



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

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**ON THE FOLLOWING MEASURE:**

H.B. NO. 600, RELATING TO THE MEDICAL USE OF CANNABIS.

**BEFORE THE:**

HOUSE COMMITTEE ON HEALTH

**DATE:** Wednesday, January 29, 2025      **TIME:** 10:00 a.m.

**LOCATION:** State Capitol, Room 329

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

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Chair Takayama and Members of the Committee:

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

The purposes of the bill are to: (1) repeal the requirement that out-of-state medical cannabis patients register with the Department of Health (DOH); (2) repeal the requirement that prospective in-state medical cannabis patients meet in person with a physician or advanced practice registered nurse prior to being certified for the medical use of cannabis; and (3) repeal the authority for the DOH to collect fees for medical cannabis patient registrations.

The Department is concerned that eliminating the registration requirement for out-of-state medical cannabis patients could present compliance problems for dispensary licensees and expose these patients to criminal liability. Additionally, removing the requirement for an in-person consultation between a certifying medical professional and a prospective medical-cannabis patient conflicts with existing telehealth laws.

Act 116, Session Laws of Hawaii 2018 (Act 116), established a reciprocity program allowing out-of-state medical cannabis patients access to medical cannabis in Hawaii. The program was designed to “not significantly diminish the safety and security aspects of Hawaii’s approach to medical cannabis” and “be implemented in a way that is

fair and equitable to Hawaii medical cannabis patients and does not confer greater access to out-of-state medical cannabis patients than to Hawaii patients[.]” Act 116.

This bill would remove the requirement for an out-of-state patient to register with the DOH and the sixty-day time limit for an out-of-state patient’s authorization to use medical cannabis. Page 15, line 10, through page 16, line 2. The bill would also remove DOH authority to: (1) verify with law enforcement that an out-of-state patient is authorized to use medical cannabis (page 18, lines 4-10); and (2) suspend out-of-state patient registrations during a medical cannabis shortage (page 18, line 11 through page 19, line 6). These safeguards were included in Act 116 to ensure equitable access to both out-of-state and in-state patients, while maintaining the integrity of the medical cannabis program in Hawaii. See Act 116.

#### **Compliance Challenges for Dispensaries**

Currently, dispensaries use seed-to-sale tracking software, with registration numbers assigned to each registered out-of-state patient, to monitor purchases and ensure compliance with legal purchase limits. See section 329D-6(k)(3), HRS. If the registration requirement is repealed, dispensaries would have no way to verify whether an out-of-state patient is within their legal limit, potentially exposing patients to criminal penalties and dispensaries to fines or license revocation for violating medical cannabis laws.

Additionally, without a registration process, the DOH would be unable to validate whether an out-of-state patient is authorized to use medical cannabis in another state. This would place the burden of determining the validity of out-of-state patient authorization solely on dispensaries. See page 9, lines 9-19. If the dispensary does not accurately make this determination, the dispensary could sell cannabis to an unauthorized person and risk violating the law and having its license revoked.

#### **Legal Implications for Out-of-State Patients**

State legal protections under the penal code and the Uniform Controlled Substances Act only apply to out-of-state patients who comply strictly with Hawaii’s medical cannabis laws. See section 329-125, HRS. Unregistered individuals who are

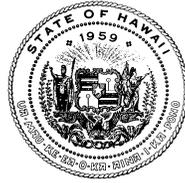
not authorized to use medical cannabis in another state would be subject to criminal penalties, even if they mistakenly believed they were compliant with the law.

#### **Conflicts with Existing Telehealth Laws**

For in-state patients, the bill would remove the requirement that a prospective medical cannabis patient must have at least one in-person visit with a physician or advanced practice registered nurse to be certified for the medical use of cannabis. See page 5, line 15, through page 6, line 5. The bill also provides that a bona-fide physician-patient relationship “may be established in-person, or via telehealth as described in section 329-126(b).” Page 4, lines 17-19. However, these amendments conflict with section 453-1.3, HRS, which mandates “[f]or the purposes of . . . certifying a patient for the medical use of cannabis, a physician-patient relationship shall only be established after an in-person consultation between the prescribing physician and the patient.”

