



Akamai Cannabis Consulting

3615 Harding Ave, Suite 304

Honolulu, HI 96816

DUAL USE OF CANNABIS TASK FORCE

MEETING 2

May 23, 2022

TESTIMONY ON AGENDA ITEMS II, III, IV and V

Clifton Otto, MD

Thank you for the opportunity to provide written testimony on the following agenda items:

Agenda item II - Approval of Meeting Minutes for April 25, 2022:

Please include in the member list a financial disclosure of all dispensary associations. A certifying physician and certifying APRN who are actively providing certifications as their primary healthcare activity are still lacking on this task force. Please add these members before the next task force meeting.

Agenda item III – Panel presentation on issues facing other states:

Please have each presenter comment on how they dealt with the violation of federal drug law during their state’s transition to adult use.

Agenda item IV – Formation of Working Groups:

a – Tax: the federal conflict and the inability to use banks or deduct business expenses will create an unsustainable tax burden on any new adult use operation.

b – Social Equity: there can be no social equity when groups that are already being disproportionately affected by the criminalization of cannabis must violate federal law to participate and risk further discrimination.

c – Market Structure: there can be no legitimate market structure when businesses must violate federal law to participate.

d – Medical Use: patients cannot be safe or receive proper care if they must violate federal law to participate in Hawaii’s Medical Cannabis Program.

e – Public Health and Safety: criminal activity is only encouraged by failing to address the ongoing violation of federal law, which undermines public health and safety.

Agenda item V – Additional issues to be addressed by the task force:

The complexity of the conflict between the state authorized use of cannabis and the federal regulation of marijuana warrants a separate Federal Conflict Working Group, which can be conducted without having to deal with the topic of federal legalization.

Aloha.

[REDACTED]

From: Jeremy Nickle <[REDACTED]>
Sent: Friday, May 20, 2022 10:45 AM
To: DOH.OMCCR
Subject: [EXTERNAL] Testimony dual use task force

Categories: Green Category

Having a closed door vote on who can get a medical Marijuana or recreational license, and not issuing anymore is wrong. It's been many years the current stores are selling more than \$10,000 a day in product, this money should be evenly spread out among whoever wants to get in the business, what We need most of all is fairness and free commerce. Issue license to anyone who wants to join this cash business. If they have been arrested before for marijuana they should have first dibs. Social justice...

by the state privatizing this successful business model and hoarding the licenses to the select few seems to be unjust. With this task force in place I think they can enforce many licensees not just the 3 on Oahu.

License need to be issued like a tobacco license any retailer could get one.

Jeremy nickle
Hawaiian holy smokes CEO

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[REDACTED]

From: Kimberly Ratliff [REDACTED]
Sent: Friday, May 20, 2022 11:41 AM
To: DOH.OMCCR
Subject: [EXTERNAL] Medical Cannabis Testimony

Categories: Green Category

Aloha!

I'm grateful to have my medical cannabis license for the past 4-5yrs for pain from my chronic tmj, anxiety and it helps control my menopause. I'm a mom of two teens and a business owner and there's no way I'd be able to forge through my mom duties and progress my art business without the assistance of taking indica cannabis i infuse in coconut oil to take every night. It also helped me cope with a bout of depression during Covid lockdowns.

My life is very active. When I take my oil at night I wake as if there was a recent button. I'm not groggy and I'm pain free and menopause symptoms free to get my long list of things done everyday.

Mahalo
Kim Ratliff

--

Mahalo's, Kimberly Ratliff

[REDACTED]

From: Kahunaaloha [REDACTED]
Sent: Friday, May 20, 2022 12:08 PM
To: DOH.OMCCR
Subject: [EXTERNAL] Testimony

Categories: Green Category

Aloha: We need a pod café like Woody Harrelson opened up woods in Los Angeles and it's a huge success people want to be able to socialize while they heal their mind body and soul the spiritual wellness and well-being of the population especially senior citizens like myself smoke a bowl and your whole day is good there goes by very easy you don't even have to be angry at all what's that worth.?

[REDACTED]

From: SUZANNE HUTCHINS [REDACTED]
Sent: Friday, May 20, 2022 1:59 PM
To: DOH.OMCCR
Subject: [EXTERNAL] Medical cannabis

Categories: Green Category

To whom it may concern,

I have had a cannabis medical card for two years. I have suggestions

1. It costs me \$15 monthly to have this card, yearly application fee and annual doctor's fee.
2. When I visited California 2018 there was a huge variety of edibles offered when comparing to Hawaii.
3. The cost in California for cannabis edibles is far more AFFORDABLE .

In conclusion, when compared with Hawaii's yearly medical card Fee, required yearly doctor visit and yearly application FEE in HAWAII the Cost for edibles is extravagantly expensive.

It is my hope that the Hawaiian decision makers will listen to suggestion from a cannabis patient.

Much mahalo,

Jimmi Suzanne Schierbrock-Hutchins



Testimony of Cure Oahu

To the Dual Use Cannabis Task Force

On Item IV – Discussion and formation of Permitted Interaction Groups (PIGs)

May 23rd, 2022

Thank you for the opportunity to provide testimony and comments on the Task Force's establishment of PIGs. Cure Oahu is a vertically integrated licensed dispensary operating in the State of Hawaii since 2018. We maintain and operate two retail locations in Kapahulu and Kapolei. Our number one goal is to support our customers in their healing and be a resource for them.

We see the establishment of PIGs as an integral part of the process of developing the roadmap for the future of cannabis use in the State of Hawaii. We do however provide the following comments on the proposed makeup and issues related to the PIGs.

- **Under the proposed Public Health and Safety Working Group – the inclusion of products, packaging, standards, and quality assurance as issues for the PIG to review.**
- **Discussion of the conflict with existing legal frameworks around banking, insurance, intrastate transportation, etc.**

As one of the eight licensed dispensaries in the State of Hawaii, we feel it appropriate and advantageous and would appreciate the opportunity to participate in any or all of the following PIGs; (1) Market Structure, (2) Public Health and Safety, and/or (3) Tax working groups.

Thank you again for the opportunity to provide testimony.

Dual Use Taskforce - Testimony : Entry # 31**Email**

[REDACTED]

Name

James Anthony

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

May 23, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #4
- Agenda Item #5

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

Honorable Task Force Members:

This year the Legislature acknowledged the particular importance of the social equity issue as the primary framework for cannabis legalization. (See, SR 139 SD1.) Legalization must only be considered in the context of justice for Native Hawaiians and other victims of the war on drugs (and continuity of medical access) first, then business profit-making, not the other way around. The Task Force's "task" is to start the discussion in this framework now--and to generate a report with appropriate recommendations and options, on that basis.

I am submitting written testimony for the 05/23/2022 meeting, agenda items IV(a)-(e) and V as chair of the Hawai'i Cannabis Hui. The Hui has been meeting weekly for over a year now, specifically on social equity issues. The Hui includes cannabis activists, 329 patients and caregivers, hemp farmers, Native Hawaiians and other Hawaii kama'aina--even some licensed dispensaries are participating and supporting the social equity initiative.

1) PIGs should include non-task force experts and stakeholders--and should hold noticed meetings open to the public, or at least some such inclusive open public "hearings" in addition to closed door secret PIG-only meetings, if any.

2) PIGs should develop recommendations AND alternative options, possibly similar in format to the August 2014 LRB report, "IS THE GRASS ALWAYS GREENER? AN UPDATED LOOK AT OTHER STATE MEDICAL MARIJUANA PROGRAMS."

3) Social Equity PIG should include issue of continuity of medical access: the survival of caregivers and coops is a social equity issue as it provides a model of low "barrier to entry" diversified supply chain beneficial to existing medical cultivators and to the patients and consumers, all of whom overlap the social equity beneficiary population.

4) Tax policy is a social equity issue as it defines capture/transfer of underground market to the aboveground market--which is the very touchstone of both a successful legalization program and a viable social equity approach--because failure in this regard, as in so many other states, indicates that the market has been bifurcated into a wealthy sector and an underclass sector, reinforcing criminalization and leading to perverse "enforcement" incentives, that is, War on Drugs 2.0 (California is a pointed example of this danger).

5) Market structure similarly is also a social equity issue in that it will define ease of entry and therefore impact the social equity

Dual Use Taskforce - Testimony : Entry # 31

population intended to be benefited, possibly excluding them completely as has been the result in almost every other jurisdiction leading then to a patchwork band aid approach of attempting to let them in to something which by design excludes and prejudices them.

6) Medical use is also a social equity issue as mentioned above.

7) Public Health and Public Safety issues are likewise social equity issues because they can lead to criminalization as enforcement and a continuation of the war on drugs, including Jim Crow second-class citizen status of users in the contexts of employment, child custody, family law, driving privileges, etc.

In summary all aspects of legalization impact social equity and must be viewed through it as the primary lens. Legalization in Hawaii must not be the same social equity disaster that it has been in every other state where it is treated as an afterthought, as a kind of mere window-dressing: a system that is by design unworkable and that privileges massive capital intensive corporate enterprises from outside of Hawaii. Such a system excludes the economic empowerment of native Hawaiians, social justice for the victims of the war on drugs, and continuity of medical access for what the long-standing system of medical cannabis supply which is for the vast majority of patients outside of the regulator dispensary system.

