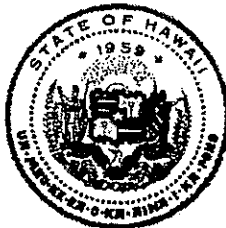


NEIL ABERCROMBIE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
919 Ala Moana Blvd. 4th Floor
Honolulu, Hawaii 96813

JODIE F. MAESAKA-HIRATA
DIRECTOR

MARTHA TORNEY
Deputy Director of
Administration

JOE W. BOOKER, JR.
Deputy Director
Corrections

KEITH KAMITA
Deputy Director
Law Enforcement

No. _____

**TESTIMONY ON SENATE BILL 1458 SD2 HD2
A BILL FOR AN ACT RELATING TO HEALTH**

by

Jodie F. Maesaka-Hirata, Director
Department of Public Safety

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

Tuesday, April 5, 2011, 02:00 PM
State Capitol, Room 308

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

The Department of Public Safety (PSD) would like to make comments on Senate Bill 1458 SD2 HD2 that proposes to amend Hawaii's Medical Use of Marijuana Program by establishing a five-year medical marijuana distribution pilot program in the State of Hawaii to include new provisions for a dispensary (Compassion center for profit sales), that will cultivate and distribute marijuana for patients in Hawaii's Medical Use of Marijuana Program. Senate Bill 1458 SD2 HD2 also proposes to establish a special marijuana sales tax on sales of medical marijuana and to establish fees for the issuance and renewal of marijuana dispensary and manufacturing license.

PSD believes that the amendments being proposed by Senate Bill 1458 SD2 HD2 are premature and unwarranted due to the fact that Federal law has

not changed. Federal law enforcement agencies are still making arrest and conducting raids on these so-called state registered medical marijuana dispensaries in states like California and Oregon where there are established dispensaries (Refer to Attachment #1.). In August of 2009, Hawaii's Legislative Reference Bureau research Attorney Lance Ching in response to Act 29, First Special Session Laws of Hawaii 2009 wrote a White Paper on the "Access, distribution, and security components of state medical marijuana programs. His conclusion after researching the medical use of marijuana programs in all of the then 13 states was as follows:

'Clearly, policies and procedures are being developed to address the issues of access, distribution, and security with regard to the medical use of marijuana. However, these policies and procedures appear to be in a very early stage of development and do not, as yet provide an established model with a proven ability to successfully address these issues—seeing how they develop, how they approach the obstacles they are likely to encounter, what methods are successful versus what methods prove problematic—will, no doubt, prove informative and valuable in determining how Hawaii chooses to address the issues of access, distribution, and security with regards to its own medical marijuana program'."

A White Paper done in 2009 by the California Police Chiefs Association's Task Force on Marijuana Dispensaries on California's Medical use of marijuana program and marijuana dispensaries had the following conclusions:

"In light of the United States Supreme Court's decision and reasoning in

Gonzales v. Raich, the United States Supremacy Clause renders California's Compassionate Use Act of 1996 and Medical Marijuana Program Act of 2004 suspect. No state has the power to grant its citizens the right to violate federal law. People have been, and continue to be, federally prosecuted for marijuana crimes. The authors of this White Paper conclude that medical marijuana is not legal under federal law, despite the current California scheme, and wait for the United States Supreme Court to ultimately rule on this issue.

Furthermore, storefront marijuana businesses are prey for criminals and create easily identifiable victims. The people growing marijuana are employing illegal means to protect their valuable cash crops. Many distributing marijuana are hardened criminals. Several are members of stepped criminal street gangs and recognized organized crime syndicates, while others distributing marijuana to the businesses are perfect targets for thieves and robbers. They are being assaulted, robbed, and murdered. Those buying and using medical marijuana are also being victimized. Additionally, illegal so-called "medical marijuana dispensaries" have the potential for creating liability issues for counties and cities. All marijuana dispensaries should generally be considered illegal and should not be permitted to exist and engage in business within a county or city's borders. Their presence poses a clear violation of federal and state law; they invite more crime; and they compromise the health and welfare of law-abiding citizens."

The White Paper also discussed problems posed by Marijuana Dispensaries. The report found that in California marijuana dispensaries are

commonly large moneymaking enterprises that will sell marijuana to most anyone who produces a physician's written recommendation for its medical use. These recommendations can be had by paying unscrupulous physicians a fee and claiming to have most any malady, even headaches. While the dispensaries will claim to receive only donations, no marijuana will change hands without an exchange of money. These operations have been tied to organized criminal gangs, foster large grow operations, and are often multi-million-dollar profit centers.

Because they are repositories of valuable marijuana crops and large amounts of cash, several operators of dispensaries have been attacked and murdered by armed robbers both at their storefronts and homes, and such places have been regularly burglarized. Drug dealing, sales to minors, loitering, heavy vehicle and foot traffic in retail areas, increased noise, and robberies of customers just outside dispensaries are also common ancillary byproducts of their operations. To repel store invasions, firearms are often kept on hand inside dispensaries, and firearms are used to hold up their proprietors. These dispensaries are either linked to large marijuana grow operations or encourage home grows by buying marijuana to dispense. As destructive fires and unhealthful mold in residential neighborhoods are often the result of large indoor home grows designed to supply dispensaries, money laundering also naturally results from dispensaries' likely unlawful operations.

According to a paper put out by the Colorado Drug Investigators Association "The majority of dispensaries are in business to make large profits

under the guise of compassion for the patients. Some have become marijuana recreational clubs. The prices they charge the patient for marijuana ("medicine") ranging from \$150 to \$480 an ounce is outrageous. Patient's Choice dispensary owner (*Denver Post* 10/30/09) estimates grossing \$8,000 to \$10,000 a day. Using an average of his own numbers, he is selling 25 ounces a day, the equivalent of 1,400 doses or close to 10,000 doses a week. That's just one dispensary. A dispensary owner in Colorado Springs claims to be a caregiver to 1,200 patients and grosses \$160,000 a month, personally netting between \$50,000 and \$60,000 a month. He further admitted he pays between \$70,000 and \$90,000 a month for product (marijuana) but didn't reveal what third party drug trafficker he buys from. That would equate to distributing between 20 to 50 pounds a month or 240 to 600 pounds of marijuana a year and that's just one dispensary. A question addressed by the White Paper was "***What are the CO dispensaries' charging patients for their marijuana?*** Response: The answer varies depending on the dispensary but we have documented them selling marijuana from anywhere from \$150 to close to \$500 per ounce (one ounce equates to approximately 56 marijuana cigarettes). By comparison, a patient's production cost for the same amount of marijuana that they could provide for themselves would be less than \$25 per ounce or, through a legitimate primary caregiver, for approximately \$65 per ounce if the patient is paying for the supplies and caregiver's time. Is this compassion or profit?

Question? Given the poor state of our economy, wouldn't taxing marijuana dispensaries boost our government's income? Response:

Taxing marijuana would create additional revenue. However, experience shows the additional revenue would not even come close to offsetting additional costs associated with increased use. The two legal substances that are already highly taxed prove this point. Taxes on alcohol account for \$14.5 billion in revenue but alcohol abuse costs \$185 billion. In the case of tobacco, taxes account for \$25 billion but the cost to society is \$200 billion. That means taxes pay for 8% and 12% respectively for all the adverse effects of alcohol and tobacco use. It doesn't require a degree in economics to understand a poor investment. One can reasonably expect the same type of figures with marijuana taxation." And it is probably less due to the fact that most of the marijuana sales at dispensaries are cash transactions.

If after all these reasons you still want to push forward Senate Bill 1458 SD2 HD2, PSD would require additional manpower and funding to inspect and regulate this Schedule I (marijuana) dispensary, unlike Colorado's Bill that allocates a portion of the taxed marijuana to fund the regulation of this program Senate Bill 1458 SD2 HD2 does not. For these reasons, PSD does not support Senate Bill 1458 SD2 HD2, and ask that it be held.

Thank you for the opportunity to testify on this matter.



U.S. Department of Justice

United States Attorney
Northern District of California

SB1458 SD2 H02
Attachment # 1

Melinda Haag
United States Attorney

11th Floor, Federal Building
450 Golden Gate Avenue, Box 36055
San Francisco, California 94102-3495

(415) 436-7200
FAX: (415) 436-7234

February 1, 2011

John A. Russo, Esq.
Oakland City Attorney
1 Frank Ogawa Plaza, 6th Floor
Oakland, California 94612

Dear Mr. Russo:

I write in response to your letter dated January 14, 2011 seeking guidance from the Attorney General regarding the City of Oakland Medical Cannabis Cultivation Ordinance. The U.S. Department of Justice is familiar with the City's solicitation of applications for permits to operate "industrial cannabis cultivation and manufacturing facilities" pursuant to Oakland Ordinance No. 13033 (Oakland Ordinance). I have consulted with the Attorney General and the Deputy Attorney General about the Oakland Ordinance. This letter is written to ensure there is no confusion regarding the Department of Justice's view of such facilities.

As the Department has stated on many occasions, Congress has determined that marijuana is a controlled substance. Congress placed marijuana in Schedule I of the Controlled Substances Act (CSA) and, as such, growing, distributing, and possessing marijuana in any capacity, other than as part of a federally authorized research program, is a violation of federal law regardless of state laws permitting such activities.

The prosecution of individuals and organizations involved in the trade of any illegal drugs and the disruption of drug trafficking organizations is a core priority of the Department. This core priority includes prosecution of business enterprises that unlawfully market and sell marijuana. Accordingly, while the Department does not focus its limited resources on seriously ill individuals who use marijuana as part of a medically recommended treatment regimen in compliance with state law as stated in the October 2009 Ogden Memorandum, we will enforce the CSA vigorously against individuals and organizations that participate in unlawful manufacturing and distribution activity involving marijuana, even if such activities are permitted under state law. The Department's investigative and prosecutorial resources will continue to be directed toward these objectives.

Consistent with federal law, the Department maintains the authority to pursue criminal or civil actions for any CSA violations whenever the Department determines that such legal action is warranted. This includes, but is not limited to, actions to enforce the criminal provisions of the CSA such as Title 21 Section 841 making it illegal to manufacture, distribute, or possess with intent to distribute any controlled substance including marijuana; Title 21 Section 856 making it

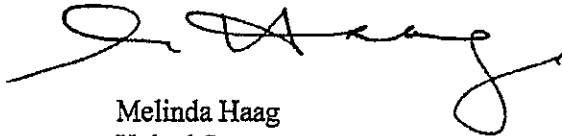
John A. Russo
February 1, 2011
Page 2

unlawful to knowingly open, lease, rent, maintain, or use property for the manufacturing, storing, or distribution of controlled substances; and Title 21 Section 846 making it illegal to conspire to commit any of the crimes set forth in the CSA. Federal money laundering and related statutes which prohibit a variety of different types of financial activity involving the movement of drug proceeds may likewise be utilized. The government may also pursue civil injunctions, and the forfeiture of drug proceeds, property traceable to such proceeds, and property used to facilitate drug violations.

The Department is concerned about the Oakland Ordinance's creation of a licensing scheme that permits large-scale industrial marijuana cultivation and manufacturing as it authorizes conduct contrary to federal law and threatens the federal government's efforts to regulate the possession, manufacturing, and trafficking of controlled substances. Accordingly, the Department is carefully considering civil and criminal legal remedies regarding those who seek to set up industrial marijuana growing warehouses in Oakland pursuant to licenses issued by the City of Oakland. Individuals who elect to operate "industrial cannabis cultivation and manufacturing facilities" will be doing so in violation of federal law. Others who knowingly facilitate the actions of the licensees, including property owners, landlords, and financiers should also know that their conduct violates federal law. Potential actions the Department is considering include injunctive actions to prevent cultivation and distribution of marijuana and other associated violations of the CSA; civil fines; criminal prosecution; and the forfeiture of any property used to facilitate a violation of the CSA. As the Attorney General has repeatedly stated, the Department of Justice remains firmly committed to enforcing the CSA in all states.

I hope this letter assists the City of Oakland and potential licensees in making informed decisions regarding the cultivation, manufacture, and distribution of marijuana.

Very truly yours,

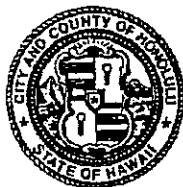


Melinda Haag
United States Attorney
Northern District of California

cc: Kamala D. Harris, Attorney General of the State of California
Nancy E. O'Malley, Alameda County District Attorney

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

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



PETER B. CARLISLE
MAYOR

LOUIS M. KEALOHA
CHIEF

BELBERT T. TATSUYAMA
RANDAL K. MACADANGDANG
DEPUTY CHIEFS

OUR REFERENCE DC-TA

April 5, 2011

The Honorable Marcus R. Oshiro, Chair
and Members
Committee on Finance
House Representatives
State Capitol
Honolulu, Hawaii 96813

Dear Chair Oshiro and Members:

Subject: Senate Bill No. 1458, S.D. 2, H.D. 2, Relating to Health

I am Darren Chun, Acting Captain of the Narcotics/Vice Division of the Honolulu Police Department.

The Honolulu Police Department opposes Senate Bill No. 1458, S.D. 2, H.D. 2, Relating to Health.

We oppose this bill because marijuana is not considered modern medicine. The smoked form of marijuana is not considered modern medicine because the potency and dosage cannot be controlled. In addition, the quality of the marijuana cannot be guaranteed. There are synthetic forms of tetrahydrocannabinol (THC, the psychoactive ingredient in marijuana) already legally available by prescription (i.e., marinol).

This bill seeks to have the state regulate the distribution of marijuana similar to pharmacies in our community that dispense medicine. Marijuana has a high potential for abuse and can result in addiction. According to the Alcohol and Drug Abuse Division of the State of Hawaii Department of Health, 31.3 percent of those admitted for treatment (adults and juveniles) in 2009 stated that marijuana was their primary substance of abuse.

Serving and Protecting With Aloha

The Honorable Chair Marcus R. Oshiro
and Members

Page 2

April 5, 2011

Reducing the availability and keeping drugs illegal will lessen the willingness to use them. Regulating these drugs widens the availability and misuse regardless of the controls that are in place.

The Honolulu Police Department urges you to oppose Senate Bill No. 1458, S.D. 2, H.D. 2, Relating to Health.

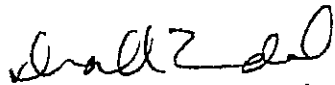
Thank you for the opportunity to testify.

Sincerely,



DARREN CHUN, Acting Captain
Narcotics/Vice Division

APPROVED:



LOUIS M. KEALOHA 
Chief of Police

DEPARTMENT OF THE PROSECUTING ATTORNEY
CITY AND COUNTY OF HONOLULU

ALII PLACE
1060 RICHARDS STREET • HONOLULU, HAWAII 96813
PHONE: (808) 547-7400 • FAX: (808) 547-7515

KEITH M. KANESHIRO
PROSECUTING ATTORNEY



ARMINA A. CHING
FIRST DEPUTY PROSECUTING ATTORNEY

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

April 5, 2011

RE: S.B. 1458, S.D. 2, H.D. 2; RELATING TO HEALTH.

Chair Oshiro, Vice-Chair Lee, and members of the House Committee on Finance, the Department of the Prosecuting Attorney of the City and County of Honolulu submits the following testimony in opposition to S.B. 1458, S.D. 2, H.D. 2. The purpose of this bill is to establish a 5-year pilot program to license a dispensary for the commercial cultivation and sale of medical marijuana.

At this time, State law permits the limited possession, use and cultivation of marijuana to individuals bearing certain exigent and closely monitored medical conditions (and their caregivers). State law does not permit or provide for the commercial production, processing, sale and/or distribution of marijuana, which continues to be categorized as a Schedule I controlled substance in both State and Federal drug schedules. Even with the security measures outlined in the current bill, there is enormous potential for abuse and negative impact on the public, and the Department is strongly opposed to opening the doorway for commercial production, processing, sale and/or distribution of marijuana in Hawaii.

According to S.B. 1458, S.D. 2, H.D. 2, the pilot program licensee would be allowed to carry up to seven marijuana plants and six ounces of usable medical marijuana per qualified patient and/or caregiver "per fourteen day period." The purpose and effect of the "fourteen day period" is unclear. Moreover, allowing the licensee to carry such a large supply of marijuana plants and usable marijuana presents a very high risk that the licensee could be housing hundreds of pounds of marijuana at any given time, which not only poses a significant security and enforcement risk for the licensee, but also for law enforcement. Moreover, if it is contemplated that the pilot program may one day expand to allow more than one dispensary per county, this risk would likely grow exponentially.

The Department is also concerned about the proposed increase in the amount of medical marijuana permitted for a patient's "adequate supply." Under current statutes, qualifying patients and/or caregivers may have up to three mature plants, with one ounce of usable marijuana per plant, in addition to four immature plants. If the adequate amount in the designated-county is increased to seven plants total, with two ounces of usable marijuana per plant, this would allow each patient/caregiver to have up to fourteen (14) ounces of usable marijuana, nearly five times the current allowable amount. Furthermore, given that one ounce is equivalent to over twenty-eight (28) grams, and that the average marijuana "joint" tends to be approximately $\frac{1}{2}$ - $\frac{3}{4}$ grams, it would seem unnecessary for any qualifying patient and/or caregiver to possess such a large quantity of marijuana at a time.

With regards to criminal background checks, SB 1458, S.D. 2, H.D. 2 would prohibit any license or license renewal being issued to persons with a felony drug conviction in the past ten years, but would not prohibit persons with prior misdemeanor drug convictions. Pursuant to Section 712-1248, Hawaii Revised Statutes, promoting a detrimental drug in the second degree is classified as a misdemeanor, and includes possession of up to one pound of marijuana. Given the seriousness and particular relevance of this type of crime, the Department believes that persons with prior misdemeanor drug convictions should also be prohibited from obtaining or renewing a license, if the proposed pilot program is initiated.

