NOTICE OF MEETING
Dual Use of Cannabis Task Force

November 28, 2022
12:00 p.m. – 3:00 p.m.

Physical Meeting Location: Hawaii State Art Museum - Multipurpose Room, 1st Floor
No. 1 Capitol District Building, 250 South Hotel Street
Honolulu, Hawaii

Remote Meeting Location: Video Conference or Telephone

The Task Force will be meeting remotely using interactive conference technology and will provide a physical location for the public to participate in and view the meeting. The public may also access the meeting through the following video conference link:
https://zoom.us/j/98417315934?pwd=MG1pQUhyNzBRNVBWdCtVRHY3cmhkZz09

Or by Telephone: +1 253 215 8782 using Meeting ID: 984 1731 5934 and Passcode: 165660

Interested persons can submit written testimony in advance of the meeting, which will be distributed to Task Force members prior to the meeting. Written testimony should be submitted not later than 24 hours prior to the meeting to ensure time for members to review it. Submit written testimony to: omccr@doh.hawaii.gov or by postal mail to: Office of Medical Cannabis Control and Regulation, 4348 Waialae Avenue #648, Honolulu, HI 96816 or by using the online form at:
https://health.hawaii.gov/medicalcannabis/dual-use/testimony. Please include the word “testimony” and indicate the agenda item that your testimony relates to.

INTERNET ACCESS:
To view the meeting and provide live oral testimony, please use the link at the top of the agenda. Your microphone will be automatically muted. When the Chairperson asks for public testimony, you may click the Raise Hand button found on your Zoom screen to indicate that you wish to testify about that agenda item. The Chairperson will individually enable each testifier to unmute their microphone. When recognized by the Chairperson, please unmute your microphone before speaking and mute your microphone after you finish speaking.

PHONE ACCESS:
If you cannot get internet access, you may get audio-only access by calling the Zoom Phone Number listed at the top on the agenda. Upon dialing the number, you will be prompted to enter the Meeting ID and Passcode, which are also listed at the top of the agenda.

When the Chairperson asks for public testimony, you may indicate you want to testify by entering “#” and then “9” on your phone’s keypad. After entering “#” and then “9”, a voice prompt will let you know that the host of the meeting has been notified. When recognized by the Chairperson, you may unmute yourself by pressing “#” and then “6” on your phone. A voice prompt will let you know that you are unmuted. Once you are finished speaking, please enter “#” and then “6” again to mute yourself.
When testifying, you will be asked to identify yourself and the organization, if any, that you represent. Each testifier will be limited to two minutes of testimony.


AGENDA

I. Call to Order
   - Establishment of Quorum

II. Task Force discussion and decision-making on language for the Task Force Social Equity Recommendation(s) to include in the Final Task Force Report:
   - **[Michele Nakata]** Legislation should establish a Legalized Cannabis Social Equity Task Force to make recommendations for:
     A. Cannabis Justice Reform – including consideration of the level of legalization; resentencing and record clearance; remediation; funding the identification and processing of applicable records; removal of law enforcement oversight; and civil asset forfeiture equity
     B. Service Equity – including consideration of equity in employment, custody, housing, insurance, real estate, banking, professional services; and community reinvestment
     C. Equity in the Market – including consideration of social equity licensing; state support for social equity license applications; transition period; social equity licensee product sales during the transition; state support for social equity licensee businesses; affirmative action type protections; and qualifying for social equity designation.
   - **[Garrett Halydier]** The Act 169 Dual Use of Cannabis Task Force is pleased to provide the Hawaii State Legislature with a menu of policy options to investigate in order to best integrate appropriate social equity policies into any future dual use cannabis program in Hawaii. The history of cannabis enforcement in Hawaii has engendered a diverse set of inequities across racial, economic, and geographic spectrums, and as the rest of the country is discovering as well, explicit policies must be put in place to redress these harms. Without integrated social equity policies, the experience of other states, as well as a variety of scholarly research sources, have shown that these inequities only increase in emerging cannabis industries.

The attached report from the Social Equity Permitted Interaction Group of the Dual Use Task Force surveys the landscape of potential policies. While the Dual Use Task Force as a whole cannot explicitly recommend any of these policies in particular, the Task Force does recognize that any set of social equity policies meant to effectively
redress the historical harms of cannabis enforcement will need to pull something from each of the three “buckets” of policies outlined in the report: Cannabis Justice Reform, Community Reinvestment, and Equity in the Market.

It is the opinion of the Act 169 Dual Use of Cannabis Task Force that the integration of social equity policies into a dual use cannabis program deserves intentional study and incorporation by the Hawaii State Legislature into any future cannabis bills.

- [Teri Gorman] In lieu of approving specific recommendations made by the Social Equity Permitted Interaction Group, the DUTF requests legislators convene a new properly resourced Working Group to research Social Equity while considering a legal adult-use cannabis industry. This Working Group should use the report submitted by the Social Equity PIG as a high-quality resource document.

