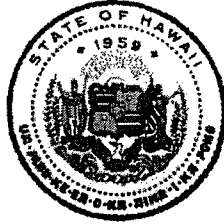


NIEL AMBERCROMBIE  
GOVERNOR



STATE OF HAWAII  
**DEPARTMENT OF PUBLIC SAFETY**

919 Ala Moana Blvd. 4<sup>th</sup> Floor  
Honolulu, Hawaii 96813

**JODIE MAESAKA-HIRATA**  
INTERIM DIRECTOR

Deputy Director of  
Administration

Deputy Director  
Corrections

**KEITH KAMITA**  
Deputy Director  
Law Enforcement

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

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

by  
Jodie Maesaka-Hirata, Interim Director  
Department of Public Safety

House Committee on Public Safety and Military Affairs  
Representative Henry J.C. Aquino, Chair  
Representative Ty Cullen, Vice Chair

Thursday, February 3, 2011, 08:30 AM  
State Capitol, Room 309

Chair Aquino, Vice Chair Cullen, and Members of the Committees:

The Department of Public Safety (PSD) strongly supports House Bill 1085, that is the department'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 proposed by House Bill 1085 would add the following 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 is required by section 329-11(d) and (e) Hawaii Revised Statutes.

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 $\alpha$ -methyl-5 $\alpha$ -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 the Department of Public Safety's Narcotics Enforcement Division 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 Narcotics Enforcement Division 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 Methylenedioxypropylone (MDPV) was discovered in the search warrant in quantities indicating distribution amounts. This incident clearly indicates that this new chemical is already present 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.

In response to these new dangerous drugs, the NED Administrator is emergency scheduling the substance Mephedrone, also known as 4-methylmethcathinone (4-MMC), or 4-methylephedrone, (on August 1, 2010) and 3,4-Methylenedioxypropylvalerone (MDPV) (November 24, 2010) as a Schedule I hallucinogenic substances by placing it in Section 329-14(d) Hawaii Revised Statutes. MDPV has no history of FDA approved medical use in the US, and the substance is usually labeled "Not for human consumption" on packaging. Additionally, 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.

Sections 4 of House Bill 1085 clarifies language in section 329-32 (e) by requiring that all locations used by physicians participating in Hawaii's Medical Use of Marijuana Program be registered with the department as required by 329-121, HRS. The amendments proposed in section 5 of this bill would allow the Department to designate how prescription data is to be reported to the electronic prescription monitoring program.

Section 6 of House Bill 1085 amend section 329-101(b) and 329-102(f), HRS, by adding language to allow the Department 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 \$50 to offset the cost of running the program. The funds from the increase in fees will allow the Narcotics Enforcement Division to hire two additional clerical positions to assist in the processing of the over 8000 medical use of marijuana permit applications processed annually. Presently there are no positions allocated strictly to the medical use of marijuana program. Since the implementation of this program, the Division has been utilizing staff assigned to its controlled substance and chemical registration section to process these applications in addition to the over 6500 applications for controlled substances and regulated chemicals.

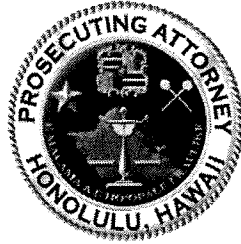
House Bill 1085  
February 3, 2011  
Page 7

For all of the previously listed reasons, PSD strongly supports passage of House Bill 1082. Thank you for the opportunity to testify on this matter.

DEPARTMENT OF THE PROSECUTING ATTORNEY  
**CITY AND COUNTY OF HONOLULU**

ALII PLACE  
1060 RICHARDS STREET • HONOLULU, HAWAII 96813  
PHONE: (808) 768-7400 • FAX: (808) 768-6552

KEITH M. KANESHIRO  
PROSECUTING ATTORNEY



ARMINA A. CHING  
FIRST DEPUTY PROSECUTING ATTORNEY

THE HONORABLE HENRY J.C. AQUINO, CHAIR  
SENATE JUDICIARY AND GOVERNMENT OPERATIONS COMMITTEE  
Twenty-sixth State Legislature  
Regular Session of 2011  
State of Hawai'i

Thursday, February 3, 2011

RE: H.B. 1085; RELATING TO CONTROLLED SUBSTANCES.

Chair Aquino, Vice Chair Cullen, and members of the House Committee on Public Safety & Military Affairs, the Department of the Prosecuting Attorney submits the following testimony in support of H.B. 1085.