Respectfully submitted on behalf of the Hawai'i Cannabis Hui,

Jas Anthony

James Anthony
Chair, Hawai'i Cannabis Hui
(Hui Ho'okaulike, a Hawaii Nonprofit Corporation)

Dual Use Taskforce - Testimony : Entry # 30

Email

[REDACTED]

Name

Margaret Dorsey

Please enter your phone number

(571) 268-8594

Please select the meeting date that you are submitting written testimony for.

May 23, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #4
- Agenda Item #5

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

[REDACTED]

Aloha Task Force members and thank you for your time,

I am submitting this as testimony on behalf of the Hawaii Patients Union.

I am testifying on the agenda items IV (Discussion and formation of the following Permitted Interaction Groups ("PIGs") + I (Discussion regarding the identification of additional issues for further Task Force investigation)

IV:

We believe that these working groups could benefit patients and caregivers if done correctly. The (PIGs) working groups need to include non-task force experts and stakeholders. If more details such as task force member biographies were available, we could better inform patients seeking information. We get asked a lot about representation for patients and we don't see a fair number of patients or medical professionals in this task force. Our members would like to be represented by licensed patients rather than recreational consumers.

We need to make sure that these groups include 329 patients and those who are directly affected by the issues being researched. We need and deserve a medical program with an intention to help patients and caregivers. The PIGs should include not only 329 patients but Native Hawaiians and victims of the War on Drugs. We request that the members of each of those working groups are listed and publicly available. We believe that if these working groups are made up of only task force members and stakeholders that there will be no positive impact for the medical program or for the people of Hawai'i.

V:

Patients need transparency into the system to know which products are available to treat their symptoms. Knowing which dispensaries have the safest medicine would be helpful to providers and caregivers. Since there are such rigorous standards of regulations that dispensaries must meet, there must be a report that can be made available to the public so we are able to make educated decisions based on results. Having medicinal information on the products provided by the state medical channels would be a great benefit to patients and caregivers. This is something that we are lacking now.

The current direction is confusing for patients trying to achieve basic goals of a medical program. We need to address the issue of when and if Hawai'i legalizes the adult use of Cannabis how are the dispensaries going to keep up with quality supply and demand? How will they ensure that their medicine is readily available and affordable to the influx of adult-use customers vs the patients who are medically relying on the dispensaries to provide for them?

Dual Use Taskforce - Testimony : Entry # 29**Email**

[REDACTED]

Name

Zaza Baker

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

May 23, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #5

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

I am submitting testimony on a task force member's interactions I had with Randy Gonce. Mr. Gonce is known to harass 329 cardholders/medical patients and is doing a disservice for the organization and should be removed from all things related to cannabis. I have copies of the messages he has sent me through social media as evidence and have also seen other messages he has sent to medical card holder. Please remove Randy Gonce from the Hawaii Cannabis Task Force.

Dual Use Taskforce - Testimony : Entry # 28**Email**

[REDACTED]

Name

Patricia Fallbeck

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

May 23, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #4

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

#4-D. Medical concerns: I would like to see a wider variety of products that address different levels of pain and anxiety. Perhaps expanding to legal adult use would also lower the price on the medical use products.

##4-E. Adult use and safety: my observation of the typical reaction to the use of cannabis is much more mellowing than that of alcohol. Perhaps the use of cannabis in place of alcohol would help diminish the safety and injury problems we see in our community. Enforcement would be similar but probably less problematic for our officers.

Dual Use Taskforce - Testimony : Entry # 27**Email**

[REDACTED]

Name

Cody Moniz

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

May 23, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #3
- Agenda Item #4

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

I'm a 329 card holder, and I'm really glad to see progress on legalizing cannabis for recreational use. It's probably going to be complicated, but I'm really glad to see that you guys are looking at how other states implemented their programs before moving forward. I've heard of cannabis glut being caused by too many licenses being issued in other states (in Colorado and California iirc), so it's probably a good idea to limit the number of vendors (3 per district? make sure there is a fair process to allow for competition) and use the taxes for substance abuse and mental health programs, as well as programs to reintegrate non-violent drug offenders. Thank you for your hard work!

From: [REDACTED]
To: [DOH.OMCCR](#)
Subject: [EXTERNAL] 5/23/22 meeting
Date: Sunday, May 22, 2022 2:19:20 PM

1. The reduction of applicants with caregiver plant allowance to 10 vs 20.
2. Why are caregivers being outlawed?
patients don't all live in a dwelling where they can grow their own medicine.
not everyone is good at horticulture much less developing plants with enough THC content to be effective. And if they can't they must consume more cannabis material to meet that need.
3. If these are in a bid to minimize crime I would like to remind you that those who intend to commit a crime do not care about the rules and these rules are only affecting those who have a legal right to receive treatment. These current updates to the law seem to be targeting the only legal MMJ consumer who are medical patients. This is not a cash cow nor is it a recreational market. Stop causing more harm to the patients both in a financial point of view (forcing patients to pay exorbitant prices at the dispensary, limiting yields, reducing the amount of usable medicine a patient can have on hand, neutering a patients ability to grow their own medicine if they live in a place where it is not possible to grow or they are physically incapable of doing it themselves.)
4. Their are bigger issues facing the state. Other narcotics that are destroying our culture our community and our Aina. These rules changes are low hanging fruit that you are removing to show something for your tenure, at the detriment to those with the disabilities that you are directly affecting by these insensitive rules.

It is clear that revenue is what you are after. That is justifiable in a open market where it isn't a necessity, but medicine that the state of Hawaii recognizes and that you all as a body have claimed war with

From: webmaster@hawaii.gov
To: [DOH.OMCCR](#)
Subject: (2) WRITTEN TESTIMONY
Date: Monday, May 23, 2022 9:49:01 AM

Email

[REDACTED]

Name

Judiah McRoberts

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

May 23, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #1

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

We are concerned with the inclusion of the Hawaii Cannabis Industry Alliance (HCIA) as a task force member. With the inclusion of a member from the HCIA, it seems inevitable that the recommendations made to the task force from this representative will undoubtedly have monetary beneficial implications for the dispensaries the HCIA represents.

We believe it is the goal of the task force to provide unbiased suggestions on how to best implement a truly equitable adult use system. I do understand the need to take into consideration how a dual use system will integrate with the current dispensary licensees, however, we are opposed to a task force member having any direct or indirect financial interest in the recommendations that will be proposed.

Hawaii Chapter 84 subsection 14 "Conflict of Interest" states that, "a task force member shall publicly disclose the nature and extent of any interest or transaction that the task force member believes may be affected by the task force member's official action." We are unaware if this disclosure was ever publicly presented in the task force's initial meeting. Furthermore, even if there are no ethics violations, we do feel the involvement of the HCIA as a task force member will lead to public perception of a biased final report.

In light of this, we humbly request that the task force take responsible action to address these concerns. As stated numerous times by multiple speakers in the previous meeting, Hawaii has a unique opportunity to create a dual use system that is fair and accessible for both operators and patients

PONO

LIFE MAUI

To: State of Hawaii
Department of Health
Office of Medical Cannabis Control & Regulation
Dual Use of Cannabis Task Force

From: PONO LIFE MAUI

Date: Monday, May 23, 2022

Re: Testimony on Agenda Items III, IV

PONO LIFE MAUI is one of eight vertically integrated medical cannabis dispensaries licensed by the Department of Health. We are committed to ensuring safe, legal access to medical cannabis for qualified patients, and to further enhance Hawaii's medical cannabis industry, public health, and well-being. We provide testimony supporting the following agenda items:

Agenda Item III - Panel presentation and discussion on issues states face when transitioning from a medical cannabis only program to medical- and adult use

Please inquire and include reference data from each state. As an example, The Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) program has published annual reports since 2013 tracking the impact of legalizing recreational marijuana in Colorado. The data has been referenced in policy making in other states, like Missouri, and cited in PubMed.¹ The reference data combined with panel presentation and discussion of issues states face will elevate future discussions.

Agenda Item IV - Discussion and formation of Permitted Interaction Groups (PIGs)

The establishment of PIGs and defining its priorities are essential in exploring the development of a dual system program of legal cannabis. We provide the following comments for your consideration:

Tax Working Group: Reference issues including IRS 280E, banking, insurance, and payment logistics.

Market Structure Working Group: Reference issues and potential risk/benefit. Highlight key reference data and policy experts.

¹ The Legalization of Marijuana in Colorado: The Impact, National Library of Medicine, PubMedCentral, September 2019
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6913861/>

Testimony of PONO LIFE MAUI

Medical Use Working Group: Discuss and reference data surrounding patient access, utilization, safety, risk/benefit.

Public Health and Safety Working Group: Include educational and communication goals and outcomes of existing and proposed policy framework; fair and balanced communication; product and packaging standards.

Other: Highlight federal and state conflict surrounding banking, insurance, intrastate transportation, and status on labs, seed-to-sale tracking, State IT and DOT.

As a licensed dispensary and active stakeholder in the current and future of legal cannabis in Hawaii, we appreciate any opportunity to participate in the PIGs mentioned above.

Thank you for the opportunity to testify.