Should the pilot program contemplate future initiatives to increase the number of dispensaries in Hawaii, this also raises the question of how and to what extent dispensaries would be permitted to advertise their businesses and merchandise. While prior testifiers have pointed to states such as Colorado as a "good model" for permitting/regulating medical marijuana dispensaries, they have also stated that Denver, Colorado now hosts approximately 300-400 such dispensaries, which is reportedly greater than the number of Starbucks locations in the entire state of Colorado. Many of these dispensaries openly advertise their businesses in public mediums.

In addition, Colorado currently has approximately 150,000 people registered as medical marijuana patients. With a state population there of roughly 5 million people, this indicates that 1 out of every 33 residents—accounting for every man, woman and child living in the state of Colorado—is currently registered to use medical marijuana. Given that S.B. 1458, S.D. 2, H.D. 2 would the proposed pilot program licensee to cultivate, process, stock and/or sell vast amounts of marijuana—which continues to be classified as a Schedule 1 controlled substance—and increases the permitted "adequate amount" of medical marijuana to alarming quantities, the Department strongly believes that this bill presents a high risk of abuse and negative impact on the designated county, and potentially on the statewide public.

For all of the foregoing reasons, the Department of the Prosecuting Attorney of the City and County of Honolulu opposes S.B. 1458, S.D. 2, H.D. 2. Thank you for this opportunity to testify.

William P. Kenoi
Mayor



Harry S. Kubojiri
Police Chief

Paul K. Ferreira
Deputy Police Chief

County of Hawai`i

POLICE DEPARTMENT

349 Kapi'olani Street • Hilo, Hawai'i 96720-3998
(808) 935-3311 • Fax (808) 961-2389

April 4, 2011

Representative Marcus R. Oshiro
Chair and Members
Committee on Finance
State Capitol
415 South Beretania Street, Room 308
Honolulu, Hawai'i 96813

Re: Senate Bill 1458, SD 2, HD 2, Relating To Health

Dear Representative Oshiro and Members:

The Hawai'i Police Department **strongly opposes** the passage of Senate Bill 1458, SD 2, HD 2, Relating to Health, which seeks to establish a five-year medical marijuana distribution pilot program in an unspecified county and specifies requirements for the licensing of a compassion care center.

A common theme for the creation of marijuana compassion centers and/or dispensaries is to create a "legal" means for qualified medicinal marijuana patients to access a supply of medicinal marijuana which will eliminate the need for the "black market" and "organized crime".

The first misconception is that the "black market" will not always exist. The "black market" will always fill the need of those who are "restricted" from obtaining marijuana under the medicinal marijuana laws. In this case, compassion centers that will already have the marijuana available in quantities are subject to selling out the back door. This also applies to qualified medicinal marijuana patients who know they can sell their "adequate amount" as there is another "adequate amount" waiting for them at the compassion center.

The second misconception is that "organized crime" will disappear. As a matter of fact, there is minimal if any evidence of ties to "organized crime" and marijuana cultivation in our county at this time. Compassion Centers will in fact draw organized crime to Hawai'i in the same way as they were drawn to British Columbia who are in the midst of a fierce rivalry between the Hell's Angels and Vietnamese gangs for the control of the marijuana trade.

Representative Marcus R. Oshiro
Chair and Members
Committee on Finance
April 4, 2011
Page 2

Re: Senate Bill 1458, SD 2, HD 2, Relating To Health

A white paper done in 2009 by the California Police Chiefs Association's Task Force on Marijuana Dispensaries on California's Medical use of marijuana program and marijuana dispensaries, discussed problems posed by Marijuana Dispensaries. The report found that in California marijuana dispensaries are commonly large moneymaking enterprises that will sell marijuana to most anyone who produces a physician's written recommendation for its medical use. These recommendations can be had by paying unscrupulous physicians a fee and claiming to have most any malady, even headaches. While the dispensaries will claim to receive only donations, no marijuana will change hands without an exchange of money. These operations have been tied to organized criminal gangs, foster large grow operations, and are often multi-million-dollar profit centers.⁽¹⁾

Furthermore, the report cites that because these dispensaries are repositories of valuable marijuana crops and large amounts of cash, several operators of dispensaries have been attacked and murdered by armed robbers both at their storefronts and homes, and such places have been regularly burglarized. Drug dealing, sales to minors, loitering, heavy vehicle and foot traffic in retail areas, increased noise, and robberies of customers just outside dispensaries are also common ancillary byproducts of their operations. To repel store invasions, firearms are often kept on hand inside dispensaries, and firearms are used to hold up their proprietors. These dispensaries are either linked to large marijuana grow operations or encourage home grows by buying marijuana to dispense. And, just as destructive fires and unhealthy mold in residential neighborhoods are often the result of large indoor home grows designed to supply dispensaries, money laundering also naturally results from dispensaries' likely unlawful operations.

This measure cites that one problem for medical marijuana patients and caregivers, is the impossibility of "most patients and caregivers to acquire the expertise, time, and intense cultivation skills to produce an adequate supply of medical cannabis that is medically effective." According to a study conducted by the University of Mississippi, from 1980 until 2007, the THC potency of marijuana has increased 151%, with THC potency levels at approximately 1.5% in 1980 versus approximately 10% in 2007.⁽²⁾ In 2010, a sample of recovered marijuana from the Big Island was analyzed by the University of Mississippi and determined to contain over 14% THC. It is apparent that with the current medical marijuana program, caregivers, and patients are able to develop and refine their marijuana cultivation skills, in turn producing high-grade marijuana, which is a far cry from being "low quality and ineffective as medication" as described by the authors of this act.

Lastly, this proposed legislation ignores the fact that selling and distributing marijuana is illegal, therefore, to approve this act would require blatant disregard of the Hawai'i Revised Statutes.

Representative Marcus R. Oshiro
Chair and Members
Committee on Finance
April 4, 2011
Page 3

Re: Senate Bill 1458, SD 2, HD 2, Relating To Health

For the reasons above, we **strongly urge this committee to reject Senate Bill 1458, SD 2, HD 2, Relating to Health.**

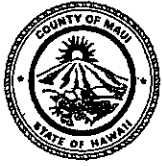
Thank you for allowing the Hawai'i Police Department to testify on this bill.

Sincerely,


HARRY S. KUBOJIRI
POLICE CHIEF

References

- (1) White Paper on Marijuana Dispensaries by California Police Chiefs Associations Task Force on Marijuana Dispensaries – 2009 California Police Chiefs Assn.
- (2) University of Mississippi, National Center for Natural Products Research, *Potency Monitoring Project Quarterly Report 100* (April 2008).



ALAN M. ARAKAWA
MAYOR

OUR REFERENCE
YOUR REFERENCE

POLICE DEPARTMENT

COUNTY OF MAUI

55 MAHALANI STREET
WAILUKU, HAWAII 96793
(808) 244-6400
FAX (808) 244-6411
April 4, 2011



GARY A. YABUTA
CHIEF OF POLICE

CLAYTON N.Y.W. TOM
DEPUTY CHIEF OF POLICE

The Honorable Marcus R. Oshiro, Chair,
and Members of the Committee on Finance
House of Representatives
State Capitol
Honolulu, Hawaii 96813

**SUBJECT: Senate Bill No. 1458 SD2 HD2, Creates Three Classes of
Medical Marijuana Licenses**

Dear Chair Oshiro and Members of the Committee:

The Maui Police Department does not support SB No. 1458 SD 2 HD2, which proposes to create three classes of medical marijuana licenses: Class 1 medical marijuana compassion center license for the sale of medical marijuana to qualified patients; Class 2 medical marijuana cultivation license; Class 3 medical marijuana-infused products manufacturing license.

The term "medical" marijuana is deceiving. The Federal Drug Administration said that there are no sound scientific studies that support the medical use of marijuana. This is one of three reasons why marijuana remains a Schedule I drug. The other reasons are the high potential for abuse and accepted supervision practice of drug usage. We ask that Hawaii Legislature wait until a valid scientific study on "medical" marijuana is conducted before moving forward.

An issue we are concerned about is the level of potency. According to reports submitted by the D.E.A. in 1992 and "Quarterly Report #10 Potency Monitoring Project," Research Institute of Pharmaceutical Sciences, University of Mississippi, 1984, the THC content of marijuana in the 1960's was less than 1%. Now, the potency of the THC content is as high as 29.86%.

Part of the bill requires a continuous live video feed of the facilities operations be accessible to Law Enforcement. To meet that requirement Maui Police Department must create six (6) additional Police Officer positions at a cost of approximately \$450,000.00 in salary and related expenses.

I strongly urge our Hawaii Legislatures to view this proposed bill realistically instead of idealistically and not ignore the potential for an increase in "social ills." For

The Honorable Marcus R. Oshiro, Chair
and Members of the Committee on Finance
April 4, 2011
Page 2

example, our high schools in Maui County have seen an increase in students abusing prescription drugs prescribed to their parents. With a "legal" possession of "medical" marijuana, I predict that we will see an increase in abuse of "medical" marijuana in our high schools statewide.

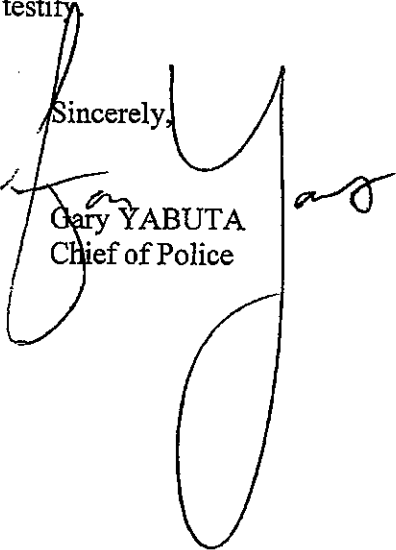
The motto of the Maui Police Department is "E malama kakou" interpreted, "We shall maintain (serve)." Attached to our seal are the words, "service," "fairness," "integrity," and "compassion." These are the core values of not only the Maui Police Department but also Law Enforcement Agencies statewide. Ensuring that we maintain these core values is essential if we want to serve our communities to the best of our ability. So, we are not without compassion; however, does the current need to generate money for our general fund supersede the greater good for society? As one legislator stated, "I want to tax the hell out of medical marijuana."

Lastly, if this bill passes, the Federal Law shall still be enforced. "United States Supreme's Courts decision and reasoning in *Gonzales v. Raich*, the United States Supremacy Clause renders California's Compassionate Use of Act of 1996 and Medical Marijuana Program Act of 2004 suspect. No state has the power to grant its citizens the right to violate federal law. People have been, and continue to be, federally prosecuted for marijuana crimes."

The Maui Police Department asks for your support in opposing SB No. 1458 SD2 HD2.

Thank you for the opportunity to testify.

Sincerely,


Gary YABUTA
Chief of Police



the
**Drug Policy
Forum**
of hawai'i

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April 5, 2011

To: Rep. Marcus Oshiro, Chair
Rep. Marilyn Lee, Vice Chair and
Members of the Committee on Finance

From: Jeanne Ohta, Executive Director

Re: SB 1458 SD2 HD2 Relating to Health
Hearing: Tuesday, April 5, 2011, 2:00 p.m., Room 308

Position: Support Senate Version

The Drug Policy Forum of Hawai'i writes in strong support of the senate version of SB 1458 SD 2 HD2 Relating to Health which would establish medical marijuana compassion centers (dispensaries). HD2 creates a pilot project of a single dispensary in an undecided location and certain other restrictions.

Patients need a legal, safe, and reliable source of medicine now. The medical marijuana program is almost 11 years old. They should not be forced to wait five more years for a legal source of medicine.

There are programs in other states that Hawai'i can look to draft sensible regulations. Hawai'i has the opportunity to design a program to fit the needs of our patients based on the experiences in other states.

Comments on Pilot Project (HD2)

- It makes little sense to propose that rules and policies be established for just one dispensary. In previous testimony the Department of Health said that the same resources would be needed whether they set up one, ten, or more dispensaries. It is a waste of resources to set up a single dispensary.
- The proposed pilot program is so restrictive that it will not assist in developing sensible regulations.
- The proposal also has provisions that will violate the health privacy rights of patients. A similar provision has been challenged in Colorado.
- The 30% excise tax is just bad policy. It is unconscionable to tax seriously ill people with such a high tax rate and it unintentionally supports illegal drug dealers by making the street market cheaper than the legal market. The intent of this legislation is to provide a legal source of medicine for patients, not create a supply that is so expensive that it drives business to street dealers. In previous testimony, even law enforcement agreed that this high tax rate would have this effect.

P.O. Box 61233
Honolulu, HI 96839

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

Email: info@dpfhi.org
Website: www.dpfhi.org

- Drafted properly, a system of dispensaries can be a source of revenue for the State by providing excise taxes and licensing fees.

Compassion Centers

The most urgent need according to most patients is the establishment of a legal, safe, and reliable source for their medicine. Establishing a system for compassion centers is certainly one way of fulfilling the need of patients and solving a gray area in the law that established the current medical marijuana program.

Although current law allows patients to grow their own plants, the law is silent as to where patients should acquire seeds or clones to start their supply. Even more confusing is that the Department of Public Safety has said that the only legal transfer of marijuana is between a registered patient and that patient's registered caregiver. Caregivers are difficult to find and they are currently limited to assisting only one patient.

Dispensaries are necessary because many patients want a legal, reliable and safe source for their marijuana. Many patients are unable to grow their own medicine because some live in apartments or condominiums; others live in areas where their plants are not secure and are subject to vandalism or theft; others are just too sick to provide the care needed for their plants to grow to maturity. Patients should not be forced to go to neighborhood drug pushers for their medicine.

We hope that Hawai'i will have a system with sufficient controls, but not so overly restricted as to make it difficult for patients to have reasonable access to the medical cannabis that they need. We believe that which system is instituted, the focus should be on the needs of the patients.

****Update on Medical Marijuana****

The National Cancer Institute (a federal agency) issued a statement on March 17, 2011 which supports marijuana having medical benefits:

“The potential benefits of medicinal Cannabis for people living with cancer include antiemetic effects, appetite stimulation, pain relief, and improved sleep. In the practice of integrative oncology, the health care provider may recommend medicinal Cannabis not only for symptom management but also for its possible direct antitumor effect.”

We urge the committee to pass a measure establishing a system of dispensaries.

Information on Medical Marijuana

Federal Policy:

In a memo from Attorney General Eric Holder to U.S. Attorneys, October 19, 2009, the Department of Justice will not pursue cases against patients and others in the medical marijuana states as long as they are acting in compliance with the relevant state law. The memo reads in part:

“The prosecution of significant traffickers of illegal drugs, including marijuana, and the disruption of illegal drug manufacturing and trafficking networks continues to be a core priority in the Department’s efforts against narcotics and dangerous drugs, and the Department’s investigative and prosecutorial resources should be directed towards these objectives. **As a general matter, pursuit of these priorities should not focus federal resources in your States on individuals whose actions are in clear and unambiguous compliance with existing state laws providing for the medical use of marijuana.** For example, prosecution of individuals with cancer or other serious illnesses who use marijuana as part of a recommended treatment regimen consistent with applicable state law, or those caregivers in clear and unambiguous compliance with existing state law who provide such individuals with marijuana, is unlikely to be an efficient use of limited federal resources.” [emphasis added]

Federal Laws do not Preempt State Medical Marijuana Laws

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

After the United States Supreme Court ruled on *Gonzales v. Raich* (125 S. Ct. 2195, 2005) Attorney General Mark Bennett made the following statement:

“This ruling does not overturn Hawaii’s law regarding medical use of marijuana. The State of Hawaii will continue its medical marijuana program.” He also said, “An act that is criminalized under federal law is not necessarily a criminal act under state law, and vice versa. The federal government decides what acts are criminal in the federal system, and each state decides what acts are criminal in each state system.”

Many Organizations Support Access to Therapeutic Cannabis

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

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

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

Marinol is not the same as Marijuana

Marinol, available as a prescription pill, is 100% THC, the active ingredient of marijuana. Many patients cannot tolerate marinol and have better results by using the whole plant. Scientists believe that the whole

plant contains other ingredients that work with THC and thus is better tolerated and more effective for some patients.

Prescription Drugs

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

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

Marijuana is NOT a Gateway Drug

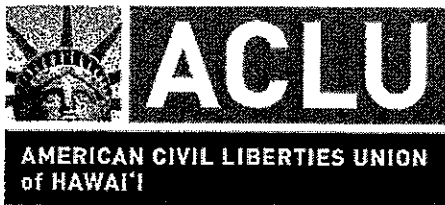
Marijuana is not now, nor has ever been a "gateway drug." The National Academy of Sciences found, "there is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs."

Potency of Marijuana

There have been claims that today's marijuana is "not your grandfather's marijuana." According to the University of Mississippi's Potency Monitoring Project's 2009 report, the average THC (the psychoactive ingredient) in domestically grown marijuana, which comprises the bulk of the U.S. market—is less than 5%, a figure that has been unchanged for the last decade.

Medical Marijuana States have lower Adolescent Use

"Thus the data are very reassuring that in almost all cases medical marijuana legalized for adults does not lead to an increase in recreational use of marijuana by adolescents." "In Hawaii overall adolescent marijuana use is down but is within the margin of error." (California Pediatrician, Winter 2011, pg 12.)



Committee: Committees on Judiciary
Hearing Date/Time: Tuesday, March 22, 2011, 2:00 p.m.
Place: Conference Room 325
Re: Testimony of the ACLU of Hawaii in Support of S.B. 1458, SD2, HD2

Dear Chair Oshiro and Members of the Committee on Finance:

The American Civil Liberties Union of Hawaii ("ACLU of Hawaii") writes in support of S.B. 1458, SD2, the Senate version, which creates a medical marijuana distribution system. The Senate version of this measure, S.B. 1458, SD2, would go far to help Hawaii's medical cannabis patients legally obtain their medicine.