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 \$50 to help with costs to run the program.

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



## **PBMtestimony**

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**From:** Andrea Tischler [andreatischler@yahoo.com]  
**Sent:** Tuesday, February 01, 2011 2:57 PM  
**To:** PBMtestimony  
**Subject:** HB 1085 Opposed

To: Rep. Henry Aquino, Chair, and Rep. Ty Cullen, Vice Chair and  
Members of the Committee on Public Safety and Military Affairs

From: Andrea Tischler, Co-Chair  
Americans for Safe Access  
Big Island Chapter

RE: HB 1085 Relating to Controlled Substances  
Thursday, Feb 3, 2011, Room 309

Position: Opposed

Americans for Safe Access are opposed to a proposed increase to a \$50 fee to register for a medical cannabis certificate as contained in Section 7 of the bill.

For patients this is nothing more than a “slap in the face” as the Department of Narcotics Enforcement consistently practices delays (often more than four months) in issuing certificates. This has caused many patients to live daily without proof that they have fully complied to the state’s medical cannabis law thus increasing their stress level and fear that at any point they may be required to present their blue card to law enforcement.

In my particular situation it took NED six months to send my certificate. During that time I made numerous trips to Honolulu for doctor’s appointments placing me in an extremely vulnerable position.

Is it reasonable for patients to pay for NED’s mismanagement? They presently collect over \$200,000 on the backs of patients. An increase unfairly “taxes” sick people, many of whom are on disability.

Please do not pass HB1085 with a fee increase in registering for the medical cannabis certificate.

## PBMtestimony

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**From:** robert petricci [nimo1767@gmail.com]  
**Sent:** Tuesday, February 01, 2011 6:43 PM  
**To:** PBMtestimony  
**Subject:** RE: HB 1085 Relating to Controlled Substances

Robert Petricci, representing Friends 4 Justice  
To: Committee on Public Safety and Military Affairs  
Thursday, February 3, 2011, 8:30 a.m. Room 309  
HB 1085  
The number of copies: 3

Position: Adamantly Opposed

Aloha from the Big Island, my name is Robert Petricci I am 54 years old, and I am a medical marijuana patient. I am writing today to oppose HB 1085 Relating to Controlled Substances. I object to the proposed increase in the fees for Medical Marijuana Program. I have had severe rheumatoid arthritis for over ten years, Marijuana is the safest effective drug for my condition that I have found. The alternative drugs are all dangerous and cause stomach problems for me. As most people remember Vioxx was removed from the market because of side effects including numerous heart attacks and deaths that were attributed to it. If you read the inserts on the other arthritis drugs you will find they all have similar warnings of liver and kidney failure, ulcers, and heart attacks. I prefer cannabis, (marijuana) its effective and I have never had any negative impacts other than an occasional cough. I already have to pay a doctor and a "special" fee of \$25.00. You are not charging patients for a license for medical use of Morphine, Methamphetamine, Vicadine, Oxycontin, barbiturates or any other narcotic. I already pay all the other taxes that citizens in Hawaii pay and resent being singled out for additional fees because I WANT TO USE A PLANT INSTEAD OF A PHARMACUTICAL NARCOTIC OR DRUG.

## **PBMtestimony**

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**From:** Robert Bacher [bacher.robert@gmail.com]  
**Sent:** Wednesday, February 02, 2011 12:46 AM  
**To:** PBMtestimony  
**Subject:** Opposed to HB 1085

To: Rep. Henry Aquino, Chair, and Rep. Ty Cullen, Vice Chair and  
Members of the Committee on Public Safety and Military Affairs

From: Robert Bacher

RE: HB 1085 Relating to Controlled Substances  
Thursday, February 3, 2011, 8:30 a.m., Room 309

Position: Opposed

I am writing to day to oppose HB 1085 Relating to Controlled Substances. I object to the proposed increase in the fees for Medical Marijuana Program as it currently fails to function under the deeply conflicted Department of Public Safety. The NED is currently making about \$200,000 annually from the roughly 8,000 registered patients while treating them more like criminals listing personal information on their slow to come patient ID cards. The Department of Public Safety and the Narcotic Enforcement Division are in charge eradicating Cannabis in the state and simultaneously also in charge of running the Medical Cannabis Program and the Industrial Hemp Program into the ground. This should be a Department of Health program! Both of the these programs are very important and represent potentially huge industries, that could be contributing thousands of jobs and millions of dollars in commerce to our economy and millions more in tax revenue for our hurting general fund!