From: [REDACTED]
To: DOH.OMCCR
Subject: [EXTERNAL] Testimony to Dual Use of Cannabis Task Force
Date: Monday, May 23, 2022 12:17:17 PM

Dear Dual Use of Cannabis Task Force:

I hold a DOH card #2020017933, and have had a DOH card for about 4 years. My use of medical cannabis has been for knee and back pain stemming from injuries I sustained in my youth. I am at present, 72 years old. I had a full knee replacement in 2018. My experience with medical cannabis follows.

Up until the pandemic I was usually on Oahu 5 months a year. I reside in Texas (usually 7 months a year) where my wife is a full professor at the University of North Texas.

Because I rely on cannabis edibles, I have often purchased legal adult edible cannabis products in Colorado, Nevada, Alaska, Michigan, Illinois, and the Province of British Columbia. In addition, Oklahoma allows me to obtain a one month out-of-state temporary medical-only cannabis ID card (\$100).

Michigan (until recent full legalization), Oklahoma, and Hawaii all restrict use and have additional costs for registration, ID, Physicians approval, etc.

In my opinion, these restrictions are not only precautions, but are also a residue of the politics that have surrounded cannabis. Be that all as it may, I can state with certainty that use of legal medical and "adult" cannabis edibles has tremendously improved my life by freeing me from much pain.

However, the costs and bureaucratic requirements of Hawaii and Oklahoma's "medical only" system make it difficult to use and present a barrier to me. N.B. I am a retired music teacher with a Doctorate and plenty of disposable income and time. Getting and keeping a valid card is quite problematic. The requirements often change in Oklahoma, and because I am only in Hawaii part of the year, renewing or replacing that card has been difficult.

In the case of Oklahoma, a medical ID is expensive and by the time the card arrives in the mail in Texas, it usually has only 2 weeks of validity left. In the case of Hawaii, Governor Ige has wisely extended validity in the pandemic, yet the card I have is unusable because the ink has separated from the paper (state issued) card, and adhered to the plastic window in my wallet.

It is my opinion that full adult legalization will benefit Hawaii's economy without the environmental problems of many businesses, fits well into Hawaii's visitor economy, will provide jobs, and opportunities for young Hawaiians. Full adult legalization will also allow those who wish to use cannabis for medical reasons to more easily obtain these products.

In sum, the medical cards are often costly and difficult to obtain. Full legalization would allow easier access by senior citizens, and the industry would help Hawaii's young people start profitable businesses that have no significant downsides that I am aware of. Cannabis is a certainly safer and less problematic a recreational item than firearms, alcohol, or fireworks—which are all here whether legal or not. Cannabis has many more benefits, and many fewer dangers than those three.

I urge full legalization for adult use.

Sincerely,
Dr. James H. Carr

--

Dr. James H. Carr
Composer, Teacher, and Ba

[REDACTED]

From: webmaster@hawaii.gov
To: [DOH.OMCCR](#)
Subject: (5/31) WRITTEN TESTIMONY
Date: Wednesday, May 25, 2022 9:55:52 AM

Email

[REDACTED]

Name

George Cohn

Please enter your phone number

[REDACTED]

Please select the meeting date that you are submitting written testimony for.

May 31, 2022

Please select the agenda items numbers you are submitting written testimony for.

- Agenda Item #1

Please indicate the agenda item numbers you are submitting testimony for and enter your written testimony below:

I have glaucoma but can't get a good price on meds from dispensaries. If I go to black market and get robbed hpd won't take my report. State House reps have threatened me with criminal charges unless I participate in the state licenced weed pushers. Please remove me from government threats and lack of police protection.

From: 
To: DOH.OMCCR
Subject: [EXTERNAL] Testimony for May 31st meeting , Agenda Item: V. Discussion regarding identification of additional issues for further Task Force investigation
Date: Thursday, May 26, 2022 12:27:44 PM

Testimony for May 31st Dual Use of Cannabis Task Force Meeting, Agenda Item: V. Discussion regarding identification of additional issues for further Task Force investigation

1. The medical cannabis program and any future cannabis programs should be moved to the Hawaii Department of Liquor Control.

Other states have used their liquor control departments to run these programs with success. Having both programs under one department streamlines the dispensary sides of both programs.

The Department of Health spent \$14,999 to review three qualifying condition petitions in 2020 (<https://www.hawaii.edu/aging/phac/wp-content/uploads/2021/07/CV-AABE-.pdf>) . This shows how ignorant the department is to cannabis. As well as how wasteful they are with taxpayer money.

The DOH has refused to add new conditions to the medical cannabis program due to ignorance of cannabis itself. The DOH even testified against a bill in the legislature adding a condition to the program.

https://www.capitol.hawaii.gov/Session2017/Testimony/SB174_TESTIMONY_CPH_02-08-17.PDF

Why is the DOH so against the medical cannabis program?

<https://health.hawaii.gov/medicalcannabisregistry/submenu/petition-process-to-add-new-conditions/>

Specifically, DOH director Dr. Char has rejected adding insomnia, depression and anxiety as qualifying conditions in the medical cannabis program in 2020. These are the top three conditions to which people report using cannabis to treat.

One of the reasons for the denial of adding conditions was that "a review of peer-reviewed scientific evidence found insufficient evidence of safety and efficacy" of cannabis.

<https://health.hawaii.gov/medicalcannabisregistry/files/2017/04/2020-Insomnia-Petition-and-supporting-docs.pdf>

<https://health.hawaii.gov/medicalcannabisregistry/files/2017/04/DOH-Reponse-to-Petitioner-2-26-21-Insomnia-Redacted-post-2.26.21.pdf>

The whole point of the Hawaii medical cannabis program is that the entire peer-reviewed scientific community has ignored cannabis. The legislature has skipped over the medical community, the scientific community, the FDA and the DEA to allow people to use cannabis without waiting for evidence to be published.

Astoundingly, Hawaii did this in the year 2000. In over 20 years since the program has been

running, there has not been but a scintilla of peer-reviewed scientific research even conducted on cannabis to treat any disease. You can count the number of published RCTs on one hand.

As well as the DOH has missed the simple fact that cannabis is one of the safest plants to consume on the entire planet. People die from drinking too much water, each year, a water overdose. No one in recorded history, worldwide, has ever been reported to have died from a cannabis overdose. The safety profile of cannabis has been established, and for thousands of years, humans have used this plant safely to treat a myriad of conditions.

The DOH has refused to even learn the most simple basic things about the program and its laws and intent. Nor has it learned about the plant that it has been tasked to control for the last two decades. For these reasons, the cannabis programs must be moved out from their department.

2. No other medication requires a yearly or bi-yearly fee to access. It makes no sense for medical cannabis patients to pay this tax when people on prescription drugs do not have to pay a yearly fee or to hold a special license/card. It makes even less sense that a medical cannabis card would expire. The program is made for people with chronic and severe conditions to have access to this medication. Do you think those chronic and severe conditions heal themselves after a year of cannabis?

Make the taxes on recreational cannabis pay for the medical cannabis program so patients pay nothing. Eliminate the expiration of the cards.

3. Homegrowing is the only way for a majority of patients to access their medication. home growing of plants must continue even if/when marijuana is legalized. Homegrowing is also beneficial for a legalized market in that, when people can grow a few plants at home, or buy cannabis products in stores, the black market is less desirable and less profitable. Because when any adult can grow it or buy it like beer, why would they waste time, resources and funds to buy it from down on the street corner. If you remove the ability to homegrow, then the options are between the black market and the licensed market. When this happens, the black market is able to undercut the licensed market because it does not pay taxes, or for licensing, real estate, insurance, etc.

Said another way, no one is buying bootleg beer or wine. People either homebrew or buy from licensed stores. The vast majority buy at licensed stores.

4. Hawaii must remove cannabis, tetrahydrocannabinoids and "marijuana" from the state controlled substances list.

HRS "[§329-13] Schedule I tests. A substance shall be placed in Schedule I if it has the highest degree of danger or probable danger according to the determination made pursuant to section 329-11."

For very obvious reasons, cannabis has no degree of danger at all. Hemp is cannabis and hemp is legal, federally, since the 2018 farm bill. Hemp has all of the same components of medical cannabis plants just in smaller amounts. Since hemp is safe, and there have been no known reported problems from hemp products or medical cannabis patients to the DOH medical

cannabis department, this classification of cannabis in schedule 1 must be removed.

Even if you do not believe this , understand that each manufacturer, processor, and dispenser of a controlled substance (including schedule 1 "marijuana" and all parts of the plant except seeds, stalks and roots) must be licensed with a controlled substance license from the state of Hawaii. According to the current state controlled substances rules and laws.

Current medical cannabis dispensaries and growers are not required to hold such controlled substance licenses. This is a conflict of the law and needs to be fixed. Not only for that reason, but because no medical cannabis patient could access medical cannabis under the controlled substances HRS without a PRESCRIPTION. But due to federal law, a prescription cannot be made for schedule 1 drugs under the federal controlled substances act.

The only way you can have medical marijuana and legal marijuana is to remove it from the controlled substance statute.

5. In short, cannabis should be regulated and defined as legal as alcohol. To have any quantity as an adult. To buy from licensed shops. To have laws against minors in possession and against minors using. To allow for adults to "homebrew" or "homegrow" their own beer/wine or cannabis plants for personal consumption in order to squeeze the black market out.

