From: David Zuckerman
To: DOH.OMCCR
Subject: [EXTERNAL] Medical Marijuana
Date: Monday, June 20, 2022 12:48:55 PM

Full support for adult use as well as medical use. If alcohol is legal, there is no logical reason to preclude adult, responsible recreational use

David ZUCKERMAN

Sent from my T-Mobile 5G Device
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From: webmaster@hawaii.gov
To: DOH.OMCCR
Subject: (5/31) WRITTEN TESTIMONY
Date: Monday, June 20, 2022 3:30:58 PM

Email

[redacted]

Name

Beth Matsuda

Please enter your phone number

[redacted]

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

June 27, 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 am submitting testimony regarding Medical Marijuana. I suffer from depression and anxiety. I had maxed out on available medications and suffered from the side effects. I would have trembling hands (I had to hold a drink with 2 hands because my hands would tremble so badly,) Since I was able to get a medical Marijuana card,I have been able to cut back on my medications, and no longer suffer from the side effects. My anxiety has greatly decreased as has me depression. I honestly believe that have a Medical Marijuana has allowed me to live a fuller life and enjoy life.

From:	Amy RobertsonNielsen
To:	DOH.OMCCR
Subject:	[EXTERNAL] Dual-Use Task Force verbal and written testimony for 6/27/2022
Date:	Wednesday, June 22, 2022 4:27:38 PM

Amy RNielsen, MSNIH, Herbalist
Wahiawa, HI
[redacted]

HAWAII 329 COMMISSION DUAL-USE TASKFORCE TESTIMONY
PRESENTED: June 27, 2022
Honolulu, HI

On the ethics of the maintenance of a robust medical cannabis program in the emerging dual-use market in Hawaii

My name is Amy RNielsen. I am a Clinical Nutritionist, Herbalist, and cannabis researcher. I am also a former dispensary employee and Hawaii 329 patient. Preemption of Federal law over state regulation of cannabis given the Schedule status held by certain chemovars of this plant highlights ethical concerns associated with maintaining a medical cannabis program upon the implementation of a dual-use system; specifically loss of registered patients, loss of qualified practitioners, and diminished specialized product selection - which together limits access and negatively impacts the quality of life for card holding patients. Particularly, the potential loss of practitioners to advise patients on the medically researched use drives patients to seek answers from Dispensary staff - who are directly limited in the scope of their jurisdiction over imparting medically relevant knowledge. Hawaii's unique geography, indigenous historical use of cannabis, and current vertically integrated program demand close inspection of the potential impact on the existing medical program upon standing up any sort of adult-use program in this environment.

As this Taskforce moves forward in the evolving legal environment, I urge the complete reassessment of the current medical cannabis program specifically addressing improvements in access to appropriately educated providers, specialized product categories, and increasing the qualifying condition list with the goal of expanding and supporting current and future patient populations. Strengthening the Medical Cannabis program in Hawaii deepens the commitment to our community and shows the continued aloha this body has for its citizens. Mahalo nui loa for your attention and I hope you will take the time to read the following written testimony in support of this statement.

Introduction

The greater cannabis industry is founded on an ethical dilemma that is still evolving. A conversation about the ethics of medical cannabis can not be held without acknowledging the state legalization of a still federally partially prohibited substance (as only high THC-containing chemovars are subject to regulation). This epitomizes the ethical difficulty in charting a clear course to providing cannabis to medical patients.

The medical use of cannabis was legislated into law in Hawaii in the early years of its legalization in the United States. As other states work toward adult-use legalization, Hawaii has taken steps to stand up to this task force to explore the ramifications of implementing a dual-use system under current regulatory control and to make recommendations for consideration in crafting the legislation that will govern the programs. The task force subcommittee concerning social justice and equitable access have been charged with assessing the ethics of retaining a medical use system.

Research shows that upon initiation of an adult-use system implemented alongside existing medical use programs, the medical program loses registered qualified patient numbers, access to specialized manufactured products and chemovars, and drop-in practitioners to qualify and service remaining medical patients. Additionally, this report shows that the implementation of a caregiver program is an important aspect of a medical program; and that access to cannabis through this partnering helps to improve access for those with limited transportation. Literature reports patient preference for more specialized products with fewer accessibility concerns including lessening the time and expense of qualifying for access and the need for a unique governing body to certify cannabis practitioners. The environment in Hawaii poses particular challenges including remote location, interisland travel through federally controlled air and water spaces, increased cost of doing business, and the current vertically integrated seed-to-sale system that may negatively impact the medical cannabis program already in place after an adult-use program is implemented. This paper seeks to address the ethical considerations that impact the implementation of dual-use cannabis programs on medical patient preferences for a marketplace dedicated to their specific needs.

