

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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**Testimony COMMENTING on H.B. 1488, HD1  
RELATING TO MEDICAL MARIJUANA.**

REPRESENTATIVE SYLVIA LUKE, CHAIR  
HOUSE COMMITTEE ON FINANCE

Hearing Date: Thursday, February 23, 2017 Room Number: 308

1 **Fiscal Implications:** Unknown

2 **Department Testimony:** The Department generally opposes the passage of new laws related to  
3 marijuana until the medical marijuana dispensaries open and the Department has the chance to  
4 gauge the impact upon the State. However, this bill contains several specific proposals which  
5 the Department supports, opposes, or on which comments are warranted, based on the  
6 Department's foundational principles of patient safety, product safety, and public safety.

7 Allow me to testify on each proposal:

8 1. Office of Medical Marijuana (MM) Administration: **Position: Oppose.**

9 The Department had already intended to combine the currently separate Registry and  
10 Licensing sections into a combined section but intended to wait to begin the process until after  
11 the major work to establish most/all of the dispensaries is better underway and for the biennium  
12 since this may require additional resources. To combine both sections before this time will likely  
13 take away time and effort to accomplish the more critical and immediate work needs.

14 The Department emphasizes that it should be allowed to exercise its executive and  
15 managerial authority and discretion to identify the best organizational structure for the combined  
16 MM Administration and where within the DOH it best fits.

1 As a result, the Department asks that this language be deleted.

2 This proposal has no noticeable or direct impact on patient safety, product safety, or  
3 public safety.

4 2. Delay Dates to Require MMJ Products Only from Dispensaries: **Position: Comments.**

5 The Department offers comments that the extension will allow registered caregivers to  
6 continue to cultivate marijuana for their patients. This can work well as a way to cover the gaps  
7 in availability of MMJ products as dispensaries continue to prepare for cultivation later this  
8 calendar year. This also provides a continued alternative for low cost access to personal MMJ  
9 products.

10 The Department also recommends the Legislature to consider limiting the number of  
11 patients to five (5) that can use a single grow site. As the number of caregivers decline, more  
12 patients are using a single site.

13 3. Delays to Award Additional Licenses: **Position: Comments; the Department**  
14 **appreciates the intent and offers an alternative to additional licenses.**

15 The Department supports the delay in considering the award of additional licenses while  
16 the Department continues major work efforts to ensure the start-up of cultivation and sales of  
17 current licensees.

18 However, the Department respectfully asks the Legislature to consider a more practical  
19 first step before awarding additional new licenses, namely to allow current licensees the ability  
20 to expand their operations by allowing for an increase in plant count, an increase in the number  
21 of production centers, and/or an increase in the number of retail locations based on the same or  
22 similar criteria for new licenses. This could provide a quicker way of making medical marijuana

1 available to underserved geographic locations, provide an improved return on investment (ROI)  
2 for current licensees, avoid for the Department the significant added burden of a license  
3 application and award process, and avoid the delays of new licensees getting products to the  
4 market place. This would also allow for greater competition among the current licensees and  
5 allow for market forces to drive industry growth and efficiencies. This could also provide the  
6 rationale for an increase in fees for licensure renewal. More specifically, as a way to address an  
7 apparent concern about the availability of medical marijuana in more rural areas of the State, the  
8 Legislature could amend current statute to allow current licensees up to two (2) additional retail  
9 locations for a total of up to four (4) retail locations as long as the additional retail locations are  
10 located in rural areas. However, the Legislature should define what it considers "rural".

11 4. Alternate Tracking System: **Position: Oppose.**

12 The current statutory language is very prescriptive and requires a single system to track  
13 MMJ inventory and sales. This language could be viewed as diluting the State's robust  
14 regulatory oversight of the industry and for the industry to become a target of federal authorities  
15 and it would be expensive to implement and maintain.

16 Any alternative system, whether electronic or other, will cost money to implement or to  
17 enforce which the program does not current have nor will those costs be supported through the  
18 current licensure fees. HD-1 would require the Department to monitor the State's tracking  
19 system every day from 8 am to 8 pm except for holidays and to take necessary and immediate  
20 action to inform all dispensaries of a system outage and of when the outage is resolved. This  
21 will require unbudgeted overtime for staff equating to almost a full-time person. However, the  
22 MMJ program will experience an annual operating deficit and will run out of cash reserves in

1 2021 at the latest. The Legislature would be required to provide funding but the Department will  
2 likely oppose any funding that takes away from the Governor's budget package.

3 Meanwhile, the Department will ask its vendor, BioTrackTHC™, to provide data on  
4 system outages in their other jurisdictions, and to offer alternative or duplicate systems that have  
5 been successful elsewhere for the Department to consider.

