

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

**Testimony in SUPPORT of HB2443_HD2
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: 03/20/24

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 cannabis for
6 qualifying patients, while maintaining a limit on patients per grow site. The DOH supports
7 patient access, which includes the ability of medical cannabis patients and their designated
8 primary caregivers to cultivate cannabis in a lawful, safe, and patient-focused approach.

9 Grow site limits are important for ensuring patient safety and monitoring compliance with state
10 rules for growing cannabis for medical use to prevent excessive growth and diversion from the
11 medical-use system. If grow sites are not limited, OMCCR would require additional resources,
12 including personnel and operational costs, to maintain adequate oversight of larger grow
13 operations.

1 The DOH notes that 96% of grow sites currently have less than 5 patients registered to grow
2 medical cannabis. Limiting each grow site to 5 patients or less would therefore only affect 4%
3 of the registered growsites. As each patient is allowed to grow up to 10 plants, restricting grow
4 sites to growing medical cannabis for 5 patients will limit the total number of plants at a grow
5 site to no more than 50 plants. DOH respectfully urges the legislature to maintain the 5-card
6 limit per grow site.

7 If the legislature is considering increasing the 5-patient limit for grow sites, the DOH
8 recommends limiting grow sites to no more than 10 patients. The data shows that, for grow
9 sites with more than 5 patients, average number of patients registered is only 9 patients. Out
10 of 11,507 total registered grow sites (including grow sites registered to only 1 patient), only 12
11 grow sites have more than 10 patients registered to them (4-Hawaii, 7-Honolulu, 1-Maui). For
12 islands that do not have access to a dispensary, there is only one grow site on Molokai that has
13 10 patients registered, and no grow sites with more than 10 patients registered. Implementing
14 a 10-patient limit on grow sites will therefore not impact the most rural islands and affect only
15 a total of 12 grow sites statewide. Since each patient is allowed to grow up to 10 plants, a 10-
16 patient limit will limit the total number of plants at a grow site to no more than 100 plants. This
17 is a manageable grow site size for DOH to adequately monitor, better protects patient safety,
18 and still ensures patient access.

19 Charts showing data on patient grow site types and the number of grow sites by card counts
20 are attached to DOH's testimony.

21 **Offered Amendments:** Should the legislature wish to increase grow sites to no more than 10
22 patients, DOH respectfully offers the following amendment to replace page 2, line 16, through
23 page 4, line 4 of HB2443 HD2:

24 "**§329-130 Authorized sources of medical cannabis.** (a) ~~[After December 31, 2024,~~
25 ~~]~~] A qualifying patient shall obtain medical cannabis or manufactured cannabis products only:

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

3 (2) By cultivating cannabis in an amount that does not exceed an adequate supply for the
4 qualifying patient, pursuant to section 329-122; provided that each location used to cultivate
5 cannabis shall be used by no more than ~~five~~ ten qualifying patients~~[-];~~ or

6 (3) From the qualifying patient's primary caregiver who cultivates cannabis in an amount
7 that does not exceed an adequate supply for the qualifying patient pursuant to section 329-
8 122; provided that each location used to cultivate cannabis shall be used to cultivate cannabis
9 for no more than ten qualifying patients.

10 ~~[After December 31, 2024, no primary caregiver shall be authorized to cultivate cannabis for~~
11 ~~any qualifying patient.~~

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

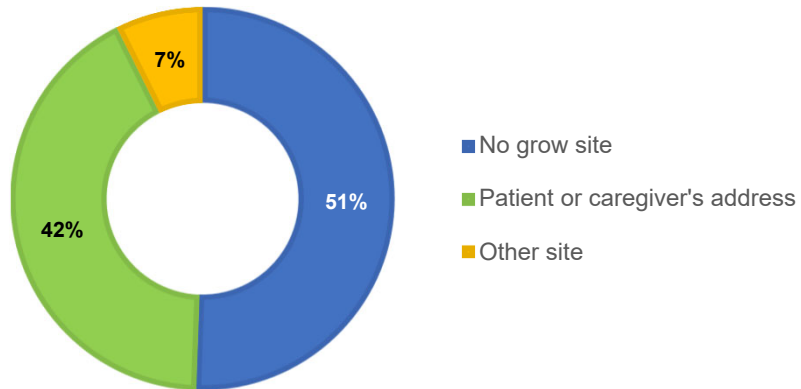
13 ~~—(1) A qualifying patient who is a minor or an adult lacking legal capacity and the primary~~
14 ~~caregiver is the parent, guardian, or person having legal custody of a qualifying patient~~
15 ~~described in this paragraph; or~~

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

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

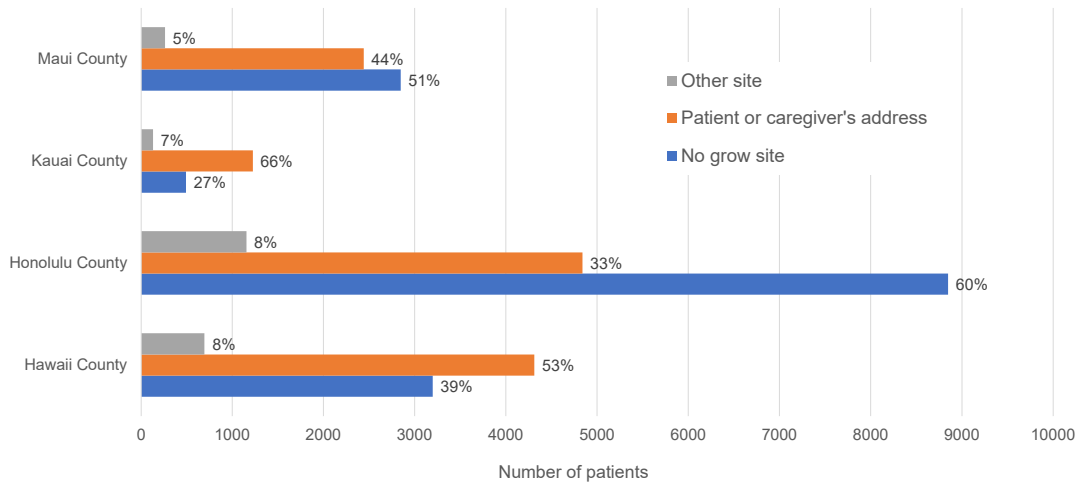
21
22 Thank you for the opportunity to testify on this measure.

Patient Grow Site Type – State of Hawaii December 2023

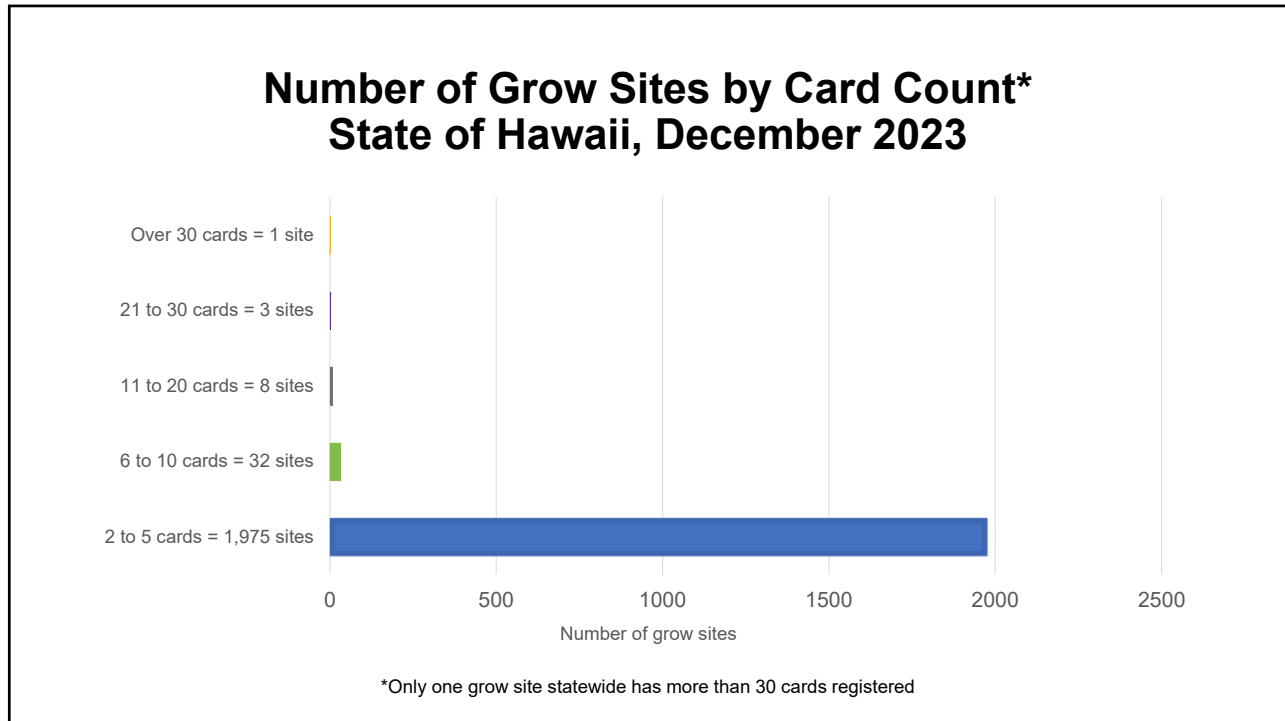


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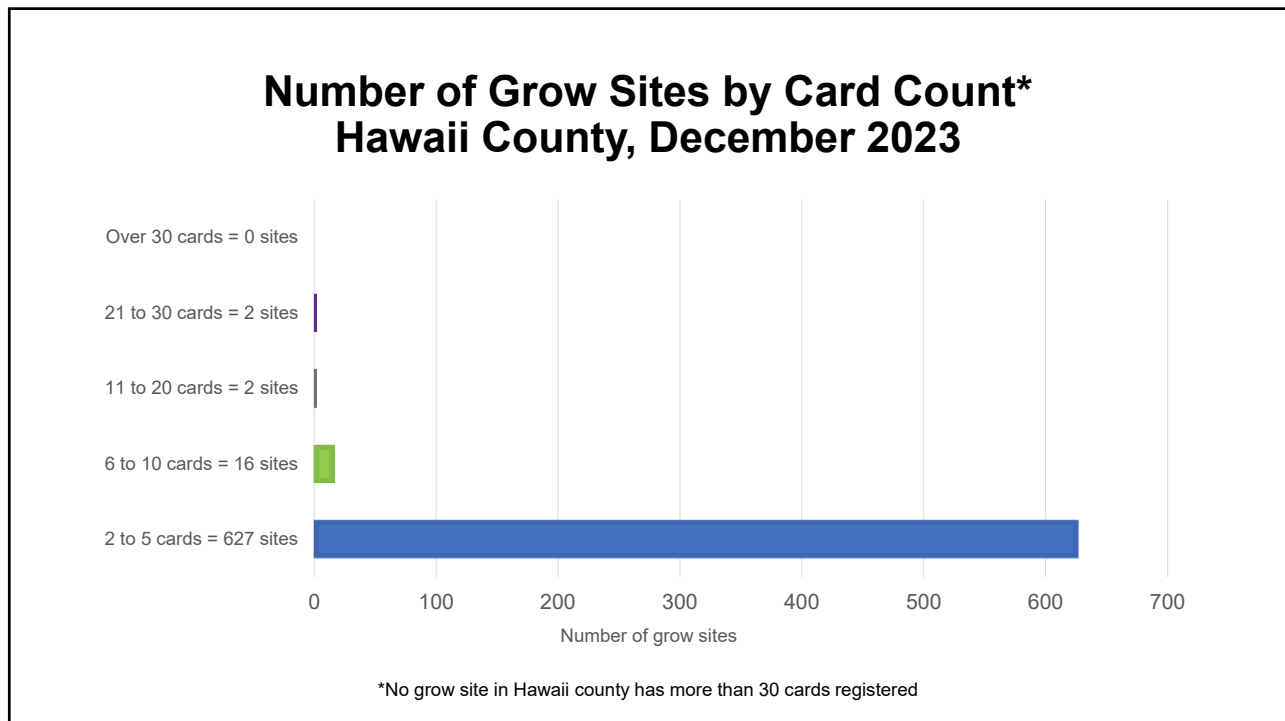
Patient Grow Site Type – By County December 2023



