

HB2675

HD2

Measure Title:
RELATING TO MEDICAL MARIJUANA.

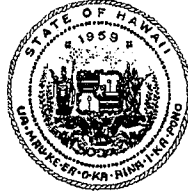
Report Title:
Medical Marijuana

Description:
Creates the medical marijuana task force to discuss issues regarding adequate supplies of medical marijuana for qualified patients, the value of constructing secure growing facilities for medical marijuana patients to use to produce their medicine, and study inter-island travel issues related to medical marijuana. (HB2675 HD2)

Introducer(s):
SAY (BR)

Current Referral:
HTH, JDL

LINDA LINGLE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
919 Ala Moana Boulevard, 4th Floor
Honolulu, Hawaii 96814

CLAYTON A. FRANK
DIRECTOR

DAVID F. FESTERLING
Deputy Director
Administration

TOMMY JOHNSON
Deputy Director
Corrections

JAMES L. PROPOTNICK
Deputy Director
Law Enforcement

No. _____

**TESTIMONY ON HOUSE BILL 2675 HD2
RELATING TO MEDICAL MARIJUANA**

by
Clayton A. Frank, Director
Department of Public Safety

Senate Committee on Health
Senator David Y. Ige, Chair
Senator Carol Fukunaga, Vice Chair

Monday, March 17, 2008, 1:00 p.m.
State Capitol, Room 016

Senator Ige, Senator Fukunaga, and Members of the Committee:

The Department of Public Safety (Department) feels that House Bill 2675 HD2 is not necessary due to the fact that we already know that under present State and Federal laws, the State of Hawaii could not develop a secure grow facility for medical marijuana on any of the islands unless authorized by way of a controlled substance research permit by the State and the Federal Government. Further, the transporting of marijuana between islands utilizing areas controlled by Federal law enforcement would still be prohibited, no matter what the proposed focus group came up with. The Department feels that there is no value in convening another taskforce or focus group unless there is a change in Federal law relating to marijuana.

Due to these reasons and concerns the Department does not support House Bill 2675 HD2.

Thank you for this opportunity to testify.

DEPARTMENT OF THE PROSECUTING ATTORNEY
CITY AND COUNTY OF HONOLULU

ALII PLACE
1060 RICHARDS STREET, HONOLULU, HAWAII 96813
AREA CODE 808 • 527-6494



PETER B. CARLISLE
PROSECUTING ATTORNEY

DOUGLAS S. CHIN
FIRST DEPUTY
PROSECUTING ATTORNEY

**THE HONORABLE DAVID IGE, CHAIR
SENATE COMMITTEE ON HEALTH**

Twenty-Fourth State Legislature
Regular Session of 2008
State of Hawaii

March 17, 2008

RE: H.B. 2675, H.D. 2; RELATING TO MEDICAL MARIJUANA.

Chair Ige and members of the Senate Committee on Health, the Department of the Prosecuting Attorney of the City and County of Honolulu submits the following testimony in opposition to H.B. 2675, H.D. 2.

The purpose of this bill is to set up a medical marijuana task force which shall: 1) examine current laws regarding the adequate supply of marijuana for medical use; 2) study the feasibility of setting up safe growing facilities on the islands of Hawaii, Kauai, Lanai, Maui, Molokai and Oahu; and 3) seek possible solutions to issues of inter-island travel with medical marijuana.

We oppose this bill and the creation of a task force as being unnecessary. We believe the current three ounce limitation for medical marijuana is sufficient. And as the possession and distribution of marijuana is still a violation of federal law, we cannot see how a task force could make suggestions regarding safe growing facilities or somehow permitting medical marijuana to be transported inter-island.

For these reasons, we respectfully request that you hold H.B. 2675, H.D. 2 and thank you for this opportunity to testify.

testimony

From: DaCoconutWireless [DaCoconutWireless@hawaii.rr.com]
Sent: Sunday, March 16, 2008 10:53 AM
To: testimony
Subject: TESTIMONY IN STRONG SUPPORT OF HB 2675 HD2

TESTIMONY IN STRONG SUPPORT OF HB 2675 HD2

RELATING TO MEDICAL MARIJUANA.

Creates the medical marijuana task force to discuss issues regarding adequate supplies of medical marijuana for qualified patients, the value of constructing secure growing facilities for medical marijuana patients to use to produce their medicine, and study inter-island travel issues related to medical marijuana. (HB2675 HD2)

NOTICE OF HEARING

Monday, March 17, 2008 @ 1:00 PM
Conference Room 016

COMMITTEE ON HEALTH

Senator David Y. Ige, Chair
Senator Carol Fukunaga, Vice Chair

Scott Orton, an HIV/AIDS Awareness Advocate
1130 Hassinger St. #3A
Honolulu, HI 96822
DaCoconutWireless: Community E-mail Communications for HIV Issues, Editor

Aloha Senator David Y. Ige, Chair, Senator Carol Fukunaga, Vice Chair, and Committee Members,

My name is Scott Orton, and I am writing to testify in strong support of House Bill 2675 HD2. The toxic medications for HIV are sometimes very difficult to take. And Marijuana use makes the difference between being able to take the necessary drugs to survive. Marijuana is hard to grow, and a seasonal plant. This bill will help in improving the Medical Marijuana Law. A lot of very hard work by the House Health Committee was put into this version of this House Bill 2675 HD2 as amended.

The issue is all about access to supply for those who are licensed for Medical Marijuana. This is very important to those that are sick need to grow and maintain a supply of Legal Medical Marijuana. We need to support in every way the LEGAL USE of MEDICAL MARIJUANA. Access to this important herb is imperative to many that are sick and can't take the medications needed to stay alive.

Please help those that are in need medically, with improving the law on Medical Marijuana law. This is a very important herb that many that are sick need. It makes good sense to update, discuss, and find solutions to this controversial measure.

Love and Aloha,

Scott Orton, an HIV/AIDS Awareness Advocate

3/16/2008

1130 Hassinger St. #3A

Honolulu, HI 96822 Ph: 808-383-2016

Testimony in strong support of House Bill 2675 HD2

Bcc: DaCoconutWireless Members and Others

testimony

From: Alfred [wyliea001@hawaii.rr.com]
Sent: Saturday, March 15, 2008 8:22 PM
To: testimony
Subject: Medical Marijuana Bill

Gentlemen,

I am writing this letter in support of medical marijuana (MM) bill HB2675 HD2. I am a 100% disabled American Vietnam era veteran. I get my disability for scars and PTSD.

