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DEPARTMENT OF HEALTH
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Testimony in SUPPORT of HB2443_HD1
RELATING TO MEDICAL CANNABIS

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH AND HOMELESSNESS

Hearing Date: 02-09-24, 10:30 AM

Room Number: 329

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-focued approach.

9 **Offered Amendments:** None

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

To: Representative Della Au Belatti, Chair
Representative Jenna Takenouchi, Vice-Chair
Members of the Health & Homelessness Committee

Fr: TY Cheng, President, Aloha Green Apothecary

Re: Testimony In SUPPORT with Comments of House Bill (HB) 2443

RELATING TO MEDICAL CANNABIS.

Amends the circumstances under which medical cannabis may be transported by and between dispensaries. Requires the Department of Health to adopt rules.

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

Aloha Green Apothecary is one of the state-licensed medical cannabis dispensaries operating in Honolulu. Aloha Green Apothecary **SUPPORTS with Comments HB2443** as this bill may improve the medical cannabis dispensary program by providing an opportunity for the responsible regulation of caregiver grows.

Aloha Green Apothecary supports the personal cultivation (home grow) of cannabis. Dispensaries endeavor to provide patients with suitable and affordable medicine but are affected by market forces. Therefore, patients should have the right to grow cannabis that suits their individual needs.

Prices are no longer a factor now that some dispensaries have reached economics of scale. Dispensary prices are down 50% in the past 3 years and down over 66% since dispensaries opened 8 years ago. Aloha Green Apothecary operates 4 retail stores on Oahu which have dried cannabis flower prices as low as \$149 per ounce and \$20 for 0.5g oil cartridges every day, inclusive of GET tax. These prices are equal to average illicit market prices on Oahu and even lower than so-called patient collective "rent" prices (see attached Appendix for price comparison).

Initially, the caregiver growing provision was included to provide the opportunity for a responsible adult assisting a child, the elderly, or the sick to grow cannabis on the patient's behalf who could not physically grow for themselves. We submit it was not the intention for the caregiver provision to help patients who are just poor gardeners.

The caregiver provision has created uncertainty in the medical cannabis program and has provided loopholes for potential illicit activity. HB2443 provides an opportunity to allow caregivers to continue growing on behalf of patients and for the State to establish rules to protect bona fide caregivers. HB2443 lacks guidance as to whether standards should be established.

We ask the committee to consider adding language to this bill to require regulators to establish reasonable regulations and rules around caregiver patient grows to ensure patient safety, public safety, and product safety. In fact, the recent Attorney's General bill provides guidance for a medical cannabis cooperative which clearly sets out

operating standards (see Appendix 2). The arbitrary limit of 5 patients per caregiver per location does not address the real issue that regulators have no authority or standards for caregiver grows. Caregivers are not dispensaries and should not be regulated as such, but a minimum standard must be established to minimize the temptation for illicit activities.

Thank you for the opportunity to testify. I am available in person for any questions.

Aloha,

TY Cheng

Appendix 1 – Recent Aloha Green Apothecary specials vs Caregiver Menu

\$75 1/8 Flight
G.I. Jade, The Yeti & Skywalker Kush Flower
 (One of Each)

5 for \$100
All Liquid Oil
Aloha Carts 

2/2-2/8
All Week. At All Locations!



\$18 6-pack
Tropical Tiny Bubbles 

3 for \$45
All Crumble 

\$149 oz.*
Grandpa's Cookies & Island Punch Flower

\$225 oz.*
The Yeti Flower Limited 

\$199 oz.*
Skywalker Kush Flower (*28g Size only)

Skywalker Kush Flower



Check for daily sales & news:

-  [alohagreenhi](#)
-  [www.agapoth.com](#)
-  [alohagreenapothecary](#)

No rainchecks. While supplies last. May not be combined with any other discounts or loyalty.



Appendix 2 – Expert from AG’s Bill SB3335 SD1 (Proposed)

SA-117 Medical cannabis cooperative; license required.

(a) A medical cannabis cooperative license shall authorize the cultivation, possession, and processing of cannabis for medical use only on the licensed premises, and limited dispensing of medical cannabis only by and between the members of the medical cannabis cooperative.

