

NEIL ABERCROMBIE
GOVERNOR



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No. _____

**TESTIMONY ON HOUSE BILL 1085 HD1
A BILL FOR AN ACT RELATING TO CONTROLLED SUBSTANCES**

by

Jodie Maesaka-Hirata, Interim Director
Department of Public Safety

House Committee on Judiciary
Representative Gilbert S.C. Keith-Agaran, Chair
Representative Karl Rhoads, Vice Chair

Thursday, March 3, 2011, 02:30 PM
State Capitol, Room 329

Chair Agaran, Vice Chair Rhoads, and Members of the Committee:

The Department of Public Safety (PSD) support House Bill 1085 HD1 that is PSD's vehicle to update Hawaii's controlled substance laws to be consistent with amendments made in Federal law that is mandated by Section 329-11. The amendments being proposed by House Bill 1085 HD1 would add these new drugs to Schedule I, (Mephedrone, Methylenedioxypropylvalerone, HU-210, CP 47,497 and dimethyloctyl homologues, JWH-018, JWH-073 and Cannabicyclohexanol), II (4-anilino-n-phenethyl-4-piperidine (ANPP), and III (Desoxymethyltestosterone (17a-methyl-5a-androst-2-en-17-ol, madol), 19-NOR-4,9(10)-Androstadienedione (estra-4,9(10)-diene-3,17-dione), Boldione (Androsta-1,4-diene-3,17-dione)) to Hawaii's controlled substance laws Sections 329-14(d), 329-16(c), and 329-18(g) to be consistent with additions made by

Federal law in 2010. The addition of these controlled substances are required by Section 329-11(d) and (e) Hawaii Revised Statutes (HRS).

Section 329-11(d) states that if a substance is added, deleted or rescheduled under federal law then the department shall recommend to the legislature that a corresponding change in Hawaii law be made. In 2010, the Federal Government scheduled the following controlled substances:
Desoxymethyltestosterone (17 α -methyl-5 α -androst-2-en-17-ol, madol) 74 FR 63603, Schedule III, 1-4-2010, 19-NOR-4,9(10)- 19-NOR-4,9(10)-
Androstadienedione (estra-4,9(10)-diene-3,17-dione), 74 FR 63603, Schedule III, 1-4-2010, and Boldinone (Androsta-1,4-diene-3,17-dione), 74 FR 63603, Schedule III, 1-4-2010, and 4-Anilino-N-Phenethyl-4-Piperidine (ANPP), 75 FR 37296, Schedule II, 8-30-2010.

Section 329-11(e) states that the Administrator of PSD's Narcotics Enforcement Division (NED) may make an emergency scheduling by placing a substance into schedules I, II, III, IV or V on a temporary basis, if the Administrator determines that such action is necessary to avoid an imminent hazard or the possibility of an imminent hazard to the health and safety of the public. On August 1, 2010 and again on November 30, 2010, the Administrator of the NED in accordance with Chapter 329-11(e) emergency scheduled the drugs utilized in the street drug known as "Spice / K2" that contain the drugs CP 47,497, JWH-018 and JWH-073 and homologues, as a schedule I hallucinogenic substances by placing them in Section 329-14(d) HRS.

On November 24, 2010, the United States Drug Enforcement Administration (DEA) is using its emergency scheduling authority to temporarily control five chemicals (JWH-018, JWH-073, JWH-200, CP-47,497, and cannabicyclohexanol) used to make "fake pot" products. Except as authorized by law, this action will make possessing and selling these chemicals or the products that contain them illegal in the U.S. for at least one year while the DEA and the United States Department of Health and Human Services (DHHS) further study whether these chemicals and products should be permanently controlled. The NED Administrator amended the language in the August 1, 2010 emergency scheduling notice to match the language used in the Federal emergency scheduling notice as required by Section 329-11(d) HRS.

In October of 2010, during a an investigation of drug dealing and the subsequent search warrant of a residence located on the island of Hawaii (Kona) by Hawaii County Police Department Officers, the controlled substance 4MMC and a yellowish powder later identified as Methylenedioxypropylvalerone (MDPV) was discovered in the search warrant in quantities indicating distribution amounts. This new chemicals is already here in Hawaii and like the rest of the nation is being sold as a bath salt under the names Ivory White, Vanilla Sky, Pure Ivory, Purple Wave, Charge+, Ocean Burst and Sextacy but marked "not for human consumption."

Mephedrone, also known as 4-methylmethcathinone (4-MMC), or 4-methylephedrone, is a synthetic stimulant and entactogen drug of the amphetamine and cathinone classes. It is a synthetic substance based on the

cathinone compounds found in the khat plant of eastern Africa. Mephedrone can come in the form of capsules, tablets or white powder that users may swallow, snort or inject. In 2009 it became the fourth most popular street drug in the United Kingdom, behind marijuana, cocaine, and ecstasy. Mephedrone can cause nose bleeds, nose burns, hallucinations, nausea, vomiting, blood circulation problems, rashes, anxiety, paranoia, fits and delusions. Other side effects may include poor concentration, poor short-term memory, increased heart rate, abnormal heart beats, anxiety, depression, increased sweating, dilated pupils, the inability to normally open the mouth, and teeth grinding. Local law enforcement on all islands have reported Mephedrone being sold as ecstasy and as a new "ecstasy like" drug on the street. Presently Mephedrone has been made illegal in North Dakota. Some of the states have prosecuted individuals selling the drug for human consumption under the Federal Analog Act due to Mephedrone's similarity to Methcathinone. Mephedrone has been placed under regulatory controls in Australia, Belgium, Canada, Croatia, Denmark Estonia, Finland, France, Germany, Guernsey, Ireland, Isle of Man, Israel, Jersey, Netherlands, New Zealand, Norway, Romania, Singapore, Sweden, and United Kingdom due to its potential for abuse.

On August 1, 2010, the NED Administrator emergency scheduled the substance Mephedrone, also known as 4-methylmethcathinone (4-MMC), or 4-methylephedrone, and on November 24, 2010, scheduled 3,4-Methylenedioxypropylvalerone (MDPV) on as a Schedule I hallucinogenic substances by placing it in Section 329-14(d) HRS. MDPV has no history of FDA

approved medical use in the US and is usually labeled "Not for human consumption" on packaging MDPV has stimulant effects and is reported to have amphetamine-like or cocaine-type effects. The acute effects may include:

physical: rapid heartbeat, increase in blood pressure, vasoconstriction, sweating,
mental: increases in alertness & awareness, increased wakefulness and arousal, anxiety, agitation, perception of a diminished requirement for food and sleep. The effects have duration of roughly 3 to 4 hours, with after effects such as tachycardia, hypertension, and mild stimulation lasting from 6 to 8 hours. High doses have been observed to cause intense, prolonged panic attacks in stimulant-intolerant users, and there are anecdotal reports of psychosis from sleep withdrawal and addiction at higher doses or more frequent dosing intervals. Users often report to feel compelled to continue re-dosing, but often lose interest in taking it quickly because of the unpleasant side effects caused by higher doses.

