



**WRITTEN TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-THIRD LEGISLATURE, 2025**

ON THE FOLLOWING MEASURE:

H.B. NO. 302, H.D. 2, S.D. 1, RELATING TO CANNABIS.

BEFORE THE:

SENATE COMMITTEES ON JUDICIARY AND ON WAYS AND MEANS

DATE: Tuesday, April 1, 2025 **TIME:** 10:00 a.m.

LOCATION: State Capitol, Room 211

TESTIFIER(S): **WRITTEN TESTIMONY ONLY.**
(For more information, contact Alana L. Bryant,
Deputy Attorney General, at (808) 587-3085)

Chairs Rhoads and Dela Cruz and Members of the Committees:

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

The purpose of this bill is to enhance and expand access to medical cannabis from licensed medical cannabis dispensaries in the State while discouraging participation in the illicit cannabis market by, among other things: (1) amending the definition of "debilitating condition" in section 329-121, Hawaii Revised Statutes (HRS), to mean any condition determined by the certifying physician or advanced practice registered nurse to be appropriate for the medical use of cannabis; (2) establishing the offense of unauthorized operation of a dispensary to prohibit the operation of a dispensary without a license and to prohibit the operation of any search platform, web hosting service, or social media platform that advertises the sale of cannabis by an unlicensed person or entity; (3) requiring the licensure of cannabis cultivators and establishing a Cannabis Cultivator License Program in chapter 329D, HRS; and (4) appropriating funds out of the Medical Cannabis Registry and Regulation Special Fund for the Department to enforce and mitigate nuisances relating to chapter 329D, HRS, with the funds to be expended by the Director of Health.

First, subsection (a) of the first new section to be added to chapter 329D, HRS, on page 9, lines 13-16, establishes a criminal offense for unlicensed operation of a

dispensary; however, the required state of mind is not clearly stated. For this provision to be effective and to eliminate ambiguity in enforcement, we recommend amending subsection (a) to read: "No person shall intentionally, knowingly, or recklessly operate a dispensary without a license from the department pursuant to this chapter."

While subsection (d) of the new section on page 10, lines 7-8, provides that a violation of subsection (a) is a class C felony, the penalty for a violation of subsection (b) on page 9, line 17, to page 10, line 2, is unclear. To make it clear what the consequence of a violation of subsection (a) is, we recommend adding a second sentence to subsection (d) on page 10, line 8, to read: "Any person who violates subsection (b) shall be guilty of a _____."

Second, section 329-130, HRS, allows for only two types of producers of medical cannabis: medical cannabis dispensary licensees and qualified patients. The cultivator licenses proposed by this bill would not be subject to the same cannabis production regulations as dispensaries, and that raises concerns for the health and safety of medical cannabis patients. Cannabis produced by cultivator licensees would be untracked, unregulated, and untested until the product is distributed to a medical cannabis dispensary, so until the product gets to a dispensary, the Department of Health (DOH) would have no idea how many plants, or what kinds of cannabis products the cultivator licensee has. This gives the cultivator licensee the opportunity to sell or distribute cannabis products illegally without DOH ever knowing. If there is a market need for additional medical cannabis, an alternative to cultivator licenses would be to amend the existing medical cannabis dispensary administrative rules to allow dispensaries to grow more plants. Creating a new type of medical cannabis producer would also require DOH to use additional resources for oversight and enforcement.

We note that on page 12, line 12, the number of cannabis cultivator licenses is currently not specified. If the Legislature intends to create cultivator licenses, we recommend keeping the number of licenses low to ensure that DOH is able to regulate licensed cultivators.

Third, section 11 of the bill, at page 15, lines 10-18, appropriates money "for the department of the attorney general to enforce, and mitigate nuisances relating to,

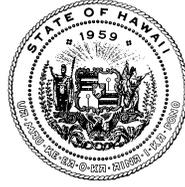
chapter 329D, Hawaii Revised Statutes." Page 15, lines 14-16. To ensure that the Department's drug nuisance abatement unit is able to enforce against nuisances relating to chapter 329D, HRS, under section 28-131, HRS, we recommend amending the first sentence of section 28-131(c), HRS, as follows:

(c) The purpose of the drug nuisance abatement unit shall be to provide for the effective enforcement and prosecution of those violations of the drug nuisance abatement laws under chapter 712, part V but only for offenses related to drugs and intoxicating compounds as provided under chapter 712, part IV[-] and violations of chapter 329D as provided under section 712-1270. . . .

Finally, to allow for more streamlined expenditure of funds for drug nuisance abatement, we request that the expending agency in section 11, at page 15, lines 17-18, be changed from the Department of Health to the Department of the Attorney General, as follows:

The sums appropriated shall be expended by the [~~director of health~~]
attorney general for the purposes of this part.

We respectfully ask the Committees to make the recommended amendments if the bill is to pass. Thank you for the opportunity to provide comments.



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KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

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**Testimony COMMENTING on HB302_HD2_SD1
RELATING TO CANNABIS**

SENATOR DONOVAN M. DELA CRUZ, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS

SENATOR KARL RHOADS, CHAIR
SENATE COMMITTEE ON JUDICIARY

Hearing Date: April 1, 2025,

Room Number: 211

1 **Department Position:** The Department of Health (“Department”) submits testimony
2 commenting on this measure.

3 **Department Testimony:** The Department appreciates the intent of HB302 HD2 to reduce
4 barriers to medical cannabis access and offers the following comments on the amendments added
5 to HB302 HD2 SD1.

6 **Removal of Qualifying Conditions**

7 HB302 HD2 SD1 removes all specific qualifying conditions for the medical use of cannabis and
8 replaces them with a broad provision allowing certification for “any condition determined by the
9 certifying physician or advanced practice registered nurse to be appropriate for the medical use
10 of cannabis.” See page 2, line 17, through page 4, line 3.

11 While the Department supports allowing medical providers to use their professional judgment in
12 diagnosing and treating patients, there is limited scientific evidence supporting the use of
13 cannabis for conditions beyond those currently listed in statute. The Department is particularly
14 concerned about potential risks to patient safety, including adverse drug interactions between
15 cannabis and a patient’s existing treatment plan.

1 Therefore, if the Legislature intends to retain this amendment, the Department respectfully
2 requests that only a patient’s treating physician or treating APRN be authorized to certify the use
3 of cannabis for conditions not currently listed as qualifying conditions. This can be accomplished
4 by replacing Section 2 of the bill with the amendments provided below. We have included in the
5 amendments the ability for a hospice provider to certify a patient for the medical use of cannabis.

6 **Unauthorized operation of a dispensary**

7 Section 8 of the measure would make it unlawful to operate a medical cannabis dispensary
8 without a license and gives the Department the authority to issue cease-and-desist orders to
9 violators. See page 9, line 10, through page 11, line 19. Initially, we note that it is already
10 unlawful to operate a dispensary without a license, and criminal penalties exist for manufacturing
11 and distributing cannabis. Additionally, the Department has concerns regarding the lack of
12 appropriate resources necessary to effectively implement this new regulatory responsibility, as
13 well as safety concerns for regulators inspecting and issuing administrative orders to entities
14 violating criminal law. The Department believes that these types of violations are better handled
15 by law enforcement agencies.

16 The Department also respectfully notes that on page 11, lines 13-19, the proposed enforcement
17 authority contains an exception for hemp processors and retailers, as well as primary caregivers.
18 These entities would not be considered unlicensed medical cannabis dispensaries if they are
19 operating within their legal authority. Allowing an exception for these entities could
20 unintentionally create a loophole in the law allowing an unlicensed dispensary to obtain a hemp
21 processor permit or claim to be a caregiver and market illicit cannabis without being subjected to
22 the new enforcement authority proposed in this measure. If the Legislature intends to move the
23 bill forward with this section, we recommend deleting the exception on page 11, lines 13-19.

24 **Dispensary Waiting Room: Sale of Hemp Products and Accessories**

25 The bill redefines a medical cannabis dispensary’s “waiting room” to allow the sale of hemp
26 products and paraphernalia, such as rolling papers and vaporizers. See page 4, lines 17-20. We
27 note that a “waiting room” is an area for people who are “waiting for, assisting, or

1 accompanying” a patient that is purchasing medical cannabis. Cannabis cannot be stored or sold
2 in a waiting room, and entry is restricted to patients and their companions.

