

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 SENATE BILL 585 SD2 HD1
A BILL FOR AN ACT RELATING TO
RELATING TO REMOTE DISPENSING PHARMACIES
Clayton A. Frank, Director
Department of Public Safety

Committee on Finance
Representative Marcus R. Oshiro, Chair
Representative Marilyn B. Lee, Vice Chair

Wednesday, April 1, 2009, 2:00 pm
State Capitol, Room 308

Representative Oshiro and Members of the Committee:

The Department of Public Safety supports Senate Bill 585 SD1 HD1 relating to remote dispensing pharmacies that has the ability to provide medications to patients on islands without a pharmacy and in rural areas regardless of the type of medical insurance that they have. The Department over the past year has worked with different agencies, pharmacies and practitioners in an attempt to solve the problem of providing pharmaceutical medications to include controlled substances to patients on the island of Lanai, but due to statutory limitations was unable to solve this problem. The Department feels that Senate Bill 585 SD2 HD1 has the necessary provisions and safeguards to provide these medications to patients on islands without a pharmacy and in rural areas.

Senate Bill 585 SD2 HD1 would also allow this technology to be utilized in a facility operated by a health maintenance organization regulated pursuant to chapter 432D for the

Senate Bill 585 SD2 HD1

March 23, 2009

Page 2

exclusive use of patients serviced at their facilities. The Department feels that by allowing these remote dispensing machines to be utilized in these health maintenance facilities will allow the Department to better assess the successes as well as possible problems before this technology is expanded.

For these reasons the Department supports the passage of Senate Bill SD2 HD1.

Thank you for the opportunity to testify on this matter.

**PRESENTATION OF THE
BOARD OF PHARMACY**

TO THE HOUSE COMMITTEE ON FINANCE

TWENTY-FIFTH LEGISLATURE
Regular Session of 2009

Wednesday, April 1, 2009
2:00 p.m.

**TESTIMONY ON SENATE BILL NO. 585, S.D. 2, H.D. 1, RELATING TO
REMOTE DISPENSING.**

TO THE HONORABLE MARCUS R. OSHIRO, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Dr. Elwin Goo, Chair of the Board of Pharmacy ("Board"). I appreciate the opportunity to present testimony on behalf of the Board. The Board supports Senate Bill No. 585, S.D. 2, H.D. 1, that would allow: 1) The utilization of a remote dispensing pharmacy on an island that does not have a permitted pharmacy or in remote areas where there are no pharmacies within a five mile radius of an existing pharmacy; 2) Allow a remote dispensing pharmacy located on an island that does not have a permitted pharmacy or a remote area where there are no pharmacies within a five mile radius to continue to operate in the same location if a pharmacy is subsequently established on the same island or not within a five mile radius of an existing pharmacy; 3) Allow the remote dispensing pharmacy on an island without a pharmacy or in a remote area where there are no pharmacies within a five mile radius to dispense drugs to patients with any health insurance coverage; 4) Allow the dispensing of controlled substances from a remote dispensing pharmacy; and 5) Allow a remote

Testimony on Senate Bill No. 585, S.D. 2, H.D.1
Wednesday, April 1, 2009
Page 2

dispensing pharmacy to be established at facilities operated by a health maintenance organization regulated pursuant to chapter 432D, Hawaii Revised Statutes ("HRS").

The Board however, defers to the Department of Public Safety, Narcotics Enforcement Division, on the dispensing of controlled substances from a remote dispensing pharmacy as it is the appropriate state agency with authority over Chapter 329, HRS, the Uniform Controlled Substances Act.

The Board supports the practice of remote dispensing and believes it is technology that should be available throughout the State so all residents of this State can be afforded improved access to prescription medications and pharmacy services to meet their healthcare needs.

Thank you for the opportunity to provide testimony on Senate Bill No. 585, S.D. 2. H.D. 1.

