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**Testimony in SUPPORT of HB302 HD2
RELATING TO CANNABIS**

SENATOR JOY A. SANBUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

SENATOR JARRETT KEOHOKALOLE, CHAIR
SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Hearing Date: March 19, 2025

Room Number: 229

- 1 **Department Position:** The Department of Health (“Department”) supports this measure.
2
3 **Department Testimony:** The Department appreciates the intent of HB302 HD2 to reduce
4 barriers to medical cannabis access. The Department is grateful for the inclusion of its previously
5 requested amendment to limit medical cannabis certifications to those originating from within
6 the state, which serves to prevent mainland-based cannabis telehealth companies from operating
7 in Hawaii. This safeguard is especially important, as some of these companies have faced
8 scrutiny in other jurisdictions for questionable practices.
9
10 Furthermore, the Department appreciates the removal of the provision that would have allowed
11 patients to purchase cannabis without first having their applications processed and receiving a
12 registration card from the Department. This provision posed significant risks, as it would expose
13 certain patients to arrest for possession of a controlled substance without a physical medical
14 cannabis card that law enforcement could verify. Additionally, it would lead to inaccuracies in
15 sales tracking and patient verification systems at state-licensed dispensaries due to purchases not
16 being tracked in the seed-to-sale tracking system.
17 Thank you for the opportunity to testify.



Akamai Cannabis Consulting

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

Clifton Otto, MD

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair

SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

Wednesday, March 19, 2025 - 9:30 AM

Conference Room 229 & 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.

Since the intent of this bill is to improve patient access and program participation, your committees may want to consider the following amendment suggestions:

- 1 - Let certifying providers decide qualifying conditions – already done in CA and ME.
- 2 - Make registration approval instantaneous – verifying name and address and matching with patient identification can be done quickly and accurately using artificial intelligence to save department resources and expedite patient access to dispensaries.
- 3 - Treat in-state and out-of-state patients the same – out-of-state registration is already unnecessary, and requiring a certification evaluation by a local provider would ensure all patients receive information to safely access medical cannabis in Hawaii.

Potential language:

Let certifying providers decide qualifying conditions:

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

"Debilitating medical condition" means any condition determined by the certifying physician or APRN to be appropriate for the medical use of cannabis. [:

~~(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.]~~

Make registration approval instantaneous:

§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 and shall appear on the registry card issued by the department of health. The certifying physician or advanced practice registered nurse shall be required to have a bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship, as applicable, with the qualifying patient. All current active medical cannabis permits shall be honored through their expiration date.

(b) Qualifying patients shall register with the department of health. The registration shall be effective until the expiration of the 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. Every primary caregiver shall be responsible for the care of only one qualifying patient at any given time, unless the primary caregiver is the parent, guardian, or person having legal custody of more than one minor qualifying patient, in which case the primary caregiver may be responsible for the care of more than one minor qualifying patient at any given time; provided that the primary caregiver is the parent, guardian, or person having legal custody of all of the primary caregiver's qualifying patients. The department of health may permit registration of up to two primary caregivers for a minor qualifying patient; provided that both primary caregivers are the parent, guardian, or person having legal custody of the minor qualifying patient.

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

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

~~(f) [(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.

Treat in-state and out-of-state patients the same:

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

~~["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).]~~

~~["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.]~~

~~["Qualifying out-of-state patient" or "registered qualifying out-of-state patient" means a person who is registered for the medical use of cannabis in another state, a United States territory, or the District of Columbia.]~~

§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;

(C) On any school grounds;

(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;]~~

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

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

(4) [~~(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.

§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 and shall appear on the registry card issued by the department of health. The certifying physician or advanced practice registered nurse shall be required to have a bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship, as applicable, with the qualifying patient. All current active medical cannabis permits shall be honored through their expiration date.

(b) Qualifying patients shall register with the department of health. The registration shall be effective until the expiration of the 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. Every primary caregiver shall be responsible for the care of only one qualifying patient at any given time, unless the primary caregiver is the parent, guardian, or person having legal custody of more than one minor qualifying patient, in which case the primary caregiver may be responsible for the care of more than one minor qualifying patient at any given time; provided that the primary caregiver is the parent, guardian, or person having legal custody of all of the primary caregiver's qualifying patients. The department of health may permit registration of up to two primary caregivers for a minor qualifying patient; provided that both primary caregivers are the parent, guardian, or person having legal custody of the minor qualifying patient.

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

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

[~~§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.]~~

§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.

§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.

§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.



