

LATE TESTIMONY

Committee on Health – Representative Ryan Yamane, Chair

Committee on Public Safety and Military Affairs – Representative Henry Aquino, Chair

SB 1458 SD 2 – Relating to Health

Tuesday, March 15, 2011 at 10:30am

Support with reservations

I am medical cannabis patient residing on the island of Hawai'i.

Not all patients can grow their own medicine, so having compassion centers would be an important and necessary improvement to the current program. Having safe access to high quality medicine is essential, but if the main goal is profit, license fees and tax revenue, then it is the patients who will suffer though higher prices.

I have these other concerns:

Section 6 (e): \$100 for a temporary license for out of state patients seems excessive, given our full year fee is (at present) \$25. Other states with reciprocity simply allow out of state patients to enter dispensaries with valid ID. We should have the same aloha here, and not charge the tourists...they pay plenty just to get here. The state will make money on the sales tax, shouldn't that be enough? After all, remember, we are talking about patients and medicine.

Section 6 (b) the law allows each patient only one caregiver or compassion center. This is not practical to Hawaii at all. Big Island residents must fly to Oahu for almost all major medical procedures. So, if my designated compassion center is in Hilo, then if I fly to Oahu I can't go into a compassion center there? The police keep arresting patients at the airport, and the prosecutor keeps charging them, so we can't fly with our medicine. And, with this law, I can't go into a compassion center on another island. How does that improve the access to medicine for a patient?

Section 5 "Adequate Supply" the law says if I designate a compassion center, it can have 7 plants and 6 ounces for a 2 week supply...but, if I grow it myself or have a caregiver, I can have 7 plants, but only 2 ounces, and it makes no mention of time frame. So, I am actually worse off because the current law at least allows me to have 3 ounces at one time. This gives a huge advantage to the compassion centers to grow a lot. Most patients probably don't consume 6 ounces every two weeks, so what is the compassion center doing with all that excess?

Section 329 (d) Licensure: how did they determine 10 compassion centers on Oahu and only 6 on the Big Island? There are only 1,000 patients on Oahu, and more than 5,000 on the Big Island. As it stands, an Oahu shop would have 100 registered patients, while on the Big Island each shop would have more than 800. Shouldn't the number of compassion centers be based on the number of patients and not total population? Hawaii County is big, and travel distances are long, so more compassion centers makes sense. Why not adjust the number of dispensaries every 5 years?

I think all the licensees should be non-profit entities.

I think patients should be allowed to medicate at a compassion center since the law is strict about use in public.

Respectfully submitted,

Matthew Rifkin
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