The ACLU of Hawaii seeks to end punitive drug policies that cause the widespread violation of constitutional and human rights, as well as unprecedented levels of incarceration. Establishing a medical cannabis dispensary would further this goal by allowing patients safe and legal access to their medicine.

Further, the Medical Cannabis Working Group, of which ACLU of Hawaii was a member, found that the most urgent need according to most patients was the establishment of a legal, safe, and reliable source for their medicine.

We urge this Committee to amend S.B. 1458, SD2, HD2, to reflect the version passed by the Senate as S.B. 1458, SD2.

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,

Laurie Temple
Staff Attorney
ACLU of Hawaii

American Civil Liberties Union of Hawaii
P.O. Box 3410
Honolulu, Hawai'i 96801
T: 808.522-5900
F: 808.522-5909
E: office@acluhawaii.org
www.acluhawaii.org

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

TO: House *Dedicated to safe, responsible, and effective drug policies since 1993*

FROM: Pamela Lichty, MPH
President

DATE: April 5, 2011, 2 p.m., room 329

RE: S.B. 1458, S.D. 2, H.D. 2 RELATING TO HEALTH – **IN SUPPORT of
SENATE VERSION**

Aloha Chair Oshiro, Vice Chair Lee, and members of the Committee. My name is Pam Lichty and I'm testifying in qualified support of this measure on behalf of the Drug Policy Action Group. I also served as Co-Chair of the Medical Cannabis Working Group (MCWG) which was convened by Senator Espero last year. A portion of the Executive Summary of the report we issued one year ago is included at the end of my testimony. I regret that I cannot be at the hearing since I am attending a funeral on the mainland.

We are in strong support of the establishment of medical cannabis dispensaries in Hawai'i. This was in fact the top priority for the Working Group. All of the stakeholders from patients to caregivers to physicians to the many people who were surveyed believed that it was imperative to address this glaring omission in Hawaii's medical marijuana program.

Having said this, we strongly prefer the Senate drafts of this measure. Having only one dispensary in Hawai'i, as a five year pilot project, is simply unworkable and will not meet the needs of the more than 8,000 patients now registered with the state.

Interestingly, in prior hearings on this measure there has been hardly any discussion on the revenue potential from dispensaries. Other states, such as Colorado, on which the original bill was based, have realized literally millions of dollars annually in licensing and other fees. In our current financial straits, Hawai'i should look carefully at this bill, not only from the point of view of providing patients with legal access, but also to see if we cannot generate some income at the same time.

One dispensary, however, as called for in the current draft, will not create a decent amount of revenue for the state nor will it provide anything close to adequate access for

patients. And a five year time frame for the pilot project is unreasonably long amounting to a delaying tactic for a system of dispensaries to be put in place.

In the House Judiciary Committee hearing, the Department of Health (while testifying against his measure, nonetheless made the point that one site makes little sense since the same amount of legwork would need to be done in preparation:

"Implementation Concerns:

Whether one compassion center or ten, nearly identical time, effort and resources are required to develop meaningful policies and procedures, consult with peers or contract with experts on best practices, seek legal opinion, educate communities, the public, and government agencies and develop internal controls. This is especially relevant given the new responsibilities DOH assumes as a result of SB 1458, SD2, HD 1 [the HD 2 subsequently transferred it to PSD] for ensuring adequate physical security, coordinating and verifying out-of-state documentation and controlling the portability and transportation of medical marijuana. Oversight and inspection will need to be more frequent than with established licensees (nursing homes, hospitals, etc.) due to the novelty of the program and the legal status of marijuana. **This is all exacerbated by the lack of licensees to spread cost across as well as the inability of DOH to retain any fees.** *[emphasis added]*

In this same testimony, DOH also suggests that DCCA might be a more appropriate departmental placement since they regulate pharmacies, which are the closest parallel to dispensaries. We concur. We are strongly opposed to PSD administering this new aspect of the program. Their current handling of the program leaves much to be desired and is very controversial. The current waiting time for cards is four months and their attitude towards both patients and physicians is adversarial and suspicious. We fear that if they were handed the administration of a dispensary system, it would simply never happen.

Along the same lines, this draft calls for a task force of stake holders that PSD is authorized to convene to help with the drafting of rules. Since this task force is not mandated, we have strong doubts that it would ever be convened.

The program, as you are aware, has been in place since 2000, but has never been updated. In the meantime there are now fifteen other states plus the District of Columbia with comparable programs, and there are now seven states (plus D.C.) which have dispensaries in place or in formation. Some of those jurisdictions have excellent systems.

Hawai'i is starting from scratch on the dispensary issue and has the opportunity to do this right. We are looking to states such as New Mexico, Rhode Island, and Colorado for well-designed and tightly regulated models. In these states, the dispensaries protect public safety while meeting the needs of the many patients they serve with attention to confidentiality, safe medicine, and high standards of care.

Here are some specific comments on this draft:

- With all these tested, regulated models in place here is no need to have a 5 year pilot project. This would leave patients on the other islands left dealing with the black market - which is the situation dispensaries are supposed to address.
- The House draft does not allow cannabis to be transported to a different island. So even if patients from elsewhere could get to whichever island has the dispensary, it would do them no good since they could not bring it back to their home island.
- We support the provision for out of state visitors, with cards from their home states, to obtain temporary certificates to use the Compassion Centers. This makes a great deal of sense for a tourist destination like Hawai'i. But we believe the \$100 fee is too high since the average visitor is likely to be here for only 1-2 weeks.
- We are pleased to see that the measure would increase the definition of "adequate supply" and permit each patient to have seven plants (omitting the "mature/immature" definition which has proved problematic) and two ounces of useable marijuana per plant. While the intent needs to be clearer and the language is somewhat ambiguous, this was another recommendation of the Working Group and is a move in the right direction.
- We are very concerned with the privacy and constitutional implications of 24/7 video feed of patient transactions to law enforcement. There is contradictory language throughout subsections (m) and (n) as to under what circumstances records can be viewed and by whom and when they are "confidential."
- The requirement that photocopies of all "filled prescriptions" be maintained in a database available to law enforcement raises similar concerns.
- The change to "unannounced inspections" strikes us as overkill since there are other stringent security provisions in place. Similarly the criminal background check appears to be too wide-ranging; we believe the original five years check should be adequate.
- In terms of public safety concerns, the 600 yards restriction on placement from schools etc. is unnecessary. Dispensaries in other states have limits of 300-1000 feet, but none requires this much distance. In rural settings this may be workable, but in urban areas like Honolulu this is difficult to achieve and burdensome.

- The 30% sales tax on sales of medical marijuana is far too high. It would likely be passed on the patients and might make the dispensed cannabis more expensive than black market marijuana – which defeats the purpose of the dispensaries; some of the police departments agree on this point.
- We believe that it is very important to maintain the current system of caregivers and growing your own supply in parallel with any dispensaries which may be established. Many patients live in remote areas or may be disabled or too ill to travel to a Compassion Center. The language is unclear as to whether this would still be permitted.

In sum, while we strongly support the establishment of medical cannabis dispensaries, we respectfully ask the Committee to substitute the Senate Draft or the original bill in lieu of House Draft 2. This would better meet both the spirit and the letter of the recommendations of the Medical Cannabis Working Group and address the needs of the 8,000 patients who have been waiting for more than a decade for safe and legal access to their medicine.

We anticipate your favorable consideration and we thank you for the opportunity to testify.

+++++

EXECUTIVE SUMMARY MEDICAL CANNABIS WORKING GROUP* February 2010

The Medical Cannabis Working Group ("MCWG") convened in October 2009 to conduct a study and make recommendations to the 2010 Hawai'i State Legislature to improve the state's ten-year-old medical marijuana program.

The MCWG, tasked with completing the mission of Act 29, establishing the Medical Cannabis Task Force, which was enacted over a veto by Governor Lingle but never convened, examined current state statutes, state administrative rules, and all county policies and procedures relating to the medical marijuana program. Further, it examined issues and obstacles that qualifying patients, physicians, caregivers, and law enforcement officials have encountered with the medical marijuana program. MCWG also compared and contrasted Hawaii's medical marijuana program with all other states' medical marijuana programs.

Based on the results of its study and a public survey, MCWG recommends that the following immediate actions be taken by the Legislature to improve Hawaii's medical cannabis program:

- 1. Create a distribution system so that patients do not need to resort to the black market to obtain their medicine*** [emphasis added];
2. Increase the allowable number of plants and the amount of usable cannabis to ensure

that patients have an adequate supply of their medicine;

3. Allow caregivers to care for at least five patients to ensure that patients are assured of an adequate supply and a competent caregiver; and

4. Transfer medical marijuana program oversight from the Department of Public Safety - a law enforcement agency -- to the Department of Health.

Additionally, MCWG recommends that the Legislature take action to ensure that the program addresses patient needs such as enhanced confidentiality, presumptive eligibility, faster certification, and access to forms and other necessary documents on the program website.

MCWG also urges the Legislature to facilitate the development and implementation of policies and procedures to facilitate inter-island transport of medical cannabis, and direct the counties and relevant administrative agencies to educate law enforcement and public safety officers on the medical cannabis law as a whole...

* The entire report can be found on the Drug Policy Forum of Hawai'i website: www.dpfhi.org.



LAW ENFORCEMENT AGAINST PROHIBITION

121 Mystic Avenue, Medford, Massachusetts 02155 - Tele: 781.393.6985 Fax: 781.393.2964 info@leap.cc www.leap.cc

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For SB 1458 SD2 HD 2

Rep. Marcus R. Oshiro, Chair
Rep. Marilyn B. Lee, Vice Chair and
Members of the House Finance committee

From: Jay Fleming, on behalf of
LAW ENFORCEMENT AGAINST PROHIBITION (LEAP)

Hearing: April 5, 2011 Tuesday at 2:00pm

Position: Support Senate version

Distinguished members of the Committee, thank you very much for the opportunity to present the views of Law Enforcement Against Prohibition (LEAP) in favor of the Senate version of SB 1458 SD2 HD 2. I fought against the drug trade for 15 years, including time spent as an undercover narcotics officer. I am a speaker for LEAP, an organization of 40,000 current and former criminal justice professionals and civilian supporters. We are cops, sheriffs, prosecutors, judges, prison guards and others from nearly every level of law enforcement.

As a former officer, I know that the voice of police is crucial in the dialogue about drug policy. But in the case of medical marijuana, physicians, caregivers, and patients are the ones who should be making decisions about medical care. It is inappropriate for the police to substitute our judgment for that of physicians and those in need of the care of physicians.

When it comes to the message we are sending our children about marijuana, the message should be the same as for all other medicine: that medicine is to be used under a doctor's care and not to be abused.

As someone who is both a law enforcement officer and a patient, I can tell you that the only parties with authority on who requires what type of medicine and how it should be used are the doctor, the patient, and the caregiver.

One area where law enforcement is qualified to speak regarding medical marijuana is in the area of public safety. Patients need to have access to adequate amounts of medicine, however much that is deemed to be, so that they do not need to search for that medicine in the streets, risking their safety and benefiting illicit drug dealers. Patients need dispensaries as a secure and safe place to access medicine. Forcing patients to go into the streets to buy marijuana benefits the criminal element and threatens patient safety.

We urge you to take the opinions of doctors, caregivers, and patients into account and pass the improvements to the Hawai'i medical marijuana laws contained in the Senate version of SB 1458 SD2 HD 2.



April 05, 2011

The Honorable Marcus R. Oshiro, Chair
and Members of the Finance Committee

From: Kalani Bullard, Executive Director

Re: SB1458, SD1 – Relating To Health

Position: SUPPORT

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

On behalf of Pacific Wellness Coalition, our Group is in Strong Support of SB1458 SD1 Relating to Health which would Establish Medical Marijuana Compassion Centers and 3 classes of Licenses and Implement a Pilot Program at a designated area.

The Purpose of this Bill is to establish a Safe Access System for the Patients that are in need of their Medicine. By allowing this System to be in effect, you allow several important Key Factors to take place. The following Factors are as Listed:

- Safe Access for all Patients
- Disrupt the Black Market
- Huge Yearly Tax Revenues - \$60-\$110 Million Per Year
- A Trust & Safety System between the Compassion Centers and Public Safety

SB1458 will create more Positive effects than it would Negatively. The problem is that the Public & Public Safety is very uneducated about this Industry and Fear the unknown but that is why Pacific Wellness Coalition helped to implement the rules of this Bill and proposed to have a Pilot Program so that all of the fears, unknown and dark areas would be revealed on a day to day basis.

By allowing a Pilot Program to be in operation, it brings a Trust System between the Center and Public Safety. Public Safety will see how the Daily Operation is managed and operated on a daily basis and the State will be able to Amend issues during the 5 year Pilot Program while monitoring the entire day to day operations. In States such as California, the problem there was the State Opened up the Industry as a Non Profit and made it unlimited to how many centers could be in operation, which in my opinion was the wrong thing to do because as a Non Profit company, Illegal Actions will occur and by not having a limited amount of Centers you create a very Abused Industry. Colorado till this day wished they implemented a Pilot Program, unfortunately they had to learn the hard way years later but Hawaii has a chance to be the Model of the Industries Regulations.

Hawaii is currently facing a serious crisis Financially, with almost 1.3Billion Dollars in the Negative, this Industry can help to relieve some of that Burden and focus some of that generated yearly Tax Revenues to more Important Operations and to clean up our state and crack down harder on the Hard Core drugs such as ICE, Heroin, Cocaine, these are the Drugs that are ruining Hawaii, not Medical Marijuana. The Pilot Program will Educate Public Safety and show that this system will not only provide Safe Access to the Patients but it will help end the Black Market as we have seen in very regulated states such as Colorado. In cities where Compassion Centers are in operation, there has been significant factual results that Teen Use of Marijuana and Crime has dropped tremendously in those areas.

Currently our Hawaii Law allows a Caregiver to grow for a Patient but there are no means for the State of Hawaii to monitor these Caregivers. It is a Fact that Caregivers is what started the Illegal Abuse of the Industry, because of the fact that the State cannot Monitor the Caregivers who are suppose to be growing for their Patients, it gives the opportunity of a lifetime for the Caregiver to sell through the backdoor and into the streets and make huge profits. Basically our Current Law gives them that window of Opportunity, but when Hawaii allows Compassion Centers, it will end all of the Black Market and Illegal actions. The State of Hawaii will be able to Monitor the Centers and Grow Facilities and Public Safety will have a great Control over the Centers which in time will create a Trust & Safety System for our Public, this is a Fact. Also the State of Hawaii will finally be able to receive yearly Tax Revenues versus the current Black Market that pays no taxes at all.

Pacific Wellness Coalition stands in **Strong Support of SB1458**, and will answer any Questions at the Scheduled Hearing. Please have Compassion for SB1458, this is not a question about should we allow it, this is very important to those that depend on having their medicine on a daily basis and should be allowed to obtain their medicine in a SAFE Manner. Aloha!!!

National Association of Reformed Criminals

Andy Botts & Franklin Jackson

1765 Ala Moana Blvd. #1388

Honolulu, Hawaii, 96815

April 5, 2011

COMMITTEE ON FINANCE

Rep. Marcus Oshiro, Chair

Rep. Marilyn Lee, Vice Chair

April 5, 2011

2:00 PM

Room 308

SB 1458 SD2, HD2 - RELATING TO HEALTH

STRONG SUPPORT

Medical Marijuana dispensaries are the fastest growing business in America, with over 2000 dispensaries in the U.S. - while the 'Pakalolo State' has none. Leaders of our nation, which include President Obama, Senator Inouye, and Governor Abercrombie, recognize the importance of Medical Marijuana and have endorsed it. In 1988, thirty-four states had legalized Medical Marijuana. Today, there are only 14, due to the Drug War that failed drastically. (The same year, law enforcement and health experts warned of a new drug called 'ICE' which was replacing Marijuana at an alarming rate).

Opponents claim that a secure dispensary will put Pakalolo into the hands of teens. Hysteria at its best, the fact of the matter is that the kids have the stash - always have, always will - even if it's illegal.

Scare tactics work, if there is an actual threat, but doesn't work if the danger is false. Crying wolf has been the case with Pakalolo for decades. ICE developed into the 'Gateway Drug' in Hawaii over the past two decades, while Marijuana has become the exit-way drug for Heroin, Crack and ICE addiction. We knew of the dangers of Alcohol and Meth in the 70s, which is why Pakalolo became popular with the baby-boomers now coming of retirement.

Pot isn't easy to grow, especially for an aging baby-boomer who lives in a condo, and I'm getting to old to play the game of 'Catch me if you can' if/or when I need to buy a joint. At the very least, we support a pilot program for 5 years, with at least one (1) dispensary per county to get a proper analysis of the program in its entirety, and to provide all qualifying individuals safe, easy, and legal access to Pakalolo.

Hawaii is in a prime position to follow, if not lead its West Coast neighbors, where the momentum is certain. The economic impact directly is significant, while the indirect impact on tourism and the economy is phenomenal. Our estimate on sales of 20 tons annually is based on the average weight of a black market Thai grass shipment, multiplied by the average price of \$400 an ounce. Actual revenue could be higher depending on support from lawmakers and law enforcement.

\$400 per ounce, multiplied by 16 ounces per lb = \$6400 per pound. \$6400 multiplied by 2000 lbs. (a ton) = \$12,800,000 per ton, multiplied by 20 tons = \$256 Million in pre-taxed sales. A ten percent Med Pot tax of 10% would give the state an average of \$25 Million in direct revenue, with an indirect benefit of \$250 Million in cash-flow, while dispensary licenses and a tourist-friendly fee of \$10 to \$20 for out-of-state licenses encourage tourism.