If the Committee wishes to advance this bill, we recommend deleting sections 1, 3, 5, and 6, as well as the amendments on page 9, lines 14–16 (section 4). Additionally, to prevent conflicts with existing telehealth laws, we suggest deleting section 3 and the amendments on page 4, lines 17–19 (section 2). We are available to assist the Committee in drafting any amendments to ensure the bill aligns with existing laws while maintaining patient safety and the integrity of the medical cannabis program.

Thank you for the opportunity to provide comments.



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**Testimony in OPPOSITION to HB600  
RELATING TO MEDICAL USE OF CANNABIS**

REP. GREGG TAKAYAMA, CHAIR  
HOUSE COMMITTEE ON HEALTH

Hearing Date: January 29, 2025

Room Number: 329

1 **Department Testimony:** The Department of Health (DOH) strongly opposes this bill as  
2 written.

3 Removing the requirement for out-of-state patients to register with DOH to allowing them to  
4 purchase, possess, and consume cannabis in Hawaii without a valid registration card from the  
5 DOH introduces serious risks that would undermine patient safety and regulatory compliance.

6 Without registration, DOH will be unable to track cannabis purchases through the state's seed-to-  
7 sale tracking system. This system is crucial for ensuring that cannabis products are monitored  
8 from cultivation to distribution, helping to prevent diversion to the black market and ensuring  
9 that patients receive their adequate supply of medical cannabis safely and legally. The current  
10 seed-to-sale tracking system ensures this by using a patient's registration number to monitor  
11 purchases across dispensaries. Without a registration number to track purchases, a dispensary  
12 could unknowingly sell more than what is legally allowed to an applicant or their caregiver,  
13 which can lead to diversion or possible administrative violations for the dispensary.

14 DOH notes that repealing the requirement for an in-person consultation with a healthcare  
15 provider to obtain a certification for medical cannabis conflicts with section 453-1.3(c), Hawaii  
16 Revised Statutes (HRS), which explicitly requires an in-person consultation and would need  
17 revision. DOH also notes that authorizing online consultations may open access to Hawaii  
18 patients to mainland-based telehealth companies, some of which have been under scrutiny in

1 other states for questionable practices, and recommends amending chapter 329, HRS, the  
2 Uniform Controlled Substances Act, to limit prescriptions, or in the case of medical cannabis  
3 certifications, to those that “shall originate from within the State.”

4  
5 Lastly, removing DOH’s ability to collect registration fees for medical cannabis patients would  
6 critically undermine the funding necessary to sustain the medical cannabis program in Hawaii.  
7 These fees are essential for important program functions, including administration, public health  
8 education, regulatory oversight, and program expansion and improvement. If the intent is to  
9 remove this requirement, the Department respectfully requests appropriating funds to support  
10 these initiatives.

11 Thank you for the opportunity to testify.



To: Representative Gregg Takayama, Chair  
Representative Sue Keohopaku-Lee Loy, Vice-Chair  
Members of the House Health Committee

Fr: \_\_\_\_\_ on behalf of the HICIA Assn.

Re: Testimony **In Support** on **House Bill (HB) 600**  
RELATING TO CANNABIS

Repeals registration requirements relating to qualifying out-of-state medical cannabis patients who are validly registered in other states, United States territories, or the District of Columbia. Repeals language requiring an initial in-person consultation before physicians and advanced practice registered nurses may make medical cannabis treatment recommendations via telehealth. Prohibits the Department of Health from imposing fees for patients' medical cannabis registration certificates.

Dear Chair Takayama, Vice-Chair Keohokapu-Lee Loy and Members of the Committee:

The Hawai'i Cannabis Industry Association, represents a majority of the state's licensed medical cannabis dispensaries. HICIA **supports** HB600 which eases access issues for medical cannabis patients, including out-of-state patients, and eliminates the patient fees.