70% of my scars are due to radiation poisoning and the rest to other wounds. I was a Nuclear Weaponsman in the Navy. I am currently 67 years old and a licensed medical marijuana user MJ-08616.

I find it impossible to grow enough MM to keep my self supplied under the current amount allowed. Furthermore, as I get older my dosage levels increase due to old age. Those of you who are older are well aware of the increase in pain levels in old scars due to aging.

Also, I speak as a veteran who has shed hid blood and others for his country.

I feel it is a travesty of human rights to allow the alcohol and tobacco industry to continue to suppress the use of marijuana, especially since it is less harmful then current addictive legal drugs, even if it does cut into the profit line of said legal drugs.

Sincerely,

Alfred Lee Wylie MA, MFCC(ret), Jr. Col. Teach. Cred., OI

PO Box 1073
Haiku, HI 96708
808-575-9484



Marijuana Policy Project

P.O. Box 77492 | Capitol Hill | Washington, D.C. 20013

PHONE 202-462-5747 | FAX 202-232-0442

MPP@MPP.ORG | <http://www.mpp.org>

March 17, 2008

Dear members of the Senate Health Committee:

The Marijuana Policy Project strongly supports HB 2675, which would ensure that some of the most pressing issues surrounding Hawaii's medical marijuana program are addressed in a scholarly manner.

Creating a task force to examine how much medical marijuana constitutes an adequate supply, the feasibility of constructing secure growing facilities where patients can acquire their medicine, and the issues involved in the inter-island transport of medical marijuana is a good idea for several reasons. The most important reason is that if Hawaii does not address these issues today, they will still need addressing tomorrow.

Because HB 2675 proposes that state officials, physicians, and patients comprise the team that will tackle these issues, the best possible discussion will be facilitated, which will better serve patients and the state of Hawaii in the end.

Perhaps the most important of the three issues that the task force would address is the acquisition of medicine. Patients who are unskilled in horticulture, or who are unable to find a caregiver, must rely on the criminal market for their medicine. This is bad public policy for obvious reasons, including patient safety and the quality of medicine procured. The fact that current Hawaii law only allows caregivers to serve one patient at a time further complicates the task of acquiring medicine for many sick and dying patients.

Patients who are terminal or in severe pain, or suffer from the sudden onset of nausea or muscle spasms, need immediate relief. For most of these patients, there is simply not enough time to secure seedlings, cultivate, harvest, and cure the medicine. This is a reality that is often overlooked but is of utmost importance.

HB 2675 only empanels the task force for one year, after which time they will report back to the legislature and cease to exist. This bill proposes no permanent changes to current Hawaii law – there is simply no reason to not pass this bill.

Thank you for your consideration and hard work on these issues.

Sincerely,

Nathan Miller, Esq.
Legislative Analyst
Marijuana Policy Project
P.O. Box 77492 - Capitol Hill
Washington, DC 20013
(202) 462-5747, ext. 118



the
**Drug Policy
Forum**
of hawai'i

March 17, 2008

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To: Senator David Ige, Chair
Senator Carol Fukunaga, Vice Chair and
Members of the Committee on Health

From: Jeanne Y. Ohta, Executive Director

RE: HB 2675 HD2 Relating to Medical Marijuana
Hearing: March 17, 2008, 1:00 p.m., Room 016

Position: Strong Support

Good afternoon, the Drug Policy Forum of Hawai'i strongly supports HB 2675 HD2 which and would establish a taskforce to study certain issues related to the medical marijuana program.

We suggest that the committee amend this bill:

1. To ensure patients have an adequate supply of medical marijuana by increasing the allowable supply and eliminating the distinction between mature and immature plants. The maturity of plants is often difficult to distinguish by law enforcement personnel; they are not horticulturists and should not be placed into the position of determining how many mature vs. immature plants a patient possesses.

2. Broadening the scope of the taskforce to include other changes suggested by patients.

No changes have been made to the medical marijuana program since it was established in 2000. One of the most requested changes by patients is in the allowable adequate supply and in the distinction between mature and immature plants.

Hawaii's medical marijuana program allows patients to grow their own medicine; however, patients often complain that the plants are not that easy to grow to maturity; the weather affects the yield of their plants; and they cannot grow a consistent supply.

Patients who register with the medical marijuana program want to be law-abiding citizens. They do not want to go to the criminal market to purchase marijuana and do not want to add to the profits of criminals. This change would help them avoid that.

Improving Access to Adequate Supply

Hawaii's program allows patients to grow their own marijuana, but for a variety of reasons, many patients are unable to. Some are too sick to tend to the plants; some live in apartments or condominiums; some have had their plants stolen; and some are afraid that people will see their plants. Many patients I speak with are unfamiliar with the illegal market for marijuana or are uncomfortable with obtaining their marijuana through the illegal market.

Efforts need to be made to explore ways to provide a method for patients to obtain marijuana for their medical needs without patronizing the illegal market. It would establish a legal source other than having to grow their own medicine.

Federal Interference

Although medical marijuana programs are still not recognized by the federal government and such use is still against federal law; medical marijuana programs have continued to be enacted by states across the country. States have done so because the directors of both the Federal Bureau of Investigation and the Drug Enforcement Administration have stated publicly that their mandate is to pursue drug traffickers who deal in large quantities of illegal drugs. They do not have the resources to pursue medical marijuana patients who are restricted to 7 plants each. There are over 4,000 patients in Hawaii. So, the possibility of federal interference is based more on their priorities and their available resources rather than strictly enforcing federal law.

For a facility which grows marijuana, federal mandatory sentencing laws start at the possession of 100 plants. It would be unlikely that a facility growing less than 100 plants would attract federal attention as the federal government is responsible for only 1% of all marijuana prosecutions. The vast majority of the marijuana prosecutions are done at the state and county levels.

In January 2008 referring to federal raids on California's medical marijuana dispensaries, Northern California's United States Attorney Joseph Russoniello said, "We could spend a lifetime closing dispensaries and doing other kinds of drugs, enforcement actions, bringing cases and prosecuting people, shoveling sand against the tide. It would be terribly unproductive and probably not an efficient use of precious federal resources."