Mahalo, Andy Botts

Submission regarding SB1458

April 4, 2011

by David Bratzer

davidbratzer@gmail.com

<http://www.copssaylegalizeddrugs.com>

My Background:

I have been a police officer in Canada for five years (since September 2005). I have served in general patrol, community policing and the downtown beat section. I spend most of my time dealing with issues related to drug addiction and trafficking, alcohol abuse, mental health problems, poverty and homelessness. I have arrested numerous individuals for marijuana possession, including citizens who stated they were using it for medical purposes but who could not produce a valid federal medical marijuana license. I have arrested people for marijuana trafficking and I have also assisted in the execution of search warrants related to the production of marijuana. I am a qualified Drug Recognition Expert and I have conducted Standard Field Sobriety Tests on drivers who were operating a motor vehicle under the influence of marijuana.

I am also a member of the board of directors of Law Enforcement Against Prohibition. LEAP is an international non-profit organization of cops, judges, prosecutors and corrections officers who support drug policy reform. We don't support or encourage drug abuse, nor breaking the law, but we believe that a system of drug regulation and control would be more ethical and less harmful than drug prohibition.

Please note that I participate in LEAP while off-duty, and the opinions I present here do not represent those of my employer. In spite of my personal opinions, I continue to enforce the laws regarding marijuana possession, trafficking and production. It is the sworn duty of a police officer to uphold the law faithfully and impartially.

I have a small connection to Hawaii because my wife and I were married in Maui in December 2009. (We can't wait to visit again!) After our honeymoon, I toured the state for a week doing interviews and presentations about the destructive nature of the War on Drugs. This included meetings with most members of the Hawaii County Council and a short meeting with Representative Karen Awana.

Regarding SB1458:

Law Enforcement Against Prohibition seeks the gradual legalization and regulation of all drugs. However, we also support any public policy that will minimize the crime, addiction, disease and death generated by the black market under drug prohibition. It is in this context that LEAP supports the regulation and control of medical marijuana.

As I am neither a U.S. citizen, nor a resident of Hawaii, I am hesitant to speak forcefully on legislation that is before the elected representatives of the Hawaii State Legislature. My purpose in making this submission is simply to share my experiences as a law

enforcement officer who lives in a region that has also struggled with the complex issue of medical marijuana.

That said, I would like to point out that five years is an extraordinarily long trial period for a compassion center. (Indeed, it is longer than the full term in office for the elected officials who will be voting on this bill!)

In addition, as with all laws, it must be understood that most officers will apply discretion wisely, and yet there will always be some officers who do not use any discretion at all. This is concerning because the inter-island transportation issue is still not resolved. One can certainly anticipate high profile media stories focused on punitive arrests of terminally ill patients who have transported their cannabis in accordance with their legitimate medical needs.

The Situation in Victoria, British Columbia:

Although there is a medical marijuana program in Canada, patients (rightly or wrongly) consistently describe it as cumbersome and hostile. The medicine distributed through the program is considered to be expensive and low quality. There appears to be ample room for reform.

Two medical marijuana dispensaries in Victoria attempt to address these problems. The first is the Vancouver Island Compassion Society and the second is the Cannabis Buyers' Club of Canada. Each dispensary operates slightly differently. The VICS requires a doctor's prescription for medical marijuana, whereas the CBCC only requires a statement from a doctor indicating the patient has a condition that could benefit from medical marijuana. Neither compassion club is legal and so they find themselves operating in a grey zone. Enforcement seems to be a low priority although the dispensaries (and / or their suppliers) have been subject to sporadic police actions over the years.

I'm not in a position to release information about the calls for police service at the two medical marijuana dispensaries. However, we can gain some insight into this area by reviewing Deputy Chief Bill Naughton's testimony at the trial of Matt Beren and Michael Swallow in 2007. Here is an excerpt from the August 10th, 2007 article (1) in the Times Colonist on the matter:

Victoria's No. 2 cop testified in B.C. Supreme Court yesterday that neither the Vancouver Island Compassion Society nor its distribution of medical marijuana has ever been the subject of a criminal investigation.

Deputy Chief Bill Naughton said the society's Cormorant Street office of the Vancouver Island Compassion Society has not generated any complaints, adding marijuana ranks behind drugs like cocaine, methamphetamine and heroin in terms of Victoria police priorities.

"The enforcement of federal laws against marijuana takes a back seat," said Naughton, who was subpoenaed by the defence in the trial of Michael Swallow, 41, and Mat Beren, 33.

Both men were charged with possession of marijuana for the purpose of trafficking and production of marijuana after a police raid on a compassion club grow-op.

In fact, it was the RCMP, not Victoria police, who in May 2004 raided the house near Sooke used by the Vancouver Island Compassion Society to grow marijuana for its 600-odd members. Compassion club is the name commonly given to groups organized by citizens to supply marijuana as medicine.

Swallow and Beren's lawyers have mounted a constitutional challenge to Canada's medical-marijuana regulations, contending they force people to obtain drugs on the black market.

My own experiences as a police officer are consistent with Deputy Chief Naughton's testimony. The existence and the exact locations of these dispensaries is not widely known in the police community. As an example, I did not even know where the VICS or the Cannabis Buyers' Club of Canada was located until I became involved in drug policy reform. This should be considered a "good thing" as police officers tend to be very familiar with problem addresses.

In conclusion, it is clear that compassion clubs can be successfully operated with little - if any - public disorder and police involvement.

References:

1) Times Colonist article:

http://www.canada.com/victoriatimescolonist/news/capital_van_isl/story.html?id=0ddceace-20bd-47fa-a031-f8000ee00df4&k=25994

SB1458

Establishment of Compassion Centers

March 2011

CANNOT BE NON-PROFIT ORGANIZATION - This tells me you're hiding money not paying taxing on all income.....Cheating the State, The County, The City & The People...

License approval committee.

Compassion Center Start-Up Guidelines

Class 1 License install my **PITS** computer program

Class 2 License pre-registration with Compassion Center 6 months prior to opening.

Card Holder pre-registration 3 - 6 months prior to opening.

Schedule appointments for 1st month opening.

Three (3) Strike Rule

Violations with a 3 strike rule that could result in a Fine, Suspension and/or loss of Compassion Center license.

Sale to a minor (under 21)

Sale to a non-card holder

Hours of operation

Inventory quantity

Failure to pay taxes on time (monthly or quarterly) not annual...

Paperwork reporting (monthly or quarterly)

Security

Advertising

Red Flag Purchase

PITS Computer Program - (Pakalolo Internal Tracking System)

Notifies if cardholder purchases exceed limit (this helps eliminate street re-sale)

Also tracks all deliveries & purchases viewable by DOH.

Security Requirements

Front door security, I.D. and medical card check.

This should be a hired off duty or retired police officer or security company.

Inventory & Deliveries

Inventory Delivery Times - On hand quantity - Class 2 License suppliers

Advertising Guidelines

Restrictions - Television, Radio, Direct Mail, Print

Physician

Required consulting physician available

Maui Pilot Compassion Center

Establish one center on Maui.

After 3 - 6 months establish one center on Big Island.

After one year open additional 1 - 3 on Big Island, 1 Maui & 1 on Oahu.

Zero Class 3 License issued for 5 years

Kahuna Compassion Consulting LLC

Aloha House of Representatives Financial Committee!

My name is Pittsburgh founder of Kahuna Compassion Consulting.
In best interest of the state, I would like to help ease your concerns.

The following is an outline which can be broken down into true facts that make Maui the perfect place for a role model controlled system for one to emulate.
Kahuna Compassion Consulting LLC has worked around the world taking the best and leaving the rest in all areas of business forming it to fit Hawaii..

CANNOT BE NON-PROFIT ENTITY - This tells me you're hiding money not paying taxing on all income.....Cheating the State, The County, The City & The People...

Establish License Approval Committee. (3-4 people) and (3 Strike Rule) of fines/penalties

Regulate - PITS computer POS program monitors all deliveries, sales and inventory.

Security - Front door security, I.D. and medical card check.
This should be a hired off duty or retired police officer or security company.

Maui Use Maui as text book for Compassion Centers.
Maui has the perfect demographics for pilot center.

Establish one center on Maui.

After 6 months establish one center on Big Island.

After one year open additional 1 - 3 on Big Island, 1 Maui & 1 on Oahu.

Zero Class 3 License issued for 5 years (edibles are volatile)

Pre-Op Compassion Center Start-Up Guidelines
Class 1 License install my PITS computer program
Class 2 License pre-registration with Compassion Center 6 months prior to opening.
Card Holder pre-registration 3 - 6 months prior to opening.
Schedule appointments for 1st month opening.
All other card holders resume current system. (until additional centers open)

Training As a favor to me, from the top 2 companies in the world, bring Netherlands consultants for staff and Class 2 License (This will insure knowledge & quality from the start)

Fees Class 1 License fee of \$20,000. Annual renewal fee of \$10,000.
Class 2 License fee of \$12,000 Annual renewal fee of \$5,000.
Class 3 License fee of \$15,000. Annual renewal fee of \$ \$5,000.

Location - 600 yards from schools etc. ? Should be 1000 feet.(333.33 yards)

SB1458 SD2 HD2 page 6 line 9 (2) ? 7 plants - 2 oz. ?

Netherlands Kahuna Compassion Consulting LLC has gathered info and worked in/with Netherlands.
A 14 year study results in Coffeeshops, Bar & Restaurant operations, Public & Violence Changes improvements over the decades for the prime operation and system...

Note: For over 20 years I have written training manuals for companies directed their training and all operations. We need to follow the basic business start up and francise growth system.

To: Joint Senate Committee on Health and Public Safety, Government Operations, and Military Affairs
From: Sherryanne St. Cyr
RE: SB 1458 Relating to Health
Position: Support with comments

I'm in full support of establishing compassion centers for patients who qualify to use medical cannabis. I do think the 30% tax is a deal killer, though. Few would be willing to invest in such a venture with this much skimmed off the top. This would require an outrageous markup of prices and just encourage legal card holders to remain with their local black market dealer. This is the very thing that cardholders are desperate to get away from. We need a clean, reliable, facilities with knowledgeable, trained professionals who understand the variety of strains for each medical condition.

The worst part of the house version, though, is only one facility on a 5 year trial basis on Maui???? Please go back to the senate version with facilities on ALL of the islands. Hawaii Island would benefit greatly with at least 2 facilities for Windward and Leeward, although 4 is much more adequate. After all it IS a BIG island!

As a medical card holder I know how difficult it is to keep an adequate supply of dried cannabis. And even more difficult is cultivation and harvesting of the plants. So many factors come into play here, from having the knowledge to grow these plants to keeping them sheltered from rain and then having a secure place to shield them from the "rippers."

Compassion centers, if run like the models in Colorado and California will be such a benefit to ALL medical card holders and finally allow people like me to have a safe access for medicine besides the black market. A reasonable 10% tax like the hotel room tax is much more viable. And charging out of state visitors \$100 is another deal killer. Few will fork over that kind of money. Hawaii does have a great image but few will pay these outrageous prices for the medicinal cannabis.

I'm aware of two Honolulu men who opened a center in Boulder, Colorado that is very successful. Why do they have to go all the way to the mainland to do this? Hawaii needs the GREEN jobs this will provide as well as safe access and knowledgeable caregivers to sift through all the different strains that will provide relief for everyone's particular condition.

I passionately urge the legislature to support the Senate version of this bill.

Sincerely,
Sherryanne St. Cyr
Pahoa, Hawaii
Registered Voter

RE: SB 1458 Relating to Health

Position: Support with comments

Patients need a consistent and reliable source of medicine now, they should not be forced to wait five more years. The MOST urgent need according to most patients and the Medical Cannabis Working Group is the establishment of a legal, safe, and reliable source for their medicine. Does the state want to continue supporting the BLACK MARKET? Why only Maui?

The 30% tax only encourages price gouging and only serves to deter investors. Most patients are restricted to limited budgets and will not use a dispensary if the local dealer charges less for the same product. I can understand an extra tax like the hotel room tax of 10%.

I do believe that allowing out of state visitors with valid cards is an excellent idea and will allow visitors to take advantage of Hawaii's unique branding image. I feel it is a bad idea to charge them a one time use fee of \$100, though, and will do little to promote the idea of using dispensaries for these visitors. Maybe \$50 would be more reasonable?

The present house form of this bill is unacceptable. Please use the senate version which allows for dispensaries on ALL of the islands. We patients and caregivers are desperate for a safe and reliable facility that has knowledgeable staff and medical grade cannabis. So many factors, from thieves to weather make for the growing of one's own plants a highly risky deal. The worst aspect is the THIEVES. It is sad and very discouraging.

Please clear the images out of your mind of young stoners looking for validity. Most medical users have legitimate conditions and rely on this safe non-toxic medicine to function in society, deal with debilitating pain or nausea.

These facilities are called "Compassion Centers" for a good reason. Please USE COMPASSION and consider the many seriously ill citizens who need SAFE access for their medicine.

Pharmaceutical users have many options for obtaining vital medicine. Why should legal cannabis users be stigmatized or criminalized? Why only one option for a dispensary? Why only one island? What purpose does this serve? Is it compassionate in any way, shape or form?

The present bill highly stigmatizes legal users and serves no purpose and clearly shows that Hawaii's lawmakers feel contempt towards people who choose to use an herb given to humans by THE CREATOR.

As a caregiver, I have found that much time is needed to grow the plants and many obstacles do pop up that impede the cultivation and harvest such as weather, pests and the worst, HUMAN THIEVES. Having a clean, regulated facility would be such a relief. If my patient goes without medicine for too long, he can no longer function in society, so having reliable access to the herb is absolutely critical. It is a constant worry for me that I will run out of the medicine.

Mahalo for your consideration of this bill and please amend this bill to include
Compassion Centers on ALL the islands.

Sincerely,
Victoria Latenser
Mountain View, Hawaii
Registered Voter

To: Rep. Marcus Oshiro, Chair
Rep. Marilyn Lee, Vice Chair and
Members of the Committee on Finance

from: David J. Barton, MD, Board Certified Pain and palliative Care medicine, of the Hawaiian-Pacific Pain and Palliative Care, Ewa Beach, Oahu, Hawaii

POSITION: Support

RE: SB 1458, SD2, HD2 RELATING TO HEALTH.

Hearing: Tuesday, April 5, 2011, 2:00 p.m., Room 308

Dear Committee Members, Aloha,

I am writing in Support of SB1458, or the "Dispensary Law", because it is the only right and compassionate way for the State of Hawaii to fulfill its obligation to promote the general well-being and safety of its citizens. In a more personal way, it is what needs to be done to protect your and our love ones, and any others of our ohana, who suffer any number of the myriad of chronic diseases and conditions that afflict the human body.

To those who oppose this bill, I ask, what about your love ones who come down with painful and disabling diseases or conditions, whether acquired or by trauma? Are you that impressed by modern day medicine that you think there is no need for the use of medical cannabis? I can tell you from a personal and professional point of view, as one who has almost lived every part of this world, ~~that we are just~~ beginning to understand the tremendous importance of Cannabinoids and Cannabis and its ability to treat so many conditions that are poorly or NOT treatable even in this day and age. In the pain world, it fills in so many holes in our armamentarium to treat very painful and difficult conditions. Until you have personally sat over the weekend with someone who wants to and then does successfully kill themselves due to unrelenting pain, I would, at the very least, open your heart to the possibility that thousands of Hawaiian can't be wrong in the personal choice to use Cannabis as a medicine.

The claim that the federal Government does not recognize it as a medicine can no longer be maintained in the face of its usefulness recognized and promoted by the US National Institute of health and the National Cancer Institute. They recognize as well that current pharmaceutical and surgical/interventional therapies leave wide gaps in the medical treatment of many diseases and conditions. They even cite its anti-tumor/cancer capabilities.

So now that we understand that medical cannabis is legitimate and real, and not a ruse for the recreational use lobby, once again we have to ask ourselves how seriously we take the pain and suffering of our fellow human beings. Are we to sit by idly and be smug, or do we do something about it. Because what the law says right now is the equivalent of telling your mother or grandmother with Insulin Dependent Diabetes Mellitus that she has to go learn how to make insulin and then make it over the next four months before she can use it. She just may not be alive still. Well then, how about my

cancer patients?? Because that is exactly what the State of Hawaii is doing to them in the silliness of the current law and system. As I have testified before, 75% of my patients with serious conditions are not able to grow and still have to buy cannabis medicine "off the streets". Would you make your grandmother go buy her Insulin "off the streets"? Or deny her a medicine because she can't grow it or make it? Even worse, most of the time, Cannabis Patients don't even know if they are buying the right type of cannabis for their condition. Kind of like making your diabetic grandmother not know if she is getting the right type of Insulin when she is with her drug dealer. Paints a nice picture, huh?

A dispensary system of some type is needed on every single Island (and NOT just Maui). Patients have a right to clean, consistent medicine in adequate amounts. They have a right to not be shamed by illegal activities, especially in the sense that patients with "Blue Cards" are law abiding good citizens. They need to be given the right and opportunity to buy the correct infused product, and tinctures, edibles, and ointments. Successful patients use different delivery systems so those options need to be granted in law. The argument that dispensaries will increase crime is unsupported gibberish. The argument that it will be harmful to Hawaiians is just silly propaganda. It is quite the contrary, and means that anyone who is against a dispensary system is FOR continued crime and illegal activities. With a dispensary system in place, a great proportion of the current activity will become above board, and therefore taxable, as well.

