

# SB527

Measure Title:	RELATING TO CANNABIS FOR MEDICAL USE.
Report Title:	Medical Cannabis; Edibles; Manufactured Cannabis Products; Warning Labels; Recall System; Universal Symbol; Education Program; Department of Health
Description:	Authorizes and regulates the manufacturing of edible cannabis products as manufactured cannabis products by licensed medical cannabis dispensaries. Establishes standards, including regulations and education protocols, for edible cannabis products. Requires cannabis and manufactured cannabis products to include a universal symbol, developed by the department of health, to identify any product containing cannabis. Requires the department of health to implement a cannabis product recall system.
Companion:	<a href="#">HB583</a>
Package:	None
Current Referral:	CPH, WAM
Introducer(s):	BAKER, S. CHANG, ENGLISH, NISHIHARA, K. RHOADS, RUDERMAN, Fevella, Ihara, Inouye, Moriwaki, Shimabukuro, L. Thielen, Wakai



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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**Testimony in OPPOSITION to SB0527  
RELATING TO FLAVORED CANNABIS FOR MEDICAL USE.**

SENATOR ROSALYN H. BAKER, CHAIR  
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date: Wednesday, February 06, 2019      Room Number: 229

1    **Fiscal Implications:** Cannot be determined at this time.

2    **Department Testimony:** Thank you for the opportunity to testify on this measure.

3        In summary, this measure proposes to:

- 4            1. Legalize the manufacturing of edible cannabis products;
- 5            2. Establish standards, including regulations and education protocols, for edible
- 6            cannabis products;
- 7            3. Require packaging to include a universal symbol to identify cannabis-containing
- 8            products; and
- 9            4. Require the Department of Health to implement a cannabis product recall system.

10        In 2018, the Department of Health (DOH) convened the Act 116, HB2719, HD2, SD2,  
11    CD1 (2018) Medical Cannabis Outstanding Issues Working Group to consider and make  
12    recommendations regarding the authorization and regulation of the manufacture and dispensing  
13    of edible cannabis products by licensed medical cannabis dispensaries. DOH takes note and  
14    appreciates that this measure carefully incorporates all of the recommendations of that group,  
15    including health, safety, and sanitation standards for the manufacturing of edible cannabis  
16    products, use of a universal symbol to readily identify cannabis-containing products, a product

1 recall system, and a mandatory pre-purchasing education protocol. These measures will help to  
2 enhance product safety.

3 Notwithstanding these efforts, DOH continues to have substantial reservations over the  
4 risks of inadvertent over-intoxication and accidental poisoning in adults and, especially, in  
5 children. Edible products are responsible for the majority of cannabis intoxications. Edible  
6 cannabis products may be indistinguishable from cannabis-free counterparts and are meant to  
7 be palatable, resulting in a risk of over-dosing as a result of consuming multiple dose-units. In  
8 addition, users may fail to appreciate the delayed effects of ingested cannabis and  
9 overconsume edibles. For example, while the initial effects of inhaled cannabis can be felt  
10 within minutes and have peak effect in 20 to 30 minutes, edibles can take as long as 2 hours to  
11 be felt, with peak effect at 2 to 4 hours after ingestion. Individual factors can also affect how  
12 soon a person will feel the effect of an edible product.

### 13 Children most likely to be impacted by edibles

14 Studies have shown that changes in laws which made edible products more accessible  
15 to children, resulted in increased ingestions and intoxications of children:

- 16 1. A 2013 study found that cannabis ingestion visits to a Colorado pediatric hospital  
17 increased from 0% to 2.4% following changes to cannabis possession laws, with 57% of  
18 the visits involving medical cannabis and 50% involving cannabis-containing food.<sup>1</sup>
- 19 2. A 2014 study found that call volume to U.S. poison centers for unintentional pediatric  
20 cannabis exposures from 2005 through 2011 increased by 30% per year in  
21 decriminalized states, while call rates in non-legal states did not change.<sup>2</sup>

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<sup>1</sup> Wang GS, Roosevelt G, Heard K. Pediatric Marijuana Exposures in a Medical Marijuana State. JAMA Pediatr. 2013;167(7):630–633. doi:10.1001/jamapediatrics.2013.140

<sup>2</sup> Wang, George S. et al. Association of Unintentional Pediatric Exposures With Decriminalization of Marijuana in the United States. Annals of Emergency Medicine , Volume 63 , Issue 6 , 684 - 689

