



**HCR 48 Task Force Meeting #5**  
**Thursday, November 06, 2014 9:00-11:00am**  
**Hawai'i State Capitol, Room 325**

**Task Force Members Present:**

Jill Nagamine, Attorney General's Office  
Peter Whiticar, Department of Health  
Ted Sakai, Director Department of Public Safety  
May Ferrer (alternate for Lee Ann Teshima, Department of Commerce and Consumer Affairs)  
Susan Chandler, University of Hawaii Public Policy Center  
Harry Kubojiri, Law Enforcement Coalition  
Representative Della Au Belatti, House Committee on Health  
Representative Gregg Takayama  
Jensen Yoshihide Uyeda, University of Hawaii Tropical Agriculture and Human Resources  
Rafael Kennedy, Drug Policy Forum  
Dr. Edward Christenson (alternate for 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 Hawai'i  
Alan Shinn, Coalition for a Drug Free Hawai'i

**TF Members Absent:**

Sen. Josh Green, Senate Committee on Health  
Sen. Rosalyn Baker  
Jon Riki Karamatsu, Department of the Prosecuting Attorney  
Jonathan White, Department of Taxation  
Dr. Christopher Flanders, Hawaii Medical Association

**Other Legislators in Attendance**

Senator Will Espero  
Representative Richard Creagan

**Introductions**

Roundtable introductions of participants

## **Review of ground rules**

Timeline – Report Draft Complete (TBD)

- The goal is to have a draft of the report to the LRB by early December
- The LRB will use the report to draft legislation

## **Approval of October 14th Minutes**

Amendment – the comment on DOJ contact should read

“Rep. Belatti has made contact with the US Attorney’s Office District of Hawai’i”

\* Approved as amended

## **Updates and Follow-ups**

### Review of Arizona teleconference

In terms of the price differential between medical marijuana and the street product, the AZ administrator stated medical marijuana costs are higher than street costs

- Karl disagrees with this observation
  - he has seen this to be the opposite in terms of pricing trends
  - he stated this has been a claim in the past but it is unfounded
- It’s important to consider the affordability of medication for patients

### Program size

- the number of patients in the medical marijuana program doubled upon initiation of a dispensary system

### Fees

- AZ is one of the most expensive states for registration/licensing fees
- \$150 annual fee for patients (registration fee for cardholders)
- \$300 annual fee for caregivers
- the program is self-sustainable through fees and licensing costs

### Hawai’i Fees

- \$35 annual fee for patients when transitioned to DOH
  - \$25 annual fee for patients (currently)

### Do dispensaries pay income tax in AZ?

- No
- they pay the standard tax – GE, etc.

### Is the Sunrise report looking into fees, taxation, and costs?

- Yes

Open discussion of various aspects of the AZ model:

- No personal cultivation allowed
  - The AZ model prohibits personal cultivation unless a patient lives outside of a 25 mile radius from a dispensary
  - They noted issues with enforcement of this rule
- There are no testing requirements specified by the program
  - TF members noted that testing is important – medication should be tested
- They haven't developed education programs for schools, children, or general public
  - They do have education programs in place for patients and dispensaries
  - TF members commented that general education is needed
- Dispensaries can grow as many plants as needed
  - There is no set limit on the number of plants dispensaries are able to grow
  - They don't seem to be worried about federal interference
- They have a large number of dispensaries across the state
  - 126 dispensaries to provide access
  - There are concerns about the number of dispensaries planned for Hawai'i
    - TF members noted that they wanted to ensure patients have access to medication
- AZ DOH doesn't share information on grow sites with law enforcement
  - How do we balance information sharing without jeopardizing privacy?
  - It's difficult to know where the grow site is in rural locations
  - TF members mentioned that we should list the grow site on the licensing application
  - potentially implement a tagging system on each plant to identify the grow site
  - AZ uses a card system – growers must show law enforcement their card with the grow site address to verify the grow site is a legal medical marijuana site
    - the grow site location is documented on card
- How do we make the distinction between medical marijuana and non-medical marijuana?
  - Many of the rural grow sites don't have addresses
  - On the Big Island they use the tax map
- Will there be a centralized database for law enforcement verification?
  - Yes, a call in system is planned – law enforcement will be able to contact DOH to verify that a site is legally registered to grow medical marijuana
  - Grow sites will be assigned a number. The number on the dispensary registration card and the number on the plant tags should be the same
  - DOH intends to work with law enforcement, but it's not DOH's responsibility to enforce the law
  - Law enforcement can call DOH to verify a location is legally registered, but DOH is not going to provide the overall database to law enforcement to initiate investigation of all sites.

- Tax Map Key (TMK) is used on the Big Island to verify grow sites
  - Law Enforcement has access to this database

**Decision-making process for Task Force Report**

Subcommittees will draft recommendations on various topics/issues

- The TF will vote on the recommendations
- The results will be annotated in the report to capture the overall opinions on each recommendation (for, against, neutral).