Should you have any questions , please feel free to contact me.
Thank you for your time, and the ability to testify remotely,

-Ben
Big Island

May 26, 2022

TESTIMONY

Dual Use of Cannabis Task Force
Paragraph IV, item e

Aloha,

I am grateful for the opportunity to offer my testimony to this task force. Our family has been profoundly impacted by medical marijuana, both good and extremely terrible.

This all began when my son got his medical marijuana card a few years ago to help with his anxiety. It seemed to work well for several months, at least well over a year, and then things started to change in a very bad way. At first he used it as needed, just a couple hits a couple of times a day. But then he started using it as a coping mechanism to handle the amount of stress he had in his life at the time, and smoking much more frequently. Without going into the entire long, emotionally exhausting, terrible story, with constant use he fell into psychosis. Eventually, after months of trying, we were able to have him MH1, which is forcibly taken to the hospital, where he stayed for five days. His diagnosis was severe cannabis induced psychosis, and perhaps schizophrenia. Even with that diagnosis, medical staff are not required to notify the state, or even his doctor who prescribed the medical card for him. When he came home, he started right back up using medical marijuana again without anything to stop him. I want to be clear that his blood work and drug tests came back with only marijuana in his system. Nothing else. No other substance of any kind, legal or illegal. Last year, I had the unfortunate experience of ending up in the ER because of a dog bite. After a thorough cleansing I was sent home with antibiotics and pain pills. But the amount of reports that ended up being filed and follow up calls and interviews from the Humane Society was astonishing compared to the zero follow up that was done when my son was forcibly committed for five days due to severe cannabis induced psychosis.

Because my son still was not well, still in a state of psychosis, talking loudly to the voices only he can hear, laughing uncontrollably at times, wandering around the house and yard, sometimes in a frozen state of staring at things only he could see and hear, we decided to try an intervention and private rehabilitation facility on the mainland. I had tried for months to have him hospitalized, and with the lack of help that we actually received once he was, we were no longer hopeful that he would get the help he needed at home. He spent 7 weeks in a facility in Palm Springs, and I had really hoped for 12 weeks but I couldn't get him to agree to stay longer. During his 7 week stay, his weekly drug test continued to come back positive for marijuana when it should have been cleared in about three. While the voices calmed down, they never entirely stopped either.

After his hospitalization and before we sent him to the mainland, through the help and advice of the many doctors I worked with and research I did on my own, one of the things we did was have his DNA tested for susceptibility to cannabis induced psychosis. The test his doctor recommended was called Genomind, and I decided to test myself, my son, and my daughter. What we discovered was that certain enzymes in my sons liver were not working properly and not allowing him to process out marijuana, so over time with the heavy usage his system was inundated by cannabis causing prolong psychosis, and which is why he never cleared a drug test and was never diagnosed with anything other than cannabis induced psychosis, and only possibly schizophrenia.

There are three levels of susceptibility, however it's important to know that anyone can come down with psychosis if they're not careful. My son and daughter both came back with the mid level of susceptibility, which means they are 7 times more likely than the average person to have cannabis induced psychosis if they are not careful, which is not unique and still considered normal. My susceptibility came back with the very highest level, and it is recommended that I am extremely careful with marijuana use, which means he got the susceptibility through his DNA from me.

My point in sharing this is because if the state wants to include adult use in the cannabis program, I would really caution that recreational use not be medical grade cannabis. Let's face it, medical marijuana is highly concentrated and designed to be more potent than the pakalolo we smoked in high school. Medical marijuana is actually the most GMO product available for human consumption today. It is not your grandma's pakalolo. I would highly recommend instituting a grading system and levels of use which would give adult users access to a less potent cannabis product, much like what's still available amongst friends and families today, and medical grade available only for those with medical cards.

Based on our family's story and experience, I would like to submit these recommendations for consideration:

- 1) A grading system for marijuana potency that separates adult use from medical use. Less potent for adult use, more and varying potencies for medical use.
- 2) Prescribed access to how much a card holder can buy that is monitored by the doctor that prescribed the card. I would also say the dispensaries, but with more than one location it wouldn't be possible to cross reference use. Once a person has a card, there is no limit to how much they can buy and consume. This is dangerous for anyone, because when you're in psychosis, and it can happen to anyone even though some are more susceptible, you don't know you're in it. It's only once they're fully recovered that they can look back and see something was wrong.
- 3) More frequent check in's with the doctor that prescribed the card to see how they're doing and if the usage needs to be adjusted. This is also a form of educating the user as to how much is appropriate.
- 4) Community and card holder education on the effects of marijuana, how much is too much, and what signs to look for that a loved one is suffering from psychosis since they may not know themselves. I had no idea this could happen, and by the time I realized how serious the problem had become it was too late. This point is actually one of the most important. My remark about how today's marijuana is not the pakalolo we smoked in high school, is very relevant. I promise you that most parents of adult children or teenagers do not understand what marijuana has become. I made a point of sharing that my susceptibility is even higher than my sons because when we smoked as teens, and at one point it was daily, I never experienced psychosis. After we graduated, we all just stopped, walked away, and never thought about it again. I truly believe that if my son had only smoked the same potency of marijuana that we had back in the 80's (and it was world renowned back then), that psychosis probably wouldn't have happened to him. I believe that if he had limited usage, he may not have ever fallen into psychosis. I don't know a single friend from high school that behaved like my son, or had psychosis without graduating their usage to other substances.

5) If you have an adult use or medical card for marijuana, then the state needs a program where doctors or loved ones can report individuals they're worried about, and they need to have mandatory treatment. This may only be therapy, and may not even require meds if caught early enough. For certain, if someone is hospitalized for severe cannabis induced psychosis, they definitely need a reporting system for doctors and a mandatory treatment plan. But the sooner you catch someone who's suffering with psychosis, the easier and quicker it is to get them well. It really shouldn't have to get all the way to hospitalization before you can get a loved one help, whether they know they need it or not. This can all be done through outpatient services when caught early on. It also doesn't mean that everyone needs to be on meds either. Maybe they just need a break and their prescription leveled down for less usage, before it becomes full blown.

Last week when I was leaving the grocery store, I noticed a young man about my son's age, clean cut and nicely dressed, talking to a planter, and making gestures towards the planter as if in deep conversation. After a minute he began to walk away with a stupor on his face that I recognized. If I hadn't been in my car getting ready to drive away, I would have approached him and asked if he smokes medical marijuana. I could tell he was in psychosis, I recognized the same actions and gestures and 'look' that my son had when he was. While my son was in the mainland facility, parents had opportunities to participate in support groups. It was alarming and heartbreaking how many parents are dealing with this with their young adult children, and are at a loss on how to help them. One parent was a police officer with 29 years on the job, and he said he's never seen anything like the cannabis induced psychosis his son is suffering from. Imagine that. Cannabis induced psychosis is spreading, and unless it's legalized and studied, we can't truly understand how to help the people it hurts.

I have a card and I use a pill to sleep because of severe pain from a neck injury. It's the only thing that helps me sleep fairly soundly through the night. Ambien gives me nightmares, and without a good nights rest I suffer from chronic headaches during the day. I am exactly the person who needs a medical card, but because I also know about my DNA and I am now educated as to the extremely high potency of medical marijuana, I won't ever take more than that one pill I need to sleep. I could have unwittingly ended up just like my son or worse, if I didn't know my susceptibility. Education, before it's a crisis.

My kids hanai uncle has a medical card and uses a non hallucinogenic called Delta 8 that helps his pain medicine prescribed for a broken neck injury and stage 4 lung cancer, work better so he doesn't need to take more hydrocodone. It also helps him with mood, appetite and nausea. He is also the right person for a medical card.

While my son is better than he was last year, he's still not good. He tries to limit his usage, but he's not always successful. I do suspect he may have a low level of schizophrenia that was activated by too much cannabis use, but he's not been diagnosed and I have no way to make him get help. I'm not allowed. I believe if his intake was monitored by a doctor, he would have more success with the anxiety treatment and stay out of psychosis. And if that doesn't work, then by all means he should be disqualified for having a card.

The conclusion I have come to is that legalization may actually be a way to help the people that marijuana hurts, without hurting the people it helps. But the state needs to set strict guidelines for patients, card holders, dispensaries and doctors regarding access and grading levels, and if you hold a card, you agree to state mandated treatment if it is deemed necessary. Otherwise, I'll quote a hospital psychiatrist that worked with my son, If we don't create a treatment program for medical marijuana, we will have a crisis of epidemic proportions on our hands. When you catch people early, get them mandatory help through outpatient services, it may even free up some hospital beds in the behavioral health wards. Please don't wait until they need hospitalization.

There's so much more I can share about how devastating the impacts have been on my son and our family. He was once a computer science major with only two semesters left to complete his degree. After coming home from rehab, he limited his smoking and reapplied at his university and they accepted him back right away because his work was so good. But the stress of the degree once again took hold, he started smoking more than he should but not as much as he was last year, and he's dropped out again. This is now our families beast of burden, and we are determined to find a path forward toward a fulfilling life for him, whatever that may be. I can only say, I wish I had known how potent medical marijuana really was, and this all could have been avoided. The irony is that we are now looking for a wholistic approach to how to help and improve where he's at now, because he doesn't like the meds. Why that's ironic is because he applied for a medical marijuana card because he thought THAT would be a wholistic approach to handling his anxiety. Most importantly, we are hoping for at least some sort of diagnosis, even if he doesn't want to be on meds. But we can't do that unless he says okay because I have no ability to help him as he's an adult, and this was not an issue before he started using medical marijuana. Please understand these young adults believe it's their medicine and it's okay because the state allows it. Not just Hawaii, but this is a belief coming from young adults across the nation.

