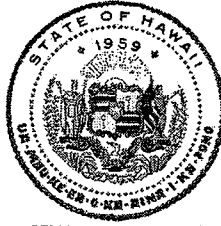


LINDA LINGLE  
GOVERNOR



STATE OF HAWAII  
**DEPARTMENT OF PUBLIC SAFETY**  
919 Ala Moana Blvd. 4<sup>th</sup> Floor  
Honolulu, Hawaii 96813

# LATE TESTIMONY

CLAYTON A. FRANK  
DIRECTOR

DAVID F. FESTERLING  
Deputy Director of  
Administration

TOMMY JOHNSON  
Deputy Director  
Corrections

JAMES L. PROPOTNICK  
Deputy Director  
Law Enforcement

No. \_\_\_\_\_

TESTIMONY ON SENATE BILL 2141  
A BILL FOR AN ACT RELATING TO  
MEDICAL CANNABIS  
Clayton A. Frank, Director  
Department of Public Safety

Committee on Public Safety and Military Affairs  
Senator Will Espiro, Chair  
Senator Robert Bunda, Vice Chair

Committee on Health  
Senator David Y. Ige, Chair  
Senator Josh Green, M.D., Vice Chair

Thursday, February 4, 2010, 1:15 PM  
State Capitol, Room 229

Senators Espiro, Ige and Members of the Committees:

The Department of Public Safety does not support Senate Bill 2141 that proposes to amend the definition of "adequate supply" as listed in section 329-121 Hawaii Revised Statutes by increasing the number of marijuana plants to 10 plants that can jointly be possessed between the qualifying patient and the primary caregiver and possess five ounces of usable marijuana. Presently Hawaii law allows a qualifying patient and the patient's primary caregiver to possess 3 mature plants and 4 immature plants and one ounce of usable marijuana per mature plant, which would bring the total amount of usable marijuana to 3 ounces. Presently, there are twelve other states with medical use of marijuana programs, most of which have kept the number of allowable marijuana plants to around 6 mature plants and varying amounts of authorized processed marijuana, with only two states allowing over 8 ounces (Refer to Table 1).

TABLE 1: State Limits on Possession of Medical Marijuana

State	Year Enacted	# Of Plants	Amount of Processed Marijuana
Alaska	1999	6 (3 mature)	1 oz
California	1996	12 (6 mature or 12 immature)	8 oz
Colorado	2000	6 (3 mature)	2 oz
Hawaii	2000	7 (3 mature and 4 immature)	3 oz
Maine	1999	6 (3 mature)	2.5 oz
Montana	2004	6	1 oz
Nevada	2000	7 (3 mature and 4 immature)	1 oz
New Mexico	2007	16 (4 mature and 12 seedlings)	6 oz
Oregon	1998	(6 mature and 18 seedlings)	24 oz
Rhode Island	2006	24 (12 mature and 12 seedlings)	2.5 oz

Vermont	2004	9 (2 mature and 7 immature)	2 oz
Washington	1996	15	24 oz
Michigan	2008	12	2.5 oz

The Department feels that the possession of 10 plants and 5 ounces of usable marijuana is too much for medical use and would increase the possibility of diversion to the streets and schools. The Department would agree that the number of authorized marijuana plants should be simplified to seven plants and that the amount of usable marijuana be set at not more than three ounces.

The department feels that the amendments being proposed by Senate Bill 2141 to not require the signing physician on the certificate to be the patient's primary care physician would invite abuse of the program by physicians that just sign certificates and never examine or establish a medical relationship with the patient. Presently the State's top ten physicians issuing medical use of marijuana certificates account for 89.4% (5704) of all certificates issued statewide (6381). The number one rated physician accounts for 40.7% (2595) of all certificates issued statewide. This raises questions about the abilities of such physicians to adequately treat these patients purportedly diagnosed with severe debilitating medical conditions. Hawaii's medical use of marijuana laws require a physician to have a bona fide doctor patient relationship as a condition of the program. However, the Narcotics Enforcement Division has had complaints from patients regarding not being able to contact their physician because he is in another state and only visits the islands on specific days. These physicians are able to operate because they comply with the bare minimum of the law and many of their patient's just want to obtain a medical use of marijuana permit regardless of whether or not they have a severe debilitating medical condition. Section 2 of Senate Bill 2141 also proposes to prohibit