The "Gateway Theory"

While widely promoted in the sixties and seventies, the theory that marijuana is a "gateway" has been largely disproved and is no longer accepted by scientists in the addiction-related fields.

In March 1999, the Institute of Medicine issued a report that stated, "There is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs." In addition, the National Center on Addiction and Substance Abuse says there is no proof that a causal relationship exists between cigarettes, alcohol, marijuana and other drugs; basic scientific and clinical research establishing causality does not exist.

Rand's Drug Policy Research Center in 2002 offers quantitative evidence that any association between marijuana and other drugs can be explained by the individuals' higher propensity to use drugs; not the specific drug itself.

Teen Use of Marijuana

Concerns that teen use of marijuana would increase because of medical marijuana programs are unfounded. In 2005 (and updated in 2007) the Marijuana Policy Project and Mitch Earleywine, Ph.D. of the State University of New York at Albany issued a report that analyzed data to determine teen trends in states with medical marijuana programs. It showed that no state with a medical marijuana law experienced an increase in youth marijuana use.

The 2005 Hawaii Youth Behavior Risk Survey showed a 22% decrease in lifetime use by Hawaii High School students since 1999. (The program was enacted in 2000.)

Physicians Support of Medical Marijuana

The American College of Physicians (ACP), a 124,000 member organization issued a position paper on medical marijuana (February 2008). Among the positions in that paper:

- ACP strongly supports exemption from federal criminal prosecution; civil liability; or professional sanctioning, for physicians who prescribe or dispense medical marijuana in accordance with state law.
- ACP strongly urges protection from criminal or civil penalties for patients who use medical marijuana as permitted under state laws.
- ACP urges review of marijuana's status as a schedule I controlled substance and its reclassification into a more appropriate schedule, given the scientific evidence regarding marijuana's safety and efficacy in some clinical conditions. (Schedule I drugs are drugs with no accepted medical use and high potential for abuse.)

The current Schedule I classification conflicts with reviews of the Institute of Medicine (IOM) which found that scientific studies support the medical use of marijuana for treatment; and that compared with other legal and illegal drugs, including alcohol and cocaine, dependence among marijuana users is relatively rare and dependence is less severe than dependence on other drugs.

The report also explains the concern that marijuana is a "gateway" drug is unfounded and that the IOM concluded that marijuana has not been proven to be the cause or even the most serious predictor of drug abuse. This continued confusion hinders opportunities to evaluate its medical uses and its availability to patients who need it.

We urge you to pass this measure which would help seriously ill patients in Hawaii. Thank you for hearing this bill and for this opportunity to testify.



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March 17, 2008

To: Sen. David Ige, Chair
Sen. Carol Fukunaga, Vice Chair
Committee on Health

From: Cynthia J. Goto, M.D., President
Linda Rasmussen, M.D., Legislative Co-Chair
Philip Hellreich, M.D., Legislative Co-Chair
Paula Arcena, Executive Director
Dick Botti, Government Affairs Liaison

PLEASE DELIVER to:

**Senate Health
Committee**

Monday
3/17/08
1:00pm
Room 016

Re: HB2675 HD2 Relating to Medical Marijuana (Creates the medical marijuana task force to discuss issues regarding adequate supplies of medical marijuana for qualified patients, the value of constructing secure growing facilities for medical marijuana patients to use to produce their medicine, and study inter-island travel issues related to medical marijuana.)

The Hawaii Medical Association opposes HB2675 HD2.

We oppose these bills for the following reasons:

- The medical efficacy of marijuana has yet to be proven by evidence based scientific studies;
- Smoking marijuana exposes patients to, among other health risks, lung damage, increased symptoms of chronic bronchitis, and possibly increased risk of lung cancer. These are the same risk associated with smoking nicotine.

The HMA supports efforts to study and identification of the medical benefit of marijuana. However, until the efficacy of marijuana is demonstrated, we are unable to support access to medical marijuana.

The HMA supports the position of the American Medical Association, which is as follows:

- 1) The AMA calls for further adequate and well-controlled studies of marijuana and related cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence

Hawaii Medical Association
1360 S. Beretania St.
Suite 200
Honolulu, HI 96814
(808) 536-7702
(808) 528-2376 fax
www.hmaonline.net

suggests possible efficacy and the application of such results to the understanding and treatment of disease;

- 2) The AMA recommends that marijuana be retained in Schedule I of the Controlled Substances Act pending the outcome of such studies.
- 3) The AMA urges the National Institutes of Health (NIH) to implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research into the medical utility of marijuana. This effort should include:
 - a) disseminating specific information for researchers on the development of safeguards for marijuana clinical research protocols and the development of a model informed consent on marijuana for institutional review board evaluation;
 - b) sufficient funding to support such clinical research and access for qualified investigators to adequate supplies of marijuana for clinical research purposes;
 - c) confirming that marijuana of various and consistent strengths and/or placebo will be supplied by the National Institute on Drug Abuse to investigators registered with the Drug Enforcement Agency who are conducting bona fide clinical research studies that receive Food and Drug Administration approval, regardless of whether or not the NIH is the primary source of grant support.
- 4) The AMA believes that the NIH should use its resources and influence to support the development of a smoke-free inhaled delivery system for marijuana or delta-9-tetrahydrocannabinol (THC) to reduce the health hazards associated with the combustion and inhalation of marijuana.
- 5) The AMA believes that effective patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions.

Physicians work everyday to heal their patients and to alleviate pain and suffering.

This issue often solicits emotional testimonials from patients and their families who believe in the therapeutic value of marijuana.

However, physicians cannot ethically prescribe drugs which are not scientifically-proven.

Thank you for the opportunity to provide this testimony.

dige2 - Joyce K

From: James Anthony [jasanthony@comcast.net]
Sent: Sunday, March 16, 2008 3:54 PM
To: HTHInPerson
Subject: HB 2675 Hearing Mon 3/17 1:00 pm
Attachments: Resumé-CV-08-03.pdf; ATT220967676.htm

To whom it may concern:

Due to your late notice of hearing, I can only provide you with an outline of the remarks that I will make in person at the hearing and a copy of my CV indicating my expertise in medical cannabis legal and regulatory issues. I am also a board member of Law Enforcement Against Prohibition based on my experience as a City of Oakland civil prosecutor on drug nuisance property issues. www.leap.cc -- However, while I am available for general educational information as a LEAP representative, my testimony on the bill is provided as an individual unaffiliated expert and as a Hawaii-born kanaka maoli.