If you want the profits from a cannabis program, also add the required assistance for those that will need it. As the State of Hawaii expands this program, the problem will only grow with out a treatment plan. Please, please be prepared.

With sincere regards,

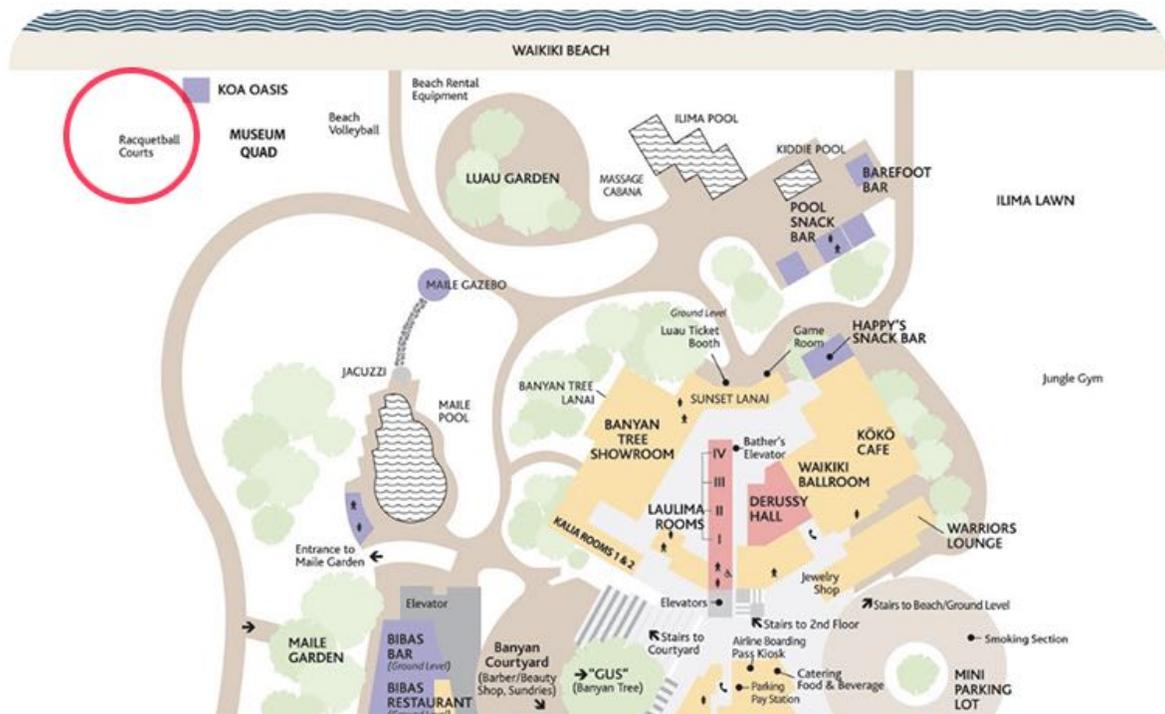
Laurie Moore

LEADERSHIP IGNORES PUBLIC WILL IN HAWAI'I

Department of Health Medical Cannabis Registry Program
Dual Use of Cannabis Task Force
May 21, 2022

Scott Gould

Enjoying the Memorial Day weekend, my wife and I walked over Saturday to the Hale Koa area of Waikiki and sat near the BBQ pits by the racquetball courts (red circle below). This section is popular with locals. Management advertises the Hale Koa facility as nestled on a 72-acre tropical oasis fronting the finest stretch of beach in Waikiki, and invites visitors and locals alike to treat themselves to an experience that will create lasting & cherished memories of their tropical experience in the islands. Hale Koa also offers a multitude of entertainment opportunities beyond just “fun in the sun.”



While we enjoyed a guava green tea and delicious BBQ from a nearby vendor, locals sipped beers and wine coolers. One male smoked a cigar. A local man joined the group, pulled out a cannabis joint, and five locals passed around the “doobie” and shared the illegal recreational product.

Smoking weed is endemic in Hawai'i. For many families in Hawai'i, cannabis use is as traditional and common as water. A maintenance man came by in his vehicle while the group was smoking and assisted the group to clean the grill. Nobody cares about cannabis use!

After smoking the cannabis, one woman lit up a cigarette, the man returned to smoking his cigar, and all continued to enjoy their alcoholic beverages. All were peaceful, respectful and civil.

However, Hawai'i leaders maintain recreational cannabis should be illegal. Hawai'i leaders are OUT-OF-TOUCH with residents.

It was around 2000 when I worked with New Mexico Governor Gary Johnson to legalize cannabis in the state. We were ridiculed. After watching my coworker die an excruciatingly painful death from cancer in 2006, I worked to legalize medical cannabis. We were successful in 2007.

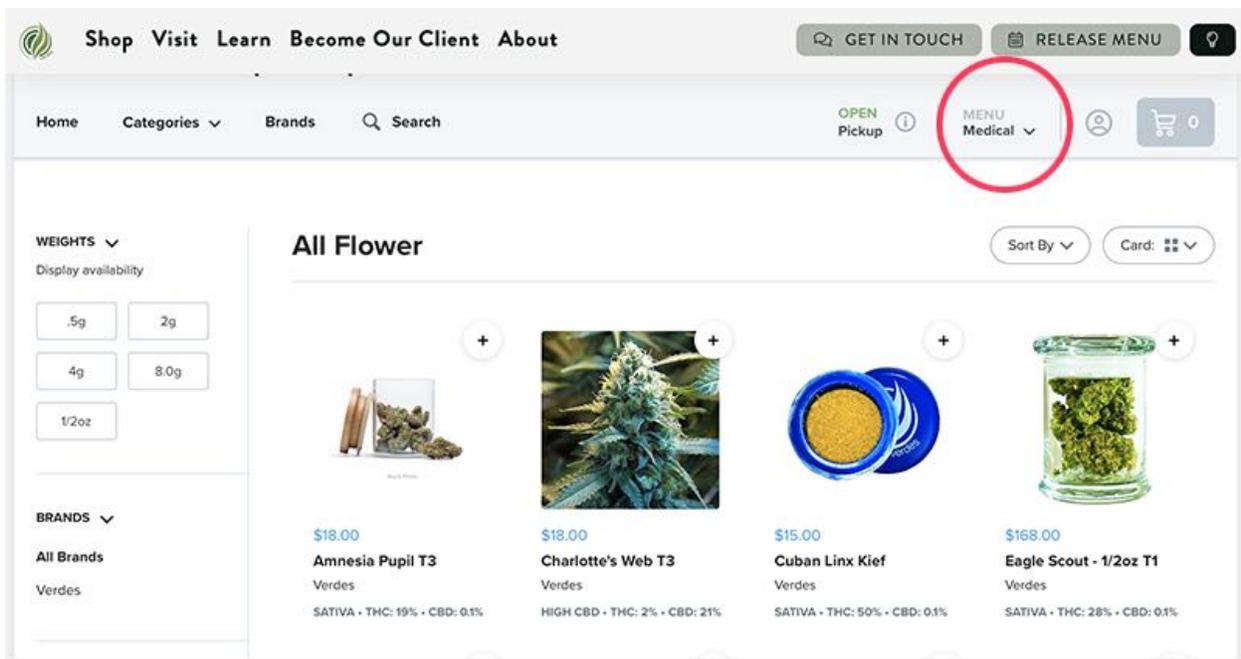
In 2022, New Mexico finally legalized recreational cannabis. Hawai'i remains the ONLY state in the western part of the Pacific to continue cannabis prohibition: Canada and Mexico are legal, as are the states of Alaska, Washington, Oregon, California, Nevada, Arizona, and the Land of Enchantment.

Leaders in Hawai'i are OUT-OF-TOUCH with science and society.