Section 4 of House Bill 1085 HD1 clarifies language in section 329-32 (e) by requiring that all locations used by physicians participating in Hawaii's Medical Use of Marijuana Program is registered with PSD as required by 329-121, HRS. PSD recommends an amendment on page 13, line 17, an "or" should be inserted to the underscored material, so that it would read, "or recommends the medical use of marijuana."

The amendments proposed in Section 5 of this bill would allow PSD to designate how prescription data is to be reported to the electronic prescription monitoring program. Section 6 of House Bill 1085 HD1 amend section 329-

101(b) and 329-102(f), HRS, by adding language to allow PSD to add substances of concern to the list of controlled substances that must be electronically reported to Hawaii's electronic prescription monitoring program.

Section 7 of this bill amends section 329-123(b), HRS, by increasing the fee for a Medical Use of Marijuana permit from \$25 to \$35 to off set the cost of running the program. The funds from the increase in fees will allow the NED to hire one additional clerical position to assist in the processing of the over 8100 medical use of marijuana permit applications processed annually. Presently, there are no positions allocated to the medical use of marijuana program. The NED has been utilizing staff assigned to its controlled substance and chemical registration section to process these applications on top of the over 6500 applications for controlled substances and regulated chemicals.

In summary, PSD strongly supports passage of House Bill 1085 HD1, and would like to thank you for the opportunity to testify on this matter.

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CITY AND COUNTY OF HONOLULU

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THE HONORABLE MARCUS R. OSHIRO, CHAIR
HOUSE FINANCE COMMITTEE
Twenty-sixth State Legislature
Regular Session of 2011
State of Hawai'i

March 3, 2011

RE: H.B. 1085, H.D. 1; RELATING TO CONTROLLED SUBSTANCES.

Chair Oshiro, Vice Chair Lee, and members of the House Committee on Finance, the Department of the Prosecuting Attorney submits the following testimony in support of H.B. 1085, H.D. 1.

The purpose of this bill is to amend Hawaii Revised Statutes (HRS) Chapter 329 to bring the Hawaii statutes on controlled substances to be consistent with the federal laws on controlled substances, change language regarding the dispensation and central repository of controlled substances under the Department of Public Safety's Electronic Prescription Accountability System, and increase the fee for the registration certificate for qualifying patients for medical marijuana.

By updating Hawaii's controlled substance schedules, we address or avoid a current or imminent danger to the health and safety of the public.

The amendment to section 329-101(b), HRS, gives flexibility to the designated agency in determining the way information relevant to the dispensation of a controlled substance is reported. The proposed language states, "No identified controlled substance may be dispensed unless information relevant to the dispensation of the substance is reported electronically or by means indicated by the designated agency."

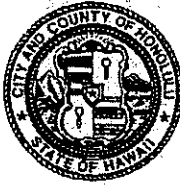
Further, the changes to section 329-102(f), HRS, allows the Department of Public Safety to be more flexible in identifying and tracking the abuse of certain non-controlled substances.

Finally, the amendment to section 329-123(b), HRS, increases the fee for a Medical Use of Marijuana permit from \$25 to \$35 to help with costs to run the program.

For the following reasons, we support the passage of H.B. 1085, H.D. 1. Thank you for this opportunity to testify.

POLICE DEPARTMENT
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OUR REFERENCE **JI-TA**

March 3, 2011

The Honorable Gilbert S. C. Keith-Agaran, Chair
and Members
Committee on Judiciary
House of Representatives
State Capitol
Honolulu, Hawaii 96813

Dear Chair Keith-Agaran and Members:

Subject: House Bill No. 1085, H.D. 1, Relating to Controlled Substances

I am Jerry Inouye, Captain of the Narcotics/Vice Division of the Honolulu Police Department.

The Honolulu Police Department supports House Bill No. 1085, H.D. 1, Relating to Controlled Substances.

Prior to its emergency scheduling as a Schedule I substance, mephedrone was often touted as a legal alternative to methamphetamine and MDMA ("ecstasy").

Mephedrone is a synthetic, psychoactive stimulant that is reportedly being sold as an alternative to ecstasy, cocaine, and amphetamine. Mephedrone reportedly has similar effects to MDMA, including euphoria, anxiety, and paranoia. Other effects include hallucinations and delusions.

While mephedrone may not yet have gained widespread acceptance here in Hawaii, the threat is very real as mephedrone is already easily obtained over the internet as "plant food" and "bath salts." These dangers are already known and because much more is not yet known about the long-term negative effects that may be associated with mephedrone use, the Honolulu Police Department strongly supports passage of House Bill No. 1085, H.D. 1, and its companion bill, Senate Bill No. 1305, Relating to Controlled Substances.

Passage of this bill would also amend chapter 329, Hawaii Revised Statutes, regarding requirements and penalties related to medical marijuana and Hawaii's electronic prescription monitoring program. The recommended amendments will serve to strengthen chapter 329 and discourage people who may violate and exploit Hawaii's medical marijuana and electronic prescription monitoring programs.

Serving and Protecting With Aloha

The Honorable Gilbert S.C. Keith-Agaran, Chair
and Members

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March 3, 2011

To ensure consistency in the regulation and enforcement of controlled substances, the Federal Controlled Substances Act serves as a basis for classification of all controlled substances on a national level. It is the model upon which the Uniform Controlled Substances Act, chapter 329, Hawaii Revised Statutes, is based. Passage of this bill will update chapter 329 to be consistent with the Federal Controlled Substances Act.

The Honolulu Police Department urges you to support House Bill No. 1085, H.D. 1, Relating to Controlled Substances.

Thank you for the opportunity to testify.

Sincerely,



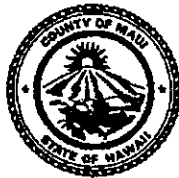
JERRY INOUE, Captain
Narcotics/Vice Division

APPROVED:



for LOUIS M. KEALOHA
Chief of Police

ALAN M. ARAKAWA
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TESTIMONY OF THE
DEPARTMENT OF THE PROSECUTING ATTORNEY
COUNTY OF MAUI
ON
HB 1085, HD 1 - RELATING TO CONTROLLED SUBSTANCES
MARCH 3, 2011
2:30 P.M.

The Honorable Gilbert S.C. Keith-Agaran
Chair
The Honorable Karl Rhoads
Vice Chair
and Members
House Committee on Judiciary

Chair Keith-Agaran, Vice Chair Rhoads and members of the committee:

The Department of the Prosecuting Attorney, County of Maui supports this measure.

The purpose of this bill is to protect public health and safety by updating Hawaii's controlled substances law to conform to federal law. Among other things, this bill will: update controlled substances schedules; require separate registration for each principal place of business or professional practice that recommends the medical use of marijuana; provide flexibility with reporting information related to controlled substance dispensation; allow the Department of Public Safety more flexibility to identify and track the abuse of certain non-controlled substances; and increase the medical use of marijuana permit fee to offset the cost of the program.

These proposed changes are important to law enforcement's efforts to protect our community from illegal drug use and distribution. The Department of the Prosecuting Attorney, County of Maui, requests that this measure be PASSED. Thank you very much for the opportunity to provide this testimony.