This bill has portions that align with HICIA's priority HB302 to eliminate the requirement of an in-person initial consultation in order to create a bona fide physician-patient relationship. The legislature already recognized the need for telehealth parity in 2021 because many patients experience access challenges due to disability or geography and changed the laws so inpatient and virtual appointments were treated the same. The existing distinction for medical cannabis to only create that doctor-patient relationship in person is archaic and lacks any substantive reasons for the distinction.

The bill also eases the requirements for out-of-state patients to access a medical dispensary when they already have proof of their status as a medical cannabis patient. Currently, the law requires a "re-registration" with the Department of Health, which is not only cumbersome, but the timing and delay likely defeat the purpose when an out-of-state patient is only in the state for a few days. This delay only ends up pushing out-of-state patients towards obtaining product from the illicit market.

Finally, the bill proposes to eliminate the registration fees for patients. HICIA supports the purpose of this as it is our understanding the Department of Health's fund for medical cannabis is significant. We have indications - and would be happy to be

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corrected - that the Office of Medical Cannabis Control and Registry has a fund which is currently over \$11.5 million. While we recognize that this fund may have to support both the registry program and the dispensary program, we think it is a worthwhile consideration to eliminate, or in the alternative suspend for 3-5 years, collection of the patient registry fee.

Thank you for the opportunity to testify.

To: Representative Gregg Takayama, Chair  
Representative Sue Keohopaku-Lee Loy, Vice-Chair  
Members of the House Health Committee

Fr: TY Cheng on behalf of Aloha Green Apothecary.

Re: Testimony In **Support** on **House Bill (HB) 600**  
RELATING TO CANNABIS

Repeals registration requirements relating to qualifying out-of-state medical cannabis patients who are validly registered in other states, United States territories, or the District of Columbia. Repeals language requiring an initial in-person consultation before physicians and advanced practice registered nurses may make medical cannabis treatment recommendations via telehealth. Prohibits the Department of Health from imposing fees for patients' medical cannabis registration certificates.

Dear Chair Takayama, Vice-Chair Keohokapu-Lee Loy and Members of the Committee:

Aloha Green Apothecary (“Aloha”) is a state-licensed medical cannabis dispensary licensee operating on Oahu. Aloha **supports** HB600 which eases access issues for medical cannabis patients, including out-of-state patients, and eliminates the patient fees.

The bill eases the requirements for out-of-state patients to access a medical dispensary when they already have proof of their status as medical cannabis patients. Most States, but not all, require medical cannabis patients to apply for a physical or electronic card to identify them as medical cannabis patients.

We ask that the Committee consider amending this section to allow for any proof of qualification as a medical cannabis patient from another state as physician qualification letters are how the majority of Californian medical cannabis patients access medical products. California medical cannabis patients may elect to submit their physician qualifying letter to the California Department of Cannabis Control to receive a physical card, but that is not required to enter and purchase medical cannabis products in California. As one of our closest neighbors, many California medical patient visitors have been turned away at our doors falsely believing their physician qualifying letters are enough to enter and purchase from a Hawaii dispensary.

Thank you for the opportunity to testify.



**Akamai Cannabis Consulting**

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TESTIMONY ON HOUSE BILL 600  
RELATING TO THE MEDICAL USE OF CANNABIS

Clifton Otto, MD

House Committee on Health  
Representative Gregg Takayama, Chair  
Representative Sue L. Keohokapu-Lee Loy, Vice Chair

Wednesday, January 29, 2025 - 10:00 AM  
State Capitol, Room 329 & Videoconference

Broad changes to Hawaii's Medical Cannabis Program are necessary to improve participation and access, which can provide an alternative to recreational legalization that will allow for better regulatory oversight and protection of the State's authority over the intrastate medical use of cannabis.