Mahalo for your time,  
Robert Bacher  
Realtor Associate  
NEW STAR Realty, Inc.  
1631 Kapiolani Blvd Suite 201  
Honolulu, HI 96814  
[bacher.robert@gmail.com](mailto:bacher.robert@gmail.com)  
cell (808)429-6442  
ofc (808)545-4989  
fax (808)983-3902

## PBMtestimony

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 01, 2011 8:09 AM  
**To:** PBMtestimony  
**Cc:** jerry@alohabroadband.com  
**Subject:** Testimony for HB1085 on 2/3/2011 8:30:00 AM

Testimony for PBM 2/3/2011 8:30:00 AM HB1085

Conference room: 309  
Testifier position: oppose  
Testifier will be present: No  
Submitted by: Gerald Anderson  
Organization: Individual  
Address:  
Phone: 808 937 1387  
E-mail: [jerry@alohabroadband.com](mailto:jerry@alohabroadband.com)  
Submitted on: 2/1/2011

**Comments:**

To: Rep. Henry Aquino, Chair, and Rep. Ty Cullen, Vice Chair and Members of the Committee on Public Safety and Military Affairs

From: Gerald Anderson

RE: HB 1085 Relating to Controlled Substances Thursday, February 3, 2011, 8:30 a.m., Room 309

Position: Opposed

I am writing to day to oppose HB 1085 Relating to Controlled Substances. I object to the proposed increase in the fees for Medical Marijuana Program. .

If you really want to balance the budget and increase tourism (STOP GUNS going to Mexico) legalize the simple plant. Wake up to the TRUTH of this plant and it's amazing values.

## PBMtestimony

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**From:** Kathleen Marchetti [kmarchetti@hawaiiantel.net]  
**Sent:** Tuesday, February 01, 2011 8:40 AM  
**To:** PBMtestimony  
**Subject:** Testimony-HB 1085

To: Rep. Henry Aquino, Chair, and Rep. Ty Cullen, Vice Chair and  
Members of the Committee on Public Safety and Military Affairs

From: Kathleen M. Notestone

RE: HB 1085 Relating to Controlled Substances  
Thursday, February 3, 2011, 8:30 a.m., Room 309

Position: Opposed

I am writing to oppose HB 1085 Relating to Controlled Substances. I object to the proposed increase in the fees for Medical Marijuana Program. As a person with a life long chronic health problem I rely on SSDI to support myself. It would cause more hardship to raise the fee's associated with this program. All of the patients in this program have enough health problems to deal with. Please don't add more cost to the program, help care for those of us that are already suffering. No increase in fee's Please.

Mahalo,  
Kathleen Notestone  
59 Alapio Place  
Makawao, Hawaii

## PBMtestimony

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**From:** Vince Callagher [vince.callagher@gmail.com]  
**Sent:** Tuesday, February 01, 2011 12:57 PM  
**To:** PBMtestimony  
**Subject:** RE: HB 1085 Relating to Controlled Substances

From: Vincent Callagher

RE: HB 1085 Relating to Controlled Substances  
Thursday, February 3, 2011, 8:30 a.m., Room 309

Position: Opposed

I am writing to day to oppose HB 1085 Relating to Controlled Substances. I object to the proposed increase in the fees for Medical Marijuana.

I have a disability due to degenerative disc disease and can not afford extra expences to recieve a medication that is already difficult to obtain in my condition. Along with waiting months for an already appoved medical card.

-If the offices in charge claim 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. This seems to be ample monies and if this is not enough to 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 mismanagement.

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

--

Aloha, Vincent

To: Representative Henry Aquino, Chair  
Representative Ty Cullen, Vice Chair and  
Members of the Committee on Public Safety and Military Affairs

From: Clifton S. Otto, M.D.  
RE: HB 1085 Relating to Controlled Substances  
Hearing: Thursday, February 3, 2011, 8:30 a.m.

Position: Opposed

I am testifying today against HB 1085.

I feel that it is inappropriate to combine legislation concerning designation of controlled substances with changes to Hawaii's Medical Cannabis law. These are two completely different issues and should be addressed in separate bills.