(b) A medical cannabis cooperative shall be comprised of up to five qualifying patients. A medical cannabis cooperative member shall be a natural person and shall not be a of more than one medical cannabis cooperative. A qualifying out-of-state patient shall not be a member of a medical cannabis cooperative.

(c) A medical cannabis cooperative shall not acquire, cultivate, possess, or process cannabis for medical use that exceeds the quantities allowed for each of its members combined.

(d) A medical cannabis cooperative shall not dispense any cannabis for medical use to any of its members that exceeds the quantities allowed for that member.

(e) Each medical cannabis cooperative member shall designate the licensed premises as their grow site and shall not cultivate cannabis on any other premises.

(f) No medical cannabis cooperative shall operate on the same premises as any other licensed business, including another medical cannabis cooperative.

(g) No medical cannabis cooperative member shall have a direct or indirect financial or controlling interest in any other licensed business authorized by this chapter or rules adopted thereunder, including another medical cannabis cooperative.

(h) No medical cannabis cooperative shall have a direct or indirect interest, including by stock ownership, interlocking directors, mortgage or lien, personal or real property, or any other means, in any other licensed business authorized by this chapter or rules adopted thereunder, including another medical cannabis cooperative.

(i) No other licensed business authorized by this chapter or rules adopted thereunder shall have a direct or indirect interest, including by stock ownership, interlocking directors, mortgage or lien, personal or real property, or any other means, in any medical cannabis cooperative.

(j) The board shall adopt rules related to medical cannabis cooperatives, including the size and scope of medical cannabis cooperatives and other measures designed to incentivize the use and licensure of medical cannabis cooperatives.



Akamai Cannabis Consulting

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Honolulu, HI 96816

**TESTIMONY ON HOUSE BILL 2443 HD1
RELATING TO MEDICAL CANNABIS**

By
Clifton Otto, MD

House Committee on Health and Homelessness
Representative Della Au Belatti, Chair
Representative Jenna Takenouchi, Vice Chair

Friday, February 9, 2024; 10:30 AM
State Capitol, Room 329 & 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 and would also extend this limitation to primary caregivers.

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, and primary caregivers need to be able to grow for more than one patient because of the difficulty that most patients experience with growing.

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

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~~

(3) From the qualifying patient's primary caregiver who cultivates 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."

SECTION 3. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 4. This Act shall take effect upon its approval.

Please also add the following provisions from [SB3278](#) to make the program more responsive to the needs of patients:

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, 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 (l) to read:

(l) 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.



TESTIMONY ON HB2443 HD1 RELATING TO MEDICAL CANNABIS

Oahu Cannabis Farm Alliance

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

We oppose this bill and limit sites to no more than five patients. The Oahu Cannabis Farm Alliance has over a thousand members who are 329 card patients, small businesses, and cannabis cultivators. Our mission is to create access to cannabis medicine for the medical cannabis patients of Hawaii.

Card limits were thoroughly discussed in last year's bills (HB1217/SB1570) by several committees and no decision was made on how to move forward. What last year's hearings revealed was that limiting 5 cards per site would fail to serve the medical patients of Hawaii. Both the Senate and the House commented last year discussed exemptions for cooperative farms:

Page 8, lines 14 to 18: No more than fifty [twenty] qualifying patients may use a particular 16 location to cultivate cannabis; provided that this limitation shall not apply to qualifying patients 17 who obtain a written exemption from the Department of Health. HB1217 HD2 SD

We ask that the 5-card limit be removed from the bill and allow patients to choose wherever they would like to grow. These grow site options for qualifying patients are limited, yet they are clearly of interest based on the number of qualifying patients registered to each site.

On-site in a particular site, Care Waialua, has been a grow site since 2016, with over 1000 patients, and has passed compliance checks by DOH inspectors. If the state limits this site to a 5-card limit these patients, many of whom are low-income and cannot afford dispensaries, will lose the ability to grow their medicine. We are quite certain if you interviewed the patients on this site you would go home with a clear picture of the service Care Waialua provides. to the community.

We would also like to recommend the committee look at SB2619 "The Hawaii Medical Cannabis Act of 2024". This bill provides a clear pathway forward for the medical program and has a proven track record concerning these very same issues on how to regulate cultivation farms. Instead of plant counts and card limits, farms are held to canopy flowering space and licensing.