6 As a result, the Department asks that this language be deleted.

7 5. Retention of Video Security Recordings: **Position: Oppose, based on the intended use**  
8 **of security recordings as an inspection tool.**

9 The Department testified in opposition to SB0305, the sole purpose of which was aimed  
10 at reducing the administrative rule requirement of one (1) year retention of video security  
11 recordings.

12 The Department has the ability to change this retention period in rules and opposes  
13 statutory changes at this time. The State should retain a robust regulatory system and wait until  
14 the Department knows whether the current retention requirement will indeed be more costly to  
15 the dispensary licensees.

16 The Department intends to use video recordings as an inspection tool and will pursue the  
17 ability to live-stream video views from licensee locations. The video recordings will be used to  
18 verify written records and can be used to investigate past events if or when suspicions of fraud,  
19 theft, diversion, or other irregularities come to light after a 45 day period. This could help to  
20 protect dispensary employees or as proof of regulatory noncompliance or criminal activity by  
21 others and could be used in criminal cases by law enforcement. It could also protect the  
22 Department's inspection staff from accusations of impropriety. Otherwise, a 45 day retention

1 period essentially provides for a statute of limitations, and decreasing the retention period could  
2 be viewed as diluting the State's robust regulatory oversight of the industry.

3 As a result, the Department asks that this language be deleted.

4 6. Laboratory Testing Standards: **Position: Oppose except for allowing lab testing of**  
5 **patient-grown marijuana and manufactured marijuana products.**

6 The State Labs Division (SLD) wrote the lab section of the current interim administrative  
7 rules using guidance and standards found in other jurisdictions. SLD also participates in a  
8 national MMJ laboratory working group through the Association of Public Health Laboratories  
9 and was provided specific testing guidance from New York and Colorado for prospective  
10 laboratories.

11 SLD took guidance from the testing programs and standards for pesticides under the  
12 regulations of the United States Environmental Protection Agency (EPA). And as for the testing  
13 for microbiological impurities, SLD considered the use of bacteria in lieu of pesticides. The use  
14 of bacteria is acceptable as long as the bacterial counts conform to sanitary standards outlined in  
15 the admin rules.

16 The Department's primary concern is patient safety, product safety, and public safety.  
17 While cost is an understandable consideration, health and safety have been and should remain  
18 the State's main focus.

19 The Department supports lab testing of patients' home-grown marijuana for patient and  
20 product safety reasons.

21 7. Extends Interim Rulemaking Authority: **Position: Support.**

1 This will provide greater flexibility to quickly revise interim administrative rules based  
2 on input from the Legislative Oversight Working Group, patients and caregivers, licensed  
3 dispensaries, other stakeholders, and based on actual operating experiences of licensees and of  
4 the Department.

5 A quicker mechanism to revise administrative rules can be used to improve patient safety,  
6 product safety and public safety.

7 8. Extend Civil Service Exemptions: **Position: Support. Prefer Admin bill H.B. 1104.**

8 The Department asks the conversion of exempt positions to civil service positions be  
9 delayed from July 1, 2017, to July 1, 2020, to preserve the current workforce. This will help to  
10 ensure continuity of patient safety, product safety and public safety.

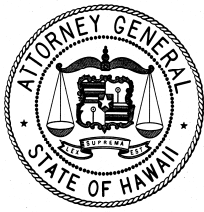
11 The Department has made good progress in implementing the MMJ licensing program.  
12 Much work remains to bring all dispensaries to the point of being allowed to cultivate marijuana  
13 and to sell MMJ products.

14 The Department would be in jeopardy of losing medical marijuana dispensary licensing  
15 staff prior to June 30, 2017, because of the reduction in salary from conversion to civil service.  
16 The additional 3 years is necessary to stabilize program operations.

17 Thank you for the opportunity to testify on this bill.

18 **Offered Amendments:** In conjunction with the Department's recommendation to consider  
19 limiting the number of patients to five (5) that can use a single grow site, the Department  
20 requests that Section 321-121, HRS, be amended by amending the definition of "adequate  
21 supply" to read as follows: "Adequate supply" means an amount of marijuana jointly possessed  
22 between the qualifying patient and the primary caregiver that is not more than is reasonably

1 necessary to ensure the uninterrupted availability of marijuana for the purpose of alleviating the  
2 symptoms of effects of a qualifying patient's debilitating medical condition; provided that no  
3 more than five patients shall be permitted to register the same grow site location..."



