medical program to be heading. Patients must be able to grow based on need, not some arbitrary number. Sometimes it can be difficult to grow our medicine with pest and environmental issues. In addition, some of best medical strains do not yield well. Therefore, it is helpful and often necessary to work together in groups so we can support higher numbers of plants, that ensure the maintenance of our medicine supply. This bill goes in the opposite direction and does take into account the natural hurdles that arise in growing the plant.

SB-3132

Submitted on: 2/5/2024 1:25:51 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Quintin Wilcox	Individual	Oppose	Written Testimony Only

Comments:

I Oppose this bill, this Limit's cards at farms, it does not allow Co-Op Farms. Five Cards per Farm is not enough Cards for the operation to make sense. Five Cards for a farm is not a Co-Op Farm.

SB-3132

Submitted on: 2/5/2024 1:29:06 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
william andersen	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill SB3132, it stifles the ordinary citizen and gives in to the large/big businesses that are not even centered in Hawaii.

SB-3132

Submitted on: 2/5/2024 1:43:44 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jamie Vega	Individual	Oppose	Written Testimony Only

Comments:

Allowing the state to limit the number of cards allowed at each site will drastically restrict access to the medical patients in HI. There are many whose disabilities and/or lack of land hinder them from being able to plant and cultivate on their own without the availability of a community medical grow site.

SB-3132

Submitted on: 2/5/2024 1:45:34 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dr. Gregory Hungerford	Individual	Oppose	Written Testimony Only

Comments:

This is the wrong direction for the medical program to be heading. Patients must be able to grow based on need, not some arbitrary number.

SB-3132

Submitted on: 2/5/2024 1:53:18 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
john d snelgrove	Individual	Oppose	Written Testimony Only

Comments:

Dear Sir/Ma'am,

I oppose any and all legislation designed to thwart patients from collective growing options. Whether it's tomatoes or cannabis, growing options have always been limited in the islands by the small number of farms available. Restricting farms to five patients or less on an island is just a back door way to stop patients from growing their own. This will benefit the few while excluding the majority. This is the wrong path for Hawaii.

SB-3132

Submitted on: 2/5/2024 2:14:41 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Gary Hofheimer	Individual	Oppose	Written Testimony Only

Comments:

Oppose

SB-3132

Submitted on: 2/5/2024 2:18:26 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kayla DuBois	Individual	Oppose	Written Testimony Only

Comments:

Please don't limit cooperative farms to five medical patients.

SB-3132

Submitted on: 2/5/2024 2:49:49 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alika Bee	Individual	Oppose	Written Testimony Only

Comments:

I oppose SB3132

As a medical patient, I feel that this is the wrong direction for the medical program to be heading.

Patients must be able to grow based on need, not some arbitrary number. This bill is being introduced by dispensaries to control grow sites.

SB-3132

Submitted on: 2/5/2024 3:55:09 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michal C Cohen	Individual	Oppose	Written Testimony Only

Comments:

I oppose SB3132. This bill infringes on the rights of 329 patients to collectively grow their medicine together. There is no reason to limit the number of patients per grow site and for that reason, I oppose this biill.

SB-3132

Submitted on: 2/6/2024 10:05:41 AM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Pernille Ottosen	Individual	Oppose	Written Testimony Only

Comments:

I oppose SB3132.

Patients must be able to grow based on need. Some patients have long lasting degenerating conditions needing higher doses to alleviate their symptoms. This proposed bill shows a lack of understanding and empathy.

SB-3132

Submitted on: 2/5/2024 4:28:41 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Heidi Brown	Individual	Oppose	Written Testimony Only

Comments:

This state already has the worst medical program out there right now. This bill continues to keep greedy dispensaries in power and the ones controlling your medicine don't care about your health or pain. The dispensaries don't know what they are doing and it's obvious to everyone on these islands.

SB-3132

Submitted on: 2/5/2024 5:59:50 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tricia Mills	Individual	Oppose	Written Testimony Only

Comments:

Oppose

SB-3132

Submitted on: 2/5/2024 6:24:41 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dakotah	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill

SB-3132

Submitted on: 2/5/2024 6:36:11 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
anthony ettleman	Individual	Oppose	Written Testimony Only

Comments:

I oppose SB3132.