Loss of registered patients

Reed, J. (2021). Impacts of Marijuana Legalization in Colorado A Report Pursuant to C.R.S. 24-33.4-516. Retrieved 3 June 2022, from https://cdpsdocs.state.co.us/ors/docs/reports/2021-SB13-283_Rpt.pdf

The *Impacts of Marijuana Legalization in Colorado* report was produced to develop an understanding of the access to medical and adult-use cannabis programs over time in Colorado, one of the first states to implement a medical cannabis program and then again one of the first states to open an adult-use market. These factors make the Colorado market an important program to study in regard to patient preference for medical versus adult-use purchases.

The author is quick to note that the nature of the expanding social acceptance of cannabis makes assessing use difficult in patient-reported surveys. Despite this limitation of gathering data over time, the report notes three distinct shifts in qualifying medical patient registrations that coincide with the opening of various steps to legalization.

In figure 102, the author graphs the number of medical registrations from 2001 to 2021. In the initial period of medical legalization to qualifying medical patients, numbers remained under 10,000 registrations, though registrations increased steadily each year. In 2009, Colorado opened the qualifying caregiver program which increased the medical registration program from under 10,000 to 116,000 in 2010. In 2011, Colorado opened the adult-use market, and the figure shows a drastic drop in medical registrations to below 90,000 that year. As the markets have stabilized and products directed specifically at the medical market have been ruled on, the medical patient registration numbers have recovered to a median of 90,000 per year.
This report notes the impact of increased access when the caregiver program was opened and then the subsequent loss of registered patients on the initiation of the adult-use market. Recovery to the medical registration numbers was slow and remains lower than the height. While the market in Hawaii is arguably significantly different from that of a mainland hub, a loss in medical registrations at the start of an adult-use program may be inevitable. Given the unique challenges of the islands, the impact on the medical registration numbers may be more significant unless measures to address geographical challenges can be met.

Access to safe products designed exclusively for the medical market
Clark P. A. (2000). The ethics of medical marijuana: government restrictions vs. medical necessity. *Journal of public health policy*, 21(1), 40–60.
In 2000, Clark wrote an article to support the removal of restrictions on cannabis use for medical purposes detailing the current scientific literature that dispelled the original basis for restriction; that cannabis had no medicinal value. This paper discussed details impacting the decision to close the Oakland Cannabis Buyers Collective and the subsequent appellate decision reversing and reopening the Collective. The federal restriction on cannabis is based on an outdated understanding of the medical value of the constituents that the plant can produce. Clark details the government's position that patents for pharmaceutical preparations of the isolated constituents of cannabis may be safer than those derived from the actual plant; safer given the regulatory control over the manufacture of those products versus the unregulated production of cannabis used in more traditional preparations. The argument stated that if cannabis were to be regulated as a drug - and the growing, manufacture, and sale of products held to rules and standards - then the patients taking the products would be safer. This argument was maintained to curtail the opening of medical markets and supported the government's position that cannabis has no medical value. However, in a final note to the article, Clark describes the 1999 appellate order amending Judge Charles Bayer of the Ninth Circuit’s order to close the Oakland Cannabis

Buyers Cooperative as it found sufficient evidence among the testimony of the medical patient community and scientific findings to protect cannabis use in treatment as a “medical necessity” thus opening the door for the manufacture of products for the medical market.

Access to quality cannabis-educated practitioners to qualify and service medical patients
Glickman A, Sisti D (2020) Prescribing medical cannabis: ethical considerations for primary care providers *Journal of Medical Ethics* 2020;46:227-230.