If the Department of Public Safety feels that it needs to double the registration fee for medical cannabis patients, then the onus is upon this department to prove why such an increase is required. This should include complete disclosure of all revenues and expenses that have occurred exclusively for the administration of Hawaii's medical cannabis program, and should not include costs of running other Department of Public Safety Programs. This should also not include the costs of conducting community outreach presentations that purposefully slander recommending medical doctors.

Such disclosure should include an explanation of why medical cannabis identification cards are still being printed on WWII-era, leftover blue cardstock, and how the department is currently utilizing a revenue of at least \$ 200,000 per year (at least 8000 patients x \$25 per patient per year).

Before granting an increase in registration fees, it would also prudent to investigate the procedures that the Department of Public Safety has adopted to administer this program.

It makes no sense to process an application once and send it out to the recommending physician for signature of the registration card. This not only delays delivery of registration cards, but also requires that the department send out a confirmation letter to each and every patient, thereby creating unnecessary costs of postage and time spent processing such confirmation letters.

Perhaps one solution to this issue would be to create improved administrative rules that would designate exactly how the Department of Public Safety will administrate this program in a cost-effective manner.

Thank you for your time.

Matthew Brittain, MA, LCSW, DCSW, DABFSW  
Diplomate, Clinical Social Work, NASW  
Diplomate, American College of Forensic Examiners  
56 Waiianuenue Ave. Suite #207 Hilo HI 96720-2474  
(808) 934-7566 (phone) 934-9442 (Fax)

To: Rep. Henry Aquino, Chair, and Rep. Ty Cullen, Vice Chair and  
Members of the Committee on Public Safety and Military Affairs

From: Matthew Brittain, LCSW, DCSW

RE: HB 1085 Relating to Controlled Substances  
Thursday, February 3, 2011. 8:30 a.m., Room 309

Position: Opposed

As a facilitator for many hundreds of medical marijuana patients, I am aware of the following issues surrounding the fee required by the Narcotics Enforcement Division (NED) related to processing the applications for the medical use of marijuana (MUM):

- 1) Many of the MUM patients are on very limited income, and can barely afford the existing fee of \$25;
- 2) NED has become extremely backlogged, and patients must wait more than 4 months to receive their MUM certificate.
- 3) The NED requires that all \$25 payments be made payable to "Narcotics Enforcement Division". As of now there is no public disclosure that I am aware of as to where this money is being used.
- 4) The current backlog of application processing is being blamed on staff shortages and worker furlough days.

I know that I speak for thousands of patients when I state that the fee should not be increased. Forcing patients to wait 4 months to get their MUM certificates is a travesty of public service, and to require additional money for such substandard service is preposterous.

In addition, I petition the Legislature to take accounting of the money paid to NED. Currently there are approximately 8,000 MUM patients, generating about \$200,000 per year. NED should be able to use this money to hire another clerk or three such that the MUM applications are processed in a timely fashion.

I recommend that the language in this bill be changed, such that the \$25 fee be maintained unchanged, and that NED should be directed to use all proceeds from the MUM program for use in administering the MUM program.

Sincerely,

Matthew Brittain, MA, LCSW, DCSW, DABFSW



## PBMtestimony

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 01, 2011 5:01 PM  
**To:** PBMtestimony  
**Cc:** mattrifkin28@gmail.com  
**Subject:** Testimony for HB1085 on 2/3/2011 8:30:00 AM

Testimony for PBM 2/3/2011 8:30:00 AM HB1085

Conference room: 309  
Testifier position: oppose  
Testifier will be present: No  
Submitted by: Matthew Rifkin  
Organization:  
Address: Keaau, HI  
Phone:  
E-mail: [mattrifkin28@gmail.com](mailto:mattrifkin28@gmail.com)  
Submitted on: 2/1/2011

### Comments:

I am a medical marijuana patient residing on the Big Island.

I strongly oppose the doubling of the fee for a medical marijuana certification for many reasons.

- 1) The Narcotics Enforcement Division is doing a terrible job of running the program at present. It is taking them four (4) months to issue new or renewed "blue cards." This leaves patients without proper identification, and we live in fear. How can NED leave patients vulnerable by dragging their feet in this manner?
- 2) There are about 9,000 patients statewide, which would generate \$225,000 in revenue. If NED is not using this money to process ID cards for patients, then what is it doing? And, they want to DOUBLE what they charge us? Surely \$225,000 is enough money to hire temporary help?
- 3) The staff of NED is generally surly and unhelpful. They seem to take no interest in the fact that we are PATIENTS, who need help, support and understanding.
- 4) Many of the patients I know on the Big Island are on Social Security, or Disability. They are Vietnam vets, senior citizens, and many are retired. They would be unfairly burdened by increasing the fee to \$50.
- 5) Medical marijuana certification is not covered by insurance, so, in addition to the fee, there is the cost of the doctor visit...which is often \$150. Most medications are covered by insurance, but not medical marijuana. So, here again, is a reason NOT to increase the fee. Don't try to close your budget gap on the backs of sick people.