Please consider replacing this bill with the following revision of Hawaii's Medical Use of Cannabis Act, Chapter 329, [Part XI](#), Hawaii Revised Statutes:

**Take action to protect the intrastate medical use of cannabis:**

**§329D-25 Coordination among state and federal agencies.** The department shall initiate ongoing dialogue among relevant state and federal agencies to identify processes and policies that ensure the privacy of qualifying patients [~~and qualifying out-of-state patients~~] and the compliance of qualifying patients, primary caregivers, [~~qualifying out-of-state patients, and caregivers of qualifying out-of-state patients~~] and medical cannabis dispensaries with state laws and regulations related to medical cannabis; provided that such dialogue shall include proceeding with [HCR132 \(2021\)](#).

**§329-121 Definitions.** As used in this part:

**Allow certifying providers to decide adequate supply:**

"Adequate supply" means an amount of medical cannabis jointly possessed between the qualifying patient and the primary caregiver that is not more than is reasonably necessary to ensure the uninterrupted availability of cannabis for the purpose of alleviating the symptoms or effects of a qualifying patient's debilitating medical condition; provided that an "adequate supply" shall not exceed: ten cannabis plants, whether immature or mature, and four ounces of usable cannabis at any given time, or an amount determined by the certifying physician or APRN. The ~~[four ounces of]~~ usable cannabis shall include any combination of usable cannabis and manufactured cannabis products, as provided in chapter 329D, with the cannabis in the manufactured cannabis products being calculated using information provided pursuant to section 329D-9(c).

~~[ "Adequate supply for a qualifying out-of-state patient" means an amount of cannabis individually possessed by a qualifying out-of-state patient or jointly possessed by a qualifying out-of-state patient who is under eighteen years old and the caregiver of the qualifying out-of-state patient that is not more than is reasonably necessary to ensure the uninterrupted availability of cannabis for the purpose of alleviating the symptoms or effects of the qualifying out-of-state patient's debilitating medical condition; provided that an "adequate supply for a qualifying out-of-state patient" shall not exceed four ounces of usable cannabis at any given time and shall not include live plants. The four ounces of usable cannabis shall include any combination of usable cannabis and manufactured cannabis products, as provided in chapter 329D; provided that the usable cannabis in the manufactured products shall be calculated using information provided pursuant to section 329D-9(c). ]~~

### **Remove the DEA registration requirement for APRNs:**

"Advanced practice registered nurse" means an advanced practice registered nurse who is licensed to practice under [chapter 457](#) ~~[ with prescriptive authority as described in section 457-8.6 and registered under section 329-32 ]~~.

### **Remove out-of-state language to treat local and visiting patients equally:**

~~[ "Caregiver of a qualifying out-of-state patient" means a parent, guardian, or person having legal custody of a qualifying out-of-state patient who is under the age of eighteen years. ]~~

### **Allow certifying providers to decide qualifying conditions:**

"Debilitating medical condition" means any condition determined by the certifying physician or APRN. [ ∴

~~—(1) Cancer, glaucoma, lupus, epilepsy, multiple sclerosis, rheumatoid arthritis, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, or the treatment of these conditions;~~

~~—(2) A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following:~~

- ~~—(A) Cachexia or wasting syndrome;~~
- ~~—(B) Severe pain;~~
- ~~—(C) Severe nausea;~~
- ~~—(D) Seizures, including those characteristic of epilepsy;~~
- ~~—(E) Severe and persistent muscle spasms, including those characteristic of multiple sclerosis or Crohn's disease; or~~
- ~~—(F) Post-traumatic stress disorder; or~~

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

### **Clarify the term “distribution” under Medical Use:**

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

### **Remove the DEA registration requirement for physicians:**

"Physician" means a person who is licensed to practice under chapter 453 ~~[ and is licensed with authority to prescribe drugs and is registered under section 329-32 ]~~. "Physician" does not include a physician assistant as described in section 453-5.3.

### **Make Written Certifications valid for only one year again:**

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

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

**Remove out-of-state language and clarify transportation:**

§329-122 Medical use of cannabis; conditions of use. (a) Notwithstanding any law to the contrary, the medical use of cannabis by a qualifying patient shall be permitted only if:

(1) The qualifying patient has been diagnosed by a physician or advanced practice registered nurse as having a debilitating medical condition;

(2) The qualifying patient's physician or advanced practice registered nurse has certified in writing that, in the physician's or advanced practice registered nurse's professional opinion, the potential benefits of the medical use of cannabis would likely outweigh the health risks for the particular qualifying patient; and

(3) The amount of cannabis possessed by the qualifying patient does not exceed an adequate supply.