the Department from printing the address of the location of the patient or caregiver's authorized growing location on the permit issued by the Department. This information is necessary for law enforcement to quickly verify that a patient or caregiver is authorized to grow his/her marijuana at that specific location. Without this information, the patient or caregiver's marijuana can be seized from the property pending verification with the Department. With furlough days and State functions being cut back it is a real possibility that the Department will not be able to verify in a timely manner all of law enforcement's verification requests on subjects claiming to be patients or caregivers in Hawaii's Medical Use of Marijuana program. Presently, if law enforcement finds that the patient or caregiver is growing their marijuana in the location identified on the permit, law enforcement is not seizing or arresting the subject.

The Department does not agree with the amendment being proposed in Section 4 of Senate Bill 2141 to amend section 329-123(a) due to the fact that this will only invite abuse by unscrupulous physicians that know the Department has no way of verifying that the patient being recommended to the program has a debilitating medical condition authorized by Hawaii's Medical Use of Marijuana program. Presently, under Hawaii law, a physician must keep medical records of all patients that he or she treats. Under section 329-128, the Department has the authority to investigate any fraudulent misrepresentation to a law enforcement official of any fact or circumstance relating to the medical use of marijuana or the issuance of the written certificate to avoid arrest or prosecution under that part or chapter 712. The information concerning what the medical use of marijuana permit was recommended for is a key fact in investigating suspected fraudulently obtained permits.

Presently, the Department does not list on the permit card issued to the patient and caregiver the qualifying patient's debilitating medical condition. As of the end of January 2010, the following are the debilitating medical conditions for which physicians may authorize marijuana for medical use:

Cachex / Wasting Syndrome	19
Chron's Disease	0
Glaucoma	52
HIV or AIDS	78
Malignant Neoplasm (Cancer)	77
Multiple conditions listed	1790
Persistent Muscle Spasms	84
Seizures	40
Severe Nausea	72
Severe Pain	4199
Severe pain, severe nausea	0

The selection of Senate Bill 2141 also proposes to increase the patient to caregiver ratio from one patient to one caregiver (presently 7 plants and up to 3 ounces of marijuana), to four patients to one caregiver. If Senate Bill 2141 was signed into law as is, it would allow a caregiver (who is not a patient) to grow on his property up to forty plants and possess up to 20 ounces of processed marijuana at any given time. Hawaii already has a problem with marijuana being the number 2 drug used by minors in our schools (Alcohol being number 1). The Department feels that the one to one patient to caregiver ratio is one of the Hawaii's Medical Use of Marijuana Program's best features and that 7 plants and up to three ounces of usable marijuana is an adequate supply because the patient is able to constantly refill his 3 ounce bag as it runs low.

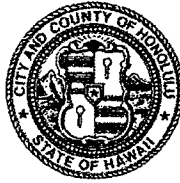
For these reasons and the real possibility that these amendments could lead to abuse of this program, the Department requests that this bill be held.

Thank you for the opportunity to testify on this bill.

# LATE TESTIMONY

POLICE DEPARTMENT  
CITY AND COUNTY OF HONOLULU

801 SOUTH BERETANIA STREET · HONOLULU, HAWAII 96813  
TELEPHONE: (808) 529-3111 · INTERNET: www.honolulu-pd.org



MUFI HANNEMANN  
MAYOR

LOUIS M. KEALOHA  
CHIEF

DELBERT T. TATSUYAMA  
RANDAL K. MACADANGDANG  
DEPUTY CHIEFS

OUR REFERENCE SD-TA

February 4, 2010

The Honorable David Y. Ige, Chair  
and Members  
Committee on Health  
The Honorable Will Espero, Chair  
and Members  
Committee on Public Safety and  
Military Affairs  
The Senate  
State Capitol  
Honolulu, Hawaii 96813

Dear Chairs Ige and Espero and Members:

Subject: Senate Bill No. 2141, Relating to Medical Cannabis

I am Susan Dowsett, Major of the Narcotics/Vice Division, Honolulu Police Department, City and County of Honolulu.