The Hawaii medical cannabis law has various serious flaws that merit the formation of a task force to make recommendations for improvement at the next legislative session. These flaws include the following.

1. The law in its current form does not allow doctors to be doctors, and instead substitutes the unqualified "medical" opinion of legislature, law enforcement and the bureaucracy for that of bona fide medical doctors.
2. The law makes no adequate provision for a reasonable supply and distribution system. The law absurdly requires patients to become farmers or to have their own personal farmer to obtain medicine.

The task force should be charged with examining the medical cannabis law of Hawaii in context with those of other states and to recommend changes to address its shortcomings.

Hawaii residents deserve adequate medical care and access to medicine. Anything less is a shameful failure on the part of the legislature and a capitulation to the narrow and misinformed views of a biased special interest group: local law enforcement.

Yours very truly,

James Anthony

James Anthony
Counselor and Attorney at Law

Law Offices of James Anthony
3542 Fruitvale Avenue, 351
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510/228-0411 fax

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Medical Cannabis Dispensary (MCD) Permit Law
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3/17/2008

CURRICULUM VITAE

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James@MCDLawyer.com

Bar Memberships

CALIFORNIA STATE BAR No. 23150. Active 1999-Present.

HAWAII STATE BAR No. JD 7911. 2003-Present (currently inactive).

Legal Experience

LAW OFFICES OF JAMES ANTHONY, 3542 Fruitvale Avenue, 351, Oakland, CA 94602, (510) 207-6243 *off.*, (510) 228-0411 *fax*, principal, January 2006 – Present.

Solo law practice specializing in land use aspects of Medical Cannabis Dispensary (MCD) law. Obtain permits in locally regulated jurisdictions; defend against nuisance and zoning actions brought by local government in state court; advise local jurisdictions on appropriate regulations; advocate for MCDs in every venue. Successfully obtained cooperation of Mayor Dellums in publically supporting MCDs against DEA tactics (including landlord letters) and sending a letter to Rep. Conyers.

NEIGHBORHOOD LAW CORPS ATTORNEY (nonprofit "Community Prosecutor"), *Oakland City Attorney's Office*, 1 Frank H. Ogawa Plaza, 6th Flr., Oakland, CA, 94612, July 2003 – December 2005, \$40,000 per year.

Addressed social issues through land use regulation and civil litigation: specifically, drug nuisance properties, problem liquor stores, and substandard rental housing by prosecuting judicially and administratively, and by recommending policy directives in the form of new ordinances and implementation programs for existing ones. Enforced agency determinations judicially; defended against administrative mandamus appeals of same.

Supervisor: Jim Hodgkins, (510) 238-6135.

TELECOMMUNICATIONS ATTORNEY, *The Utility Reform Network (TURN)*, 711 Van Ness Ave., Ste. 350, San Francisco, CA, April 2001 - October 2002, \$50,000 per year.

Advocated in the public interest at California Public Utilities Commission administrative hearings. Prepared policy positions on telecommunications issues. Supervisor: Bob Finkelstein, (415) 929-8876.

ASSOCIATE ATTORNEY, *Paul & Hanley, LLP*, 1608 Fourth Street, Ste. 300, Berkeley, CA, 94710, (510) 559-9980, February 2000 - April 2001, \$64,000 per year.

Performed all pre-trial aspects of plaintiff-side asbestos-exposure litigation.

CERTIFIED LAW CLERK, *Consumer and Environmental Protection Division, Alameda County District Attorney*, 7677 Oakport, Ste. 650, Oakland, CA, 94621, 1998 – 2000.

Supported civil prosecution of unfair business practices and elder abuse.

Supervisor: Bill Denny, (510) 569-9281.

LAW CLERK, *East Bay Community Law Center*, 3130 Shattuck Ave., Berkeley, CA, 94705, 1999.

Represented welfare recipients at hearing. Co-edited county regulations.

Prepared a plain English guide to reasonable accommodations in the welfare context.

Supervisor: Ed Barnes, (510) 548-4040.

Legal Service

READER, *The State Bar of California*, 2000 - 2004

Graded bar exams semi-annually.

Legal Education

JD, 1999, King Hall, UC Davis School of Law

Class Rank: Top 20%

Vice President, Law Students Association

Political Activism and Community Service

Green Aid: The Medical Marijuana Legal Defense And Education Fund, Inc., Postal Mail Box # 172, 484 Lake Park Ave., Oakland, CA 94610

Chair, Board of Directors, September 2007 – Present.

Law Enforcement Against Prohibition, www.leap.cc

Member, Board of Directors, February 2008 – Present.

Speaker's Bureau, January 2006 – Present.

City of Oakland Measure Z (private adult cannabis lowest law enforcement priority)
Community Oversight Committee

Vice-Chair, September 2006 – Present.

Pacific Zen Institute, www.pacificzen.org (zen meditation group)

President, Board of Directors, 2004 – Present.

Presentations Given

Major Conferences:

California State Dept. of Health Early Intervention Program Conference, Long Beach, CA. April 14-16, 2008. Speaker on Drug Wars and institutional distrust.

Drug Policy Alliance International Conference, New Orleans, December 2007. LEAP (Law Enforcement Against Prohibition) panel member.

ASA (Americans for Safe Access), Symposium on Medical Cannabis Dispensaries (MCDs), November 2007. Presenter on Land Use Law.

NORML Conference (National Organization for the Reform of Marijuana Laws), Los Angeles, October 14, 2007. Special MCD Session panel member.

NORML Legal Committee NLC Conference, Aspen, Colorado, June 2007. Presenter on MCD Land Use Law.

NORML National Conference, San Francisco, September 2006. Presenter on MCD Land Use Law.

Other Events:

Invited to testify at Hawaii State House of Representatives Committee on Public Health re: MCDs & Medical Cannabis Regulation. March 2008.

Clinica Esperanza (multi-lingual San Francisco HIV/AIDS clinic), presentation to staff, "Cops Say Legalize Drugs—Ask Me Why." February 14, 2008.