One of the greatest debates in the medical community is the ethics of prescribing cannabis. There are several areas that may cause concern for a practitioner deciding whether to offer qualifications for patients in a medical cannabis program, federal legality notwithstanding. Glickman & Sisti (2020) report on the concerns of beneficence versus nonmaleficence in the face of rapidly changing scientific evidence and shared decision-making in a world of easy access to unvetted information. In this paper, the authors highlight the areas where practitioners are most in need of developing additional competencies in order to ethically provide services. These include the ability to make an accurate assessment of the efficacy of cannabis in the trajectory of treatment by remaining up to date with current literature, determining patients’ prior experience and readiness to use cannabis products, and the ability to assess available products in the marketplace for treatment. Without this fundamental knowledge, it is as unethical for a provider to recommend cannabis as it is to recommend any other personally under-researched pharmaceutical. These authors make a point to state that the current laws do not accurately reflect up-to-date scientific findings; as such, it is incumbent upon the practitioner to be the primary source of evidence for patients seeking medical cannabis, for which many are woefully uneducated. Finally, it is noted that there is no qualifying body for cannabis practitioners in the United States and that this hampers the ability of practitioners to maintain equal credentials within and across jurisdictions.

Conclusion

In Hawaii, geographical access to specialized qualifying practitioners and dispensaries including concerns regarding travel and transport through federal air and ocean spaces and retention of products specifically designed for the medical market through a vertically integrated model are significant ethical concerns. Implementing a dual-use cannabis program as discovered in the literature may impact patient retention in a medical system. In consideration of these findings, it would be most ethical for the state of Hawaii to improve on the existing HI329 system by developing a robust medical program that supports quality practitioners who can qualify patients under their care to obtain safe, effective chemovar and manufactured products, through a designated medical program ensuring socially equitable licensing and patient access.

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

DUAL USE OF CANNABIS TASK FORCE

MEETING 3
June 27, 2022

TESTIMONY ON AGENDA ITEMS II and III
Clifton Otto, MD

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

Agenda item II – MPP Presentation on federal preemption relating to cannabis:

Please have MPP publicly disclose its local, national, and international funding sources.

MPP's position on federal preemption is well known and includes the following points:

First, states have reserved the authority to decide how cannabis is used within the state.

Second, states are not requiring participants to violate federal law.

And third, the Congressional appropriations rider, known as the Rohrabacher-Farr Amendment, which must be renewed annually, temporarily prevents the DOJ/DEA from using resources to interfere with state medical cannabis programs.

There are two problems with this approach to addressing federal preemption:

First it ignores the devastating consequences that end users in state programs are being exposed to because they must violate federal law to participate.

And second, it undermines respect for the rule of law. How can we expect residents to follow the law if the State doesn't seem to care about violating federal law?

Here's MPP's advice: *"It is up to individuals to decide whether they want to take the risk of breaking federal law, and many individuals and businesses are already doing so."*

The end result is that our patients become pawns in a national agenda to strongarm cannabis reform at the federal level. Surely, there must be another way.

The State needs to take action on this issue. Patients and dispensaries are ineligible to approach the DEA for a solution because they are already violating federal law.

Agenda item III – Issues not included in the five established working groups:

Please add a sixth working group as follows:

Unintended Consequences Working Group – to identify and make recommendations on the negative consequences that patients and end users face when they must violate federal law to participate in the state authorized use of cannabis, to include steps the State can take to prevent such consequences.

Aloha.

June 25, 2022

State of Hawaii, Dept of Health
Office of Medical Cannabis Control and Regulation
4348 Waialae Ave #648
Honolulu, Hawaii 96816

RE: Dual Use of Cannabis Task Force
Written Testimony in Advance of Meeting

To whom it may concern:

I would like to add my experience living in a state that did approve dual cannabis use long ago, both medicinal and recreational. I moved to Hawaii in November 2020, purchased a home on Oahu in the summer of 2021, making this my new permanent home state. As to my education and professional standing:

- B.S. Accounting/Business – Regis University (Denver, CO)
    - Named academic scholar
- M.S. Accounting – University of Phoenix
    - Field of study focused primarily on forensic accounting and fraud investigations
    - Earned graduate honors
- M.B.A. Finance/Accounting – Regis University (Denver, CO)
    - Field of study focused primarily on finance/accounting/international business
    - Earned graduate honors
- Certified Public Accountant, Colorado (active)
- Certified Public Accountant, Hawaii (active)
- CPA Firm Permit to Practice, Hawaii (active)

I use Colorado as an example of successfully being the first state to legalize both medicinal and recreational use of marijuana as I was a Colorado resident from 1993-2002, then again 2004-2020 when I decided to join my family already residing here in Hawaii. My primary reason for selling my home on the mainland and move here was to escape all the racial and gun violence still occurring, a decision I do not regret.

