

MEDICAL USE OF CANNABIS OUTSTANDING ISSUES WORKING GROUP HB 2729 HD2 SD2 CD1 (2018)

Working Group Meeting #2

DATE: Wednesday, September 4, 2018

TIME: 2:00 PM – 4:00 PM

PLACE: Conference Room 325, State Capitol, 415 South Beretania Street

WORKING GROUP MEMBERS PRESENT: Danette Wong Tomiyasu (acting chair), Senator Rosalyn Baker, Erin Miyasaki, Peter Oshiro, Representative John M. Mizuno, David Baronfeld, Shana Metsch (via Skype), Teri Freitas Gorman, Adriane Tam (representative from Senator Stanley Chang's office), Ryan Sanada

WORKING GROUP MEMBERS ABSENT: Representative Roy Takumi

FACILITATION TEAM: Jose Barzola and Joy Agner

- I. Meeting convened and began at 2:07 pm
- II. All members of the working group briefly introduced themselves. Jose Barzola introduced himself, explained his role as facilitator and introduced Joy Agner as note taker.
- III. Minutes from meeting on August 1, 2018 approved without changes.
- IV. Breakout into employment and edible groups.
- V. Overview of edible permitted interaction group findings and recommendations
 - A. Members: Erin Miyasaki, Teri Gorman, Peter Oshiro, Adrian Tam
 - B. Overview provided by Peter Oshiro
 1. Teri Freitas Gorman, Medical Use of Edible Cannabis Products
 - a) Defined medical cannabis edibles.
 - b) Described basic characteristics of edibles:
 - (1) Fairly simple to make it at home, but when commercially made CO2 and butane are often used for extraction.
 - (2) Gastrointestinal ingestion of cannabis is slow, and depends on individual factors. Once absorbed the effects are stronger and last longer, but may be less psychotropic. Usually manifesting within 30-90 minutes, but maximum effects may last longer.
 - c) Described primary purpose of edible use:
 - (1) Reduce harmful effects of smoking cannabis, 2) individual preference.
 - (2) Cannabinoids may become more effective when ingested with other fats.
 - d) Biggest risks include ingestion by children, and excessive dosage by cannabis naïve adults who are unaware of how to dose.
 - e) Other states have mitigated these risks through manufacturing, patient (or caregiver) education, provider education.
 2. Adriane Tam, from Senator Chang's office, Packaging
 - a) Make sure packaging doesn't appeal to children.
 - b) Child proof packaging, considering amber bottles and opaque packaging.
 - c) Single use bags to throw away after use.
 3. Michele Nakata, Administrative Regulations

- a) Product complaints, recalls and adverse event reporting
 - (1) California and Maryland had specific regulations for addressing product complaints
 - (2) Some states have provisions related to product recall.
 - b) Labeling and Packaging
 - (1) All states had basic requirements.
 - (2) 7 states had provisions specifically for edibles, specifying text size, THC and CBD content.
 - c) Definitions
 - (1) Some states have very specific definitions of edibles.
 - (2) Some states have regulations that prohibit perishable items, or items that enhance effect, such as alcohol, or specific shapes that may be attractive to children.
4. Peter Oshiro, Health and Safety Standards
- a) Peter's report is meant to answer the question: how does existing administrative rule apply to current food and product standards?
 - b) Food must be unadulterated and developed in an environment safe for food production.
 - c) Regulations should be at least as stringent as those existing for food products.
 - d) Peter will provide an exhibit with an overview of standards for edibles based on existing food code.
 - e) Public health messaging
 - (1) Unlike other pharmaceuticals, first time medical cannabis patients tend to self-medicate and self-dose.
 - (2) All dispensaries must ask patients whether they are first time users and if so, they must provide counseling on dosing.
 - (3) Current dosing is 10 mg doses in a 100 mg package.
5. Peter Whiticar, Physician Education
- a) Currently there are few physicians willing to certify patients, and those that are become known as "medical marijuana doctors."
 - b) Another issue is that doctors may not feel they have adequate knowledge to advise patients on dosing and usage.
 - c) Discussing developing CME for medical cannabis with the Hawaii Medical Association to provide basic information to providers, and therefore to their patients.
 - d) The first step is educating primary care providers on use of the registry. The second step is education on dosing and usage.

VI. Overview of employment permitted interaction group findings and recommendations

A. Members: Senator Baker, David Baronfeld, Shana Metsch, Ryan Sanada

B. Overview provided by lead: David Baronfeld.

1. Some Issues Covered by the Interaction Group

- a) Substance abuse
- b) On site screening tests
- c) Heavy machinery use
- d) Federal government contracts and licensing obligations
- e) Other topics of concern

2. Goals: exploration of best practices to make a more balanced statute.
3. David thanked individuals who participated and shared knowledge with the resource group.
4. Findings:
 - a) Approximately 12 states already have language that extends protections to medical cannabis users. However, there are nuances and differences in definitions, protections, and enforcement.
 - b) Some examples of differences are that in New York employers cannot discriminate against users. In Maine, they cannot test for medical cannabis without requesting and receiving permission from the state.
 - c) Every state has something that allows for testing in the workplace, but there is no standard for testing in the workplace.
 - d) The most common test is the urine test, but the urine test only tests for inactive properties, which doesn't indicate that the person is using at the workplace.
 - e) David has an exhibit with states that have different criteria for medical cannabis workplace discrimination.
5. Summation: the committee has identified the issues facing medical cannabis cardholders. The goal of the group is to respect the positions of all stakeholders involved in, or affected by, employment regulations.

VII. Questions or Comments from the Public

- A. Destiny, student at HPU and intern at Drug Policy Forum of Hawaii, asked if workers compensation and hiring and firing practices will be addressed in separate bills. Senator Baker responded that it is probably too early to say what will be included in workplace legislation and what will be in separate bills. Additionally, Senator Baker mentioned there is another work focusing exclusively on insurance issues, and that it will be necessary to find overlap between the two working groups when drafting legislation. Rep. Mizuno followed up stating that they will likely have an omnibus bill or two, and they will probably have a few targeted bills. Because of the high attrition of bills, there are benefits to omnibus bills that address multiple issues.
- B. Nico, president of Drug Policy Forum in Hawaii, commented that as we go through this discussion the working group members should involve labor groups and the people that will be affected by the legislation.
- C. Wendy Gibson, Cannabis Nurse Educator with the Drug Policy Forum, asked whether there are any research findings on tests that look at current intoxication, cognitive or otherwise. David Baronfeld stated that there are not currently "on-duty tests" that are reliably used in workplaces.

VIII. Next Steps and Announcements

- A. Next meeting October 2nd, 2018.
- B. Draft reports will be put together and shared with Acting Chair Danette Wong Tomiyasu by the 24th of September.

IX. Meeting adjourned at 3:49pm