HAWAII ALLIANCE FOR RETIRED AMERICANS (HARA)
AN AFFILIATE OF THE ALLIANCE FOR RETIRED AMERICANS
C/O AFSCME, 888 MILILANI STREET, SUITE 101
HONOLULU, HAWAII 96813

TO: House Committee on Finance

March 30 2009
Fax 5866001

FROM: Bruce McCullough
HARA Legislative Committee, Chair

FOR: Committee on Finance
Rep. Marcus R. Oshiro, Chair
Rep. Marilyn B. Lee, Vice Chair

RE: SB 585, SD 2, HD1 Relating to Remote Dispensing Pharmacies

DATE: Wednesday, April 1, 2009

TIME: 2:00PM

PLACE: RM. 308

I am submitting testimony on behalf of the Hawaii Alliance for Retired Americans (HARA). HARA represents over 21,000 retirees, members of numerous organizations and individuals. HARA is a chapter of the Alliance of Retired Americans (ARA), a national advocate for seniors and retirees with over three (3) million members.

HARA is in strong support of this proposed legislation.

This bill is very important for residents living in remote areas of our State that do not have pharmacies. For example, it is my understand that the island of Lanai has no pharmacy. Imagine the hardship this creates for these residents. A remote dispensing pharmacy would be wonderful for these consumers.

LĀNA`I WOMEN'S CENTER DBA LĀNA`I COMMUNITY HEALTH CENTER

P. O. Box 630142
Lāna`i City, HI 96763-0142



Phone: 808-565-9196
Fax: 808-565-6229
E-mail: dshaw@wave.hicv.net

Wednesday, April 1, 2009
Conference Room 308
2:00 p.m.

The House Committee on Finance

To: The Honorable Marcus R. Oshiro, Chair and
The Honorable Marilyn B. Lee, Vice Chair

From: Diana V. Shaw, PhD, MPH, MBA, FACMPE
Executive Director

RE: Testimony in Strong Support of SB 585, SD 2, HD 1
Relating to Remote Dispensing

LĀNA`I WOMEN'S CENTER DBA LĀNA`I COMMUNITY HEALTH CENTER (LCHC) strongly urges the passing of HB 655. A common challenge faced by all healthcare providers is providing timely and quality healthcare to communities facing geographic barriers to access. Lāna`i is a community particularly affected by its remoteness and is an underserved population. There are no pharmacies on island. While we have the ability to dispense medicines to our patients, Lāna`i residents traveling to Oahu or any of the other neighbor islands with prescriptions ordered by non-LCHC providers are unable to have their prescriptions filled on Lāna`i. In instances when non-LCHC providers visit the islands - (dentist, psychiatrist, podiatrist, etc.) to provide care to Lāna`i residents, their patients are also not able to receive their medications prescribed by these healthcare professionals. In these instances, LCHC staff assist patients with setting up pharmaceutical accounts with their insurance company's mail order pharmacy. As you can imagine, this creates unnecessary hardship and inconvenience for many Lāna`i residents.

LCHC is working with a neighbor island pharmacy to install a remote dispensing pharmacy kiosk. Currently, this will allow a licensed pharmacist from another location the ability to dispense pharmaceuticals prescribed by a physician at another location – made possible by last year's Act 212 signed into law with the purpose to improve access to medications and pharmacy services by authorizing the operation of remote pharmaceutical drug dispensing machines in the state. As the law currently stands, the remote kiosk will be helpful in addressing the pharmaceutical needs patients enrolled in Quest and Medicaid – a help approximately 90% of all Lanai residents are not enrolled in either Quest or Medicaid! Additionally, the current law does not allow for the dispensing of narcotics.

HB 585, SD2 will allow Lāna`i residents, and residents of any other islands that do not have a pharmacy, to participate in Act 212. Thank you for the opportunity to provide this testimony. I strongly urge you to pass SB 585, SD2, HD1 from this committee.

E Ola nō Lāna`i

LIFE, HEALTH, and WELL-BEING FOR LĀNA`I

Written Testimony Presented Before the of
House Committee on Finance
April 1, 2009, 2:00 p.m.

Ronald T. Taniguchi, Pharm.D.
Director of Community Partnerships
College of Pharmacy, University of Hawai'i Hilo

SB 585 SD2 HD1 RELATING TO REMOTE DISPENSING

Chair Oshiro, Vice Chair Lee, and members of the House Committee on Finance, thank you for the opportunity to provide testimony, as an individual, **in support of SB 585 SD2 HD1 with one amendment**. This bill expands access to medications to residents on rural islands and in remote areas without access to a pharmacy or pharmacy services. The bases for providing an alternative method for dispensing prescription medications are a nationwide shortage of pharmacists and past history of difficult placement of pharmacists and pharmacies in rural areas of the state.