Mahalo

RE: HB2443 HD1; Hearing Friday February 9, 2024

Aloha Honorable Committee Members,

We appreciate the opportunity to testify for HB2443 HD1.

The Cannabis Society of Hawai'i is in support of this bill.

We greatly appreciate your time and consideration of patient rights.

If the sunset clause is not repealed it would criminalize the already disadvantaged patient creating further hardships on the path to wellness.

Any further restrictions on medical card licenses to a TMK will also criminalize the already disadvantaged patient unless equal or greater access to medicine is available.

Greater access is achievable in ways of price, quality, and ease of attainability like drive-through, curbside pickup, and delivery.

Reducing the number of license medical cards would hurt the community by not allowing the community to work together as with other types of farming practices to reduce costs and provide savings through economies of scale.

Without the CLAIM ACT that would allow insurance to help offset costs of the medical cannabis license visit, application fee and medicine, patients rely on caregiver models that allow special consideration to products offered by strain, cultivar, etc. and this bill would create a unnecessary hardship by not allowing patients to work with caregivers to reduce costs and have access to medicine that may not be found in traditional offerings.

Please contact us if you have any questions or would like to go over our testimony in detail.

Thank you,

Cannabis Society of Hawai'i // cannabissocietyofhawaii@gmail.com

HB-2443-HD-1

Submitted on: 2/8/2024 3:17:36 PM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Bill Jarvis	Noa Botanicals, LLC	Support	Written Testimony Only

Comments:

To: Representative Della Au Belatti, Chair

Representative Jenna Takenouchi, Vice Chair

Members of the Health and Homelessness Committee

Fr: Bill Jarvis, Chief Executive Officer, Noa Botanicals

Re: Testimony in SUPPORT with Comments of House Bill 2443

Dear Chair, Vice-Chair and Members of the Committee

Noa Botanicals is a state-licensed medical cannabis dispensary operating on Oahu. Noa supports with comments HB2443, as we fundamentally believe in an individual's right to grow medical cannabis, and further believe this bill sets very reasonable parameters and regulations for responsible grow practices by individuals.

The caregiver growing provision, as set forth at the onset of the medical cannabis program in Hawaii, was well-meaning and came from a perspective of compassion and respect for individual freedom. It allows individuals to grow for themselves or others who may not be able to perform the task for themselves, such as might be the case for the elderly or disabled, or to assist a child. For the avoidance of doubt, and contrary to the misinformation often reported, Noa strongly supports preserving those rights for individuals.

The caregiver program has morphed however, into a loophole for abuse by large-scale commercial growers, such as the one recently raided by both Federal and State authorities in 2023. In short, these cooperatives are operating as unlicensed dispensaries, not care-givers, selling in most cases, untested products, and often offering products at dosage levels exceeded by Hawaii statutes and as advised by the Department of Health. There is no testing requirement, no dosage limits, no seed to sale tracking to prevent diversion, nor any chain of custody requirement as called for with any controlled substance. Noa does not believe those requirements are suitable for the types of caregivers the program was originally designed for; the small growers cultivating for personal use. The problem is that the illicit market has exploited the vagaries of the program for commercial gain and operates without boundaries or the type of regulation all licensed dispensaries must follow in the interest of public health and safety.

The for-profit cooperatives expand their business by sometimes offering reimbursement for the acquisition fees of a 329 card (a practice prohibited by DOH for licensed dispensaries) and build a large base of patients by card-stacking, a practice of collecting hundreds, even thousands of 329 patient registry cards, enabling a grow operation that can exceed even the maximum number of plants allowed for in the legal dispensary system, all on a single TMK. These are not homegrown operations for personal use.

Another argument frequently offered by for-profit cooperatives is that patients need lower prices than offered by what they label as "high-priced dispensaries". This narrative, while convenient, is just false. As an example, Noa is currently offering 1/2 oz prices for as low as \$85 for lab tested flower, below the prices of many in the illicit market. Our competitors offer similar pricing.