SB-3132

Submitted on: 2/5/2024 6:44:41 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Pi'iali'i Lawson	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I am a medical cannabis patient for around 3 years and I oppose SB3132 on the basis that it favors dispensaries over local growers and co-ops and is not a bill that benefits the people who actually need the medicine and actually going through the proper way by going through the states 329 registration system. We already pay fees to have our card then bills like this seek to limit our access and options to affordable and quality medicine. The reality is that the prices at dispensaries are not affordable for the average local person. As an islands state and the aloha state our leaders should be supporting local growers first over dispensaries. This bill is a push to limit local grower sites that are community and land based and actually care about the people over profit. If you truly believe that cannabis is a powerful natural plant medicine for healing then accessibilty, affordability, and having options that aligns with the needs of the people should always come first. We should have equal access to grow sites and dispensaries and they should be able to coexist without limiting the other.

When looking at bills our lawmakers need to always consider first the actual people who are most affected by these bills such as the thousands of people who need and choose this natural medicine for healing. I cannot stress enough that the reality is that prices at dispensaries are not affordable for our local people who already are living paycheck to paycheck.

Mahalo

SB-3132

Submitted on: 2/5/2024 9:13:38 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Marian Parrott	Individual	Oppose	Written Testimony Only

Comments:

I oppose

SB-3132

Submitted on: 2/5/2024 9:44:54 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jacqueline Fitzgerald	Individual	Oppose	Written Testimony Only

Comments:

I oppose SB3132

SB-3132

Submitted on: 2/5/2024 10:42:56 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nathan Oandasan	Individual	Oppose	Written Testimony Only

Comments:

This is the wrong direction for the medical program to be heading. Patients must be able to grow based on need, not some arbitrary number.

SB-3132

Submitted on: 2/6/2024 6:37:01 AM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Las Takeuchi	Individual	Oppose	Written Testimony Only

Comments:

This bill only supports dispensaries and not native hawaiians who can't afford dispensary price cannabis stop trying to force us into the dispensaries stop trying to steal our money.

Zero compassion at the dispensary only care givers can actually help people in need.

SB-3132

Submitted on: 2/6/2024 6:49:52 AM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
LORRA NAHOLOWA'A	Individual	Oppose	Written Testimony Only

Comments:

I oppose SB3132

SB-3132

Submitted on: 2/6/2024 6:49:59 AM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jan Ventura	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill. Mahalo

SB-3132

Submitted on: 2/6/2024 9:43:44 AM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Taryn Murray mccaig	Individual	Oppose	Written Testimony Only

Comments:

Oppose

SB-3132

Submitted on: 2/6/2024 9:57:41 AM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jeremiah J Ryan III	Individual	Oppose	Written Testimony Only

Comments:

I oppose SB3132

SB-3132

Submitted on: 2/6/2024 10:03:06 AM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Me	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose

SB-3132

Submitted on: 2/6/2024 10:47:28 AM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Laura Safranski	Individual	Oppose	Written Testimony Only

Comments:

please don't limit options for patients,, fairness and freedom to choose as a patient is imperative .. especially on an island where it's already limited options for everything in healthcare...

SB-3132

Submitted on: 2/6/2024 11:31:35 AM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lorraine Martinez	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill

SB-3132

Submitted on: 2/6/2024 12:27:09 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jael Esther Simonson Tunick	Individual	Oppose	Written Testimony Only

Comments:

Aloha, I am submitting testimony to staunchly oppose bill SB3132, and its attempt to take away life-dependent medicine from citizens who are already vulnerable, both physically and financially. I am a kanaka resident, who was born and raised on Maui, then attended Kamehameha Schools as a boarding student on Oahu for 6 years. When I graduated with honors, nearly 20 years ago, I went on to attend a prestigious college in New York, with a nearly full scholarship all four years. I lived in NYC for years, but by the time I hit 30 years old, I felt the call to come home.

That call was fueled, in part by my innate passion for Hawaiian sovereignty and preserving our culture and language, but a bigger part had to do with my health. The year I graduated college, in 2009, I was rear ended at a stop sign, by a vehicle going at least 50 mph. I was lucky enough to not sustain any serious injuries at the time, but the accident left me with a chronic pain condition that I've dealt with ever since.

For nearly 10 years, I was on multiple opioid medications, usually at the maximum dosage, and my pain was still not manageable every day. By then, the stress of my job and living in an enormous city with an ever crumbling mass transit system, it had been wearing on my health. The frequent temperature swings of 20-30 degrees in the Winter and Spring seasons wrecked havoc on my asthma, and by the time I left, I was on several prescription drugs not only for pain, but for anxiety and stress.

I tell you all this, because it is important to me that you truly understand the alternative to this oppressive legislation you are trying to pass. I was using opioids for **9 straight years**, I had reached the maximum allowable dosage **a mere 3 years in**, and it was still not managing all the pain. Worse, the side effects were **AWFUL**--it frequently caused constipation, and it hindered my sexual libido significantly. I'd also have to make sure I only took it at certain times, or the drowsiness would cause me to fall asleep at my desk, often times without even realizing it!