3 The Department is concerned that the proposed amendment could inadvertently transform the
4 waiting room into a secondary retail space that would attract non-patients into the dispensary,
5 potentially blurring the distinction between areas accessible to the public and areas restricted to
6 patients and their companions.

7 Currently, state-compliant hemp products may be sold within a dispensary’s retail area, and the
8 rules can be amended to allow certain paraphernalia to be sold there as well. Since patients
9 already have access to these products in the retail area, and given concerns that the waiting room
10 could become a secondary retail space, the Department requests that the waiting room remain
11 dedicated to its primary purpose—providing a space for patients and their companions to wait
12 within the dispensary. This approach will help prevent non-patient traffic and maintain a clear
13 distinction between public retail areas and patient-only spaces.

14 **Establishing New Cannabis Cultivator Licenses.**

15 The Department appreciates the intent to expand opportunities in the medical cannabis market by
16 including cannabis cultivators. However, we note that the measure does not provide funding to
17 support the implementation and regulation of this new license type, which will include drafting
18 new regulations and procuring new software for licensing and tracking cultivated cannabis.

19 Additionally, the Department is concerned that an oversupply of cannabis, without a
20 corresponding increase in patient demand, could leave newly licensed cultivators without a
21 market, potentially leading to diversion into unregulated channels. While the bill includes
22 provisions aimed at increasing patient demand, we request that the cultivator licenses have a
23 delayed effective date of July 1, 2026. This delay would allow time to assess the bill’s impact,
24 develop necessary regulations, and implement IT systems to support the expanded program.

25

1 **Offered Amendments:**

2 SECTION A. Section 329-121, Hawaii Revised Statutes, is
3 amended as follows:

4 "Qualifying patient" means a person who:

5 (1) has been diagnosed as having a debilitating medical
6 condition[-] by a physician or advanced practice registered
7 nurse who has certified in writing that, in the physician's
8 or advanced practice registered nurse's professional
9 opinion, the potential benefits of the medical use of
10 cannabis would likely outweigh the health risks for
11 patient;

12 (2) has been diagnosed as having a condition other than a
13 debilitating medical condition by the patient's primary
14 treating medical provider who has certified in writing
15 that, in the physician's or advanced practice registered
16 nurse's professional opinion, the potential benefits of the
17 medical use of cannabis would likely outweigh the health
18 risks for the patient; or

19 (3) is receiving hospice care and the hospice provider is
20 licensed in Hawaii and has certified in writing that the
21 patient is receiving hospice care.

1 "Written certification" means the qualifying patient's
2 medical records or a statement signed by a qualifying patient's
3 physician ~~[or]~~ advanced practice registered nurse, or hospice
4 provider stating that in ~~[the physician's or advanced practice~~
5 ~~registered nurse's]~~ their professional opinion, the qualifying
6 patient has a condition for which ~~[debilitating medical~~
7 ~~condition and]~~ the potential benefits of the medical use of
8 marijuana would likely outweigh the health risks for the
9 qualifying patient. The department of health may require,
10 through its rulemaking authority, that all written
11 certifications comply with a designated form. "Written
12 certifications" are valid for one year from the time of signing;
13 provided the department of health may allow for the validity of
14 any written certification for three years if the qualifying
15 patient's physician or advanced practice registered nurse states
16 that the patient's ~~[debilitating medical]~~ condition is chronic
17 in nature.

18 SECTION B. Section 329-121, Hawaii Revised Statutes, is
19 amended by adding a new definition to be appropriately inserted
20 and to read as follows:

21 "Primary treating medical provider" means a physician or
22 advanced practice registered nurse located in Hawaii and with an

1 active unrestricted license to practice in Hawaii, who, within
2 that person's scope of practice and individual competency, is
3 primarily responsible for the treatment and ongoing care of the
4 patient's condition and determines that the potential benefits
5 of medical cannabis use are likely to outweigh the associated
6 health risks for the patient."

7 SECTION C. Section 329-122, Hawaii Revised Statutes, is
8 amended to read as follows:

9 " (a) Notwithstanding any law to the contrary, the medical
10 use of cannabis by a qualifying patient age eighteen years or
11 older shall be permitted only if:

12 (1) [~~The qualifying patient has been diagnosed by a~~
13 ~~physician as having a debilitating medical condition~~] The
14 physician, advanced practice registered nurse, or hospice
15 provider determining the patient to be a qualifying patient has
16 explained the potential risks and benefits of the medical use of
17 marijuana to the qualifying patient and documented this in the
18 patient's medical record; and

19 (2) ~~The qualifying patient's physician or advanced practice~~
20 ~~registered nurse has certified in writing that, in the~~
21 ~~physician's or advanced practice registered nurse's professional~~
22 ~~opinion, the potential benefits of the medical use of marijuana~~

1 ~~would likely outweigh the health risks for the particular~~
2 ~~qualifying patient; and~~

3 ~~(3)] The amount of cannabis does not exceed an adequate~~
4 ~~supply.~~

5 (b) ~~[Subsection (a) shall not apply to a qualifying~~
6 ~~patient under the age of eighteen years, unless:]~~

7 Notwithstanding any law to the contrary, the medical use of
8 cannabis by a qualifying patient under the age of eighteen years
9 shall be permitted only if:

10 (1) ~~[The qualifying patient's physician or advanced~~
11 ~~practice registered nurse has explained the potential risks~~
12 ~~and benefits of the medical use of marijuana to the~~
13 ~~qualifying patient and] The physician, advanced practice~~
14 ~~registered nurse or hospice provider determining the~~
15 ~~patient to be a qualifying patient has explained the~~
16 ~~potential risks and benefits of the medical use of~~
17 ~~marijuana to the qualifying patient and to a parent,~~
18 ~~guardian, or person having legal custody of the qualifying~~
19 ~~patient and documented this in the patient's medical~~
20 ~~record; and~~

21 (2) A parent, guardian, or person having legal custody
22 consents in writing to:

1 (A) Allow the qualifying patient's medical use of
2 marijuana;

3 (B) Serve as the qualifying patient's primary
4 caregiver; and

5 (C) Control the acquisition of the marijuana, the
6 dosage, and the frequency of the medical use of marijuana
7 by the qualifying patient.

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

14 (1) Provides to the department of health a valid medical
15 use of cannabis card with an explicit expiration date that
16 has not yet passed from the issuing jurisdiction and a
17 valid photographic identification card or driver's license
18 issued by the same jurisdiction;

19 (2) Attests under penalty of law pursuant to section 710-
20 1063 that the condition for which the qualifying out-of-
21 state patient is legally authorized to use cannabis for

1 medical purposes is a debilitating medical condition as
2 defined in section 329-121;

3 (3) Provides consent for the department of health to obtain
4 information from the qualifying out-of-state patient's
5 certifying medical provider and from the entity that issued
6 the medical cannabis card for the purpose of allowing the
7 department of health to verify the information provided in
8 the registration process;

9 (4) Pays the required fee for out-of-state registration to
10 use cannabis for medical purposes;

11 (5) Registers with the department of health pursuant to
12 section 329-123.5 to use cannabis for medical purposes;

13 (6) Receives a medical cannabis registry card from the
14 department of health; and

15 (7) Abides by all laws relating to the medical use of
16 cannabis, including not possessing an amount of cannabis
17 that exceeds an adequate supply.

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

1 (1) The caregiver of the qualifying out-of-state patient
2 provides the information required pursuant to subsection
3 (c); and

4 (2) The caregiver of the qualifying out-of-state patient
5 consents in writing to:

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

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

12 (C) Control the acquisition of the cannabis, the
13 dosage, and the frequency of the medical use of cannabis by
14 the qualifying out-of-state patient who is under eighteen
15 years of age.