**TESTIMONY OF  
THE DEPARTMENT OF THE ATTORNEY GENERAL  
TWENTY-NINTH LEGISLATURE, 2017**

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**ON THE FOLLOWING MEASURE:**

H.B. NO. 1488, H.D. 1, RELATING TO MEDICAL MARIJUANA.

**BEFORE THE:**

HOUSE COMMITTEE ON FINANCE

**DATE:** Thursday, February 23, 2017      **TIME:** 12:00 p.m.

**LOCATION:** State Capitol, Room 308

**TESTIFIER(S):** Douglas S. Chin, Attorney General, or  
Tara K.C.S. Molnar, Deputy Attorney General

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Chair Luke and Members of the Committee:

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

This measure would amend section 329D-6, Hawaii Revised Statutes (HRS), to enable the Department of Health to implement an alternate tracking system that would allow qualified patients to purchase marijuana or manufactured marijuana products from a designated licensed dispensary on a temporary basis (page 10, line 1, through page 12, line 13; and page 14, lines 1-6). The bill would also allow a qualifying patient or primary caregiver to transport samples of marijuana and manufactured marijuana products to a certified laboratory for testing (page 5, lines 6-11; and page 6, lines 1-2, 5, and 7-9).

The proposed wording on page 10, line 1, through page 12, line 13; and page 14, lines 1-6, raises concerns, because the alternate tracking system does not provide a means for actually tracking the sale of marijuana or manufactured marijuana products in real time if the Department's computer tracking system is not working properly, and may allow qualified patients to purchase marijuana or manufactured marijuana products in excess of statutory limits, which could increase the risk of possible diversion of marijuana and manufactured marijuana products. In order to maintain the robust regulatory scheme required by the U.S. Department of Justice (DOJ) Memorandum for All United States Attorneys dated August 29, 2013 (the Cole memo), we suggest that the wording creating an alternate tracking system be deleted. If the Committee is



inclined to provide a backup system, we recommend that this measure include a means of tracking the sale of marijuana or manufactured marijuana products in as close to real time as possible through some other means.

In addition, the proposed wording on page 5, lines 6-11; and page 6, lines 1-2, 5, and 7-9, raises concerns because it could allow for unlimited transport of marijuana and manufactured marijuana products by qualifying patients and primary caregivers. While the Department of the Attorney General does not oppose a means of allowing qualifying patients and primary caregivers to obtain independent testing of either the marijuana products they obtain from dispensaries or which they grow themselves, the proposed wording could allow for unfettered transport of marijuana and manufactured marijuana products, which could increase the risk of possible diversion of marijuana and manufactured marijuana products. Without any limitation to the amount being transported for testing and without a requirement for documentation of the purpose of transport, any qualifying patient or primary caregiver, if questioned by law enforcement about being in possession of marijuana, could claim to be transporting it to a laboratory for testing, and use the proposed amendment as a legal defense to otherwise illegal activity.

If this Committee decides to pass this bill, we strongly recommend that wording be inserted to allow transport of marijuana or its products by qualifying patients or primary caregivers to a certified laboratory only if the qualifying patient or primary caregiver (1) secures an appointment with a certified laboratory, (2) obtains a written confirmation from the laboratory of the exact date and time of the appointment, including a detailed description of the products and the exact amount that will be transported to the laboratory; (3) carries the written confirmation attached to the marijuana or manufactured marijuana products during transport, and (4) transports the marijuana or marijuana products directly to the certified laboratory at the appointed time. All of the marijuana or manufactured marijuana products transported directly to certified laboratories by qualifying patients or primary caregivers would be retained by the certified laboratory for testing and subsequent disposal, with none being returned to the qualifying patient or primary caregiver. The Department of the Attorney General

respectfully recommends that, if the Committee moves this measure forward, it amends the bill as suggested.

# HAWAII EDUCATIONAL ASSOCIATION FOR LICENSED THERAPEUTIC HEALTHCARE

To: Representative Sylvia Luke, Chair Finance Committee  
Representative Ty Cullen, Vice-Chair Finance Committee  
Members of the House Finance Committee

Fr: Blake Oshiro, Esq. on behalf of the HEALTH Assn.

Re: Testimony - **Support House Bill (HB) 1488, House Draft 1 (HD) 1**

RELATING TO MEDICAL MARIJUANA

Establishes the Office of Medical Marijuana Administration in DOH to administer dispensary system and patient registration. Extends civil service exemptions and interim rulemaking authority. Requires an alternate tracking system for use when the DOH computer tracking system is nonfunctional. Adds considerations for establishing testing standards and selecting additional dispensary licensees. Specifies retention requirements for video security recordings.