Establishing compassion centers will provide revenue to the state from excise taxes and license fees. I don't agree with the proposed 30% excise tax on marijuana. In previous testimony, even law enforcement warned that this level of tax will only continue the sales to illegal drug dealers. Law abiding citizens will be forced to carry an unfair burden. Also, there is no reason to have a "trial" dispensary on only one island, The Department of Health has testified previously that the same resources to develop meaningful policies, procedures, and internal controls are needed whether they set up one, ten, or more.

Patients need a safe, consistent and reliable source of Cannabis medicine now. The most urgent need according to most patients and the Medical Cannabis Working Group is the establishment of a legal, safe, and reliable source for their medicine. The pilot project establishing a dispensary in just one county does not help patients in other counties; and it also does not establish a long-term solution to the problem of obtaining medical marijuana from a legal source. There is sufficient experience with compassion center models in other states to draft sensible regulations and implement a full program. A pilot program on only one island anywhere is just not necessary.

Establishing compassion centers solves a gray area in the law that established the current medical marijuana program. Although current law allows patients to grow their own plants, the law is silent as to where patients should acquire seeds or clones to start their supply. Even more confusing is that the Department of Public Safety has said that the only legal transfer of marijuana is between a registered patient and that patient's registered caregiver. Caregivers are difficult to find and they are currently limited to assisting only one patient.

Compassion centers are necessary because many patients want a legal, reliable and safe source for their marijuana. Many patients are unable to grow their own medicine because some live in apartments or condominiums; others live in areas where their plants are not secure and are subject to vandalism or theft; others are just too sick to provide the care needed for their plants to grow to maturity.

In summary, patients are law-abiding citizens who want to remain law abiding and should not be forced to go to neighborhood drug pushers for their cannabis medicine of unknown type and quality. Cannabis provides safe and effective treatment for many conditions that traditional medicine just does not have a good answer for yet, and there are many conditions like that. Please think in personal terms, such as if your mother or father came down with cancer, perhaps pancreatic cancer which is highly aggressive, and they were wasting away in pain and nausea. Would you like them to extend their life, like my patient with that disease in Waianae and another on Kauai? Because I can show you real people who are being greatly helped right now by cannabis and the state is making it hard for them to survive because the current laws do not permit for safe access for all. Then think of your next love one, perhaps your own spouse, who will come down with a serious condition that does not have good treatments, and they suffer in pain and agony because of the current laws. Where are you going to get the only medicine that will be effective? Do you know on what street you will be buying your medical cannabis?

Sincerely,

David J. Barton, MD

www.medicalmarijuanaofahawaii.org

Pain and Palliative Care,

Hawaiian-Pacific Pain and Palliative Care.

Testimony in Opposition to SB 1458 SD 2 HD2 – Relating to Health

April 5, 2011

2:00 pm, Room 308

TO: Committee on Finance
Rep. Marcus Oshiro, Chair
Rep. Marilyn Lee, Vice Chair

FR: Alan Shinn, Executive Director
Coalition for a Drug-Free Hawaii
1130 N. Nimitz Hwy, Suite A-259
Honolulu, HI 96817
(808) 545-3228 x29

Please accept this testimony in opposition to SB 1458 SD2 HD2 – Relating to Health that establishes a five-year pilot program for medical marijuana distribution somewhere in the State. The program will be regulated by the Department of Public Safety.

While this bill insures no prosecution to the licensed marijuana vendor, the operation is in direct conflict with Federal law and authorities could shut down and prosecute the vendor. Also, there is potential for abuse given this bill allows for not only Hawaii residents, but tourists to utilize the dispensary with temporary certification.

SB 1458 SD2 HD2 proposes to assess licensing fees and tax marijuana sales tax thereby increasing state revenues. However, from national experience with legal drugs of alcohol and tobacco, the social costs of increased law enforcement, state regulation, and health and welfare related costs will far exceed any tax revenues gained ten-fold. Colorado law enforcement reports the lack of controls, increased crime and violence, and the lowered quality of life in neighborhoods with dispensaries, something we do not want in Hawaii.

Most importantly, this bill sends the wrong message to our youth. Liberalizing the current medical marijuana law will erode prevention efforts for our youth by decreasing perception of harm and increasing access, much like underage alcohol use. This bill's introduction comes at a bad time when millions of dollars of funding for Hawaii's after school, cultural arts, and other positive youth development programs are being cut, leaving our youth with more unsupervised and unstructured time. Pakalolo use will certainly increase especially among our youth.

Rep. Marcus Oshiro, Chair
Rep. Marilyn Lee, Vice Chair and
Members of the Committee on Finance

RE: SB 1458, SD2, HD2 RELATING TO HEALTH.
Hearing: Tuesday, April 5, 2011, 2:00 p.m., Room 308

I support compassion centers on all islands - at least have a test center on each island. Making the majority of patients wait for 5 years for the pilot program to finish is terrible. Berkeley and Oakland, California have a limited number of compassion centers and few problems. Why not copy their model? 5 years is a long time to test something, when there are formats that work.

Please find a way to have safe access to affordable medicine available to all patients on all islands. I am a senior citizen on a limited budget, how can a 30% tax make medicine available to me at a reasonable price? It's not covered by insurance in the first place.

Patients can't use/smoke their medicine in public, so please allow them to use it in the compassion center. In California some places allow it, so Hawaii should too.

Michigan, Rhode Island, Montana and Maine all allow out of state patients to enter dispensaries and don't charge them for a temporary permit. We should have the same aloha. \$100 fee, \$150 medicine, \$45 tax = \$295...almost double the original cost of the medicine...that is crazy.

Subhadra Corcoran
Kailua Kona, HI

Rep. Marcus Oshiro, Chair
Rep. Marilyn Lee, Vice Chair and
Members of the Committee on Finance

RE: SB 1458, SD2, HD2 RELATING TO HEALTH.
Hearing: Tuesday, April 5, 2011, 2:00 p.m., Room 308

Position: Support the concept of licensed dispensaries, producers and infused product makers

I am a medical cannabis patient residing on the Big Island. I will continue to support a system that gives patients safe, affordable access to medical cannabis. However the current version (HD2) is not going to help the vast majority of patients.

A five year pilot program on only one island is unfair to most patients. The test program should have compassion centers on each island (two on the Big Island because of the size and number of patients). And the pilot period should be much shorter, say two years.

The goal of this bill seems to be about generating revenue, not about benefiting patients and their need for obtaining medicine. A 30% tax on medicine is outrageously high, and is more likely to keep patients using the black market.

If you are charging an out of state patient \$100 for a temporary license, the cost of \$100 worth of medicine would go to \$230 (including the 30% tax). That is absurd. What visitor would go to a compassion center to pay that kind of premium? Reciprocity should simply be allowed...any patient from another state with valid ID should be allowed into compassion centers. Rhode Island, Montana, Michigan and Maine all do this, and Hawai'i should follow suit.

Locking a patient into only one compassion center is another problem. Being able to shop at different locations gives patients variety, and competition should benefit everyone through lower prices and variety of strains and products. Big Island patients must often fly to Oahu for medical procedures. If they are restricted to only their home compassion center, how are they to purchase medicine while traveling to another island? The language pertaining to transportation (in a motor vehicle, as well as at the airport) must be clarified. Patients are being arrested when they should not be.

Making the compassion center pay for 24/7 video feed to the police department (and to cover the cost of officers watching it) is a huge expense, which will eventually be passed along to the patient in the form of higher prices. How does that improve the quality of life for patients?

I served on the Medical Cannabis Working Group, which was composed of patients and caregivers, and yet it seems none of the recommendations we made are being included in the legislation. We know what we need, and I hope that you will do a better job of listening to us.

Sincerely,

Matthew Rifkin

Keaau, HI

Rep. Marcus Oshiro, Chair
Rep. Marilyn Lee, Vice Chair and
Members of the Committee on Finance

RE: SB 1458, SD2, HD2 RELATING TO HEALTH.
Hearing: Tuesday, April 5, 2011, 2:00 p.m., Room 308

Support – if Senate version is improved

I live on the Big Island. I am a medical cannabis patient.

It is very unfair to have a test facility only on one island. You shut out all the other patients for 5 years. It is difficult to grow in Oahu, yet 1,000 patients could be out of luck. There are 5,000 patients on the Big Island, but we too would have to wait 5 years to have safe access to medicine in a compassion center if Maui or Kauai get the only facility. How is that an improvement to the medical marijuana program? At least the Senate version will have locations on each island.

The current law does not allow for acquisition of seeds or clones. There is no way to find a caregiver. There is no legal way for one patient to help another. So, if only one island is to get a test compassion center, then fix the law for the rest of us for these five years. Clarify the transportation issue too (the local paper said patients get arrested at the airport).

Where is the "aloha" in charging \$100 to visitors for a temporary license? Don't do it, please.

I am on disability and SSI, I won't be able to afford to pay 30% tax. The tax almost forces me to use a drug dealer...which I have no interest in doing.

All patients need safe access to good quality medical cannabis.

All patients need safe access to reasonably priced medical cannabis.

All patients, on all islands. Now. Not in 5 years.

Kaipo Fernandez

Volcano, Hawai'i

PS: I don't have a computer and asked Friends for Justice to send this to you.

Rep. Marilyn B. Lee, Vic Chair and members of the Finance Committee

Date: 04.04.2011

Re: Sb1458 Sd2 HD2

From: Mark Nelson; Hawaii Island Resident

Position: Oppose

I am a Hawaii Island Resident, Medical Cannabis Patient & Caregiver. I served on the Medical Cannabis Working Group in 2009-2010.

The current drafted House version of SB1458 is unworkable and discriminating to all Medical Marijuana Patients. Making "ONE" compassion center as a Pilot project on only one island will benefit no one. There needs to be Compassion Centers on each of the Islands, even in a "pilot Program" as suggested by the House. The fact that a Medical Marijuana Patient may only register at one Compassion Center is absurd. I buy my prescriptions from Kmart and Longs. I ask the House of Representatives when they passed the "Civil Unions Bill" did you do so only on one Island, and for a Pilot Project? I think not. Allowing this to transpire is wrong to all Patients and Caregivers of Hawaii.

I would support the Original Version of SB1458 before it was hacked to a ridiculous version by the House Health/ PBM committees, with minor amendments.

Inter and Intra Island "Safe Access" has not been addressed, as so stated in the opening language of each bill, claiming 329-121 allows for Patients to have safe access and travel within the State of Hawaii.

I oppose the 24/7 live video feed to the Police Station. The cost alone for 5 F/T Police Officers to monitor the video feed would be over \$500,000.00 in additional County Costs.

I oppose the 30% Strong Arm Tax proposed in SB1458 Sd2 HD2. No other Medicines are taxed.

I oppose the \$100.00 out of State Visitor MMJ Temporary Permit.

I oppose the 5 year Pilot Program. Original bill called for a 6 month Pilot Program.

The Federal Government is currently hearing a Bill to reclassify cannabis to a Schedule 3 for CBN / CBD an active ingredient in Cannabis for Medical Use. This would allow all farming of cannabis to use the extracts of the CBD/CBN for commercial Medical Production. Hawaii could be this leader of Growing that Cannabis. Why not lead, instead of always following. What are you missing?

I am shocked and appalled at all our Senators and House of Representatives for wasting valuable time in making a mockery of the 5 bills that were introduced in the 2011 Legislation Session. I abhor the meaningless effort that each of these committees have absconded the people of Hawai'i monies in doing so. All of you ought to be ashamed of yourselves.

To: Hon. Rep. Marcus Oshiro, Chair
Hon. Rep. Marilyn Lee, Vice Chair and
Hon. Members of the Committee on Finance

From: Michelle Jan Walker-Cook

RE: SB 1458, SD2, HD2 RELATING TO HEALTH.

Hearing: Tuesday, April 5, 2011, 2:00 p.m., Room 308

Position: Testimony in Support of Proposed Senate Legislative Version

I am writing today as a liver cancer patient who also suffers from chronic gastric diseases to urge your support, referral from Committee and passage of the Senate version of the above-referenced measure that would establish a dispensary system for medical marijuana patients' distribution purposes. As a permanent resident of Hawaii, I have always appreciated the fact that in much social legislation that is the law of the land and/or of one or more of the 50 states, Hawaii has a substantive record on progressive law and leading the nation in compassion, tolerance, and broad-minded comprehensive thinking for and by its population. When one considers that civil unions had their first legal recognition here in Hawaii and other states in the nation followed suit and are still following suit, this is self-evident.

Moreover, the National Cancer Institute of the National Institutes of Health has published a formal opinion that medical marijuana has medicinal use beyond mere pain management and nausea management, and the NCI/NIH have advanced their position that Medical Marijuana has been shown in clinical studies in some cancers to attack tumors, shrink tumors and in some cases eradicate early stage tumors in cancer patients. As a cancer patient this is important news to me because the liver cancer I suffer from is aggressive, extremely painful, resistant to many chemotherapies, radiation and surgical resection and accordingly, the possibility that medical marijuana might aid me in fighting cancer where it has already aided me in the past with pain and nausea management that allowed me to take in nutrition during two failed rounds of chemotherapy at Georgetown University Medical Center (Washington DC) and at Johns Hopkins University (Baltimore, MD) respectively. With this in mind, access for medical marijuana patients to safe distribution of medical marijuana is essential for all Hawaiians on all our islands with verified medical conditions to be able to avail themselves of medical marijuana through a bonafide dispensary system that has locations on each of our islands. In my opinion, were Hawaii to establish a dispensary system on just one island to the exclusion of the others would not be in the best interests of the Hawaiian people and would constitute a form of economic discrimination against the many medical marijuana patients who would be unable to physically travel to the island where a lone dispensary was located for reasons of economics, physicality of the patient and inability to be away from work and family commitments. Thus, it is a just request for all Hawaiian medical marijuana patients to have a reasonable expectation that they will have access, affordability and eradication of fear (from Federal intervention) in seeking a dispensary

that is located within a rational distance to their locale.

Next, Hawaii like the other 50 states is experiencing a budget deficit and revenue crisis that would be positively affected by these dispensary "compassion centers" providing much needed revenue to the state from excise taxes and licensing fees. I believe, however, that the proposed 30% excise tax on marijuana is ill-advised because it would put access to medical marijuana beyond the means of many medical marijuana patients and I ask the Committee to take this into serious consideration on final mark ups to the Bill for the purposes of fundamental fairness and equitable distribution of the shared sacrifice. In previous testimony before this Legislature, many have testified, including law enforcement, and have warned this body that this excessive level of excise taxation would only drive sales to illegal drug dealers and prevent access for Hawaii's lower income medical marijuana patients. I ask you to consider your social responsibility to these patients in whatever dispensary system and adherent taxation and licensing architecture you deem appropriate to such establishment.

Further, as stated above, it is self evident that establishing a system of dispensaries over a single dispensary is advisable for the purposes of meaningful access for patients, and given the facts already in evidence by the Hawaii Department of Health previous testimony that identical resources would be utilized to develop meaningful policies, procedures, and internal controls for one or more dispensaries so cost of architecture in this regard is not at issue. Hawaii's medical marijuana patients need and deserve a safe, consistent and reliable source of this essential medicine now; they should not be forced to wait five years for a pilot project. The most urgent need according to most patients and the Medical Cannabis Working Group is the establishment of a legal, safe, and reliable source for their medicine. Thus, I submit that the proposed pilot project establishing a dispensary in just one county does not in reality provide access and help Hawaii's patients in her other counties; and accordingly it also does not establish a long-term solution to the problem of patients obtaining medical marijuana from a legal source on all our islands.

Next, there is sufficient experience with compassion center models in other states to draft sensible regulations and implement a full program as the California model exemplifies. A pilot program is therefore not necessarily warranted. Moreover, establishing compassion centers solves a gray area in the law that established and legalized the current medical marijuana program. Although current law allows patients to grow their own plants, the law is silent as to where patients should acquire seeds or clones to start their supply. Even more confusing is that the Department of Public Safety has said that the only legal transfer of marijuana is between a registered patient and that patient's registered caregiver. Caregivers are difficult to find and they are currently limited to assisting only one patient.

Like other medical marijuana patients, some of us cannot grow cannabis at all for medicinal use because of conflicting Federal law. I cannot grow my own marijuana because my husband has security clearance for the Department of Defense, and it has been impossible to date for me to locate an available caregiver as I have recently

relocated back to Hawaii and thus, your establishing an equitable dispensary system is necessary to my achieving access and for my husband to protect his oath of office. Overall, compassion centers are necessary because many medical marijuana patients want and need a legal, reliable and safe source for their marijuana. Many patients in the general population are unable to grow their own medicine because some live in apartments or condominiums; others live in areas where their plants are not secure and are subject to vandalism or theft; others are just too sick to provide the care needed for their plants to grow to maturity. These living accommodations should not be a bar to these patients receiving this ameliorating medicine that allows them to function on a daily basis.

Finally, I would like to stress that medical marijuana patients such as myself are law-abiding citizens who want to remain in full compliance with the laws of Hawaii and therefore, should not be compelled by outside special interests that seek to defeat this measure to go to neighborhood drug pushers for their medicine. With all respect I ask this body to refer this measure from committee to a full and successful vote towards passage and please know that all medical marijuana patients are watching and awaiting your just results to that end.

To: Rep. Marcus Oshiro, Chair;
Rep. Marilyn Lee, Vice Chair;
Members of the Committee on Finance

From: Peter Ehrhorn
254 Kaha St.
Kailua, Hawaii

RE: "SB 1458, SD2, HD2 Relating to Health" ☐
Hearing: Tuesday, April 05, 2011, 2:00 p.m., Room 308
Position: Support Senate version

Aloha,

I am in favor of legal access to a plant that George Washington used. Please support SB 1458 but please amend it to provide access to patients throughout Hawaii. Patients should not be forced to go to the black market for their medicine. Our prisons are filled up enough already.

