



House Committee on Health

Rep. Joh Mizuno (Chair), Rep. Bertrand Kobayashi (Co-chair)

Testimony for HB673 – Relating to Medical Cannabis

Clifton Otto, MD - Comments

Public Hearing - Tuesday, February 5, 2019, 9:45 am, Room 329

Thank you for considering the following comments regarding this bill:

1 - A Physician's Assistant is a Physician's Assistant, not a Physician. You cannot say the two are the same when there is a separate definition under HRS 453-5.3.

Physician's Assistants already have the authority to practice under the supervision of a licensed medical doctor, which can include performing a Written Certification and providing supervision for the medical use of cannabis, as long as the Supervising Physician signs off, which would include having the Supervision Physician sign the Written Certification and the Registration Application.

2 - Naturopathic Doctors do not have authority to prescribe controlled substances in Hawaii, which means they do not have state and federal controlled substance prescriptive registration, which means they are not eligible to participate as certifying physicians with Hawaii's Medical Use of Cannabis Program. Use of controlled substances is not part of the scope of practice of a Naturopathic Doctor.

<http://cca.hawaii.gov/pvl/files/2014/08/NaturopathicFormulary010110.pdf>

3 - A controlled substance with accepted medical use cannot have the highest degree of danger. The following amendment needs to be added in order to clarify that the medical use of cannabis in Hawaii is exempt from the State's restrictions for a Schedule I controlled substance:

Section 329-14, Hawaii Revised Statutes, is amended by adding the following subsection:

(f) The enumeration of cannabis, tetrahydrocannabinols or chemical derivatives of these as Schedule I controlled substances does not apply to the medical use of cannabis pursuant to Section 329, Part IX, and Section 329D, Hawaii Revised Statutes.

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4 – Patients continue to be restricted from the inter-island transportation of Medical Use Cannabis by local law enforcement officers at our state-owned airports because of an unauthorized enforcement of federal law, even when federal regulation specifically exempts the carriage of cannabis aboard aircraft if authorized by state law or state agency. To clarify the right of patients to transport Medical Use Cannabis for personal use between the Hawaiian islands, the following amendment needs to be made to HRS 329-122(f):

“For purposes of interisland transportation, “transport” of cannabis, usable cannabis, or any manufactured cannabis product, by any means is allowable only by a qualifying patient or qualifying out-of-state patient for their personal medical use, or between a production center or retail dispensing location and a certified laboratory for the sole purpose of laboratory testing pursuant to section 329D-8, as permitted under section 329D-6(m) and subject to section 329D-6(j), and with the understanding that state law and its protections do not apply outside of the jurisdictional limits of the State.

[14 CFR 91.19 Carriage of narcotic drugs, marihuana, and depressant or stimulant drugs or substances.](#)

5 – Dispensaries can only sell products that they have made themselves under Hawaii’s Medical Use of Cannabis Act and under registration with the Narcotics Enforcement Division. CBD from state-licensed hemp producers under the 2018 Agriculture Improvement Act cannot be sold for medical use. Such CBD from other states would require FDA approval for inter-state marketing if intended for medical use. One solution would be to allow dispensaries to contract with local hemp producers, specifically for the purpose of producing CBD for medical use within the State.

6 - Hawaii’s Dispensary System is fundamentally flawed because the Legislature ignored the recommendation of the Dispensary Task Force to create a horizontally integrated production system, rather than the current vertical monopoly. This error needs to be corrected if Hawaii’s Medical Use of Cannabis Program is to be successful.

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