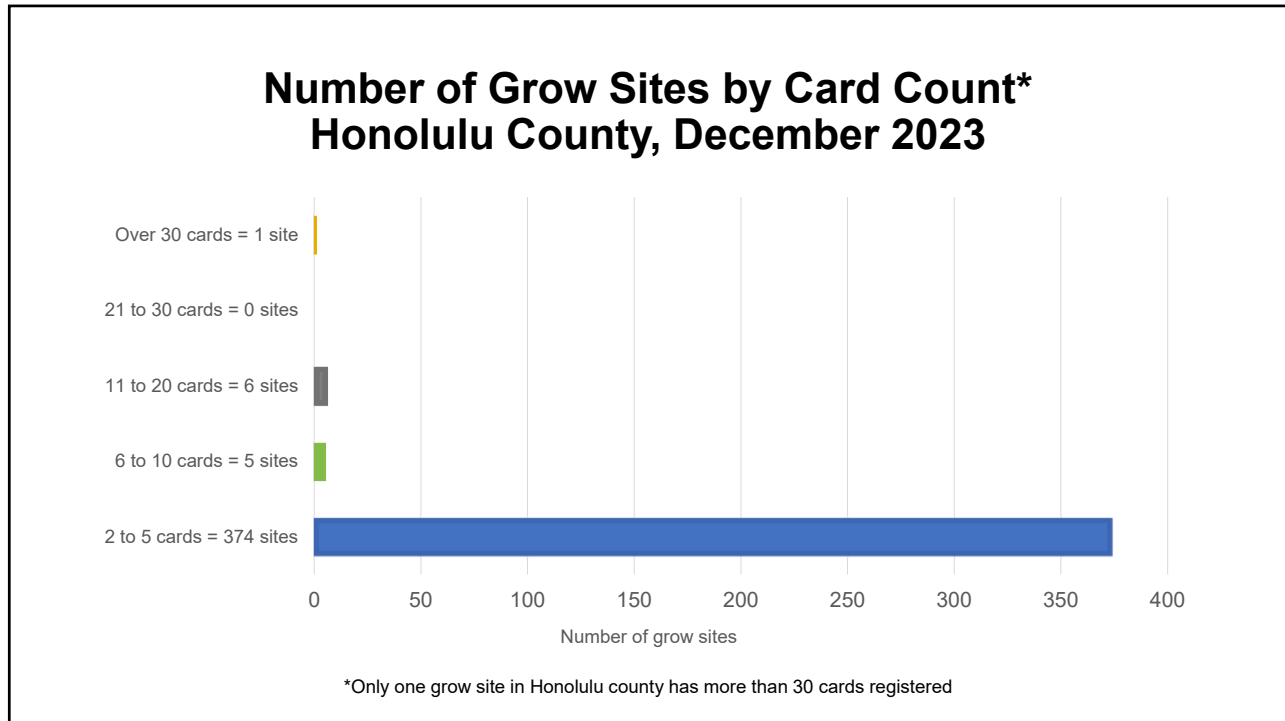
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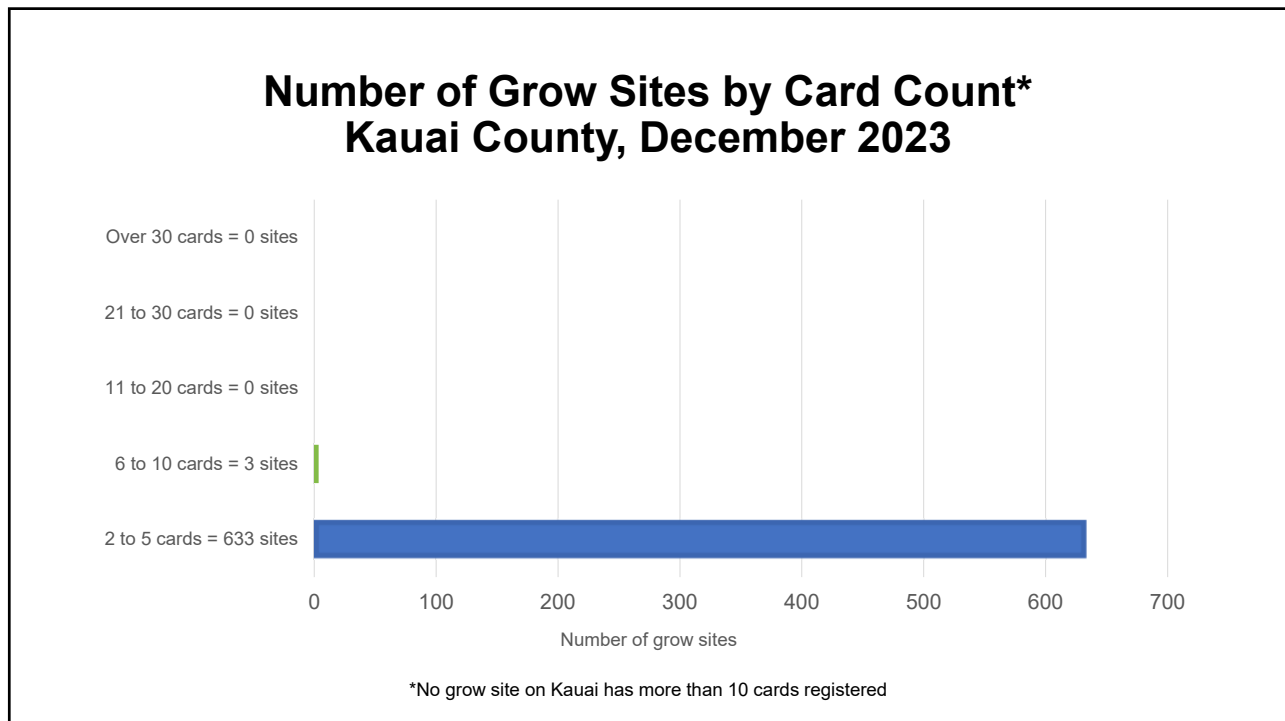
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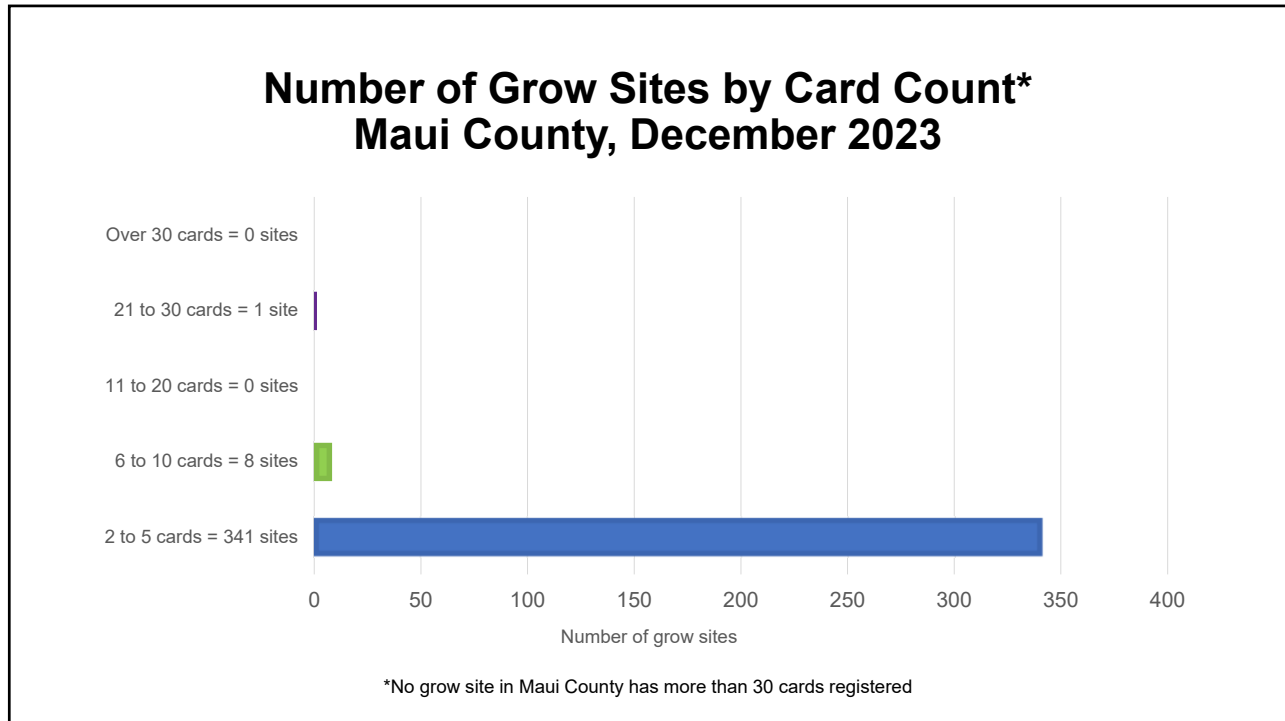
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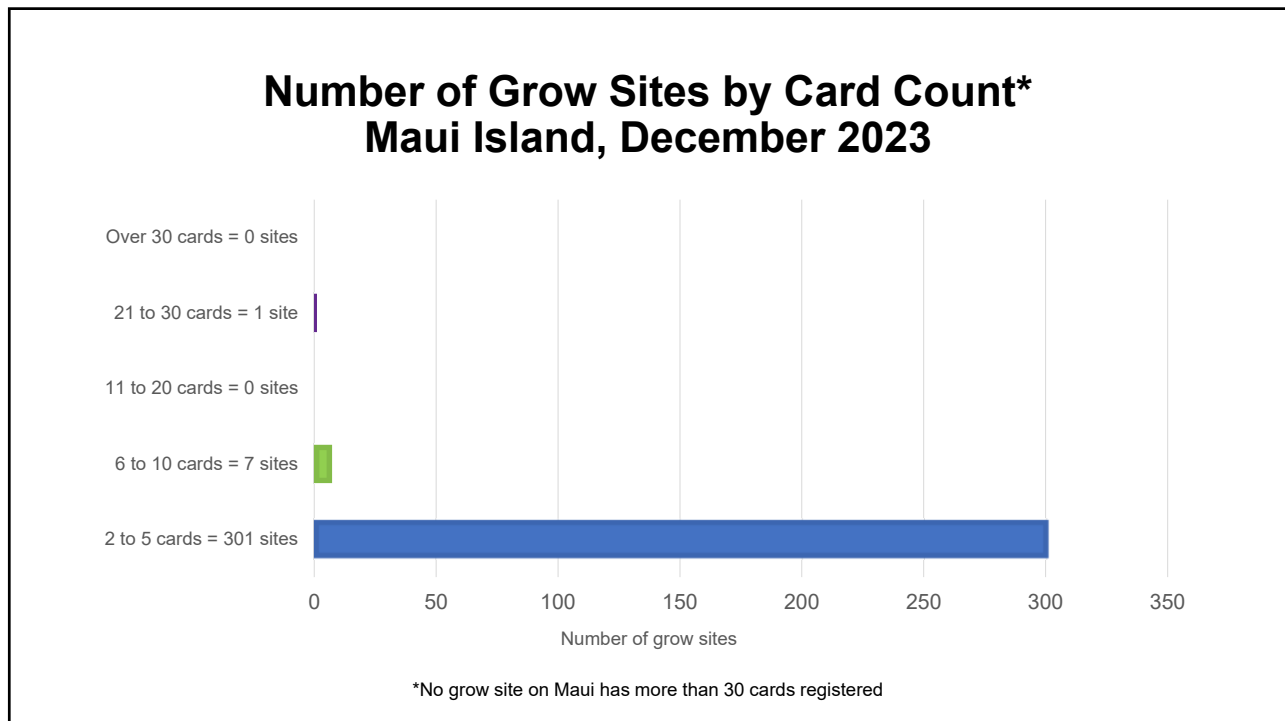
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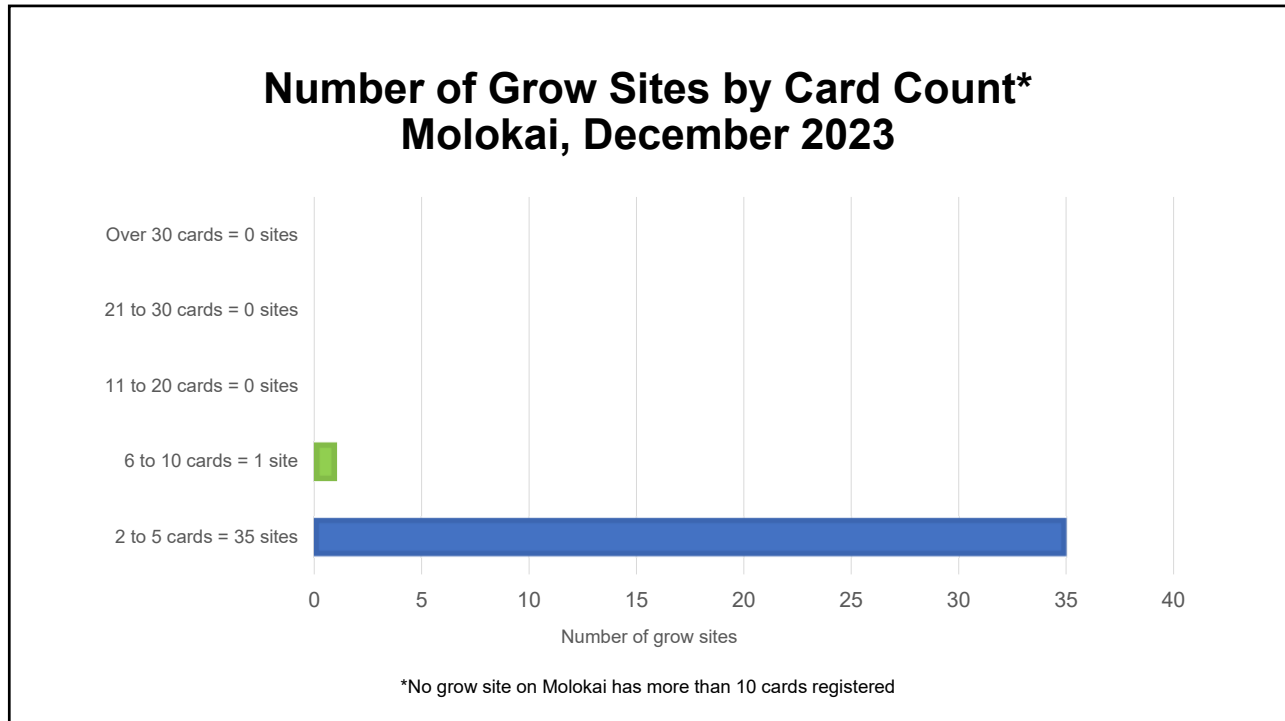
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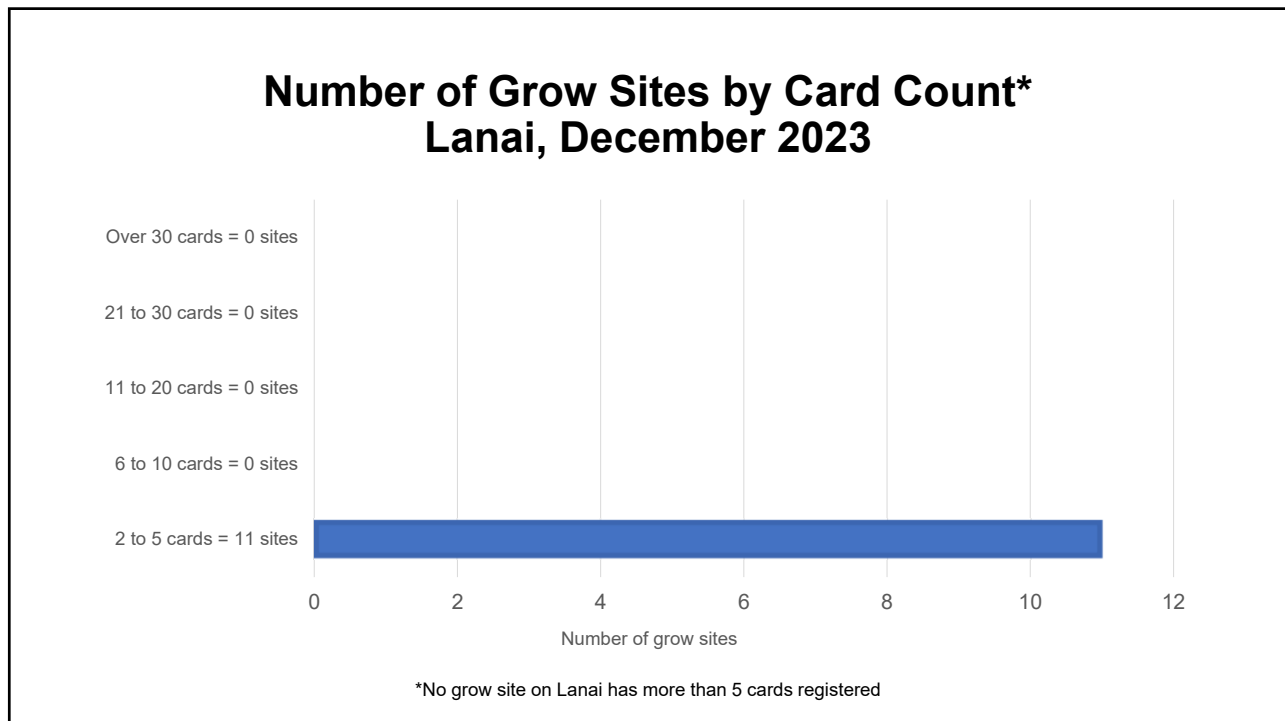
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**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-SECOND LEGISLATURE, 2024**

ON THE FOLLOWING MEASURE:

H.B. NO. 2443, H.D. 2, RELATING TO MEDICAL CANNABIS.