The College of Pharmacy of the University of Hawai'i Hilo has a charter and mission to produce pharmacists that will serve all communities in Hawai'i and the Pacific. Beginning in 2011, each class will graduate 80–90 students annually who are eligible for licensure to practice pharmacy in Hawai'i. Fifty percent of each class is selected from in-state residents. With an emphasis on placing students in experiential rotations in rural areas, the seeds to encourage a practice in those settings after graduation will be planted.

Providing access to medications through an automated dispensing machine and a telecommunications link to a pharmacist is an expedient solution to current needs in underserved areas. However, it cannot substitute for the full range of pharmacy services that a pharmacy or pharmacist that is part of the community can provide. The demographic trend of an ever increasing elderly population in Hawai'i that require high medication use stands to directly benefit from active on-going medication therapy management services delivered by pharmacists in their communities.

For the reasons stated above, I strongly recommend that the committee reinstate the repeal date of January 2, 2013, in Section 7. By then, two classes will have graduated from the College of Pharmacy and a clearer assessment of pharmacy and pharmacist shortages in Hawai'i can be made as well as the continued relevance of automated remote dispensing. This thoughtful approach will serve the best interests of all the people of Hawai'i.

Thank you for the opportunity to testify.

HMSA



A member of the Hawaii Branch of the Blue Cross Association

April 1, 2009

The Honorable Marcus Oshiro, Chair
The Honorable Marilyn Lee, Vice Chair

House Committee on Finance

Re: SB 585 SD2 HD1 – Relating to Remote Dispensing

Dear Chair Oshiro, Vice Chair Lee and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of SB 585 SD2 HD1.

This measure would expand the ability of individuals in remote areas to gain access to their prescription medications in their own community. Through the use of state-of-the-art telecommunications technology, pharmacists are able to dispense medications to patients at a distance. Telepharmacy will help expand access to quality health care to primarily rural and medically underserved areas.

Thank you for the opportunity to testify today.

Sincerely,

Jennifer Diesman
Assistant Vice President
Government Relations

Wednesday – April 1, 2009, Conference Room 308 – 2:00pm

The House Committee on Finance

To: Representative Marcus R. Oshiro - Chair
Representative Marilyn B. Lee, Vice Chair

From: Shirley Samonte
Manger, Clinical Operations
Straub Lanai Family Health Center

**RE: Testimony in Support of SB 585 SD2 HD1
Relating to Remote Dispensing Pharmacies
With Request for Amendment of Effective Date**

My name is Shirley Samonte, Manager of Clinical Operations for Straub Lanai Family Health Center. The Straub Lanai Family Health Center is an affiliate of Hawaii Pacific Health (HPH), which is the four-hospital system of Kapi'olani Medical Center for Women & Children, Kapi'olani Medical Center at Pali Momi, Straub Clinic & Hospital, and Wilcox Hospital/Kauai Medical Clinic.

Since December 1991, the Straub Lanai Family Health Center has been providing both primary and access to specialized care for the entire Lanai community. The services provided by the Center include the treatment of illness and injury for infants, children, adolescents and adults; periodic physical examinations and preventive health maintenance; Pre-marital and gynecological examinations; Minor surgical procedure; Well-baby and well-child services; and selected specialty consultations available in: cardiology, dermatology, obstetrics/gynecology, ophthalmology, orthopedics, pediatrics, physical therapy, and nephrology. The Straub Lanai Family Health Center provides care to more than 12,000 visits annually.

A common challenge faced by all healthcare providers is providing timely and quality healthcare to communities facing geographic barriers to access. Lanai is a community particularly affected by the inherent diseconomies involved with delivering healthcare to remote areas. With a population base of approximately 3,500 located on an island geography, ensuring that Lanai residents receive timely and adequate care has been the mission of the Straub Lanai Family Health Center.

Meeting the pharmaceutical needs of the Lanai community is no exception to these challenges. There are currently no pharmacies located on the island of Lanai. The Straub Lanai Family Health Center operates a *dispensary* – which means that it is only authorized to provide pharmaceuticals prescribed by Straub Lanai Family Health Center

physicians. Therefore, Lanai residents traveling to Oahu or any of the other neighbor islands with prescriptions ordered by non-Lanai Family Health Center physicians are unable to have their prescriptions filled on Lanai. In instances when non-Straub physicians visit the islands - (dentist, psychiatrist, podiatrist, etc.) to provide care to Lanai residents, their patients are also not able to receive their medications prescribed by these healthcare professionals. In these instances, Straub Lanai Family Health Center staff must assist patients with setting up pharmaceutical accounts with their insurance company's mail order pharmacy. As you can imagine, this creates unnecessary hardship and inconvenience for many Lanai residents. The Straub Lanai Family Health Center receives more than 1,000 of these types of requests every month.