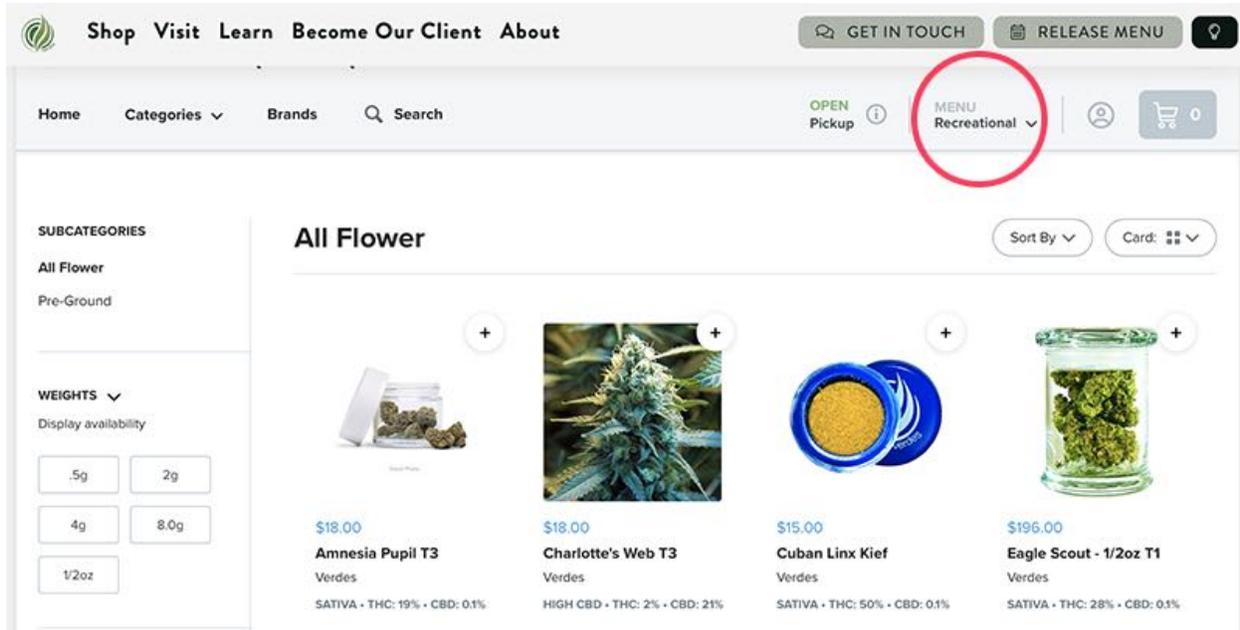
I recently visited New Mexico and the Land of Enchantment. Nobody is criticizing their recent shift in cannabis policy. Dispensaries are popping up around the city of Albuquerque. The state now focuses on responsible use and protecting their keiki from ALL harmful products and negative social activity. They have a uniform message and coherent, rational policy.

Dual Use Cannabis

One dispensary highlights the Dual Use feature of their website (red circle below). This shopper is a Medical Patient. Prices and taxes are lower: \$168 for 1/2oz of Eagle Scout sativa, for example.



With a simple click on the Menu button (red circle below), the patron shifts to the Recreational menu. The price of 1/2oz of Eagle Scout sativa increases to \$196 and the tax rate adjusts accordingly. Some products are also limited for recreational users, as medical patients have priority if product lines are limited.



Hawai'i doesn't need to "reinvent the wheel" at this point in time. According to 2020 U.S. Census Bureau numbers, more than 146 million Americans reside in a state that has legalized recreational cannabis. This figure represents 1 of 3 Americans who now live in a state with legal cannabis or 44 percent of the overall USA population.

This trend only increases. Nobody is returning to the broken policy. Leaders in Hawai'i are OUT-OF-TOUCH with science and society.

We throw away money the state needs; we deny legitimate and responsible business opportunity and innovation; we punish residents who prefer cannabis to alcohol; and we fund criminal operations. Tragically, we deny our true local culture that has been cannabis-friendly for generations.

Leaders in Hawai'i are OUT-OF-TOUCH with science and society. We are a smart people. It is time to be *Smart About Cannabis*.

Aloha DUAL USE OF CANNABIS TASK FORCE ,

Memorial Day 2022

Dual-Use is not legally possible.

Please consider that “Dual-Use” is not a reasonable concept because medical and commercial programs for cannabis are completely different, and will be regulated under different federal and state laws, and even different state and federal departments.

The current medical dispensary model is not financially viable, does not conform to any standard medical practices, does not meet the purpose established in the original legislation, does not comply with FDA regulations, charges a fee to receive medicine, and 70% of registered patients won't even shop in dispensary retail stores.

Laws for an actual true medical cannabis program must await federal legalization to be able to conform to standard medical practices. Continued licensing sales of cannabis for unapproved medical use, and requiring patients pay a fee, to treat specific maladies, opens the door to medical liability.

Hawaii is already in violation of federal law, so the state might as well move ahead and establish an equitable commercial adult-use program, and abandon the “quasi-medical” dispensary program, which is failing, and create a fair and equitable commercial system.

Inequality in the application of the law

In 2000, brave and compassionate Hawaii lawmakers lead the nation by enacting cannabis legislation, in violation of federal law, based on a “spirit of aloha” for seriously ill patients.

However, it is well known that Hawaii's current cobbled-together, quasi-medical cannabis program, allows anybody to buy a script and register with Hawaii's Cannabis Registry, regardless of their actual medical condition, if they can afford the buy-in cost.

Hawaii's cannabis program has gone wrong by violating federal law, and allowing only a select portion of citizens to buy protection from prosecution. This is inequality in the application of the law, and set a course doomed to failure, as we see the dispensaries failing because this exclusionary "mana" is wrong.

Hawaii's legislators have constructed a kinda, sorta, quasi-medical program which allows some citizens to use **cannabis (HRS 329)**, without being arrested for using **marijuana (HRS 712)**. The lingering prejudice and inequality in the laws terminology is obvious. *(see Act 170)*

Prejudice against native Hawaiians and low income citizens must be addressed

Hawaii's history of disproportionate incarceration of Hawaiian and minorities for marijuana crimes, which sent Hawaii citizens to mainland jails, far from their families and loved ones, underscores the prejudice in the current system.

Legislation is also needed to address the long-standing prejudice against low-income patients that cannot afford to buy a "**329 - stay-outta-jail**" card. **The suffering of Hawaii's poorest and most needy cannabis patients have been completely ignored for far too long.**

Cannabis is already Hawaii's largest agricultural industry!

Please consider, as the workgroup wrestles with how to make the failing dispensaries profitable, by giving them the adult-use market, that Hawaii's "black market" cannabis sales already exceed the sales of papayas, coffee, and mac nuts combined!

A vast network of independent pakalolo farmers has created a world-renown cannabis industry, despite millions of dollars spent for "green harvest" and many other **marijuana (HRS 712)** eradication programs, and decades of suppression and prejudice.

The task of the cannabis workgroup should be to legalize, license, and support this well-established, multi-generational cannabis industry, which is already a major contributor to Hawaii's economy, and which has been unfairly persecuted for generations.

We all heard the saying, “What happens when the boats stop coming?” Cannabis could not only create revenue, businesses and jobs, but also be a vital support to Hawaii’s self-sustainability.

Hawaii could take the Lead in the Nation Again

In 2000, Hawaii’s legislators were bold, visionary and compassionate lawmakers. Hawaii has the opportunity to take the lead in the nation again by establishing a cannabis industry motivated by a desire to support small family farms and businesses.

Legalizing Hawaii’s vast network of small cannabis growers, trimmers, packagers, processors and testers as independent entrepreneurs. The future of Hawaii’s billion-dollar-a-year cannabis industry is best suited to home-grows, caregivers, cooperatives, small farmers, retail shops, and Hawaii’s independent cannabis entrepreneurs.

Look to future of competing in international cannabis markets. Hawaii’s world-famous cannabis strains could be marketed like our famous Kona Coffee and Mac Nuts, as high quality products, worth the extra price. Hawaii’s cannabis strains enjoy a reputation as being among the very best strains in the world, so capitalize on Hawaii’s unique “mana.”

In summation, revolutionary legislation for Hawaii’s cannabis industry, which is fair and equitable, and helps our small farmers survive the skyrocketing costs of living in Hawaii is needed. Please consider, that in these turbulent times, increasing Hawaii’s self sustainability, *asap*, is of highest priority.

Mahalo for your kind consideration,

Mary Whispering Wind

Hilo, Hawaii

TO: DUAL USE OF CANNABIS TASK FORCE

May 29,2022

The U.S. Constitution declares that federal law is “the supreme law of the land.” Hawaii State is in violation of federal law by licensing commercial production and sales of marijuana.

By establishing a medical program that does not conform to standard medical practices, Hawaii State is liable for medical malpractice.

Hawaii legislators set up a vertically-integrated, seed-to-sale corporate model that was doomed to failure because this old plantation-style mentality needs to be left in the past.

Hawaii’s cannabis registry program is setup exactly like a mafia-style protection racket. If patients don’t pay-to-play, they go directly to jail.

A class action suit will be brought against Hawaii State for discrimination against patients, minorities and low income citizens. The whole system will be thrown out, and the big corporation, trickle-down model, replaced with a fair and equitable system that gives every citizen a chance to participate.

Hawaii’s low-income medical cannabis patients, desperate for housing, have been placed in jeopardy by lying on federal HUD applications, with the knowledge (and even encouragement) of Hawaii officials. How many registered medical patients are illegally living in federally subsidized housing? Patients face a stressful dilemma; lie to the feds or lose their housing voucher, and other vital federal benefits.

For long generations racial and economic prejudice against cannabis consumers has caused a tragic amount of unnecessary suffering with huge costs to taxpayers and citizens.

Like many medical cannabis patients, my lifelong advocacy for medical marijuana has caused me great personal suffering. Back in 1975, I realized cannabis was a very helpful remedy for my migraine seizures. However, I was labeled a criminal for treating my illness.

In 2004, as Director of PATIENTS WITHOUT TIME on Maui, I opened the first publicly operated cannabis dispensary in Hawaii. I placed ads in newspapers and made radio broadcasts, but I was caught between the conflicts in both federal and state laws. PWT was allowed to operate for four years.

The Hawaii legislature issued a Resolution thanking me for caring for over 3,000 cannabis patients, but the Maui Police arrested me.

I endured 8 years of court cases, and monitoring, then I was sentenced to a year in jail. I was released early due to ill health, requiring open heart surgery.