Dear Chair Luke, Vice-Chair Cullen, Members of the Committee:

HEALTH is a recently formed trade association made up of the eight (8) licensed medical marijuana dispensaries under Haw. Rev. Stat. (HRS) Chapter 329D. HEALTH's members are all committed to ensuring the goals of patient safety, product safety and public safety. HB1488 addresses the following issues for our emerging industry:

- 1) Administration: reconfiguration of the medical marijuana program within the Department of Health (DOH) by consolidating the dispensary and registration programs, extending civil service exemption, extending the DOH interim rulemaking authority, extending deadlines and additional criteria for issuance of new licenses and extending deadlines for caregivers - **comment with support for extensions**
- 2) Laboratory testing transport for caregivers - **support**
- 3) Tracking system: creates an alternative system that allows patients continued access in the event that the computerized tracking system becomes inoperable – **strong support**
- 4) Videotape recording period of 45-days – **support with suggested amendments**
- 5) Laboratory testing standards: creates new considerations for the standards of laboratory testing – **strong support**

## I. ADMINISTRATIVE ISSUES

Much of the bills need to extend certain deadlines under the original law , Act 241, Session Laws of Hawaii 2015, is because recent delays have precluded licensed dispensaries from moving forward. While licenses were awarded somewhat timely, shortly after the April 15, 2016 deadline, the law's allowance for retail dispensing of medical marijuana on July 15, 2016 will likely be about 1 year late. While four (4) dispensaries have been issued a notice to proceed on cultivation of medical marijuana, there will have several months before such plants are ready for harvest, production and then retail sale. HEALTH therefore **supports** all of the extended deadlines in the bill.

However, it is regrettable that such extensions are necessary. And it appears to be due to these delays, that the bill also contemplates some reconfiguration in the DOH for the medical marijuana programs. HEALTH does not take any position on this because there is no assurance whether this will improve, or could exacerbate, the existing delays experienced thus far. However, to the extent that such changes could facilitate a more effective and efficient operation within DOH, we would be supportive of that effort.

Based on testimony before the prior committee, we understand that the DOH supports increasing the plant count and looking at providing additional dispensary production or retail facilities, instead of issuing new licenses. HEALTH is open to such an approach, however, this is not one of the priority issues for our association. At this point, our focus and primary goals are to get our dispensaries up and running and getting qualified patients safe quality medical marijuana as soon as possible.

## II. TESTING FOR QUALIFIED PATIENTS AND CAREGIVERS

This language allows qualified patients and caregivers to test their marijuana or marijuana products at certified labs and allows for transport in limited circumstances. The House Health Committee added this language as part of its HD1, which was a portion of the original language in HB836. HEALTH supports this provision as we believe it will help eliminate barriers for qualified patients and caregivers and additional approaches that will help cultivate a competitive and stable laboratory marketplace.

## III. TRACKING SYSTEM

HEALTH **strongly support** HB1488's approach to create an alternative access and tracking system in the remote and hopefully unlikely event that the DOH's tracking system goes down or is inoperable. HEALTH will continue to work with

DOH on an approach to ensure compliance with the computer tracking program on a reasonable timetable. However, HEALTH understands that there have been such difficulties in other states with tracking systems, and so we believe that it is important to learn from their experiences.

We recognize that the computer tracking system serves an important role in upholding and ensuring product, patient and public safety, but HEALTH also believes that this must be balanced against the patients' need to receive their medicine. It is our understanding that the alternative access system in this bill mirrors systems in other states like Connecticut, Washington, Illinois, Maine, Nevada, New Jersey, Rhode Island and Vermont where a patient is allowed to designate a dispensary to provide access to the products, which again, is only necessary IF THE SYSTEM GOES DOWN. If that even never occurs, this process never becomes necessary. Unfortunately, given our experiences thus far with the delays in the implementation of the DOH's tracking system, HEALTH supports having prudent proactive approach enacted now, through a pre-determined alternative system to track marijuana product sales. This will allow qualified patients to be able to continue to have their supply of medical marijuana uninterrupted during any shutdown of the initial system with a process that still has the necessary safeguards, and has worked in other states.

Based on the testimony in the prior committee, we understand that the Department of the Attorney General (AG) has concerns over this provision asserting that this alternative process could be viewed as undermining a "rigorous" regulatory system to track medical marijuana contrary to the U.S. Department of Justice (DOJ) Memorandum for All United States Attorneys dated August 29, 2013 ("Cole memo").<sup>1</sup>

The Cole memo provides guidance for state law enforcement to set certain broad parameters of public safety where it lessens the likelihood of federal prosecution. The Cole memo states "jurisdictions that have . . . also implemented strong and effective regulatory and enforcement systems . . . is less likely to threaten the federal priorities."