One of the strategies to overcome the challenge of delivering pharmaceuticals to remote areas is to utilize existing technologies such as *remote dispensing*. Remote dispensing allows a licensed pharmacist from another location the ability to dispense pharmaceuticals prescribed by a physician at another location. Last year Act 212 was signed into law with the purpose to improve access to medications and pharmacy services by authorizing the operation of remote pharmaceutical drug dispensing machines in the state. While this bill was a helpful step to address providing pharmaceutical access to many remote populations – by limiting access to remote dispensing only to patients enrolled in Quest and Medicaid – the statute as currently written denies Lanai patients the right to participate since approximately 90% of all Lanai residents are *not* enrolled in either Quest or Medicaid.

We ask that the effective date of the act be changed from July 1, 2020 to be “effective upon approval”.

Thank you for the opportunity to provide this testimony. We ask that you pass SB 585 SD2 HD1 from this committee with the amended effective date.

Testimony of
Phyllis Dendle
Director of Government Relations

House Committee on Finance
The Honorable Marcus R. Oshiro, Chair
The Honorable Marilyn B. Lee, Vice Chair

April 1, 2009
2:00 pm
Conference Room 308
Agenda #5

SB 585 SD2 HD1 RELATING TO REMOTE DISPENSING PHARMACIES

Chair Oshiro and committee members, thank you for this opportunity to provide testimony on this bill which would provide greater access to medications and pharmacy services through remote dispensing.

Kaiser Permanente Hawaii strongly supports this bill.

We support remote dispensing because we think we will see improved compliance with drug therapy if patients have immediate access to their prescriptions. This secure technology will offer access to medication when a pharmacy is unavailable on island or is not open. It will be particularly helpful for our members on Lanai where there is no pharmacy. Currently many have to travel to Maui to get their prescriptions filled.

With a nationwide shortage of pharmacists it is not just geographically isolated locations that would not have a pharmacist or a pharmacy available. Sometimes it is time rather than location that makes it difficult for patients to get their prescriptions.

For example, increasingly Kaiser Permanente Hawaii is expanding access to care for patients by extending the hours that clinics are open. In our smaller, more rural clinics such as those in Kahuku, Waimea, and Kapolei, we do not have a pharmacy located at the clinic. As a convenience for our members we have arranged for them to get their medication from local pharmacies. These pharmacies are not open the same hours as the clinic. However, we always have pharmacist at the hospital who could supervise the remote dispensing in these clinics.

With that in mind we especially support the amendments which permit health maintenance organizations regulated under chapter 432D HRS to have remote dispensing in our facilities. This would be used exclusively for our patients getting treatment at our facilities.

We believe this will permit better service and access for Kaiser members that we hope will translate into better medication compliance by patients and ultimately to their improved health.

Thank you for your consideration.



March 31, 2009

Representative Marcus R. Oshiro
Chair, House Committee Finance
Hawaii State Capitol, Room 306

Re: S.B. 585, S.D.2, H.D.1 – Relating to Remote Dispensing

Hearing: Wednesday, April 1, 2009 at 2:00 p.m., Agenda #5

Dear Chair Oshiro and Members of the Committee on Finance:

I am Mihoko Ito, an attorney with Goodsill Anderson Quinn & Stifel, testifying on behalf of Walgreen Co. ("Walgreens"). Walgreens operates more than 6,600 locations in 49 states, the District of Columbia and Puerto Rico. Walgreens also operates 217 Take Care Health Clinics in 15 states within select Walgreens stores, employing Advance Practice Nurses and Physician Assistants.

Walgreens **supports the intent of S.B. 585, S.D.2, H.D.1**, which authorizes remote dispensing pharmacies to provide medications to patients with health insurance coverage and allows remote dispensing pharmacies to dispense controlled substances. The bill also authorizes remote dispensing pharmacies at Chapter 432D health maintenance organizations for its members, without distance or insurance coverage restrictions.