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

(1) The qualifying patient's physician or advanced practice registered nurse has explained the potential risks and benefits of the medical use of cannabis to the qualifying patient and to a parent, guardian, or person having legal custody of the qualifying patient; and

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

(A) Allow the qualifying patient's medical use of cannabis;

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

(C) Control the acquisition of the cannabis, the dosage, and the frequency of the medical use of cannabis by the qualifying patient.

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

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

~~—(2) Attests under penalty of law pursuant to section 710-1063 that the condition for which the qualifying out-of-state patient is legally authorized to use cannabis for medical purposes is a debilitating medical condition as defined in section 329-121;~~

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

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

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

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

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

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

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

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

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

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

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

(c) [ ~~(e)~~ ] The authorization for the medical use of cannabis in this section shall not apply to:

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

(2) The medical use of cannabis:

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

(B) In the workplace of one's employment, unless specifically authorized by the employer;

(C) On any school grounds, unless specially authorized by the [DOE Superintendent](#);

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

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

(3) The use of cannabis by a qualifying patient, parent, or primary caregiver [  ~~; qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient, ] for purposes other than medical use permitted by this part.~~

(d) [ ~~(f)~~ ] For the purposes of this section, "transport" means the transportation of cannabis, usable cannabis, or any manufactured cannabis product between:

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

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

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

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

(5) A production center, retail dispensing location, qualifying patient, primary caregiver, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient and a certified laboratory for the purpose of laboratory testing; provided that a qualifying patient, primary caregiver, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient may only transport up to one gram of cannabis per test to a certified laboratory for laboratory testing and may only transport the product if the qualifying patient, primary caregiver, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient:

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

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

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

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

(e) The department shall pursue the federal aviation exemption available under FAA regulation [14 CFR 91.19](#) for the interisland intrastate transport of medical cannabis, and shall promote prep labs on islands that fall outside the jurisdictional limits of the State

and do not have access to local testing so that de minimis samples can be sent to Oahu for required potency and contaminant testing.

**Require instantaneous registration application approval and expand caregiving:**

**§329-123 Registration requirements; qualifying patients; primary**

**caregivers.** (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; provided that the grow site address [ and ] shall not appear on the registry card issued by the department of health. The certifying physician or advanced practice registered nurse shall be required to have a bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship, as applicable, with the qualifying patient. All current active medical cannabis permits shall be honored through their expiration date.

(b) Qualifying patients shall register with the department of health. The registration shall be effective until the expiration of the certificate issued by the department of health and signed by the physician or advanced practice registered nurse. Every qualifying patient shall provide sufficient identifying information to establish the personal identities of the qualifying patient and the primary caregiver. Qualifying patients shall report changes in information within ten working days. Every qualifying patient shall have only one primary caregiver at any given time. The department of health shall issue to the qualifying patient a registration certificate and may charge a fee for the certificate in an amount adopted by rules pursuant to chapter 91.

(c) Primary caregivers shall register with the department of health. Each [ Every ] primary caregiver may [ shall ] be responsible for the care of no more than ten [ only one ] qualifying patients at any given time, unless the primary caregiver is the parent, guardian, or person having legal custody of more than one minor qualifying patient, in which case the primary caregiver may be responsible for the care of more than one minor qualifying patient at any given time; provided that the primary caregiver is the parent, guardian, or person having legal custody of all of the primary caregiver's qualifying patients. The department of health may permit registration of up to two primary caregivers for a minor qualifying patient; provided that both primary caregivers are the parent, guardian, or person having legal custody of the minor qualifying patient.

(d) Upon inquiry by a law enforcement agency, which inquiry may be made twenty-four hours a day, seven days a week, the department of health shall immediately verify

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

(e) The department shall use AI technology to make registration approval instantaneous. In those instances where application errors are detected, the defective application shall be instantaneously returned to the certifying physician or APRN for correction and resubmission.