Rep. Belatti – It is important to look at the program as a whole – keeping a broader perspective of the program in mind to urge consensus and to develop a functional program for patients

- the report should provide guidance to the DOH to implement the dispensary program

Policy Sub Committee Report (Dan Gluck)

- The report focused on the 8 topics outlined in the HCR
- The report is posted on the UH PPC website

Federal Interface Sub Committee Report (Dr. Otto)

- Update to be presented at the next meeting

**Core issues discussion**

Range and Types of Product

There is a wide range of products available

- Different people use different products depending on their needs
- Various products may be used in different ways

There are concerns about commercialization and edibles that may not look like a medicinal product (child safety)

Would the people want access to various products?

Several TF members said “ Yes.”

How do you make edibles less desirable/attractive to children?

- This could be addressed by the packaging and presentation of the product (i.e. no cartoon figures, etc.)

This is a Medical Marijuana Program; it’s not recreation or commercialization

- It should be treated as a medicine
- They don’t make other medicines in the form of edibles (sodas, candies, etc)
  - the issue is with edibles such as brownies, cookies, candies, etc
  - no other medicine is presented these forms

Patients ingest medicine

- From a public health stance – it’s safer to ingest than smoke

- Is there a range of products that would reduce this concern?
- Medicinal marijuana products would be clearly labeled
  - the packaging would provide information on the medicinal content

It's important to reinforce this is a medical product

There is a disconnect between medical marijuana and other drugs

- With other pharmaceuticals the doctor prescribes/directs the way the medicine is to be taken (the form the drug is in, how much, etc.)
- With medical marijuana it's up to the patient to determine this
  - Patients are left to figure this out for themselves (trial and error with different forms, strains, dosages)
  - How many doctors are educated on medical marijuana?

New Mexico's system has the dispensaries provide patient education

- Patients may be recreationally knowledgeable, but medicinally not sure what products to use
- Rely on the expertise of the dispensary system personnel for education on products
- A key element is education of dispensary staff
  - When a patient goes to a pharmacy the staff asks – Do you have any questions?
  - The same should be true for dispensaries

Do you see the potential for dispensary staff to push higher end products?

- Yes, it is a possible risk.
- Staff usually very informative on the products available

Yes, there are safety concerns – the same can be said for other products

- Every patient has different medicinal needs
  - Some may need to use lollipops to help suppress symptoms allowing the patient to regain appetite after certain cancer treatments
- A broad range of products are needed – these products are essential for patients personal needs/preference for medication
  - It's important to respect the diversity of products
  - The packaging is a critical element to address this concern
  - Child protective packaging is essential

Education is important

- Medical personnel should receive continuing medical education (CME) on medicinal medical marijuana
- Potentially certify dispensary staff (training/education program)
- Allow the system to grow together
- Prof Tomida from HPU has outlined training and education for dispensary personnel, medical personnel, and the public
- Dispensaries also have (or gain) expertise in this area
  - Dispensary staff should be professional and educated on the various products

- We should use existing models and tailor it to our needs

### Methods of ensuring public safety and security of supply

The legislation could mandate the minimum security measures required at each location (dispensary, grow site, etc.)

The Policy Sub Committee Report outlined – video surveillance, inventory tracking, black fences as required measures

- What does video surveillance mean? Is someone actually watching the video feed or is it recorded?
  - It would be recorded video that can be reviewed (a person present to monitor the video would not be required)
  - passive surveillance – video avail if an incident occurs

Some strains of marijuana are very fragrant

- This should be considered in terms of indoor vs outdoor growing to contain the smell

The grow sites are concerned about protecting their inventory

- Security would not only be a directive – the business owners have a vested interest in protecting their product

What is an inventory tracking system?

- Some inventory tracking systems use a tagging system to track plants from seed to sale
  - plants are tagged with a number or barcode
  - this allows for easy tracking of products and inventory
- Is there an interface with the regulatory agencies?
  - the inventory system would be maintained by the dispensary and subject to audits
- In Arizona, they stated IT was involved from the beginning of the program to provide an extensive tracking system

Concerns brought up about diversion of product

- the medical marijuana program should use similar policies used for tobacco and alcohol sales
- no card, no access (no entry to the dispensary if the individual is not a registered patient)
  - most dispensaries use a double door system
  - anyone can enter the lobby
  - but only the cardholder with ID may enter the back area where the product is available for purchase

What happens if a cardholder passes medical marijuana to someone else?

- This is no different from any other medication or alcohol
  - Medicine can be obtained from a pharmacy and distributed to others
- Why wouldn't that be treated as any other form of drug dealing (street or medical)?
  - The same rules should apply (the act is illegal)

What type of safeguards would you like to see in place to minimize access from non-cardholders?

- It's not like other pharmaceuticals where the patient has access to a specified amount of medicine for 30 days
  - With medical marijuana a patient can access medicine overtime and potentially distribute unused portions
  - There are laws in place to deal with this – if a person/dispensary is breaking the law there are laws/consequences in place
  - There can be random audits of dispensaries to check the records of purchase, etc

You can put safeguards in place to deter illegal activity, but you can't stop a person from breaking the law if that is what they intend to do

- There are existing laws/consequences in place to deal with that
- Licenses and cards can be revoked if the system is being abused
- There could be limits to the amount of medicine a patient can purchase per month
  - Dispensaries tracks the amount of medicine purchased by the cardholder

Resources are needed to develop these systems

- DOH is creating an online database to verify legit patients and the amount of medication purchased per patient – dispensaries would have access to this
- What is the skill set and what is the capacity required to regulate dispensary systems?