Walgreens supports the intent of S.B. 585, S.D.2, H.D.1 because it expands access to medications for those living on the remote outer islands, and allows those with health insurance to utilize this technology. However, Walgreens believes that the allowance of remote dispensing without geographical and socioeconomic restrictions on these islands should also be expanded to apply to all islands. Under the present law, Hawai'i Revised Statutes ("HRS") § 461-10.5, remote dispensing pharmacies are not permitted within a five mile radius of another pharmacy, with certain exceptions, and can only provide medications to patients covered by QUEST medical coverage.

Walgreens believes that geographical and socioeconomic restrictions for remote dispensing systems hinder access to prescription drugs for Hawai'i residents, and do nothing to ensure patient safety. HRS § 461-10.5 already contains patient safety provisions so that users will receive access to prescription drugs via a method that is safe and secure, in consultation with a pharmacist. Accordingly, Walgreens respectfully requests that the geographic and socioeconomic restrictions in HRS § 461-10.5 be removed to allow not only remote outer island residents, but all Hawai'i residents the ability to obtain their prescription drugs in a safe, efficient and convenient manner.

Thank you very much for the opportunity to testify.

*Walgreen Co. Government and Community Relations 104 Wilmot Road, MS 1444 Deerfield, IL 60015
847-315-4653 FAX 847-315-4417 www.walgreens.com*

HOUSE OF REPRESENTATIVES
THE TWENTY-FIFTH LEGISLATURE
REGULAR SESSION OF 2009
APRIL 1, 2009
CONFERENCE ROOM 308

SB585 SD2 HD1 TO BECOME HD2 WHEN AMENDED

I WILL BE ATTENDING THE HEARING TO TESTIFY

**IN STRONG SUPPORT WITH ADDED AMENDMENT FOR MEDICAL CANNABIS
COMPASSIONATE TASK FORCE**

Aloha Rep. Marcus R. Oshiro Chair, Rep. Marilyn B. Lee Vice Chair, and members of The Finance Committee,

My name is Joseph B. Rattner, and I am the Founder and President of West O'ahu Hope For A Cure Foundation, and since 2004, I have be authorized under a law enacted in 2000 in the State of Hawai'i, to legally grow and smoke Medical Cannabis, due to my life living eighteen (18) years, with HIV/AIDS, which unfortunately after only 14 years with the virus, the chronic and debilitating conditions which have literally crippled me in many ways, are not at all being attended to by your law.

A new proposal, making amendments to the present Medical (Marijuana) Cannabis Law were welcomed by your members due to the Communities out cry for the past 3 three years, that things needed to be changed.

What is missing right now and of most importance, is that the present Medical Marijuana (Cannabis) Program incepted in 2000, needs to be looked at by a panel of experts, knowledgeable in the area of Medical Cannabis, its Efficacy's, what strains and dosing protocols are really appropriate, the travel restrictions that are imposed because of the old Administrations policies, and how because of President Obama's recent direct orders to the new U S Attorney General Eric Holder, that Americas "new" policies will never let Federal Law have any effect on the way State Laws ever enacted and guaranteed the Medical Community and the Patients and Caregivers that use the Laws of the State that they live in will no longer have to worry about the Federal Government circumventing State Law and that from now on things would drastically change.

We propose that there be convened through the Department of Health, a Medical Cannabis Compassionate Task Force, made up of no more than thirteen members, including 2 Co-Chairs, 3

Physicians, 3 patients (all together), 2 Caregivers, the Director of the Americans for Safe Access (ASA), the President of the Drug Policy Forum the Director of the Alcohol/Drug Abuse Division of the Department of Health (DOH), the Director of the Public Safety Department's (PSD), Narcotics Enforcement Division (NED) or their designees and 1 member to be chosen by the Speaker of the House and the other member to be chosen by the President of the Senate. Lastly, one more Qualified Patient will be chosen by the Governor of our State, the Honorable Linda Lingle.

This Force will report back to the Legislature no later than April 30, 2010, and the Task Force will cease to exist on the same date with our hopes that a new law proposed this year, SB 418, which has one more year to become Law, will in fact be the case, and Hawai'i, and we would then have the first viable Distribution Program so that Patients and their Caregivers along with their Physicians, will not ever have to worry about not having ACCESS to their medicine, which is the major problem we are having to this very day.