Noa supports HB 2443 but would recommend and respectfully request strong and unambiguous language that limits any TMK to a maximum of 5 cards, thus preventing the well-intentioned caregiver program from enabling for-profit commercial grow operations. Quite simply, omitting TMK language will continue to promote illicit operations. Patients already have an outlet for purchasing cannabis other than that which is self-grown. It's the legal dispensary program offering product pricing comparable or lower than the illicit market, while selling safe, tested products, of appropriate dosage levels, that have followed strict chain of custody requirements.

Finally, Noa respectfully requests adding language to require regulators to establish other reasonable regulations and inspection processes (in addition to the TMK and card limits mentioned above) to protect public safety and patient health, such as is contained in the Attorney General's bill.

Thank you for the opportunity to testify. I am available for questions at any time.

Aloha,

Bill Jarvis

808 224 3500

HB-2443-HD-1

Submitted on: 2/7/2024 10:48:14 PM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Justin Tomas	Individual	Support	Written Testimony Only

Comments:

I support this bill because i feel it is a positive direction that will benefit everyone from this beautiful plant.

HB-2443-HD-1

Submitted on: 2/8/2024 12:50:28 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Wendy Gibson-Viviani	Individual	Support	Written Testimony Only

Comments:

Dear Chair Belatti, Vice-Chair Takenouchi and Members of the Committee,

I am Wendy Gibson-Viviani an RN who has been a medical cannabis patient advocate in Hawaii for 9 years.

I support HB2443 because it will allow patients to continue to be able to grow their own medicines with the help of a caregiver. That way, patients can grow the specific cultivars that they know work for them as well as participate in their own recovery.

Gardening and making medicines can be therapeutic modalities.

Please support this important bill.

Thank you for the opportunity to express my view.

Wendy Gibson-Viviani RN/BSN

Kailua

HB-2443-HD-1

Submitted on: 2/7/2024 9:22:54 PM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Joselyn Hollingsworth	Individual	Oppose	Written Testimony Only

Comments:

I fully oppose the bill!

HB-2443-HD-1

Submitted on: 2/7/2024 9:31:02 PM

Testimony for HLT on 2/9/2024 10:30:00 AM

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

Comments:

I oppose HB2443

HB-2443-HD-1

Submitted on: 2/7/2024 9:31:03 PM

Testimony for HLT on 2/9/2024 10:30:00 AM

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

Comments:

Not working with the people, allowing a Monopoly to happen. This is not for the people.

HB-2443-HD-1

Submitted on: 2/7/2024 10:10:27 PM

Testimony for HLT on 2/9/2024 10:30:00 AM

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

Comments:

The dispensaries are way to expensive for me. I'm on a fixed income and the cost of getting my medicine exceeds my needs.

my landlord does not even allow me to use my medicine in my own apartment!!! I also have no place to grow my marijuana either!

HB-2443-HD-1

Submitted on: 2/7/2024 10:10:54 PM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Donna Brooks	Individual	Oppose	Written Testimony Only

Comments:

Opposed

HB-2443-HD-1

Submitted on: 2/7/2024 10:14:34 PM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ryan Edwards	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I oppose bill HB2443 in regards to the Medical Marijuana Program and its caregivers. I'm a US citizen and I'm currently going to college at Eastern Gateway Community College and my field of study is in Business Management in Cannabis and I've learned policies and laws, symptom management, equity, and the plant itself.

i'm also a medical marijuana patient & I would like to share my knowledge and understanding of cannabis or marijuana with the world and community, but laws that are in place now in the State of Hawaii limits me from doing that.

I would just like to share educational content on cannabis to help people that are unaware of cannabis and it's medicinal benefits, and also it's good and bads.

mahalo for your time

HB-2443-HD-1

Submitted on: 2/7/2024 10:30:29 PM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kevin Mita	Individual	Oppose	Written Testimony Only

Comments:

I oppose bill *HB2443*.

thank you

HB-2443-HD-1

Submitted on: 2/7/2024 10:35:55 PM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Roger Dunnington	Individual	Oppose	Written Testimony Only

Comments:

I oppose this action. It is unfair and is ONLY meant to benefit dispensaries. It in NO WAY helps the patients.