I had tried every medical treatment available--physical therapy, massage, acupuncture, chiropractor, trigger point injections, steroid injections, botox injections. Needles to say, it was endless, and none of them, I say **NONE OF THEM** helped me. None of them allowed me to live a normal life. I had long wanted a medical cannabis card, as an alternative to these corrosive chemicals, but New York's overly strict regulations at the time made it impossible to get one.

It wasn't until I moved back home, and finally registered as a medical cannabis patient, that I not only began to live a normal life, but I was actually able to ENJOY it. However, I now had a new problem: medical prescriptions are covered by insurance, so they are affordable on a copay basis; medical cannabis is not, so it was all going to have to be paid for out of pocket.

I thought it would be manageable, but once I visited a Hawaii dispensary, I was quickly disabused of that notion. The prices were no different than what I had seen in legal cannabis stores on the Mainland, and for what I could afford to pay, I wouldn't be able to properly manage my pain like I had previously on opioids. I feared I would have to return to using them, and I was doing everything in my power to never touch them again--the 9 years of continual usage has done considerable damage to my liver and kidneys, and I don't need to add any more destruction to the list.

It was then that I was fortunate enough to meet Jason Hanley and become a part of Care Waialua, a collective that has truly been a gift sent from Ke Akua to me and all other patients like me. We were finally able to pay for the medicine we needed, instead of piece meal hours or days out that would be manageable (and days without medicine, not). More importantly, we finally had access to products **MANUFACTURED AND PRICED** as cannabis for **medical use**, not recreational use. I could not only afford cannabis herb to vape at home, but I could also access high dose edibles, which are key for chronic patients like me. The delayed release and high dosage is, I kid you not, not only more efficient for my pain management, but the side effects are basically none! Honestly, Care Waialua was the Manna from Heaven we all needed.

Should you take a trip to any of the handful of dispensaries on island, you **will not** find cannabis that is **dosed for medical patients**--any edibles or capsules they make and sell, the dosage is so low, I would barely qualify it as recreational, and let's not forget the prohibitive pricing. None of these establishments are set up to cater to medical patients; if you are a chronic pain patient like myself, or suffering from cancer like many of our kupuna, you would have to spend **HUNDREDS** of dollars for a **QUARTER** of the cannabis product I can access from my grower.

If I had to grow myself, the amount of plants I need for my regular dosing, I would have to probably quit my job, to work on plant growing full time, and that would mean I'd have no way of paying for any of it. This is why it is **so crucial that there be no limit on the number of patients allowed to use a grower**; the state has failed to consider how difficult it actually is to not only grow these plants, but also process and create these medical use products. Limiting the allowance to 5 patients only, would **adversely affect** both the growers and the patients.

It takes a great deal of effort and resources, which none of us have, so by doing so, you are effectively **snatching our medicine out of our hands and leaving us with no alternative**. To support this bill and others like it, is to support the continuation of the opioid epidemic, because make not mistake, without Care Waialua and other growers like them, you are leaving patients with only the prescription pain killers we are recommended, by doctors funded and incentivized by pharmaceutical companies.

I urge you not to support this bill, but to **oppose it with ferocity**, because by opposing it, you are showing that you oppose these carcinogenic opioids, and you stand with us patients and care about our well-being. Please do not leave us without these crucial medical cannabis products, because without them, we have no ability to function normally. You would be effectively handicapping each and every one of us, and feeding us to the wolves of Oxycontin, Fentanyl and Heroin.

This eventuality is completely avoidable, and you have the power to make that a reality. **Oppose bill SB3132, and oppose the handicapping of your most vulnerable citizens by its own government.**

Mahalo piha,

Jael Esther Kealiwahineouilaninaopio Simonson Tunick

SB-3132

Submitted on: 2/6/2024 11:52:49 AM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Paul Asuncion	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill

LATE

SB-3132

Submitted on: 2/6/2024 2:32:33 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Karen m cook	Individual	Oppose	Written Testimony Only

Comments:

i oppose this bill for it is not good for medical patients

LATE

SB-3132

Submitted on: 2/6/2024 4:37:59 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
William Nasario	Individual	Oppose	Written Testimony Only

Comments:

The dispensaries are just "TOO EXPENSIVE " I am not able to "afford" as much Medicine as I need to manage my PAIN. Also the least expensive cannabis' percentage of THC is very low at the dispensaries , and becomes even more expensive if the THC content increases.

LATE

SB-3132

Submitted on: 2/7/2024 8:27:28 AM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
James R Sowa	Individual	Oppose	Written Testimony Only

Comments:

Oppose