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

ON THE FOLLOWING MEASURE:
S.B. NO. 1429, S.D. 2, RELATING TO MEDICAL CANNABIS.

BEFORE THE:
HOUSE COMMITTEE ON HEALTH

DATE: Wednesday, March 12, 2025 **TIME:** 9:00 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Alana L. Bryant, Deputy Attorney General

Chair Takayama and Members of the Committee:

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

The purposes of the bill are to: (1) retroactively repeal the sunset date of the authorization for primary caregivers to cultivate medical cannabis for their qualifying patients; (2) establish that each location used by primary caregivers to cultivate cannabis can be used to cultivate cannabis for not more than five qualifying patients; (3) increase the number of qualifying patients a primary caregiver is authorized to care for from one to five patients; (4) authorize the Department of Health to impose administrative penalties for violations of part IX of chapter 329, Hawaii Revised Statutes (HRS); (5) extend for two years interim rules adopted pursuant to section 329D-27, HRS, and (6) extend the exemption from chapter 76, HRS, for two years.

Current law allows a primary caregiver to care for one medical cannabis patient, unless the patient is a minor. *See* section 329D-123(c), HRS. If the patient is a minor, up to two caregivers can be registered, provided they are the minor's parents or legal guardians. *Id*. Caregivers are authorized to grow cannabis for their patient, purchase cannabis from legal sources on behalf of their patient, and create cannabis products for their patient.

Allowing a primary caregiver to care for up to five patients would allow a caregiver to grow up to fifty cannabis plants, create unregulated, untested, and

untracked cannabis products (e.g., edibles and concentrates), and purchase up to twenty ounces of cannabis and cannabis products. Such a significant increase—enabling the procurement and distribution of over a pound of cannabis with minimal oversight—poses a risk of facilitating illegal commercial cannabis operations, thereby creating challenges for law enforcement. This unintended consequence undermines the intended regulatory framework.

For these reasons, we respectfully recommend deleting the amendments to section 329-123(c), HRS, in section 3, on page 4, line 13, through page 5, line 8.

We also recommend clarifying that administrative penalties, cease-and-desist orders, and corrective action orders become final twenty days after service by adding the following wording to new section 329- (b) at page 3, line 7:

> (b) The department of health may impose an administrative penalty on a person pursuant to subsection (a), or rules adopted pursuant to this part. The department of health shall serve the person with written notice of the administrative penalty and the basis for the administrative penalty. Any notice of an administrative penalty may be accompanied by a cease-and-desist order or a corrective action order[~~.~~], or both. The administrative penalty, cease-and-desist order, and corrective action order shall become final twenty calendar days after the date of the written notice unless a contested case hearing is requested pursuant to subsection (c). The violation of the cease-and-desist order or the corrective action order shall constitute a further violation of this part.

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

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAI'I

KENNETH S. FINK, M.D., M.G.A, M.P.H
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

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Testimony in SUPPORT of SB1429_SD2
RELATING TO MEDICAL CANNABIS

REPRESENTATIVE GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date/Time: March 12, 2025, 9:00AM Room Number: 329

Fiscal Implications: Significant. The amendments to Act 159, Session Laws of Hawaii 2018, to extend current filled exempt positions would require continued appropriation of special funds.

Department Testimony: The Department strongly supports this measure with one change, and sincerely appreciates the inclusion of our previously requested amendments in the Senate Draft 1 and 2. The amendments are essential to ensuring continued patient access to medical cannabis and continuity for Hawaii's medical cannabis program. Specifically, repealing the sunset date for caregiver cultivation will allow patients who rely on home cultivation to maintain access to their medical cannabis. Additionally, extending the sunset date for dispensary employees and the interim rule-making authority is crucial for preventing job losses and significant disruption to the medical cannabis program and for ensuring sufficient time to implement the relevant rule changes. Lastly, we greatly value the inclusion of enforcement authority, as it is essential for ensuring effective regulation in the rapidly evolving medical cannabis industry. This authority with help maintain compliance, protect public health, and address emerging challenges, supporting the industry's long-term stability and integrity.