1 3. A 2016 study found that the incidence of pediatric cannabis exposures evaluated at a  
2 children's hospital and regional poison center in Colorado increased significantly after  
3 legalization of recreational ("adult-use") cannabis and at a higher rate than the rest of the  
4 U.S.<sup>3</sup>

5 4. Another 2016 study found that edible cannabis exposures are increasing and that  
6 although most clinical effects are minor, severe respiratory depression may occur. The  
7 study also found that 91% of edible cannabis exposure reports to the National Poison  
8 Data System from January 2013 to December 2015 came from states with  
9 medical/recreational cannabis and that call volume increased each year, with the most  
10 common age groups being ≤5 years and 13-19.<sup>4</sup>

11 It should be further noted that there is no antidote for cannabis/THC overdoses.

#### 12 Children most likely to suffer severe illness

13 The clinical manifestations of acute cannabis intoxication vary according to age. In  
14 adolescents and adults, symptoms include tachycardia, hypertension, increased respiratory  
15 rate, dry mouth, increased appetite, nystagmus, ataxia, and slurred speech. Neurological  
16 symptoms are more prominent in children, e.g., ataxia, hyperkinesia, lethargy, and prolonged  
17 coma with depressed respiration, which may be life-threatening. Toxicity in children is usually  
18 from ingesting highly concentrated cannabinoid food products.<sup>5</sup>

#### 19 No antidote for cannabis/THC overdoses

20 There is no antidote for acute cannabis intoxication.

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<sup>3</sup> Wang GS, Le Lait M, Deakynne SJ, Bronstein AC, Bajaj L, Roosevelt G. Unintentional Pediatric Exposures to Marijuana in Colorado, 2009-2015. *JAMA Pediatr.* 2016;170(9):e160971. doi:10.1001/jamapediatrics.2016.0971

<sup>4</sup> Dazhe Cao, Sahaphume Srisuma, Alvin C. Bronstein & Christopher O. Hoyte (2016) Characterization of edible marijuana product exposures reported to United States poison centers, *Clinical Toxicology*, 54:9, 840-846, DOI: 10.1080/15563650.2016.1209761

<sup>5</sup> *Id.* at 1.

1 Treatment is symptom-based support to control anxiety, vomiting, and to maintain respiratory  
2 and cardiovascular function.<sup>6</sup>

3 While DOH appreciates that this measure provides safety measures for the production of  
4 edible cannabis products and may help to curb inadvertent intoxications and overdosing in  
5 adults, they are much less likely to protect our keiki. The consequences of unintentional  
6 exposure in children must be considered when proposing changes to cannabis laws, including  
7 those that legalize edibles.

8

9 Thank you for the opportunity to testify in OPPOSITION on this measure.

10 **Offered Amendments:** None at this time.

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<sup>6</sup> Lee Stinnett, Virginia et al. Cannabinoid Hyperemesis Syndrome: An Update for Primary Care Providers. The Journal for Nurse Practitioners, Volume 14, Issue 6, 450 - 455



**TESTIMONY BY:**

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**STATE OF HAWAII**  
**DEPARTMENT OF TRANSPORTATION**  
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February 6, 2019  
9:30 a.m.  
State Capitol, Room 229



**S.B. 527**  
**RELATING TO CANNABIS FOR MEDICAL USE**

House Committee on Commerce, Consumer Protection and Health

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The Hawaii Department of Transportation (DOT) **opposes** S.B. 527.

This bill authorizes and regulates the manufacturing of edible cannabis products as manufactured cannabis products by licensed medical cannabis dispensaries.

Edible marijuana is very different from “joints” and other marijuana products, and the effects of THC when consumed in edibles compared to smoking sometimes takes several hours. People are more likely to eat more than the recommended serving since they don’t immediately feel the effects. These same people may get into a car and start driving.

In Hawaii, 22 percent of fatal crashes that occurred during calendar years 2013 through 2017 involved drivers, bicyclists and pedestrians who tested positive for having marijuana in their systems. HDOT believes that legalizing edible cannabis products will result in an increase in traffic crashes that may lead to serious injuries and deaths on our roads.

DOT is primarily concerned about improving highway safety and protecting the lives of our community members and visitors. HDOT coordinates specialized training and certifies law enforcement officers to recognize impairment in drivers under the influence of drugs through its Drug Recognition Expert (DRE) program to combat this issue.

Thank you for the opportunity to provide testimony.