To: Senator Joy San Buenaventura, Chair
Senator Jarrett Keohokalole, Chair
Members of the Senate Joint Health and Human Services and Commerce and
Consumer Protection Committee

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**
RELATING TO CANNABIS
Repeals the requirement that a provider-patient relationship be established in person. sEffective 7/1/3000.

Dear Chairs San Buenaventura and Keohokalole and Members of the Joint Committee:

The Hawai'i Cannabis Industry Association, represents a majority of the state's licensed medical cannabis dispensaries. HICIA **supports** HB302, HD1 which eases access issues for medical cannabis patients, but we request that the language which was removed in the House Consumer Protection Committee be re-inserted 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 HICIA 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.

At the prior hearings, we heard concerns from the Department of Health and AG about this immediate access – that there was little to no wait time as it currently stands; that a person who obtained this amount could be found guilty for as much as a class C felony. We disagree.

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 taken 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, HICIA would propose lessening the amount for the one-time amount from fifty percent (50%) of the dispensing limit to twenty-five percent (25%)

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

In Section 2 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 applicant or primary caregiver may use the submission of the applicant's form 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 that is no more than twenty-five per cent of the dispensing limits under section 329D-13. The department of health office of medical cannabis control and regulation shall facilitate the temporary authorization for applicants and primary caregivers. All current active medical cannabis permits shall be honored through their expiration date."

Thank you for the opportunity to testify.



Committee: Health & Human Services and Commerce & Consumer Protection
Hearing Date/Time: Wednesday, March 19, 2025 at 9:30am
Place: Conference Room 415 & Via Videoconference
Re: **Testimony of the ACLU of Hawai'i SUPPORTS H.B. 302 H.D. 2 with Proposed Amendments**

Dear Chairs San Buenaventura and Keohokalole, Vice Chairs Aquino and Fukunaga, and Members of the Committees:

The ACLU of Hawai'i **supports H.B. 302 H.D. 2**, which repeals the requirement that a provider-patient relationship be established in person. We are respectfully asking for 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 which 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.

Proposed Amendment

We believe prescribing physicians and advance 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.

Many drugs approved by the FDA can potentially be far more harmful than medical cannabis.

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.** We believe Hawaii should join that

list of states, which includes California, Delaware, Louisiana, Maryland, Massachusetts, Oklahoma, New Hampshire, and Virginia.

We request amending the bill to include language which closely mirrors Louisiana's law, by amending HRS §329-121 by adding:

(4) Any debilitating condition not otherwise specified in this section that a physician or advanced practice registered nurse, in his or her clinical opinion, considers debilitating to the individual patient and that the practitioner is qualified through their clinical education and training to treat.

Alternatively, this language based on Nebraska's law:

(4) Any medical condition for which, in the physician's or advanced practice registered nurse's professional judgment, the potential benefits of cannabis outweigh the potential harms for the alleviation of a patient's medical condition, its symptoms, or side effects of the condition's treatment.

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

While we support H.B. 302 H.D. 2, we urge you to adopt our requested amendments to improve and increase access to medical cannabis in Hawai'i.

Sincerely,

Carrie Ann Shirota

Carrie Ann Shirota

Policy Director

ACLU of Hawai'i

cshirota@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 that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawai'i has been serving Hawai'i for over 50 years.

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

March 19, 2025

Aloha Chairs San Buenaventura and Keohokalole, Vice Chairs Aquino and Fukunaga, and honorable members of the Senate Health & Human Services and Commerce & Consumer Protection Committees:

The Hawai'i Alliance for Cannabis Reform (HACR) is dedicated to ending cannabis prohibition in Hawai'i and replacing it with a system of legalization and regulation, with a focus on reparative justice and inclusion. Hawai'i residents support legalizing cannabis use for adults. Cannabis prohibition entails direct enforcement costs. Legalization makes it possible to regulate and control cannabis in order to promote public health and safety.

We strongly support HB302 HD2, which would allow physicians and advanced practice registered nurses to certify patients for medical cannabis via telehealth. We also urge you to amend the bill to allow practitioners to certify patients to use medical cannabis for any medical condition, or any debilitating 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 H.R.S. §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.

Proposed Amendment: Allowing Medical Cannabis “Off-Label”

Healthcare providers should be able to certify patients with any medical condition — or any debilitating medical condition — for the medical cannabis program. One-fifth of all prescriptions are “off-label,” or for a medical condition other than the one the FDA approved the medication for.