The Honolulu Police Department opposes Senate Bill No. 2141, Relating to Medical Cannabis.

The passage of this bill would allow qualifying patients to possess 10 cannabis plants and five ounces of cannabis at any given time, make the grow site confidential, allow any physician to certify qualifying patients, and allow caregivers to grow cannabis for up to four patients. These changes would result in less control on the use of medical marijuana, an increase in supply, and may lead to abuse and possible distribution for profit. These changes would hinder enforcement investigations because of the difficulty in discerning between illegal and legal cultivations.

The Honolulu Police Department urges you to oppose Senate Bill No. 2141, Relating to Medical Cannabis.

Thank you for the opportunity to testify.

APPROVED:

Sincerely,

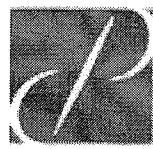
*DC Real McCoy*

Handwritten signature of Susan Dowsett.

SUSAN DOWSETT, Major  
Narcotics/Vice Division

*For*  
LOUIS M. KEALOHA  
Chief of Police

*Serving and Protecting With Aloha*



# the Drug Policy Forum

of hawai'i

## LATE TESTIMONY

February 4, 2010

To: Committee on Public Safety and Military Affairs  
Committee on Health

From: Jeanne Ohta, Executive Director

Re: SB <sup>214L</sup>~~2212~~ Relating to Medical Cannabis  
Hearing: Thursday, February 4, 2010, 1:15 p.m., Room 229

Position: Strong Support

The Drug Policy Forum of Hawai'i writes in strong support of SB 2212 Relating to Medical Cannabis. The medical marijuana program was established by the legislature in 2000. Since then, no changes have been made to the program. After 10 years, and input from patients, we hope the committee will make the changes requested.

The changes to the medical marijuana program in this bill were requested by patients, to make the program more patient-friendly, to protect patients' privacy, and to protect their safety.

### **Increasing the patient to caregiver ratio:**

The current provisions allow a caregiver to care for only one patient. Patients have reported having difficulty finding caregivers; some of them share housing and could more efficiently be assisted by the same caregiver.

Other patients need caregivers because they are unable to grow their own medicine, some live in apartments or condominiums; others live in areas where their plants are not secure and are subject to vandalism or theft; others are just too sick to provide the care needed for their plants to grow to maturity.

Other states allow caregivers to assist up to five patients. DPFH suggests that Hawai'i also use a 1:5 ratio. A Colorado court ruled that by setting the caregiver to patient ration at 1:5 without consulting doctors, patients, and horticulturists, the department's decision was arbitrary and capricious, and struck down the limit.

If legislators are not willing to establish a distribution system at this time, increasing the caregiver ratio is a good short-term alternative that will help many patients obtain their medicine from a reliable and safe source, so they do not resort to the black market to obtain their medicine.

### **Board of Directors**

Pamela Lichty, M.P.H.  
*President*

Kat Brady  
*Vice President*

Heather Lusk  
*Treasurer*

Katherine Irwin, Ph.D.  
*Secretary*

Michael Kelley, D.Phil.

Richard S. Miller, Prof. of  
Law Emer.

Robert Perkinson, Ph.D.

Donald Topping, Ph.D.  
*Founder 1929-2003*

P.O. Box 61233  
Honolulu, HI 96839

Phone: (808)-988-4386  
Fax: (808) 373-7064

Email: [info@dpfhi.org](mailto:info@dpfhi.org)  
Website: [www.dpfhi.org](http://www.dpfhi.org)

**Increase the amount of marijuana patients are allowed to possess from 7 plants to 10 plants and dried marijuana from 3 ounces to 5 ounces:**

Patients say the current law does not provide them with enough marijuana and they do not want to resort to the illegal market. The current limit does not allow for the grow cycles of the plants, for failure of some plants to mature, and for other conditions that can affect plants. When the current law was written, the number of plants did not take into account how long it takes to grow a plant to maturity. Only female plants produce the buds with concentrated medicinal compounds. After the first appearance of their flowers, it typically takes months for female bud to fully mature.

Many patients are now using vaporizers, which have been found to be safer than smoking marijuana. However, vaporizers use more marijuana. Increasing the allowable amount will allow patients sufficient marijuana to use vaporizers.