State of Hawaii needs to assert its state's right to regulate something as harmless as marijuana. Fortunately Eric Holder has advised US attorneys in states with medical marijuana laws against investigating and prosecuting federal marijuana violations if the individual is acting in clear compliance with state law.

For patients suddenly stricken with a serious ailment, the months it takes to cultivate and harvest medical marijuana is prohibitive. Dispensaries would allow immediate access and prevent patients from having to go to drug dealers for their medicine.

Establishing compassion centers would provide revenue to the state from excise taxes and license fees. However, the proposed 30% excise tax on marijuana is ill-advised. In previous testimony,

even law enforcement warned that this level of tax would only drive sales to illegal drug dealers.

Again I urge you to approve this law with the amendment. Thank you for your consideration of this matter.

Best regards,

Peter Ehrhorn

2514 Kaha St.

Kailua, Hi 96734

Ehrhornp001@hawaii.rr.com

To: Rep. Marcus Oshiro, Chair
Rep. Marilyn Lee, Vice Chair and
Members of the Committee on Finance

From: Leyona-Ruth Goldman
6219 Kawaihae Place
Honolulu, HI 96825

RE: SB 1458, SD2, HD2 RELATING TO HEALTH.
Hearing: Tuesday, April 5, 2011, 2:00 p.m., Room 308

Position: **Support** Senate version

I am writing today in support of the Senate version of this measure.

I am a patient, not a criminal. I need this in order to live. The past few months it has become increasing more difficult to find decent medication for a reasonable cost.

We need to have a resource for obtaining medication that is both safe, cost worthy and accessible to all residents on all islands.

I have tried to grow / cultivate, in fact I still am attempting; it is not as easy as tossing a few seeds into the ground. There is time, care and supplies involved so it is reasonable to expect to pay for those services if one is unable to grow for ones self and unable to find a reputable caregiver / grower. Which brings me to the question of where do you get seeds or plants? We need a resource for this as well.

There are instances where a patient would want to explore alternate means of ingestion of cannabis, such as infused products. I.e.; tinctures, baked goods, candies, etc I get much better relief from this form myself personally.

At the age of 17 I was involved in a major motor vehicle accident. I suffered a fractured pelvis and multiple other injuries. My parents were even told I would never walk again. This started me on a crash course of addiction for the last 30 years.

I have suffered from Chronic pain, Fibromyalgia, Cyclic Vomiting syndrome, Thoracic Outlet Syndrome and a laundry list of other equally horrific maladies that have left me dependant upon opiates and at one time even a terrible methadone addiction directly caused by my "pain management doctor" who every time I said the medicine was killing me, he insisted "it the cheapest most effective medicine I can give you" Well, it almost cost me my life.

It took me over a year to get my life back. *I struggle daily with severe pain, muscle spasms, and nausea.*

Medical marijuana has been my saving grace. Without it I would be dead. My weight has plummeted from a healthy 125 lbs to a staggering 98 lbs at my worst. I struggle daily with intense nausea that is exacerbated by stress.

It is not unreasonable for me to hope that my right to freedom of choice and the right to an informed decision would include the option to use whatever means necessary to have a quality life verses quantity. **I want to live my life free of narcotics and free to medicate with the most natural form of pain relief possible,** Which for me and millions like me is Medicinal Cannabis.

Establishing compassion centers will provide revenue to the state from excise taxes and license fees. However, the proposed 30% excise tax on marijuana is ill-advised, and simply too high.

It makes more sense to set up a system of dispensaries, not just a single dispensary. The Department of Health has testified previously that the same resources to develop meaningful policies, procedures, and internal controls are needed whether they set up one, ten, or more.

Patients need a consistent and reliable source of medicine now, they should not be forced to wait at all let alone five years for a pilot project.. The most urgent need according to most patients and the Medical Cannabis Working Group is the establishment of a legal, safe, and reliable source for their medicine.

The pilot project establishing a dispensary in just one county does not help patients in other counties; and it also does not establish a long-term solution to the problem of obtaining medical marijuana from a legal source. There is sufficient experience with compassion center models in other states to draft sensible regulations and implement a full program. **A pilot program is not necessary.**

Establishing compassion centers solves a gray area in the law that established the current medical marijuana program.

Although current law allows patients to grow their own plants, the law is silent as to where patients should acquire seeds or clones to start their supply. Even more confusing is that the Department of Public Safety has said that the only legal transfer of marijuana is between a registered patient and that patient's registered caregiver. Caregivers are difficult to find and they are currently limited to assisting only one patient.

Compassion centers are necessary because many patients want a legal, reliable and safe source for their marijuana. Many patients are unable to grow their own medicine because some live in apartments or condominiums; others live in areas where their plants are not secure and are subject to vandalism or theft; others are just too sick to provide the care needed for their plants to grow to maturity.

Patients are law-abiding citizens who want to remain law abiding and should not be forced to go to neighborhood drug pushers for their medicine.

Compassion centers would also fill a Education need for patients who may not know how to use vaporizers or make infused-products on their own.

I respectfully ask for your support of these bills and thank you for your time.

Leyona-Ruth Goldman
Honolulu, HI 96825



Medical Marijuana

To: Rep. Marcus Oshiro, Chair
Rep. Marilyn Lee, Vice Chair and
Members of the Committee on Finance

From: Clifton Otto, M.D.

RE: SB 1458, SD2, HD2 RELATING TO HEALTH.
Hearing: Tuesday, April 5, 2011, 2:00 p.m., Room 308

Position: Support Senate version

I am writing today in support of the Senate version of this measure.

The Bill, as it currently stands, falls far short of improving access for Hawaii's legal medical cannabis patients.

No legal business can survive with a 30% special tax.

Since inter-island transportation of medical cannabis is illegal, there needs to be at least one dispensary on each island.

A pilot program is not necessary. There are already several functional models for dispensaries/compassionate care centers in other legal states that have proven the concept.

Dispensaries should be For-profit, to avoid the risk of being raided by the DEA on charges of money laundering.

SPECIAL NOTE:

Please provide a provision requiring that all dispensaries that sell medical cannabis must submit samples of their product to a state-certified lab utilizing a validated method for analyzing cannabis, so that the percentages and ratios of THC and CBD, along with assays for contaminants, can be made available to medical patients so that they can properly adjust the dose of their medication.

Thank you for your time.

To: Rep. Marcus Oshiro, Chair
Rep. Marilyn Lee, Vice Chair and
Members of the Committee on Finance

From: Brenda L. Cloutier

RE: SB 1458, SD2, HD2 RELATING TO HEALTH.
Hearing: Tuesday, April 5, 2011, 2:00 p.m., Room 308

Position: Support Senate version

I am writing today in support of the Senate version of this measure.

Even though I am able to successfully grown my own medical marijuana, my plants have been stolen right before harvest, and I am left without medicine which allows me to function with minimal pain. I have FibroMyalgia, a nerve condition that keeps me in pain, destroys restful sleep, and messes up my cognitive function. The pharmaceuticals on the market make my cognitive function worse, while barely controlling the pain.

I am a law abiding citizen and refuse to buy marijuana on the black market. Instead, to remain within the law, I go without relief. I even went through the medical and application process getting legal before even trying cannabis for my condition.

It only makes sense to set up a system of dispensaries, not just a single dispensary. The Department of Health has testified previously that the same resources to develop meaningful policies, procedures, and internal controls are needed whether they set up one, ten, or more. Patients need a consistent and reliable source of medicine now. We should not be forced to wait five years for a pilot project. The most urgent need according to most patients and the Medical Cannabis Working Group is the establishment of a legal, safe, and reliable source for their medicine.

The pilot project establishing a dispensary in just one county does not help patients in other counties; and it also does not establish a long-term solution to the problem of obtaining medical marijuana from a legal source. This also makes it even more difficult and expensive for a patient to access proven and safe medical relief.

There is sufficient experience with compassion center models in other states to draft sensible regulations and implement a full program. A pilot program is not necessary.

Respectfully,

Brenda Cloutier
Hilo, HI 96720

Members of the Legislature -

I would like to voice my support for a version of SB 1458 which includes statewide medical marijuana dispensaries. I live on the Big Island, and was diagnosed with multiple myeloma in 2010. While I have had to go to the mainland for treatment of this obscure cancer, I will eventually be back in Hawaii and in need of an accessible dispensary. Medical marijuana, of course, doesn't help treat cancer directly, but it absolutely does help patients like me deal with the side effects of chemotherapy. And my ability to handle the chemotherapy will make a difference in my long-term progress against the cancer.

Thanks you for considering my views! Feel free to call or email me if I can provide any additional information.

Sincerely,

David Finkelstein
RR 2 Box 3313
Pahoa, HI 96778
936-7674

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 3:48 PM
To: FINTestimony
Cc: oahuasa@gmail.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Paul Minar
Organization: Oahu ASA
Address:
Phone:
E-mail: oahuasa@gmail.com
Submitted on: 4/4/2011

Comments:

We strongly support the Senate version. The current House bill as written is not meeting the needs of the people in the Medical Cannabis program. The law has not worked for patients since it started. We need more access not less. Each Island needs access. Look at the science, not fear mongering.
Cannabis is non toxic and safe.

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Monday, April 04, 2011 3:42 PM
fo: FINTestimony
Cc: bmurphy420@msn.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: oppose
Testifier will be present: Yes
Submitted by: Brian Murphy
Organization: MCCFDIA/PWT
Address:
Phone:
E-mail: bmurphy420@msn.com
Submitted on: 4/4/2011

Comments:

Aloha

Reasons for my Opposing SB1458:

- 1 30 % TAX!
- 2 24hr. Police monitoring!
- 3 Creating Monopoly!
- 4 Smoking anything is not Medically Ethical!
- 5 24/7 365 Live Feed to Police Station to monitor any Compassion
- 6 One Island Only 5 year (absurd)
- 5 Not looking at passed Bills "THE SUSTAINABLE FAMILY FARM ACT"
- 6 Not looking at the Future of Cannabis products:
DEA Considering Reclassifying Plant-Derived THC Under Federal Law February 17, 2011 -
Washington, DC, USA

Washington, DC: The United States Drug Enforcement Administration (DEA) is considering reclassifying plant-derived THC, the primary psychoactive compound in marijuana, from schedule I to schedule III controlled substance under the federal Controlled Substances Act, according to a report published last week in The Daily Caller.

The agency first announced its proposed action in the Federal Register on November 1, 2010, stating its intent to "expand the schedule III listing to include formulations having naturally-derived dronabinol and products encapsulated in hard gelatin capsules." The DEA presently defines dronabinol as synthetic THC in sesame oil and encapsulated in a soft gelatin capsule in a US Food and Drug Administration (FDA) approved product.

The November 1, 2010 DEA announcement states that the agency has received four petitions from companies wishing to potentially bring products to market containing "naturally-derived or synthetically produced dronabinol." Those products, if approved by the FDA, would be marketed as generic alternatives to Marinol, which has been legally available in the United

States by prescription since 1985. In 1999, the DEA downgraded Marinol from a schedule II to a schedule III controlled substance.

Under the proposed change, both the marijuana plant and plant-derived THC that is not contained in a FDA-approved pharmaceutical drug would remain classified as schedule I illicit substances.

"THC, natural or synthetic, remains a schedule I controlled substance," DEA spokesman Rusty Payne told The Daily Caller in an e-mail. "Under the proposed rule, in those instances in the future where FDA might approve a generic version of Marinol, that version of the drug will be in the same schedule as the brand name version of the drug, regardless of whether the THC used in the generic version was synthesized by man or derived from the cannabis plant."

Although I supported earlier versions of this bill, recent additions have turned it into a model for disaster. We need to learn from and avoid the failed experiments of California and other states.

Serious and honest advocates have always asked that medical cannabis be treated like all other prescription medicines. The recent amendments look like they are creating some distribution system for contraband, as opposed to creating safe access to a medicine.

The only reasonable approach is to make medical cannabis available through prescription and from legitimate pharmacies, just like all other prescription medicines. Would you feel right asking diabetics to endure the bill's proposed system to acquire their insulin?

I understand that Hawaii's economic problems need addressing. However, no other medicine is regulated and taxed in the manner proposed for medical cannabis. This is clearly a form of bigotry; the people of Hawaii should be above indulging in such selective enforcement.

If you want to do the right thing, please regulate and distribute medical cannabis as you do other prescription medicines - through legitimate pharmacies and without the restrictive taxes. If you want a cash cow, consider decriminalizing and taxing the recreational use of cannabis.

Brian Murphy

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Monday, April 04, 2011 11:59 AM
To: FINTestimony
Cc: andreatischler@yahoo.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Andrea Tischler, Co-Chair
Organization: Big Island Chapter of Americans for Safe Access
Address:
Phone:
E-mail: andreatischler@yahoo.com
Submitted on: 4/4/2011

Comments:

Position: Support Senate Version

The Big Island Chapter of Americans for Safe Access strongly supports passage of the Senate Version of SB 1458. In no way can we support a five year pilot program in Maui if the other islands are not be included. We have more than 4000 patients on the Big Island which represents more than half of the entire state's registered patients. Our situation is dire and the need crucial. More than ever we need safe access to medical cannabis and a reliable and consistent supply. We cannot achieve that without compassion centers and we don't have the time to wait. We are law abiding citizens that do not to break the law every time we buy our medicine.

It is unfortunate that the law passed in 2000 did not include language about how a patient may legally obtain their medicine. However, SB1458 is a way to solve this flaw and clear up a gray area in the current law. This is the perfect time to do the right thing following nearly 11 years of no change.

In addition to our previously submitted testimony in support of SB 1458 we would like to suggest the following amendments to the bill which will make cannabis more accessible to Big Island patients and make it fairer to all.

1. First of all delete the five year pilot program on Maui. None of the advocate groups, patients and physicians agree to that. It will not work and defeats the extreme urgency and need for the creation of compassion centers. All the islands need compassion centers, not just Maui.
2. Returning to the original version of SB 1458, proportion the number of compassion centers on each island to the number of patients in the state rather than to the general population. There is no reason why Oahu should have 10 centers with far fewer cannabis patients and the Big Island should only have 6. The number of centers could be reapportioned every five years.

The Big Island's population is spread over 4000 square miles making it difficult to drive to a compassion center conveniently. Many patients are too ill to travel long distances. For convenience and safety reasons a greater number of centers should be located in the small communities shattered throughout the Big Island which are additional reasons why the Big Island needs a greater number of compassion centers.

3. Delete the \$100 fee for a visitor to register for a temporary permit to buy medicine at a compassion center. This unfairly penalizes a tourist who is, also, a patient. The tourist/patient cannot legally carry cannabis on board a plane. They need to be able to purchase their medicine when they get to their Hawai'i destination. Replace this with

reciprocity recognizing registered patients arriving from states that have medical cannabis laws.

4. Delete that each patient designate only one compassion center. Not all compassion centers will be the same on offering competitive prices, a variety of strains or in providing excellent quality and a medicinal grade product. Patients' comparison shop different pharmacies now for the best prices why should it be any different for medical cannabis patients?

5. Delete that the patient registry stays with the Dept. of Public Safety. The entire program belongs within the Dept. of Health.

6. With regard to inter island transportation issue; add an amendment that protects medical cannabis patients from arrest when traveling between the islands within legal limits provided by law. Currently, patients are being arrested at the airports and prosecuted when they travel to Oahu for medical appointments. This is clearly wrong and should be corrected by law.

7. Eliminate the 30% excise tax on the sale of cannabis. It is totally unreasonable for sick patients, many on fixed incomes, to be burdened with such a high tax. The tax should be no more than what tax is levied prescriptive medicine.

Most of the other amendments we believe we can live with. At this point what is very urgent is that this bill with workable amendments needs to be passed and signed into law. It will be extremely beneficial to the patients to be able to have safe access and a reliable and consistent source of medicine. Mahalo Nui Loa.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 12:44 PM
To: FINTestimony
Cc: trentrickern8@yahoo.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM
Attachments: Cancer.gov-scrub.jpg

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Trenton Ricker
Organization: NORML
Address:
Phone:
E-mail: trentrickern8@yahoo.com
Submitted on: 4/4/2011

Comments:

Hello members of the committee, my name is Trenton, I would like to state I'm in support of the senate version of the bill, due to the recent release of information from The National Cancer Institute. NCI posted a page on their site (Cancer.gov) stating "Cannabis has a direct anti-tumor effect"; Therefore, cannabis should automatically be a schedule 3 drug at this point, due to the fact that it has medical use, as the cure for cancer, but the FDA won't recognize this. I urge you to take a step forward into what needs to be done for the future. The picture is a before and after of cancer.gov, when NCI stated cannabis has anti-tumor effects, and then big brother FDA wiped it clean, and I feel very outraged by that. We are condemning those who have cancer, by not passing this bill, thank you for your time, and I hope my passing along of knowledge has helped you all make a better decision, on the cure to cancer, as stated by the NCI.

Cannabis and Cannabinoids (PDQ®)



Health Professional Version

BEFORE

Last Modified: 03/17/2011

Cannabis and Cannabinoids (PDQ®)

- ▶ Overview
- ▶ General Information
- ▶ History
- ▶ Laboratory/Animal/Precinical Studies
- ▶ Human/Clinical Studies
- ▶ Adverse Effects
- ▶ Overall Level of Evidence for Cannabis and Cannabinoids
- ▶ Changes to This

General Information

Cannabis, also known as marijuana, originated in Central Asia but is grown worldwide today. In the United States, it is a controlled substance and is classified as a Schedule I agent (a drug with increased potential for abuse and no known medical use). The *Cannabis* plant produces a resin containing psychoactive compounds called cannabinoids. The highest concentration of cannabinoids is found in the female flowers of the plant.^[1] As a botanical, *Cannabis* is difficult to study because of the lack of standardization of the botanical product due to the many climates and environments in which it is grown. Clinical trials conducted on medicinal *Cannabis* are limited.