Submitted Online: February 3, 2019

**Hearing:** Wednesday, February 6, 2019

**TO:** Senate Committee on Commerce, Consumer Protection & Health  
Senator Rosalyn Baker, Chair  
Senator Stanley Chang, Vice-Chair

**FROM:** Eva Andrade, President

**RE:** Strong Reservations on SB 527 Relating to Cannabis for Medical Use

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii, representing a network of various Christian Churches and denominations. As such, we have serious reservations about this bill that would authorize and regulate the manufacturing of edible cannabis products by licensed dispensaries.

While we take no position on the use of cannabis for medical use, we remain strongly concerned about the introduction of these types of edibles into our community. Though cannabis edibles are often considered by proponents as a discreet, safe and effective means of attaining the desired medical effects, there is not enough research on the difference of ingestion versus other methods of administration<sup>i</sup>. This lack of research seems primarily due to the US Drug Enforcement Agency's classification of cannabis as a Schedule I drug.

While we appreciate that you are trying to establish a regulatory framework for edible products that would include the necessary proper labelling of edibles, we remain very concerned about the impact of edibles on the wider community, especially with regard to our keiki.

With edible marijuana, there is portion size to take into consideration. People might be used to eating a few cookies, but the recommended dose of a cannabis cookie might only be a tiny piece of a single cookie. If children get their hands on these cookies (chewing gum, drinks, other baked products, liquids or candy), they could very well end up in the emergency room. Recent reports show that even household pets may unintentionally consume edibles if they are not properly safeguarded<sup>ii</sup>.

Even with a clear logo placed on the edible product, small children may not be able to understand what it means unless strong consequences are given to parents or guardians who avail themselves of these items.

Mahalo for the opportunity to submit our concerns.

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<sup>i</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5260817/> [November, 2016] (accessed 02/03/19)

<sup>ii</sup> <https://abc3340.com/news/nation-world/pet-poisoning-from-marijuana-on-the-rise-say-veterinarians> [01/31/2019] (accessed 02/03/19)

**SB-527**

Submitted on: 2/5/2019 8:41:42 AM

Testimony for CPH on 2/6/2019 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Melodie Aduja	Testifying for O`ahu County Committee on Legislative Priorities of the Democratic Party of Hawai`i	Support	No

Comments:

# COMMUNITY ALLIANCE ON PRISONS

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## COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Sen. Rosalyn Baker, Chair

Sen. Stanley Chang, Vice Chair

Wednesday, February 6, 2019

9:30 am

Room 229

**LATE**

### SUPPORT for SB 527 - CANNABIS EDIBLES

Aloha Chairs Thielen, Vice Chairs Inouye and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies in Hawai'i for more than two decades. This testimony is respectfully offered on behalf of the families of **ASHLEY GREY, DAISY KASITATI, JOEY O'MALLEY, JESSICA FORTSON AND ALL THE PEOPLE WHO HAVE DIED UNDER THE "CARE AND CUSTODY" OF THE STATE** as well as the approximately 5,500 Hawai'i individuals living behind bars or under the "care and custody" of the Department of Public Safety on any given day. We are always mindful that more than 1,600 of Hawai'i's imprisoned people are serving their sentences abroad thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Kanaka Maoli, far, far from their ancestral lands.

SB 527 authorizes and regulates the manufacturing of edible cannabis products as manufactured cannabis products by licensed medical cannabis dispensaries. It establishes standards, including regulations and education protocols, for edible cannabis products and requires cannabis and manufactured cannabis products to include a universal symbol, developed by the department of health, to identify any product containing cannabis as well as requiring the department of health to implement a cannabis product recall system.

Community Alliance on Prisons supports this measure. On a personal note, I was a caregiver to 3 terminally ill individuals. If edibles were legal at that time, all of them could have benefitted from them and ameliorated some of their pain.

It is important for dispensaries to educate patients on the use of edibles to manage their symptoms.

Please pass this measure to help our suffering people.

Mahalo for this opportunity to testify.



February 5, 2019

TO: Senator Rosalyn Baker, Chair, Committee on Commerce, Consumer Protection & Health  
Senator Stanley Chang, Vice Chair, CPH

FROM: Tan Yan Chen, Board Chair, and Michael Takano, Legislative Committee Chair, Hawai'i  
Educational Association for Licensed Therapeutic Healthcare (HEALTH)

RE: TESTIMONY IN STRONG SUPPORT OF SENATE BILL (SB 527)

Dear Chair Baker Vice Chair Chang and members of the committee:

HEALTH is the statewide trade association comprised of Hawai'i's eight licensed medical cannabis dispensaries under Hawaii Revised Statutes Chapter 329-D. As an organization, strongly support the addition of edible cannabinoid-infused foods to Hawai'i's list of approved products for dispensing.