## **PBMtestimony**

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**From:** sara steiner [saralegal@live.com]  
**Sent:** Tuesday, February 01, 2011 8:41 PM  
**To:** PBMtestimony  
**Subject:** RE: HB 1085 Relating to Controlled Substances Thursday, February 3, 2011, 8:30 a.m., Room 309

To: Rep. Henry Aquino, Chair, and Rep. Ty Cullen, Vice Chair and Members of the Committee on Public Safety and Military Affairs  
Thursday, February 3, 2011, 8:30 a.m.

From: Sara Steiner  
13-430 Pohoiki Road  
Po-Box 1965  
Pahoa, HI 96778

RE: HB 1085 Relating to Controlled Substances  
Thursday, February 3, 2011, 8:30 a.m., Room 309

Position: Opposed

Aloha from the Big Island,

I am writing today to say I oppose HB1085 Relating to Controlled Substances. At \$25 each application, times 8,000 patients, that is \$200,000 a year to run the program which is discriminatory to begin with. What other patients have to apply and register to receive their medicine? No one.

Why does it take 4 months to receive a card granting you permission to use a medicine legally recommended by a licensed doctor in Hawaii? That the Narcotics Enforcement Division (NED) wants more money is outrageous. Is part of NED's mission statement to go around the island giving presentations about how many doctors are prescribing marijuana to how many patients? Because that is exactly what Keith Kamita has been doing, instead of working on solutions to the lengthy time delays this program is creating for patients. He has been out lobbying against medical marijuana. Instead of working with doctors and patients, he is working against them.

No increase in fees. The application fee is quite expensive already. Why do we have to pay to get a license which is not even honored by the police, prosecutors or judges? This is a discriminatory policy, do not enable it further.

Thank You for your attention to this matter,

**Sara Steiner**  
Sara Steiner  
808-936-9546

## PBMtestimony

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**From:** Kevin Lash [kevinlash@gmail.com]  
**Sent:** Tuesday, February 01, 2011 11:43 PM  
**To:** PBMtestimony  
**Subject:** RE: HB 1085 Relating to Controlled Substances

To: Rep. Henry Aquino, Chair, and Rep. Ty Cullen, Vice Chair and  
Members of the Committee on Public Safety and Military Affairs

From: Kevin Lash

RE: HB 1085 Relating to Controlled Substances

Thursday, February 3, 2011, 8:30 a.m., Room 309

Position: Opposed

I am writing today to oppose HB 1085 Relating to Controlled Substances.

I object to the proposed increase in the fees for Medical Marijuana  
Program.

There are many reasons for my opposition to this bill one of which is that many patients are seriously ill, on disability, and cannot work. I am one of these patients and I cannot afford increased fees.

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.

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.

If the NED cannot manage the annual renewal of patient cards maybe the law needs to change so that cards need to be renewed every other year instead of annually. I know many patients who cannot afford to renew their cards every year with the current fee, including myself. I am currently uninsured and cannot afford to see my doctor to get my card renewed that expired three months ago even though I have had three cards, all renewed late due to financial issues.

This bill is completely absurd and attacks those with fees that are unable to afford increased costs in any area of their lives. This is essentially taxation of the poorest section of Hawaii's residents.

Please do not pass this bill and look at other solutions if the money is truly needed by the NED.

Thank You,

Kevin Lash

--

Consider the rights of others before your own feelings, and the feelings of others before your own rights.