The potential benefits of medicinal *Cannabis* for people living with cancer include antiemetic effects, appetite stimulation, pain relief, and improved sleep. In the practice of integrative oncology, the health care provider may recommend medicinal *Cannabis* not only for symptom management but also for its possible direct antitumor effect.

Cannabinoids are a group of terpenophenolic compounds found in *Cannabis* species (*Cannabis sativa* L. and *Cannabis indica* Lam.). This summary will review the role of *Cannabis* and the cannabinoids in the treatment of people with cancer and disease-related or treatment-related side effects.

Cannabis and Cannabinoids (PDQ®)



Health Professional Version

AFTER

Last Modified: 03/28/2011

Cannabis and Cannabinoids (PDQ®)

- ▶ Overview
- ▶ General Information
- ▶ History
- ▶ Laboratory/Animal/Precinical Studies
- ▶ Human/Clinical Studies
- ▶ Adverse Effects
- ▶ Overall Level of Evidence for Cannabis and Cannabinoids
- ▶ Changes to This Summary (03/28/2011)
- ▶ More Information
- ▶ About This PDQ Summary

General Information

Cannabis, also known as marijuana, originated in Central Asia but is grown worldwide today. In the United States, it is a controlled substance and is classified as a Schedule I agent (a drug with increased potential for abuse and no known medical use). The *Cannabis* plant produces a resin containing psychoactive compounds called cannabinoids. The highest concentration of cannabinoids is found in the female flowers of the plant.^[1] As a botanical, *Cannabis* is difficult to study because of the lack of standardization of the botanical product due to the many climates and environments in which it is grown. Clinical trials conducted on medicinal *Cannabis* are limited.

The U.S. Food and Drug Administration (FDA) has not approved the use of *Cannabis* as a treatment for any medical condition. To conduct clinical drug research in the United States, researchers must file an Investigational New Drug (IND) application with the FDA.

The potential benefits of medicinal *Cannabis* for people living with cancer include antiemetic effects, appetite stimulation, pain relief, and improved sleep. Though no relevant surveys of practice patterns exist, it appears that physicians caring for cancer patients who prescribe medicinal *Cannabis* predominantly do so for symptom management.

Cannabinoids are a group of terpenophenolic compounds found in *Cannabis* species (*Cannabis sativa* L. and *Cannabis indica* Lam.). This summary will review the role of *Cannabis* and the cannabinoids in the treatment of people with cancer and disease-related or treatment-related side effects.

References

1. Adams JB, Martin BR: Cannabis: pharmacology and toxicology in animals and humans. *Addiction* 91 (11): 1585-614, 1996. [\[PUBMED Abstract\]](#)

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 11:38 AM
To: FINTestimony
Cc: nimo1767@gmail.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Robert Petricci
Organization: Friends 4 Justice
Address:
Phone:
E-mail: nimo1767@gmail.com
Submitted on: 4/4/2011

Comments:
Rep. Marcus Oshiro, Chair
Rep. Marilyn Lee, Vice Chair and
Members of the Committee on Finance

Aloha from the big island my name is Robert Petricci testifying

E: SB 1458, SD2, HD2 RELATING TO HEALTH.
Hearing: Tuesday, April 5, 2011, 2:00 p.m., Room 308

Position: Support Senate version

I am writing today in support of the Senate version of this measure.

Establishing compassion centers will provide revenue to the state from excise taxes and license fees. However, a little common sense dictates that the proposed 30% excise tax on marijuana is ill-advised for a number of reasons. First law enforcement warned that this level of tax will push sales to illegal drug dealers. The driving reason we have such a large black market in marijuana is the price. Keeping the price at a level that takes as much profit as possible out of the black market will make it harder for people, adolescents in particular to find marijuana outside of legal regulated channels.

Next many of the people that can benefit from medical marijuana and dispensaries are those on fixed incomes. A great many patients are elderly or disabled. Making marijuana prohibitively expensive for those that would get a higher quality of life from it but are least able to pay this tax on top of existing fees and doctor bills makes little sense. It would be anything but compassionate to deny medical treatment to our people for purely economic reasons because unreasonable taxes.

Finally by keeping the taxes and fees reasonable the business will be more likely to succeed and as the program expands generate greater tax income for the state. Setting them up to fail or be severely restricted economically to compete with the illegal market is not the best path here. Successful dispensaries will take money out of the black market and move it into the "legal" economy not only in the excise tax but through jobs, payroll taxes, and the other economic activity it will generate and pump into the local communities.

That said it makes more sense to set up a system of dispensaries, not just a single dispensary. The Department of Health has testified previously that the same resources to develop meaningful policies, procedures, and internal controls are needed whether they set up one, ten, or more.

Patients need a consistent and reliable source of medicine now, they should not be forced to wait five years for a pilot project. The most urgent need according to most patients and the Medical Cannabis Working Group is the establishment of a legal, safe, and reliable source for their medicine.

The pilot project establishing a dispensary in just one county does not help patients in other counties; and it also does not establish a long-term solution to the problem of obtaining medical marijuana from a legal source.

There is sufficient experience with compassion center models in other states to draft sensible regulations and implement a full program. A pilot program is not necessary.

Establishing compassion centers solves a gray area in the law that established the current medical marijuana program.

Although current law allows patients to grow their own plants, the law is silent as to where patients should acquire seeds or clones to start their supply. Even more confusing is that the Department of Public Safety has said that the only legal transfer of marijuana is between a registered patient and that patient's registered caregiver. Caregivers are difficult to find and they are currently limited to assisting only one patient.

Compassion centers are necessary because many patients want a legal, reliable and safe source for their marijuana. Many patients are unable to grow their own medicine because some live in apartments or condominiums; others live in areas where their plants are not secure and are subject to vandalism or theft; others are just too sick to provide the care needed for their plants to grow to maturity.

Patients are law-abiding citizens who want to remain law abiding and should not be forced to go to neighborhood drug pushers for their medicine.

Compassion centers would also fill a need for patients who may not know how to use vaporizers or make infused-products on their own.

On a final note substantial resources are expended arresting and prosecuting many people that qualify for the states medical marijuana program. Public Safety takes a large part of both state and county budgets. Dispensaries could reduce these cost by millions of dollars and remove many people that are not criminal by nature from the justice system resulting in them contributing economically and socially to the community instead of draining resources and many times becoming economic and social liabilities because of a drug conviction. We have a real economic problem and we need to look at current policy to see what works and what has not worked. Before cutting education, infrastructure, or other vital programs dispensaries should be looked at in the big picture of what they really bring to the table.

Thank you for your time and consideration Robert Petricci Friends 4 Justice

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 9:02 AM
To: FINTestimony
Cc: konagold@starband.net
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Rev. Dennis Shields
Organization: The Religion of Jesus Church
Address:
Phone:
E-mail: konagold@starband.net
Submitted on: 4/4/2011

Comments:
Aloha

I support the Senate version of this measure

when my 7 year old stepson experienced uncontrollable vomiting in his battle against terminal abdominal cancer in 1980 I was able to obtain buds from the Big Island for him to use at 'aioli which controlled the uncontrollable with only one hit

had I not been able to obtain cannabis at this crucial time we would have lost him rather than him gaining an additional 15 months of live beyond the original prognosis of only 3 months

every day families are confronted with similar situations where they need the relief cannabis provides immediately rather than the 120 days required to grow their medicine

compassion centers are needed on EVERY island not just one

please pass this bill so that folks can get access to needed medicine

Aloha

Rev. Dennis Shields

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Monday, April 04, 2011 9:21 AM
To: FINTestimony
Cc: andreatischler@yahoo.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Andrea Tischler
Organization: Big Island Chapter of Americans for Safe Access
Address:
Phone:
E-mail: andreatischler@yahoo.com
Submitted on: 4/4/2011

Comments:

To: Rep. Gilbert Keith-Agaran, Chair
Rep. Karl Rhoads, Vice Chair and
Members of the Committee on Judiciary
From: Andrea Tischler, Co-Chair of the Big Island Chapter of Americans for Safe Access
RE: SB 1458 SD2 HD1 Relating to Health
Hearing: Tuesday, March 22, 2011, 2:00 p.m., Room 325

Position: Support Senate Version

The Big Island Chapter of Americans for Safe Access strongly supports passage of the Senate Version of SB 1458. In no way can we support a five year pilot program in Maui if the other islands are not be included. We have more than 4000 patients on the Big Island which represents more than half of the entire state's registered patients. Our situation is dire and the need crucial. More than ever we need safe medical access to cannabis and a reliable and consistent supply. We cannot achieve that without compassion centers and we don't have the time to wait. We are law abiding citizens that do not to break the law every time we buy our medicine.

It is unfortunate that the law passed in 2000 did not include language about how a patient may legally obtain their medicine. However, SB1458 is a way to solve this flaw and clear up a gray area in the current law. This is the perfect time to do the right thing following nearly 11 years of no change.

In addition to our previously submitted testimony in support of SB 1458 we would like to suggest the following amendments to the bill which will make cannabis more accessible to Big Island patients and fairer to all.

1. Delete the five year pilot program on Maui. None of the advocate groups, patients and physicians agree to that. It will not work and defeats the extreme urgency and need for the creation of compassion centers. All the islands need compassion centers, not just Maui.
2. Returning to the original version of SB 1458, proportion the number of compassion centers on each island to the current number of patients in the state rather than to the general population. There is no reason why Oahu should have 10 centers with far fewer cannabis patients and the Big Island should only have 6. The number of centers could be reapportioned every five years.

The Big Island's population is spread over 4000 square miles making it difficult to drive to a compassion center conveniently. Many patients are too ill to travel long distances. For convenience and safety reasons a greater number of centers should be located in the small

communities shattered throughout the Big Island which are additional reasons why the Big Island needs a greater number of compassion centers.

3. Delete the \$100 fee for a visitor to register for a temporary permit to buy medicine at a compassion center. This unfairly penalizes a tourist who is, also, a patient. The tourist/patient cannot legally carry cannabis on board a plane. They need to be able to purchase their medicine when they get to their Hawai'i destination. Replace this with reciprocity recognizing registered patients arriving from states that have medical cannabis laws.

4. Delete that each patient designate only one compassion center. Not all compassion centers will be the same on offering competitive prices, a variety of strains or in providing excellent quality and a medicinal grade product. Patients' comparison shop different pharmacies now for the best prices why should it be any different for medical cannabis patients?

5. Delete that the patient registry stays with the Dept. of Public Safety. The entire program belongs within the Dept. of Health.

6. With regard to inter island transportation issue; add an amendment that protects medical cannabis patients from arrest when traveling between the islands within legal limits provided by law. Currently, patients are being arrested at the airports and prosecuted when they travel to Oahu for medical appointments. This is clearly wrong and should be corrected by law.

7. Eliminate the 30% excise tax on the sale of cannabis. It is totally unreasonable for sick patients, many on fixed incomes, to be burdened with such a high tax. The tax should be no more than what tax is levied prescriptive medicine.

Most of the other amendments we believe we can live with. At this point what is very urgent is that this bill with workable amendments needs to be passed and signed into law. It will be extremely beneficial to the patients to be able to safe access and a reliable and consistent source of medicine. Mahalo Nui Loa.

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Monday, April 04, 2011 5:13 PM
To: FINTestimony
Cc: bacher.robert@gmail.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: Yes
Submitted by: Robert Bacher
Organization:
Address:
Phone:
E-mail: bacher.robert@gmail.com
Submitted on: 4/4/2011

Comments:
Rep. Marcus R. Oshiro, Chair
Rep. Marilyn B. Lee, Vice Chair and
members of the House Finance committee

Your name:

RE: SB 1458 SD2 HD 2

April 5, 2011 Tuesday at 2:00pm

Position: Support Senate version

There are many problems with the House version, so I think we must continue to "support the concept of licensed compassion centers." We have to certainly point out problems with the House version, and hope that our genuine comments will have some impact on the revisions offered.

Some thoughts...

Clearly a five year trial program on one island is a huge disservice to the majority of patients. The pilot program needs to be shorter, and there should be compassion centers on each island (at least two on the Big Island).

Making patients commit to only one compassion center is unreasonable. A patient can go to Wal-mart, Longs or Costco for other prescription medication, and given the varieties of cannabis, a patient should be free to use any compassion center.

The inter-island transportation issue is still not resolved, especially if a patient is restricted to only one compassion center (on their home island). The current law must clarify a patient's right to travel inter-island and in their motor vehicle. And, Big Island patients need safe access when they go to Oahu for medical procedures.

The \$100 fee to tourists for a temporary permit is really unreasonable (as is the 30% tax). A visitor might come for one week and need \$150 worth of cannabis during their visit. The 30% tax adds \$45, and the \$100 fee means that \$150 is now \$295! I am sure that most people would

not want to pay that kind of premium, and it is incredible that kind of fee would be forced on a patient for their medicine.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 4:35 PM
To: FINTestimony
Cc: andy@maui.net
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Andrew Von Sonn
Organization: Individual
Address:
Phone:
E-mail: andy@maui.net
Submitted on: 4/4/2011

Comments:

I don't like the fact that it's only one island. I don't like the fact that the Family Farm Act is not part of it. Lord knows that we need to grow our own food. I don't like the costs associated with obtaining a license to run a Club. I don't like the police are constantly surveilling. How could such a good opportunity get so screwed up?

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 4:51 PM
To: FINTestimony
Cc: nedimcknight@gmail.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Nedi McKnight
Organization: Individual
Address:
Phone:
E-mail: nedimcknight@gmail.com
Submitted on: 4/4/2011

Comments:

I support the Senate version of this measure.

Please set up a system of multiple safe and legal dispensaries. One dispensary in town is not a convenient or sufficient answer to patients' needs, especially those who are very ill or live on an outer island. The proposed 30% tax is too much of a financial burden for patients. Medical cannabis is medication. Medication should not be taxed at such an extreme rate.

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Monday, April 04, 2011 3:45 PM
To: FINTestimony
Cc: Mary@mauivortex.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Mary Overbay
Organization: Individual
Address:
Phone:
E-mail: Mary@mauivortex.com
Submitted on: 4/4/2011

Comments:

Over a decade ago, the Hawaii Legislature passed laws intending to allow Hawaii's chronically, seriously and terminally ill patients to have safe and reliable access to medical cannabis.

Unfortunately, after 10 years Hawaii's registered medical cannabis patients still do not have safe and reliable access to their medicine.

The 2011 Legislature has failed Hawaii's registered medical marijuana patients. s

SB 1458 makes the sickest of our citizens pay unprecedentedly high fees and taxes for medicine.

In stark contrast, the illegal recreational marijuana industry remains a major portion of Hawaii's economy, but this billion dollars a year recreational cannabis industry, does not pay any taxes or fees.

You must make a distinction between the medicinal use of cannabis and the recreational use of cannabis. Hawaii cannot regulate it's world-famous recreational industry by creating medical monopolies.

 Medical cannabis must conform to federal laws or Hawaii will re-create the same conflicts that have created the current chaos in the cannabis laws.

Facing a huge deficit, Hawaii must get taxes coming in from our huge recreational cannabis industry.

Respectfully submit,
Mary Overbay
Puunene, HI

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Monday, April 04, 2011 3:50 PM
fo: FINTestimony
Cc: hiloprosocial@hotmail.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: comments only
Testifier will be present: No
Submitted by: Matthew Brittain, LCSW
Organization: Individual
Address:
Phone:
E-mail: hiloprosocial@hotmail.com
Submitted on: 4/4/2011

Comments:

As a medical professional that deals with hundreds of medical marijuana patients, I am in a position to speak for this large population of patients, family members, and associated friends, as well as associated resources.

The current bill as proposed must be modified to allow at least one compassion center per island. To do otherwise overrides the intent and purpose of the original intent of the medical marijuana law.

The medical marijuana compassion center system has been shown to be productive and functional in California and Colorado. Given this evidence, the legislative decision to force a mandated period of time to trial a system of care is clearly a way to capitulate with the prohibitionists.

Pew research center polling, as cited in the November, 2010 National Geographic, shows that a MINIMUM of 61% of all polled demographic populations support the use of medical marijuana. To this end, functional compassion centers must be initiated in order to manifest this intent.

It is clear that the 8,000 current medical marijuana patients will easily double, and likely triple, over the next two years. Based on projected valuation of cannabis at \$400 per ounce, with one ounce generated per patient per month, revenue generated from 16,000 medical marijuana permit holders totals about \$76,000,000 per year. Assuming that half of these patients can grow their own, that still leaves about \$35,000,000 of revenue that the State is not capturing taxes on.

Prohibitionists want to stop the whole industry from moving forward by placing an unrealistic tax of \$30 per unit on the transactions. This high tax would essentially kill the functional application of business models on this industry. A reasonable tax, such as the current excise tax, would be reasonable. The businesses will also generate millions of dollars in additional consumer spending through the facilitation of the formation of a new major economic sector in this state.

The state will also benefit, financially, from a functional compassion center law through decreased crime associated with the current diversion of medical marijuana into the black

market, and also by preventing medical marijuana patients from being victimized through forced interaction with the black market in order to procure their medicine.

Given that the DEA Administrative Law Judge Francis Young ruled, in 1998, that marijuana is the "safest therapeutically active drug known to science", it would be arbitrary and harmful for the legislature to enact laws that purposefully blockade useful methods to make cannabis more accessible to patients.

Prohibitionists work on their own agenda based on a history of lies and propaganda. Please do not capitulate with them and continue unreasonable laws based on outdated thoughts.