A the Drug Policy *Action* Group

A sister organization of the Drug Policy Forum of Hawai'i
PO Box 61233, Honolulu, HI 96839 ~ (808) 988-4386

Dedicated to safe, responsible, and effective drug policies since 1993

TO: House Committee on Judiciary

FROM: Pamela Lichty, MPH
President

DATE: March 3, 2011, 2:30 p.m., room 329

RE: H.B. 1085, H.D. 1 RELATING TO CONTROLLED SUBSTANCES – **IN
OPPOSITION**

Aloha Representatives Keith-Agaran, Rhoads and members of the Committee. My name is Pam Lichty and I'm testifying on behalf of the Drug Policy Action Group.

We are opposed to several of the provisions in this measure. While on the surface it looks like an innocuous effort to conform Hawaii's statutes on controlled substances to the Federal ones, there are several problematic areas which we would like to call to your attention.

In Section 1, which amends the list of controlled substances, (29) amends the description of tetrahydrocannabinols to include both synthetic and naturally occurring THC substances. This is problematic because in an apparent attempt to make marijuana or cannabis even more tightly controlled than it currently is, synthetic THC, commercially known as Marinol is included. Unimed Pharmaceuticals might be displeased to learn it would be more highly restricted than its current listing of schedule 3 in the federal system (a fairly unrestricted classification.)

In Section 4. Subsection (e) lists the places where a specific registration is required when the applicant "manufactures, distributes, prescribes or dispenses controlled substances." Added to this is the language is "recommends the medical use of marijuana." There is no rationale for including this provision since marijuana or cannabis itself is not on the premises nor dispensed there, but only a written recommendation to use it is provided to the patient. The 9th Circuit has found that such a recommendation is covered by the First

Amendment. There is absolutely no reason for this language to be included in this bill except as a means of inhibiting or chilling the free speech rights of physicians.

Again, in Section 7. ,which amends Hawaii's medical marijuana statute, there is no reason to require in subsection (b) that the physician sign the patient's "blue card" in addition to the department. This card is carried by the patient and is shown to law enforcement officials on demand. The statute specifies that both the physician's and the patient's names be kept confidential so this signature is unnecessary and unwarranted.

Finally the fee that the patient must pay annually to maintain his registration is capped at \$25. This draft would raise that to \$35. While this is less than the \$50 fee proposed in the original bill, this is still a burdensome amount for these seriously ill patients who are often on are impoverished and often on Medicaid. Unless and until NED provides timely and helpful service to the registered patients, physicians, and caregivers, we remain opposed to this fee increase.

Since there are over 8,000 patients currently registered with the program, the current registration income exceeds \$200,000. Even with this amount, the Narcotics Enforcement Office is currently taking more than 4 months to issue cards from the time all of the required materials are submitted. The administrator of NED, Mr. Keith Kamita, in budget hearing for his Division stated that one of his secretaries submitted a request for 2,500 hours of overtime. I would suggest that this indicates a badly managed agency which requires a streamlining of its (self-imposed) procedures not additional monies.

We urge you to remove the egregious provisions we have mentioned from this bill if you see fit to pass it out. Mahalo for the opportunity to testify.



Committee: Committee on Judiciary
Hearing Date/Time: Thursday, March 3, 2011, 2:30 p.m.
Place: Room 329
Re: Testimony of the ACLU of Hawaii in Opposition to H.B. 1085 HD1, Relating to Controlled Substances

Dear Chair Keith-Agaran and Members of the Committee on Judiciary:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) writes in opposition to Section 4 of H.B. 1085, HD1, which seeks to make drastic changes to the state’s medical cannabis laws.

To be clear, Section 4 of this bill is not simply a “housekeeping” matter, nor is Section 4 even mentioned in H.B. 1085, HD1’s description. Section 4 would fundamentally change registration requirements for physicians who recommend medical cannabis – but not for other controlled substances. As such, H.B. 1085, HD1 is singling out medical cannabis for disproportionately harsher treatment than other controlled substances, despite the large number of bills moving through the Legislature to do the exact opposite.

Currently, HRS § 329-32 provides that physicians must register any office locations at which they maintain controlled substances. Physicians are not required to register other office locations, provided that (a) they have registered at least one office location, and (b) they do not maintain controlled substances at the non-registered office locations. The current wording of the law, therefore, allows physicians flexibility in their medical practices, in that physicians need not submit new registrations every time they consult with a patient in a new location. The current law also allows for house calls, a long-standing practice in the medical community (and a practice that is becoming more and more common).¹

¹ For recent news stories regarding the increasing popularity (and medical benefits) of house calls, see:

<http://www.hawaiinewsnow.com/Global/story.asp?s=5682542;>

http://www.midweek.com/content/columns/doctorinthehouse_article/bringing_back_house_calls/

http://www.midweek.com/content/columns/doctorinthehouse_article/making_chiropractic_house_calls/

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Hon. Rep. Keith-Agaran, Chair, JUD Committee
and Members Thereof
March 3, 2011
Page 2 of 2

Section 4 of H.B. 1085, HD1, however, would single out medical cannabis for substantially harsher treatment (and disproportionately more burdensome registration requirements for physicians) than that given to other controlled substances. House calls would be banned, and physicians who run into their patients at Costco or Long's would not be able to speak with their patients or risk disciplinary action.

Indeed, such a broad restriction on the *place* where a conversation about medical cannabis takes place may be unconstitutional, per *Conant v. Walters*, 309 F.3d 629 (9th Cir. 2002), *cert. denied*, 540 U.S. 946 (2003). Physicians have a First Amendment right to discuss medical cannabis with their patients, and such a heavy restriction on the place where those conversations may take place would certainly be subjected to a legal challenge on free speech grounds. Requiring physicians to register one principal office, as well as any office where controlled substances are maintained, makes sense – making physicians register every place at which they converse with patients does not.

In sum, we respectfully request that Section 4 be stricken from this proposed bill.

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 45 years.

Thank you for this opportunity to testify.

Sincerely,



Daniel M. Gluck
Senior Staff Attorney
ACLU of Hawaii

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the
**Drug Policy
Forum**
of hawaii

March 3, 2011

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To: Rep. Gilbert Keith-Agaran, Chair
Rep. Karl Rhoads, Vice Chair and
Members of the Committee on Judiciary

From: Jeanne Y. Ohta, Executive Director

Re: HB 1085 HD1 Relating to Controlled Substances
Hearing: Thursday, March 3, 2011, 2:30 p.m.

Position: Strong Opposition

Good afternoon Chair Keith-Agaran, Vice Chair Rhoads and Members of the Committee, I am Jeanne Ohta, Executive Director of the Drug Policy Forum of Hawaii testifying in strong opposition to HB 1085 HD1 Relating to Controlled Substances.

This measure goes beyond conforming Hawaii's controlled substances list to the federal list and is not simply a "housekeeping" bill.