Physicians for Social Responsibility Conference, Stanford University. LEAP speaker and representative. February 24, 2007.

All-Day Educational Conference, Mendocino Medical Marijuana Advisory Board, October 21, 2006. Speaker on drug prohibition and the DEA.

Freedom Fest, Butte County, CA, July 8, 2006. LEAP representative and speaker.

Monterey California Tour, June 7-9, 2006. Speaker on drug prohibition issues at civic clubs, college students, policy makers, and the media. Some noted presentations were at the Marina Rotary Club, Palo Alto Kiwanis, Libertarian Party of Fresno County, and FED-UP (Foundation to End Drug Unfairness Policies).

University of San Francisco class: Chemistry of Drugs (Upper Division Seminar), December 2, 2005. Speaker on the interaction between drug law and drug use.

Major Conferences Attended

Drug Policy Alliance International Conference, Long Beach, November 2005.

Radio Appearances

KRFP Radio Free Moscow 92.5 FM (Moscow, Idaho). Interview. November 10, 2007.

KIRV 1510 AM (Fresno, CA). Discussion of Drug Prohibition. June 16, 2006.

KVPR 89.1 FM Quality of Life Show (NPR division, Fresno, CA). Discussion of the War on Drugs and other alternatives. June 9, 2006.

KNRY 1240 AM Radio Morning Show (Monterey, CA). Discussion of drug prohibition issues. June 8, 2006.

KSCO 1080 AM Radio Good Morning (Santa Cruz & Central Coast, CA). Failures of drug prohibition and discussion of alternative policies. June 2, 2006.

Publications, etc.

West Coast Leaf, Articles on LEAP, California MCD status, and Bay Area political analysis. To be published April 2008.

NORML STASH Daily Audio Podcast, California MCD status. March 3, 2008.
<http://stash.norml.org/2008/03/03/stash-for-mon-mar-3-2008>

Drug Truth Network Production Video (interviewee), "Cannabis Dispensary Information Pt 1." October 17, 2007. <http://www.youtube.com/watch?v=ZGKQVz7tzLU>

ASA blog *Medical Cannabis: Voices from the Frontlines*, "No Pattern or Rules to DEA Attacks." October 3, 2007. <http://www.safeaccessnow.org/blog/?p=12>

Oaksterdam News, "The 'healthy-looking young man' syndrome." November 16, 2006.
<http://www.oaksterdamnews.com/index.php/V2-Issue-5/The-healthy-looking-young-man-syndrome.html>

Oaksterdam News, "Oakland Prosecutor comes out against Drug War, finds that he's not alone." March 30, 2006. <http://www.oaksterdamnews.com/index.php/V2-Issue-2/Oakland-Prosecutor-comes-out-against-Drug-War.html>

LEAP blog, "Cops Say Legalize Drugs—Ask Me Why." December 5, 2006.
<http://www.leap.cc/cms/index.php?name=Blogs&file=display&id=83>

Aloha Senator Ige, Senator Fukunaga, Senator Baker, Senator Menor and Senator Whalen,

My name is Lila Rattner and I am the very proud mother and caregiver to my son, Joseph B. Rattner, who is the Founder and President of West Oahu Hope For A Cure Foundation, better known as WOHFAC. I am also the Treasurer of this newly formed AIDS Service Organization (ASO). I am here to explain to this Committee why Medical Marijuana is so vitally important to the sick individuals who require it for their very existence.

Both patients' and caregivers are concerned with the use of any Opiate drug. However, doctors prescribe medications to eat, stop nausea and relieve the pain of their various diseases none the less. So in fact I do not believe that anyone has a right to hold back a patients dire Medication.

All the licensed marijuana patients, caregivers and their prescribing physicians take great care in licensing themselves and growing this necessary medication. The patients do not SELL to schoolchildren or share their medications with unlicensed colleagues, friends or family.

Presently, Hawaii's Medical Marijuana Program does not allow doctors to be doctors. Rather it puts the legislature and law enforcement agencies in the position of practicing medicine without any expertise and therefore actually endangering public health. **This is shameful and a grave disservice to the people of Hawaii who seek to care for their critically ill, frail, and elderly.**

Most patients have the luxury of going to a pharmacy to receive their medications. The licensed patient and their caregivers must try their best to grow a crop, praying for the knowledge to determine the plants sex (male/female). The worry of during harvesting, wet weather creating such a dangerous pungent odor that it attracts the Addicts and Drug Dealers to our Home and our Ohana, putting our lives in danger!

If our plants fail, as has happened to our family this past year, and a couple of months goes by before I can 'arrange' to go purchase mature female plants, my sons life wound up on the line, leaving him in the hospital at a weight of one hundred and two (102) pounds, totally dehydrated from being unable to swallow and needing weekly blood transfusions to help him survive. *Last November I almost lost my only son of forty one (41) years.*

Today, my son weighs one hundred and sixty (160) pounds, with minimal pain, much less nausea, reduced stress and most importantly the ease of swallowing his HIV Medications. I had to resort to the 'black market' and deal with the very people I have always feared the most. Only, because my sons life was at stake.

I support a secure growing facility that would allow all licensed patients to get their medication without supporting the local drug pushers' or risking their lives, BUT, if the legislature is going to basically start a new with this Task Force then so be it. Pass this measure so the expansion of the Medical Marijuana Program will put these pushers OUT OF BUSINESS and away from our keiki.

For this and many other reasons, I strongly support HB 2675 HD2.

Mahalo for allowing me the opportunity to testify.

Aloha,

Lila G. Rattner

808-685-6677

Lilasol47@aol.com

Aloha Senator Ige, Senator Fukunaga, Senator Baker, Senator Menor and Senator Whalen,

My name is Joseph Rattner, and it is an honor and a privilege to submit testimony in strong support of HB 2675 HD1. TODAY, it will be seventeen years that I am living with HIV/AIDS A celebration of life is at hand because I am alive today!

I have lived on this beautiful island of Oahu, Hawaii for 7 years now and have possessed a Medicinal Medical Marijuana license here for four. I am also a Certified Substance Abuse Counselor and am proud to say that I have counseled many in to recovery from the East Coast of New Jersey to our local Ohana's in Hawaii. Mostly I am proud to be the Founder and Executive Director of West Oahu Hope For A Cure Foundation located in Ewa Beach.