BEFORE THE:

SENATE COMMITTEES ON HEALTH AND HUMAN SERVICES AND ON
COMMERCE AND CONSUMER PROTECTION

DATE: Wednesday, March 20, 2024 **TIME:** 1:00 p.m.

LOCATION: State Capitol, Room 225 and Videoconference

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Andrew Goff, Deputy Attorney General

Chairs San Buenaventura and Keohokalole and Members of the Committees:

The Department of the Attorney General (Department) offers the following comments.

The purposes of this bill are to repeal the sunset date for the authorization of primary caregivers to grow medical cannabis for qualifying patients and clarify that primary caregivers may continue to grow medical cannabis for qualifying patients subject to certain restrictions.

Section 329-130, Hawaii Revised Statutes, currently provides that, after December 31, 2024, no primary caregiver may grow cannabis for any qualifying patient, and each location used by a qualifying patient to grow their own medical cannabis cannot be used by more than five qualifying patients. This bill would allow caregivers to continue to grow medical cannabis for their patients and would apply the five patient per location restriction to each location where a caregiver grows for the patient.

According to the Department of Health's testimony, 96 percent of current registered medical cannabis growsites have fewer than five patients. Therefore, restricting medical cannabis grow sites to five patients per location, which has been contemplated in the law since 2017, will not impact the vast majority of patients. Limits to unregulated growsites are necessary to ensure that larger growsites do not become

de facto commercial operations—but without the safeguards of testing and tracking in place to ensure patient safety or compliance with the laws.

The Department notes that the companion bill, S.B. No. 3132, S.D. 1, was amended to allow patients to grow on any land that is zoned for agriculture use with no limit to the number of patients, and thus no limit to the amount of cannabis, at that location. See S.B. No. 3132, S.D. 1, page 3, lines 9-14. Had that bill received another hearing, the Department would have strongly opposed it. That amendment would create confusion as to whether large-scale growsites that effectively operate as unlicensed commercial operations are legal—to be clear: such operations are completely and totally illegal, and the amendment to S.B. No. 3132, S.D. 1 would not change that. Instead, such a law would create the conditions under which an illicit operation could operate with a false veneer of legitimacy by entangling its operations with the medical-cannabis program.

S.B. No. 3132, S.D. 1, on page 3, lines 13-14, also proposed to limit the Department of Health’s inspection authority to “voluntary grow site inspections without law enforcement.” This would severely limit inspection of any growsite and could potentially put Department of Health employees at risk if inspecting a dangerous growsite.

When a state is considering legalizing adult-use cannabis, legislation like S.B. No. 3132, S.D. 1, makes that goal significantly more difficult if the legal market is to be promoted. Given that the growth of the illicit market is one of the main problems associated with legalization in other states, laws that leave the medical-cannabis program vulnerable to exploitation by bad actors are antithetical to a sound transition to a legal market.

The Department opposes any amendments to this bill that are similar to the above-described amendments made to S.B. No. 3132, S.D. 1.

Thank you for the opportunity to provide comments.

RE: HB2443 HD2; Hearing Wednesday March 20, 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 with amendments.

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.

Limiting to 5 patients to a household is a reduction to current patient rights and should not be supported.

Using a plant count does not take into consideration farmers and breeders that are making selections based on cannabinoid and terpene profile. Please use sq/footage.

Male cannabis plants produce pollen and does not contain THC and should not be counted in plant counts.

There should also be no limit for how many patients a caregiver can provide for, this also reduces the ability of quality care.

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.

Thank you,

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



Hawai'i Patients Union | PO Box 303 Mountain View, HI 96771

HB2443 HD2: Strong Opposition

Aloha Chair and Committee Members,

On behalf of the Hawai'i Patients Union, I am reaching out to express our significant opposition to and concerns regarding this proposed legislation related to medical cannabis. We are particularly worried about the impact this legislation may have on patients who rely on and participate in cannabis cultivation sites in Hawai'i. Thousands of state licensed patients are depending on these sources for their medicinal cannabis. History reminds us of the unintended consequences of restricting access to affordable and necessary medicine for those in need.

Historically, increases in cannabis prices have caused patients to try and use a comparably priced methamphetamine. A federal report¹ detailing this correlation provides valuable insights into the broader implications of restricting cannabis cultivation during meth epidemics.

Moreover, we've observed a noticeable decline in raids in our neighborhoods following increases in allowable plant counts. This trend occurred without a relative increase in related harms reported by law enforcement, suggesting that the cultivation of cannabis plants does not inherently compromise public safety. Rather, as a result we are living in more peaceful times with less crime. Conversely, in other state regulated markets, stricter growth limits have led to higher prices, potentially revitalizing previously diminished illicit markets due to the increased profitability of cannabis sales.

The implications of this bill, as we perceive, align with the outcomes of past legislative efforts, leading to economic strains on our working families, an increase in divorce and domestic violence.

For many patients, especially those who find dispensary prices prohibitive and dispensaries geographically inaccessible, local farms are indispensable. Restricting these vital resources would not only place a heavier financial burden on patients but also limit their access to essential treatment. It is already a federal crime for example, to drive from a Hilo dispensary to Ka'u using the highway that runs through

the federal park. Fewer plants diminishes the possibility for patients to find specific strains that cater to their unique medical and geographical needs.

We urge the committee to reconsider aspects of this legislation that might inadvertently restrict access to medical cannabis and increase costs for those who depend on it most.

A more constructive approach could involve;

1. Help patients make more informed choices through transparency. For instance, require listing ingredients on dispensary-sold products. This could significantly influence patient shopping decisions. More patients would utilize dispensaries if they could confidently identify products, like CBDV for treating epilepsy, that meet their specific needs.
2. Clarifying existing regulations around the number of plants a patient and caregiver can jointly possess, thus supporting patient needs without unnecessary restrictions. The prospect of limiting one caregiver to one patient is particularly alarming, considering the critical support caregivers provide, especially to our kupuna in need of end-of-life care.

Finding solutions that prioritize patient well-being and access to medicine is paramount to a peaceful society. We are grateful for your efforts to create a safe environment for medical cannabis use but caution against measures such as these that may inadvertently harm those most in need.

Thank you for taking the time to consider our concerns and perspectives.

Mahalo nui,
Brent Norris
801-896-7656

 Hawaii Patients Union

HawaiiPatientsUnion.com

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1. Methamphetamine - Hawai'i Drug Threat Assessment by the Department of Justice:
This source provides comprehensive details on the availability, abuse, production, and law enforcement efforts related to methamphetamine in Hawai'i.
2. The Poisoning of Paradise: Crystal Methamphetamine in Hawai'i" by the FBI:
This article discusses the efforts by the FBI and other law enforcement agencies to combat the meth problem through various programs and task forces assembled for the current drug war.

HB-2443-HD-2

Submitted on: 3/18/2024 9:56:08 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michal Cohen	Testifying for Michal Cohen, LCSW	Oppose	Written Testimony Only

Comments:

Aloha,

I am writing in strong opposition to this bill. I am a psychotherapist and I often work with veterans who have PTSD. Cannabis is medically qualified to treat PTSD. Most of the veterans that I work with are part of the Care Wailua Collective- because the dispensaries are too expensive for many vets. I am writing because I personally know Jason Hanley very well. His father, Bill Hanley and I worked together for many years at the Honolulu Vet Center. If this bill becomes law, it will end Care Wailua as we know it. There is no benefit to limiting the number of grow sites to 5 people. This bill, as it is currently written, is a huge disservice to the entire community of Oahu and it will have a huge negative impact on the veterans who have served all of us.

DOH has been approving multi-card properties since January 1, 2015. Almost nine years later, DOH has not attempted to provide satisfactory regulations regarding multi-card properties. Instead, they have continuously approved 329 cards on multi-site properties, with up to 1500 cards approved on one at any given time at one multi-card property. Care Wailua has been operating for over five years and has not received any noncompliance citations from DOH. Care Wailua has also not received complaints from qualifying patients regarding “unsafe medicine.” We assist in thoroughly testing qualifying patients' medicine.

Outside of the legislative laws, DOH is working with the Attorney General to discriminate against patients and where they can grow. For example, DOH is now targeting Care Wailua, the largest multi-card property in Hawaii, and holding back patients' renewal grow site change packets for over 90 days with no written authority. This action is causing qualifying patients to go without their cannabis medicine. DOH is also revising statutes outside of the legislative authority to force each patient to touch, water, and harvest their own plant when many of these patients are sick or disabled and have no caregiver to assist them. We ask the legislation to review these comments, pass a statute allowing multi-card sites to operate now, and mandate the DOH to develop regulations within the following calendar year. Multi-card properties cannot continue without the following amendments added.

DOH testimony for HB24423 is as follows with comments.

“We feel limiting sites to five cards will act as a community garden and protect patients from legal jeopardy.” This statement is incorrect and will only expand the multi-card properties by dividing them up into hundreds of multi-card properties with no security or safety from intruders.

“We feel exceeding a one-to-one ratio of caregivers to qualifying patients lessens the care the patients are receiving.” This is also incorrect, and we have data proving that a caregiver can provide care to many qualifying patients. The medical cannabis caregiver was established to provide a person to help grow and administer cannabis for qualifying medical patients. Care Waialua, if tasked, could take care of hundreds of qualifying patients through the multi-card property. Automated watering, staffing, and experienced cultivators allow this one-to-many caregiver to exist.

Here are current recommendations to allow multi-site properties to continue. We feel these recommendations are adequate and will protect multi-site operations until DOH can work with the public to develop multi-site regulations. We also believe this will provide immediate regulations to inform law enforcement, relieving the burden of enforcing multi-card properties. Simply passing HB2443 HD2 as is, with no amended regulations, will further jeopardize medical cannabis patients.

We recommend amending HB2443 HD2 to state the following. This recommendation is based on the data collected from a multisite operation with 980 qualifying patients. This site has proven its capacity to care for its qualifying patients.

Primary Caregiver recommendations:

[§329-123] Registration requirements.

(c) Primary caregivers shall register with the Department of Public Safety. ~~Every primary caregiver shall be responsible for the care of only one qualifying patient at any given time.~~

A caregiver shall be responsible for all qualifying patients registered to that caregiver. A one-to-many (no limit) policy shall be created in the statute to how many patients can be registered to a caregiver.

A caregiver may take payment from the qualifying patient registered to the caregiver for service rendered. Services include growing, manufacturing, or storage of the qualifying patient's marijuana. The cost to run a multi-card properties must be considered when acting as a caregiver and providing quality medicine to the qualifying patient.

If the qualifying patient does not accept the services rendered by the caregiver, the qualifying patient may easily remove the caregiver using the DOH 329 application change form.

Multi-card grow site recommendations:

- Limit multi-card grow sites to 5000 square feet of flowering canopy space and remove the plant tag labeling system. This recommendation will do three things.

1. Make it easy for DOH compliance inspectors to inspect by quickly measuring the canopy space instead of counting plants and looking for compliance through each labeled plant.

2. Prevent multi-card properties from becoming too large. Plant counts have proven to be a failure in all cannabis programs because, with no canopy flowering limits, a multi-card property can grow outside of the canopy flowering space and increase yield production by simply growing hundreds of plants across large acreage. This results in an overabundance of marketable cannabis that could leave the multi-card property and feed the illegal market. Canopy space controls this problem and only allows a documented maximum yield at the multi-card property.

3. The act of labeling each plant with a plastic, waterproof label, results in a large amount of unneeded plastics going into the aia. There is currently no compostable tagging system that is waterproof to deal with this dilemma and be conservation-conscious.

- Allow no limit on the number of qualifying patients at a multi-card property.

- Security alarms are required at multi-card properties.

- Require multi-card grow sites to have private cannabis testing results posted at their site for qualifying patients.

Mahalo legislators. Now is the time to act on HB2443 HD2 and, once and for all, force DOH to take this matter seriously and stop ignoring the duties to provide multi-card property regulations by simply passing HB2442 HD2 as is. There is lots of data collected through multi-card property owners and DOH can sit down with multi-card properties owners and review the data. The recent federal raid at Care Waialua, with no charges as of October 26, 2023, should alarm the legislation on how the DOH has been noncompliant in these matters and could have possibly changed this outcome. Mahalo for the opportunity to share my input on this very significant issue, Michal Cohen, LCSW

HB-2443-HD-2

Submitted on: 3/19/2024 12:59:48 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Abir Amirdash	Testifying for Pakaloha Care Clinic	Oppose	Remotely Via Zoom

Comments:

Aloha chair and committee members,

My name is Abby Amirdash, owner and operator of Pakaloha Care Clinic, a medical cannabis certification clinic on Oahu. I am submitting my testimony on HB 2433. I am in opposition to this bill.

While I acknowledge the commendable aspect of this bill in removing the sunset program for caregivers, I must express my reservations regarding its limitations on patients' grow rights. Under current law, patients can cultivate up to 10 plants with no land-use restrictions. HB 2433 seems to restrict this right, potentially creating a market monopoly and limiting patient access.

Our community thrives on the principles of Ohana, where multi-generational families often reside together. Restricting patients' rights to cultivate their own medicine does not align with the ethos of supporting one another. Limiting the number of caregiver cards per household could disadvantage these families, especially in impoverished communities and on outer islands with no access to a dispensary.

As a advocate for cannabis and patient rights, I firmly oppose this bill in its current form. While I am in favor of retaining and even expanding the caregiver program, I vehemently object to any restrictions on grow rights. Patients cultivating their own cannabis has historically been unproblematic until the establishment of dispensaries.

In light of this, I propose the following amendments:

- Remove the current patient grow limitations of 5 plants per patient. If limitations are necessary, maintain the current 10-plant limit per patient.
- For residential grow sites, establish a limit size 10 patients per household.
- Develop regulations for agricultural land use, focusing on canopy size rather than plant count.
- Expand the caregiver program, allowing caregivers to cultivate for 5-10 patients.