I would like to add, I have long been on the medical use registry as I sustained a severe back injury back in the 1980s deemed to be inoperable and resulting in a lifetime of residual pain I must endure for the remainder of my life. Medical use before retiring to bed is what allows me to sleep restfully and to be able to function clear-headed the following day. I continue in my role as a senior tax accountant for a CPA firm back in Colorado (albeit now fully remotely); I also have a small side tax practice here for my new Hawaii clients since moving here. I deal with partial numbness in my legs from my spine injury but thankfully, due to pain under control from legal medicinal use, I am still able to walk and function. I love my job and being able to continue working even with this otherwise chronic debilitating injury sustained decades ago. I will still have access to medical use of marijuana whether or not recreational use is ever approved here in Hawaii.

What I would like to share is from a professional standpoint, what I witnessed firsthand with the economic boom in Colorado directly related to the legalization years ago. Colorado's economy boomed quickly after legalization. As a resident professional in that state at the time, it took many of us off guard. Frankly, none of us expected just how fast our economy would grow immediately after legalization. Colorado's gross domestic product (GDP) increased by 4.4% in 2015 which was the year after regulated marijuana sale became legal for adults. Growth continued in the years to follow, increased another 2.4% in 2016, 3.1% in 2017, and 3.5% in 2018. Real GDP grew 3.4% in 2019 in that state. In March of 2017 the U.S. News and World Report ranked Colorado as the best state economy; a follow up report in 2018 ranked Colorado as in the top 10 best state economies, in part directly contributed to by the full legalization. Also in part, it was this rapid economic growth that allowed me to sell my Colorado home in 2020 in what would have been an unexpected profit margin just a few years earlier, helping me to afford to buy real estate here in Hawaii in 2021. Looking back from my years in the 1990s as a Colorado resident, no one could have imagined the economic growth that was to come. In 2020 the Colorado Business Economic Outlook Forecast published by the Leeds School of Business (University of Colorado) reported the Colorado economy was still in a period of growth and still outpacing national averages. Keep in mind this 2020 report was released in the height of the COVID economic crisis, just as the economy shut down nationally.

When I lived in Colorado, I was a member of the COCPA (The Colorado Society of CPAs), a rather conservative professional group supporting the profession through various legislative lobbying efforts. From the beginning when marijuana was first legalized, public accountants feared they could risk losing their professional licenses from helping marijuana-production/distribution businesses in this new state-legalized environment. We were quickly reassured by the COCPA they would do everything they could to support us, arguing with state legislators instead we should not turn these clients away, rather we as trusted financial advisors could continue assisting these business clients without fear of federal backlash. It is now an accepted industry practice fully supported by the state with absolutely no federal intervention as it is supported by Supreme Court rulings years ago with a hands-off approach to allow states to self-regulate. This too added to the rapid economic growth following the full legalization.

As Colorado was the first, they set the legislative example which numerous other states have since followed. I recommend using their laws as a starting point to guide you through the full dual-use legalization of marijuana, both medicinally and recreationally. As we all know, Hawaii faces unique economic challenges not seen in other states for many reasons which will not change. Those challenges will not go away; but I truly believe the full legalization can and will quickly add to Hawaii's economic growth long-term, just as it has in other states.

Respectfully submitted,

Katheryn Reynolds CPA

Katheryn "Kathy" Reynolds, CPA, MBA

[redacted]

From: webmaster@hawaii.gov
To: DOH.OMCCR
Subject: (5/31) WRITTEN TESTIMONY
Date: Sunday, June 26, 2022 11:20:41 AM

Email

[redacted]

Name

James Anthony

Please enter your phone number

[redacted]

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

June 27, 2022

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

- Agenda Item #3

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 06/27/2022 meeting, agenda item III 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.

Because the scope of the Working Groups (WGs or PIGs) as defined in the 1-page chart establishing their scopes, chairs, and members--Permitted-Interaction-Groups.PDF—is somewhat vague, this testimony identifies specific issues that must be addressed by the WGs, or otherwise "identified for future consideration and study by the legislature."

A) Communities harmed by the disparate racial impact of the war on drugs generally, not just "cannabis criminalization" because the cannabis laws were the tip of the spear for prosecuting that larger policy racist at both the state and federal levels that flowed massive militarization police funding into Hawaii for decades. Driving cannabis cultivation deep underground resulted in the shift to other illegal drugs to fund demonetized communities struggling for lack of educational and economic opportunities. That meant ice. The uptick of ice addiction and trafficking is a direct result of Green Harvest and other "cannabis criminalization" which then lead to further public health devastation, disproportionate mass incarceration for other drug crimes, and an environment of violence and lawlessness in low income neighborhoods, often predominantly Native Hawaiian. Social equity must include those considerations as well.