However, these are broad guidelines and there is no specific requirement for a "real-time" tracking system or one that prevents the state from enacting an alternative remedial solution in the event that the state tracking system is inoperable. Dispensaries must have their own tracking systems and are ultimately held liable to ensure that no qualified patient receives marijuana in excess of the statutory limits. Any dispensary that fails to have such safeguards in place, potentially may lose their license, or be subject to criminal penalties.

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<sup>1</sup> <https://www.justice.gov/iso/opa/resources/3052013829132756857467.pdf>

#### IV. LABORATORY TESTING

HEALTH **supports** the language to have the standards established in the interim rules for laboratory testing, be revised to ensure that there are some considerations of the implicated costs of the extensive testing that is mandated in no other jurisdiction.

Hawaii Administrative Rules (Interim Rules) Section 11-850-85, Laboratory standards and testing, requires testing of the tetrahydrocannabinol and cannabinol levels, and sets testing for levels for certain contaminants like metals, microbiological impurities, moisture. But, the Interim Rules just require testing for:

(B) Pesticides regulated by the U.S. Environmental Protection Agency: 1.0 ppm (part per million)

There are hundreds of pesticides registered with and regulated by the EPA under the Federal Insecticide Fungicide and Rodenticide Act (FIFRA), which dates back to 1947. Scientific and agriculture advances have obviously made certain pesticides obsolete in use and production, and while it may be possible to test for every pesticide basically ever known, there seems to be little basis to do so.

While HEALTH supports ensuring product and patient safety, such testing must be done with reasonable tolerance levels and scope. Other states with years of experience, like State of Oregon have implemented testing standards that are appropriate, practical and evidence-based. HEALTH believes that the State Department of Agriculture, which regulates are restricted use pesticides (RUPs) and is knowledgeable about which pesticides are more commonly used for pests in Hawaii, could provide insight, guidance and assistance. But, that could only be done if there is a mechanism alternative to testing “all pesticides” is provided for.

HEALTH supports finding a more balanced approach to testing because we are concerned that unreasonably strict and expansive testing standards will lead to unnecessarily high production costs which will result in unaffordable medical marijuana for patient use.

#### V. VIDEO STORAGE

HEALTH **supports** changing the requirement for video storage periods since the current administrative rules on the requirements for video storage are extremely large, and it is our understanding that 365 days is over and beyond the requirements of any other jurisdiction which more commonly are at 30-45 days.

However, we respectfully **request an amendment** to simply make the requirement 45 days.

Attached, is a chart that shows the current requirements in AZ, NV, OR, CO, AK, WA, NY, IL, and Hawaii. We are unaware of any issues or problems with the 30-45 days in terms of criminal prosecution or any other needs for law enforcement.

The current 365-day requirement of stored video data, will not only likely affect the resolution quality of the video capable of being stored, more importantly, it will lead likely to significant infrastructure and administrative expenses increasing production costs and therefore, affecting patients' affordability.