However, we respectfully request reconsideration of the amendment that was incorporated in the Senate Draft 1 to increase the number of qualifying patients a primary caregiver may serve from one to five. This change risks commercializing the caregiver role, risking harm both to the patient and to the integrity of the medical cannabis program. It would significantly increase the number of plants a single caregiver may cultivate from 10 plants to 50 plants and increase the amount of cannabis a caregiver can purchase and distribute to patients from 4 ounces to 20 ounces. We have concerns that this change will increase the risk of diversion. For these reasons, we believe it is important to maintain the one-to-one patient-caregiver relationship.

We appreciate your consideration of this request and thank you for incorporating the critical provisions outlined above.

Thank you for the opportunity to testify on this measure.

HICIA
Hawai'i Cannabis Industry Association

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

Fr: Blake Oshiro on behalf of the HICIA Assn.

Re: Testimony **Comments** on **Senate Bill (SB) 1429, Senate Draft (SD) 2**
RELATING TO MEDICAL CANNABIS
Authorizes the Department of Health to issue notices of violations, impose administrative penalties, and issue cease-and-desist and corrective action orders for violations of medical cannabis laws. Retroactively repeals the sunset date of the authorization for primary caregivers to cultivate medical cannabis for their qualifying patients. Increases the number of qualifying patients a primary caregiver is authorized to care for from one to five patients. Establishes that each location used by primary caregivers to cultivate cannabis can be used to cultivate cannabis for not more than five qualifying patients. Extends the effective date of interim rules adopted by the Department of Health pursuant to section 329D-27, Hawaii Revised Statutes, to 7/1/2027. Extends the sunset date for the exemption from civil service of personnel hired by or contracts entered into by the Department of Health pursuant to Act 241, Session Laws of Hawaii 2015, to 6/30/2027. Effective 12/31/2050. (SD2)

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 **provides comments** on SB1429, particularly to the provisions which: (1) retroactively revives the caregiver cultivation program, (2) clarifies enforcement powers of the Department of Health (DOH), and (3) extends DOH's interim rule making authority.

Caregiver cultivation:

When medical cannabis dispensary law was created in 2015 by Act 241, and then codified as Haw. Rev. Stat. (HRS) 329-130(b), it provided that except for limited exceptions, the caregiver cultivation program would continue until 2018 and that "[a]fter December 31, 2018, no primary caregiver shall be authorized to cultivate marijuana for any qualifying patient." In 2017, this was extended from 2018 an additional five years to 2023. Act 41, 2017 HB1488, HD1, SD1, CD1 In 2022, Act 309 was passed extending the deadline from December 2023 to December 31, 2024. HB2260, HD1, SD2, CD1

In passing the one-year extension to 2024, the legislative history provides:

> Your Committee on Conference further finds that to ensure that the existing medical dispensary licensing framework sufficiently meets the needs of qualifying

> patients in a cost-effective manner, an assessment of the dispensary licensing framework is necessary. In order to ***maintain the status quo while the assessment is being conducted,*** an extension of the deadline by which primary caregivers can no longer cultivate cannabis for a qualifying patient is therefore necessary. (Emphasis added)

Conference Committee Report No. 235-22

We are unaware of any assessment having been conducted by the DOH in 2023 or 2024 that justifies maintaining this status quo or continuation of the caregiver cultivation program. Instead, since that time, the number of registered qualified patients[1] has dropped making it harder for the licensed medical cannabis dispensaries to ensure availability in a "cost-effective manner." DOH has not done anything proactively to increase patients through education (as part of its mission and fees under the law), through more cooperative administration to minimize licensees operational costs.

While the HICIA does not necessarily object to caregivers cultivating medical cannabis for qualified patients, the DOH has an absolutely dismal history of any enforcement against blatant, excessive and obvious violations of the caregiver program in the past. There is clear evidence of an Oahu caregiver cultivation site that had thousands of cannabis plants, in fact, more cannabis plants on that site than any licensed medical production center.

While HICIA does not object to the caregiver program being revived in theory, our concern is the poor history the DOH has on enforcement against blatant violators, and what that indicates for its ability to enforce should the program be resurrected.

