

HCR 48 Task Force Meeting #1
June 24, 2014
Hawaii State Capitol, Room 325
9:00-11:00am

Agenda

I. Welcome and Introductions of Task Force Members (Susan Chandler)

- House Concurrent Resolution 48 requested that the University of Hawaii's College of Social Sciences Public Policy Center convene and facilitate the Task Force. The director of the Public Policy Center, Susan Chandler, is the facilitator for the Task Force.
- Task Force members introduced themselves by stating their name, agency and title.

Task Force Members Present:

Jill Nagamine, Attorney General's Office
Linda Rosen and Peter Whiticar, Department of Health
Ted Sakai, Department of Public Safety
Jonathan White, Department of Taxation
Celia Suzuki (alternate for Lee Ann Teshima), Department of Commerce and Consumer Affairs
Susan Chandler, University of Hawaii Public Policy Center
Jon Riki Karamatsu, Department of the Prosecuting Attorney
Harry Kubojiri, Law Enforcement Coalition
Representative Della Au Belati, House Committee on Health
Representative Gregg Takayama
Jensen Yoshihide Uyeda, University of Hawaii Tropical Agriculture and Human Resources
Michael Attocknie, Drug Policy Forum
Dr. Clif Otto, A physician participating in Hawaii's Medical Marijuana Program
Karl Malivuk, A patient who is over the age of 18 and is a participant in Hawaii's Medical Marijuana Program
Jari S. K. Sugano, A guardian of a patient who is under the age of 10 and is a participant in Hawaii's Medical Marijuana Program
Dana Ciccone, A caregiver participating in Hawaii's Medical Marijuana Program
Dan Gluck, American Civil Liberties Union of Hawaii
Dr. Christopher Flanders, Hawaii Medical Association
Alan Shinn, Coalition for a Drug Free Hawaii

Absent:

Senator Rosalyn Baker and Senator Josh Green, Senate Committee on Health
(Senator Will Espero, attended as an alternate)

II. Overview of HCR 48, HD2, SD1 (Della Au Belatti)

- The impetus for the recommendation to convene the HCR 48 Task Force is due to three main reasons:
 1. Several medical marijuana dispensary bills were introduced last year, but there was insufficient discussion about the specifics of how dispensaries would be established or specific regulations related to dispensaries;
 2. The transfer of the medical marijuana program from the Department of Public Safety to the Department of Health, which will be effective January 1, 2015; and
 3. The development of medical marijuana policies in other states that Hawaii could utilize when developing a model suitable for Hawaii.
- HCR 48 tasked the Legislative Reference Bureau (LRB) to present an updated report of their review of dispensaries by other states by September 1, 2014. After the presentation of the LRB report, the task force will develop recommendations. LRB and the Task Force will work independently of one another.
- All of the Task Force meetings are open to the public. The resolution also calls for one public hearing after the completion of the LRB report and prior to the 2015 legislative session.
- By January 20, 2015, there will be three reports submitted to the legislature:
 1. The Legislative Reference Bureau Report;
 2. The Auditor's Sunrise Analysis pursuant to HCR 74; and
 3. The HCR 48 Task Force Report.
- One question that the Task Force may want to consider is if a public hearing could be scheduled on the Big Island. The details of the location and date of the public hearing will need to be determined by the Task Force. It was also suggested that there be an "early" public hearing perhaps in July to get input from the public.

III. Update on transfer of medical marijuana program from the Department of Public Safety to the Department of Health (Peter Whiticar)

- The Department of Health (DOH) will be administering the medical marijuana program starting in January 2015. The medical marijuana program has been administered by the Department of Public Safety since 2000 when medical marijuana became legal in Hawaii.
- He described the items in the packet given to the Task Force members and outlined the history of the legalization of medical marijuana in Hawaii. He stated that Hawaii was one of the first states to have a medical marijuana program in 2000 and it has grown steadily over the years. In 2013, Act 177

was signed into law that moved the medical marijuana program from the Department of Public Safety to DOH. The intention of the legislature and the governor is to move the medical marijuana program from an enforcement issue to a public health issue. Nationwide, there are 21 jurisdictions that have medical marijuana programs. Of these 21 programs, only Vermont has the program in the department of public safety.