Social equity as part of a newly legal cannabis program is essential to any future legislation and regulation in Hawaii. Other jurisdictions have included social equity as a vital element of legalizing adult cannabis use programs. While there are differences and similarities among many of these programs, Hawaii’s situation is unique because of the effects that cannabis laws have had on Native Hawaiians specifically.

For this reason, the legislature’s Social Equity Working Group should, at minimum, include leader(s) from the Office of Hawaiian Affairs as the state’s lead agency for improving the wellbeing of Native Hawaiians. OHA should establish methods for determining Native Hawaiian ancestry to qualify those seeking to participate in a Social Equity Program. OHA should also take the lead on developing a plan for a Native Hawaiian Social Equity Program in conjunction in collaboration with other Hawaiian-serving state agencies and non-governmental organizations.

Equally important is the inclusion of the Department of Hawaiian Homelands because many of the lands under their jurisdiction are zoned for agricultural use by Native Hawaiians and could be key to strengthening cultivation and processing of locally grown cannabis.

Finally, because one’s racial, ethnic, or cultural background does not predict success or failure in any business enterprise, legislators should include other Hawaiian-serving organizations to advise on appropriate education and/or professional development programs needed to properly prepare Native Hawaiians who seek to participate in a social equity program.

III. Task Force discussion and decision-making on additional recommendation(s) to include in the Final Task Force Report:

- [Teri Gorman] Recommend the State of Hawaii take direct action to stop Federal Schedule 1 classification of cannabis from being applied to Hawaii’s registered medical cannabis patients, certifying medical professionals and state licensees.
Rationale: US Federal Government states that Schedule I drugs are deemed as high-risk substances that are easily abused and are highly addictive. According to the DEA, the drugs in this schedule currently hold no accepted medical benefit, and therefore, no prescriptions may be written for Schedule 1 substances.

Explanation: The Federal Government’s stance on medical use of cannabis is in direct opposition to Hawaii State Law that acknowledges the medical benefits of cannabis. There is an abundance of evidence-based, peer-reviewed studies that have concluded that cannabis is not highly addictive, and there is emerging evidence that the relative safety profile of cannabis warrants further exploration of cannabis as an adjunct or alternative treatment for Opioid Use Disorder.¹

- [Garrett Halydier] The University of Hawai‘i John A. Burns School of Medicine should investigate offering medical cannabis education as part of its curriculum.

- [Wendy Gibson-Viviani] The Department of Health (DOH) Office of Medical Cannabis Control & Regulation should include medical cannabis education for healthcare professionals, as part of the certifying provider application process.

To complete the application process, applicants must complete a minimum of 2 hours of an evidence-based, medical cannabis educational activity.

They may do this by either:

A. Viewing a medical cannabis training video (or series of videos) which the DOH has created or approved of; or

B. Purchasing and completing a medical cannabis education course from a DOH-approved list, preferably a course that provides contact hours (such as CMEs or CEUs).

For APRNs, the content should be similar to the July 2018, National Council State Boards of Nursing – National Guidelines for Medical Marijuana: APRN’s Certifying a Medical Marijuana Qualifying Condition. This can be found at https://www.journalofnursingregulation.com/article/S2155-8256(18)30097-8/pdf

For MDs, Dos, and APRNs, the content should be similar to the State of New York’s Office of Cannabis Management requirements which can be viewed at https://cannabis.ny.gov/practitioners

- [Wendy Gibson-Viviani] The following should be a priority to allow Hawaii to act before the federal government imposes its own system of legalization upon us:

A. A working group should be formed to look at potential solutions to resolving the DEA Schedule I and state conflicts.
B. Attempts should be made to get an exemption from the DEA as doing so could potentially reduce some of the harms currently being inflicted upon medical cannabis patients (and their providers) and may help open research in Hawaii.

IV. Task Force Member approval of Final Draft of Report to the State Legislature

V. Meeting Adjourned

Note: Public testimony will be accepted on each agenda item prior to discussion of that agenda item. To ensure adequate time for the full agenda, testimony should address only the specific agenda item being considered. Due to the anticipated volume of testimony, oral testimony will be limited to two (2) minutes per person.

If you need an auxiliary aid/service or other accommodation due to a disability, to participate in the meeting, please contact Laterra Rivera at (808) 692-7450 or email omccr@doh.hawaii.gov as soon as possible, preferably at least three (3) working days prior to the meeting to allow adequate time to fulfill your request. If a request is received after the three (3) day window, we will try to obtain the auxiliary aid/service or accommodation, but we cannot guarantee that the request will be fulfilled.

Upon request, this notice is available in alternate formats such as large print, Braille, or electronic copy.

If you experience technical difficulties during the meeting, please call (808) 927-9458 or (808) 927-3452 for assistance. If the video conferencing connection is lost, the meeting will be recessed until the connection can be restored. If the connection is not restored within thirty (30) minutes, the meeting will be automatically continued to a date and time provided on the Department of Health website at: https://health.hawaii.gov/medicalcannabis/

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