Enforcement

The HICIA has no issue with the provisions on clarifying the DOH's enforcement powers. In fact, we support them if they are indeed going to be used to enforce on the never previously DOH-enforced caregiver cultivator program. We would similarly support these provisions to enforce against illicit retail of cannabis and THC-content

[1] 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.

products in multiple locations that have been reported and complained about in other hearings.

Interim Rule Making Authority

Similar to the multiple extensions on the caregiver cultivation program, DOH's interim rule making authority has been extended twice and the program is now operating at close 10 years under DOH's "interim" rule authority, and not any permanent or regularly adopted administrative rules.

When medical cannabis dispensary law was created in 2015, Act 241 gave the DOH interim rule making authority, "provided that the interim rules shall remain in effect until July 1, 2018, or until [regular] rules are adopted pursuant to subsection (a), whichever occurs sooner." HRS 329D-27. In 2017, this was extended from 2018 by two more years to 2020. Act 41, 2017 HB1488, HD1, SD1, CD1 In 2018, this was extended from 2020 to 2025. Act 159 2018 HB2742, HD1, SD1, CD1

It is important to note that "interim" rules, which is not usual and was an authority given to the DOH in this instance, meant that it was supposed to be temporary, or hold in place until the regular and permanent rules envisions under HRS 329D-27(a) are in place.

Those "regular" rules, like most all other administrative rules, follow a specific statutory process under HRS Chapter 91, meaning they go through public notice, public comment, public hearing, and review and approval by the Governor and then adoption.

While that is a lengthy and sometimes complicated process, it is the very nature of legal due process under our State Constitution. As such, the current "interim" rules process happens all behind the scenes. While the licensed dispensaries are sometimes provided some insight and opportunity to comment to DOH, all of that happens in a "black box," where ultimately decisions and final version is published sometimes considering or disregarding comments from the licensees.

At some point, DOH should be held accountable to adopt Chapter 91 administrative rules and not rely on interim rules simply because it is easier for them.

Thank you for the opportunity to testify.

Akamai Cannabis Consulting
3615 Harding Ave, Suite 304
Honolulu, HI 96816

TESTIMONY ON SENATE BILL 1429 SD2
RELATING TO MEDICAL CANNABIS
Clifton Otto, MD

HOUSE COMMITTEE ON HEALTH
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Wednesday, March 12, 2025, at 9:00 AM
State Capitol, Room 329 & Videoconference

This bill is critical for qualifying patients on islands with a dispensary who need assistance with cultivation and is supported by Executive Order No. 24-06 and the Governor's request that the Legislature correct this situation.

SD2 also added important enforcement measures to address non-compliance.

Hopefully this will allow the Office of the Attorney General and the Department of Health to support expanding the number of patients per primary caregiver from one to five.

This change would align with the current limit of five patient grow sites per property and would allow primary caregivers to help more patients who have difficulty traveling to a dispensary.

SanHi
GOVERNMENT STRATEGIES
A LIMITED LIABILITY LAW PARTNERSHIP

DATE: March 11, 2025

TO: Representative Gregg Takayama
Chair, Committee on Health

Representative Sue Keohokapu-Lee Loy
Vice Chair, Committee on Health

FROM: Mihoko Ito

RE: **S.B. 1429, SD2 – Relating to Medical Cannabis**
Hearing Date: Wednesday, March 12, 2025 at 9:00 a.m.
Conference Room: 329

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

We submit this testimony on behalf of Cure Oahu providing **comments on S.B. 1429, SD2** which: 1) authorizes the Department of Health to issue notices of violations, impose penalties, and issue cease-and-desist orders for violations of medical cannabis laws, 2) retroactively repeals the sunset date of the authorization for primary caregivers to cultivate medical cannabis for their qualifying patients, 3) increases the number of qualifying patients a primary caregiver is authorized to care for from one to five patients, 4) establishes that each location used by primary caregivers to cultivate cannabis can be used for no more than five qualifying patients, 5) allows an extension of interim rulemaking by the Department of Health for 2 years to 7/1/2027 and 6) extends the sunset date for the exemption from civil service of personnel hired by or contracts entered into by the Department of Health pursuant to Act 241, Session Laws of Hawai‘i 2015, to 6/30/2027.