My story is repeated in thousands of cannabis advocates, patients and consumers. Draconian marijuana laws have caused countless ruined lives, and broken families, costing taxpayers huge amounts of their hard earned money.

Now, the DUAL USE OF CANNABIS TASK FORCE has been assigned the impossible task of trying to create a “DUAL-USE” program. Give up, it won’t work!

Sincerely submitted,

Brian Murphy, Director - Retired,
PATIENTS WITHOUT TIME

Dual Use of Cannabis Task Force Meeting

Thank you for your time. My name is Jason Hanley and I own the largest collective in Hawaii with over two thousand patients. I have screenshot below the State of Maines adult use recreational program showing the various licenses, how to build a qualified member board to move forward with cannabis policy, testing protocol, and taxing that I believe is a cut and paste for the State of Hawaii. There is a lot of information but as the task force dives into regulation of collectives and recreational policy, Maine has built the most successful program in the nation while leaving medical intact. Maine has paved a path moving forward providing safety in communities, providing local jobs in a billion-dollar industry, and educating the people of Maine to the overwhelming benefits of legalization of cannabis. It was 1936 when the movie Reefer Madness was made, which fooled many generations of people, claiming the drug was ruing families and addicting people like heroin. We know now this was false, but many of the policy makers for Hawaii have refused to except these facts and continue to delay the legalization of this plant that is helping so many people. This can be seen today as it took Hawaii 16 years form the creation of the Hawaii Medical Cannabis bill to create a dispensary program that continues failing its people because of the lack of trained cannabis professionals used to set up the dispensary program and run them. Dispensaries are charging recreational prices and patients need medical prices. We can fix this so everybody is on a fair playing field and successful.

Thank you.

Jason Hanley

Care Waialua Farm

Adult Use Applicant and Licensee Search

Enter full or partial name to filter list: Filter by License Status: (All)

License Type Counts: (based on filter selections)

- Cultivation: 193
- Store: 265
- Manufacturing: 117
- Testing: 5

License	License Type	License Name	Status	License Location, if known	
ACA217	Cultivation, Tier 1 (Canopy)	KYLE SPRUCE	Pending Conditional	Bar Harbor, ME	●
ACA675	Cultivation, Tier 1 (Canopy)	CM GENERAL INC.	Conditional	Ashland, ME	●
ACA682	Cultivation, Tier 1 (Canopy)	ORGANIC SELECT COMPANY, LLC	Conditional	Poland, ME	●
ACA692	Cultivation, Tier 1 (Canopy)	GREENWAY FARMS INC	Conditional, Jurisdiction Approved	Jackson, ME	●
ACA702	Cultivation, Tier 1 (Canopy)	PICKLE LIPS LLC	Conditional	Rockland, ME	●
ACA733	Cultivation, Tier 1 (Canopy)	MULLEIN MEADOWS LLC	Conditional	Auburn, ME	●
ACA742	Cultivation, Tier 1 (Canopy)	STONE HILL GENERAL, LLC	Conditional	Bowdoinham, ME	●
ACA769	Cultivation, Tier 1 (Canopy)	MOMENTS PEACE FARM, LLC	Active	Hollis Center, ME	●
ACA778	Cultivation, Tier 1 (Canopy)	SHANNON'S BEST BUDS LLC	Conditional	Scarborough, ME	●

Select an applicant/licensee from above to filter the map and view Principal and Owner information.

Location: Principal:

(6) A representative of a statewide civil rights organization with a primary mission to advance racial equity and racial justice, and [PL 2021, c. 363, §1 (AMD).]

I. The following 6 members, appointed by the Speaker of the House of Representatives:

- (1) A representative of a statewide association representing the adult use marijuana industry;
- (2) A member of the public with demonstrated expertise and credentials in public health policy;
- (3) A member of the public;
- (4) A qualifying patient;
- (5) A member of a federally recognized Indian tribe in the State, and
- (6) A representative of the state chapter of a national civil liberties organization. [PL 2021, c. 363, §1 (AMD).]

For all appointments under paragraphs A, B, H and I, an effort must be made in making the appointments to represent the racial and gender diversity of the State.

[PL 2021, c. 363, §1 (AMD).]

2. Chairs. The first-named Senate member is the Senate chair and the first-named House member is the House chair of the commission.

[PL 2017, c. 409, Pt. A, §6 (NEW).]

3. Terms. Members of the commission who are Legislators serve during the term of office for which they were elected. Other members of the commission serve for a term of 2 years and may be reappointed.

[PL 2017, c. 409, Pt. A, §6 (NEW).]

4. Vacancies. In the event of a vacancy on the commission, the member's unexpired term must be filled through an appointment by the appointing authority for the vacant seat.

[PL 2017, c. 409, Pt. A, §6 (NEW).]

§902. Membership; chairs; terms; vacancies; quorum

1. Membership. The commission consists of the following 21 members.

A. Two members of the Senate, including members from each of the 2 parties holding the largest number of seats in the Legislature, appointed by the President of the Senate; [PL 2017, c. 409, Pt. A, §6 (NEW).]

B. Two members of the House of Representatives, including members from each of the 2 parties holding the largest number of seats in the Legislature, appointed by the Speaker of the House of Representatives; [PL 2017, c. 409, Pt. A, §6 (NEW).]

C. The Commissioner of Administrative and Financial Services or the commissioner's designee; [PL 2017, c. 409, Pt. A, §6 (NEW).]

D. The Commissioner of Agriculture, Conservation and Forestry or the commissioner's designee; [PL 2017, c. 409, Pt. A, §6 (NEW).]

E. The Commissioner of Health and Human Services or the commissioner's designee; [PL 2017, c. 409, Pt. A, §6 (NEW).]

F. The Commissioner of Economic and Community Development or the commissioner's designee; [PL 2021, c. 363, §1 (AMD).]

G. The Commissioner of Public Safety or the commissioner's designee; [PL 2017, c. 409, Pt. A, §6 (NEW).]

H. The following 6 members, appointed by the President of the Senate:

- (1) A representative of a statewide association representing prosecutors;
- (2) A representative of a statewide association representing the medical marijuana industry;
- (3) A member of the public;
- (4) A member of the public with demonstrated expertise in the cultivation of marijuana or the manufacturing of marijuana concentrate and marijuana products;
- (5) A representative of a statewide association representing defense attorneys; and

§4923. Excise tax imposed

Beginning on the first day of the calendar month in which adult use marijuana may be sold in the State by a cultivation facility under [Title 28-B, chapter 1](#), an excise tax on adult use marijuana is imposed in accordance with this chapter. [PL 2019, c. 231, Pt. B, §7 (NEW).]

1. Excise tax on marijuana flower. A cultivation facility licensee shall pay an excise tax of \$335 per pound or fraction thereof of marijuana flower sold to other licensees in the State.

[PL 2021, c. 323, §3 (AMD).]

2. Excise tax on marijuana trim. A cultivation facility licensee shall pay an excise tax of \$94 per pound or fraction thereof of marijuana trim sold to other licensees in the State.

[PL 2019, c. 231, Pt. B, §7 (NEW).]

3. Excise tax on immature marijuana plants and seedlings. A cultivation facility licensee shall pay an excise tax of \$150 per immature marijuana plant or seedling sold to other licensees in the State.

[PL 2019, c. 231, Pt. B, §7 (NEW).]

3-A. Excise tax on mature marijuana plants. Beginning July 1, 2021, a cultivation facility licensee shall pay an excise tax of \$35 per mature marijuana plant sold to other licensees in the State.

[PL 2021, c. 323, §4 (NEW).]

4. Excise tax on marijuana seeds. A cultivation facility licensee shall pay an excise tax of 30¢ per marijuana seed sold to other licensees in the State.

[PL 2019, c. 231, Pt. B, §7 (NEW).]

5. Excise tax on purchases from registered caregivers and registered dispensaries. A cultivation facility licensee authorized pursuant to [Title 28-B, section 501, subsection 6, paragraph A](#) to purchase marijuana plants and marijuana seeds from registered caregivers and registered dispensaries that transacts such a purchase shall pay to the assessor the excise taxes that would have been imposed under subsections 1 to 4 on the sale of the marijuana plants and marijuana seeds if the marijuana plants and marijuana seeds had been sold by a cultivation facility licensee to another licensee.

§207. Application fees; license fees

The department, in accordance with the provisions of this section, shall adopt by rule a licensing fee schedule establishing fees that are designed to meet, but not to exceed, the estimated licensing, enforcement and administrative costs of the department under this chapter. [PL 2017, c. 409, Pt. A, §6 (NEW).]

1. Fees for cultivation facilities. For a cultivation facility license, the department shall require payment of an application fee and a license fee as follows:

A. For a tier 1 cultivation facility license, as described in section 301, subsection 1, an application fee of \$100 and a license fee as follows:

(1) If the applicant has applied for a plant-count-based tier 1 cultivation facility license as described in section 301, subsection 1, paragraph A, a license fee of not more than \$9 per mature marijuana plant for an outdoor cultivation facility and not more than \$17 per mature marijuana plant for an indoor cultivation facility or a cultivation facility with both indoor and outdoor cultivation areas; or

(2) If the applicant has applied for a plant-canopy-based tier 1 cultivation facility license as described in section 301, subsection 1, paragraph B, a license fee of not more than \$250 for an outdoor cultivation facility and not more than \$500 for an indoor cultivation facility or a cultivation facility with both indoor and outdoor cultivation areas; [PL 2017, c. 409, Pt. A, §6 (NEW).]