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

### **Remove out-of-state language:**

#### **[ ~~§329-123.5 Registration requirements; qualifying out-of-state patient; caregiver of a qualifying out-of-state patient. ]~~**

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

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

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

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

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

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

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

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

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

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

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

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

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

~~—(1) Adequate capacity exists to register qualifying out-of-state patients and caregivers of qualifying out-of-state patients in addition to qualifying patients and primary caregivers; and~~

~~—(2) The licensed dispensaries are able to meet the demands of qualifying patients. ]~~

### **Remove out-of-state language:**

#### **§329-125 Protections afforded to a qualifying patient, or primary caregiver [ , qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient ]**

. (a) A qualifying patient, or primary caregiver [ , ~~qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient~~ ] may assert the medical use of cannabis authorized under this part as an affirmative defense to any prosecution involving marijuana under this part, part IV, or part IV of chapter 712; provided that the qualifying patient, or primary caregiver [ , ~~qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient~~ ] strictly complied with the requirements of this part.

(b) Any qualifying patient, or primary caregiver [ ~~, qualifying out-of-state patient, or caregiver of a qualifying out-of-state patient~~ ] not complying with the permitted scope of the medical use of cannabis shall not be afforded the protections against searches and seizures pertaining to the misapplication of the medical use of cannabis.

(c) No person shall be subject to arrest or prosecution for simply being in the presence or vicinity of the medical use of cannabis as permitted under this part.

**Remove out-of-state language:**

**§329-125.5 Medical cannabis patient and caregiver protections.** (a) No school shall refuse to enroll or otherwise penalize, and no landlord shall refuse to lease property to or otherwise penalize, a person solely for the person's status as a qualifying patient or primary caregiver in the medical cannabis program under this part, unless failing to do so would cause the school or landlord to lose a monetary or licensing-related benefit under federal law or regulation; provided that the qualifying patient or primary caregiver strictly complied with the requirements of this part; provided further that the qualifying patient or primary caregiver shall present a medical cannabis registry card or certificate and photo identification, to ensure that the qualifying patient or primary caregiver is validly registered with the department of health pursuant to section 329-123.

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

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

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

**Allow telehealth for all medical cannabis patients:**

**§329-126 Protections afforded to a treating physician or advanced practice registered nurse.** (a) No physician or advanced practice registered nurse shall be subject to arrest or prosecution, penalized in any manner, or denied any right or

privilege for providing written certification for the medical use of cannabis for a qualifying patient; provided that:

(1) The physician or advanced practice registered nurse has diagnosed the patient as having a debilitating medical condition, as defined in section 329-121;

(2) The physician or advanced practice registered nurse has explained the potential risks and benefits of the medical use of cannabis, as required under section 329-122;

(3) The written certification is based upon the physician's or advanced practice registered nurse's professional opinion after having completed a full assessment of the patient's medical history and current medical condition made in the course of a bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship, as applicable; and

(4) The physician or advanced practice registered nurse has complied with the registration requirements of section 329-123.

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

#### **Remove out-of-state language:**

**§329-127 Protection of cannabis and other seized property.** (a) Cannabis, paraphernalia, or other property seized from a qualifying patient or primary caregiver in connection with a claimed medical use of cannabis under this part shall be returned immediately upon the determination by a court that the qualifying patient or primary caregiver is entitled to the protections of this part, as evidenced by a decision not to prosecute, dismissal of charges, or an acquittal; provided that law enforcement agencies seizing live plants as evidence shall not be responsible for the care and maintenance of such plants.

(b) [~~This section shall also apply to qualifying out-of-state patients and caregivers of qualifying out-of-state patients who are validly registered with the department of health pursuant to this part and the administrative rules of the department of health; provided that notwithstanding subsection (a) to the contrary, under ] Under no circumstances shall cannabis, paraphernalia, or other property be returned to any location outside of the island from which it was seized.~~

#### **Clarifying solvent prohibition:**

**§329-129 Prohibited acts; flammable solvents.** (a) No qualifying patient, or primary caregiver [ , qualifying out-of-state patient, or caregiver of a qualifying out-of-state

patient ] shall use butane to extract any cannabinoid [ ~~tetrahydrocannabinol~~ ] from cannabis plants.