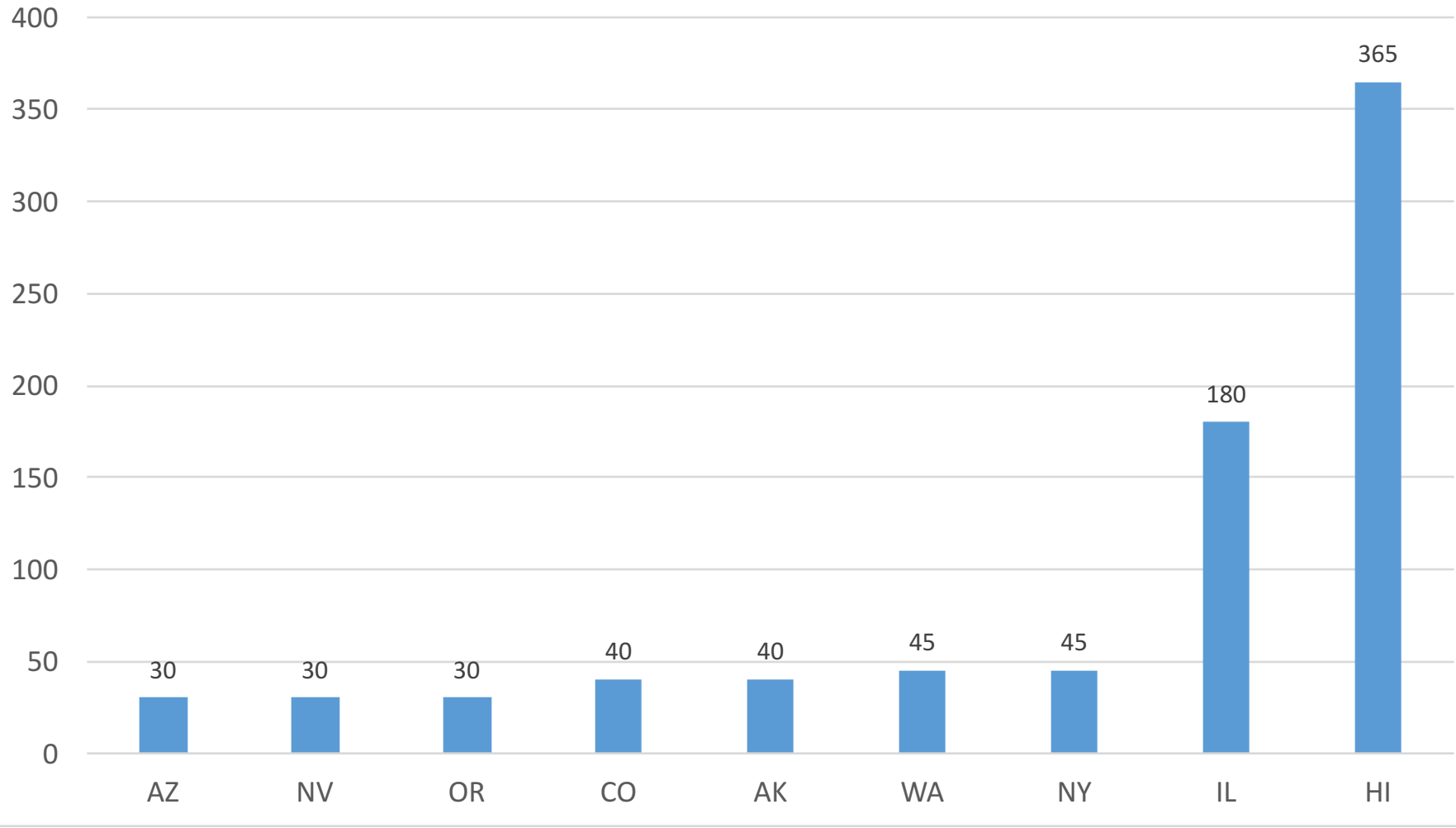
Under the Department of Health's *Interim* Administrative Rules, Section 11-850-41(b): "[a] dispensary licensee shall retain for a minimum of one year all security recordings." The rules spell out the requirements for such security recordings under Section 11-850-51, including:

- Professionally installation
- 24-hour continuous video monitoring and recoding of all dispensary facilities
- back-up capability
- clearly displayed with time/date
- internet protocol compatible
- minimum resolution for a clear and certain identification of persons to include any area where products are produced, moved, stored, sold, packed/unpacked into containers for transport, surveillance storage areas, exists/entrances to indoor and outdoor locations
- secured in a lockbox, cabinet or closet to minimize access to tampering or theft

The required computerized tracking system in the law and rules will already ensure that marijuana and marijuana products are detailed and monitored from every seed to sale, or even possible disposal. Together with the video surveillance system referenced above, these safeguards will provide much needed security and safety at the dispensary facilities.

Therefore, we support changing the requirement for the duration of storage to 45 days since that mirrors that of other jurisdictions, and we are unaware of any issues or concerns arising out of this more common video storage duration requirement.

# MMD Days Video Storage Required



IL - 90 days onsite and 90 days off-site





*Dedicated to safe, responsible, humane and effective drug policies since 1993*

TO: House Committee on Finance  
FROM: Carl Bergquist, Executive Director  
HEARING DATE: 23 February 2017, 12PM  
RE: HB1488 HD1, Relating to Medical Marijuana, **COMMENTS**

Dear Chair Luke, Vice Chair Cullen, Committee Members:

The Drug Policy Forum of Hawai'i (DPFHI) **wholeheartedly agrees with this amended measure's findings** that the current delays experienced in the implementation of the medical cannabis dispensary system are detrimental to the long suffering patients of Hawai'i. The *access to tested, quality medicine has effectively been put on hold for many current and many prospective patients*. As such, while we find ourselves in agreement with many of the provisions including the amended language to allow for patient and caregiver testing at certified laboratories, we wish to offer **a few comments** regarding those with which we do not agree.

1) **SECTION 3**: Regarding the new date for the *phasing out of caregivers* (moved from 12/31/18 to 12/31/19), we find it more reasonable to scrap this phasing out entirely. For the medical cannabis programs to be successful, they need to allow for a variety of patient circumstances: Permitting the continuation of the patient/caregiver relationship is one of those.