- In addition, Act 178 was also signed into law in 2013 and updated aspects of the Hawaii medical marijuana law particularly about the number of plants and quantity of medical marijuana patients or caregivers are permitted to possess. Act 178 also has a provision mandating that the patient's primary care physician be the one to certify the patient for medical use of marijuana.
- The current Hawaii Law articulates that a patient in the program can grow seven plants or can designate a caregiver to grow the plants on their behalf. This term of caregiver perhaps can be confusing; it denotes the caring and growing of marijuana plants for another person. The current law states that this can only be a one to one relationship between caregiver and patient. The only other option patients currently have is grow it themselves or to procure marijuana illegally.
- Additional overview of current program includes that a patient must visit a doctor and must have one of the 10 statutorily defined debilitating conditions in order to obtain certification for medical marijuana.
- The DOH intends to examine additional medical conditions that might be appropriate to add to the list since there is a provision for this process.
- Currently, a patient must provide identifying information such as an ID, license or passport and then can get certification by submitting an application to the Department of Public Safety. There is an application fee of \$25.00 which may increase later with the DOH regulations to \$35.00.
- The patient must also designate the grow site, since this is important that Public Safety is made aware of the grower and the location. Public safety inputs this information into a database. It is not an online system. The DOH is hoping to make this an online system so that law enforcement can have access to this information 24/7.
- Once the patient and caregiver are mailed the certification card, they can legally possess medical marijuana for up to one year.
- There are 13,000 patients or 1% of the population who are currently enrolled in this program. One third of these patients have caregivers.
- The majority of patients utilize medical marijuana for pain, which is consistent with the data nationwide.
- Medical Marijuana is legal in 22 states and Washington D.C. Hawaii is one of only two states of these 23 jurisdictions with a medical marijuana program that does not have a dispensary system. Alaska is the other state that does not have a dispensary system.

Questions from Task Force Members:

How is confidentiality ensured?

Peter: Confidentiality about patients is crucial especially since this information contains their medical conditions.

How is marijuana transferred from caregiver to patient?

Peter: The caregiver can transfer marijuana to the patient as long as they possess less than 4 oz. at any time and have their certification card. The patient and caregiver need to be on the same island as interisland transportation of marijuana is problematic and possibly illegal.

Issues the Task Force may want to consider:

- Quality Control and Laboratory Standards: This is a major issue since there are concerns related to mold and pesticides.
- Restrictions on number of Dispensaries: This varies from state to state with very different approaches in terms of restricting numbers.
- Data System: There needs to be a secure data system and it would need to be statewide in Hawaii.
- Security
- State Residency Requirement: There is a question of whether patients accessing dispensaries or those running the dispensaries have to be Hawaii residents or would it be open to visitors from other states?
- Education: There is also the issue of whether continuing medical education on this topic should be recommended or mandatory for physicians.
- Quantification and labeling of ingredients: There are several issues related to the need for clear measurements for products containing medical marijuana. This includes how much THC etc. is in an item and if it is evenly distributed. Also, there must be food safety concerns for edible medical marijuana items. In addition, the product should not be packaged or in form that would be attractive to children.

IV. Explanation of the role of the facilitator and Task Force Ground Rules (Susan Chandler)

- The ground rules were outlined and Task Force members agreed upon these rules. Please see the Appendix 1 for the Ground Rules for the Task Force.

Information and handouts (Susan Chandler)

- There will be a website with updated information and the audience can receive handouts if you provide an email. The website information was added after the meeting. Please refer to the following website:
<http://www.publicpolicycenter.hawaii.edu/projects-programs/hcr48.html>

- Representative Belatti provided several additional documents to the folder including a copy of HRS 329 and several federal memos which will have bearing on this issue. She reminded the task force that the states are still functioning under the federal system.

V. Roles of Task Force members, proposed meeting schedule, objectives and work plan. (Susan Chandler)

It was agreed that having meetings on the second Tuesday, 9:00-11:00 in room 325 at the Capitol from August to December would work for all Task Force members. (Please note that all dates are on the second Tuesday except for November due to a holiday. The schedule is listed below). There will not be a Task Force meeting in July. Members may want to meet in July to familiarize themselves with the issues.

The HCR 48 Task Force Meeting Schedule

1. Tuesday, June 24, 2014
2. Tuesday, August 12, 2014
3. Tuesday, September 09, 2014
4. Tuesday, October 14, 2014
5. Tuesday, November 18, 2014
6. Tuesday, December 16, 2014

* All meetings are from 9:00 am-11:00 am and will be held at the State Capitol, Room 325.

- Senator Espero suggested that perhaps there should be a public meeting in July to gather information from the public early in the process. Members agreed that the involvement of other patients and other interested stakeholders would be important. The Task Force agreed to have an open forum on issues presented by the public soon. Senator Espero also recommended that the Task Force should leave time at the end of each meeting for public input.
- Another member recommended that there could be conferencing by Skype or phone with the neighbor island stakeholders to ensure participation.
- The consensus from the group was that there should be an early public hearing prior to the LRB report and then a public hearing after the findings of the LRB report.

VI. Brainstorm Issues for Task Force consideration:

- The Task Force members were asked to share the main issues that they would like to have discussed related to medical marijuana dispensaries. The following issues were generated by individual members.