**John Wooden**

Dr. Bob Rahmanian, DO

3514 Waialae Ave.  
Honolulu, HI 96825

February 1, 2011

Committee on Public Safety and Military Affairs

Thursday, February 3rd, 8:30 am

HB 1085 status

Dear Committee Members,

I am writing to you out of concern for proposed amendments to HB 1085. The Narcotics Enforcement Division has proposed to add wording to subsection E of Hawaii Revised Statute 329-32 that would mandate any physician who wishes to recommend the medical use of marijuana to register each office where this occurs with the NED. There are several reasons why this is not advisable. First, marijuana is a Schedule I narcotic. According to federal law, Schedule I narcotics cannot be administered, prescribed, nor dispensed by any practitioners in any state. Adding 'the recommendation' of a Schedule I narcotic to this section of the administrative rules is not consistent with federal law nor has this wording been adopted by any other state in which medical marijuana is allowable. Second, a large subset of qualifying patients are terminally ill and are confined to their homes in bed or in wheelchairs. The only way some of these patients have access to a physician is through house calls. Amending this statute to limit the recommendation of medical marijuana solely to a registered office setting, would make it impossible for these patients to be legally registered by a physician during a house call. In fact, the wording of the certification form that was formulated by the NED could be used to prosecute any physician who recommends medical marijuana outside of a registered office. The only protection that a physician currently has is that he/she is not 'prescribing' marijuana to a patient. Amending section 329-32 to treat a Schedule I narcotic as a prescription drug is inconsistent with federal law. Furthermore, the proposed amendment makes the process of recommending marijuana to a qualifying patient even more intimidating and confusing than it already is. This goes against the spirit of why the law was written in the first place. I encourage the committee members to compare the

wording of administrative rules regarding medical marijuana with any other state's statutes. You will not find this proposed amendment anywhere else.

Sincerely yours,

Bob Rahmanian, DO

Board Certified Emergency Physician, ABOEM

## PBMtestimony

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 02, 2011 9:33 AM  
**To:** PBMtestimony  
**Cc:** aloha@mauivortex.com  
**Subject:** Testimony for HB1085 on 2/3/2011 8:30:00 AM

Testimony for PBM 2/3/2011 8:30:00 AM HB1085

Conference room: 309  
Testifier position: oppose  
Testifier will be present: No  
Submitted by: Mary Overbay  
Organization: Individual  
Address: PO Box 322 Puunene, HI  
Phone: 808-280-9636  
E-mail: [aloha@mauivortex.com](mailto:aloha@mauivortex.com)  
Submitted on: 2/2/2011

**Comments:**

Aloha Representatives,

I OPPOSE HB 1085!

I oppose 2011 Hawaii Legislature HB 1085, because it proposes to unfairly charge a \$50 fee to fill a medical prescription. Chronically ill patients are often experiencing financial and emotional difficulties. Extra fees and paperwork are a prejudicial extra burden on a segregated patient group.

Medical cannabis reform is important to me because my husband, Leon Overbay, was an American WWII 100% disabled veteran. He was an American Hero! He was prescribed medical marijuana to ease his suffering during his treatments for cancer, which claimed his life in 2007.

How could you look into the eyes of a dying US disabled Veteran and ask him for an extra 50 bucks for his medical marijuana prescription? Our veterans fought for freedom and equality, not segregation and government patient registries, and prejudicial fees.

There are no extra government fees required to use morphine, codeine, valium, alcohol, or tobacco or any other over-the-counter or prescription or addictive drug. Why only medical cannabis?

It was inappropriate for the Hawaii legislature to create a \$25 registration certificate fee for medicine in the first place. Repeal the fee!

Respectfully submitted,

Mary Overbay, US DAV's widow  
Puunene, HI

## PBMtestimony

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 02, 2011 1:01 PM  
**To:** PBMtestimony  
**Cc:** bmurphy420@msn.com  
**Subject:** Testimony for HB1085 on 2/3/2011 8:30:00 AM

Testimony for PBM 2/3/2011 8:30:00 AM HB1085

Conference room: 309  
Testifier position: oppose  
Testifier will be present: No  
Submitted by: Brian Murphy  
Organization: Individual  
Address: PO Box 791540, Ste 125 Paia, HI 96779  
Phone: 808-344-2991  
E-mail: [bmurphy420@msn.com](mailto:bmurphy420@msn.com)  
Submitted on: 2/2/2011

### Comments:

To: Rep. Henry Aquino, Chair, and Rep. Ty Cullen, Vice Chair and Members of the Committee on Public Safety and Military Affairs

From: Brian Murphy

RE: HB 1085 Relating to Controlled Substances Thursday, February 3, 2011, 8:30 a.m., Room 309

Position: Opposed

I am writing today to oppose HB 1085 Relating to Controlled Substances.  
I object to the proposed increase in the fees for Medical Marijuana Program.

