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TESTIMONY ON HOUSE BILL 477 HOUSE DRAFT 2
RELATING TO CANNABIS

By
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Senate Committee on Health
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair

Senate Committee on Commerce and Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

Friday, March 19, 2021; 9:30 AM
State Capitol, Videoconference

Thank you for the opportunity to provide COMMENTS on this measure.

For the past twenty-one years designated caregivers have been able to assist medical cannabis patients with producing their own cannabis medicine and there have been no limits on the number of patients who can share the same grow site location.

Now suddenly the department wants to eliminate the caregiver function altogether and limit the number of patients who can share the same grow site to an unrealistic number that would unlawfully restrict the ability of a household with more than two registered patients to grow an adequate supply of cannabis medicine for those family members.

These larger shared grow sites that the department is so concerned about did not just pop up overnight. They have been around for years and are satisfying an unmet need that cannot be filled by the dispensaries. This is because regularly priced dispensary products are too expensive for most patients, product selection changes too often to allow for consistent treatment, and there is no state certification for organic dispensary cannabis.

Testimony on HB477 HD2
March 19, 2021
Page 2

We certainly don't want patient grow sites to become so large that they cannot be properly regulated. However, I believe that the current upset over patient grow sites is due to the lack of cannabis expertise within the Office of Medical Cannabis Control and Regulation (OMCCR). This deficiency can be easily fixed with the addition of a cannabinoid medicine specialist to the program.

The underlying reason why we are seeing large patient grow sites is because the structure of our medical cannabis dispensary program is inherently flawed. A vertically integrated system does not work for Hawaii, and the dispensaries know this, which is why they are recommending cannabis wholesaling and a new cultivation program. The Hawaii Dispensary Task Force recommended a horizontally integrated system to the Legislature. However, this recommendation was abandoned behind closed doors, reportedly under pressure from local law enforcement.

I believe that it is time to revisit this issue, and instead of making rash decisions about caregivers and patient grow sites, this bill can be used as a vehicle to create a new medical cannabis task force that can re-evaluate the problems currently facing our program and come up with solutions that could be reported back to the Legislature before the next Session.

By the way, the transport of cannabis between islands over bodies of water is not prohibited by federal law. Please see the interisland sample transport provision under state law ([329-122, HRS](#)), and the federal aviation regulation ([14 CFR 91.19](#)) that exempts the carriage of cannabis aboard aircraft from federal prohibition if authorized under state law. Now we just need the state agencies that regulate interisland transport to recognize this legal pathway, and a state authorization for the interisland transport of larger amounts of cannabis for dispensary wholesaling.

And, of course, what we really need to do is end this conflict between the state authorized use of cannabis in Hawaii and the federal regulation of marijuana. A federal administrative rule ([21 CFR 1308.11](#)) does not pre-empt an authority reserved to the states by the U.S. Constitution to decide how controlled substances are used within the state. For the sake of our patients and the future of our medical cannabis program, I sincerely hope that the Legislature can find a way to resolve this conflict.

Thank you for taking the time to consider these suggestions.

Aloha.