I urge the committee to consider these amendments to foster a more inclusive and patient-centric approach to medical cannabis legislation. Let us continue to engage in constructive dialogue and demonstrate a commitment to finding solutions that serve the best interests of all stakeholders involved.

Thank you for your time. I can be reached at 808 292 6507 or at Pakalohacare@gmail.com

Abby Amirdash, APRN

Cannabinoid Consultant

Pakaloha Care Clinic

808-292-6507

www.pakalohacare.com

HB2443 HD2 (oppose)

Aloha Legislators.

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"We feel exceeding a one-to-one ratio of caregivers to qualifying patients lessens the care the patients are receiving." This is also incorrect, and we have data proving that a caregiver can provide care to many qualifying patients. The medical cannabis caregiver was established to provide a person to help grow and administer cannabis for qualifying medical patients. Care Waiialua, if tasked, could take care of hundreds of qualifying patients through the multi-card property. Automated watering, staffing, and experienced cultivators allow this one-to-many caregiver to exist.

Here are current recommendations to allow multi-site properties to continue. We feel these recommendations are adequate and will protect multi-site operations until DOH can work with the public to develop multi-site regulations. We also believe this will provide immediate regulations to inform law enforcement, relieving the burden of enforcing multi-card properties. Simply passing HB2443 HD2 as is, with no amended regulations, will further jeopardize medical cannabis patients.

We recommend amending HB2443 HD2 to state the following. This recommendation is based on the data collected from a multisite operation with 980 qualifying patients. This site has proven its capacity to care for its qualifying patients.

Primary Caregiver recommendations:

[§329-129]

(c) Primary caregivers shall register with the Department of Public Safety. ~~Every primary caregiver shall be responsible for the care of only one qualifying patient at any given time.~~

A caregiver shall be responsible for all qualifying patients registered to that caregiver. A one-to-many (no limit) policy shall be created in the statute to how many patients can be registered to a caregiver.

A caregiver may take payment from the qualifying patient registered to the caregiver for service rendered. Services include growing, manufacturing, or storage of the qualifying patient's marijuana. The cost to run a multi-card properties must be considered when acting as a caregiver and providing quality medicine to the qualifying patient.

If the qualifying patient does not accept the services rendered by the caregiver, the qualifying patient may easily remove the caregiver using the DOH 329 application change form.

Multi-card grow site recommendations:

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[.]; or~~

- Allow **no limit** on the number of qualifying patients at a multi-card property.
- Limit multi-card grow sites to 5000 square feet of flowering canopy space and remove the plant tag labeling system. This recommendation will do three things.
 1. Make it easy for DOH compliance inspectors to inspect by quickly measuring the canopy space instead of counting plants and looking for compliance through each labeled plant.
 2. Prevent multi-card properties from becoming too large. Plant counts have proven to be a failure in all cannabis programs because, with no canopy flowering limits, a multi-card property can grow outside of the canopy flowering space and increase yield production by simply growing hundreds of plants across large acreage. This results in an overabundance of marketable cannabis that could leave the multi-card property and feed the illegal market. Canopy space controls this problem and only allows a documented maximum yield at the multi-card property.
 3. The act of labeling each plant with a plastic, waterproof label, results in a large amount of unneeded plastics going into the aina. There is currently no compostable tagging system that is waterproof to deal with this dilemma and be conservation-conscious.
 4. Security alarms are required at muti-card properties.
 5. Require multi-card grow sites to have private cannabis testing results posted at their site for qualifying patients.

Mahalo legislators. Now is the time to act on HB2443 HD2 and, once and for all, force DOH to take this matter seriously and stop ignoring the duties to provide multi-card property regulations by simply passing HB2442 HD2 as is. There is a lot of data collected through multi-card property owners. The recent federal raid at Care Waialua, with no charges as of October 26, 2023, should alarm the legislation on how the DOH has been noncompliant in these matters and could have possibly changed this outcome.

Aloha,
Jason Hanley (Care Waialua), owner



GreenWave Advisors LLC
Submitting Testimony on HB2443
HHS/CPN HEARING - 3/20/24 1:00P
CR 225 & VIDEOCONFERENCE

Aloha Chairs and Committee Members,

We strongly oppose this bill.

Any criminalization of our Cannabis caregivers and patients is a failed paradigm of Cannabis reform.

Blanket limitations on caregivers and 329 cardholders, especially without a functioning legal adult-use framework are unacceptable and only further perpetuating the harms done by the War on Drugs and Cannabis prohibition.

We would like to echo some of the statements from “Kauai Farm Planning” and Alex Wong’s testimony. We resonate with items 1-3 in that testimony fully. However, item 4 we do not align with. Full disclosure we have consulted for Big Island Grown in the past. But that is not a current contract or why we choose not to take that position. We refrain from any speculation on who is behind this bill or why it is on the ballot... I believe there are several reasons and although that may be one of them, I am not able to prove that, nor am I here to throw stones.

We do believe that everyone has the right to opportunity here and if you choose to further criminalize patients and caregivers without a pathway to medicine or market, or you allow monopolistic practices to reign supreme here in Hawai’i, you are only inviting extractive capitalistic enterprises. The evidence is clear that past



“industries” have caused enough harm to the ‘Aina, Kanaka, and Kama’aina in Hawai’i. Please do not take these warnings lightly.

Do not increase restrictions on medical Cannabis activities at all, especially with such limited access and no adult-use market to speak of.

Thank you for the time and consideration of this testimony,

Sam De La Paz
Managing Partner
GreenWave Advisors LLC
1441 Kapiolani Blvd Ste 1114
PMB 266959
Honolulu, Hawaii 96814-4406 US



Akamai Cannabis Consulting

3615 Harding Ave, Suite 304
Honolulu, HI 96816

**TESTIMONY ON HOUSE BILL 2443 HD2
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, March 20, 2024; 1:00 PM
State Capitol, Room 225 & Videoconference

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

Patients want medical cannabis that has been grown outdoors under conditions they can control to produce higher quality cannabis at an affordable cost, and because many patients simply don't trust commercial dispensaries.

However, growing cannabis in crowded residential neighborhoods without assistance is prohibiting patients from growing their own medical cannabis.

If your committees wish to protect the right of patients to grow collectively, then amendments to cultivation and caregiving limits should include the following provisions:

1. Allow for more than five patients per property, but only on Ag land.
2. Allow for more than five patients per caregiver, but only on Ag land.
3. Require the department to adopt rules to ensure grow site compliance.

The following language could achieve these objectives:

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 on land zoned for residential or commercial use; provided further that more than five patients shall be allowed to cultivate on land zoned for agricultural use; and provided further that the department shall adopt rules pursuant to chapter 91 to implement this section and provide voluntary grow site inspections without law enforcement involvement [~~or~~]; 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 patients on land zoned for residential or commercial use, and for more than five patients on land zoned for agricultural use.

~~[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 on July 1, 3000.

To: Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice-Chair
Members of the Committee on Health and Human Services

To: Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Members of the Committee on Commerce and Consumer Protection

Fr: TY Cheng, President, Aloha Green Apothecary

Re: Testimony **with Comments** of **House Bill (HB) 2443 HD2**

RELATING TO MEDICAL CANNABIS.

Repeals the sunset date of the authorization for primary caregivers to cultivate medical cannabis for qualifying patients. Clarifies that primary caregivers may continue to cultivate medical cannabis for qualifying patients subject to certain restrictions. Effective 7/1/3000. (HD2)

Dear Chairs, Vice-Chairs, and Members of the Joint Committee:

Aloha Green Apothecary is one of the state-licensed medical cannabis dispensaries operating in Honolulu. Aloha Green Apothecary **provides Comments on HB2443 HD2** as this bill may create additional loopholes for illicit cannabis cultivation and negatively affect the medical cannabis program.

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 in the privacy of their home.

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 of the caregiver provision to help patients who are just poor gardeners.

Then caregivers began to justify larger and larger cultivation sites to lower costs through greater economies of scale until their size drew federal intervention which jeopardizes the entire 329 medical cannabis program. But prices are no longer a factor now that some dispensaries have reached economies 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, inclusive of GET tax. These prices are equal to average illicit market prices on Oahu.

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 by the DOH's Office of Medical Cannabis Control and Regulation. This office has done nothing to provide guidance or regulation on caregivers which has caused confusion, federal law enforcement intervention, and disruption of medicine to patients. **We suggest that the joint committee considering inserting language requiring the Department of Health to develop rules for caregiver operations allowed by this measure.**

We strongly oppose inserting an unlimited patient count per caregiver on agricultural zoned land as it will encourage a cottage industry for untested and unregulated cannabis sales. Regulations should be put in place for any commercial sized farming operations, especially for a controlled medical substance such as cannabis. Large cannabis operations require some oversight to ensure environmental protections over water and pesticide usage, electricity and wildfire risk.

We support a limit of 5 patients per TMK or grow-site as proposed, but no arbitrary limit will 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 especially when cultivation sites achieve larger scale.

Thank you for the opportunity to testify.

Aloha,

TY Cheng

Appendix 1 – Recent Aloha Green Apothecary specials

20% Off
Pineapple Breeze Flower

2 for \$40
Wedding Cake + Chocolope
Liquid Oil
Aloha Carts

\$18 6-pack
Fruit Punch
Tiny Bubbles

3 for \$45
All Crumble

\$149 Oz.*
Chocolope Flower

\$199 Oz.*
The Yeti Flower
(*28g Size only)

\$75 Eighth Trio
Chocolope, Skywalker
Kush & G.I. Jade Flower
(3.5g of Each)

Chocolope 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.

2/23 - 2/29
All Week. At All Locations!

ALOA GREEN APOTHECARY

HB-2443-HD-2

Submitted on: 3/15/2024 3:32:53 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

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

Comments:

I support HB2443. Please pass this bill.

Mike Golojuch, Sr.

HB-2443-HD-2

Submitted on: 3/19/2024 8:36:11 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Richard Eckert	Individual	Support	Written Testimony Only

Comments:

Dispensary Cannabis products are unaffordable.

HB-2443-HD-2

Submitted on: 3/17/2024 12:25:09 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Karl Michael Kvalvik	Individual	Oppose	Remotely Via Zoom

Comments:

Aloha Legislators,

My name is Karl Kvalvik, and I have been using medical cannabis in Hawaii for 8 years.

I oppose HB2443. This bill represents a "Turf War" between big business and local cooperatives.

Hawaiians have been growing and using medical cannabis in accordance with State law for 24 years now, thanks to Former Governor Benjamin Cayetano.

Dispensaries, unable to compete with our community of cooperative growers, are attempting push bills like HB2443 to dismantle our right to grow medical cannabis at cooperative farms.

Allowing this bill to pass would be catastrophic to the Hawaii's 329 Medical Cannabis Program, and force people who cannot grow their own cannabis to buy their medicine from overpriced dispensaries and/or the black market.

Please see reason, and do not allow big business to push out those that participate in Hawaii's Medical Cannabis Program.

Kind Regards,

Karl M. Kvalvik

karlkvalvik@gmail.com

808-518-7806

HB-2443-HD-2

Submitted on: 3/17/2024 2:14:40 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Quintin Wilcox	Individual	Oppose	Remotely Via Zoom

Comments:

I believe cannabis should be legal but under the right legislation, this however is not it.

1. This allows Monopoly for the current dispensary's, these dispensaries do not carry quality Medicine. They create mass produced cannabis with very little care. They use machines to treat mold versus caring for the environment so mold production is not a problem.

2. This will cut out co-op farms. There are far more people who need access to caregivers who can grow for them. Co-op farms are a great way for patients to know the grower that cares for their cannabis as well as have personal input on the type of medical cannabis grown for what type of ailment they need it for, providing better service and a more personalized medicine to each patient.

3. Allowing only five (5) patients per caregiver is simply not enough medicine to make operating a facility for patients viable effectively shutting down any and all mom and pop businesses allowing a monopolization of the current dispensaries who cannot uphold adequate medicine or services.

Mahalo for listening.

Aloha Legislators.

DOH has been approving multi-card properties since January 1, 2015. Almost nine years later, DOH has not attempted to provide satisfactory regulations regarding multi-card properties. Instead, they have continuously approved 329 cards on multi-site properties, with up to 1500 cards approved on one at any given time at one multi-card property. Care Waialua has been operating for over five years and has not received any noncompliance citations from DOH. Care Waialua has also not received complaints from qualifying patients regarding "unsafe medicine." We assist in thoroughly testing qualifying patients' medicine.

Outside of the legislative laws, DOH is working with the Attorney General to discriminate against patients and where they can grow. For example, DOH is now targeting Care Waialua, the largest multi-card property in Hawaii, and holding back patients' renewal grow site change packets for over 90 days with no written authority. This action is causing qualifying patients to go without their cannabis medicine. DOH is also revising statutes outside of the legislative authority to force each patient to touch, water, and harvest their own plant when many of these patients are sick or disabled and have no caregiver to assist them. We ask the legislation to review these comments, pass a statute allowing multi-card sites to operate now, and mandate the DOH to develop regulations within the following calendar year. Multi-card properties cannot continue without the following amendments added.

DOH testimony for HB24423 is as follows with comments.

"We feel limiting sites to five cards will act as a community garden and protect patients from legal jeopardy." This statement is incorrect and will only expand the multi-card properties by dividing them up into hundreds of multi-card properties with no security or safety from intruders.

"We feel exceeding a one-to-one ratio of caregivers to qualifying patients lessens the care the patients are receiving." This is also incorrect, and we have data proving that a caregiver can provide care to many qualifying patients. The medical cannabis caregiver was established to provide a person to help grow and administer cannabis for qualifying medical patients. Care Waialua, if tasked, could take care of hundreds of qualifying patients through the multi-card property. Automated watering, staffing, and experienced cultivators allow this one-to-many caregiver to exist.

Here are current recommendations to allow multi-site properties to continue. We feel these recommendations are adequate and will protect multi-site operations until DOH can work with the public to develop multi-site regulations. We also believe this will provide immediate regulations to inform law enforcement, relieving the burden of enforcing multi-card properties. Simply passing HB2443 HD2 as is, with no amended regulations, will further jeopardize medical cannabis patients.

We recommend amending HB2443 HD2 to state the following. This recommendation is based on the data collected from a multisite operation with 980 qualifying patients. This site has proven its capacity to care for its qualifying patients.

Primary Caregiver recommendations:

[§329-123] Registration requirements.