At least four other states allow more than 7 plants to be possessed by qualifying patients. Oregon allows up to 24 ounces and many localities in California and Washington allow much more than 3 ounces to be possessed.

**Requiring that the address where marijuana is grown be kept confidential and not appear on the registry card issued by the department enhances patient confidentiality and security.** A patient whose wallet is stolen is vulnerable because the registry card identifies the location of their marijuana.

**Patient confidentiality is also enhanced by not requiring the physician to name the patient's particular condition.** The physician shall attest that the patient has one of the debilitating medical conditions defined in the medical marijuana section, but shall not name or describe the condition. It is important to maintain patient confidentiality as patient confidentiality has already been breached by NED when it mistakenly released the names and other information of patients to a newspaper.

**The bill also prevents overreaching administrative rules by limiting the information requested on the department's forms to those specifically required or permitted by the medical marijuana chapter.** Over the years, the Narcotics Enforcement Division, which administers the program, has changed the registration form, and made other informal rules over-reaching its authority. The registration form has been changed several times. One change was designating that the signing physician be the primary care physician. The medical marijuana chapter does not limit the authorizing physician to primary care physicians.

While we believe there are other changes that should be made to the program, these proposed changes are a great start in improving the medical marijuana program. We ask the committee to pass this measure. Thank you for hearing this bill and for this opportunity to provide testimony.



## INFORMATION ON MEDICAL MARIJUANA

### **Federal Laws do not Preempt State Medical Marijuana Laws**

In December 2008, the U.S. Supreme Court refused to review a landmark decision in which California state courts found that its medical marijuana law was not preempted by federal law. The state appellate court decision from November 28, 2007, ruled that "it is not the job of the local police to enforce the federal drug laws."

### **Many Organizations Support Access to Therapeutic Cannabis**

American Academy of Family Physicians, American Medical Association's Council on Scientific Affairs, American Nurses Association, American Public Health Association, and many others.

"ACP urges an evidence-based review of marijuana's status as a Schedule I controlled substance to determine whether it should be reclassified to a different schedule. ... ACP strongly supports exemption from federal criminal prosecution; civil liability; or professional sanctioning, such as loss of licensure or credentialing, for physicians who prescribe or dispense medical marijuana in accordance with state law. Similarly, ACP strongly urges protection from criminal or civil penalties for patients who use medical marijuana as permitted under state laws. ... Evidence not only supports the use of medical marijuana in certain conditions but also suggests numerous indications for cannabinoids."

— American College of Physicians, *Supporting Research into the Therapeutic Role of Marijuana*, 2008

### **Marinol is not the same as Marijuana**

Marinol, available as a prescription pill, is THC, the active ingredient of marijuana. Many patients cannot tolerate marinol and have better results by using the whole plant. Scientists believe that the whole plant contains other ingredients that work with THC and thus is better tolerated and more effective for some patients.

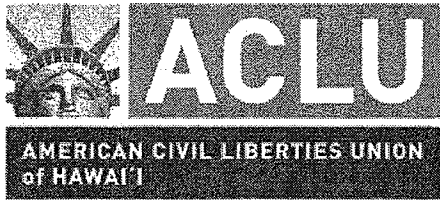
### **Prescription Drugs**

Available prescription drugs often come with far more serious side effects than marijuana, and many patients who find relief from marijuana simply do not respond to prescription medications. Smoking or vaporizing marijuana are much more effective delivery methods than pills for many patients: The drug works instantly, the dosage may be controlled by the patient, and there is no problem "keeping it down" since it cannot be vomited back up.

Cocaine, morphine, and methamphetamine may all be legally administered to patients — so why not marijuana, which has a far lower rate of dependency and on which no one has ever overdosed?

### **Marijuana is NOT a Gateway Drug**

Marijuana is not now, nor has ever been a "gateway drug." The National Academy of Sciences found, "there is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs."