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 any "registration certificate" fee to obtain their medical prescriptions.

-It is unreasonable to require that patients pay for NED's mismanagement.

-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.



To: Rep. Henry Aquino, Chair, and Rep. Ty Cullen, Vice Chair and Members of the Committee on Public Safety and Military Affairs

From: David J. Barton, MD, Physician, Board Certified in Pain and Palliative Care, Owner of Hawaiian-Pacific Pain and Palliative Care, Ewa Beach, Oahu, Hawaii

RE: **HB 1085** Relating to Controlled Substances  
Thursday, February 3, 2011, 8:30 a.m., Room 309

Position: Support but partially opposed

I am writing today to Support HB 1085 Relating to Controlled Substances, but I am concerned about the increase in fees for patients to be issued a medical cannabis card. Specifically, I want to address two items that are found in this bill. They represent concerns as having "real world" effects on the citizens of Hawaii.

First, the addition of the phrase "recommends the medical use of Marijuana" in Section 4, subsection (e) is important because of some practices which in my opinion have led to substandard medical care.

The practice of "marijuana recommendation" is generally being done in registered medical offices, as is customary in today's world. Occasionally, there is the need to see a patient in their home if they are seriously ill, terminally ill, or paraplegic. I would hope that the addition of this language would not force medical practitioners to seek permission from the NED before making a humane house call in order to render care for a single patient, or otherwise, be afoul of the law. I feel strongly that the traditional physician right to make "house calls" for an individual remains intact and unhindered.

There are, however, in my opinion, medical professionals who are abusing the standards of medical practice by making medical marijuana recommendations in groups of patients in unregistered places such as hotel suites, executive offices, private homes, condos, bars, and parks under nonprofessional settings. There are physicians, local and mainland, who are renting temporary office spaces to see these groups of patients on an hourly and daily basis. Additionally, in Honolulu, there have been scams and frauds which offered patients discounted "medical marijuana cards" that left them poorer and with no cards. The addition of this phrase "recommends the medical use of marijuana" would give the Narcotics Enforcement Division the enforcement authority and

ability to stop these inappropriate practices. It would reassure the public of quality health care and signal to them that they are being seen in a registered and therefore legitimate medical office.

Second, I oppose the increase of fees for individuals who are demonstrating good citizenship by seeking the state's permission under state law to use cannabis for the relief of pain and suffering. I do not know the purpose of the increase other than to improve their budget. The NED's sole purpose in undertaking responsibility for the medical marijuana program is to license those who have medical needs that are outside the ability of traditional medicine to treat. As a board certified pain specialist, I can attest that there are many chronic conditions that are not well treated with conventional medications and methods. It is the physician who judges the appropriateness of the license, not the NED.

In seeking a license, the NED has set up an outdated system for patients where the majority of the responsibility and costs are borne by the physician's office. The completed application, ID, and money order are put together by the physician and submitted completed to the NED. The NED has a single employee who is in charge of processing the applications. They complete the licensing, and send the cards back to the physician's office in bulk. The physician then bares the cost of mailing them to the patients. Two years ago, the whole process took about four weeks, but now, it takes about four months for patients to receive their cards, even though the state's intake from the program has increased about four fold, to over \$200,000.00 coming from over 8,000 patients. Patients receive a small unsophisticated blue piece of lightweight cardboard as their certificate, which they must photocopy and carry with them. Currently, because of the delays, the NED is sending out a temporary letter license directly to patients to placate everyone. Although nice, this is an unnecessary effort and expense.

That is the system they set up. In truth, there is no reason for me, the physician, to bare most of the expenses in this old fashioned process with modern day computer and internet technology available, and for them to increase their fees. As a physician, I should only have to send in my certifying document to the state. The NED needs to modernize and streamline their process. It is unreasonable to require that patients pay for NED's mismanagement, especially when their needs are not

currently being met, being forced to wait for months to receive their cards.

The current fees of \$25 are already are much higher than a driver's license, and the one year renewal process is the same as a new application. An increase to \$50 is just an effort by the NED to improve their budget at the expense of the poor. It will dramatically reduce the number of people willing to participate in the program, and force more people back to the underground. NEDSs behavior in the communities' already engenders fear and mistrust. This is an unfair process for patients who are chronically ill and suffering, mostly disabled and unable to work. These people are using cannabis as a serious medicine, and are burdened with all the expenses of growing their own medication without insurance reimbursement.