16 (e) The authorization for the medical use of cannabis in
17 this section shall not apply to:

18 (1) The medical use of cannabis that endangers the health
19 or well-being of another person;

20 (2) The medical use of cannabis:

21 (A) In a school bus, public bus, or any moving
22 vehicle;

1 (B) In the workplace of one's employment;

2 (C) On any school grounds;

3 (D) At any public park, public beach, public
4 recreation center, recreation or youth center; or

5 (E) At any other place open to the public; provided
6 that a qualifying patient, primary caregiver, qualifying
7 out-of-state patient, caregiver of a qualifying out-of-
8 state patient, or an owner or employee of a medical
9 cannabis dispensary licensed under chapter 329D shall not
10 be prohibited from transporting cannabis or any
11 manufactured cannabis product, as that term is defined in
12 section 329D-1, in any public place; provided further that
13 the cannabis or manufactured cannabis product shall be
14 transported in a sealed container, not be visible to the
15 public, and shall not be removed from its sealed container
16 or consumed or used in any way while it is in the public
17 place; and

18 (3) The use of cannabis by a qualifying patient, parent,
19 primary caregiver, qualifying out-of-state patient, or
20 caregiver of a qualifying out-of-state patient, for
21 purposes other than medical use permitted by this part.

1 (f) For the purposes of this section, "transport" means the
2 transportation of cannabis, usable cannabis, or any manufactured
3 cannabis product between:

4 (1) A qualifying patient and the qualifying patient's
5 primary caregiver;

6 (2) A qualifying out-of-state patient under eighteen years
7 of age and the caregiver of a qualifying out-of-state
8 patient;

9 (3) The production centers and the retail dispensing
10 locations under a dispensary licensee's license;

11 (4) Dispensaries, to the extent authorized by section 329D-
12 6(r); or

13 (5) A production center, retail dispensing location,
14 qualifying patient, primary caregiver, qualifying out-of-
15 state patient, or caregiver of a qualifying out-of-state
16 patient and a certified laboratory for the purpose of
17 laboratory testing; provided that a qualifying patient,
18 primary caregiver, qualifying out-of-state patient, or
19 caregiver of a qualifying out-of-state patient may only
20 transport up to one gram of cannabis per test to a
21 certified laboratory for laboratory testing and may only
22 transport the product if the qualifying patient, primary

1 caregiver, qualifying out-of-state patient, or caregiver of
2 a qualifying out-of-state patient:

3 (A) Secures an appointment for testing at a certified
4 laboratory;

5 (B) Obtains confirmation, which may be electronic,
6 that includes the specific time and date of the appointment
7 and a detailed description of the product and amount to be
8 transported to the certified laboratory for the
9 appointment; and

10 (C) Has the confirmation, which may be electronic,
11 available during transport.

12 For purposes of interisland transportation, "transport" of
13 cannabis, usable cannabis, or any manufactured cannabis
14 product, by any means is allowable only between
15 dispensaries to the extent authorized by section 329D-6(r)
16 and between a production center or retail dispensing
17 location and a certified laboratory for the sole purpose of
18 laboratory testing pursuant to section 329D-8, as permitted
19 under section 329D-6(m) and subject to section 329D-6(j),
20 and with the understanding that state law and its
21 protections do not apply outside of the jurisdictional
22 limits of the State. Allowable transport pursuant to this

1 section does not include interisland transportation by any
2 means or for any purpose between a qualifying patient,
3 primary caregiver, qualifying out-of-state patient, or
4 caregiver of a qualifying out-of-state patient and any
5 other entity or individual, including an individual who is
6 a qualifying patient, primary caregiver, qualifying out-of-
7 state patient, or caregiver of a qualifying out-of-state
8 patient."

9 SECTION D. Chapter 329, Hawaii Revised Statutes, is amended
10 by adding to part IX a new section to be appropriately
11 designated and read as follows:

12 **"§329-A Inspection and enforcement authority.** (a) The
13 department may inspect a qualifying patient's medical records of
14 the physician, advanced practice registered nurse, or hospice
15 provider that issued a written certification for the qualifying
16 patient.

17 (b) The department may suspend or revoke the ability to
18 issue a written certification for any physician, advanced
19 practice registered nurse, or hospice provider that refuses
20 authorized medical record inspection by the department.

21 (c) The department may suspend or revoke the ability to
22 issue a written certification for any physician, advanced

- 1 practice registered nurse, or hospice provider whose medical
- 2 records do not comply with the requirements of this chapter."
- 3 Thank you for the opportunity to testify.



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**TESTIMONY ON HOUSE BILL 302 HD2 SD1
RELATING TO CANNABIS**

Clifton Otto, MD

SENATE COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

SENATE COMMITTEE ON JUDICIARY

Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair

DECISION MAKING

Tuesday, April 1, 2025 – 10:00 AM
Conference Room 211 & Videoconference, State Capitol

This bill is very important for patients who have difficulty attending in-person certification evaluations, especially those patients on outer islands where access to certifying providers is limited.

SD1 also improves patient access by adding a provision that would allow certifying providers to determine qualifying conditions, as is already the case in several states.

However, this bill contains a serious flaw (See Page 15, Line 5):

“Any fees assessed by a certifying physician or advanced practice registered nurse to issue a written certification for a qualifying patient shall not exceed an amount equal to three times the amount of the fee charged by the department of health to issue a registration certificate pursuant to subsection (b).”

The State should not be deciding how much medical providers can charge for their services. This falls outside the State’s authority over commerce, and should be left to the [ethical](#) practice of medicine by the certifying provider.

Rather than trying to restrict how much certifying providers can charge for their time, a better approach is to raise the bar for certification evaluations by requiring that certifying providers demonstrate competency in Cannabinoid Medicine before being allowed to issue Written Certifications. This would improve patient safety and highlight the value of the certification evaluation and ongoing medical supervision.

Please correct this part of the bill by making the following amendment:

SECTION 10.

Section [329-123](#), Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows: “(a) Physicians or advanced practice registered nurses who issue written certifications shall provide, in each written certification, the name, address, patient identification number, and other identifying information of the qualifying patient. The department of health shall require, in rules adopted pursuant to chapter 91, that all written certifications comply with a designated form completed by or on behalf of a qualifying patient. The form shall require information from the applicant, primary caregiver, and physician or advanced practice registered nurse as specifically required or permitted by this chapter. The form shall require the address of the location where the cannabis is grown and shall appear on the registry card issued by the department of health. The certifying physician or advanced practice registered nurse shall be required to have a bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship, as applicable, with the qualifying patient; provided that after August 31, 2025, certifying physicians and advanced practice registered nurses shall be required to complete a minimum of eight hours of accredited continuing education in medical cannabis before issuing written certifications. All current active medical cannabis permits shall be honored through their expiration date.”

To: Senator Donovan Dela Cruz, Chair
Senator Sharon Moriwaki, Vice-Chair
Members of the Senate Ways and Means Committee

Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice-Chair
Members of the Judiciary Committee

Fr: TY Cheng, President of Aloha Green Apothecary

Re: Testimony **with Comments and Requested Amendments** on **House Bill (HB) 302, House Draft (HD) 2, SD 1**

RELATING TO CANNABIS.

Amends the definition of "debilitating medical condition" under the Uniform Controlled Substances Act. Amends the definition of "waiting room" under the Medical Cannabis Dispensary System law. Repeals the requirement that a provider-patient relationship be established in person. Allows dispensaries to purchase cannabis and manufactured cannabis products from another dispensary for direct retail sale to a patient and further manufacturing by the purchasing dispensaries and establishes requirements for transport. Prohibits persons from operating a medical cannabis dispensary or cultivating cannabis without a license from the Department of Health or providing certain services to persons or entities engaging in unlicensed cannabis operations. Requires the Department of Health to issue a cease and desist notice to violators before initiating criminal proceedings. Establishes criminal penalties. Establishes an affirmative defense for, and a conclusive basis for certain violations. Establishes exceptions. Establishes a cannabis cultivator license to authorize the cultivation and distribution of cannabis plants. Requires the Department of Health to only issue one cannabis cultivator license for each person. Establishes limits on: (1) the number of cannabis cultivator licenses the Department of Health may issue; (2) the maximum size of plant canopy for indoor and outdoor cultivations for each cannabis cultivator license; and (3) the maximum plant count of mature cannabis plants for each cannabis cultivator license. Authorizes expenditures from the Medical Cannabis Registry and Regulation Special Fund to fund programs for the mitigation and abatement of nuisances relating to chapter 329D, HRS. Appropriates funds out of the Medical Cannabis Registry and Regulation Special Fund for the Department of Attorney General to enforce, and mitigate nuisances relating to, chapter 329D, HRS. Effective 12/31/2050. (SD1)

Dear Chairs Dela Cruz, Rhoads, Vice-Chairs Moriwaki, Gabbard and Members of the Committees:

Aloha Green Apothecary ("Aloha") is a state licensed medical cannabis dispensary in Honolulu. Aloha **supports** HB302, HD2, SD1 which eases access issues for medical cannabis patients, but we request two (2) amendments to the bill for limited advertising and to add back language which was removed in the prior committee with changes addressing DOH and AG concerns by limiting the initial interim patient purchase during the period a patient is waiting for their 329 card to less than the petty misdemeanor possession amount to help avoid patient access delays.