# LATE TESTIMONY

Committee: Committee on Public Safety and Military Affairs and Committee on Health  
Hearing Date/Time: Thursday, February 4, 2010, 1:15 p.m.  
Place: Room 229  
Re: Testimony of the ACLU of Hawaii in Support of S.B. 2141, Relating to Medical Cannabis

Dear Chairs Espero and Ige and Members of the Committees on Public Safety and Military Affairs and Health:

The American Civil Liberties Union of Hawaii ("ACLU of Hawaii") writes in support of S.B. 2141.

The ACLU of Hawaii encourages legislative actions that end punitive drug policies that cause widespread violations of constitutional and human rights as well as unprecedented levels of incarceration. In furtherance of that goal, we support legislation like S.B. 2141 that seeks to ensure that sick and dying individuals have safe and legal access to medical cannabis.

As a member of the Medical Cannabis Working Group, we are aware of the many problems that patients have with the medical marijuana program. S.B. 2141 attempts to address their concerns by making the program more accessible to patients and doctors, while protecting their safety and privacy.

The mission of the ACLU of Hawaii is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawaii fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawaii is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawaii has been serving Hawaii for over 40 years.

Thank you for this opportunity to testify.

Sincerely,

Laurie A. Temple  
Staff Attorney

American Civil Liberties Union of Hawai'i  
P.O. Box 3410  
Honolulu, Hawai'i 96801  
T: 808.522-5900  
F: 808.522-5909  
E: [office@acluhawaii.org](mailto:office@acluhawaii.org)  
[www.acluhawaii.org](http://www.acluhawaii.org)

# LATE TESTIMONY

Aloha Senators,

I am aware that the time has expired to enter testimony for this bill. I am sending it anyway, because I feel citizens should have more than a couple days notice to read and come to a decision on how they felt about a particular bill.

I am in support of SB 2141, simply because it does address the harmful gap in the law; the fact that there is no supply for patients, along with the Federal Schedule 1 for this substance means that we are endangering patients and caregivers within the framework of an artificial war and it's attendant corruption against people that have done no harm to anyone. For example, a patient that my Church provides cannabis to has said that he had to get his seeds to start his medicine from the police. These are seeds that were taken by the police during a raid; whether patients get their seed or cuttings from the black market directly or indirectly through the police, somebody still has to break the law so that the law can be followed.

Our Church for 9 years has provided a better way. It is our religious belief that Cannabis is a Holy Sacrament. It is our duty as compassionate humans that we share our cannabis with patients who have not a safe source. However, 2 members of our Church are now under indictment for possession of cannabis. So for filling the unsafe void in the Medical Marijuana law, we are being punished.

Enough experimentation on the citizens! The duty of the State is to petition the Federal Government to change the Schedule 1 status of Cannabis, which is erroneously described as "having no accepted medical use in the United States". Also, because of the 10th Amendment to the Federal Constitution, the State of Hawaii should nullify the Federal law on cannabis, because they have had over 30 years of studies and rulings to show they are wrong, and they just ignore them; at this point they are LYING, with the effect being a huge waste of money on this unsuccessful drug war, and the destruction of thousands of people and their families lives.

Cannabis is an amazing, Holy, 10,000 year proven, natural medicine and so much more (for food, textiles, biomass, etc.), that the State needs to free it from its chains and allow farmers to grow hemp and people to grow as much as they feel they need for medicine for themselves and those that can't grow it who also need it; the 1:4 caregiver ratio falls far short, but it is a step in the right direction.

Many thanks and Blessing,

Blake Watson  
Garden Angel  
First Hawaiian Church of the Holy Smoke

# LATE TESTIMONY

Dear Hawaii Legislators,

I support this bill but also feel it does not go far enough. Cannabis is a natural substance and should be fully legal for all citizens.

Cannabis could provide a wonderful tax revenue stream for Hawaii. Unfortunately, present attempts at prohibition are futile and wasteful. Among the many downsides of prohibition is the big business it creates for criminals and the resultant danger it adds to our society.

Please do the right thing and support this bill and all others regarding the legalization and taxation of cannabis.