First of I must say that trying to grow Marijuana is a science, which takes an enormous amount of time. Although my first plant was successful, the ways and means of it blossoming, correctly each time, was almost impossible.

Just imagine any of you running out of any of your LEGAL medications. It can be a nerve-racking experience to worry about being able to RENEW your prescription, right? Well, what does the Medical Marijuana patient do when a plant fails or theft occurs on your property because the whole neighborhood knows that you're a pot head due to the smell that growing cannabis exhibits? He is left with no choice but to try illegal maneuvers' just to remain healthy. If the legislature will allow HB 2675 HD2 to pass as it reads presently, we are at minimum, setting up the stage for a proper expansion of the present program incepted in 2000.

Appetite, nausea, pain relief and even a major stress reducer, are of course all advantageous benefits that medicinal marijuana serves when you have a CHRONIC ILLNESS. There are approximately 4,024 patients in the State of Hawaii presently possessing medical marijuana licenses.

HB 2675 HD 1 would have given patients who qualify the opportunity to Lease a plot of land from a 'secure growing facility' on any of the Hawaiian Islands, including but not limited to, Maui, Oahu, Kauai, Big Island, Molokai.....but you removed that language in HD1 and now just the Task Force remains in this present draft, which by no means, can we do without.

The possibility of an experienced 'Farmer' that will grow your medicine for you on ALL islands is up for talks by the task force. In my eyes, this characteristic of the Bill (which has since been removed) helps to serve in the protection aspect. Not only for the patient; but for the care giver and the land at which the marijuana is grown. Medical Marijuana is legal in Hawaii and by allowing patients of HIV, Cancer, Glaucoma, and other conditions, which require this treatment, a safer way of getting the Medication they need to survive, the safer

we all are. A "*certified facilitator*" will determine the strains needed for the plants, and a "*plot*" would then be "leased" by the qualifying patient from a '*secure growing facility*'.

A task force of experienced persons in this field will develop the expansion and protection of Hawaii's Medical Marijuana Program.

A Department of Health designee, three members of the Drug Policy Forum, a Certified Prescribing Physician, and three Licensed Patients in coordination with the Department of Agriculture and the University of Hawaii will report on the efficacy of Marijuana and secure a safe haven for patients and care givers to grow their most needed medication.

The most critical issue facing Hawaii medical marijuana patients is the acquisition of our medicine. Theft, armed robbery, and police/helicopter eradication raids continually threaten patients' safety. The Hawaii Revised Statute states that legal medical marijuana patients can acquire and possess the medicine that their doctor recommends, but patients have no choice but to acquire from an unregulated and unethical black market. It is not in the interest of Hawaii's public health to force patients into this "black market".

The important question is: How does a patient who is diagnosed with cancer and to undergo chemotherapy immediately acquire the medicine that his/her doctor recommends? In this case, there is not enough time for the patient to grow, harvest, and cure the medicine that will help with nausea during imminent chemotherapy treatments; added stress from buying medicine from drug dealers will not help the health of such vulnerable patient.

It is essential for people living with HIV to take their medications! The side effects cause much stomach upset with the constant need to try to stop vomiting. The marijuana makes taking the medicines bearable. Hunger and the need to stay hungry for a balanced diet is where another important aspect of medicinal marijuana plays such a huge role in the recovery and better health for patients.

The passing of HB2675 HD2 will start the way for patients' to grow their legally prescribed marijuana with a sense of comfort. There will be less drug trafficking from Waikiki to Waianae, especially preventing addicts from preying at the risk areas near our schools endangering our keiki.

Experienced patients, who have proven to comply with their regimen, should feel safe about smoking their medicinal marijuana. The members of this task force will play an important role in the future of Medicinal Marijuana Secure Growing Facility's becoming a reality. The passing of this measure will save people's lives! Please don't let it die.

For these and many other reasons, I strongly support HB2675 HD2.

Mahalo for giving me the opportunity to share my views.

With much Aloha,

**Joseph B. Rattner, OD, CSAC
Executive Director-WOHFAC**

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testimony

From: Patients Withouttime [patientswithouttime@gmail.com]
Sent: Monday, March 17, 2008 8:55 AM
To: testimony
Subject: Brian Igersheim's testimony for HB2675 HD2

Testimony For HB2675

Committee: Senate Committee on Health

Chair: Senator David Y. Ige

Vice-Chair: Senator Carol Fukunaga

3-17-08 at 2:15 pm in Conference Room 016

Position: **SUPPORT with Secure Growing Facility ammendment**

Number of copies needed for committee: 6

Aloha Representative,

I am a medical marijuana patient registered with the State of Hawai'i department of Public Safety. I write to you today to urge your support for House Bill 2675, legislation that seeks to improve Hawaii's medicinal cannabis program. The original intent of this bill is to provide medical marijuana patients "safe access" to their medicine by allowing for patients to form secure growing facilities. Law enforcement opposition to this idea always centers around violating federal law and safety of patients.

Yes, federal law does not acknowledge marijuana as a medicine, but our state law does. In 2000, the legislature found that medical research had discovered a beneficial use for marijuana in treating or alleviating the pain or other symptoms associated with certain debilitating illnesses. However, the legislature also recognized the need to regulate such use, for the health and welfare of our citizens. As a result, regulation of the medical use of marijuana was enacted into law in 2000 in act 228, Session Laws of Hawaii 2000 and codified in part IX, Chapter 329, Hawaii Revised Statutes (HRS). It is true that the federal government can enforce whatever laws they choose, but states can make their own decisions.

This is how, for instance, Nevada regulates both gambling and prostitution in direct violation of federal statutes.