B) As for continuity of medical access, a regulatory recommendation to continue home grows, caregivers,

and coops must be specifically included in this report—as directed by the Legislature in HB 2260 as enacted.

C) The role of the hemp licensees in the future of "dual use" legalization must be considered, and specifically as to including automatic cannabis cultivation licensing as was done in the New York State social equity program.

D) The emerging social equity program in San Diego County in California must be considered.

E) The reasonable policy of expanding and diversifying the medical supply chain to immediately include home grown, caregiver grown, and coop grown surplus medicine must be immediately considered as a stepping stone to a future dual use regime.

F) The possibility that patients are best served by a robust unified lightly-regulated market must be considered as an alternative to so-called "dual use."

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)

To: DUAL USE OF CANNABIS TASK FORCE

Monday, June 27, 2022

As a volunteer for PATIENTS WITHOUT TIME for over a decade, I have heard hundreds of patients complain about not being able to acquire an adequate amount of their medical cannabis remedies.

The cost of a medical recommendation, registration fee, and the dispensary prices are far too high for hundreds of thousands of Hawaii citizens who are struggling pay for housing and food.

Title II of the ADA requires that State and local governments give people with disabilities an equal opportunity to benefit from all of the State's programs, services, and activities. However, Hawaii State cannabis laws continue to discriminate against low income and disabled persons by pricing them out of the program.

Low income patients, who cannot buy the 329 card, live in fear of arrest and going to jail. Possession of one 7th of an ounce of cannabis concentrates can send them to prison for 10 years and a $25,000 fine!

In the last 22 years Hawaii State has been more concerned with the profits of the dispensary corporations, and allowing well-heeled tourists to enjoy our world-famous cannabis, than helping Hawaii's most vulnerable citizens to attain much needed medical cannabis to treat their serious illnesses.

Inequality and prejudice in evident in the application of laws by using two different terms for the same herb; HRS 329 "cannabis" laws protect select citizens from prosecution, while HRS 712 "marijuana" laws are still based on the current federal prohibition.

Hawaii's plan for a "dual-use" program is technically impossible, because an actual medical program needs to conform to standard medical practices, and FDA rules, which Hawaii's quasi-medical cannabis program certainly does not.

Sincerely,

Mary Whispering Wind
[redacted]
Hilo, Hawaii

To: DUAL USE OF CANNABIS TASK FORCE

Monday, June 27, 2022

Hawaii's cannabis patients have spoken, the **Dispensary system SUCKs!**

Considering that the vast majority **(70%) of registered cannabis patients refuse to shop at dispensaries.** Take a hint! The current system is failing to perform it's purpose.

We are thinking, the answer may be a class action suit against Hawaii and the dispensaries for prejudice and collusion against medical cannabis patients.

Patients trying to acquire an adequate supply of their medicine are forced to buy scripts and buy "329-stay out-of-jail cards" or literally go to jail! Low income patients are completely left out.

It's Pay-to-Play system, run exactly like a mafia-style protection racket!

Consider that HB2260 received over 2,000 bogus testimonies in support, which were submitted by a bogus organization, under the bogus heading of **HICIA, a nonprofit, voluntarily dissolved in Feb. 2021, which was operated by dispensary officers.**

HICIA misrepresented itself to gain these testimonies. It's an obviously **self-serving trick,** and **should be investigated** as illegal, and should **not rewarded with an ill-fated expansion.**

It has been years since I, as the former Director of PATIENTS WITHOUT TIME, the first publicly operated medical dispensary in Hawaii, have been active in politics but this outrageous behavior of HICIA and the failure of the dispensaries to meet the needs of the patients, combined with the complete disregard for low-income patients, compels me to speak out against **the prejudice Hawaii's medical cannabis patients are enduring**.

Please design a new approach that includes what patients want, which is networks of small local growers, caretakers, and cooperatives.

Rethink the dubious, perhaps illegal, and desperate dispensaries that **are failing in every aspect of their purpose. We will be pursuing a Class Action Suit to defend medical cannabis patients, who are the only medical patient group required to pay a Protection fee to the State, and are forced to pay $150 to a doctor who's only function is writing scripts.**

Sincerely,

Brian Murphy
[redacted]
Hilo, Hawaii