When created in 2015, the medical cannabis dispensary laws were one of the most rigorous and strict systems amongst the dozens of states that allowed medical cannabis. Since that time, the nation's landscape and our state's attitudes over cannabis have also changed dramatically such that many states allow for adult use, and

our state has decriminalized non-medical use. There is a thriving illicit market that makes it easy and cheaper to access cannabis, and there is now increased availability of THC through hemp-derived products. Yet, Hawaii's medical cannabis system has hardly changed.

This appears to be one of the driving reasons why the number of registered patients has declined 15% over the past 3 years. While Aloha continues to provide safe products that are tracked from seed to sale, 3rd party lab tested against impurities and pesticides, labeled with dosage and warnings – less patients are getting their cannabis from dispensaries due to price and ease.

The purpose of this bill is to ease some of the archaic hurdles in the law that have been in place since 2015 that no longer seem necessary. The laws on telehealth were already revised in 2021 for parity of in-person and telehealth visits to create a bona fide physician-patient relationship, except for opiates and medical cannabis. That distinction for medical cannabis at this stage appears arbitrary, and the bill proposes to eliminate that difference.

The bill in its original and HD1 form, also had language to allow a qualifying patient immediate access to enter a dispensary and purchase a limited amount of medical cannabis upon the Department of Health's registry system recognizing the submission of a complete application. Currently, a patient may wait anywhere from 3 days to a week to obtain their medical cannabis card or "329 card" which will then allow them to enter into a licensed dispensary. This delay is often a significant barrier for patients who need their cannabis medication right away. It not only is a possible deterrent to obtain a 329 card, but can also serve to push a patient towards obtaining product from the illicit market.

In order to address concerns of the Department of Health and AG about this immediate access, we suggest amendments so that the first purchase can only be in an amount up to the decriminalized amount limit for a petty misdemeanor which is currently at 3 grams. A petty misdemeanor is only punishable with a fine by law enforcement.

While it is true some patients upon submission to the DOH get a quick response and obtain their registration, we are also aware of instances that have take a few to several days. Moreover, should a patient submit their documentation just prior to or on a weekend, they will most certainly need to wait a few days.

We also disagree that a patient who had immediate access would ever likely be prosecuted. They would have their certifying documentation from a health provider, they would have a labeled packaged product identifying that it came from a dispensary. But, if it would help achieve a more acceptable approach, Aloha would propose lessening the amount to the petty misdemeanor amount punishable by a fine in the unlikely case law enforcement would pursue possession charges against a medical cannabis patient with proper documentation and medical cannabis in proper medical packaging.

Therefore, we respectfully request that the committee amend the bill by adding back in the following language.

1. Immediate Qualified Patient Access

In Section 2 of the bill, the language in yellow highlight be added:

"(a) Physicians or advanced practice registered nurses who issue written certifications shall provide, in each written certification, the name, address, patient identification number, and other identifying information of the qualifying patient. The department of health shall require, in rules adopted pursuant to chapter 91, that all written certifications comply with a designated form completed by or on behalf of a qualifying patient. The form shall require information from the applicant, primary caregiver, and physician or advanced practice registered nurse as specifically required or permitted by this chapter. The form shall require the address of the location where the cannabis is grown and shall appear on the registry card issued by the department of health. The certifying physician or advanced practice registered nurse shall be required to have a bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship, as applicable, with the qualifying patient[.]; provided that nothing under this part shall require that the bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship be established by conducting an initial in-person consultation. After the submission of the applicant's form but before receipt of confirmed registration from the department of health, the department shall issue a temporary identification number that the applicant or primary caregiver may use as proof and documentation authorizing the applicant or primary caregiver to enter and make a one-time purchase of cannabis from a medical cannabis dispensary licensed under chapter 329D in an amount at or less than the amount that can be possessed under section 712-1249(2) as a violation. The department of health office of medical cannabis control and regulation shall facilitate the temporary authorization for applicants and primary caregivers, but shall be able to cancel or terminate any such authorization within 30 days if the department finds the application to be incomplete or invalid All current active medical cannabis permits shall be honored through their expiration date."

2. Limited Advertising

Secondly while the law only provides that the department “shall establish standards regarding advertising. . .” HRS 329D-11(a), the interim administrative rules prohibit advertising. HAR Section 111-850-145(a). As such, we would propose that the statute be amended to provide the DOH discretionary language so that it would override the prohibitive administrative rules by amending subsection (d) in that section of 329D-11 to read:

“The department shall be authorized to:

- (1) approve a dispensary to advertise so long as the advertisement is not targeted to minors, and does not promote smoking or displays the activity of smoking in a positive manner, and
- (2) allow dispensaries to provide, disseminate, and publish educational and scientific materials relating to medical cannabis and its approved products and sponsor events about medical cannabis.

Allowing some form of advertising may improve declining patient numbers in order to justify additional cultivation licenses.

3. Number and Size of Proposed Cultivation License

Finally, in response to the concerns about allowing additional cultivation licenses when the number of 329 medical patients has fallen over the past 3 years; we ask the committees to amend the bill to limit the number of cultivation licenses based on the number of patients to balance supply and demand, and set the maximum cultivation license square footage at 2000 square feet in accordance to the cultivation licenses proposed in the dual-use bills in the past 2 years. One only has to look to the mainland to see the negative effects an oversupply of cannabis may have on the regulated industry when an illicit market continues untouched by law enforcement.

The dispensary system has a demand issue, not a supply issue. The demand for cannabis is not declining, but the demand to become a 329 patient is in decline. As with our medical cannabis edible products, we encourage the committees to start low and go slow. The state can decide the number of licenses based on market conditions and patient demand.

Thank you for the opportunity to testify.



To: Senator Karl Rhoads, Chair
Senator Donovan Dela Cruz Chair
Senator Mike Gabbard, Vice-Chair
Senator Sharon Moriwaki, Vice-Chair
Members of the Senate Joint Judiciary and Ways and Means Committees

Fr: Blake Oshiro on behalf of the HICIA Assn.

Re: Testimony **In Support with Requested Amendments** on **House Bill (HB) 302, House Draft (HD) 2, Senate Draft (SD) 1**
RELATING TO CANNABIS

Dear Chairs Rhoads, Dela Cruz, Vice-Chairs Gabbard and Moriwaki and Members the Committee:

The Hawai'i Cannabis Industry Association, represents a majority of the state's licensed medical cannabis dispensaries. HICIA **supports** HB302, HD1, SD1 which eases access issues for medical cannabis patients, but oppose the addition of cultivation licenses and we have some requested amendments. The purpose of this bill is to ease some of the archaic hurdles in the law that no longer seem necessary.

TELEHEALTH

The bill would allow the physician or advanced practice registered nurse relationship to the patient to be established via telehealth, instead of requiring it in person. This will help with access, especially for remove and rural communities. The general laws on telehealth were already revised in 2021 for parity of in-person and telehealth visits to create a bona fide physician-patient relationship and so this bill would eliminate the restriction for medical cannabis.

QUALIFYING CONDITION

The SD1 was amended so that the list of qualifying conditions is no longer prescriptive and explicit, and instead, allow a physician or advanced practice registered nurse to certify for any condition where the patient may benefit. While this change may not result in a significant increase of qualifying patients, we support this change as a better reflection of the evolving medical science around cannabis benefits, but also upholds the doctor-patient relationship.

WAITING ROOM



Currently, dispensaries are unable to conduct any sales of even non-cannabis products in the waiting room area. We support the SD1 amendment in this bill that would allow already legal hemp products as well as certain paraphernalia to be sold in the waiting room. This will help qualifying patients more easily obtain all of their cannabis and cannabis related purchases all in one location.