I could go on and on about how much money the State would make and if you want specific figures, I will be glad to explain them to you when I come to testify on Wednesday, April 1, 2009.

Please note that his Task Force is not asking for any Appropriation (\$) and that many of the members or their designees have already agreed to participate, free of charge, including the Physicians.

By accepting the recommendations absolutely needed and that should be taken ASAP, and with the many new positions and stands we must take to *stimulate revenue*, while *reducing drug crime* on all Islands, the State of Hawai'i can finally be ranked first instead of last, when it comes to the kind of Access and Compassionate Care that we all know was meant to happen when the law was first enacted.

Mahalo, for the opportunity to testify and look forward to any questions you may have.

Peace and Aloha,

Joseph B. Rattner, O. D., CSAC

91-211 Mak'ina Place

Ewa Beach, HI 96706

808-685-6702

Jbrhawaii1@aol.com

www.WestOahuHopeForACure.org

**ATTENTION: THE CHAIR OF HOUSE FINANCE
***REPRESENTATIVE MARCUS R. OSHIRO**

**PROPOSED AMENDMENTS TO SB 585 SD2 HD1, FOR THE PUBLIC
HEARING SOON TO BE HEARD BY THE HOUSE FINANCE
COMMITTEE**

SECTION 5. The legislature also finds that the State's medical marijuana (cannabis) program, enacted into law in 2000, is a public health program conceived out of concern for the health and welfare of the seriously and chronically ill. Registration for the program is currently administered by the narcotics enforcement division (NED) of the public safety department (PSD) or the department of public safety (DPS), of which the definitions of their names are equal in every sense, for the purpose of this section.

Many patients, however, are intimidated by the prospect of dealing with a narcotics enforcement agency, and do not apply for certification. Therefore, they do not benefit from the protection from arrest or the threat of arrest by state or county authorities that is offered to those who are certified by the State under this program.

Furthermore, the program's current placement in the narcotics enforcement division is in part responsible for the reluctance of many physicians to certify patients. These physicians are concerned that their written certifications will

be reviewed by the same entity that monitors physicians on issues of over-prescribing, "doctor shopping", and similar issues.

SECTION 6. Medical cannabis task force: [NO (\$) APPROPRIATION REQUEST FOR THIS SECTION AND RELATED SECTIONS BELOW].

(a) There is to be established within the **department of health (DOH)** the **medical cannabis compassionate care task force**.

(b) The task force shall consist of thirteen (13) members named as follows.

1. Two physicians related in the field of compassionate care and cannabis efficacy,
2. Two state licensed and qualified compassionate caregivers,
3. The President of The Drug Policy Forum or their designee **plus** one selected, state licensed medical cannabis patient,
4. The President of West O`ahu Hope for A Cure Foundation (WOHFAC), or their designee **plus** one selected, state licensed medical cannabis patient,
5. The Director of Americans for Safe Access (ASA), Honolulu Chapter, and their Medical Advisor,
6. The Director of the Narcotics Enforcement Division (NED) of the Public Safety Department (PSD) or their designee.

7. The Director of the Alcohol/Substance Abuse Division of the Department of Health or their designee,

8. One state licensed medical cannabis patient to be selected by the Governor Honorable Linda Lingle, and

9. 2 Co-Chairs, appointed as one (1) qualified person, by the President of the Senate and one (1) qualified person, by the Speaker of the House, that are Hawai'i State residents, qualified in specific specialty areas of cannabis, such as cultivation, distribution, packaging, processing and dispensing.

(c) The task force shall:

(1) Develop and make recommendations for a distribution system for a truly viable medical cannabis compassionate care program, which would expand the presently needed unmet services not yet provided by Hawai'i's present medical marijuana (cannabis) law, for generally populated geographical areas and remote areas and remote places, which provides for:

(A) Cannabis production facilities within the State of Hawaii housed on secured grounds [possibly empty Prison Land plots just needing a building structure for Hydroponic Indoor Growing Facility for the most yield of cannabis per plant], identifying and defining new debilitating illnesses that benefit from medical cannabis and will be recommended to be added to the present Statute list of illnesses and

lastly, identifying the strains necessary in keeping chronically ill patients comfortable and safe, without ever having an interrupted compassionate care service of their monthly medicine (cannabis), which will be secured by the narcotics enforcement division of the Public Safety Department or PSD,

operated by licensed producers; and

(B) Distribution of medical cannabis to qualified patients for medical cannabis compassionate care or their primary caregivers, to take place at locations that are designated by the Narcotics Enforcement Division of the Public Safety Department and that are not within three hundred feet of any school, church, or daycare center;