Many prescriptions carry far more serious risks than medical cannabis. Opioid prescriptions cause more than 14,000 fatal overdose deaths per year,² while cannabis has not been shown to have any lethal dose in humans.³ The sleeping pill Ambien now has a box warning reading, “Complex sleep behaviors including sleep-walking, sleep-driving, and engaging in other activities while not fully awake may occur following use of AMBIEN. Some of these events may result in serious injuries, including death.”⁴ Warnings also include severe anaphylactic/ anaphylactoid reactions, respiratory depression, and “worsening of depression or suicidal thinking.” Each year, well over 100,000 Americans die from adverse drug events.⁵

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 patients to recommend medical cannabis for any condition or any serious or debilitating condition — California, Delaware, Louisiana, Maryland, Massachusetts, Missouri, Oklahoma, Nebraska, New Hampshire, and Virginia.

We recommend adding the following language, which is based on Louisiana’s law, to the end of the definition of “debilitating medical condition” in H.R.S. §329-121:

(4) Any debilitating condition not otherwise specified in this section that a physician or advanced practice registered nurse, in his or her clinical opinion, considers debilitating to the individual patient and that the practitioner is qualified through their clinical education and training to treat.

Or, the following, based on Nebraska’s law:

² "[Drug Overdose Deaths: Facts and Figures](#)," National Institute on Drug Abuse.

³ 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.

⁴ Ambien zolpidem tartrate tablet, film coated label: Revised: 2/2022

<https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=c36cadf4-65a4-4466-b409-c82020b42452>

⁵ 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) Any medical condition for which, in the physician's or advanced practice registered nurse's professional judgment, the potential benefits of cannabis outweigh the potential harms for the alleviation of a patient's medical condition, its symptoms, or side effects of the condition's treatment.

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

Concluding Thoughts

Nearly 20% of Hawai'i adults admit using cannabis in the past year,⁶ but only 2.6% of residents are enrolled in the state's medical cannabis program.⁷ Surveys indicate most cannabis consumers use it, at least in part, for medical purposes.⁸ HB302 HD2 would make it easier for them to consult with a knowledgeable provider, enroll in the state's medical cannabis program, and purchase lab-tested medicine.

We urge you to amend HB302 HD2 and pass it 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

⁶ [Interactive NSDUH State Estimates](#), "Marijuana Use in Past Year Among Adults Aged 18 or Older, by State: 2021-2022," U.S. Substance Abuse and Mental Health Services Administration. Accessed March 17, 2025.

⁷ State of Hawaii, Department of Health Medical Cannabis Registry Program, Program Statistics. ("November 30, 2024 - 30,035 valid Hawaii in-state patients"); U.S. Census Bureau, Quick Facts: Hawaii. July 1, 2024 (1.43 million residents, 1.14 million of whom are adults.

⁸ "Cannabis Consumers in America 2023, Part 1: An Overview of Consumers Today," New Frontier Data, p. 12.



Testimony
Committees on Health & Human Services and Commerce & Consumer Protection
Hawaii State Senate
Wednesday, March 19, 2025, 9:30 am
HB302, HD2, RELATING TO MEDICAL CANNABIS

To: Sen. San Buenaventura, Chair
Sen. Keohokalole, Chair
Members of the Committees

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

Re: In SUPPORT of HB302, HD2, Relating to Medical Cannabis

Aloha Chairs San Buenaventura and Keohokalole:

Big Island Grown Dispensaries is one of eight medical cannabis dispensary licensees in the State. We operate a production facility 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.**

Cannabis sales in Hawaii are currently uncontrolled and dominated by illicit criminal sales that risks public health and safety. As a licensed medical dispensary, we have seen the first-hand effects of the unregulated illicit market has on our industry. 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 and facing increasing threats of competition - from criminal street sales to unregulated hemp products sold at retailers across the islands.

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:

- Allow Instant 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 illicit market where untested cannabis is easier and faster to secure. In turn, this risks the health and safety of patients, not to mention the public.

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



- Allow Waiting Room Sales. Currently, sales of non-medical cannabis products are prohibited at dispensaries. Allowing other products to be sold in waiting areas at dispensaries can help to offset the declining sales volumes licensees are facing.
- Broader Qualifying Conditions. Patients eligible to receive medical cannabis must currently be diagnosed under a short list of qualifying conditions. Allowing physicians to determine whether a patient can benefit from cannabis rather than the DOH would help to ensure patients are receiving access to the care and medicine most appropriate for needs.
- Wholesale Transport. Licensees are now allowed to sell cannabis products to other licensees through wholesale transactions. This process, however, can be cumbersome and expensive. We urge the committee to consider amending the wholesale regulations to make transportation of products easier.
- Advertising and Marketing. Licensees are currently prohibited from advertising and marketing. This restriction has handcuffed the ability of licensees to grow their market and educate consumers. We urge the committee to consider amending this provision to allow licensees greater flexibility.
- Stronger Enforcement. Given the proliferation of illicit sales and potential risks of untested and tainted cannabis products, it is imperative that strong and effective enforcement occur to safeguard public health and safety.