(c) Primary caregivers shall register with the Department of Public Safety. ~~Every primary caregiver shall be responsible for the care of only one qualifying patient at any given time.~~

A caregiver shall be responsible for all qualifying patients registered to that caregiver. A one-to-many (no limit) policy shall be created in the statute to how many patients can be registered to a caregiver.

A caregiver may take payment from the qualifying patient registered to the caregiver for service rendered. Services include growing, manufacturing, or storage of the qualifying patient's marijuana. The cost to run a multi-card properties must be considered when acting as a caregiver and providing quality medicine to the qualifying patient.

If the qualifying patient does not accept the services rendered by the caregiver, the qualifying patient may easily remove the caregiver using the DOH 329 application change form.

Multi-card grow site recommendations:

- Limit multi-card grow sites to 5000 square feet of flowering canopy space and remove the plant tag labeling system. This recommendation will do three things.

1. Make it easy for DOH compliance inspectors to inspect by quickly measuring the canopy space instead of counting plants and looking for compliance through each labeled plant.
 2. Prevent multi-card properties from becoming too large. Plant counts have proven to be a failure in all cannabis programs because, with no canopy flowering limits, a multi-card property can grow outside of the canopy flowering space and increase yield production by simply growing hundreds of plants across large acreage. This results in an overabundance of marketable cannabis that could leave the multi-card property and feed the illegal market. Canopy space controls this problem and only allows a documented maximum yield at the multi-card property.
 3. The act of labeling each plant with a plastic, waterproof label, results in a large amount of unneeded plastics going into the aina. There is currently no compostable tagging system that is waterproof to deal with this dilemma and be conservation-conscious.
-
- Allow no limit on the number of qualifying patients at a multi-card property.
 - Security alarms are required at muti-card properties.
 - Require multi-card grow sites to have private cannabis testing results posted at their site for qualifying patients.

Mahalo legislators. Now is the time to act on HB2443 HD2 and, once and for all, force DOH to take this matter seriously and stop ignoring the duties to provide multi-card property regulations by simply passing HB2442 HD2 as is. There is lots of data collected through multi-card property owners and DOH can sit down with multi-card properties owners and review the data. The recent federal raid at Care Waialua, with no charges as of October 26, 2023, should alarm the legislation on how the DOH has been noncompliant in these matters and could have possibly changed this outcome.

Aloha,
Jason Hanley (Care Waialua), owner

HB-2443-HD-2

Submitted on: 3/17/2024 11:41:53 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

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

Comments:

OPPOSE. Needs ammendments.

HB-2443-HD-2

Submitted on: 3/17/2024 12:23:52 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Carie Lunsford	Individual	Oppose	Written Testimony Only

Comments:

I oppose this because of the limit of ppl I can caregive for. There are 450,000 people who do not have access to their cannabis card! And we need to open up the medical side of cannabis , let's not open the recreational side. It causes many weird reactions from the action of legalizing. We also need a insurance to go along with this (as proposed in the legalization bill), to help people pay the Dr. appt fee and also the fee to the state of Hawaii. I meet with many patients every week as I assist a local doctor on island with patient education and direction. I would like to see cannabis open up in the medical areas and not sunset caregiving laws!!!

Medical Cannabis Advocates Maui

Carie M. Lunsford

808-419-8334

HB-2443-HD-2

Submitted on: 3/18/2024 10:04:37 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Wayne Nakamoto	Individual	Oppose	Written Testimony Only

Comments:

Dear Lawmakers:

I oppose this HB2443.

This bill, will put additional expense on the public and for medical users. It adds too much restrictions for medical users. This will add to Law enforcement expense, a seperate task force, bad idea. Reminder, we are not talking about Recreational use, we are talking about medical use and the right to grow. I don't see any change in street prices vs. dispensary prices.

I oppose this HB2443 as written. Sent it back to drawing board.

Aloha

Wayne Nakamoto

HB-2443-HD-2

Submitted on: 3/17/2024 12:28:39 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

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

Comments:

Oppose

HB-2443-HD-2

Submitted on: 3/17/2024 12:46:49 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

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

Comments:

I oppose this bill. Limiting care givers and/or grow site to 5 is not fair! This bill will force me to use the dispensary to get my medicine. The prices at all dispensaries are ridiculously expensive. They occasionally have sales for the ounces, but the quality and potency is too weak for my ailments. The potent flower that could meet my needs are too expensive for me to afford and they NEVER do go on sale!

it's cheaper for me to get my medicine illegally! This bill will force me to choose illegal ways to get my medicine.

HB-2443-HD-2

Submitted on: 3/17/2024 1:39:15 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

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

Comments:

Aloha Legislators.

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“We feel limiting sites to five cards will act as a community garden and protect patients from legal jeopardy.” This statement is incorrect and will only expand the multi-card properties by dividing them up into hundreds of multi-card properties with no security or safety from intruders.

“We feel exceeding a one-to-one ratio of caregivers to qualifying patients lessens the care the patients are receiving.” This is also incorrect, and we have data proving that a caregiver can provide care to many qualifying patients. The medical cannabis caregiver was established to provide a person to help grow and administer cannabis for qualifying medical patients. Care Waialua, if tasked, could take care of hundreds of qualifying patients through the multi-card property. Automated watering, staffing, and experienced cultivators allow this one-to-many caregiver to exist.

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- Limit multi-card grow sites to 5000 square feet of flowering canopy space and remove the plant tag labeling system. This recommendation will do three things.
 1. Make it easy for DOH compliance inspectors to inspect by quickly measuring the canopy space instead of counting plants and looking for compliance through each labeled plant.
 1. Prevent multi-card properties from becoming too large. Plant counts have proven to be a failure in all cannabis programs because, with no canopy flowering limits, a multi-card property can grow outside of the canopy flowering space and increase yield production by simply growing hundreds of plants across large acreage. This results in an overabundance of marketable cannabis that could leave the multi-card property and feed the illegal market. Canopy space controls this problem and only allows a documented maximum yield at the multi-card property.
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- Security alarms are required at muti-card properties.

- Require multi-card grow sites to have private cannabis testing results posted at their site for qualifying patients.

Mahalo legislators. Now is the time to act on HB2443 HD2 and, once and for all, force DOH to take this matter seriously and stop ignoring the duties to provide multi-card property regulations by simply passing HB2442 HD2 as is. There is lots of data collected through multi-card property owners and DOH can sit down with multi-card properties owners and review the data. The recent federal raid at Care Waialua, with no charges as of October 26, 2023, should alarm the legislation on how the DOH has been noncompliant in these matters and could have possibly changed this outcome.

HB-2443-HD-2

Submitted on: 3/17/2024 2:10:09 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

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

Comments:

We can do better for the future of our people with this bills.

HB-2443-HD-2

Submitted on: 3/17/2024 3:41:42 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

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

Comments:

I oppose this bill!!! Mahalo!

HB-2443-HD-2

Submitted on: 3/17/2024 3:45:21 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Henry Bell	Individual	Oppose	Written Testimony Only

Comments:

I am a Kanaka Maoli and I oppose this bill

Aloha Legislators.

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Aloha,

Jason Hanley (Care Waialua), owner

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"We feel exceeding a one-to-one ratio of caregivers to qualifying patients lessens the care the patients are receiving." This is also incorrect, and we have data proving that a caregiver can provide care to many qualifying patients. The medical cannabis caregiver was established to provide a person to help grow and administer cannabis for qualifying medical patients. Care Waialua, if tasked, could take care of hundreds of qualifying patients through the multi-card property. Automated watering, staffing, and experienced cultivators allow this one-to-many caregiver to exist.

Here are current recommendations to allow multi-site properties to continue. We feel these recommendations are adequate and will protect multi-site operations until DOH can work with the public to develop multi-site regulations. We also believe this will provide immediate regulations to inform law enforcement, relieving the burden of enforcing multi-card properties. Simply passing HB2443 HD2 as is, with no amended regulations, will further jeopardize medical cannabis patients.

We recommend amending HB2443 HD2 to state the following. This recommendation is based on the data collected from a multisite operation with 980 qualifying patients. This site has proven its capacity to care for its qualifying patients.

Primary Caregiver recommendations:

[§329-123] Registration requirements.

(c) Primary caregivers shall register with the Department of Public Safety. ~~Every primary caregiver shall be responsible for the care of only one qualifying patient at any given time.~~

A caregiver shall be responsible for all qualifying patients registered to that caregiver. A one-to-many (no limit) policy shall be created in the statute to how many patients can be registered to a caregiver.

A caregiver may take payment from the qualifying patient registered to the caregiver for service rendered. Services include growing, manufacturing, or storage of the qualifying patient's marijuana. The cost to run a multi-card properties must be considered when acting as a caregiver and providing quality medicine to the qualifying patient.

If the qualifying patient does not accept the services rendered by the caregiver, the qualifying patient may easily remove the caregiver using the DOH 329 application change form.

Multi-card grow site recommendations:

- Limit multi-card grow sites to 5000 square feet of flowering canopy space and remove the plant tag labeling system. This recommendation will do three things.

1. Make it easy for DOH compliance inspectors to inspect by quickly measuring the canopy space instead of counting plants and looking for compliance through each labeled plant.
2. Prevent multi-card properties from becoming too large. Plant counts have proven to be a failure in all cannabis programs because, with no canopy flowering limits, a multi-card property can grow outside of the canopy flowering space and increase yield production by simply growing hundreds of plants across large acreage. This results in an overabundance of marketable cannabis that could leave the multi-card property and feed the illegal market. Canopy space controls this problem and only allows a documented maximum yield at the multi-card property.
3. The act of labeling each plant with a plastic, waterproof label, results in a large amount of unneeded plastics going into the aina. There is currently no compostable tagging system that is waterproof to deal with this dilemma and be conservation-conscious.

- Allow no limit on the number of qualifying patients at a multi-card property.
- Security alarms are required at muti-card properties.
- Require multi-card grow sites to have private cannabis testing results posted at their site for qualifying patients.

Mahalo legislators. Now is the time to act on HB2443 HD2 and, once and for all, force DOH to take this matter seriously and stop ignoring the duties to provide multi-card property regulations by simply passing HB2442 HD2 as is. There is lots of data collected through multi-card property owners and DOH can sit down with multi-card properties owners and review the data. The recent federal raid at Care Waialua, with no charges as of October 26, 2023, should alarm the legislation on how the DOH has been noncompliant in these matters and could have possibly changed this outcome.

Aloha,
Jason Hanley (Care Waialua), owner

HB-2443-HD-2

Submitted on: 3/17/2024 7:33:09 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mariah Gouveia	Individual	Oppose	Written Testimony Only

Comments:

<https://drive.usercontent.google.com/download?id=1WpGnwiQIbEf5UW-2e8kg5XVf0pAvleJd&export=download>

HB-2443-HD-2

Submitted on: 3/18/2024 12:08:52 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

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

Comments:

Aloha my name is Fehren. I strongly OPPOSE HB 2443.

Limiting 5 cards may be alot for some.. but for others who have the square footage to provide medical cannabis due to larger space, I would suggest they have a special permit to carry more than 5 cards.

Some farmers that i respect and agree with their growing practices could have a larger square footage property and many patients may want to have them as their primary caregiver. With many experienced caregivers. It'll be unjust and a challenge to provide for only 1. To have options of dispensary AND personal caregiver should exist.

Please hear us and rewrite this bill.

Mahalo for allowing me to testify.

Mālama and maika'i lā.

HB-2443-HD-2

Submitted on: 3/18/2024 12:22:48 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rob Juterbock	Individual	Oppose	Written Testimony Only

Comments:

I am all for legalization... but, this bill has some regulations that make it more about the dispensaries trying to get rid of their products, since they feel threatened from customers going elsewhere. Capping the patients ability to have 5 cards at one location is not realistic. Maybe, if there were an option to get a license so you can grow more than 50 plants, then sure im all for it, but that's not included in this bill. I worked for Noa Botanicals for 13 months, 6 months product specialist and 7 months grower at the cultivation center. I can tell you now that the people running the company have no idea what they are doing. They are money hungry and don't care about the patient. They are enforcing this law so people can't compete with them, which is unjust, the people have a right to cultivate their own cannabis the way they want. No one prefers synthetically grown cannabis over organic (which all the dispensaries use). Also, these companies only grow strains that complete the flowering cycle in 7-8 weeks. Many cannabis strain finish in 9-16 weeks that have completely different effects than the fast varieties they are cultivating, mainly for a profit stand point. And, the strains they cultivate, almost entirely stem from one strain (Girl Scout Cookies)... Regardless, I don't think the people reading this understand how to grow cannabis, and the effort that goes into growing it. Counting a clone as one plant is not right. That clone can die at any point within the next 2-3 weeks as roots haven't formed yet, and yes this happened all the time at the cultivation center at Noa. If you have a library of plants and seeds, and your only allowed to grow a maximum of 50 plants legally, you'll only realistically be able to keep around 5 strains in your library if you plan to clone a special strain that has proven to be beneficial for the patient. Sure, it's great if you just want to grow a small amount, but for the people who truly care for others, and want to help people with a certain ailment/condition, the grower is going to need a lot more room and the ability to keep these unique strains alive in order to serve those people in need. One strain won't work for everyone. Another aspect of why capping everyone at 5 carfs isn't right is if you sprout 50 seeds, on average 25 will be female, 25 will be male. (Feminized seeds will end up turning into a hermaphrodite 100% of the time, and seeds will be in the flower) Males are only good for their pollen and making more seeds. So should they count as a plant since they usually dont contain any THC? This isn't right. Give the option for Hawai'i growers to cultivate more plants and grow as a community and allow us to keep expanding our knowledge of this plant. Allow an option for the experienced cultivator to stay legal and keep a library of plants to better serve the community and mainly to genuinely help patients. Cannabis should be legal but under these conditions, it's a step backward, and these unjust dispensaries are going to profit. I could talk all day about all the issues that happen in the cultivation center and dispensaries. But for now, I would like to see an option for the cultivators and small farmers to expand and legally be able to obtain a license to

continue growing. Organic, naturally sun grown is how it should be. Not synthetically fertilized and under lights of all one type of strain. Thank you for your time.

HB-2443-HD-2

Submitted on: 3/18/2024 6:41:27 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Drew Erickson	Individual	Oppose	Written Testimony Only

Comments:

I believe that the proposed limitation of five cards per site, as outlined in the legislation, will not effectively act as a 'community garden' nor adequately protect patients from legal jeopardy. I foresee that such a restriction would inadvertently lead to the proliferation of multi-card properties, each with potentially hundreds of cards, lacking proper security measures and leaving patients vulnerable to intruders.