(2) Identify requirements for the licensure of producers and compassionate care cannabis production facilities and make recommendations for licensing procedures;

(3) Identify and discover solutions regarding inter-island travel and the way Hawai`i's cannabis or medicine can have a traveling relationship which becomes defined with The Honolulu International Airport and all flying vehicles as well as all boating or ships containing Patients medical cannabis, within Hawai`i air space and Hawai`i waters;

(4) Submit a report to the legislature no later than twenty days prior to the end of the regular session of 2010 that shall include:

(A) Any issues and concerns relating to the implementation of the medical cannabis compassionate care distribution program;

(B) The total number of licensed producers, qualifying patients, and primary caregivers that will utilize the program; provided that no personal, identifying information of producers, qualifying patients, or primary caregivers is included;

(C) An evaluation of the effectiveness of the program in providing medical cannabis compassionate care in general, and as well to individuals in remote places and remote areas, who are suffering from any chronic and debilitating illnesses;

(D) A distribution plan that provides for the safe, remote and effective distribution of medical cannabis to participants of the State's medical cannabis compassionate care program; and

(E) Any recommendations, including proposed legislation, to improve the provisions of the medical cannabis compassionate care program will be reported by written review to the 26th Legislature, no later than the date of April 30th, 2010.

(F) The Task Force shall cease to exist, by no later than April 30th, 2010.

SECTION 7. This Act shall take effect upon its approval including Sections five (5) and six (6), and Section 8. This Act from Sections (1) to (4) will take effect on July 1, 2020.

HAWAI'I STATE LEGISLATURE
2009 REGULAR SESSION
FINANCE COMMITTEE HEARING
APRIL 1, 2009 ROOM 308
SB585 SD2 HD1 TO BECOME HD2

IN STRONG SUPPORT WITH ADDED AMMENDMENT

I will attend the hearing

Aloha Rep. Marcus R. Oshiro Chair, Rep. Marilyn B. Lee Vice Chair, and members of The Finance Committee.

My name is Lila Rattner and I am the Director of the Advisory Board of The West O`ahu Hope For A Cure Foundation. I am writing this testimony in support of SB585 SD2 HD2 to become HD2 hopefully after hearing. I am testifying to the additional amendment to SB585 for the Medical Cannabis Compassionate Care Task Force to be established.

The Medical Marijuana "Cannabis" program enacted into law in 2000 has its short falls when it comes to patient's access to their medications. The state of Hawai'i allowing patients under its Licensing Law allows patients to grow their own Cannabis medication, but does not supply seeds to get the growing started. Many patients are afraid to grow their own medications because the aroma of growing plants endangers their safety by allowing break-ins to their property to occur. They fear for their own safety.

Many patients and Physicians are intimidated by the prospect of dealing with a Narcotics Enforcement Agency for certification, because of the possibility of arrest or threat of arrest by the state or local authorities.

The Medical Cannabis Compassionate Care Task Force would be established within the Department of Health. We hope to include in this Task Force the Director of Narcotics Enforcement Division (NED) of Public Safety Department and Director of Alcohol/Substance Abuse Division of the Department of Health, among others. This Task Force would discuss the development and recommendations for a distribution system for truly viable medical Cannabis to meet the present needed services that have not been provided by the state of Hawai'i under present Medical Cannabis law.

There will also be on the Task Force physicians to identify and define the debilitating illnesses and identify the different strains necessary to keep chronically ill patients comfortable and safe.

The Task Force will also identify requirements for licensing producers, Compassionate Care Production Facilities, and make recommendations for licensing procedures. We hope to include any proposed legislation and any recommendations to improve a Medical Cannabis Compassionate Care program to be introduced to the 26th Legislative.

This task force should be the final solution to end the suffering of the chronically ill patients, and allow the dispensing of their medication to finally be resolved.