We respectfully urge the Committees to pass HB302 and consider incorporating our proposed amendments.

Thank you for the opportunity to testify.

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

LATE

HB-302-HD-2

Submitted on: 3/18/2025 6:43:43 PM
Testimony for HHS on 3/19/2025 9:30:00 AM

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

Comments:

Chair San Buenaventura, Vice Chair Aquino, & HHS Committee:

Chair Keohokalole, Vice Chair Fukunaga, & CPN Committee:

On behalf of Drug Policy Forum of Hawaii (DPFH), I am writing in support of HB 302, HD 2, which would repeal the requirement that a provider-patient relationship be established in person for the purpose of certification as a medical cannabis patient.

DPFH also supports the amendment proposed by the Hawaii Alliance for Cannabis Reform (HACR) to authorize providers greater latitude in patient certification by adding the following language to H.R.S. §329-121:

(4) Any debilitating condition not otherwise specified in this section that a physician or advanced practice registered nurse, in his or her clinical opinion, considers debilitating to the individual patient and that the practitioner is qualified through their clinical education and training to treat.

As HACR notes in its testimony, at least ten other states provide such latitude.

This is but one of many reforms to Hawaii’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.

Mahalo for the opportunity to provide testimony.



March 17, 2025

Re: Supporting HB 302 and Requesting an Amendment

Aloha Chairs San Buenaventura and Keohokalole, Vice Chairs Aquino and Fukunaga, and distinguished members of the Senate Health and Human Services and Consumer Protection 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 favorably and to adopt the amendment recommended by the Hawai'i Alliance for Cannabis Reform to allow physicians to certify patients for cannabis for any medical condition, as they can do with prescription medications.

Allowing Initial Consultations Via Telehealth

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.

Allowing Medical Cannabis for Any Medical Condition

MPP also supports the amendment proposed by the Hawaii Alliance for Cannabis Reform to allow doctors to certify cannabis for any condition — or any debilitating condition. Doctors and nurse practitioners can prescribe far more dangerous medications off-label, and they should be able to do so for cannabis as well.

There are over 10,000 rare diseases,² 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

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.

² <https://rarediseases.org/rare-diseases/>

the deck against research into cannabis' benefits due to unique federal barriers and the lack of funding.³

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. 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 "off-label."

There will always be a subpopulation for whom any individual treatment does not work. Some are allergic to some medications. Hawai'i should allow cannabis to be another tool in the toolbox.

Concluding Thoughts

Nearly 60% of Hawai'i voters believe cannabis should be legal for all adults. While the legislature has failed to make that a reality, at a minimum it should improve the medical cannabis law to:

1. Allow physicians and nurse practitioners to certify patients via telehealth, and
2. Allow doctors and nurse practitioners to certify patients for any condition, as they can do with prescriptions.

We would also support any amendment to allow immediate access to medical cannabis. Patients don't have to wait days or weeks to fill a prescription, and they should not be forced to wait to access cannabis after being certified.

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

Sincerely,



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

³ See: "Federal Obstruction of Medical Cannabis Research," MPP <https://www.mpp.org/issues/medical-marijuana/federal-obstruction-of-medical-marijuana-research/>



SanHi

GOVERNMENT STRATEGIES

A LIMITED LIABILITY LAW PARTNERSHIP

DATE: March 18, 2025

TO: Senator Joy San Buenaventura
Chair, Committee on Health and Human Services

Senator Jarrett Keohokalole
Chair, Committee on Commerce and Consumer Protection

FROM: Mihoko Ito

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

Hearing Date: Wednesday, March 19, 2025 at 9:30 a.m.
Conference Room: 229

Dear Chair San Buenaventura, Chair Keohokalole, and Members of the Joint Committees:

We submit this testimony on behalf of Cure Oahu in **support of H.B. 302, HD2, Relating to Cannabis**, which repeals the requirement that a provider-patient relationship be established in person.

Cure Oahu supports this bill because it will ease the difficulties on patients and primary caregivers to navigate the registration process for the medical cannabis program. 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. Allowing full access via telehealth and providing the temporary purchase of small amounts of cannabis will help streamline access while balancing public safety concerns.

For these reasons, we support this measure and ask that the Committee pass H.B. 302, HD2. Thank you for the opportunity to submit testimony in support of this measure.