PROCESS FOR DISPENSARY-TO-DISPENSARY SALES

We support the changes made in the SD1 to add more clarifying language on the process for dispensaries to sell product to another dispensary. The current process can take 30 days or more and this impacts the quality of the product and is an unnecessary delay. This new language would provide for a more efficient system, while still upholding all of the requirements.

CULTIVATION LICENSES

The HICIA does not support these new provisions of the bill. These licensees would be growing more cannabis to provide to an already extremely limited and constrained marketplace since products would/should be sold through licensed dispensaries retail locations.

However, the current number of qualified patients is lower than it's been in the last 3 years. While the number of registered medical cannabis patients reached its peak in August 2021, with 35,444 card-holding patients, since then, the number of patients has decreased over fifteen per cent to 30,035 by November 2024.

This means there are less patients qualified to purchase medical cannabis. Licensees already have production centers that are underutilized and not growing at full capacity just to serve their own patient customer base. Adding additional products into this already tight legal system through cultivator licensees will simply flood the market with more product. This product will end up somewhere, and if not in licensed facilities, more likely in the illicit market.

And while it would be nice to believe that cannabis from cultivator licenses could result in lower cost cannabis for qualified patients, HICIA does not believe that will be possible. Cannabis produced under HRS Chapter 329D is heavily regulated with some of the most rigorous and stringent rules in the nation. Seed-to-production tracking, laboratory testing, requirements for background checked and monitored employees, security systems and other regulations applicable to dispensary production centers will likewise apply to cultivator licensees. These operational burdens all increase costs for



production and more than likely, mean cultivator licensed products, if allowed, would be as costly, if not moreso due to their limited and smaller scale

REQUESTED AMENDMENTS

The HICIA requests the committee consider adding in two amendments: (1) immediate access for patients without having to wait for a 329 card; and (2)

1) IMMEDIATE ACCESS

The bill in its original and HD1 form, also had language to allows a qualifying patient immediate access to enter a dispensary and purchase a limited amount of medical cannabis upon the Department of Health's registry system recognizing the submission of a complete application. Currently, a patient may wait anywhere from 3 days to a week to obtain their medical cannabis card or "329 card" which will then allow them to enter into a licensed dispensary. This delay is often a significant barrier for patients who need their cannabis medication right away. It not only is a possible deterrent to obtain a 329 card but can also serve to push a patient towards obtaining product from the illicit market.

Therefore, we respectfully request that the committee amend the bill by adding back in the following language, but only up to the amount of cannabis that is considered decriminalized under HRS 712-1249, or three grams.

In Section 4 of the bill, the language in yellow highlight be added back in:

"(a) Physicians or advanced practice registered nurses who issue written certifications shall provide, in each written certification, the name, address, patient identification number, and other identifying information of the qualifying patient. The department of health shall require, in rules adopted pursuant to chapter 91, that all written certifications comply with a designated form completed by or on behalf of a qualifying patient. The form shall require information from the applicant, primary caregiver, and physician or advanced practice registered nurse as specifically required or permitted by this chapter. The form shall require the address of the location where the cannabis is grown and shall appear on the registry card issued by the department of health. The certifying physician or advanced practice registered nurse shall be required to have a bona fide physician-patient relationship or



bona fide advanced practice registered nurse-patient relationship, as applicable, with the qualifying patient[.]; provided that nothing under this part shall require that the bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship be established by conducting an initial in-person consultation. After the submission of the applicant's form but before receipt of confirmed registration from the department of health, the department shall issue a temporary identification number that the applicant or primary caregiver may use as proof and documentation authorizing the applicant or primary caregiver to enter and make a one-time purchase of cannabis from a medical cannabis dispensary licensed under chapter 329D in an amount at or less than the amount that can be possessed under section 712-1249(2) as a violation. The department of health office of medical cannabis control and regulation shall facilitate the temporary authorization for applicants and primary caregivers, but shall be able to cancel or terminate any such authorization within 30 days if the department finds the application to be incomplete or invalid. All current active medical cannabis permits shall be honored through their expiration date."

2) ADVERTISING

While the law only provides that the department "shall establish standards regarding advertising. . ." HRS 329D-11(a), the interim administrative rules prohibit advertising. HAR Section 111-850-145(a). As such, we would propose that the statute be amended to provide the DOH discretionary language so that it would override the prohibitive administrative rules by amending subsection (d) in that section of 329D-11 to read:

§329D-11 Advertising and packaging. (d) The department shall be authorized to:

- (1) approve a dispensary to advertise so long as the advertisement is not targeted to minors, and does not promote smoking or displays the activity of smoking in a positive manner, and
- (2) allow dispensaries to provide, disseminate, and publish educational and scientific materials relating to medical cannabis and its approved products and sponsor events about medical cannabis.

Thank you for the opportunity to testify.



March 31, 2025

In Support of HB 302, SD 1

Aloha Chairs Rhoads and Dela Cruz, Vice Chairs Gabbard and Moriwaki, and distinguished members of the Senate Judiciary and Ways and Means Committees:

My name is Karen O’Keefe. I am the director of state policies for the nonprofit Marijuana Policy Project (MPP), the largest cannabis policy reform organization in the nation. We urge you to report HB 302, SD 1 favorably to improve Hawaii’s medical cannabis program. This important bill would treat medical cannabis more like other prescription medications by allowing medical cannabis certifications by telehealth and by allowing physicians to certify patients for cannabis for any medical condition.

Medical cannabis patients should be allowed to have all consultations, including their initial one, via telehealth, as is allowed for most prescription medications.

Medical schools generally do not educate doctors about medical cannabis, and many physicians do not feel knowledgeable about it.¹ As a result, many patients who were diagnosed by one practitioner go to a medical cannabis specialist for their certification. There is no need to require a patient to visit with their medical cannabis practitioner in-person. This requirement drives up costs and burdens on patients and steers them to whichever practitioner is on their island — even if it is not the practitioner who the patient would like to advise them about medical cannabis.

HB 302, SD 1 would also allow doctors and advanced practice registered nurses to certify patients for any condition they determine to be appropriate for the medical use of cannabis. This change is long overdue. Practitioners can prescribe far more dangerous medications off-label, and they should be able to certify patients for medical cannabis when they feel it is appropriate, too.

Allowing doctors and APRNs to certify by telehealth and to recommend cannabis for any medical condition will also increase the number of individuals who can access lab-tested, regulated medical cannabis, reducing the number relying on unregulated illicit cannabis and the untested intoxicating hemp market.

¹ Evanoff AB, Quan T, Dufault C, Awad M, Bierut LJ. Physicians-in-training are not prepared to prescribe medical marijuana. *Drug Alcohol Depend.* 2017 Nov 1;180:151-155. doi: 10.1016/j.drugalcdep.2017.08.010. Epub 2017 Sep 4. PMID: 28892720; PMCID: PMC5648595.

Mahalo for your time and consideration. Please don't hesitate to reach out if I can answer any questions.

Sincerely,

A handwritten signature in black ink that reads "Karen O'Keefe". The signature is written in a cursive style with a large, prominent "K" and "O".

Karen O'Keefe
Director of State Policies
202-905-2012
kokeefe@mpp.org



COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair

Senator Sharon Y. Moriwaki, Vice Chair

COMMITTEE ON JUDICIARY

Chair Senator Karl Rhoads

Senator Vice Chair Mike Gabbard,

Opposition to HB302

Dear Committee Chairs and vice chairs.

The Oahu Cannabis Farms Alliance opposes HB302.

You are not listening to us, so we the people are taking upon ourselves, in the private sector, to host a roll call vote across the islands.

YES – 5000 square feet canopy flowering space

NO - card limits

NO - caregiver limits

NO - Law enforcement for medical cannabis cultivation

In the state of Maine, the medical program is flourishing, and licensed growers and manufacturers are selling directly to patients and providing cannabis medicine to dispensaries if they choose to. These licensees are being tracked strictly through their tax reporting and are not being tracked through failed testing programs and metrics.

We also recommend a 5,000 sq ft flowering limit so if cultivation licenses are adopted the market can be resilient and not attract large scale growers outside of the state.