Thank you,  
Concerned Hawaii Citizen

# LATE TESTIMONY

TESTIMONY FOR HTH/PSM 2/4/2010 1:15:00 PM SB2141

CONFERENCE ROOM: 229  
TESTIFIER POSITION: SUPPORT  
TESTIFIER WILL BE PRESENT: YES  
SUBMITTED BY: MARK  
ORGANIZATION: INDIVIDUAL  
ADDRESS: 73-5574 MAIAU ST # 5 KAILUA KONA  
PHONE: 808.326.9000  
E-MAIL: [MARK@SOLIGHTS.COM](mailto:MARK@SOLIGHTS.COM)  
SUBMITTED ON: 2/3/2010

COMMENTS:  
I WOULD LIKE TO ADDRESS THESE IN PERSON 02.04.10

MAHALO

Patients do have a priority list of concerns that the legislature can resolve. They include:

1. Transfer management of the medicinal Cannabis program from Public Safety to Department of Health.
2. Enact legislation for the operation of dispensaries where patients can obtain safe, quality Cannabis in a supportive secure environment.
3. Patients require presumptive eligibility which would insure they do not have to wait to obtain medicine while paperwork for a card is being processed.
4. Protect renters by enacting legislation that would allow patients who do not own their own homes to legally use and grow Cannabis. Patients in rental units, public housing, adult homes, nursing homes and hospice facilities that follow all prescribed laws should be able to process, use and grow medicinal Cannabis without fear of eviction from their home or facilities.
5. Improve the certification process at little or no cost by posting current medicinal Cannabis regulation and law information on an existing government web site. This would include the capability to download all the

required forms for the patient/physician and review the most current rules and regulations associated with the program.

6. Change the current regulation to accurately define an “adequate supply”. Currently a 24 oz per Patient per 25 days under the last, 5 remaining Federal Medical Patients who are still being supplied by the Federal Government. The regulation does not distinguish or correlate what is the correct “adequate supply” required for each affliction based on the variety of Cannabis species that will provide the optimum affect for a specific affliction. Further, there is no discussion in the regulation regarding plant gender. Since female plants produce the required medicine and that it is very difficult to determine the difference between a male and female plant during the foliage production stage of growth (vegetative state), NED representatives do not have the educational background or knowledge in horticulture to distinguish a male from a female plant. Finally, the regulation does not discuss short term and long term plant quantities. For those patients or caregivers that grow plants from seed or vegetative cuttings, additional plants will be required. Thus there will be a quantity of female plants required to produce the medical Cannabis and a quantity of female and male plants to produce seed or vegetative cuttings to continue the supply of plants.
7. Doctors should be able to prescribe medical Cannabis just as they do any other controlled substance. Healthcare providers have the knowledge and qualifications to recommend medical Cannabis and prescribe the appropriate protocol for consumption based on each patient’s unique needs and ailments.
8. Approve functional production and distribution models that would capitalize on the existing network of local growers who would supply local distributors with a sustainable supply of quality Cannabis.
9. Allow and approve private patient collectives/cooperatives, in which several patients grow their medicine collectively at a private location, to grow without regulation. Private gardens should not be required to follow the same restrictions that are placed on retail dispensaries, since they are a different type of operation. If a collective/cooperative supplies medicine to a dispensary, it would then be subject to the regulations applied to any supplier to the dispensary.

10. Enact legislation to make the workplace “friendly” for family members/caregivers and patients who are concerned about second hand exposure causing a positive on their employment related drug tests. Current workplace urinalysis for Cannabis use is inaccurate. The tests do not accurately determine whether the person uses 10 minutes or 30 days before the test, much less if it was second hand exposure.

Mark Nelson

Patient / Caregiver Hawaii Island

# LATE TESTIMONY

Senate Committee on Public Safety and Military Affairs  
Senate Committee on Health

Hearing: Thursday February 4, 2010 at 1:15pm, Room 229

SB 2141 Relating to Medical Cannabis

## STRONG SUPPORT

I am a medical cannabis patient residing on the Big Island, and a member of Americans for Safe Access.

It should be noted that more than 60% of all medical cannabis patients are from this island, and it is important that our voices be heard.

I have been serving on the Medical Cannabis Working Group that was convened by Senator Espero and Representative Bertram. I was on the transportation subcommittee, but I have spent plenty of time reviewing all aspects of the medical cannabis program and have discussed all relevant issues with other patients.