HB-302-HD-2

Submitted on: 3/15/2025 7:26:39 PM

Testimony for HHS on 3/19/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Master Shelby "Pikachu" Billionaire	Testifying for Ohana Unity Party & Kingdom of The Hawaiian Islands	Support	Remotely Via Zoom

Comments:

Honorable Members of the Hawaii House of Representatives
State Capitol
415 South Beretania Street
Honolulu, HI 96813

Dear Honorable Representatives,

I am writing to express my strong support for House Bill No. 302 (H.D. 2), "Relating to Cannabis," a vital measure to enhance access to medical cannabis for qualifying patients and caregivers across Hawaii. This bill addresses critical barriers in the medical cannabis program, ensuring safer, more equitable access to care, and I urge your enthusiastic approval!

Hawaii's medical cannabis program is at a crossroads. Registration peaked at 35,444 patients in August 2021 but has since dropped over 15% to 30,035 by November 2024. This decline signals a troubling shift: patients are turning away from licensed dispensaries toward an illicit market due to administrative hurdles, delays, and high costs. H.B. 302 tackles these issues head-on by repealing the outdated requirement for an initial in-person consultation to establish a provider-patient relationship, building on the telehealth flexibility introduced in Act 34 (2021). Here's why this matters:

- **Eases Access for Patients:** Many qualifying patients—especially those with chronic pain, mobility issues, or living in rural areas—struggle to secure in-person appointments. Allowing certifications via telehealth removes this barrier, making care more accessible and timely.
- **Boosts Program Participation:** Streamlining registration reverses the 15% patient drop, bringing more people back to safe, regulated dispensaries instead of risking unregulated products from the illicit market.
- **Enhances Safety:** Licensed dispensaries offer tested, quality-controlled cannabis, unlike illicit sources that may contain contaminants. This bill strengthens public health by keeping patients in the legal system.

- Supports Equity: Telehealth empowers caregivers and patients on neighbor islands, where medical providers are scarce, ensuring all Hawaiians benefit from the program regardless of location.

By amending Sections 329-123, 329-126, and 453-1.3 of the Hawaii Revised Statutes, H.B. 302 aligns our laws with modern healthcare realities while maintaining rigorous standards—no online questionnaires, just bona fide provider relationships via telehealth. It's a practical, patient-centered fix that honors existing permits and prioritizes safety.

I respectfully urge you to vote in favor of H.B. 302. This bill restores the medical cannabis program's promise: safe, reliable relief for those who need it most. For questions or further discussion, please reach me at [Your Phone Number] or [Your Email Address]. Mahalo for championing Hawaii's patients!

Sincerely,

Master Shelby "Pikachu" Billionaire, HRM

Ohana Unity Party, Chairman

www.Ohanaunityparty.com

Kingdom of The Hawaiian Islands, H.I.

HB-302-HD-2

Submitted on: 3/13/2025 10:13:25 AM

Testimony for HHS on 3/19/2025 9:30:00 AM

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

Comments:

I'm in strong support of HB302. Please pass this bill.

HB-302-HD-2

Submitted on: 3/18/2025 1:03:46 AM

Testimony for HHS on 3/19/2025 9:30:00 AM

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

Comments:

To: COMMITTEE ON HEALTH AND HUMAN SERVICES and COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Dear Chairs San Buenaventura and Keohokalole, Vice Chairs Aquino and Fukunaga 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. I'm **writing in SUPPORT Of HB302, HD2**. I believe it will improve our medical cannabis program by expand patient access to certifying providers.

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 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 the establishment of the provider-patient relationship through Hawaii-based Tele-health is an excellent way to expand patient access to Hawaii's program.

And, while you're improving patient access to the medical cannabis program -- please consider replacing the list of qualifying conditions with language that would allow the certifying providers to decide which patients should be certified.

Our program's list covers some of the most prevalent chronic and debilitating conditions however, there are patients who don't have a condition on the list—who could potentially benefit from use. For example, while we do have ALS on our list, cannabis clinicians speculate that cannabis could be useful for treating many other neurological conditions. They report observing positive therapeutic outcomes when treating patients with Traumatic Brain Injuries, Autism Spectrum Disorders, Parkinson's and Alzheimer's disease.

One cannabis clinician I spoke to confirmed that nearly every dementia care clinic in Northern California has incorporated cannabis into patient care. Many of these clinics report dramatic

symptom relief and positive behavioral changes in patients with Alzheimer's disease. And, as you may know, patients are using it in post stroke recovery.

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

Wendy Gibson-Viviani RN, Kailua

LATE

HB-302-HD-2

Submitted on: 3/18/2025 2:53:41 PM
Testimony for HHS on 3/19/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Frank Schultz	Individual	Support	Written Testimony Only

Comments:

I support this initiative.