B. For a tier 2 cultivation facility license, as described in section 301, subsection 2, an application fee of \$500 and a license fee of not more than \$1,500 for an outdoor cultivation facility and not more than \$3,000 for an indoor cultivation facility or a cultivation facility with both indoor and outdoor cultivation areas; [PL 2017, c. 409, Pt. A, §6 (NEW).]

C. For a tier 3 cultivation facility license, as described in section 301, subsection 3, an application fee of \$500 and a license fee of not more than \$5,000 for an outdoor cultivation facility and not more than \$10,000 for an indoor cultivation facility or a cultivation facility with both indoor and outdoor cultivation areas; [PL 2017, c. 409, Pt. A, §6 (NEW).]

D. For a tier 4 cultivation facility license, as described in section 301, subsection 4, an application fee of \$500 and a license fee of not more than \$15,000 for an outdoor cultivation facility and not more than \$30,000 for an indoor cultivation facility or a cultivation facility with both indoor and outdoor cultivation areas, except that, for a tier 4 cultivation facility license for which an increased amount of licensed plant canopy has been approved by the department pursuant to section 304, for each approved increase in the amount of licensed plant canopy, the department may increase the maximum license fee by not more than \$5,000 for an outdoor cultivation facility and by not more than \$10,000 for an indoor cultivation facility or a cultivation facility with both indoor and outdoor cultivation areas; and [PL 2017, c. 409, Pt. A, §6 (NEW).]

§301. Cultivation facility license types

Subject to the requirements and restrictions of this subchapter and the requirements of subchapter 2, the department may issue to an applicant any of the following types of cultivation facility licenses: [PL 2017, c. 409, Pt. A, §6 (NEW).]

1. Tier 1 cultivation facility license. A tier 1 cultivation facility license, which allows cultivation by a licensee of:

A. Not more than 30 mature marijuana plants and an unlimited number of immature marijuana plants and seedlings; or [PL 2017, c. 409, Pt. A, §6 (NEW).]

B. Not more than 500 square feet of plant canopy. [PL 2017, c. 409, Pt. A, §6 (NEW).]

An applicant for a tier 1 cultivation facility license shall designate in its cultivation plan whether the license sought is a plant-count-based tier 1 cultivation facility license under paragraph A or a plant-canopy-based tier 1 cultivation facility license under paragraph B;

[RR 2017, c. 2, §12 (COR).]

2. Tier 2 cultivation facility license. A tier 2 cultivation facility license, which allows cultivation by a licensee of not more than 2,000 square feet of plant canopy;

[PL 2017, c. 409, Pt. A, §6 (NEW).]

3. Tier 3 cultivation facility license. A tier 3 cultivation facility license, which allows cultivation by a licensee of not more than 7,000 square feet of plant canopy;

[PL 2017, c. 409, Pt. A, §6 (NEW).]

4. Tier 4 cultivation facility license. A tier 4 cultivation facility license, which allows cultivation by a licensee of not more than 20,000 square feet of plant canopy, except as provided in section 304; or

[PL 2017, c. 409, Pt. A, §6 (NEW).]

5. Nursery cultivation facility license. A nursery cultivation facility license, which allows cultivation by a licensee of not more than 1,000 square feet of plant canopy, subject to the requirements and

§201. License process; license types

The department, upon receipt of an application in the prescribed form that meets all applicable requirements for licensure under this chapter and the rules adopted pursuant to this chapter, shall issue to the applicant a conditional license to operate one or more of the following types of marijuana establishments or shall deny the application in accordance with section 206: [PL 2017, c. 409, Pt. A, §6 (NEW).]

1. **Cultivation facility.** Consistent with the requirements and restrictions of section 205, subsection 2, paragraph A and subchapter 3, a cultivation facility license; [PL 2017, c. 409, Pt. A, §6 (NEW).]
2. **Testing facility.** Consistent with the requirements and restrictions of section 205, subsection 2, paragraph B and section 503, subsection 2, a testing facility license; [PL 2017, c. 409, Pt. A, §6 (NEW).]
3. **Products manufacturing facility.** A products manufacturing facility license; [PL 2019, c. 676, §5 (AMD).]
4. **Marijuana store.** Consistent with the restrictions of section 205, subsection 2, paragraph C, a marijuana store license; or [PL 2019, c. 676, §5 (AMD).]
5. **Sample collector.** Consistent with the requirements and restrictions of section 205, subsection 2, paragraph B and section 503-A, a sample collector license. [PL 2019, c. 676, §5 (NEW).]

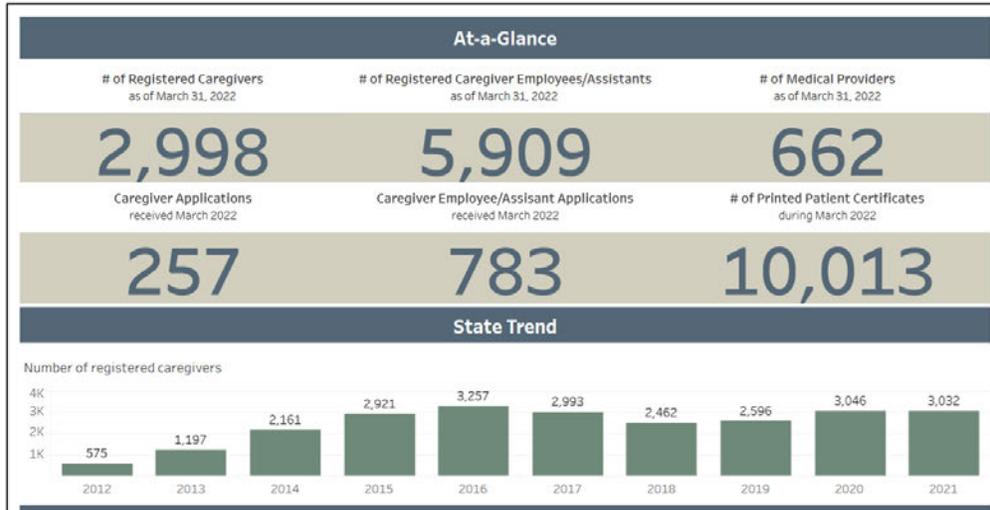
Except as provided in section 205, the department may not impose any limitation on the number of each type of license that it issues to a qualified individual applicant or on the total number of each type of license that it issues to qualified applicants pursuant to this chapter. [PL 2017, c. 409, Pt. A, §6 (NEW).]

Medical Use (Open Data)

Medical Marijuana Program At-A-Glance

The below table contains information on the State of Maine's medical use or marijuana program including--but not limited to--the number of registered caregivers, caregiver employees, and medical providers. Where available, visitors may toggle specific categories appearing under "At-a-Glance" to populate the trend fields below.

Additionally, annual reports of the medical program are available for further review here: <https://www.maine.gov/dafs/omp/resources/annual-reports>.



Chapter 1: MARIJUANA LEGALIZATION ACT

Subchapter 6: TESTING OF MARIJUANA AND MARIJUANA PRODUCTS

§602. Mandatory testing

A licensee may not sell or distribute adult use marijuana or an adult use marijuana product to a consumer or to another licensee under this chapter unless the marijuana or marijuana product has been tested pursuant to this subchapter and the rules adopted pursuant to this subchapter and that mandatory testing has demonstrated that the marijuana or marijuana product does not exceed the maximum level of allowable contamination for any contaminant that is injurious to health and for which testing is required. [PL 2017, c. 409, Pt. A, §6 (NEW).]

1. Scope of mandatory testing. Mandatory testing of adult use marijuana and adult use marijuana products under this section must include, but is not limited to, testing for:

A. Residual solvents, poisons and toxins; [PL 2017, c. 409, Pt. A, §6 (NEW).]

B. Harmful chemicals; [PL 2017, c. 409, Pt. A, §6 (NEW).]

C. Dangerous molds and mildew; [PL 2017, c. 409, Pt. A, §6 (NEW).]

D. Harmful microbes, including, but not limited to, *Escherichia coli* and salmonella; [PL 2017, c. 409, Pt. A, §6 (NEW).]

E. Pesticides, fungicides and insecticides; and [PL 2017, c. 409, Pt. A, §6 (NEW).]

F. THC potency, homogeneity and cannabinoid profiles to ensure correct labeling. [PL 2017, c. 409, Pt. A, §6 (NEW).]

The department may temporarily waive mandatory testing requirements under this section for any contaminant or factor for which the department has determined that there exists no licensed testing facility in the State capable of and certified to perform such testing.

[PL 2017, c. 409, Pt. A, §6 (NEW).]

2. Record keeping. A licensee shall maintain a record of all mandatory testing that includes a description of the adult use marijuana or adult use marijuana product provided to the testing facility, the identity of the testing facility and the results of the mandatory test.

[PL 2017, c. 409, Pt. A, §6 (NEW).]

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May 31, 2022

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- Agenda Item #1

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I have glaucoma but can't get a good price on meds from dispensaries. If I go to black market and get robbed hpd won't take my report. State House reps have threatened me with criminal charges unless I participate in the state licenced weed pushers. Please remove me from government threats and lack of police protection.