DOH will regulate the medical marijuana program from the health aspect; it shouldn't be an assumption that DOH is going to regulate dispensary systems

- The Department of Agriculture has a similar system for monitoring pesticide use
- Will DCAA regulate the dispensaries?

#### Education, Training and Public Health Issues

DOH is focused on training the medical side

- They plan to have website modules, CME, conference, bring in subject matter experts (SMEs) from other states
- DOH has contacted HI Medical Board to see if they would provide recommendations

Can any doctor certify medical marijuana patients?

- The law states a primary care physician, but that is not defined so any doctor can certify

Is the pharmacy school involved?

- The pharmacy school expressed interest in testing. Should follow-up
- Due to federal level issues, many are apprehensive about getting involved with the medical marijuana program

The Drug Policy Forum is looking to expand continued medical education (CME) to include content on medical marijuana

Who can staff the dispensaries? What type of expertise is needed?

- Background checks (felony drug convictions would be excluded – unless it's related to medical marijuana)

What type of training would staff receive? Would it be required?

- Other states have already addressed this – we could use their models
- Some states have online certifications available
- Other states don't necessarily mandate certification of staff
- Peter has seen mandates for ongoing training for staff
- This could be added to legislation – annual training and certification

DOH should have a health educator on staff

– Certification may not be possible upon inception of the program, but we can work toward that as the program evolves

- Certification could be phased into the program
- Build in the expectation that within 2-3 years certification for employees would be required
  - Identify agencies that would need to be involved
  - Could write this into session law

What about education for the general public and safety education for minors/schools?

- A public information campaign on the program would be helpful
- A DOH health educator could be tasked with this

Suggestion – DOH could develop an informational book about medical marijuana (types, strains, etc)

- Potentially task the health educator with creating this book

Identify TF members to start drafting recommendations for the main topic areas

- \* Rafael & Chief Kubojiri – to draft Safety and Security section
- \* Peter, Della, & DCCA(?) – to draft Education, Training and Public Health Issues

### **Next meeting**

November 18th

Can the next meeting be extended?

- \* TF members agreed to an extended meeting on Nov 18<sup>th</sup> from 9-2p

### **Public Input**

Cannabis is a safe medicine



- There have been no reports of deaths from anyone “overdosing” on marijuana
- If a child consume too much, he/she may have a bad experience but will not die
- Other drugs are a far greater problem for Hawai’i

#### Education and training

- Currently in pharmacies, there are no formal training is required
- Each pharmacy is required to have 1 pharmacist available
  - Other staff members receive HIPAA training, but no formal training to work in a pharmacy
  - Model the medical marijuana program on this system
- Track dispensaries to ensure they are following the law
  - Hold them accountable for any questionable activity
- What to do in terms of school education?
  - In other states, DARE programs have adjusted to include medical marijuana education

#### Drug policy forum - Education discussion

- Use existing resources – Public Health at UH & Prof Tomida (HPU)
  - They have expressed interest
- Potentially have a student or program create an educational pamphlet on medical marijuana
- Develop a CME program using existing resources in state and other states
- Different products are available
  - Similar with other drugs – there may be a variety of blood pressure medication available patients try out which medication is the most effective and the right fit for their needs

#### Plant tracking

- Use of GPS to track plants locations
- Quality related to THC levels only is a misconception
- How do we reclassify medical marijuana?
- Can a dispensary be a farmers’ market?
- UH should educate doctors on the medicinal benefits of marijuana

#### Can the public have more time for input? 20min?

- \* Yes – 25 minutes at the extended meeting on Nov 18th
  - This can be broken up throughout the meeting

#### What about having collective gardens?

- Consisting of a variety of growers, types of plants, etc

\* Clarification by Rep. Belatti – An invitation has been extended to the US Attorney’s Office District of Hawai’i

- Participation has not been confirmed, we are awaiting a response

#### Concerns about over-regulation of the product

- You don’t need an exact quantity labeled on the product – label as strong, medium, or low

- Dispensaries have vested interest in providing quality products and customer service to survive in the market
- Diversion happens across the board with various medications not just medical marijuana
- Patients should consider what are the end points you are looking for not how much you are using?
- Marijuana has a high therapeutic index

Patient comment on usage/dosing

- He has been a patient for 1 year
- He uses medication as needed to alleviate his symptoms
  - This varies daily
- He uses different parts of the plant

### **Next Steps**

Continue to discuss open topics

- DOJ discussion (tentative)
- Federal Interface SC Report
- Discussion of associated program costs – resources, etc
  - Budget
  - Does Department of Tax have an estimate on potential revenue?
  - Discuss start-up costs

Recap completed sections and vote on recommendations

\*\* At the next meeting groups will provide section drafts

**The next Task Force Meeting is Tuesday, *November 18, 2014* at the State Capitol, *Room 325*  
from *9:00am – 2:00PM***