In my opinion, while SB 2141 does not cover the most important issue (dispensaries), it addresses many of the other aspects that are in need of improvement. The medical cannabis program has not been changed since its inception in 2000, and it is time to make adjustments that will improve the health and wellbeing of those it was designed to cover. SB 2141 is excellent because it will have an immediate, positive impact on patients.

Whether the correct caregiver to patient ratio is 1:4, 1:5 or higher, it is IMPERITIVE that the number be increased from the present 1:1 ratio. Finding a skilled caregiver is difficult, and some patients simply cannot grow their own medicine. Without easy access to a dispensary, this is the next best way to help ensure that patients will have a constant supply of medicine.

Increasing the amount of usable cannabis from three to five ounces and the number of plants from seven to ten is also positive. Just like the other numbers in this bill, it is felt by many patients to not be enough of an increase. Patients who cook or make tinctures with cannabis often need a far larger amount than is currently allowed. Oregon and Washington State allow 24 ounces of medicine at any one time. Clearly, three ounces is not sufficient for many patients, so increasing the amount of dried usable material and therefore plants makes sense.

Of major concern to patients has been the "location of marijuana" clearly printed on the medical cannabis ID card issued by NED. Removing the address is IMPERITIVE to improve the confidentiality and safety of patients and their medicine.

The only thing a doctor should be telling NED is that the patient has a qualifying medical condition, the specifics of which should remain confidential between the doctor and patient. This is another important and positive improvement to the law.



All aspects of SB 2141 offer immediate remedies to the medical cannabis program. It has been well thought out. It makes fair and reasonable improvements in the amounts of cannabis allowed, the patient to caregiver ratio, and improves security and safety of patients. I urge you to pass it.

The real question is will the legislature have the courage and fortitude to over-ride the veto that Governor Lingle is sure to issue? Please start planning and consensus building now. Please have the votes ready to over-ride the veto. Patients are suffering and it is time to improve the law. We have been waiting since 2000 for changes, please don't let another year slip by with the status quo.

Respectfully submitted,

Matthew Rifkin

Hilo, HI

# LATE TESTIMONY

FROM: HTHTESTIMONY  
SENT: MONDAY, FEBRUARY 08, 2010 11:56 AM  
TO: PSM TESTIMONY  
SUBJECT: FW: TESTIMONY FOR SB2141 ON 2/8/2010 2:45:00 PM

LATE TESTIMONY

---ORIGINAL MESSAGE---

FROM: MAILINGLIST@CAPITOL.HAWAII.GOV  
[MAILTO:MAILINGLIST@CAPITOL.HAWAII.GOV]  
SENT: MONDAY, FEBRUARY 08, 2010 11:25 AM  
TO: HTHTESTIMONY  
CC: ERINANN815@AOL.COM  
SUBJECT: TESTIMONY FOR SB2141 ON 2/8/2010 2:45:00 PM

TESTIMONY FOR HTH 2/8/2010 2:45:00 PM SB2141

CONFERENCE ROOM: 016  
TESTIFIER POSITION: SUPPORT  
TESTIFIER WILL BE PRESENT: No  
SUBMITTED BY: ERIN RUTHERFORD  
ORGANIZATION: INDIVIDUAL  
ADDRESS:  
PHONE:  
E-MAIL: ERINANN815@AOL.COM  
SUBMITTED ON: 2/8/2010

COMMENTS:

PATIENTS SHOULD BE ABLE TO GROW AS MUCH AS THEY WANT!

# LATE TESTIMONY

**From:** Shelly Mitchell [mailto:shllymitchell@yahoo.com]

**Sent:** Sunday, February 07, 2010 9:25 PM

**To:** PSM Testimony

**Subject:** dispensaries

My name is Gary Johnson, I live in Ocean View, Hawaii on the Big Island. I am a home owner, a taxpayer, and a registered voter. I am also a registered cannabis Patient. I have been trying to grow my own medicine for six years, and still can't get it right. We desperately need to have safe access to get our medicine instead of buying it off of the street illegally. I implore you to vote for a dispensary to meet our needs. I feel like a second class citizen having to get my medicine illegally and do not feel safe when doing so. I am asking you to do the right thing by showing your support. So please vote yes for giving us a dispensary. Thank You, Gary Johnson