SECTION 1 (d) (29) amends the description of tetrahydrocannabinols to include both synthetic and naturally occurring THC substances. This is problematic because it schedules both natural and synthetic THC as Schedule I substances. A prescription drug known as Marinol and generically known as dronabinol would be included in this definition. The unintended consequence is that this Schedule III drug often prescribed by oncologists would no longer be eligible for prescriptive purposes.

It is also problematic because our understanding is that the DEA is going to allow the makers of Marinol to use a botanical source instead of just a synthetic source to manufacture Marinol. They will allow makers to grow cannabis, extract the THC, formulate it in the same way as Marinol and still be Schedule III.

If this definition is allowed to be included in Hawaii's Schedule I, then these medications will not be available to patients in Hawaii.

MEPHEDRONE AND SPICE

May I point out an irony in our state and federal policy on marijuana? The DEA has just this week scheduled these drugs, known as "fake pot." Because the real marijuana is illegal, there is incentive to produce synthetic versions which are more dangerous and have more harmful effects than the natural marijuana.

Another incentive in using synthetic marijuana is that it doesn't show up in drug tests. If we really want to decrease the use of synthetic marijuana, wouldn't it be smarter to change our policy on natural marijuana?

CHANGES TO THE MEDICAL MARIJUANA PROGRAM

Page 13, line 17:

We oppose the changes to the program. The first is the change in the registration requirements for physicians. There is no need to add "recommends the medical use of marijuana" on page 13, line 17. Only physicians with prescriptive authority are allowed to recommend marijuana. This requirement is another example of the Narcotics Enforcement Division's overzealous and adversarial position with physicians who participate in the program.

There is no rationale for including this provision since marijuana or cannabis itself is not dispensed by physicians. Physicians only provide a written recommendation which allows a patient to use it is legally. The 9th Circuit Court (Conant v. Walters) has found that such a recommendation is covered by the First Amendment. There is absolutely no reason for this language to be included in this bill except as a means of inhibiting free speech rights of physicians and discouraging physicians from participating in the program.

We are also concerned that this provision may make it impossible for physicians to make house calls, or to provide medical care to patients who are bedridden or physically unable to travel to the physicians' offices. Until we know the full extent of this change and what its ramifications are for physicians, we ask that this be stricken from the bill.

Page 15, line 4:

We ask that the subsection read as follows:

"Qualifying patients shall register with the department of public safety. Such registration shall be effective until the expiration of the certificate issued by the department ~~physician~~." There is no need for the physician to sign the certificate. They have already signed the application forms submitted to the department. This will enable the department to mail the certificate directly to the patient, saving the both the physician and patient time and saving the patient a special trip back to the physician's office.

NED should welcome these simplifications, as they claim they cannot process the paperwork with the revenue currently generated by the program.

Page 15, line 12:

We oppose the increase of the fee for the medical marijuana program from \$25 per year to \$35 per year (the original draft called for \$50). The department currently receives approximately \$200,000 per year to maintain a registry of patients. If they cannot do so within the current revenue, the department should streamline the process. They have not made any effort to simplify the process and to cut their costs. Simply, patients should not be made to pay for their inefficiency.

For instance, the department could make forms available on their website, as is done in other states, but the department refuses to do so; when a physician needs a form, one must be faxed or mailed.

We have also been made aware of outrageous claims of over-time in the office. According to NED's own annual report, "NED was forced to utilize additional PSD clerical staff, after hours, and at overtime rates to assist in processing the increasing number of medical use of marijuana applications." Patients should not be forced to pay an increased fee because NED could not manage their personnel and because

overtime pay was given to employees. We hope the legislature will consider asking for an audit of the agency before increasing fees. We also believe that there should be an audit of the "Controlled Substance Registration Revolving Fund," the fund that the medical marijuana registration fees are deposited into. According to NED, there is no funding for positions, then what are the fees being used for? NED should be made to account for how the current fees are being used before they are allowed to increase the fees.

Many patients have serious and chronic illnesses, many are on disability and cannot afford an increase in fees. This request is unreasonable and unfair.

We respectfully request that you only pass the parts of this measure that make changes that have been made to the federal controlled substance list and we also request that the physician registration and the increase in fees be taken out of the bill language.

Thank you for this opportunity to testify.

HB 1085 HD1

Position: Oppose

Dear Representatives:

As a physician with significant experience in Medical Cannabis certification, I must strongly oppose HB1085 HD1 as written. Here is why:

- 1.) The NED administrators are strongly opposed to the entire program and do everything in their power to hamper its utilization. Last year they whimsically started sending out 60 day temporary certifications to all patients, then when these expired they sent out 30 day temporary certifications to all patients. After these expired they eventually sent out the actual certification cards. This was a huge waste of time and money and it created time gaps where patients were not protected by the law between letters, and also in effect increased current waits for cards to over 4 months. No rate increase is necessary. If the NED would just process the cards and bundle and mail them out to the physicians in one step, then 80 % of the work and the cost could be eliminated. (The decision to certify has already been made by the physician, and because of patient privacy issues the NED receives no information for decision-making in the process).
- 2.) With the proposed changes the NED is telling us that we cannot do house calls for critically ill or bedridden patients. This is completely cruel and inhumane. Last year I made a house call for a terminal cancer patient who died before receiving his much delayed medical cannabis card.
- 3.) The Hawaii Medical Association recommends moving Cannabis from forbidden Schedule I status to Schedule III, which would make it equal to the status of 100% THC capsules(Marinol^{Rx}) which are fully legal with prescription status. The NED needs to stop treating Medical Cannabis patients and physicians as if they are criminals and just do its job (or better yet let the Health Dep't take the fees and administer the program with some compassion and understanding).

Most sincerely

Charles W Webb, MD

March 1, 2011

To: Rep. Gilbert Keith-Agaran, Chair
Rep. Karl Rhoads, Vice Chair and
Members of the Committee on Judiciary

From: Kevin Baiko, M.D.

RE: HB 1085 HD 1 Relating to Controlled Substances
Hearing: Thursday, March 3, 2011, 2:30 p.m., Room 329, 3 copies

Position: Opposed

I am testifying today in opposition to HB 1085 HD 1 Relating to Controlled Substances, specifically in relation to its changing the registration requirements for doctors who participate in the certification/registration process of patients qualified to use medical cannabis.

The proposed changes would codify into law a requirement that physicians could only provide *written certification* (as defined in HRS §329-121) for patients seen at an address specifically associated with the physician's Controlled Substance Certificate on file at the state Narcotics Enforcement Division (N.E.D.). Such a requirement interferes with physicians' ability to serve their patients, particularly patients with debilitating medical conditions, the very patients for whom Hawaii's medical cannabis law has been enacted.