OFCA has provided testimony for the state clearly showing the asks of medical patients. Large cooperative farms have collected data on patients' needs throughout the state, with one cooperative farm having over 4,000 members using their grow site as a data point. *** The following elected officials have been to a medial cultivation site and had high praise.

Govenor Josh Green

Sen. Donovan M. Dela Cruz

Sen. Michele Kadani

Sen. Jarret Keohokalole

Rep. Ryan Yamane

Rep. Sean Quinlan

Rep. Daniel Holt

Rep. Gregor Iligan

Start listening to the citizens and the medical cannabis patients of Hawaii.

Mahalo,

Jason Hanley, President, Oahu Cannabis Farms Alliance.



SanHi

GOVERNMENT STRATEGIES

A LIMITED LIABILITY LAW PARTNERSHIP

DATE: March 31, 2025

TO: Senator Donovan Dela Cruz
Chair, Committee on Ways and Means

Senator Karl Rhoads
Chair, Committee on Judiciary

FROM: Mihoko Ito

RE: **H.B. 302, HD2, SD1 – Relating to Cannabis**

Hearing Date: Tuesday, April 1, 2025 at 10:00 a.m.
Conference Room: 211

Dear Chair Dela Cruz, Chair Rhoads, and Members of the Joint Committees:

We submit this testimony on behalf of Cure Oahu **support the intent of H.B. 302, HD2, SD1**, Relating to Cannabis, which makes numerous amendments to the medical cannabis law including: 1) amending the definition of "debilitating medical condition," 2) allowing for hemp and paraphernalia sales in waiting room, 3) allowing a provider-patient relationship to be established by telehealth, 4) streamlining wholesale transport between dispensaries, 5) adding enforcement provisions to allow Department of Health to issue a cease and desist notice to violators of the cannabis dispensary law, 6) establishing a cannabis cultivator license to authorize the cultivation and distribution of cannabis plants, and 7) authorizing expenditures from the Medical Cannabis Registry and Regulation Special Fund to fund nuisance abatement enforcement activities.

Cure Oahu supports various parts of this bill because it streamlines many operational issues facing medical cannabis dispensaries – including improving the registration process for patients and caregivers, allowing for hemp and paraphernalia sales in waiting rooms, allowing a provider-patient relationship to be established by telehealth and streamlining wholesale transport between dispensaries.

We also support the first part of Section 8 of this bill (page 9, line 10-page 11 line 19) which seeks to provide Department of Health with clear enforcement tools to shut down illegal websites that are significantly impacting the regulated medical cannabis industry. There are numerous websites that are currently operating and advertising their sale of cannabis products, some of which acknowledge that Hawaii is a medical cannabis only state, but some that do not and still openly sell cannabis products.

The number of registered medical cannabis patients has been in decline since 2021. There are various issues with the registration process - including the limited number of providers participating in the certification process, the costs incurred by patients as part of the certification process, and the proliferation of illicit market products.

We believe that access to medical cannabis should be as streamlined as possible to ensure that patients can obtain their medical cannabis cards and access medical cannabis in a way that keeps patients and the public safe rather than bypassing the medical program altogether.

We would like to note our concerns regarding the second part of section 8 of the bill (page 11, line 20 – page 13, line 2) which proposes to add new cultivator-only licenses to the program. We are concerned the current market is not robust enough to support cultivators, given existing medical cannabis dispensaries are still struggling. We request that section be removed, or that at a minimum, cultivator licenses only be permitted when the threshold for medical cannabis patients reaches a certain level.

For the above reasons, we support most of this measure and ask that the Committee move it for continued discussion. Thank you for the opportunity to submit testimony on this measure.



Testimony
Committees on Judiciary and Ways & Means
Hawaii State Senate
Tuesday, April 1, 2025, 10:00 am
HB302, HD2, SD1 RELATING TO MEDICAL CANNABIS

To: Senator Karl Rhoads, Chair
Senator Donovan Dela Cruz, Chair
Members of the Committees

From: Jaclyn Moore, Pharm.D., CEO Big Island Grown Dispensaries

Re: In SUPPORT with requested amendments and comments on HB302, HD2, SD1 Relating to Medical Cannabis

Aloha Chairs Rhoads and Dela Cruz:

Big Island Grown Dispensaries is one of eight medical cannabis dispensary licensees in the State. We operate production facilities and 3 retail locations on the Big Island of Hawaii. In addition, our medical cannabis operation currently employs over 55 Big Island residents.

Mahalo for the opportunity to provide testimony in **SUPPORT of HB302 with requested amendments and comments on the HD2, SD1 version of the bill.**

Cannabis sales in Hawaii are currently uncontrolled and dominated by illicit sales that risks public health and safety. As a licensed medical dispensary, we have seen the first-hand effects of the unregulated/illicit market on the legal industry serving patients. Over the past three and a half years, the number of registered cannabis patients has declined by roughly 15%.

Hawaii's medical dispensary program is suffering from regulatory barriers that make operations difficult to sustain while facing increasing threats of competition from the unregulated market- from street sales to the proliferation of unregulated [high potency] THC cannabis, sold under the guise of being hemp, currently available at retailers across the islands. The Hawaii State Medical Cannabis Program is in decline and requires meaningful policy that will lower the barrier to entry for patients to access the legal dispensary system while maintaining quality standards for licensees that ensure access to clean [free of pesticides, additives, residual chemicals] and tested cannabis for consumers.

This measure seeks to address one of the regulatory barriers that impacts patients access to medical cannabis by allowing physicians and their patients to utilize telemedicine for their initial consultation. However, we believe the measure can be strengthened further with the following amendments:

- (1) Allow Instant Access/Sales. Patients currently must wait days to receive a card from the Department of Health that allows them to purchase cannabis after their physician consultation. No other medicine requires such delays. Moreover, this delay leads patients to the unregulated market where untested, and potentially pesticide ridden cannabis is easier and faster to secure. In turn, this risks the health

Lau Ola LLC, dba Big Island Grown Dispensaries
HILO WAIMEA KONA



and safety of patients, not to mention the public. Legal access to medical cannabis via the dispensary system should be immediate following certification by a provider.

We implore you to make the logical move of allowing for immediate access to enter a legal dispensary and purchase the currently decriminalized amount of 3 grams of medical cannabis upon the Department of Health's registry system recognizing the submission of a complete application. This is a very reasonable and meaningful change to the program that centers around serving patients more promptly in providing access to clean, tested cannabis medicine that is produced in facilities that continue to meet the highest state standards for production.

- (2) Reconsider the amendment allowing for additional cultivation licenses [at this time]. The dispensary system has a demand issue not a supply issue. The demand for cannabis is not declining, but the demand to become a legal/329 cardholding patient is in decline. It is easier, cheaper [no 329 card required], and faster to get supply from the unregulated/illicit market.

Within the dispensary system quality and variety of products continue to increase while prices are going down. For example, Big Island Grown's RSO is available at the everyday low price of \$20 per gram ensuring the most vulnerable patients in need have access to this therapeutic option, as well as \$25-\$30 quality eighths. Licensing fees have increased [300% for some] while patient numbers continue to decline. Currently there are not enough patient sales to support current licensees to even grow their own product. At least half of the licensees are [over] producing for the current market at partial production capacity. Some licensees are opting to purchase wholesale in lieu of turning on rooms due to operational costs and other considerations. There is already an overabundance of supply-industry is requesting wholesale language fix to streamline the process. We fear issuing new cultivation licenses in this depressed medical market without the demand would be setting up new businesses for failure.

Big Island Grown supports a patient's right to grow their own and their right as a consumer to have access to high quality, clean, tested cannabis for whatever therapeutic reason they see fit for themselves. We look forward to the day when there is a thriving demand for legal cannabis leading to the expansion of viable opportunity within this medical program and beyond. We believe it would be irresponsible to issue additional cultivation licenses to those seeking real opportunity in the legal industry to enter a system that does not support its existence...at this time.

We respectfully urge the Committees to pass HB302 with language to allow for immediate access/sales to the dispensary system following the Department of Health Registry System recognizing successful submission of a complete application, and your thoughtful reconsideration of additional cultivation licenses based on the state of the current dispensary system in this declining medical market.