HB-2443-HD-1

Submitted on: 2/7/2024 10:42:27 PM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Tiani Mangca	Individual	Oppose	Written Testimony Only

Comments:

I am a 50 year old single parent who has Systemic Lupus and PTSD, severe headaches and bodyaches. Marijuana helps with the pain way better than any pain killer. It also helps with my anxiety. I have a minor child who has autism and marijuana helps me to not only take care of her, but myself as well. I can't even be in the sun or have any UV lighting as it will trigger my lupus and cause me to have flare ups. In the past I've had to pay extra for a careaiver to cultivate my medicine for me. Since I have chosen Care Waialua as my grow site, I have not had to pay that cost, which is alot for me as I am on Disability. The ramifications of patients not being able to have someone cultivate for them would be tremendous. People will have to resort to other means to get releif from their ailments and pain. It is a natural medicine that needs to be legalized medicinally and recreationally. The level of control in this state is ludcrist. I have heard people talking that this bill is to target and shut down Care Waialua and it is being pushed by rhe dispensery and those in power and that everyone knows this. The backwards thinking and selfish agendas is just one of the issues that are hurting our state. The very definition of caregiver states someone who provides for the needs of children or of people who are ill or cannot provide for their own needs. I vote you into office too. Not just people with money or power. Shame on those who do not fulfill their promises and go against their oath for taking care of we the people who vote for you.

HB-2443-HD-1

Submitted on: 2/7/2024 11:13:16 PM

Testimony for HLT on 2/9/2024 10:30:00 AM

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. Caregivers need to be able to take care of kupuna who are not able to do so for themselves.

HB-2443-HD-1

Submitted on: 2/7/2024 11:29:45 PM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Spirit McRae	Individual	Oppose	Written Testimony Only

Comments:

Hello to all. I will start at a very basic level....customer service, autonomy, emotional intelligence. These are traits and development practices that illuminate the world, the community and most importantly the individual person. The businesses that offer these characteristics/traits to customers at high levels, do so because they understand the necessity and privilege of great stewardship. Not of just the land but of humanity as a whole.

I understand that with the illness I have, the symptoms may improve but the underlying illness will always remain until my dying day. Knowing this, allowing me to feel expectant about being gifted the most amazing customer service experiences, offering me the freedom and opportunity to choose my preferences of healthcare providers, and knowing that I am intelligent enough to know who and what makes my life immeasurably better, should not be a question, hurdle or challenge if the focus is actually the overall well-being of the people.

I have been to all the dispensaries and without a doubt, the best experiences I have had was provided by Oahu Cannabis Farms Alliance. They provide a service that is vital to the positive health improvements many people have experience simply based on their dedication to the people. They treat you with an authentic, knowledgeable and empathetic feeling that you just can't get in the box store dispensaries who will sale you amazing products but never get close to relaying sentiments of oneness, wholeness, improved health and community.

Oahu Alliance is of the land and I understand how that may be a threat in the eyes of capitalism. Most people don't just want the product or service, they want to feel good where those products and services are being provided. Knowing I could potentially be forced to seek healthcare outside of Oahu Alliance should not be a choice made because greedy pockets want to be filled, or someone feels they can advocate for me better but has not once proved it or backdoor promises and secrets have been whispered.

Hawaii has a rich history of being pillaged, plundered, mishandled and abused by so many politicians, companies, organizations and individuals who all came with their idea of business while purposely destroying the land and it's people. At what point does it stop? At what point does Hawaii's people (native and non-native) celebrate the understanding that their voice is and have been heard?

I am well prepared to grow my own crops before I ever step into a box store dispensary again. Would anyone in the higher echelons of decision making ability stay where their experience is

subpar? I highly doubt it. It would be insane to be forced where you are not being nurtured. It is the role of money makers to create their own form and brand of Munchausen Syndrome because that is what the feeling is. It feels like being told I don't have a choice but you can choose what we tell you to choose. That is lunacy wrapped up tight with a nice red bow. A decision to take away or restrict Oahu Alliance to grow will have immeasurable negative mental health consequences for patients on Oahu. That affect will influence physical, mental and spiritual health that I am sure Mr. Box Chain Dispensary has prepared for and are willing strongly align with the health crisis soon to follow. The fear of losing money or seeing yourself as inferior is not something box store dispensaries will tolerate hence this hearing.....too many hands are connected at high levels. To think of losing the sinful waste of gluttony may offer extreme consequence to its competitors by the owners, operators and investors of these other companies. If you know your product or service is superior then prove it. Don't cheat. Don't lie. Don't take away a competitor because you're threatened you may lose because you didn't offer what the people need. Instead improve yourself and "pull yourself up by your bootstraps" as it's been sung by those who feel they are superior to a lesser individual. This is capitalism at it's finest. Offer a superior experience, product and service and the people will take notice.