HEALTH is committed to supporting physician-directed healthcare and to advocating for safe and effective options for patients seeking to improve their quality of life through cannabis therapy. If a patient and his/her healthcare professional believe that the potential benefits of edible cannabis products outweigh the risks, the patient should have safe, legal access to these products without delay.

**The Need:** Hawai'i's state-licensed dispensaries have been operating for more than a year. During that time, numerous dispensary patients have requested access to ready-to-eat cannabis products. Even though edible cannabis products may be made in a home kitchen it requires decarboxylation and lengthy cannabinoid-extraction methods.<sup>1</sup> Determining accurate THC content and dosage levels for homemade products is also challenging.

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<sup>1</sup> Backes, M., *Cannabis Pharmacy*, New York, NY. Revised Edition; (2017); p. 85

**Eliminate Barriers to Patient Access:** Cannabinoid-infused foods are especially useful for Hawai'i patients with these qualifying conditions:

Severe Pain: According to DOH statistics<sup>2</sup>, the majority of Hawai'i's qualified patients use cannabis to help alleviate chronic, severe pain. Research<sup>3</sup> has concluded that orally-consumed THC produces longer lasting and more pronounced effects. For this reason, severe pain sufferers often turn to cannabinoid-infused foods for extended and/or overnight relief from pain.

Cachexia or Wasting Syndrome: A small oral dose of THC administered in a food product has been found to be effective in treating chemotherapy-induced nausea and vomiting and in stimulating poor appetite.<sup>4</sup>

Multiple Sclerosis: There is substantial evidence that orally administered THC is an effective treatment for MS-related, patient-reported, spasticity.<sup>5</sup>

PTSD: There is limited evidence that orally-administered cannabinoids are effective for improving certain symptoms of Post-Traumatic Stress Disorder (PTSD)<sup>6</sup>.

Other Patient Needs: Patients who use supplemental oxygen often turn to cannabinoid-infused edibles because inhalation by smoking or vaporizing is not an option. Patients suffering from loss of appetite report that palatability of cannabinoid-infused foods helps to increase their desire to eat.<sup>7</sup> It is also likely that cannabinoids become more bio-available when ingested in combination with fats and carbohydrates.

**Smoke-Free Alternatives for Visiting Patients:** Hawai'i has some of the most stringent anti-smoking laws in the nation. Colorado reports that edible cannabis products account for 13 percent of overall adult use in their market, but account for nearly 25 percent of tourist sales.<sup>8</sup> For individuals traveling to tourist destinations, edibles provide a smokeless form of administration that does not interfere with the rights of others in public spaces.

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<sup>2</sup> State of Hawai'i, Department of Health, Medical Cannabis Registry Program  
<http://health.hawaii.gov/medicalcannabisregistry/submenu/program-statistics/>

<sup>3</sup> Russo, EB & Marcu, JP (2017) Cannabis Pharmacology: The Usual Suspects and a Few Promising Leads. *Advances in pharmacology*, 80, 67-134

<sup>4,5,6.</sup> The National Academies of Sciences, Engineering, Medicine Report, *The Health Effects of Cannabis and Cannabinoids, The Current State of Evidence and Recommendations for Research*. Washington, DC; 2017; Conclusion 4-19 & Conclusion 4-20

<sup>7</sup> Abel EL. (1975) Cannabis: Effects on Hunger and Thirst. *Behavioral Biology*, Volume 15: 255–281

<sup>8</sup> Marijuana Policy Group, Leeds School of Business, (2017) *Market Size and Demand for Marijuana in Colorado*

**Ensuring Safety:** In keeping with the DOH motto of “Patient safety, product safety, and public safety,” HEALTH fully supports the bill’s provision to adopt and adapt regulations for edible cannabis products, similar to those found in Colorado and Oregon. These regulations require manufacturers not to exceed maximum THC dosages per product and per serving. Also required are lab testing for content, quality and homogeneity, accurate and proper labeling and detailed instructions for use. The regulations also stipulate excluded product types and specific prohibitions against manufacturing products that appeal to children or resemble commercially available food products. These provisions have been effective in other jurisdictions in mitigating accidental ingestion by children and unintended THC overdose by adults.