# LATE TESTIMONY

**From:** George Fox [mailto:gfox@hawaii.rr.com]

**Sent:** Sunday, February 07, 2010 1:52 PM

**To:** PSM Testimony

**Subject:** Amended Testimony - please ignore previous message

This amended testimony was requested by Senator Green. Please deliver to the Health Committee Clerk in **Room 207**. Mahalo, George Fox

SB2141 relating to Medical Cannabis

Time 1:45

Room 16

State Capital



## Advocates For Consumer Rights

*Working for Hawaii's consumers since 1994*

George Fox, President

808- 447-9424 [afcr@hawaii.rr.com](mailto:afcr@hawaii.rr.com)

February 8, 2010

### COMMITTEE ON PUBLIC SAFETY AND MILITARY AFFAIRS

Senator Will Espero, Chair

Senator Robert Bunda, Vice Chair

### COMMITTEE ON HEALTH

Senator David Y. Ige, Chair

Senator Josh Green, M.D., Chair

AMENDED TESTIMONY ON SB2141 RELATING TO THE USE OF  
MEDICAL CANNABIS as requested by Senator Green

DATE: THURSDAY, FEBRUARY 4, 2010

TIME: 1:15 P.M.

PLACE: Conference room 229

State Capitol

415 South Beretania Street

Senator Will Espero, Chair; Senator Robert Bunda, Vice Chair, and honorable members of the Committee; **Advocates For Consumer Rights strongly supports SB 2141**, Relating to Medical Marijuana.

Faced with the task of writing this testimony, I realized I knew almost nothing about Cannabis so I spent over 40 hours doing research. Here are the important my research revealed

- Egyptians grew cannabis over 3,000 years ago for it's medicinal value.
- No-one has ever died from ingesting cannabis, **no-one!** Meanwhile aspirin is blamed for approximately 7,000 deaths per year.

- No-one has ever overdosed on cannabis, **no-one! Meanwhile an estimated 108,000 people die each year from doctor prescribed drug interactions, according to a 1998 JAMA article.**
- Drugs prescribed by doctors are **the 4<sup>th</sup> leading cause of death** in the industrialized world.
- All patients I've interviewed say that the use of cannabis has shown no side effects and greatly reduces or eliminates the side effects from their doctor prescribed drugs.
- Cannabis was wrongfully classified as a Class1 drug during the 1960's after a thirty-year PR campaign claim cannabis makes people into drug crazed maniacs. When I was a child the great jazz drummer, Gene Krupa was busted for smoking cannabis. The headlines in the New York Papers screamed "sex maniac busted"!

**Bottom line: Cannabis is safe to take as a medication.**

As one of the first states to legalize the use of medical cannabis, experience has shown that we could have done some things better to protect the patients and their caregivers:

2. Re-define an "Adequate Amount" to allow a qualifying patient to possess 10 cannabis plants and 5 ounces of cannabis at any given time.
3. Make identification of the medical cannabis growing site confidential. **Everything I've read about growing cannabis recommends keeping medicinal cannabis growing sites secret due to the high probability of theft.**
4. Prohibit the Department of Public safety from requiring that a certifying physician be the patient's primary care physician. **VA doctors are government employees or contractors and as such could lose their jobs for approving a patient for medical cannabis.**
5. Prohibit certifying physicians from naming or describing a patient's particular debilitating condition. The medical privacy act says it is nobody's business except for the patient and his/her doctor.
6. Increase the permissible ratio of patients to caregivers by allowing a caregiver to grow cannabis for more than 4 patients. It is extremely difficult to find a caregiver who can safely grow medical cannabis because it is almost impossible to have a secure grow site in a city like Honolulu. Growing cannabis in a small apartment is just not possible for many reasons, adequate room being only the first hurdle.

These five important items will protect the patient's medical privacy and increase security by protecting the security of the grow site and insure that the patient will

not have to take the risky option of buying medical cannabis on the criminal market. Moreover, prohibiting the Dept. of Public Safety from requiring a patient's certifying physician to be the patient's primary caregiver means that veterans will now be able to take advantage of using medical cannabis just as non-military persons do.

Please pass SB2141

I will be happy to answer any questions.

Sincerely,

(signed)

George Fox,  
President