We support the provisions of Section 2 of this bill that seek to provide Department of Health with clear enforcement tools to address cannabis operations that do not comply with the medical cannabis laws.

However, we oppose Section 5 of the bill which extends for 2 years the ability of Department of Health to have interim rulemaking powers over the medical cannabis system. The department's interim rulemaking authority was always intended to help the industry get established in the early years. Given that the medical cannabis dispensary law was enacted in 2015, we believe that the industry has matured enough that the department's interim rulemaking power is no longer needed.

We respectfully ask that Section 5 of the bill be removed from the bill in its entirety.

Thank you for the opportunity to submit testimony in support of this measure.

First Hawaiian Center
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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 **Comments** on **Senate Bill (SB) 1429, Senate Draft (SD) 2**
RELATING TO MEDICAL CANNABIS
Authorizes the Department of Health to issue notices of violations, impose administrative penalties, and issue cease-and-desist and corrective action orders for violations of medical cannabis laws. Retroactively repeals the sunset date of the authorization for primary caregivers to cultivate medical cannabis for their qualifying patients. Increases the number of qualifying patients a primary caregiver is authorized to care for from one to five patients. Establishes that each location used by primary caregivers to cultivate cannabis can be used to cultivate cannabis for not more than five qualifying patients. Extends the effective date of interim rules adopted by the Department of Health pursuant to section 329D-27, Hawaii Revised Statutes, to 7/1/2027. Extends the sunset date for the exemption from civil service of personnel hired by or contracts entered into by the Department of Health pursuant to Act 241, Session Laws of Hawaii 2015, to 6/30/2027. Effective 12/31/2050. (SD2)

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

Aloha Green Apothecary ("AGA") is one of eight state licensed medical cannabis dispensaries in Hawaii. AGA **provides comments** on SB1429, particularly to the provisions which: (1) retroactively revives the caregiver cultivation program, and (2) clarifies enforcement powers of the Department of Health (DOH).

Caregiver cultivation:

When medical cannabis dispensary law was created in 2015 by Act 241, and then codified as Haw. Rev. Stat. (HRS) 329-130(b), it provided that except for limited exceptions, the caregiver cultivation program would continue until 2018 and that "[a]fter December 31, 2018, no primary caregiver shall be authorized to cultivate marijuana for any qualifying patient." In 2017, this was extended from 2018 an additional five years to 2023. Act 41, 2017 HB1488, HD1, SD1, CD1 In 2022, Act 309 was passed extending the deadline from December 2023 to December 31, 2024. HB2260, HD1, SD2, CD1

In passing the one-year extension to 2024, the legislative history provides:

> Your Committee on Conference further finds that to ensure that the existing medical dispensary licensing framework sufficiently meets the needs of qualifying patients in a cost-effective manner, an assessment of the dispensary licensing framework is necessary. In order to ***maintain the status quo while the assessment is being conducted,*** an extension of the deadline by which primary caregivers can no longer cultivate cannabis for a qualifying patient is therefore necessary. (Emphasis added)

Conference Committee Report No. 235-22

We are unaware of any assessment having been conducted by the DOH in 2023 or 2024 that justifies maintaining this status quo or continuation of the caregiver cultivation program. Instead, since that time, the number of registered qualified patients[1] has dropped making it harder for the licensed medical cannabis dispensaries to ensure availability in a "cost-effective manner." DOH has not done anything proactively to increase patients through education (as part of its mission and fees under the law), through more cooperative administration to minimize licensees operational costs.

AGA supports the rights of caregivers cultivating medical cannabis for qualified patients on a 1:1 basis, but the DOH has an absolutely dismal history of any enforcement against blatant, excessive and obvious violations of the caregiver program in the past.

While AGA does not object to the caregiver program being revived in theory, our concern is the poor history the DOH has on enforcement against blatant violators, and what that indicates for its ability to enforce should the program be resurrected.