Historically, in order to be granted what you rightfully deserve, you have to be ready to take action and confront an oppressor with a strong stance to say no more of your sweet laced pillage and plunder. It is time we take back what is ours. Oahu Alliance remains with the people and I stand in allegiance with them until the end.

HB-2443-HD-1

Submitted on: 2/8/2024 12:07:18 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

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

Comments:

Oppose.

HB-2443-HD-1

Submitted on: 2/8/2024 2:25:15 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Malinda Montalbo	Individual	Oppose	Written Testimony Only

Comments:

Aloha, I oppose this bill ,please get this right and not put a bandaid on this problem any more.
It's time to do forward thinking here in Hawaii .

HB-2443-HD-1

Submitted on: 2/8/2024 3:47:37 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

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

Comments:

Please oppose this bill as it will limit access to those needing legally prescribed medication for those who are low-income

HB-2443-HD-1

Submitted on: 2/8/2024 5:51:58 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

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

Comments:

Oppose

HB-2443-HD-1

Submitted on: 2/8/2024 5:55:11 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Angie Moreland	Individual	Oppose	Written Testimony Only

Comments:

This bill only empowers wealthy people and corporations to shut down medical markets. These patients need affordable, quality medicine and should be able to grow it themselves or via a caregiver. This helps pave the way for big companies to come in and steal from the growers who live there. I oppose this measure strongly and urge you to reconsider.

HB-2443-HD-1

Submitted on: 2/8/2024 7:27:31 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

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

Comments:

Opposed to HB 2443!!!!

HB-2443-HD-1

Submitted on: 2/8/2024 8:02:21 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

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

Comments:

I Oppose this bill.

HB-2443-HD-1

Submitted on: 2/8/2024 8:20:29 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

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

Comments:

You can say and do what you want with your laws.

The people will do the right thing.

We don't want dispensary Frankenweed.

Should be grown in the Aina to be considered medicine.

No taxes imposed by the Occupying United States Government.

Be Pomo.

HB-2443-HD-1

Submitted on: 2/8/2024 8:35:04 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

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

Comments:

Oppose

HB-2443-HD-1

Submitted on: 2/8/2024 8:35:23 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

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

Comments:

I oppose this bill

02/08/2024

To: Chair Della Au, Vice- Chair Takenouchi, and members of the House Committee on Health and Homelessness.

Honorable Members of the Committee,

As a concerned citizen and advocate for patient rights, I urge you to oppose HB2443 HD1. While I understand the intentions behind the bill, I believe that allowing patients to grow cannabis together is vital for fostering community support and ensuring patient empowerment.

Collective cultivation of cannabis builds a sense of camaraderie and support among patients facing similar health challenges. It provides a platform for individuals to come together, share experiences, and offer mutual assistance in navigating the complexities of medical cannabis cultivation. This sense of community is invaluable for patients who often feel isolated or marginalized due to their medical condition.

Moreover, collective cultivation promotes self-sufficiency and financial independence among patients. By pooling resources and sharing expenses, patients can alleviate the financial burden associated with purchasing medical cannabis from dispensaries. This collaborative approach makes medical cannabis more accessible to those who may struggle to afford it otherwise, ensuring that no patient is left behind due to financial constraints.

Furthermore, it's important to acknowledge that the current dispensary system often operates as an oligopoly, with a limited number of licensed dispensaries dominating the market. This monopolistic structure can result in inflated prices, limited product variety, and restricted access for patients, particularly those in rural or underserved areas. Allowing patients to cultivate cannabis collectively provides an alternative to the monopolistic control of dispensaries, empowering patients to take control of their own healthcare and reduce their reliance on a centralized system.