2) **SECTION 4**: Regarding *a delay in the Department of Health's assessment of a need for additional licenses* (moved from 10/1/17 to 10/1/18), we do not understand the reason for this. Rather, the new language giving additional weight to applications that would "serve and supply medical marijuana...in an underserved geographical area..." underscores the need to assess if e.g. parts of O'ahu or the Big Island *already risk being underserved* in 2017.

3) **SECTION 5**: Regarding *an alternate tracking system*, we welcome this in principle. However, the additional permission a patient would need to seek in order to buy medicine from more than one "designated dispensary" seems unduly burdensome. Instead, some form of communication between dispensaries could act as a safeguard to protect against patient overconsumption.

Mahalo for the opportunity to testify.



mānoabotanicals

**ON THE FOLLOWING MEASURE:**

HB1488, HD1, RELATING TO MEDICAL MARIJUANA

**BEFORE THE:**

COMMITTEE ON FINANCE

DATE: Thursday, February 23 TIME: 12:00PM

LOCATION: Conference Room 308

TESTIFIER: Brian Goldstein, Founder and CEO  
Mānoa Botanicals LLC

POSITION: SUPPORT

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Chair Luke, Vice Chair Cullen and Members of the Committee:

Mānoa Botanicals (Mānoa or MB) is a licensed medical marijuana dispensary in the City and County of Honolulu.

Mānoa submits the following testimony in **SUPPORT**.

- 1) Laboratory testing for qualified patients and caregivers – **support**
- 2) Tracking system: creates an alternative system that allows patients continued access if the computerized tracking system becomes inoperable – **strong support**
- 3) Videotape recording period of 45-days – **support with suggested amendment**
- 4) Laboratory testing standards: creates new considerations for the standards of laboratory testing – **strong support**

In addition, Manoa requests that the committee consider three other important issues as well;

- Retail Dispensary entry restrictions - Allow individuals who are not qualified patients or caregivers to accompany a qualified patient or caregiver into a dispensary waiting room
- Limitation on pre-filled cartridges - Allow for the sale of pre-filled vaporizing cartridges in dispensaries
- Dose size limits - Increase the dose size limit from 100mg THC to 100mg THC per container



mānoabotanicals

## HB1488, HD1 COMMENTS

1. Lab testing for qualified patients and caregivers – MB supports this provision as we believe it will help eliminate barriers for qualified patients and caregivers and will help cultivate a competitive and stable laboratory marketplace.
2. Alternative tracking system – MB supports having an alternative tracking system in place in the event that the State’s BioTrack system is inoperable. MB does not agree with the view of Department of Attorney General (DAG) that this process could be viewed as undermining a “rigorous” regulatory system to track medical marijuana contrary to the U.S. Department of Justice (DOJ) Memorandum for All United States Attorneys dated August 29, 2013 (“Cole memo”). The Cole memo had no specific requirement for a “real-time” tracking system or one that prevents the state from enacting an alternative remedial solution in the event that the state tracking system is inoperable.
3. Videotape recording period of 45 days – The current requirement to store videos for 365 is excessive. A 45 day storage requirement is equal to or better than nearly every State with medical marijuana programs (see attached chart) and will provide sufficient history for any law enforcement needs.
  - a. Suggested change: The requirement should not be “not less than” or “at least”, both of which would allow the requirement to remain at 365 days. We request that the bill be amended to “...recordings shall be retained for forty-five days”.
4. Laboratory testing standards – MB understands and supports that DOH is looking at other jurisdictions in the development of testing standards. We believe that any testing standards utilize a cost/benefit approach that considers the impact testing costs may have on the retail prices. Furthermore, it is critical that the number of pesticides testing for only include those that are being used in Hawaii.

## OTHER IMPORTANT ISSUES

### Retail Dispensary entry restrictions

- 1) In order to enter a dispensary, HRS 329D-7(6)(B)(i) requires “presentation of valid government-issued photo identification and a valid identification as issued by the department pursuant to section 329-123, by a qualifying patient or caregiver, upon entering the *premises*.” (emphasis added)
- 2) Issue - Drivers or caregivers (non-329D) that accompany a patient must wait outside. As an example, a qualified patient needs a driver or aide to push their wheelchair where will the driver or caregiver wait? Per current statute and rule the driver or aide need to wait outside in the hot sun while the patient is in the dispensary.
- 3) Recommendation - Clarify statute so that ONLY access to the “secured room for sales”, and not “premises”, is limited to qualifying patients or caregivers



mānoabotanicals

### **Limitation on pre-filled cartridges**

- 1) Act 230 added as allowed products “Pre-filled and sealed containers used to aerosolize and deliver marijuana orally, such as with an inhaler or nebulizer”
- 2) Issue - Does not allow for sales of pre-filled vaporizer cartridges, which are a popular and safe method of ingestion
- 3) Recommendation - Change definition to “Pre-filled and sealed containers used to aerosolize or vaporize and deliver marijuana orally, such as with an inhaler or nebulizer or pre-filled vaporizer cartridge”