Similarly, the assertion that exceeding a one-to-one ratio of caregivers to qualifying patients diminishes the quality of care is unfounded. Our extensive data demonstrates that a caregiver can effectively manage care for multiple qualifying patients. The role of a medical cannabis caregiver is precisely to cultivate and administer cannabis for qualifying patients in need. With modern amenities such as automated watering systems, dedicated staffing, and experienced cultivators, caregivers like Care Waiialua can serve hundreds of qualifying patients through a single multi-card property.

In light of these considerations, we propose alternative recommendations to facilitate the continued operation of multi-site properties. These suggestions aim to provide interim regulations to govern multi-site operations until the Department of Health (DOH) can collaborate with the public to develop comprehensive multi-site regulations. Implementing these measures will offer immediate guidance to law enforcement and alleviate the burden of enforcing rules on multi-card properties.

To this end, we recommend amending HB2443 HD2 to reflect the following provisions. Our recommendations are informed by empirical data from a successful multi-site operation serving 980 qualifying patients, which demonstrates its capability to deliver quality care to patients in need of cannabis medication not available at current dispensaries.

Aloha Legislators.

DOH has been approving multi-card properties since January 1, 2015. Almost nine years later, DOH has not attempted to provide satisfactory regulations regarding multi-card properties. Instead, they have continuously approved 329 cards on multi-site properties, with up to 1500 cards approved on one at any given time at one multi-card property. Care Waialua has been operating for over five years and has not received any noncompliance citations from DOH. Care Waialua has also not received complaints from qualifying patients regarding "unsafe medicine." We assist in thoroughly testing qualifying patients' medicine.

Outside of the legislative laws, DOH is working with the Attorney General to discriminate against patients and where they can grow. For example, DOH is now targeting Care Waialua, the largest multi-card property in Hawaii, and holding back patients' renewal grow site change packets for over 90 days with no written authority. This action is causing qualifying patients to go without their cannabis medicine. DOH is also revising statutes outside of the legislative authority to force each patient to touch, water, and harvest their own plant when many of these patients are sick or disabled and have no caregiver to assist them. We ask the legislation to review these comments, pass a statute allowing multi-card sites to operate now, and mandate the DOH to develop regulations within the following calendar year. Multi-card properties cannot continue without the following amendments added.

DOH testimony for HB24423 is as follows with comments.

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Aloha,
Mike Elwood- Care Waialua patient

HB-2443-HD-2

Submitted on: 3/18/2024 8:31:17 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Mark Tamosiunas	Individual	Oppose	Written Testimony Only

Comments:

Due to the unrealistic effective date, I oppose.

HB-2443-HD-2

Submitted on: 3/18/2024 8:31:31 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

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

Comments:

I oppose this bill

please dont take away my medicine from care Waialua

im 86 years old born and raised here i need jason Hanley to take care of my medicine for me. I can not tend to my own plants physically or afford a dispensary medicine.

HB-2443-HD-2

Submitted on: 3/18/2024 9:42:45 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jason Swanson	Individual	Oppose	Written Testimony Only

Comments:

I do not support this bill. Rather than seeking to support the medical needs of the community, it seeks to punish and damage an already vulnerable population.

if you wish to create a decent bill that helps our society you should first consult the prescribers of the medical marijuana and the patients they serve.

kind regards,

Kason Swanson

Citizen of Hawaii

HB-2443-HD-2

Submitted on: 3/18/2024 8:48:53 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

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

Comments:

I oppose this bill

i need my medicine from care Waialua and no where else provides me with care and quality. Dont take away my rights to grow there! I can't grow at home nor will it produce a good product for my ailments. I dont support dispensaries i support the old time farmers. We came first!!! Support local communities not greedy business men! Its all transparent just look

HB-2443-HD-2

Submitted on: 3/18/2024 10:14:49 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Hannah Mizuno	Individual	Oppose	Written Testimony Only

Comments:

This bill would entail a 15% tax on medical cannabis and require dispensaries to change their licensure, costing them 50k per retail and 25k per production. These practices will only make medical cannabis products more costly and inaccessible for the patients who need them most, including individuals with chronic and severe pain, nausea, muscle spasms, and seizures. The state should be taking measures to increase access and decrease cost for such medical uses, not making it more difficult for patients to access medical cannabis needed in order to live comfortable, healthy lives.

HB-2443-HD-2

Submitted on: 3/18/2024 11:01:14 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Francis (Bill) McRoberts	Individual	Oppose	Written Testimony Only

Comments:

I have a medical card and am very happy that I do not have to rely on prescription drugs for relief. I would hate to see money spent on making it even more difficult than it is now. So many States have simply made it legal and I feel that what is being proposed is a step in the wrong direction. I am 76 years old, a small business owner, and rely on the "gummies" for occasional help. .

HB-2443-HD-2

Submitted on: 3/18/2024 11:15:53 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Andrew Simmons	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

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

I am writing to express my opposition to House Bill (HB) 2443, which relates to medical cannabis.

I support ending the sunset date for caregivers 110%. It is unethical and immoral to end a patient/caregiver relationship. Many patients who rely on caregivers cannot physically grow their own. The high cost of buying meds from one of the 8 dispensaries is not within reach for most of Hawaii's patients. Often times dispensaries only grow what makes the most sense business wise (yields, high thc, ease of growth, finishing time) are all important factors to a commercial grow. While this makes sense when running a business it unfortunately leaves patients with specific needs unable to obtain the medicine that actually works for them.

A caregiver is more likely to cater to an individual patients needs and grow what works for them regardless of yield, flowering time, THC % etc . Caregivers are true lifesavers for those who rely on them.

My biggest issue with HB2443 is limiting medical grow sites to 5 cards.

Maybe.....5 cards would be a good limit for residential zoned properties?? There is absolutely no good reason to limit a patient ran collective grow site operating on Agricultural zoned land.

Many patients across the islands live in an apartment building or home with a yard not suited for farming. This is where it is important to allow larger collective patient ran grows on Agricultural land allowing patients to exercise our rights provided under our Medical Cannabis program. Another factor is not all climates in the island are favorable for growing Cannabis. A patient may live up mauka in a wet zone where they are unable to get a crop to maturity without fungal problems. These patients also benefit from having an option to lease a small plot elsewhere at a patient ran collective. If you absolutely are dead set on limiting the amount of patients at 1 given site please consider that # to be closer to 20 patients per site.

Thanks for your time and consideration, Andrew

HB-2443-HD-2

Submitted on: 3/18/2024 11:47:14 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Virginia Mann	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill. While visiting a dispensary I noticed a jar with a sign that was accepting Donations for the elderly on fixed income or could not afford their Herbal Medicines. I am one of them! Why pay for a medical card if you can't afford your meds . We need our small farmers and cooperatives to be able to care for all of us who can't afford the inflated prices of the dispensary. My experience with co-ops and small farmers is that they are all about helping people in need for pain anxiety and all the things we use our herbal meds for. I am 77 years old and this is the only thing that keeps me out of pain. Marijuana never led myself or anyone I know to harder drugs (I don't consider Marijuana a drug) and it will not lead to more crime ! I don't know one person who would rob or steal to get Marijuana Meds. Mahalo for your time and I hope you take it one step further and make it recreational. I think that would boost tourism !

HB-2443-HD-2

Submitted on: 3/18/2024 12:49:03 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alexia Thrash	Individual	Oppose	Written Testimony Only

Comments:

To Whom It May Concern,

I oppose HB2443 because this bill proposes to massively limit patients to growers, and essentially only makes it legal to obtain cannabis from dispensaries.

The bill proposal itself is contradicting in stating its goal to expand resources for obtaining cannabis legally, when in reality, it's severely limiting the access. This is

Eliminating avenues of obtaining cannabis does not mean we're making it safer. It just means we're increasing avenues for unsafe transactions by creating more restrictions.

HB-2443-HD-2

Submitted on: 3/18/2024 1:06:15 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Keith Montross	Individual	Oppose	Written Testimony Only

Comments:

It seems apparent that some people in the Legislature STILL don't have a clue about how useless Prohibition was 100 years ago. Creating laws to 'regulate' peoples' behaviors rarely - if ever - produce the stated desire of the legislation. Fostering an environment where the government and community actually WORK TOGETHER to create reasonable and actionable rules and laws would seem to be the 'shortest distance between two points', wouldn't it? Devoting time to a matter such as what HB2243 is advocating is, in itself, a waste of taxpayer dollars. A few people who seem to hold a holier-than-thou attitude about medical marijuana appear to believe that THEIR view is the right one and government must further restrict and limit this industry which has barely begun to establish itself. With in depth analysis of the challenges and onerous taxation that is currently present in this industry, it's no small wonder that the state is unable to realize the tax benefits of having MORE support for it. It's commonly reported that the state of Colorado realized a 1 BILLION dollar tax increase in just the FIRST YEAR of legalizing marijuana in their state. When Hawaii is scrambling to find resources to truly tackle IMPORTANT issues (homelessness is the first thing that comes to mind), why are you all consumed with throttling an infant industry? You established rules in the beginning but now it's something that REALLY needs more government regulation and restriction. Seriously?? Give the industry MORE support and achieve a higher tax revenue that is desperately needed! Don't make this bill a law if you have a genuine concern for the Hawaiian community as a whole. Otherwise, you would seem to be part of the political hypocrisy that is so rampant in our country right now.

HB-2443-HD-2

Submitted on: 3/18/2024 3:02:26 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

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

Comments:

This bill is an obvious money grab from the dispensaries and the people who wrote this bill. It will not provide better medicine or even cheaper medicine to people already struggling after losing their homes and still paying mortgages. When did the government start telling people how much food they could grow? Why are you trying to limit how much fruit people can grow? This is how China treats their citizens. The medical program here has a lot to be desired. Why are we legalizing when we have no medical program worth using? Why are we legalizing when we have no education in place? There should be no limit on how much fruit people should be able to grow, so why is there on the patients per caregiver. How many doctors have thousands of patients? Please consider educating your staff and others before moving forward with this bill.

HB-2443-HD-2

Submitted on: 3/18/2024 3:16:11 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Chris McKay	Individual	Oppose	Written Testimony Only

Comments:

What about our kupuna medical patients? Limiting a patient to 5 plants to grow is not how you grow it for medical purposes. A plant takes 6 months to grow from start to finish, the medical patient is just supposed to wait?! A caretaker always has multiple plants at different stages, so they can harvest every 1 or 2 months. You cannot do that with a 5 plant limit, you need more!

This is forcing patients into dispensaries and they are overpriced, terrible quality and do not meet the needs of our Kupana and residents on island.

HB-2443-HD-2

Submitted on: 3/18/2024 3:58:13 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

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

Comments:

I oppose this.

This is lazy bureaucracy.

Aloha Legislators.

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has been noncompliant in these matters and could have possibly changed this outcome.

Aloha,
Jason Hanley (Care Waialua), owner

Jade Sun (Oahu Cannabis Patient)

HB-2443-HD-2

Submitted on: 3/18/2024 4:52:17 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Keoni Jury	Individual	Oppose	Written Testimony Only

Comments:

This bill would limit all sites to 5 patients and make it illegal to obtain cannabis outside of a dispensary. Hawaii has a thriving community of cannabis growers who have cared for our patients and community safely for decades. A majority of patients obtain cannabis safely; criminalizing legacy growers and forcing people into the dispensaries is the aim of this bill, and I am opposed to it.

HB-2443-HD-2

Submitted on: 3/18/2024 5:17:10 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
J Kawika Kahiapo	Individual	Oppose	In Person

Comments:

March 18, 2024

To: Chair San Buenaventura and Chair Keohokalole, Vice-Chair Aquino and Vice-Chair Fukanaga, and the members of the Senate Committee on Health and Human Services and Commerce and Consumer Protection.

Subject: I strongly oppose HB2443

Honorable Members of the Committee,

As a passionate advocate for Hawaii's agricultural sector and economic prosperity, I strongly oppose HB2443. This legislation perpetuates the monopoly held by licensed dispensaries over the cultivation of medical cannabis, hindering the potential growth and diversification of our agricultural industry. It is imperative that we break down these barriers and empower local farmers to participate in a state-regulated system that benefits the entirety of our state's agricultural resources.

HB2443, by extending the authorization for primary caregivers to cultivate medical cannabis, challenges the dominance of licensed dispensaries. While some may argue that this fosters competition, in reality, it entrenches a monopoly that stifles innovation and limits opportunities for local farmers. By restricting access to cannabis cultivation to a select few entities, we deprive our agricultural sector of the chance to thrive and contribute to our state's economy.

Moreover, the current dispensary-centric model fails to fully utilize Hawaii's agricultural potential. Our fertile lands and favorable climate offer ideal conditions for cannabis cultivation, yet the monopoly held by dispensaries prevents local farmers from tapping into this lucrative market. By dismantling barriers and allowing farmers to produce medical marijuana within a state-regulated system, we can harness the agricultural expertise and resources that abound in our state.

Supporting local farmers in entering the medical cannabis market not only boosts agricultural diversity but also stimulates economic growth across various sectors. It creates opportunities for job creation, stimulates ancillary industries such as packaging and transportation, and generates revenue that can be reinvested into our communities. By embracing a more inclusive and decentralized approach to cannabis cultivation, we can unlock the full potential of Hawaii's agricultural sector and foster sustainable economic development statewide.

In conclusion, HB2443 perpetuates a dispensary monopoly that stifles Hawaii's agricultural potential and limits economic opportunities for local farmers. It is time to remove these barriers and establish a state-regulated system that empowers farmers to produce medical marijuana in a manner that is beneficial to the entire state. Let us embrace the richness of our agricultural resources and pave the way for a more vibrant and resilient economy for generations to come.

Mahalo for your time and consideration on this matter,

Kawika Kahiapo

HB-2443-HD-2

Submitted on: 3/18/2024 6:28:08 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Pat Fondren	Individual	Oppose	Written Testimony Only

Comments:

No law should limit how much food and medicine you can legally grow for your own family and community.

RE: HB 2443 - SUPPORT with AMENDMENTS.

STRONG OPPOSITION to PATIENT/CAREGIVER LIMITATIONS on AG ZONED LAND, and STRONG SUPPORT a MAXIMUM of TEN (10) PATIENTS per CAREGIVER.

1. Only limit 5 patients (50 plants) per household in Residential zoned properties.

What is the legal reason and justification for limiting registered medical cannabis grow sites to only five (5) qualifying patients? If neighbors in a residential area are concerned with the smell of flowering plants, then a limit of 5 patients (50 plants) per household is acceptable.

Intentional disregard of financial and social equity is the essential problem here. The right for a community to grow its own medicine shall not be infringed upon. Under HRS-329, each qualified medical patient has the right to cultivate, or have a caregiver cultivate, 10 plants registered to their 329 card. It does not matter if those plants are grown alone in the backyard, or grown next to hundreds of plants designated and tagged for registered medical patients. 10 plants per patient equals 10 plants per patient.