(b) Any person who violates this section shall be guilty of a class C felony.

**Allowing ten patients per grow site and primary caregiver cultivation any island:**

**§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 ten [ ~~five~~ ] qualifying patients.

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

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

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

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

~~—(c) 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. ]~~

To: Representative Gregg Takayama, Chair  
Representative Sue Keohokapu-Lee Loy  
Members of the House Committee on Health

Fr: Karlyn Laulusa, Chief Executive Officer, Noa Botanicals

Re: Testimony with Comments of House Bill (HB) 600

Measure Title: RELATING TO CANNABIS.  
Report Title: Medical Cannabis; Access; Providers; Certification  
Companion: SB1595

Aloha Chair, Vice-Chair, and members of the committee,

My name is Karlyn Laulusa and I'm the Chief Executive Officer at Noa Botanicals, a medical licensee on the island of Oahu and I stand in support of HB600 and would like to offer the below comments for consideration.

- A. The medical cannabis dispensary program began accepting out of state patients (OSP) in 2019 and set up the current registry system to require out of state patients seeking reciprocity to create an online account, apply and submit required documentation, then pay a \$49.50 fee and wait to receive an electronic medical cannabis card. However, over the past six-years much has changed, and the original rules and regulations have had the unintended consequence of driving those seeking medical cannabis to the illicit black market.
  - Currently, there are six (6) illegal dispensary operations between Beachwalk and Liliuokalani Avenue.
  - These dispensaries sell cannabis labeled as hemp and do not require a medical card thus tourists opt to shop there.
  - Allowing OSPs with an existing medical cannabis registration from their home state direct access to a medical dispensary will –
    1. Remove the burdensome process that most visitors are unaware of and do not participate in.
    2. Will improve a qualified tourists access to safe, regulated medical cannabis.
  
- B. The requirement of an in-person physician-patient visit to establish a bona-fide relationship with a card issuer is burdensome.
  - In 2021, Act 34, Session Laws of Hawaii 2021, eliminated the requirement for a physician-patient relationship to be established by an initial in-person consultation, and authorized the relationship to be established via telehealth.
  - This can and should be applied to medical cannabis program to improve access to safe, regulated medical cannabis.

- C. The uninsured and uncontrolled cost of a medical cannabis card can range from \$100 to \$300 omit the \$38.50 state fee, depending on the provider and island.
- Eliminating the registration fee would help to bring down the high cost of entry to the medical program.

The current statewide seed to sale tracking system has the mechanism to allow dispensaries to enter both resident and tourist cannabis card information however the Department of Health would need to turn the function on to make this a reality.

This bill aims to improve access to safe, regulated medical cannabis for qualified patients in Hawaii by easing at least some of the existing restrictions.

Thank you for the opportunity to provide testimony.

Aloha,  
Karlyn Laulusa

**HB-600**

Submitted on: 1/24/2025 10:14:03 AM

Testimony for HLT on 1/29/2025 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Victor K. Ramos	Individual	Oppose	Written Testimony Only

Comments:

Verification should remain mandatroy. I strongly oppose the passage of this HB600.

**HB-600**

Submitted on: 1/25/2025 8:50:15 AM

Testimony for HLT on 1/29/2025 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Donna P. Van Osdol	Individual	Support	Written Testimony Only

Comments:

I support this measure.

**HB-600**

Submitted on: 1/28/2025 11:04:50 PM

Testimony for HLT on 1/29/2025 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kenny Wusstig	Individual	Support	Written Testimony Only

Comments:

I fully support this bill to not only end the ridiculous red tape war against Marijuana. But in the hopes that Marijuana is proven to be more of a proper all natural cure to medical illnesses rather than pharmaceutical medicines that cause more harm and future side effects. I urge the state to pass forth this vital bill.