### **Does size limits**

- 1) §329D-11(b) states “manufactured marijuana product that is sold in a pack of multiple doses, servings, or single wrapped items, nor any containers of oils, shall contain more than a total of 100mg THC per pack or container”
- 2) Issue - 100mg containers are small and most patients need higher dosages. This size limitation simply means that to purchase the same amount of medicine patients need to purchase multiple containers, leading to higher costs. In medical marijuana dispensaries on the mainland typical container sizes are 200mg-250mg.
- 3) Recommendation – Change limit to 200mg THC per pack or container



**LATE**

Aloha Legislators,

I OPPOSE this bill, because I OPPOSE the entire medical marijuana dispensary system , **marijuana should be legal**. Hawaii's Pakalolo is world famous. Featured in movies, books, fashions, and fine art.

Polls show that an ever-increasing majority of Hawaii's citizens agree believe that marijuana should be legal. One of Maui's most celebrated citizens, in our extensive community of artists, is Willie Nelson, a nationally known promoter of recreational marijuana; he joined Maui's PATIENTS WITHOUT TIME, Maui's first medical marijuana cooperative, almost a decade ago to show his support for all marijuana consumers.

Washington, Oregon, and Colorado are funding important programs with revenue from recreational marijuana instead of sending good citizens to jail for enjoying a substance that is scientifically proven, far and away, safer than alcohol, according to our US CDC.

The Green Harvest Helicopter Surveillance of Maui's peaceful neighborhoods last year were outrageous! Veterans with PTSD had increased symptoms, ask CBOC. Must we sacrifice our civic liberties is this failed attempt to citizens from consuming this enjoyable herbal medicine? (Especially when there are little blue bottles of Vodka by every checkout stand in Hawaii!)

In 2000, Hawaii lawmakers lead the nation, by passing vanguard legislation allowing medical marijuana, and rejecting the ridiculous marijuana prohibition.

Hawaii can again take the lead in the nation by passing "aloha spirited" legislation to create thousands of new legal jobs, and businesses, and transform Hawaii's billion-dollar-a-year- marijuana industry into small cottage industries, giving thousands of families a new beginning.

**Please, LEGALIZE CANNABIS.**

Mahalo for your consideration,

Mary Whispering Wind  
Maui Hawaii



**LATE**

From: mailinglist@capitol.hawaii.gov  
 Sent: Thursday, February 23, 2017 9:10 AM  
 To: FINTestimony  
 Cc: Keith.T.Kamita@gmail.com  
 Subject: \*Submitted testimony for HB1488 on Feb 23, 2017 12:00PM\*

**HB1488**

Submitted on: 2/23/2017

Testimony for FIN on Feb 23, 2017 12:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Keith Kamita	Cure Oahu	Support	No

Comments:

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**LATE**

## PATIENTS WITHOUT TIME



TO: HAWAII STATE LEGISLATURE  
TESTIMONY

Aloha Legislators,

Please, **LEGALIZE MARIJUANA NOW!**

The marijuana prohibition is founded on paranoia incited by corporate greed. The CDC reports that 90,000 Americans die from alcohol every year, while marijuana kills ZERO Americans. How can Hawaii justify celebrating the success of Hawaii's wineries and microbreweries, allowing tourists to visit tasting rooms for alcohol products, while cannabis grow centers are required to be concealed from the public, and kept under 24/7 video surveillance.

In 2000, Hawaii rejected the federal prohibition on marijuana by establishing medical marijuana laws. Since then, Hawaii has protected registered patients from prosecution (because marijuana is medicine), while sending other citizens to jail for "marijuana" crimes (because marijuana has no medical value). There exists a clear, facial contradiction between marijuana's classification as a schedule I drug and its allowable use by qualifying patients for medical conditions. Hawaii is practicing **SELECTIVE PROSECUTION** against marijuana consumers.

The only just solution is to legalize marijuana. Tax and regulate Hawaii's estimated billion-dollar-a-year recreational marijuana industry, and raise over 100 million dollars every year in revenue. Legalization of cannabis will also decrease expenses incurred in fighting the failed prohibition, clear court dockets, save families broken by incarceration, and create thousands of new legal jobs and business. **WIN- WIN -WIN**

Mahalo for your kind consideration,

PATIENTS WITHOUT TIME  
Maui, HI Brian Murphy, Director