2. Allow for exemptions on Agricultural zoned properties permitting more than 5 patients (50 plants) per Ag property based on total farmable acreage/square footage.

Access to a secure, discreet, privately owned property on an island is very difficult, especially in dense urban development areas such as nearly all of Oahu and all the residential zoned areas on Kauai, Maui, and Hawaii. Agriculture should especially be encouraged by the State of Hawaii in these locations, and medical cannabis cultivation /S agriculture.

If agriculture zoned land is available to provide the space, infrastructure, privacy, remoteness, and cooperative community-based cultivation and shared responsibility of medical self-determination, why would the State of Hawaii make it illegal for more than five (5) qualifying patients from growing, propagating, and flowing their medical plants together? Many hands make light work, and division of labor is a fundamental economic principle of efficiency and minimizing labor costs in farming. Costs that are important to consider when access to fordable medical cannabis in Hawaii is an ethical concern with regards to the not so ordable alternatives that may not be suitable for a specific patient's specific medical conditic

(I.e. dispensaries). Hawaii State Capitol Building

The DOH should provide a clear pathway to build positive relationships with medical patients and caregivers at registered grow sites, with the goal to educate and support their efforts to remain in compliance with HRS-329. All of the inspections should be voluntary, and the DOH should be required to contact the patients and caregivers associated with each registered grow site prior to a scheduled visitation.

1. Allow one (1) caregiver to cultivate for a maximum of ten (10) patients. There is no reason why a single experienced medical caregiver should be limited to only cultivating for one other patient. That would be equivalent to requiring each medical patient in the State of Hawaii who cannot cook for themselves to have only one personal chef to cook for them and no one else. This is absolutely ridiculous! If a caregiver is experienced, capable, and able to cultivate for one other patient then they are capable of helping more patients. If the intention of this restriction is to ensure quality control, then set a reasonable limit at ten (10) patients (100 plants) per caregiver.

2. As it is written, HB 2443 is clearly aiming to take away medical patients' rights to grow and produce medicine at any reasonable capacity. It is a blatant attack on all medical cannabis cultivation and relationships that are outside of the dispensaries. The intention and motivation is obvious, the dispensaries want more customers (i.e. medical patients) and are willing to go as far as to change the law to forcibly push more medical patients into their retail stores.

This bill is clearly pushing an agenda for corporate cannabis dispensaries to profit off of more medical patients, and is absolutely forcing more medical patients to buy from the dispensaries by limiting their abilities to cultivate their own plants.

HB2443 bill is fundamentally unethical, clearly written with animus towards medical growers and caregivers, and rotten with corporate and political greed at the root.

WHERE IS YOUR ALOHA? Respectfully.

DO THE RIGHT THING. Respectfully.

Keep Country Country by letting us farm AG LAND! Mahalo nui loa.

HB-2443-HD-2

Submitted on: 3/18/2024 7:57:42 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

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

Comments:

Aloha Legislators. DOH has been approving multi-card properties since January 1, 2015. Almost nine years later, DOH has not attempted to provide satisfactory regulations regarding multi-card properties. Instead, they have continuously approved 329 cards on multi-site properties, with up to 1500 cards approved on one at any given time at one multi-card property. Care Waialua has been operating for over five years and has not received any noncompliance citations from DOH. Care Waialua has also not received complaints from qualifying patients regarding “unsafe medicine.” We assist in thoroughly testing qualifying patients' medicine. Outside of the legislative laws, DOH is working with the Attorney General to discriminate against patients and where they can grow. For example, DOH is now targeting Care Waialua, the largest multi-card property in Hawaii, and holding back patients' renewal grow site change packets for over 90 days with no written authority. This action is causing qualifying patients to go without their cannabis medicine. DOH is also revising statutes outside of the legislative authority to force each patient to touch, water, and harvest their own plant when many of these patients are sick or disabled and have no caregiver to assist them. We ask the legislation to review these comments, pass a statute allowing multi-card sites to operate now, and mandate the DOH to develop regulations within the following calendar year. Multi-card properties cannot continue without the following amendments added. DOH testimony for HB24423 is as follows with comments. “We feel limiting sites to five cards will act as a community garden and protect patients from legal jeopardy.” This statement is incorrect and will only expand the multi-card properties by dividing them up into hundreds of multi-card properties with no security or safety from intruders. “We feel exceeding a one-to-one ratio of caregivers to qualifying patients lessens the care the patients are receiving.” This is also incorrect, and we have data proving that a caregiver can provide care to many qualifying patients. The medical cannabis caregiver was established to provide a person to help grow and administer cannabis for qualifying medical patients. Care Waialua, if tasked, could take care of hundreds of qualifying patients through the multi-card property. Automated watering, staffing, and experienced cultivators allow this one-to-many caregiver to exist. Here are current recommendations to allow multi-site properties to continue. We feel these recommendations are adequate and will protect multi-site operations until DOH can work with the public to develop multi-site regulations. We also believe this will provide immediate regulations to inform law enforcement, relieving the burden of enforcing multi-card properties. Simply passing HB2443 HD2 as is, with no amended regulations, will further jeopardize medical cannabis patients. We recommend amending HB2443 HD2 to state the following. This recommendation is based on the data collected from a multisite operation with 980 qualifying patients. This site has proven its capacity to care for its qualifying patients. Primary Caregiver recommendations: [§329-123] Registration requirements. (c) Primary caregivers shall register

with the Department of Public Safety. Every primary caregiver shall be responsible for the care of only one qualifying patient at any given time. A caregiver shall be responsible for all qualifying patients registered to that caregiver. A one-to-many (no limit) policy shall be created in the statute to how many patients can be registered to a caregiver. A caregiver may take payment from the qualifying patient registered to the caregiver for service rendered. Services include growing, manufacturing, or storage of the qualifying patient's marijuana. The cost to run a multi-card properties must be considered when acting as a caregiver and providing quality medicine to the qualifying patient. If the qualifying patient does not accept the services rendered by the caregiver, the qualifying patient may easily remove the caregiver using the DOH 329 application change form. Multi-card grow site recommendations: • Limit multi-card grow sites to 5000 square feet of flowering canopy space and remove the plant tag labeling system. This recommendation will do three things. 1. Make it easy for DOH compliance inspectors to inspect by quickly measuring the canopy space instead of counting plants and looking for compliance through each labeled plant. 2. Prevent multi-card properties from becoming too large. Plant counts have proven to be a failure in all cannabis programs because, with no canopy flowering limits, a multi-card property can grow outside of the canopy flowering space and increase yield production by simply growing hundreds of plants across large acreage. This results in an overabundance of marketable cannabis that could leave the multi-card property and feed the illegal market. Canopy space controls this problem and only allows a documented maximum yield at the multi-card property. 3. The act of labeling each plant with a plastic, waterproof label, results in a large amount of unneeded plastics going into the aina. There is currently no compostable tagging system that is waterproof to deal with this dilemma and be conservation-conscious. • Allow no limit on the number of qualifying patients at a multi-card property. • Security alarms are required at multi-card properties. • Require multi-card grow sites to have private cannabis testing results posted at their site for qualifying patients. Mahalo legislators. Now is the time to act on HB2443 HD2 and, once and for all, force DOH to take this matter seriously and stop ignoring the duties to provide multi-card property regulations by simply passing HB2442 HD2 as is. There is lots of data collected through multi-card property owners and DOH can sit down with multi-card properties owners and review the data. The recent federal raid at Care Waialua, with no charges as of October 26, 2023, should alarm the legislation on how the DOH has been noncompliant in these matters and could have possibly changed this outcome.

HB-2443-HD-2

Submitted on: 3/18/2024 8:52:35 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Julio Uyesugi	Individual	Oppose	Written Testimony Only

Comments:

stop criminalizing growers

HB-2443-HD-2

Submitted on: 3/18/2024 10:03:11 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
ikaika aranda	Individual	Oppose	Written Testimony Only

Comments:

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RE: HB 2443 - SUPPORT with AMENDMENTS.

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(I.e. dispensaries). Hawaii State Capitol Building

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1. Allow one (1) caregiver to cultivate for a maximum of ten (10) patients.^[1] There is no reason why a single experienced medical caregiver should be limited to only cultivating for one other patient. That would be equivalent to requiring each medical patient in the State of Hawaii who cannot cook for themselves to have only one personal chef to cook for them and no one else. This is absolutely ridiculous! If a caregiver is experienced, capable, and able to cultivate for one other patient then they are capable of helping more patients. If the intention of this restriction is to ensure quality control, then set a reasonable limit at ten (10) patients (100 plants) per caregiver.

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HB-2443-HD-2

Submitted on: 3/18/2024 11:21:38 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Gordon Kitaura	Individual	Oppose	Written Testimony Only

Comments:

I am opposed to having a limit on the number of clients or members any grow site can have. As a 100% disabled Vietnam veteran suffering with PTSD I find that having medical marijuana available helps me with my life functions, Medical marijuana should be available to all those who are in need of it. Why would any state limit the amount of medicine that could be available to those who need it?

HB-2443-HD-2

Submitted on: 3/19/2024 7:28:30 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Flynn Novak	Individual	Oppose	Written Testimony Only

Comments:

Limited space on island to grow, doesn't make it easy for people to grow their own or get their medicine grown by a cooperative farm. Unrealistic parameters put on the producing aspect of the medicine, and unrealistic penalties put on the farmers and patients to cultivate and consume their medicine.

HB-2443-HD-2

Submitted on: 3/19/2024 1:04:39 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Oliver Georges	Individual	Oppose	Written Testimony Only

Comments:

I oppose the limits being introduced for the number of patients a caregiver can provide for. Imagine restricting how many needy people a food bank could provide food to? Or how many patients a therapist could treat? Should we limit how many people dentists are allowed to treat at their practise?

The 8 licensed dispensaries offer limited options and cannabis helps patients with a wide range of health issues, and we should allow them to continue to source cannabis that works best for them. Large collectives show that patients have found solutions that work best for their individual needs and we should not pass laws that make it more restrictive.

Best,

O. Georges

HB-2443-HD-2

Submitted on: 3/19/2024 8:49:27 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Chad Miller	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

No patients rights should be limited. This program was created and in existence around the patients right to grow their own medicine/ have access to 10 plants for themselves. We have heard the numerous reasons why multi family homes and caregivers should not have restrictions. Any caregiver or space that has the ability to grow should not be limited to how many people they can help. People should have options, in Hawaii it is not easy to live and make a means let alone have the means to grow. However someone or a space that does should be allowed to help whoever and however many people they can. This is pro dispensaries and a broken failed system. We should never be taking away patient rights to this plant. Same with Caregivers ability to help other patients. We know many dont have the means or ability to grow for themselves. We have seen our patient program work with this model in providing Access to resources for others to help them have access to medicine/grow. Please dont take our rights.

Ultimately this Bill should be edited to not limit the amount of plants nor the ability to grow those 10 plants per patient. Same with caregivers anyone with the ability and space to help other medical members should be encouraged and allowed, these are peoples rights. Our Medical patients and Program need to be closely considered as we move toward legalization to prevent measures like this that limit and take away patient and caregiver rights.

I also volunteer my time and knowledge to propose and sit down and give feedback from the community to make sure this program doesnt continue to fail the people of Hawaii. We have a serious chance to make a positive change for the people and communities of Hawaii on How we do this Legalization. Rushing and not paying close attention to the numerous details and factors needed to consider. IF we dont we will see the same situations happening throughout the US of medical programs/patients disappearing/significantly negatively affected by the push for Legalization. WE have the chance to create an amazing program that lifts up Hawaii's community, bills like this and the rush for legalization are going to prove the same results if we do not make changes and pay close attention on how we legalize and regulate this plant medicine.

HB-2443-HD-2

Submitted on: 3/19/2024 10:14:47 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

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

Comments:

“It would be wryly interesting if in human history the cultivation of marijuana led generally to the invention of agriculture, and thereby to civilization.”

— [Carl Sagan](#)

Dear chairs, vice chairs, and members,

I am writing to address an important aspect of the proposed legislation.

While I understand the intention behind the bill, which aims to regulate cannabis cultivation by patients and encourage reliance on local dispensaries, it's essential to consider its potential impact on public health. Despite efforts to limit access, patients will likely continue growing cannabis individually and collectively. Implementing restrictive laws may inadvertently harm our most vulnerable populations.

Having dedicated the past 8 years to caring for medical cannabis patients in our state, I've witnessed firsthand the profound impact they've had on me and my practice. One aspect unique to Hawaii is the prevalence of collective growing practices, particularly among Polynesians who cultivate not only cannabis but also food for their communities. This collaborative approach, exemplifying 'laulima,' significantly reduces individual burdens and expenses.

While I agree with the need to regulate grow sites in residential areas, I propose a different approach for rural or agriculturally zoned land. Instead of restricting the number of patients per caregiver, consider setting limits based on the size of the grow site—say, 5,000 or 10,000 square feet. Additionally, caregivers should be permitted to cultivate cannabis for multiple patients, and their role should be recognized permanently, without sunset clauses, due to their invaluable contributions to our community.

In summary:

- Limit the number of cannabis cards per caregiver only in residential neighborhoods.
- Allow caregivers to grow for multiple patients.
- Reevaluate restrictions on agricultural land to accommodate more than five patients.

Thank you for considering these suggestions.

Sincerely,

Fuimaono-Poe FNP-BC

HB-2443-HD-2

Submitted on: 3/19/2024 11:21:28 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
LAURA BLUE	Individual	Oppose	Remotely Via Zoom

Comments:

As a patient and provider I am requesting that you please do not limit the number of qualifying patients that can be at a grow site and I ask that you change the statute to allow a care giver to care for many , not just one. According to your own survey approx 45 % of respondents get their medical cannabis from other sources (other than dispensary) that says alot about the dispensaries if only approx 1/2 of the patients utilize them. Likely due to pricing and medicine quality.

Current farms or co-ops serve the patient in a welcoming, non judgemental manner for a small fee that is much more affordable for a tested medicine that exceeds the quantity and quality of the dispensaries. Why are the writers to this bill trying to fix what is not broken?

As a provider to patients in need of 329 cards I experienced the DOH hold several applications for processing, in which they requested a lease for those designating Care Waialua as their grow site, once the lease was submitted, DOH continued to hold these applications causing undo stress and concern for patients needing their medication.