Secure Growing facilities does not violate federal or state law, it only serves to clarify a "grey area" in the Hawaii Revised Statutes, providing more safety for patients acquiring their medicine. Although a taskforce is in the best interest of the health of Hawai'i's residents, I hope you can make a compassionate decision and allow for the creation of Secure Growing Facilities separate from this task force based on the following incident occurring at my residence on Maui. **It is not in the interest of the public safety of Hawai'i's residents to force our most vulnerable patients, those who do not respond well to standard pharmaceuticals, to be continually forced to the black market for the medicine that their doctors recommend.**

There have been numerous recent cases of police Harrasment towards medical marijuana patients, theft

and violence. I no longer want to be treated like a criminal to acquire the medicine my doctor recommended. In my case, last september, the "green harvest" marijuana eradication's helicopter, after hovering just over my house (in a tight neighborhood) for nearly twenty minutes, landed on my the property I rented and seized my plants, my girlfriends plants, and the plants of the other patient whom as I served as a caregiver for. We all were registered to grow at that address. Upon going with an attorney to the Maui Police Department, the plants were returned to me, dead and trampled. Three months later, when new plants were growing, they were stolen and a machete was left on my doorstep. I have attached the police reports corresponding to both of these situations. Rather than purchase medicine illegally on the black market, I choose to grow my plants. Hawaii does not provide for a legal means of supplying marijuana. By acknowledging the right of patients to form secure collective and cooperative operations will allow for individual patients to have their needs met safely. This way, many patients can have an operation together, sharing knowledge and resources in one **secure location** that is easily transparent to local law enforcement. I will no longer have to be treated like a criminal or risk my family's safety.

The most critical issue facing Hawaii medical marijuana patients is the acquisition of our medicine. It is very difficult for individual patients to grow enough viable product to assure an "adequate supply," and/or find a responsible caregiver how will grow for them. Theft, bugs, disease, lacking knowledge of successful growing techniques and time-consuming trial and error, and dependence on an unethical, unregulated and illegal "black market" are issues patients face when growing medical marijuana. Allowing patients to grow more plants, particularly in secure growing facilities, and possess more "usable product" will only ensure patients' safe access to medicine during times when issues arise.

In 2006, the California attorney general's office joined the American Civil Liberties Union, American for Safe Access, and the Drug Policy Alliance in arguing that state medical marijuana laws are not invalidated by conflicting federal statutes; an opinion previously voiced by Hawai'i's attorney general. The groups argued that while the federal government is free to enforce its ban on medical marijuana, even in states such as California that permit its use, all states remain free to adopt and implement medical marijuana policies of their own design. An attorney for the Drug Policy Alliance stated that, "The ruling upholds a state's sovereign right to fashion common-sense, responsible and compassionate policies for its residents.

In its mission statement, the Food and Drug Administration (FDA) declared that its goal is to speed along innovations that make foods and medicines more effective, safer, and more affordable. However, the FDA does not seem to have offered much information on the use of medical marijuana to improve our health. As a result, states have taken the initiative to find evidence to support the proposition that certain diseases and conditions respond favorably to medically controlled use of marijuana.

Further research on the medical efficacy is in the best interests of the state and the state's medical marijuana patients. Marijuana is currently classified as a schedule I controlled substance pursuant to section 329-14, HRS, which is a category designated for substances that have no medical value. This neither reflects the results of scientific research, past legislative action, nor the medical laws in at least 14 states. For the public safety of the citizens of Hawai'i, it may be worth considering changing the classification to a schedule III controlled substance.

Mahalo for the Opportunity to testify.

Name: Brian Igersheim

testimony

From: Patients Withouttime [patientswithouttime@gmail.com]

Sent: Monday, March 17, 2008 8:11 AM

To: testimony

Subject: Brian Murphy's Support of HB2675 HD2 with ammendments. Please print attachments

Testimony For HB2675

Committee: Senate Committee on Health

Chair: Senator David Y. Ige

Vice-Chair: Senator Carol Fukunaga

3-17-08 at 2:15 pm in Conference Room 016

Position: SUPPORT

Number of copies needed for committee: 6

Here is the language of our 2008 Maui County Initiative. We are collecting the required 8,000 signatures of registered voters to put this on the upcoming ballot:

Maui County Family Farmer Regulation and Revenue Ordinance

Section 1: Title

Maui County Family Farmer Regulation and Revenue Ordinance

Section 2: Findings

The people of Maui, Hawai'i find as follows:

WHEREAS: It is the intention of the people of Maui to provide the finest care and to ease the suffering of those citizens who might be in acute pain; and

WHEREAS: Modern research has shown that marijuana is a valuable aid in the treatment of a wide range of clinical applications. These include pain relief -- particularly of neuropathic pain (pain from nerve damage) -- nausea, spasticity, glaucoma, migraines and movement disorders (MS). Marijuana is also a powerful appetite stimulant, specifically for patients suffering from HIV, the AIDS wasting syndrome, or dementia; and

WHEREAS: Dr. Tashkin, the Drug Enforcement Agency's (DEA) often quoted researcher from UCLA who consistently claimed that smoking marijuana causes cancer, released his most comprehensive study in May of 2006 finding no marijuana-cancer connection and indicating that marijuana's medicinal properties are neuroprotective and actually protect the body against malignant tumors; and

WHEREAS: The Data Quality Act, passed by Congress in 2001, clearly states that government agencies must disseminate accurate information; and

WHEREAS: The federal Government (D.E.A., F.D.A.) fail to update public policy according to science and truth, classifying marijuana as a schedule I drug with absolutely no known medical value, failing to take into account anything but smoked marijuana; and

WHEREAS: Vaporization is a "safe and effective" cannabinoid delivery mode for patients who desire the rapid onset of action associated with inhalation while avoiding the respiratory risks of smoking, according to clinical trial data to be published in the journal Clinical Pharmacology & Therapeutics; and

WHEREAS: American Medical Association, American Cancer Society, American Nurses Association, American Society of Addictive Medicine, National Academy of Sciences Institute of Medicine (IOM), The National Institute of Health, Hawaii Nurses Association, the National Commission on Marijuana and Drug Abuse, 13 of the United States, D.E.A. Administrative Judge Francis Young have all published reports validating marijuana having medicinal value; and

WHEREAS: The State of Hawai'i House of Representatives Committee on Health approved House Concurrent Resolution 10 (HCR 10) allowing for safe access, taxing and regulating of medical marijuana; and

WHEREAS: The State of Hawaii House of Representatives adopted HCR 10 after its second reading and the resolution has been deferred by the Committee on Judiciary; and

WHEREAS: A representative on behalf of the Maui County Council testified in front of the Committee on Judiciary clearly stating that the Council does not oppose HCR 10; and

WHEREAS: The State of New Mexico passed legislation in April of 2007 establishing a medical marijuana distribution system; and