Thank you for the opportunity to testify.

Jaclyn L. Moore, Pharm.D.
CEO of Big Island Grown Dispensaries



Hawai'i Alliance for Cannabis Reform In Support of HB302 HD2 SD1

April 1, 2025

Aloha Chairs Rhoads and Dela Cruz, Vice Chairs Gabbard and Moriwaki, and honorable members of the Senate Committees on Judiciary and Ways & Means:

The Hawai'i Alliance for Cannabis Reform (HACR) is a coalition of organizations and individuals working to end cannabis prohibition in Hawai'i and replacing it with a system of legalization and regulation, with a focus on reparative justice and inclusion. We also support Hawai'i's medical cannabis program and believe it should be expanded and improved. Members include the ACLU of Hawai'i, Cultivation Sector Consulting LLC, Cannabis Society of Hawai'i, Chamber of Sustainable Commerce, Doctors for Drug Policy Reform, Drug Policy Forum of Hawai'i, and Marijuana Policy Project.

We strongly support HB302 HD2 SD1, which would make several improvements to the medical cannabis program, including:

- allowing physicians and advanced practice registered nurses to certify patients for medical cannabis via telehealth, and
- allowing practitioners to certify patients to use medical cannabis for any medical condition.

Both reforms would bring the treatment of medical cannabis closer to prescription drugs, which often carry far greater risks.

Supporting Allowing Medical Cannabis Certifications by Telehealth

Hawai'i allows practitioners to issue most prescriptions via telehealth. (See HRS §453-1.3, §457.27.) The same should be true of medical cannabis.

During and since the COVID pandemic, telemedicine has become an “indispensable resource.”¹ Unnecessarily requiring in-person visits can be burdensome and can expose vulnerable patients to pathogens. It can also prevent patients from consulting with the practitioner of their choice. Many physicians are not trained in medical cannabis and the most knowledgeable medical cannabis practitioners may be on a different island.

Hawai'i law should not impose unnecessary costs and burdens on medical cannabis patients that are not imposed on other medications. It should allow telemedicine for medical cannabis.

¹ Omboni S, et al. The worldwide impact of telemedicine during COVID-19: current evidence and recommendations for the future. *Connect Health*. 2022 Jan 4;1:7-35. doi: 10.20517/ch.2021.03. PMID: 35233563; PMCID: PMC7612439.

Allowing Medical Cannabis for Any Medical Condition

We are grateful that the Senate Health and Human Services Committee and Consumer Protection Committees amended HB302 HD2 SD1, to allow physicians and advanced practice nurses to certify patients with “any condition [the practitioner] determined to be appropriate for the medical use of cannabis.”

This amendment, which HACR and others requested, is consistent with the trust placed in practitioners for other medications. One-fifth of all prescriptions are “off-label,” or are for a medical condition other than the one the FDA approved the medication for.²

Many prescriptions carry far more serious risks than medical cannabis. Each year, well over 100,000 Americans die from adverse drug events.³ Meanwhile, cannabis has not been shown to have any lethal dose in humans.⁴

States are increasingly allowing physicians to use their discretion to certify patients to use cannabis, which is in many cases a safer alternative to prescriptions. At least 10 other states allow physicians to recommend medical cannabis for any condition or any serious condition — California, Delaware, Louisiana, Maryland, Massachusetts, Missouri, Nebraska, New Hampshire, Oklahoma, and Virginia.

There are over 10,000 rare diseases,⁵ and many more that have not even been identified. It is impossible to have research for any medication on all of the conditions any one drug may assist. Research is far more limited for cannabis because the federal government stacked the deck against research into cannabis’ benefits due to unique federal barriers and the lack of funding.⁶

The FDA and HHS have recommended rescheduling cannabis to Schedule III because it has currently accepted medical use and a lower potential for abuse than Schedule II drugs.⁷ It remains to be seen if the Trump Administration’s DEA will follow through on this scientific recommendation. But in the meantime, Hawai‘i should expand its own law to allow practitioners to certify patients for any condition — essentially allowing medical cannabis “off-label.”

² See: <https://www.drugwatch.com/health/off-label-drug-use>

³ "Death From Prescription Drugs," [RisCassi & Davis](#). "Adverse drug events harm 2.7 million hospitalized patients in the U.S. annually, with over 106,000 deaths and that's just for hospitalized patients. Another 350,00 adverse drug events occur in U.S. nursing homes each year."

⁴ National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on the Health Effects of Marijuana: An Evidence Review and Research Agenda. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. Washington (DC): National Academies Press (US); 2017 Jan 12. 9, National Academies of Sciences, Engineering, and Medicine; [The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research](#). Washington (DC): National Academies Press (US); 2017 Jan 12. 9.

⁵ <https://rarediseases.org/rare-diseases/>

⁶ See: "Federal Obstruction of Medical Cannabis Research," MPP <https://www.mpp.org/issues/medical-marijuana/federal-obstruction-of-medical-marijuana-research/>

⁷ <https://www.dea.gov/sites/default/files/2024-05/2016-17954-HHS.pdf>

Doctors, nurse practitioners, and their patients should be trusted to evaluate risks and benefits of medical cannabis, as they can with other medications.

Opposing the New Class C Felony

While we strongly support the provisions listed above, we do not support the new Class C felony for operating a dispensary without a license.

Effective Date

The current effective date is 2050. We urge your committees to add an effective date within six months, so that the House may choose to concur without requiring a committee of conference.

Concluding Thoughts

HB302 HD2 SD1 would make it easier for Hawai'i residents who could benefit from medical cannabis to consult with a knowledgeable provider, qualify for and enroll in the state's medical cannabis program, and purchase lab-tested medicine.

We urge you to pass HB302 HD2 SD1 out of your committees.

Mahalo for your time and public service,
The Hawai'i Alliance for Cannabis Reform

Member Organizations include:

ACLU of Hawai'i ◇ Cultivation Sector Consulting LLC ◇
Cannabis Society of Hawai'i ◇ Council for Native Hawaiian Advancement
Chamber of Sustainable Commerce ◇ Doctors for Drug Policy Reform ◇
Drug Policy Forum of Hawai'i ◇ Marijuana Policy Project
Cannabis Society of Hawai'i ◇ Chamber of Sustainable Commerce ◇ Doctors for Drug
Policy Reform ◇ Drug Policy Forum of Hawai'i ◇ Marijuana Policy Project

HB-302-SD-1

Submitted on: 3/31/2025 12:50:28 PM

Testimony for JDC on 4/1/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Nikos Leverenz	Testifying for Drug Policy Forum of Hawaii	Support	Written Testimony Only

Comments:

Chair Dela Cruz, Vice Chair Moriwaki, & WAM Committee Members:

Chair Rhoads, Vice Chair Gabbard, & JDC Committee Members:

On behalf of Drug Policy Forum of Hawai‘i (DPFH), I am writing in support of HB 302, HD 2, SD 1, which would repeal the requirement that a provider-patient relationship be established in person for the purpose of certification as a medical cannabis patient and authorize providers greater latitude in patient certification.

The creation of a new cannabis cultivator license has the potential to diversify the strains of dried flower available to patients and create additional employment opportunities in every county. However, the state Department of Health must endeavor to be less restrictive than they have been with the issuance of dispensary licenses and to finally provide tone-neutral science-based public educational materials on the benefits and risks of cannabis use.

These are but a few of many reforms to Hawai‘i’s medical cannabis regulations that would better meet the needs of current patients and other residents who could benefit from its use. For example, medical cannabis patients should be provided with statutory employment protections. Medical cannabis patients who are terminally ill should be able to access non-smokable forms of cannabis in hospice care or skilled nursing facilities akin to Ryan's Law in California.

DPFH strongly opposes the creation of new state felonies in the context medical cannabis (or manufactured hemp products that are arguably legal under federal law). At this point in time more funding should instead be dedicated to onboarding greater numbers of persons into participation in the medical cannabis sector.

Mahalo for the opportunity to provide testimony.