While such a requirement is not presently codified into law, it is practically (or impractically?) enforced as such, because the HRS §329 does state: "The department of public safety may require, through its rulemaking authority, that all written certifications comply with a designated form." At present, the N.E.D. incorporates into its current *designated form* a requirement for the physician to apply his signature to the following statement: "I certify that this applicant was seen and examined by me at the above listed business address which is registered with the State of Hawaii, Dept. of Public Safety, Narcotics Enforcement Division, as required under HRS §329-32." Of course, HRS §329-32 applies only to a person who "Manufactures, distributes, prescribes, or dispenses any controlled substance within this State", and since this *designated form* is merely a certification of eligibility (as opposed to a prescription), the *designated form* used by the N.E.D. is misleading, for it leads a well-meaning physician to believe that, unless he risk perjuring himself, he can only provide *written certification* for patients he has seen at his registered business address.

In fact, that's exactly what Keith Kamita, then chief of Narcotics Enforcement Division operations, told me when I pressed him on this issue last year in person, specifically that doctors who weren't seeing their patients at the address listed on the *designated form*

were perjuring themselves and could face criminal charges for doing so. He further informed me that the business addresses registered with the Narcotics Enforcement Division were limited to locations where "patients are seen and records are kept", effectively ruling out house calls and doctor-patient interactions otherwise convenient to patients suffering from debilitating conditions.

In the interests of my other patients (and my own career!), I have complied with Mr. Kamita's intimidating advice, but I cannot begin to estimate how many qualified patients have gone without medicine because of this interpretation (misinterpretation?) of the law. How many bed-ridden cancer patients have spent their last days in agony because of this? How many AIDS patients without transport have wasted away because this? I am no less a caring and capable doctor at the local farmer's market or at a patient's home than at my office.

So, isn't it curious that this proposed bill would extend registered business address requirements to the "written certification" process? The only reason to do this is to give state law enforcement authorities more legal standing to harass, intimidate and prosecute the physicians who are brave enough to stand up for the well-being and dignity of their patients in the throws of a "drug war" policy that has done far more harm to individuals and society than all so-called narcotics combined (and certainly cannabis by itself).

I ask the committee to remove this change from the bill. Far better the bill forbid the N.E.D. (or whatever state department overseeing the medical cannabis program) from restricting where patients can be seen when a physician issues his *written certification*, since it constitutes neither the manufacture, distribution, prescription, or dispensing of a controlled substance. Without such a change, the N.E.D. will likely to continue its practice of intimidating physicians from serving their patients to their full ability. Or better yet omit from HRS §329-121 the statement "The department of public safety may require, through its rulemaking authority, that all written certifications comply with a designated form." Leave the *written certification* process to the ones professionally qualified to determine eligibility and risks/benefits of Hawaii's patients, namely their doctors.

Sincerely,

Kevin Baiko, M.D.

HB 1085 HD1 Relating to Controlled Substances

sara steiner [saralegal@live.com]

Sent: Wednesday, March 02, 2011 9:59 AM

To: JUDtestimony

To: Rep. Gilbert Keith-Agaran, Chair
Rep. Karl Rhoads, Vice Chair and
Members of the Committee on Judiciary

From: Sara Steiner
Po-Box 1965
Pahoa, HI 96778

Re: HB 1085 HD1 Relating to Controlled Substances
Hearing: Thursday, March 3, 2011, 2:30p.m., Room 329, 3 copies

Position: OPPOSED TO RAISING FEE FOR BLUE CARD

Aloha from the Big Island,

I am a medical marijuana patient here on the Big Island of Hawaii. I can not believe that the NED wants more money for their program. This program is discriminatory in the first place, what other medical patient has to pay additional fees to get their medicine? Someone who needs Viagra? Oxycodone? Methadone? You are trying to tell me that using a plant for my medicine is so dangerous that I need to pay you an extra fee?

This is ridiculous, what is really happening with that money for the card fees? Is it being used to travel around the island bad-talking medical doctors and their patients? Is it being used to print reefer-madness propaganda flyers which the police have been passing out to people on Kauai and Maui? Is it being used to fly in out-of-state law enforcement officials to testify against medical marijuana programs? All of that has happened, I am not making it up.

Instead of increasing the fee, I want to see an audit of that NED program.

They are so negligent in processing people's cards, and it is directly tied to the physician who is making the recommendation. When someone's regular doctor sends in a marijuana registration form, it seems to be processed rather quickly. However, when one of Keith Kamita's "Top 10 Cannabis Doctors" sends in a form, it mysteriously takes four, six, eight months, even a year goes by without the blue card being processed. You can verify that by looking at the applications yourselves.

Sincerely,

Sara Steiner
808-936-9546

Opposition to HB 1085

Robert Bacher [bacher.robert@gmail.com]

Sent: Tuesday, March 01, 2011 4:26 PM

To: JUDtestimony

To: Rep. Gilbert Keith-Agaran, Chair
Rep. Karl Rhoads, Vice Chair and
Members of the Committee on Judiciary

From: Robert Bacher

RE: HB 1085 HD 1 Relating to Controlled Substances
Hearing: Thursday, March 3, 2011, 2:30 p.m., Room 329, 3 copies

Position: Opposed

I am testifying today in opposition to HB 1085 HD 1 Relating to
Controlled Substances.

-Before approving any increase in fees, the legislature should require an audit of the "Controlled Substance Registration Revolving Fund, " the fund that the medical marijuana registration fees are deposited into. According to NED, there is no funding for positions, then what are the fees being used for? NED should be made to account for how the current fees are being used before they are allowed to increase the fees.

-We are also opposed to changing the registration requirements for doctors who recommend medical marijuana as these changes may make it difficult for doctors to make house calls or see seriously ill patients in locations other than doctors' offices. This provision is an example of the adversarial position that NED has taken with physicians and is part of NED's on-going efforts to harass law-abiding physicians. Recent communication from NED has made it clear that their intention is to restrict and interfere with how doctors are able to treat their medical marijuana patients. We ask the committee to remove this change from the bill.

Testimony for HB1085 on 3/3/2011 2:30:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Tuesday, March 01, 2011 8:35 PM

To: JUDtestimony

Cc: info@hawaiicompassionatecare.com

Testimony for JUD 3/3/2011 2:30:00 PM HB1085

Conference room: 329

Testifier position: oppose

Testifier will be present: No

Submitted by: Michelle Baiko

Organization: Individual

Address:

Phone:

E-mail: info@hawaiicompassionatecare.com

Submitted on: 3/1/2011

Comments:

I strongly oppose this bill. I think it is incredible that the NED, who is currently administering this program, can propose an increase in fees when they are not able to abide by the law and get the cards out to patients in the 60 day time frame as the law dictates.

I believe an internal audit of that department is in order. That should definately be done before raising fees on sick people.

I have witnessed first hand the physical disabilities that many medical marijuana patients are facing and I think it is inhumane to force these extremely ill people to come to a physician's office to be seen if they have a physician willing to do house calls to meet their serious medical needs!

At what point should control of physicians come before the needs of and compassion for sick and dying people?

Please join me in opposing this bill.

Thank you,
Michelle Baiko

HB 1085 HD 1 Relating to Controlled Substances

Nathan Clark [natclark108@gmail.com]

Sent: Wednesday, March 02, 2011 3:42 AM

To: JUDtestimony

To: Rep. Gilbert Keith-Agaran, Chair
Rep. Karl Rhoads, Vice Chair and
Members of the Committee on Judiciary

From: Nathan Clark

RE: HB 1085 HD 1 Relating to Controlled Substances
Hearing: Thursday, March 3, 2011, 2:30 p.m., Room 329, 3 copies

Position: Opposed

I am testifying today in opposition to HB 1085 HD 1 Relating to Controlled Substances. I am opposed to raising the medical marijuana registration fee.