Sincerely Yours, Lila Rattner West Oahu Hope For A Cure Foundation 685-6677

91-211 Maka'ina Place Ewa Beach Hawai'i 96706

HAWAII STATE LEGISLATURE
2009 REGULAR SESSION
FINANCE COMMITTEE HEARING
APRIL 1, 2009 ROOM 308

SB585 SD2 HD1 TO BECOME HD2 WHEN AMENDED

**IN STRONG SUPPORT WITH ADDED AMMENDMENT FOR MEDICAL
CANNABIS COMPASSIONATE TASK FORCE**

I will be attending the Hearing.

Aloha Rep. Marcus R. Oshiro Chair, Rep. Marilyn B. Lee Vice Chair and members of The Finance Committee,

My name is Mark Fisher, I am a volunteer for West O'ahu Hope For A Cure and also volunteer time to Sen. Chun Oakland's office. While also being a Medical Cannabis Patient with full understanding of the puka in our current Medical Marijuana "Cannabis" Law, it has lead me to write this testimony in support of SB585 SD2 HD1 to become HD2 hopefully after hearing. I am testifying to the additional amendment to SB585 for the Medical Cannabis Compassionate Care Task Force to be established.

My personal experience as a Medical Cannabis Patient has been times of confusion and fear at attempting to medicate myself properly and comfortably. I fear the of safety of my 6 month year old daughter from predators if I decide to grow cannabis on my own property, and I am confused of why I must resort to the Black Market in order to fill my Medical Cannabis Prescription.

In my heart I truly believe that a Medical Cannabis Compassionate Task Force is exactly what we need to fix the current problems of our Medical Marijuana "Cannabis" Law. Even furthermore I truly believe that the State of Hawaii can be a proven positive example to rest of the nation, with the members selected in



our States Task Force, on how a Medical Cannabis Care Program should operate.

This Task Force should be the final solution to end the suffering of the chronically ill patients, and allow the dispensing of their medication to finally be resolved.

Sincerely Yours,

Mark Fisher

Phone: 808-347-4769

1822 Beckley St. #B

Honolulu, HI 96819

House Finance Committee
April 1, 2009 @ 2:00 p.m.
SB 585 SD2 HD1

Position: Support With Amendments

Representative Oshiro, Representative Lee, and members of the committee:

My name is Paul Minar. I have failed back syndrome. Failed back syndrome means you have had multiple back surgeries and they were not successful. I have neuropathic pain nerve damage caused by Diabetes, a fused back with degenerative disk disease, severe sciatic nerve damage. I get shocks down my legs and spasms and deep aching pain especially at night. I medicated with alcohol or prescription drugs with little or no relief from my symptoms while destroying my health. What really helps is Medical Cannabis. works better and I can still think unlike alcohol or prescription opium. Alcohol, hydrocodone or oxycontin. They will absolutely harm your health. I believe Medical Cannabis saved my life. My family doctor does too. I have a recommendation from my doctor for Medical Cannabis. Where am I supposed to get my Medical Cannabis medicine? I don't have any place to grow and I'm not a great gardener. We need a viable Medical Cannabis distribution system sooner not later. New Mexico has already authorized their first non profit growing and distribution organization. It's about time we did too. It will happen. Lets make Hawaii one of the leaders like we have been before. Lets not be the last.

I support bill SB585 with the amendment adding the medical marijuana task force.

Respectfully submitted,
Paul Minar

SB 585 SD2 HD2

WE RECEIVED OVER
400 OF THE ATTACHED
FORM TESTIMONY IN
STRONG SUPPORT
FROM LANAI
RESIDENTS.

TESTIMONY IN STRONG SUPPORT SB 585 SD 2 HD1

**Wednesday - April 1, 2009
Conference Room 308
2:00 pm**

The House Committee on Finance

To: Representative Marcus Oshiro, Chair
Representative Marilyn Lee, Vice Chair

From: Lanai Residents

I support House Bill 655 and Senate Bill 585 relating to remote dispensing pharmacies; better access to medications. Currently, the only dispensary on island is not able to fill the Lana'i community's prescriptions written by other doctors other than the ones present at the dispensary. This poses a significant hardship for me. This law will allow me to fill all of my prescriptions on island regardless if the physician prescribing my medications is present at the pharmacy.

Rocelio T. TAMAYO
Print Name

Rocelio T. Tamayo
Signature

3/28/09
Date

PO Box 630091 Lanai City HI. 96763
Address