These applications were held for months under no specific existing rules or statute that I am aware of, while patients designating other farms were processed as fast as 24 hours. I feel the DOH needs to answer to the patients and House as to what authority they held said applications, listing Care Waialua as grow site, but were inconsistent in doing the same for applications to other farms. This made twice the work for me, already a busy provider with 3 jobs, in communicating and eventually getting these applications released for approval, only after the patients removed Care Waialua as their grow site.

HB-2443-HD-2

Submitted on: 3/19/2024 11:28:17 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jessica Kitaura	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB2443. Please don't close Care Waialua farm. That's the only place that grows safe cannabis medicine that helps me get through each day with a smile on my face. Care Waialua Farm helped my beloved girlfriend that had stage 4 pancreatic cancer. Her oncologist told her she had 6 months to live and because of Care Waialua Farm and Jason Hanley she got to live almost 4 years more. I'm very thankful and grateful for Care Waialua Farm and Jason Hanley for giving me almost 4 more years with her instead of just 6 months like the doctor told her. I was in a car accident when I was 16 years old and was bed ridden for 6 months. I live with pain in my whole body everyday all day and cannabis is the only medicine that helps me live a happy life even though I'm in pain all day. I was prescribed opioids after my car accident but the pills just made me feel weird and it would make me fall asleep soon after I took the pills. I would fall asleep in all my classes and the teachers would either slam something on my desk to scare me to wake me up, make fun of me or just leave me sleeping after class is finish and lock me in the classroom with the lights off and windows closed. I got so traumatized that I stopped taking the opioid pills that the doctors prescribed because I was tired of falling asleep and being traumatized by my teachers because of the pills. I can't grow cannabis where I live because I'm afraid that people might try to come and rob me because I'm growing cannabis at my house. Please allow us to continue growing our cannabis plants at Care Waialua Farm because it's a controlled safe environment with great clean medicine and security all around the property to keep people who don't belong on the property off the property. Care Waialua farm helps Oahu be a safer place because everyone that grows at their own house is not home all the time which gives the thieves time to steal patients plants at their house because no one's there to catch the thieves. Which would make the crime rate go up on Oahu. Please don't make all the patients go back to the black market. The dispensaries cannabis medicine does nothing to help patients that are really in pain daily. Patients in a lot of pain need a higher amount of THC or it does nothing to help them. Care Waialua farm is helping a lot of Cancer patients that just want to try and have a good day with out having to feel so much pain throughout their body, quality of life. Thank you for hearing what I have to say. Please don't close Care Waialua Farm! Jason Hanley is a really Great guy that's just trying to help as much people as he can, he's been helping me since 2016. Thank you for your time. I really appreciate it.

Sincerely,

Jessica Kitaura

HB-2443-HD-2

Submitted on: 3/19/2024 12:09:01 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Bo Nicole Capener	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill, because it compounds the real issue that patients have going to the medical dispensaries in Hawaii. Cost is the biggest factor, and people in Hawaii are constantly pinching pennies due to the extremely high cost of living. Any additional services or products needed for daily life to improve one's quality of life is no longer a necessity but has become a luxury that most just don't have. Most Kama'Aina cannot even afford to shop at the dispensaries, let alone drive from the far sides of the islands to town to go to the only ones available. Kama'aina must maintain the autonomy of their health and well being and not be forced by punishable criminal law to purchase from dispensaries. What about those that are in wheel chairs, or Kapuna that can't leave their homes or don't have access to transportation?

If the state would like to earn more tax revenues, then cannabis should be legalized and take in a cannabis adult-use tax just like alcohol. We deserve a free market where small business owners or cultivators can participate in the market rather than be forced into monopolies due to extremely high cost of barrier to entry. The 8 medical cannabis dispensaries had to show they had \$2,500,000 in liquid funds to get their licenses. What will the barrier for Kama'aina be to participate in legalization? Limiting the access to their medicine by forcing them into dispensaries isn't the answer, and is by all means cruel and unusual punishment. The answer is to create a fair, open market, otherwise all you're doing is re-criminalizing cannabis. It's a plant and medicine, it should not be treated like a narcotic. It is not Kuleana Pono to prohibit or restrict access to medicine. Plant medicine has always been a part of Hawaiian culture and healing. It's not illegal to grow Angel Trumpet / Bella Donna Flowers in your front yard, yet that plant is far more hallucinogenic and dangerous than cannabis. The pharmaceutical industry is not regulated this way.

HB-2443-HD-2

Submitted on: 3/19/2024 12:44:23 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

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

Comments:

Aloha legislators,

My spouse has severe and chronic health conditions but is able to still eat and get some sleep due to the medical benefits of cannabis. Without access to high quality affordable medical cannabis it is unlikely he would still be alive.

We lived in the state of Washington for several years prior to moving to Hawaii five years ago. In Washington we were able to afford the high quality cannabis legally available. We moved to Hawaii for the benefits of a milder climate when medical cannabis became legal and available. However, we found the cannabis from the dispensaries here on Oahu, for example, Noa and Cure Oahu, to be much more expensive and not always of good quality. So we tried to grow at home to save money, but doing so is a very time consuming task and still fairly expensive. It is not possible to just throw some cannabis seeds in a pot and add water and light and then expect a high yield. Only ten plants are allowed at any stage, and only the females produce flower and there can be mold and mites and other pests to deal with.

Cannabis patients almost by definition are disabled and have low or no income. So if they have a cannabis caregiver, and not everyone does, that caregiver besides working full time or more in order to support the patient would also have to care for the plants and somehow have the experience needed to do so.

So a few years ago we changed our 329 grow site from our home address to Care Waialua, and this has helped us enormously. They have staff and cultivators who are experienced and the quality is superb and the products are very affordable.

Please, do not allow this bill to move forward as is. It does not allow for a place like Care Waialua to exist. Why would you propose such a bill?

Please, do not let money and profit be the greatest deciding factor in this proposed legislation. Why are you supporting a monopoly (for profit dispensaries) over public health?

Please, eliminate the statement: "Every primary care giver shall be responsible for only one qualifying patient at any given time"

and please, do not allow a limit to the number of qualifying patients at multi card properties.

Sincerely,

Pernille Ottosen, MD

HB-2443-HD-2

Submitted on: 3/19/2024 11:40:17 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Daniel Carroll	Individual	Oppose	Written Testimony Only

Comments:

Please do not allow limit on caregiver or shared medical 329 card sites. Our family is bigger than 5 people. As a fruit farmer, We need to also be able to support our own family with medical cannabis as dispensaries are not affordable. Thank you!

HB-2443-HD-2

Submitted on: 3/19/2024 12:50:20 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

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

Comments:

Aloha legislators,

With all due respect,

THIS IS SOME BULL SHIT!

Sincerely,

Jeremiah Ryan



No law should limit how much food and medicine you can legally grow for your own family and community.

RE: HB 2443 - SUPPORT with AMENDMENTS.

STRONG OPPOSITION to PATIENT/CAREGIVER LIMITATIONS on AG ZONED LAND, and STRONG SUPPORT a MAXIMUM of TEN (10) PATIENTS per CAREGIVER.

1. *Only limit 5 patients (50 plants) per household in Residential zoned properties.*

What is the legal reason and justification for limiting registered medical cannabis grow sites to only five (5) qualifying patients? If neighbors in a residential area are concerned with the smell of flowering plants, then a limit of 5 patients (50 plants) per household is acceptable.

Intentional disregard of financial and social equity is the essential problem here. The right for a community to grow its own medicine shall not be infringed upon. Under HRS-329, each qualified medical patient has the right to cultivate, or have a caregiver cultivate, 10 plants registered to their 329 card. It does not matter if those plants are grown alone in the backyard, or grown next to hundreds of plants designated and tagged for registered medical patients. **10 plants per patient equals 10 plants per patient.**

2. *Allow for exemptions on Agricultural zoned properties permitting more than 5 patients (50 plants) per Ag property based on total farmable acreage/square footage.*

Access to a secure, discreet, privately owned property on an island is very difficult, especially in dense urban development areas such as nearly all of Oahu and all the residential zoned areas on Kauai, Maui, and Hawaii. Agriculture should especially be encouraged by the State of Hawaii in these locations, and medical cannabis cultivation *IS* agriculture.

If agriculture zoned land is available to provide the space, infrastructure, privacy, remoteness, and cooperative community-based cultivation and shared responsibility of medical self-determination, why would the State of Hawaii make it illegal for more than five (5) qualifying patients from growing, propagating, and flowing their medical plants together? Many hands make light work, and division of labor is a fundamental economic principle of efficiency and minimizing labor costs in farming. Costs that are important to consider when access to **affordable** medical cannabis in Hawaii is an ethical concern with regards to the not so affordable alternatives that may not be suitable for a specific patient's specific medical condition (i.e. dispensaries).



The DOH should provide a clear pathway to build positive relationships with medical patients and caregivers at registered grow sites, with the goal to educate and support their efforts to remain in compliance with HRS-329. All of the inspections should be voluntary, and the DOH should be required to contact the patients and caregivers associated with each registered grow site **prior** to a scheduled visitation.

3. ***Allow one (1) caregiver to cultivate for a maximum of ten (10) patients.***

There is no reason why a single experienced medical caregiver should be limited to only cultivating for one other patient. That would be equivalent to requiring each medical patient in the State of Hawaii who cannot cook for themselves to have only one personal chef to cook for them and **no one else**. This is **absolutely ridiculous!** If a caregiver is experienced, capable, and able to cultivate for one other patient then they are capable of helping more patients. If the intention of this restriction is to ensure quality control, then set a reasonable limit at ten (10) patients (100 plants) per caregiver.

4. As it is written, HB 2443 is clearly aiming to take away medical patients' rights to grow and produce medicine at any reasonable capacity. It is a blatant attack on all medical cannabis cultivation and relationships that are outside of the dispensaries. The intention and motivation is obvious, the dispensaries want more customers (i.e. medical patients) and are willing to go as far as to change the law to forcibly push more medical patients into their retail stores.

This bill is clearly pushing an agenda for corporate cannabis dispensaries to profit off of more medical patients, and is absolutely forcing more medical patients to buy from the dispensaries by limiting their abilities to cultivate their own plants.

HB2443 bill is fundamentally unethical, clearly written with animus towards medical growers and caregivers, and rotten with corporate and political greed at the root.

WHERE IS YOUR ALOHA? Respectfully.

DO THE RIGHT THING. Respectfully.

Keep Country Country by letting us farm AG LAND! Mahalo nui loa.

Alex Wong

HB-2443-HD-2

Submitted on: 3/18/2024 6:41:20 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

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

Comments:

I believe No law should limit how much food and medicine you can legally grow for your own family and community.

HB 2443 - SUPPORT with AMENDMENTS.

STRONG OPPOSITION to PATIENT/CAREGIVER LIMITATIONS on AG ZONED LAND, and STRONG SUPPORT a MAXIMUM of TEN (10) PATIENTS per CAREGIVER.

1. Only limit 5 patients (50 plants) per household in Residential zoned properties.

What is the legal reason and justification for limiting registered medical cannabis grow sites to only five (5) qualifying patients? If neighbors in a residential area are concerned with the smell of flowering plants, then a limit of 5 patients (50 plants) per household is acceptable.

Intentional disregard of financial and social equity is the essential problem here. The right for a community to grow its own medicine shall not be infringed upon. Under HRS-329, each qualified medical patient has the right to cultivate, or have a caregiver cultivate, 10 plants registered to their 329 card. It does not matter if those plants are grown alone in the backyard, or grown next to hundreds of plants designated and tagged for registered medical patients. 10 plants per patient equals 10 plants per patient.

2. Allow for exemptions on Agricultural zoned properties permitting more than 5 patients (50 plants) per Ag property based on total farmable acreage/square footage.

Access to a secure, discreet, privately owned property on an island is very difficult, especially in dense urban development areas such as nearly all of Oahu and all the residential zoned areas on Kauai, Maui, and Hawaii. Agriculture should especially be encouraged by the State of Hawaii in these locations, and medical cannabis cultivation /S agriculture.

If agriculture zoned land is available to provide the space, infrastructure, privacy, remoteness, and cooperative community-based cultivation and shared responsibility of medical self-determination, why would the State of Hawaii make it illegal for more than five (5) qualifying patients from growing, propagating, and flowing their medical plants together? Many hands make light work, and division of labor is a fundamental economic principle of efficiency and minimizing labor costs in farming. Costs that are important to consider when access to fordable medical cannabis in Hawaii is an ethical concern with regards to the not so ordable alternatives that may not be suitable for a specific patient's specific medical conditic

(I.e. dispensaries). Hawaii State Capitol Building

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1. Allow one (1) caregiver to cultivate for a maximum of ten (10) patients. There is no reason why a single experienced medical caregiver should be limited to only cultivating for one other patient. That would be equivalent to requiring each medical patient in the State of Hawaii who cannot cook for themselves to have only one personal chef to cook for them and no one else. This is absolutely ridiculous! If a caregiver is experienced, capable, and able to cultivate for one other patient then they are capable of helping more patients. If the intention of this restriction is to ensure quality control, then set a reasonable limit at ten (10) patients (100 plants) per caregiver.

2. As it is written, HB 2443 is clearly aiming to take away medical patients' rights to grow and produce medicine at any reasonable capacity. It is a blatant attack on all medical cannabis cultivation and relationships that are outside of the dispensaries. The intention and motivation is obvious, the dispensaries want more customers (i.e. medical patients) and are willing to go as far as to change the law to forcibly push more medical patients into their retail stores.

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HB-2443-HD-2

Submitted on: 3/18/2024 8:57:38 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Carleigh Vincentz	Individual	Comments	Written Testimony Only

Comments:

No law should limit how much food and medicine you can legally grow for your own family and community.

RE: HB 2443 - SUPPORT with AMENDMENTS.

STRONG OPPOSITION to PATIENT/CAREGIVER LIMITATIONS on AG ZONED LAND, and STRONG SUPPORT a MAXIMUM of TEN (10) PATIENTS per CAREGIVER.

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(I.e. dispensaries). Hawaii State Capitol Building

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HB-2443-HD-2

Submitted on: 3/19/2024 5:47:47 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

LATE

Submitted By	Organization	Testifier Position	Testify
David White	Individual	Oppose	Written Testimony Only

Comments:

Oppose

LATE

HB-2443-HD-2

Submitted on: 3/19/2024 7:47:29 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Elizabeth Winternitz	Individual	Oppose	Written Testimony Only

Comments:

I am a kupuna with a 329 card, and lifelong Hawaii resident, and I oppose this bill.

Hawaii has a thriving community of growers who have cared for our patients and community safely for decades. A majority of patients obtain cannabis safely; criminalizing legacy growers is plain wrong, as is forcing people into the dispensaries as their only legal option.

Elizabeth Winternitz