**Manufacturing Standards for Edibles:** The industry strongly supports the bill’s provision to adopt and adapt Hawai’i’s Food Safety Code (HAR 11-850-2) to the manufacture of cannabinoid-infused foods and for the DOH to establish regulations and protocol for product recall.

**Expediting Patient Access:** The industry further recommends that the legislature include in the list of approved products for dispensing, specific cannabinoid-infused food products such as chocolate and/or caramels and baked goods. This would help to serve existing patient demand more quickly and reduce financial risk to licensees who must invest in the facilities and equipment needed for manufacture of edible cannabis products in compliance with Hawai’i’s Food Safety Code.

Thank you.

**SB-527**

Submitted on: 2/5/2019 10:31:28 PM

Testimony for CPH on 2/6/2019 9:30:00 AM

**LATE**

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Brett Kulbis	Testifying for Honolulu County Republican Party	Oppose	No

Comments:



Senate Committee on Commerce, Consumer Protection, and Health  
Sen. Rosalyn Baker (Chair), Sen. Stanley Chang (Co-chair)

Testimony for SB527 – Relating to Cannabis for Medical Use  
Clifton Otto, MD - Comments  
Public Hearing - Wed, Feb 6, 2019, 9:30 AM, Room 229

**LATE**

Thank you for considering the following comments regarding this bill:

1 – Happy to see that this bill contains a section that encourages the Department of Health to fulfill its obligation to provide education to patients and the community on the safe medical use of cannabis. Unfortunately, dispensary staff continue to provide medical advice to customers regarding how much and how often a particular product should be used for the treatment of a particular medical condition. Only the certifying provider can provide this kind of medical advice. Dispensaries do not have a medical license. Such educational information should also be made available to certifying providers, and should not be limited to first time users. Therefore, please make the following changes to this section:

Page 17, Line 20:

(b) The department shall establish a mandatory standard pre-purchasing education protocol to take place at the point of sale to all qualifying patients or qualifying out-of-state patients [~~who have not previously consumed edible cannabis products~~], or their caregivers, to reduce the risk of inadvertent overconsumption and accidental intoxication, with the understanding that such education shall not include information on product selection for particular medical conditions or information on dosing amounts or dosing intervals. This education protocol shall also be made available to all certifying providers in electronic form.

2 - A controlled substance with accepted medical use cannot have the highest degree of danger. The following amendment needs to be added in order to clarify that the medical use of cannabis in Hawaii is exempt from the State's restrictions for a Schedule I controlled substance:

Section 329-14, Hawaii Revised Statutes, is amended by adding the following subsection:

(f) The enumeration of cannabis, tetrahydrocannabinols or chemical derivatives of these as Schedule I controlled substances does not apply to the medical use of cannabis pursuant to Section 329, Part IX, and Section 329D, Hawaii Revised Statutes.

3 – Expanding the range of products that will be available to patients should come along with a protection of the right of patients to travel to other islands with their medicine. Patients continue to be restricted from the inter-island transportation of Medical Use Cannabis by local law enforcement officers at our state-owned airports because of an unauthorized enforcement of federal law, even when federal regulation specifically exempts the carriage of cannabis aboard aircraft if authorized by state law or state agency. To clarify the right of patients to engage in the inter-island transport of cannabis for personal medical use, the following amendment needs to be made to HRS 329-122(f):

“For purposes of interisland transportation, “transport” of cannabis, usable cannabis, or any manufactured cannabis product, by any means is allowable only by a qualifying patient or qualifying out-of-state patient for their personal medical use, or between a production center or retail dispensing location and a certified laboratory for the sole purpose of laboratory testing pursuant to section 329D-8, as permitted under section 329D-6(m) and subject to section 329D-6(j), and with the understanding that state law and its protections do not apply outside of the jurisdictional limits of the State.

[14 CFR 91.19 Carriage of narcotic drugs, marihuana, and depressant or stimulant drugs or substances.](#)

4 – Having Commerce and Health combined in the same committee is a direct conflict of interests. Please separate Health into its own committee, as it was before the original Dispensary Bill was adopted.

5 - Hawaii’s Dispensary System is fundamentally flawed because the Legislature ignored the recommendation of the Dispensary Task Force to create a horizontally integrated production system, rather than the current vertical monopoly. This error needs to be corrected if Hawaii’s Medical Use of Cannabis Program is to be successful.

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