LATE



ACLU of Hawai'i
P.O. Box 3410
Honolulu, HI 96801

Office@acluhawaii.org
(808) 522-5900

SENATE COMMITTEES ON WAYS & MEANS AND JUDICIARY

DATE: Tuesday, April 1, 2025
TIME: 10:00AM
PLACE: VIA VIDEOCONFERENCE & Conference Room 211
RE: **In SUPPORT of and Proposing Amendments to HB302 H.D. 2, S.D. 1** Relating to Cannabis

Aloha Chairs Dela Cruz and Rhoads, Vice Chairs Moriwaki and Gabbard, and Committee Members,

The ACLU of Hawai'i **supports H.B. 302, H.D. 2, S.D. 1**, which repeals the requirement that a provider-patient relationship must be established in person and allows practitioners to certify patients to use medical cannabis for any medical condition. **We also respectfully request amendments.**

During and since the COVID pandemic, telemedicine has become an “indispensable resource.” Unnecessarily requiring in-person visits can be burdensome and can expose vulnerable patients to pathogens. It can also prevent patients from consulting with the practitioner of their choice. Many physicians are not trained in medical cannabis and the most knowledgeable medical cannabis practitioners may be on a different island.

This is particularly true in Hawai'i, where there is a shortage of doctors and other medical practitioners on the neighbor islands. Telemedicine is a powerful and prudent tool that allows neighbor island residents to receive medical attention and guidance. Hawai'i law already allows practitioners to write prescriptions via telemedicine. There is no reason the same can't be done for medical cannabis.

Hawai'i law should not impose unnecessary costs and burdens on medical cannabis patients that are not imposed on other medications. It should allow telemedicine for medical cannabis.

We are grateful that the Senate Health and Human Services Committee and Consumer Protection Committees amended HB302 HD2 SD1, to allow physicians and advanced practice nurses to

certify patients with “any condition [the practitioner] determined to be appropriate for the medical use of cannabis.”

We believe prescribing physicians and advanced practice registered nurses should be able to write medical cannabis prescriptions for “off-label”. Currently, approximately one-fifth of all prescriptions written in the U.S. are for “off-label” uses of medications for conditions other than what has been approved by the FDA.

More states are allowing medical practitioners to use their discretion to prescribe cannabis to their patients. Medical cannabis is often a safer alternative to other prescriptions.

Currently, at least nine states allow medical cannabis prescriptions for any condition or any serious or debilitating condition, and we appreciate this bill’s intent to allow Hawai‘i to join that list of states, which includes California, Delaware, Louisiana, Maryland, Massachusetts, Oklahoma, New Hampshire, and Virginia.

Proposed Amendments

- 1. Effective Date:** The bill’s current effective date is 2050. We ask that your committees amend the effective date to within six months of the bill’s passage, so that the House may choose to concur without requiring a committee of conference.
- 2. Class C Felony:** While we strongly support the provisions listed above, we do not support the creation of a new Class C felony charge for operating a dispensary without a license. We ask that your committees delete this provision.

In conclusion, H.B. 302, H.D. 2, S.D. 1 is a sensible cannabis public policy. It will make it easier for Hawai‘i residents to benefit from medical cannabis after consultation with a knowledgeable provider, qualify for and enroll in the state’s medical cannabis program, and purchase lab-tested medicine.

We respectfully request that you pass H.B. 302, H.D. 2, S.D. 1 out of your committees with the requested amendments.

Sincerely,

Emily Sarasa

Policy Fellow, ACLU of Hawai‘i
esarasa@acluhawaii.org

The mission of the ACLU of Hawai‘i is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawai‘i fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawai‘i is a non-partisan and private non-profit organization founded in 1965 that provides its services at no cost to the public and does not accept government funds.

HB-302-SD-1

Submitted on: 3/30/2025 11:22:07 PM

Testimony for JDC on 4/1/2025 10:00:00 AM

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

Comments:

To: COMMITTEE ON WAYS AND MEANS and COMMITTEE ON JUDICIARY

Dear Chairs, Dela Cruz and Rhoads, Vice Chairs, Moriwaki and Gabbard and Members of the Committees.

My name is Wendy Gibson-Viviani and I'm a Cannabis Nurse Educator who has been a medical cannabis patient advocate for over 10 years. I am a member of the Hawaii Alliance for Cannabis Reform and I Co-Chair the Education and Research Committee for the American Cannabis Nurses Association.

I'm **writing in SUPPORT Of HB302, HD2 SD1**. I believe this bill can improve our medical cannabis program by expanding patient access.

Patients cannot always travel to a provider to get certified to use cannabis. I know from experience. In 2015, I went to California to help my dying father gain access to medical cannabis. He was too weak and in way too much pain to travel – so he could not establish a provider-patient relationship in-person. Fortunately, I was able to locate the only physician in Northern California who made house-calls.

Having a Tele-health option would have made our lives a lot easier. Allowing establishment of the provider-patient relationship through Tele-health is an excellent way to expand patient access to Hawaii's program.

And please, help improve patient access to the medical cannabis program by adding to or replacing the list of qualifying conditions. The certifying doctors and nurses should decide which patients should be certified. Let them practice medicine.

Our program's list of qualifying conditions covers many prevalent chronic and debilitating conditions, however, there are many patients who could potentially benefit from use who don't have a condition on that list. For example, while we do have ALS on our list, cannabis clinicians have reported repeated successes when treating patients with other neurologic conditions such as traumatic brain injuries, Autism Spectrum Disorders, Parkinson's and Alzheimer's disease. And, as you may know, some patients are using it in post stroke recovery.

Also missing from the list are conditions that a large percentage of patients report using cannabis to treat: anxiety, depression and sleep disorders.

Please vote “yes” to improving patient access to Hawaii’s medical cannabis program by promoting HB302 HD2 SD1. Thank you for the opportunity to share my thoughts.

Wendy Gibson-Viviani RN

Kailua

To: Chair Dela Cruz and Rhodes, Vice-Chairs Moriwaki and Gabbard and respected Senators of the WAM and JDC Committees

From: Robert Lawrence Bence, 8th generation Kula farmer and member of the Hawai'i State Hemp Task Force

RE: Comments on and Amendments to HB302, HD2, SD1 Recommend Changes to help patients, caregivers and farmers.

Date: 3/30/2025

Aloha Chairs Dela Cruz and Rhodes, Vice-Chairs Moriwaki and Gabbard and respected Senators of the WAM and JDC Committees

I'm a severely disabled 329 patient, cannabis has saved several times. I support medical cannabis for all; however, this bill currently includes language that could destroy the medical cannabis program that has been working for 25 years. This bill is far superior than SB1429 which included huge fines.

The dispensaries are trying to commercialize the medical cannabis program in an effort to get more customers; however, the vast majority of patients like myself would never shop at the overpriced low quality federally illegal dispensaries that are against patients rights to grow the medicine that keeps us alive.

If going to water down the 329 program to allow non debilitating conditions offer the following amendment: **Section 2 return the strikeout language covering the current debilitating conditions and classify these patients as tier 1 patients. The new language begins with the underlined "any condition determined by the certifying physician or advanced practice registered nurse to be appropriate for the medical use of cannabis." should be classified as tier 2 Hawai'i state 329 patients.**

The tier 1 patients should be given future opportunities to sell directly to other patients under a federally regulated cannabis law that has already passed and other state benefits to be developed in future legislation. Distinguishing the patients that need cannabis to survive and the new tier 2 patients, that do not require cannabis to survive, will also help to ensure the current patients aren't impacted by the potential abuse by potential non medicinal users.

Recommend Removing The provision mentioning hemp: " "Waiting room" includes an area where hemp can be sold, including but not limited to hemp products and accessories to the use of medical cannabis, such as rolling papers, rolling trays, grinders, and vaporizers." should be struck out. As hemp is federally legal and cannabis is federally illegal, unless approved for federal research, which would cause potential regulatory issues from the USDA who has said that state dispensaries are not allowed to obtain federal hemp licenses.

The sale of cannabis should not be limited as limited licenses have proven to be a failure in every state. The dispensaries are only shopped at by tourists and transplants so limiting sales to the 8 state sponsored for-profit oligarchy system. This will not serve the purpose of helping boost the enrollment of the 329 program unless patients aren't allowed to sell directly to other patients. The adult farmers market model has proven to be successful and should be included as an allowable sales venue.

Remove section 3 as it is already illegal to run an unlicensed dispensary.

Mahalo

Rob