-The Narcotics Enforcement Division (NED) claims that the current fee does not cover their costs. With 8,000 patients, the office receives \$200,000 per year to operate the patient registry. If NED cannot cover expenses with the current fee, it is their responsibility to streamline the application process. They designed the process, they should make the necessary changes.

-It is unreasonable to require that patients pay for NED's mismanagement. According to NED's own annual report, "NED was forced to utilize additional PSD clerical staff, after hours, and at overtime rates to assist in processing the increasing number of medical use of marijuana applications." Patients should not be forced to pay an increased fee because NED could not manage their personnel and because overtime pay was given to employees.

-Patients should not pay increased fees when their current needs are not being met. They should not be forced to wait months to receive their cards.

-Many patients are seriously ill, on disability, and cannot work. They cannot afford increased fees.

-Before approving any increase in fees, the legislature should require an audit of the "Controlled Substance Registration Revolving Fund," the fund that the medical marijuana registration fees are deposited into. According to NED, there is no funding for positions, then what are the fees being used for? NED should be made to account for how the current fees are being used before they are allowed to increase the fees.

-I am also opposed to changing the registration requirements for doctors who recommend medical marijuana as these changes may make it difficult for doctors to make house calls or see seriously ill patients in locations other than doctors' offices. This provision is an example of the adversarial position that NED has taken with physicians and is part of NED's on-going efforts to harass law-abiding physicians. Recent communication from NED has made it clear that their intention is to restrict and interfere with how doctors are able to treat their medical marijuana patients. I ask the committee to remove this change from the bill.

Sincerely,
Nathan

Testimony for HB1085 on 3/3/2011 2:30:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Monday, February 28, 2011 9:49 AM

To: JUDtestimony

Cc: friendsforjustice@gmail.com

Testimony for JUD 3/3/2011 2:30:00 PM HB1085

Conference room: 329

Testifier position: oppose

Testifier will be present: No

Submitted by: Kaipo Fernandez

Organization: Individual

Address:

Phone:

E-mail: friendsforjustice@gmail.com

Submitted on: 2/28/2011

Comments:

I am a medical cannabis patient on the Big Island.

Do not let NED raise the fee for certificate to \$35. They don't deserve it.

It is also a financial hardship for patients, as many are on SSI or disability. The program is not covered by insurance, so the doctor visit, the fee and the medicine must be paid for out of pocket. Don't make it more expensive.

Kaipo Fernandez

Volcano, HI

electronically submitted by FFJ at my request

Testimony for HB1085 on 3/3/2011 2:30:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Wednesday, March 02, 2011 8:09 AM

To: JUDtestimony

Cc: johnhayeser@yahoo.com

Testimony for JUD 3/3/2011 2:30:00 PM HB1085

Conference room: 329

Testifier position: oppose

Testifier will be present: No

Submitted by: John Hayes

Organization: Individual

Address:

Phone:

E-mail: johnhayeser@yahoo.com

Submitted on: 3/2/2011

Comments:

Raising of registration fees is not needed without an audit. Patients are already at an economic disadvantage. Doctors should be left alone to do their job.

Testimony for HB1085 on 3/3/2011 2:30:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Monday, February 28, 2011 3:22 PM

To: JUDtestimony

Cc: stuart@IsseiProductions.com

Testimony for JUD 3/3/2011 2:30:00 PM HB1085

Conference room: 329

Testifier position: oppose

Testifier will be present: No

Submitted by: Stuart Hirotsu

Organization: Individual

Address:

Phone:

E-mail: stuart@IsseiProductions.com

Submitted on: 2/28/2011

Comments:

aloha

Thank you for allowing me to express my most vehement opposition to HB1085.

Please do not bow down to this attempt to surrender States' rights. We want and need to be the State of Hawaii, not some Federal puppet.

Testimony for HB1085 on 3/3/2011 2:30:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Saturday, February 26, 2011 8:20 AM

To: JUDtestimony

Cc: konaliberty@gmail.com

Testimony for JUD 3/3/2011 2:30:00 PM HB1085

Conference room: 329

Testifier position: oppose

Testifier will be present: No

Submitted by: Tom Liberty

Organization: Individual

Address:

Phone:

E-mail: konaliberty@gmail.com

Submitted on: 2/26/2011

Comments:

I strongly oppose HB1085.

Testimony for HB1085 on 3/3/2011 2:30:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Sunday, February 27, 2011 3:19 PM

To: JUDtestimony

Cc: kinegaffguy@msn.com

Testimony for JUD 3/3/2011 2:30:00 PM HB1085

Conference room: 329

Testifier position: oppose

Testifier will be present: No

Submitted by: Lopaka

Organization: Individual

Address:

Phone:

E-mail: kinegaffguy@msn.com

Submitted on: 2/27/2011

Comments:

Testimony for HB1085 on 3/3/2011 2:30:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Monday, February 28, 2011 10:29 AM

To: JUDtestimony

Cc: naturadoc@gmail.com

Testimony for JUD 3/3/2011 2:30:00 PM HB1085

Conference room: 329

Testifier position: oppose

Testifier will be present: No

Submitted by: Dr. Bonnie Marsh

Organization: Individual

Address:

Phone:

E-mail: naturadoc@gmail.com

Submitted on: 2/28/2011

Comments:

Please support keeping the fees low for Medical Cannabis and keep Hawaii laws separate from Federal Laws. Please protect our rights as a State to govern.

Mahalo...

Testimony for HB1085 on 3/3/2011 2:30:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Monday, February 28, 2011 8:46 AM

To: JUDtestimony

Cc: bmurphy420@msn.com

Testimony for JUD 3/3/2011 2:30:00 PM HB1085

Conference room: 329

Testifier position: oppose

Testifier will be present: Yes

Submitted by: Brian Murphy

Organization: Individual

Address:

Phone:

E-mail: bmurphy420@msn.com

Submitted on: 2/28/2011

Comments:

Strong Oppose

The federal Government Drug Programs are based on lie & mis information, So why would we want to step back instead of stepping forward

mahalo

B Murphy

Testimony for HB1085 on 3/3/2011 2:30:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Wednesday, March 02, 2011 9:16 AM

To: JUDtestimony

Cc: cheryl@solights.com

Testimony for JUD 3/3/2011 2:30:00 PM HB1085

Conference room: 329

Testifier position: oppose

Testifier will be present: No

Submitted by: Cheryl Nelson

Organization: Individual

Address:

Phone:

E-mail: cheryl@solights.com

Submitted on: 3/2/2011

Comments:

The Narcotics Enforcement Division (NED) claims that the current fee does not cover their costs. With 8,000 patients, the office receives \$200,000 per year to operate the patient registry. If NED cannot cover expenses with the current fee, it is their responsibility to streamline the application process. They designed the process, they should make the necessary changes. In addition, Patients should not pay increased fees when their current needs are not being met. They should not be forced to wait months to receive their cards. I also oppose to changing the registration requirements for doctors who recommend medical marijuana as these changes may make it difficult for doctors to make house calls or see seriously ill patients in locations other than doctors' offices.