- ✚ Where would the dispensaries be located? On an island or multiple islands? Should there be a pilot project first?
- ✚ What will the medical marijuana cost? Will there be certification fees? How else could revenue be raised?
- ✚ Will the dispensary programs be privately owned, state run or a hybrid?
- ✚ There is a need to have well-educated and experienced staff in the dispensaries who can discuss accurate information with the patients.
- ✚ Physicians need to be sure that they can legally prescribe marijuana and perhaps the Attorney General needs to give a formal opinion about the legality of Hawai'i's current law before moving forward with dispensaries.
- ✚ The structure of the dispensing entity is important to consider (whether private or state run) and its tax implications.
- ✚ It is important to consider the physical location and security at all levels of the supply chain and sale of medical marijuana.
- ✚ There are issues of how we can monetize this since this program will be introducing new commerce into the state.
- ✚ There is a question of if or how to preserve the system if people want to continue to grow medical marijuana themselves.
- ✚ The Task Force should contact administrators from other states to see what has worked effectively and what has not. It was also noted that the Department of Public Safety has run this program for years and has a lot of information they could share from the administrator who had run the program.
- ✚ Physicians need to be sure that the program is run with integrity. Perhaps calling dispensaries "pharmacies" reframes the issue to highlight the medical issues.
- ✚ There are several new medications coming onto the market and perhaps the Task Force should advocate for those to become more available to patients.
- ✚ Affordability is a concern. Perhaps there should be a cap on the price of medical marijuana so those who need it can afford it.
- ✚ Could the dispensaries test the quality of marijuana from the outside for quality control purposes?

Task Force Member Question:

Are there any resources to bring in some experts to meet with the Task Force?

Representative Belatti said that the Task Force does not have any general funding from the legislature. The Task Force could approach community partners, advocates or other agencies to provide funding for such purposes.

Questions and Comments from the Audience:

1. How will these meetings and hearings be made public in terms of when and where they will occur?

Representative Belatti: This is not a legislative task force. Press releases will be made through her office and information about the Task Force will be posted on the Public Policy Center website. Information about the Program will be posted on the DOH website.

2. It is important to note that some patients cannot go to dispensaries due to being ill. The Task Force needs to think about this and remember that this program should prioritize the patients.

- The members began to discuss next steps. How should the Task Force proceed? Should the group move into committees? There is expertise in specific areas such as law enforcement, health or agriculture. We could separate into groups based on particular themes.
- Peter Whitarcar stated that a conference call with other state administrators could be arranged in early August. He also emphasized that it was important that everyone has done their research in order to ask informed questions prior to this conference call.
- Dan Gluck of the ACLU said he and his organization would be willing to research the relevant policy issues and how these issues have impacted other states.

3. Are subcommittees open to the public?

The ACLU member stated that he was happy to have public involvement in his work. However, since formal subcommittees have not been formed yet, it will be discussed at the next meeting how to structure subcommittees and if they will be open to the public.

Susan Chandler summarized some of the recommendations made by Task Force members:

- Director Ted Sakai of the Department of Public Safety be invited to make a 15 minute briefing about the program in the Department of Public Safety.
- Have a conference call with other states' administrators in August.
- Representative Belatti will coordinate with Senator Green to have a public hearing in late July. The information and sentiments from the public will be collected and presented in August.
- The next Task Force meeting is Tuesday August 12, 2014 at the State Capitol, Room 325 from 9:00-11:00am. Please check your emails for information

about the upcoming public hearing in July, information on subcommittee meetings and other announcements.

DRAFT MINUTES dated July 3, 2014.

Appendix 1:

GROUND RULES for the HCR 48 Task Force

The Facilitator will:

- Develop a draft of an agenda for meetings and obtain agreement on the agenda; Distribute the final agenda to members ahead of time.
- Ensure agenda is followed; Facilitate and manage the meetings so that they are productive.
- Record all ideas and provide a “Group Memory.”
- Keep the discussion relevant to the tasks assigned to the Task Force.
- Encourage the members to give feedback directly and openly; Ensure that the focus will be on evaluating ideas not people.
- Circulate the minutes and drafts of the reports in a timely manner.

The Group Process:

- Meetings will start and end on time.
- One person speaks at a time. (There will be no side talking or interrupting)
- Everyone is expected to participate and to respect other member’s comments.
- Disagreements and conflict are OK, but our goal is to work constructively toward a solution.
- No cell phones. (If you must take a call, please go outside)

Expectations of the Task Force Members:

- Attend all meetings. Alternates may attend, if they have been briefed and this has been agreed upon previously.
- Make an effort to consider all ideas, and keep an open mind.
- Make specific suggestions rather than generalities.

- Define acronyms and try to avoid jargon.
- Practice active listening (e.g. make it clear you understand the other person's point of view, even if you don't agree with it).
- Share your knowledge and expertise.
- Keep up-to-date on all assignments and activities of the Task Force.
- The success of each meeting is the responsibility of all members; Help, critique and evaluate each meeting so the next meeting is better.
- You are responsible for what the Task Force will achieve.