Additionally, collective cultivation offers therapeutic benefits beyond the medicinal properties of cannabis itself. For many patients, gardening and cultivation serve as therapeutic activities that promote physical activity, mental well-being, and stress relief. By allowing patients to engage in these healing practices together, we not only support their medical needs but also enhance their overall quality of life.

In conclusion, I urge you to consider the importance of community building, patient empowerment, and holistic well-being when evaluating HB2443 HD1. By opposing this bill, we uphold the rights of patients to cultivate their own medicine in a supportive and collaborative environment, ensuring that every individual has access to the care and support they deserve.

Thank you for your attention to this matter.

Mahalo,

Kawika Kahiapo

HB-2443-HD-1

Submitted on: 2/8/2024 8:49:19 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
fehren jones	Individual	Oppose	Written Testimony Only

Comments:

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.

This bill is being introduced by dispensaries to control grow sites.

I strongly OPPOSE. Mahalo.

HB-2443-HD-1

Submitted on: 2/8/2024 9:22:08 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

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

Comments:

I oppose the limits to grow site patents. Please leave the medical program and this grow site harassment alone. It is very difficult to find a caregiver and quality grow site. Now that many of us have found a couple , big money is trying to shut grow sites down and limit them to 5. That is ridiculous. There's no limit on dispensaries customers. Also the pricing at dispensaries is outrageous. I oppress this new bill that limits our sotes.

HB-2443-HD-1

Submitted on: 2/8/2024 9:25:27 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
April Bullis	Individual	Oppose	Written Testimony Only

Comments:

Limiting cards per site is not acceptable. I oppose

HB-2443-HD-1

Submitted on: 2/8/2024 9:36:23 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Serge Bretous	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill. This is medicine, and a service much needed for the entire community, especially for those who do not have the funds to afford it. I'm a 100 percent disabled vet and this helps throughout my day, thanks to the countless deployments. I respect what the growers do here for the community

HB-2443-HD-1

Submitted on: 2/8/2024 9:36:29 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Michael karlovich	Individual	Oppose	Written Testimony Only

Comments:

I oppose, the medical cannabis program should not be limiting access to caregivers.

HB-2443-HD-1

Submitted on: 2/8/2024 10:10:55 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

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

Comments:

I oppose !

HB-2443-HD-1

Submitted on: 2/8/2024 10:18:42 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Joseph Rosenbaum	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill. This is going to remove access to medicine for hundreds of patients that grow on sites with more than 5 cards. This will be highly detrimental to these patients who cannot grow at their own residence.

Please do not vote in favor of this bill.

HB-2443-HD-1

Submitted on: 2/8/2024 10:26:52 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Wakea Po	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill and the limits to proposed cards in one growsite . Community garden model works and the kupuna who rely on this medicine for a decent quality of life need a place grow that medicine . Stop trying to take away Hawaiians rights to farm their own medicine .

HB-2443-HD-1

Submitted on: 2/8/2024 11:22:38 AM

Testimony for HLT on 2/9/2024 10:30:00 AM

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

Comments:

Please don't limit grow sites

HB-2443-HD-1

Submitted on: 2/8/2024 12:11:07 PM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Darlene Popoalii	Individual	Oppose	Written Testimony Only

Comments:

Aloha sorry for late testimony but I oppose HB2443. The number of patients a growsite is allowed should not be limited! Co-ops are an important part of patient care.

Darlene Popoalii

HB-2443-HD-1

Submitted on: 2/8/2024 1:53:07 PM

Testimony for HLT on 2/9/2024 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Karl Michael Kvalvik	Individual	Oppose	Written Testimony Only

Comments:

I, Karl Kvalvik, Formally Oppose HB2443.

This reckless bill does harm to those of us participating in Hawaii's Medical Cannabis Program.

Thank you,

Karl Kvalvik

HB-2443-HD-1

Submitted on: 2/8/2024 2:41:03 PM

Testimony for HLT on 2/9/2024 10:30:00 AM

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

Comments:

Limiting grow sites to five? Why?

HB-2443-HD-1

Submitted on: 2/8/2024 10:02:29 PM

Testimony for HLT on 2/9/2024 10:30:00 AM

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

Comments:

I oppose HB2443