Testimony for HB1085 on 3/3/2011 2:30:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Wednesday, March 02, 2011 9:10 AM

To: JUDtestimony

Cc: mark@solights.com

Testimony for JUD 3/3/2011 2:30:00 PM HB1085

Conference room: 329

Testifier position: oppose

Testifier will be present: No

Submitted by: Mark Nelson

Organization: Individual

Address:

Phone:

E-mail: mark@solights.com

Submitted on: 3/2/2011

Comments:

I am a medical cannabis patient and caregiver from the Big Island. the proposed fee increase and the registration requirements for physicians who recommend medical marijuana.I strongly oppose.

Testimony for HB1085 on 3/3/2011 2:30:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Tuesday, March 01, 2011 3:55 PM

To: JUDtestimony

Cc: mary@mauivortex.com

Testimony for JUD 3/3/2011 2:30:00 PM HB1085

Conference room: 329

Testifier position: oppose

Testifier will be present: No

Submitted by: Mary Overbay

Organization: Individual

Address:

Phone:

E-mail: mary@mauivortex.com

Submitted on: 3/1/2011

Comments:

Aloha,

I oppose HB1085 because patients should not have to pay a fee for their medicine.

HB 1085 HD 1

Charles Peshkin [ekgskill@gmail.com]

Sent: Tuesday, March 01, 2011 10:58 AM

To: JUDtestimony

To: Rep. Gilbert Keith-Agaran, Chair
Rep. Karl Rhoads, Vice Chair and
Members of the Committee on Judiciary

From: Charles Peshkin
RE: HB 1085 HD 1 Relating to Controlled Substances
Hearing: Thursday, March 3, 2011, 2:30 p.m., Room 329, 3 copies

Position: Opposed

I am testifying today in opposition to HB 1085 HD 1 Relating to Controlled Substances. I am opposed to raising the medical marijuana registration fee. NED currently receives \$200,000 per year, but is so poorly managed that it is unable to keep a simple registry of only 8,000 patients. Don't reward NED for incompetently wasting the money it extracts from patients. Please oppose this bill.

Testimony for HB1085 on 3/3/2011 2:30:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Tuesday, March 01, 2011 1:43 PM

To: JUDtestimony

Cc: nimo1767@gmail.com

Testimony for JUD 3/3/2011 2:30:00 PM HB1085

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Robert Petricci
Organization: Friends 4 Justice
Address:
Phone:
E-mail: nimo1767@gmail.com
Submitted on: 3/1/2011

Comments:

Aloha Rep. Gilbert Keith-Agaran, Chair
Rep. Karl Rhoads, Vice Chair and
Members of the Committee on Judiciary

My name is Robert Petricci

Regarding HB 1085 HD 1 Relating to Controlled Substances
Hearing: Thursday, March 3, 2011, 2:30pm

Position: Opposed

I am testifying today in opposition to HB 1085 HD 1 Relating to Controlled Substances. I am opposed to raising the medical marijuana registration fee.

Patients benefiting from marijuana already have to meet the most stringent requirements in the state for and medication by having to get the state license. They already pay a \$25.00 fee for that right. I am not aware of any other medication in Hawaii that a patient has to pay this kind of fee for. In my humble opinion it would be inherently unfair to further burden the patients with even greater cost or restrictions. Putting more stress whether economic or regulatory on the weakest of our people (those that are ill) concerns me. It seems patients that benefit from the therapeutic properties of cannabis are being singled out for simply because of the medication that works best for them. I find that questionable at best and to further selectively punish them is hard to justify in my mind.

Patients already have to waited 4 months or more to receive their cards, have not been able to get answers from the Narcotics Enforcement Division, and have to pay to see their doctor in addition to paying the \$25.00 fee that no other kinds of patients have to pay. They are being arrested and prosecuted when they travel inter island. They cannot turn off their illness at will or leave them at home. These patients are being treated as second class citizens at best and as criminals in many cases. They are neither, and our representatives need to to help them not further alienate or impede them, in my opinion.

The Narcotics Enforcement Division (NED) claims that the current fee does not cover their costs. With 8,000 patients, the office receives \$200,000 per year to operate

the patient registry. If NED cannot cover expenses with the current fee, it is their responsibility to streamline the application process. They designed the process, they should make the necessary changes. Again no other medication they regulate generate these punitive fees, if they can not manage the program why not transfer it to the DOH, it is after all a medical program and that may be why NED can not run the program effectively or fiscally.

It is unreasonable to require that patients pay for NED's mismanagement. According to NED's own annual report, "NED was forced to utilize additional PSD clerical staff, after hours, and at overtime rates to assist in processing the increasing number of medical use of marijuana applications." Patients should not be forced to pay an increased fee because NED could not manage their personnel and because overtime pay was given to employees.

Patients should not pay increased fees when their current needs are not being met. They should not be forced to wait months to receive their cards.

Many patients are seriously ill, on disability, and cannot work. They cannot afford increased fees.

Before approving any increase in fees, the legislature should require an audit of the "Controlled Substance Registration Revolving Fund," the fund that the medical marijuana registration fees are deposited into. According to NED, there is no funding for positions, then what are the fees being used for? NED should be made to account for how the current fees are being used before they are allowed to increase the fees.

We are also opposed to changing the registration requirements for doctors who recommend medical marijuana as these changes may make it difficult for doctors to make house calls or see seriously ill patients in locations other than doctors' offices. This provision is an example of the adversarial position that NED has taken with physicians and is part of NED's on-going efforts to harass law-abiding physicians. Recent communication from NED has made it clear that their intention is to restrict and interfere with how doctors are able to treat their medical marijuana patients. We ask the committee to remove this change from the bill.

Thank you for your consideration and time.

Robert Petricci for Friends 4 Justice.

Testimony for HB1085 on 3/3/2011 2:30:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Sunday, February 27, 2011 8:53 AM

To: JUDtestimony

Cc: mattrifkin28@gmail.com

Testimony for JUD 3/3/2011 2:30:00 PM HB1085

Conference room: 329

Testifier position: oppose

Testifier will be present: No

Submitted by: Matthew Rifkin

Organization: Individual

Address:

Phone:

E-mail: mattrifkin28@gmail.com

Submitted on: 2/27/2011

Comments:

The NED has been doing a terrible job of administering the medical marijuana program. It takes them four months to issue the appropriate ID card.

They do not deserve a higher price for the "service"; they currently provide.

Testimony for HB1085 on 3/3/2011 2:30:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Monday, February 28, 2011 11:17 AM

To: JUDtestimony

Cc: friendsforjustice@gmail.com

Testimony for JUD 3/3/2011 2:30:00 PM HB1085

Conference room: 329

Testifier position: oppose

Testifier will be present: No

Submitted by: Mike Ruggles

Organization: Individual

Address:

Phone:

E-mail: friendsforjustice@gmail.com

Submitted on: 2/28/2011

Comments:

I don't have e-mail, and asked Friends for Justice to send this...