Enforcement

AGA has no issue with the provisions on clarifying the DOH's enforcement powers. In fact, we support them if they are indeed going to be used to enforce on the never previously DOH-enforced caregiver cultivator program. We would similarly support these provisions to enforce against illicit retail of cannabis and THC-content products in multiple locations that have been reported and complained about in other hearings.

Thank you for the opportunity to testify.

[1] 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.

SB-1429-SD-2
Submitted on: 3/11/2025 7:26:30 PM
Testimony for HLT on 3/12/2025 9:00:00 AM

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

Comments:

Chair Takayama, Vice Chair Keohokapu-Lee Loy, and HLT Committee Members:

Drug Policy Forum of Hawai‘i (DPFH) strongly supports to right of patients and care providers to collectively associate. It’s most unfortunate that the sunset provision regarding care providers was not removed last session or in prior sessions.

DPFH supports increasing the number of registered patients able to access an individual care provider to 10 given the Department of Health’s decade-long failure to create a medical cannabis landscape in each county that is more conducive to patient needs.

This ongoing bureaucratic lethargy includes overly restrictive registration requirements, an unwillingness to extend licenses beyond the original licensees, allowing original licensees to diversify their product lines through partnership with new participants, and the wanton lack of tone-neutral science-based information to educate the public about cannabis use.

Unfortunately, bureaucratic failure has been matched by legislative recreancy. Hawai‘i continues to be deficient in the provision of employment protections to registered medical cannabis patients. It has also failed in the authorization of medical cannabis access by patients in skilled nursing and hospice facilities akin to Ryan's Law in California, which has operated without incident for years.

Mahalo for the opportunity to provide testimony.

noa BOTANICALS

To: Chair Takayama and Vice Chair Keohokapu-Lee Loy
Members of the Health Committee

Fr: Karlyn Laulusa, Chief Executive Officer, Noa Botanicals

Re: Testimony with Comments of House Bill (HB) 1110 / Senate Bill (SB) 1429

Measure Title: RELATING TO CANNABIS.
Report Title: DOH; Office of Medical Cannabis Control and Regulation; Caregivers; Medical Cannabis; Cultivation; Penalties
Description: Authorizes the Department of Health to issue notices of violations, impose administrative penalties, and issue cease-and-desist and corrective action orders for violations of medical cannabis laws...

Aloha Chair, Vice Chair, and committee members,
My name is Karlyn Laulusa and I am the CEO of Noa Botanicals, a medical cannabis licensee. While I support the intent of this bill, I stand in strong opposition to SB1429 SD2 as the amendments introduced into the bill complicate existing enforcement matters yet to be resolved.

The original language of the first draft would suffice protecting patient and caregiver rights in its simplest form. The Department of Health (DOH) currently does not vet grow site certifications and does not inspect grow sites.

As stated in the DOH testimony elsewhere the Department, "has significant concerns about the personal safety of its staff when issuing administrative cease-and-desist notices to illegal cannabis retailers operating in violation of criminal law.... the Department works closely with state and county law enforcement agencies, relying on their support to address non-compliance and more serious criminal offenses."

As such enforcement opportunities need to be resolved before assigning any additional duties.

I am available if anyone has any additional questions or concerns and thank you for the opportunity to share information with you.

Thank you,
Karlyn Laulusa

SB-1429-SD-2
Submitted on: 3/11/2025 9:49:45 PM
Testimony for HLT on 3/12/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Nicholas Zehr	Individual	Oppose	Written Testimony Only

Comments:

Honorable Chair, Vice Chair, and Members of the Committee,

As a concerned citizen and advocate for individual rights, I respectfully oppose SB1429 in its current form. While the intent of the bill is to expand access to medical cannabis, it introduces provisions that unnecessarily overregulate the process and infringe on personal freedoms. I believe that individuals should have the autonomy to make their own healthcare decisions, and that government intervention should be minimal and only applied when necessary to protect public safety.