WHEREAS: 329-123 HRS has established that marijuana is safe and effective medicine and that medical marijuana certificate cardholders are permitted to acquire, cultivate and possess an "adequate supply" of their herbal medicine on-hand, however the law is not clear on how a patient is to acquire their medicine; and

WHEREAS: D.E.A. Administrative Law Mary Ellen Bittner ruled in February 2007 that the private growth of marijuana for medicinal research is in the public's interest; and

WHEREAS: The National Institute on Drug Abuse (N.I.D.A.) provides a standard dose of smokeable Marijuana to patients in the Compassionate Investigational New Drug (IND) research program. The Federal Government has established that a medical marijuana patient's adequate supply is 6.63 lb. per year; and

WHEREAS: Over 90% of the legal medical marijuana card holders of Maui County cannot meet their own medical needs because of theft, bugs, mold and reliance on an unethical, unregulated, illegal black market; and

WHEREAS: The Maui County family farmers (agriculturally-zoned landowners) are able to supply the medical needs of the community, and

WHEREAS: Maui County needs a cash crop to be able to keep the family farmer on the land; and

WHEREAS: Each year the County of Maui spends tax dollars enforcing marijuana laws; resources that would be better spent fighting violent and serious crimes; and

WHEREAS: The revenue from licensing and taxing the lease of secured land for the growth of individual medical marijuana patients would help fund vital Maui County services; and

WHEREAS: The current laws against marijuana needlessly harm patients who use it for legitimate medical purposes; and

WHEREAS: criminal theft and eradication under color of state law of medical marijuana plants remains one of medical marijuana patient's biggest problems; and

WHEREAS: It is the hope of the people of Maui that state and federal law reform will eliminate the problems and costs caused by marijuana prohibition, which are far greater than the problems of the plant itself; and

WHEREAS: The County of Maui has been, and remains absolutely committed to the protection of civil rights and civil liberties for all of its residents and affirms its commitment to embody democracy and to embrace, defend and uphold the inalienable rights and fundamental liberties granted by the United States' Constitution, the Bill of Rights, the Hawaii State Constitution and the Maui County Charter; and

THEREFORE: The people of Maui do hereby enact the following ordinance establishing the marijuana policy of the County of Maui.

Section 3: AS DEFINITION

"Marijuana" - Means "Marijuana" as currently defined in the Hawaii Health & Safety Code Section 329-123 HRS.

Section 4: AS PURPOSE

The purpose of this ordinance is to:

- a) Direct the County of Maui to develop a system to tax and regulate medical marijuana by licensing family farmers' land-leases/service contracts to individual State of Hawai'i certified medical marijuana patients; as to keep it off the streets and away from children, and to raise revenue for the County;
- b) Direct the County of Maui to create an allotment system, licensing agriculturally zoned family farmers of Maui to supply the medical needs of the community by securing, and leasing out plots of land to individual medical marijuana patients. Sixty-percent of all allotments will go to residents that can prove over seventy years of residency in Maui County. Money will only be exchanged over the land lease as to not violate state or federal law.
- c) Direct the Maui County Prosecutor to follow and enforce state and county laws pertaining to the medical use of marijuana;
- d) Direct the Maui County Council to be a strong advocate for legislative change at both the State and Federal levels.

Section: 5: AS REGULATION

- a) The County of Maui shall establish a system to license, tax and regulate medical marijuana. The Maui County Council shall promulgate regulations that do not conflict with state law; and
- b) Marijuana family farmers shall be required to pay licensing fees and taxes on land leases to individual patient and be subject to other reasonable safety and regulations standards.

Section 6: AS LICENSING FAMILY FARMERS

- a) The County of Maui will issue licenses to agriculturally zoned family farmers to supply the medical needs of the community.
- b) The Licensed family farmer may have allotments to allow for the production of marijuana for no more than two hundred State of Hawai'i medical marijuana certificate holders.

Section 7: AS MEDICAL MARIJUANA ALLOTMENT SYSTEM

Maui County shall establish a farming program along the lines of the Tobacco Allotment system:

- a) For an agriculturally zoned, Maui County Family Farmer to meet and qualify for a medical marijuana allotment (M.M.A.), they will need to create a five-year organic farm plan based on at least two organic crops. The first crop shall be medical marijuana, covering the cost of: land, labor, and start up expenses for the first five years of establishing the second organic crop
- b) The Licensed family farmer may have an allotment of no more than two hundred State of Hawai'i medical marijuana certificate holders.

Section 8: AS COMMUNITY OVERSIGHT COMMITTEE

A Community Oversight Committee shall be appointed to oversee the implementation of the Maui County Compassionate Choice/Family Farmer Regulation and Revenue Ordinance.

The Committee shall be comprised of the 5 qualified voters from this petition committee, and:

- 1 Community member appointed by the Maui County Council,
- 1 Community member appointed by the Mayor of Maui,
- 1 Representative of the Maui County Auditor,
- 1 Representative of Maui County Manager.

Responsibilities of the Committee shall include:

- a) Ensure timely implementation of this ordinance;
- b) Make recommendations to the Maui County Council regarding appropriate regulations, in accordance with Section 5 above;
- c) To form the Committee within 30 days,
- d) To develop a land-lease tax and service tax for medical marijuana farmers and submit allotment, license & tax plan within 60 days,
- e) To vote on plans & submit a final draft to County Council within 90 days,
- f) To issue licenses to Family Farmers that meet the approved plan requirements within 120 days,
- g) Report annually to the Maui County Council on implementation and progress of this ordinance.

Section 9: AS MAUI COUNTY LEGAL PROTECTION

- a) Maui County shall defend the State rights of legal State of Hawai'i medical marijuana certificate holders; and
- b) The Maui County prosecutor shall follow and enforce state and county laws pertaining to the medical use of marijuana.

Section 10: AS ADVOCACY FOR LEGISLATIVE REFORM

Maui County Council shall advocate the will of the people to support the goals and implementation of this ordinance.

Advocated legislative changes to include:

End the arrest, prosecution imprisonment and law enforcement harrassment of adults for the cultivation, possession, not for profit distribution, and use of medical marijuana; and to be a strong advocate for legislative change at both the State and Federal levels.

Section 11: AS SEVERABILITY

If any provision of this ordinance, or the application thereof to any person or circumstance is held

invalid, the remainder of the ordinance and the application of such provisions to persons or circumstances shall not be affected thereby.