I am a Big Island resident and medical marijuana patient.

The NED gets more than \$200,000 in fees from 8,000+ patients, and yet they can not issue blue cards in a timely way...it takes them 4 months...why?

They don't deserve a rate hike.

Mike Ruggles

Mt. View, HI

Testimony for HB1085 on 3/3/2011 2:30:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Tuesday, March 01, 2011 11:24 AM

To: JUDtestimony

Cc: friendsforjustice@gmail.com

Testimony for JUD 3/3/2011 2:30:00 PM HB1085

Conference room: 329

Testifier position: oppose

Testifier will be present: No

Submitted by: David and Wendy Tatum

Organization: Individual

Address:

Phone:

E-mail: friendsforjustice@gmail.com

Submitted on: 3/1/2011

Comments:

We are medical cannabis patients on the Big Island, and we do not support a rate hike in the fee for a blue card.

David and Wendy Tatum

Mt. View, HI

we don't have a computer and asked FFJ to send this for us

Testimony for HB1085 on 3/3/2011 2:30:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Wednesday, March 02, 2011 12:38 PM

To: JUDtestimony

Cc: drkturnbull@gmail.com

Testimony for JUD 3/3/2011 2:30:00 PM HB1085

Conference room: 329

Testifier position: oppose

Testifier will be present: No

Submitted by: Kimberly Turnbull

Organization: Individual

Address:

Phone:

E-mail: drkturnbull@gmail.com

Submitted on: 3/2/2011

Comments:

I am testifying today in opposition to HB 1085 HD 1 Relating to Controlled Substances. I am opposed to raising the medical marijuana registration fee.

-The Narcotics Enforcement Division (NED) claims that the current fee does not cover their costs. With 8,000 patients, the office receives \$200,000 per year to operate the patient registry. If NED cannot cover expenses with the current fee, it is their responsibility to streamline the application process. They designed the process, they should make the necessary changes.

-It is unreasonable to require that patients pay for NED's mismanagement. According to NED's own annual report, "NED was forced to utilize additional PSD clerical staff, after hours, and at overtime rates to assist in processing the increasing number of medical use of marijuana applications." Patients should not be forced to pay an increased fee because NED could not manage their personnel and because overtime pay was given to employees.

-Patients should not pay increased fees when their current needs are not being met. They should not be forced to wait months to receive their cards.

-Many patients are seriously ill, on disability, and cannot work. They cannot afford increased fees.

-Before approving any increase in fees, the legislature should require an audit of the "Controlled Substance Registration Revolving Fund," the fund that the medical marijuana registration fees are deposited into. According to NED, there is no funding for positions, then what are the fees being used for? NED should be made to account for how the current fees are being used before they are allowed to increase the fees.

-We are also opposed to changing the registration requirements for doctors who recommend medical marijuana as these changes may make it difficult for doctors to make house calls or see seriously ill patients in locations other than doctors'

3/2/2011

offices. This provision is an example of the adversarial position that NED has taken with physicians and is part of NED's on-going efforts to harass law-abiding physicians. Recent communication from NED has made it clear that their intention is to restrict and interfere with how doctors are able to treat their medical marijuana patients. We ask the committee to remove this change from the bill.

Testimony for HB1085 on 3/3/2011 2:30:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Wednesday, March 02, 2011 8:23 AM

To: JUDtestimony

Cc: buzzzed@msn.com

Testimony for JUD 3/3/2011 2:30:00 PM HB1085

Conference room: 329

Testifier position: oppose

Testifier will be present: No

Submitted by: Sandy Webb

Organization: Individual

Address:

Phone:

E-mail: buzzzed@msn.com

Submitted on: 3/2/2011

Comments:

-Before approving any increase in fees, the legislature should require an audit of the "Controlled Substance Registration Revolving Fund, " the fund that the medical marijuana registration fees are deposited into. According to NED, there is no funding for positions, then what are the fees being used for? NED should be made to account for how the current fees are being used before they are allowed to increase the fees.

-We are also opposed to changing the registration requirements for doctors who recommend medical marijuana as these changes may make it difficult for doctors to make house calls or see seriously ill patients in locations other than doctors' offices. This provision is an example of the adversarial position that NED has taken with physicians and is part of NED's on-going efforts to harass law-abiding physicians. Recent communication from NED has made it clear that their intention is to restrict and interfere with how doctors are able to treat their medical marijuana patients. We ask the committee to remove this change from the bill.

**HB 1085 HD 1 Relating to Controlled Substances Hearing: Thursday,
March 3, 2011, 2:30 p.m., Room 329**

chris werner [christopherallenwerner@yahoo.com]

Sent: Tuesday, March 01, 2011 10:43 AM

To: JUDtestimony

To: Rep. Gilbert Keith-Agaran, Chair
Rep. Karl Rhoads, Vice Chair and
Members of the Committee on Judiciary

From: Chris Werner

RE: HB 1085 HD 1 Relating to Controlled Substances
Hearing: Thursday, March 3, 2011, 2:30 p.m., Room 329, 3 copies

Position: Opposed

I am testifying today in opposition to HB 1085 HD 1 Relating to Controlled Substances. I am opposed to raising the medical marijuana registration fee.

-Patients should not pay increased fees when their current needs are not being met. They should not be forced to wait months to receive their cards.

-Many patients are seriously ill, on disability, and cannot work. They cannot afford increased fees.

-Before approving any increase in fees, the legislature should require an audit of the "Controlled Substance Registration Revolving Fund, " the fund that the medical marijuana registration fees are deposited into. According to NED, there is no funding for positions, then what are the fees being used for? NED should be made to account for how the current fees are being used before they are allowed to increase the fees.

-We are also opposed to changing the registration requirements for doctors who recommend medical marijuana as these changes may make it difficult for doctors to make house calls or see seriously ill patients in locations other than doctors' offices. This provision is an example of the adversarial position that NED has taken with physicians and is part of NED's on-going efforts to harass law-abiding physicians. Recent communication from NED has made it clear that their intention is to restrict and interfere with how doctors are able to treat their medical marijuana patients. We ask the committee to remove this change from the bill.

Testimony for HB1085 on 3/3/2011 2:30:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Tuesday, March 01, 2011 1:05 PM .

To: JUDtestimony

Cc: aaronzeeman@yahoo.com

Testimony for JUD 3/3/2011 2:30:00 PM HB1085

Conference room: 329

Testifier position: oppose

Testifier will be present: No

Submitted by: aaron zeeman

Organization: Individual

Address:

Phone:

E-mail: aaronzeeman@yahoo.com

Submitted on: 3/1/2011

Comments:

The NED has not served the |MMJ patientd well, actually to the contrary. I am on a fixed income and cannot afford any increases in my budget. The NED set up their program... they designed it, THEY should re-asses their procedures to streamline the costs.