SB1429 imposes severe penalties of up to $5,000 per violation for non-compliance with regulations, as well as administrative penalties for actions deemed in violation of the law. While I understand that penalties are intended to prevent illegal activity, the **scale of these fines and the administrative measures seem disproportionate for individuals simply attempting to grow or distribute medical cannabis in ways that do not pose harm to others.**

Regulations are necessary to ensure safety, but penalties should be graduated based on the severity of the violation. For instance, minor infractions, such as an unintentional overage of cannabis plants or paperwork errors, should not lead to such extreme penalties. **The focus should be on ensuring safety** without unnecessarily punishing patients or caregivers who are working within the spirit of the law. **The state should not wield punitive measures against individuals who are not putting others at risk or who are acting in good faith.**

SB1429 also places a limit on the number of patients a caregiver can support, restricting caregivers to serving no more than five qualifying patients, unless they are a parent or guardian of a minor. While I understand the intent to ensure that caregivers can properly assist patients, this limit on the number of patients they can support **unnecessarily restricts caregivers' ability to help others**, even when they are capable of providing proper care.

Caregiving should be a personal, voluntary arrangement between patients and caregivers, and the **state should not impose arbitrary limits on how many individuals a caregiver can assist**, so long as no harm is being caused. Instead of arbitrary caps, caregivers should be allowed to demonstrate their ability to care for more patients if they can do so safely. This would maintain public safety while respecting the autonomy of both caregivers and patients.

One of the most concerning aspects of SB1429 is the restriction on the ability of patients to cultivate their own cannabis for medical use. The bill limits the ability of patients and caregivers to grow cannabis for medical use, with the requirement that cannabis must be obtained from a licensed dispensary or registered caregiver. While I understand the desire to ensure safety and consistency in the product, the state should not prohibit individuals from growing cannabis for their own medical use.

Cannabis is a plant, and individuals should have the right to grow it for personal use without the interference of government regulations. A truly free society should allow individuals to cultivate cannabis for medical use, particularly in cases where they may prefer to avoid the costs and restrictions imposed by dispensaries. This right should not be limited to patients who are unable to grow for themselves due to disability or lack of space but should extend to all qualifying patients who wish to self-cultivate.

That said, while I strongly support the right of individuals to grow their own cannabis, I acknowledge that there may be some reasonable restrictions. For example, the cultivation of cannabis should not take place in highly populated residential areas without proper security measures in place to prevent theft or misuse. However, these **restrictions should not be overly burdensome** or prevent individuals from cultivating cannabis at home for medical use.

SB1429's restrictions on the ability to cultivate cannabis and the requirement to obtain it from licensed dispensaries are also problematic from a market competition perspective. By limiting the sources from which medical cannabis can be obtained, the bill limits the ability of patients to access more affordable cannabis options. A regulated dispensary system can provide safe access to cannabis, but it should not be the sole option for patients who wish to cultivate it themselves or obtain it from a trusted caregiver.

Furthermore**, the costs associated with obtaining cannabis from a dispensary may be prohibitively high for some patients, particularly those who are on fixed incomes**. Allowing individuals to grow their own cannabis can alleviate some of these financial burdens, creating a more equitable system for those who cannot afford dispensary prices. The state should encourage a competitive and accessible market that allows patients to choose how they wish to obtain their medicine.

While I strongly advocate for the rights of patients to cultivate their own cannabis, I also understand the need to ensure that vulnerable populations, such as minors and those with significant medical conditions, are protected. However, the state's involvement should focus on ensuring safe, regulated access to cannabis for those who cannot grow it themselves, rather than imposing strict regulations that limit access for others.

The government's role should be to ensure that vulnerable individuals have access to safe and effective medicine, but it should not unnecessarily restrict the ability of capable adults to grow and use cannabis for medical purposes.

In conclusion, while I appreciate the intention behind SB1429, I believe that it oversteps the bounds of personal freedom and imposes unnecessary regulations on individuals seeking access to medical cannabis.

I urge the legislature to consider a more balanced approach that respects the rights of individuals to make their own healthcare decisions and access cannabis in a way that best suits their needs, without excessive state interference.

Respectfully,

Nicholas Zehr