Matthew Brittain, LCSW
Clinical Forensic Social Worker

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 3:12 PM
To: FINTestimony
Cc: mvtalerico@gmail.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Michael Talerico
Organization: Individual
Address:
Phone:
E-mail: mvtalerico@gmail.com
Submitted on: 4/4/2011

Comments:

Rep. Marcus R. Oshiro, Chair
Rep. Marilyn B. Lee, Vice Chair and
members of the House Finance committee

I remain hopeful for sensible revisions coming from the Senate. And, so, getting it through the finance committee is very important.

There are many problems with the House version, so I think we must continue to "support the concept of licensed compassion centers." I have to certainly point out problems with the House version, and hope that my genuine comments below will have some impact on the revisions offered.

Clearly a five year trial program on one island is a huge disservice to the majority of patients. The pilot program needs to be shorter, and there should be compassion centers on each island (at least two on the Big Island).

Making patients commit to only one compassion center is unreasonable. A patient can go to Wal-mart, Longs or Costco for other prescription medication, and given the varieties of cannabis, a patient should be free to use any compassion center.

The inter-island transportation issue is still not resolved, especially if a patient is restricted to only one compassion center (on their home island). The current law must clarify a patient's right to travel inter-island and in their motor vehicle. And, Big Island patients need safe access when they go to Oahu for medical procedures.

The \$100 fee to tourists for a temporary permit is really unreasonable (as is the 30% tax). A visitor might come for one week and need \$150 worth of cannabis during their visit. The 30% tax adds \$45, and the \$100 fee means that \$150 is now \$295! I am sure that most people would not want to pay that kind of premium, and it is incredible that kind of fee would be forced on a patient for their medicine.

lahalo,

Michael Talerico

RE: SB 1458 SD2 HD 2

April 5, 2011 Tuesday at 2:00pm

Position: Support with revisions (or Support Senate version)

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 6:55 PM
To: FINTestimony
Cc: markinhaiku@aol.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Mark Sidmore
Organization: Individual
Address:
Phone:
E-mail: markinhaiku@aol.com
Submitted on: 4/4/2011

Comments:

The path which this bill took is a clear example of what will ALWAYS hold our state back. There are too many things wrong with the amendments to go into it. This bill creates a fertile ground for greed and corruption, along with waste....

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, April 05, 2011 6:14 AM
To: FINTestimony
Cc: edward.huser@gmail.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Edward Huser
Organization: Individual
Address:
Phone:
E-mail: edward.huser@gmail.com
Submitted on: 4/5/2011

Comments:

I oppose the 30% tax. Stop taxing the medicine!

I oppose the 24/7 365 Live feed to a Police Station to monitor any Compassion Club. This will cause an average of \$500,00 per year, which increases the medicine for patients. This has been done for years safely and should not be a way to rape the dispensaries to put funds into local law enforcement.

I oppose the "One Island only" Pilot Program for 5 years. One year should suffice.

I oppose them not considering the Family Farm Act as part of this bill.

Thank you,

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Tuesday, April 05, 2011 7:47 AM
To: FINTestimony
Cc: crimson_knight32885@hotmail.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Giles M. Cook
Organization: Individual
Address:
Phone:
E-mail: crimson_knight32885@hotmail.com
Submitted on: 4/5/2011

Comments:

My mother is a cancer patient with other chronic diseases who suffers greatly from pain and anxiety due to the uncertainty of her incurable disease. I ask on her behalf and for all Hawaiians that they be afforded by you, reasonable access to medical marijuana distribution. Many of these patients like my mother are immobile and cannot travel from Island to Island to obtain their medical marijuana and also cannot grow their own plants because we live in a condominium. Caregivers are few and far between so your bill is a good way to provide access for these patients.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, April 05, 2011 1:21 AM
To: FINTestimony
Cc: trentrickern8@yahoo.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM
Attachments: Cancer.gov-scrub.jpg

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Trenton Ricker
Organization: Individual
Address:
Phone:
E-mail: trentrickern8@yahoo.com
Submitted on: 4/5/2011

Comments:

To: Rep. Marcus Oshiro, Chair; Rep. Marilyn Lee, Vice Chair; and Members of the Committee on Finance

From: (Trenton Ricker)

RE: "SB 1458, SD2, HD2 Relating to Health"
Hearing: Tuesday, April 05, 2011, 2:00 p.m., Room 308

Position: Support Senate version

I would like to express my support for the first senate version of the bill. I would also like to provide this picture that is from the National Cancer Institute, they recognized that cannabis has direct anti-tumor effects, meaning it is the cure to cancer, I hope all of you in the committee recognize this. I would also like to express that I am for all cannabis bills currently in legislation. Further more, with as many patients that could, and will benefit from this medicine, I would like to express that we have waited long enough for a safe, and reliable place, to get organic medicine from, instead of pushing us to the black market. I also would like to submit amendments that would make this bill extremely beneficiary: 1. Don't restrict the number of dispensaries, these islands are not small, and it will be hard for some areas to receive medicine if it is not convenient and near by. Also, having more dispensaries will drive costs to all time lows, very beneficial to patients. 2. Licensing fees, should be change to annual taxes, instead of making someone come up with 10000 dollars up front, make them pay the Hawaii state government 10% in sales tax, this would mean a constant form of revenue for the state. As a patient who is 18, and who has extremely gifted agricultural skills, I find it sad that I cannot work in a facility, even though I have the license as a patient. Please reconsider the age to be 18, after all that is the age for tobacco, and cannabis has proven to be far less worse for the user. Also, please do not make a distance between the license holders, there are many residential areas, this will just tie up paperwork and zoning issues. As I said before, I believe this needs to happen, immediately, on all islands due to the fact that patients have no legitimate way to get their medicine currently. Make this a local effort, close bond between farmer, dispensary, and patient, but do not make it so you cannot go between dispensaries. Recognizing that this is the cure to cancer, I would like to acknowledge the thousands of people in Hawaii with cancer, that don't know that cannabis is an all natural anti-tumor

agent, that could begin treatment with cannabis the next day this is passed, and immediately see regression in all forms of tumors. I plead to you, do not let the ignorance of the reefer madness propaganda of the early 1900's guide you. Here is the article from the National Cancer Institute, source:

<http://www.cancer.gov/cancertopics/pdq/cam/cannabis/healthprofessional/page4>

"Cannabinoids may cause antitumor effects by various mechanisms, including induction of cell death, inhibition of cell growth, and inhibition of tumor angiogenesis and metastasis. [9-11] Cannabinoids appear to kill tumor cells but do not affect their nontransformed counterparts and may even protect them from cell death. These compounds have been shown to induce apoptosis in glioma cells in culture and induce regression of glioma tumors in mice and rats. Cannabinoids protect normal glial cells of astroglial and oligodendroglial lineages from apoptosis mediated by the CB1 receptor."

If that isn't enough to pass this bill with the amendments I stated, I'm not sure if anything else will, I would like to see my grandmother survive breast cancer, and chemotherapy isn't working too well. I would like to thank all of you for your time, and I hope to see this passed.

Sincerely,

Trenton Ricker

Cannabis and Cannabinoids (PDQ®)



Health Professional Version

BEFORE

Last Modified: 03/17/2011

Cannabis and Cannabinoids (PDQ®)

- Overview
- General Information
- History
- Laboratory/Animal/Preclinical Studies
- Human/Clinical Studies
- Adverse Effects
- Overall Level of Evidence for Cannabis and Cannabinoids
- Changes to This

General Information

Cannabis, also known as marijuana, originated in Central Asia but is grown worldwide today. In the United States, it is a controlled substance and is classified as a Schedule I agent (a drug with increased potential for abuse and no known medical use). The *Cannabis* plant produces a resin containing psychoactive compounds called cannabinoids. The highest concentration of cannabinoids is found in the female flowers of the plant.^[1] As a botanical, *Cannabis* is difficult to study because of the lack of standardization of the botanical product due to the many climates and environments in which it is grown. Clinical trials conducted on medicinal *Cannabis* are limited.

The potential benefits of medicinal *Cannabis* for people living with cancer include antiemetic effects, appetite stimulation, pain relief, and improved sleep. In the practice of integrative oncology, the health care provider may recommend medicinal Cannabis not only for symptom management but also for its possible direct antitumor effect.

Cannabinoids are a group of terpenophenolic compounds found in *Cannabis* species (*Cannabis sativa* L. and *Cannabis indica* Lam.). This summary will review the role of *Cannabis* and the cannabinoids in the treatment of people with cancer and disease-related or treatment-related side effects.

Cannabis and Cannabinoids (PDQ®)



Health Professional Version

AFTER

Last Modified: 03/28/2011

Cannabis and Cannabinoids (PDQ®)

- Overview
- General Information
- History
- Laboratory/Animal/Preclinical Studies
- Human/Clinical Studies
- Adverse Effects
- Overall Level of Evidence for Cannabis and Cannabinoids
- Changes to This Summary (03/28/2011)
- More Information
- About This PDQ Summary

General Information

Cannabis, also known as marijuana, originated in Central Asia but is grown worldwide today. In the United States, it is a controlled substance and is classified as a Schedule I agent (a drug with increased potential for abuse and no known medical use). The *Cannabis* plant produces a resin containing psychoactive compounds called cannabinoids. The highest concentration of cannabinoids is found in the female flowers of the plant.^[1] As a botanical, *Cannabis* is difficult to study because of the lack of standardization of the botanical product due to the many climates and environments in which it is grown. Clinical trials conducted on medicinal *Cannabis* are limited.

The U.S. Food and Drug Administration (FDA) has not approved the use of Cannabis as a treatment for any medical condition. To conduct clinical drug research in the United States, researchers must file an Investigational New Drug (IND) application with the FDA.

The potential benefits of medicinal *Cannabis* for people living with cancer include antiemetic effects, appetite stimulation, pain relief, and improved sleep. Though no relevant surveys of practice patterns exist, it appears that physicians caring for cancer patients who prescribe medicinal Cannabis predominantly do so for symptom management.

Cannabinoids are a group of terpenophenolic compounds found in *Cannabis* species (*Cannabis sativa* L. and *Cannabis indica* Lam.). This summary will review the role of *Cannabis* and the cannabinoids in the treatment of people with cancer and disease-related or treatment-related side effects.

References

1. Adams JB, Martin BR: Cannabis: pharmacology and toxicology in animals and humans. *Addiction* 91 (11): 1585-614, 1996. [PUBMED Abstract]

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Tuesday, April 05, 2011 11:32 AM
To: FINTestimony
Cc: brownpunabud@gmail.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Roger Brown
Organization: Individual
Address:
Phone:
E-mail: brownpunabud@gmail.com
Submitted on: 4/5/2011

Comments:
Aloha,

I'm writing in support of SB 1458, the Senate's version. I strongly oppose the House version of one dispensary setup on Maui only for a 5 year trial run. Personally, if you House member's are serious, you'd support the Senate's version of this bill. There is nothing compassionate about House version of bill. Several states have already shown through proper that Medical cannabis dispensaries work. Plus I add, the added revenue that medical cannabis would bring to our state would be a gift from Heaven as far as state cofers are concerned.

I also strongly oppose the the notion that these business establishments would taint our local neighborhoods, or ruin our semi dried up "Golden Egg", tourism. On the contrary. The Senates version of SB 1458 would allow for outta state medical cannabis patients to get their meds while on business, or vacation here for a small fee.

The House sounds semi reluctant to go along with SB 1458, or at least the Senate's version. Which I might add is more practical to state and to patients.

In closing I want you all to think long and hard about your votes, plenty of sick residents of Hawaii are looking for you to do the compassionate thing. Remember folk, Cannabis is only a plant that has gotten a bad rap for close to 70 years. It shouldn't even require a recommendation either. Medical cannabis should be sold over the counter like Aspirin.

Please vote the right way, and go along with the Senate's version of SB 1458. This bill will bring added revenue to the state. So don't get greedy with some crazy 30% tax either. We are talking sick people here.

Thank you for your time.

Sincerely ,

Roger BROWN

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Monday, April 04, 2011 2:30 PM
To: FINTestimony
Cc: lionel@cruzio.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Lee Eisenstein
Organization: Individual
Address:
Phone:
E-mail: lionel@cruzio.com
Submitted on: 4/4/2011

Comments:

I am writing today in support of the Senate version of this measure, SB 1458, SD2, HD2 RELATING TO HEALTH.

DEA Administrative Judge wrote that marijuana is "safer than most of the foods we commonly eat". He is right, as it's one of the safest substances for human consumption in the world.

That is scientific fact, not opinion.

Support the Senate version.

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Monday, April 04, 2011 2:33 PM
To: FINTestimony
Cc: insystonmaui@gmail.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Martha Burton
Organization: Individual
Address:
Phone:
E-mail: insystonmaui@gmail.com
Submitted on: 4/4/2011

Comments:

All weekend I've been going around & around on this 5 Years of a fucked up Bill or try again next year?

But the Bill has gotten so bad I see no other ave. I am going to oppose!

As Pam Said

Hope?

Something Decent will come out of this?

do not think so, the early version was not that Bad these latest versions are really Bad and Bad for 5 years!!!!!!

So I think its time for everyone to send in why they oppose this:

I oppose the 30% tax

I oppose the 24/7 365 Live feed to a Police Station to monitor any Compassion Club (5 full time officers at \$500K/yr).

I oppose the "One Island only" Pilot Program for 5 years (ABSURD) I oppose them not considering the Family Farm Act as part of this bill.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 1:58 PM
To: FINTestimony
Cc: mark@marksheehan.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: mark Sheehan
Organization: Individual
Address:
Phone:
E-mail: mark@marksheehan.com
Submitted on: 4/4/2011

Comments:

Please OPPOSE this bill. Recent additions have turned a good idea into a disaster. Cannabis should be treated like any other drug that helps people. We don't need continuous police monitoring of a cannabis dispensary any more than we do a drug store. That's just another police ploy to create ever more jobs for their departments.

If you want to save the state money, stop arresting and incarcerating people for harmless behavior. Then tax cannabis and generate income. This is a no brainer.

Thank you for creating more sanity in our state.

With Aloha,

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Monday, April 04, 2011 2:36 PM
To: FINTestimony
Cc: esnyder@hawaii.rr.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Earl Snyder
Organization: Individual
Address:
Phone:
E-mail: esnyder@hawaii.rr.com
Submitted on: 4/4/2011

Comments:

All weekend I've been going around & around on this 5 Years of a fucked up Bill or try again next year?

But the Bill has gotten so bad I see no other ave. I am going to oppose!

As Pam Said

Hope?

Something Decent will come out of this?

do not think so, the early version was not that Bad these latest versions are really Bad and Bad for 5 years!!!!!!

So I think its time for everyone to send in why they oppose this:

I oppose the 30% tax

I oppose the 24/7 365 Live feed to a Police Station to monitor any Compassion Club (5 full time officers at \$500K/yr).

I oppose the "One Island only" Pilot Program for 5 years (ABSURD) I oppose them not considering the Family Farm Act as part of this bill.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 12:54 PM
To: FINTestimony
Cc: cheryl@solights.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Cheryl Nelson
Organization: Individual
Address:
Phone:
E-mail: cheryl@solights.com
Submitted on: 4/4/2011

Comments:

** RESUBMIT **

I oppose the 30% tax

I oppose the 24/7 3656 Live feed to a Police Station to monitor any Compassion Club. (5 full time officers at \$500K per yr) I oppose the "One Island only" Pilot Program for 5 years (ABSURD) I oppose them not considering the Family Farm Act as part of this bill.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 1:45 PM
To: FINTestimony
Cc: jfavalora@mac.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Joseph Favalora
Organization: Individual
Address:
Phone:
E-mail: jfavalora@mac.com
Submitted on: 4/4/2011

Comments:

I oppose the 30% tax

I oppose the 24/7 365 Live feed to a Police Station to monitor any Compassion Club (5 full time officers at \$500K per yr).

I oppose the "One Island only" Pilot Program for 5 years (ABSURD)

I oppose them not considering the Family Farm Act as part of this bill.

Thank you for allowing me to express my opposition to SB1458.

Although I initially supported earlier versions of this bill, recent additions have turned it into a model for disaster. We need to avoid the failed experiments of California and other states.

Serious and honest advocates have always asked that medical cannabis be treated like all other prescription medicines. The recent amendments look like they are creating some distribution system for contraband, as opposed to making a medicine available.

The only reasonable approach is to make medical cannabis available through prescription and from legitimate pharmacies, just like all other prescription medicines. Would you feel right asking diabetics to go through the same steps to acquire their insulin?

I understand that Hawaii's economic problems need addressing. However, no other medicine is regulated and taxed in the manner proposed for medical cannabis. This is clearly a form of bigotry; the people of Hawaii should be above indulging in such selective enforcement.

If you want to do the right thing, please regulate and distribute medical cannabis as you do other prescription medicines - through legitimate pharmacies and without the restrictive taxes. If you want a cash cow, consider decriminalizing and taxing the recreational use of cannabis.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 10:57 AM
To: FINTestimony
Cc: mamizic@hotmail.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Marjorie Amizich
Organization: Individual
Address:
Phone:
E-mail: mamizic@hotmail.com
Submitted on: 4/4/2011

Comments:

Rep. Marcus R. Oshiro, Chair
Rep. Marilyn B. Lee, Vice Chair and
Members of the House Finance committee
Position: Marjorie Amizich: Support with revisions SB 1458 SD2 HD2 for April 5, 2011 at 2:00.

Aloha Representatives Oshiro and Lee:

I am a mother of eight. These simple words can mean anything but in my case, it means my husband and I fell in love, agreed to raise a large family, and proceeded to do so for thirty-five years.

While raising our family, I did not promote or protest marijuana, and I allowed my children to participate in the social pressure promoted by the 'Drug Free' movement, so they would 'fit in'. I taught them from the hip that marijuana is a plant and only man can make it into something it's not, including the labeling of marijuana as a narcotic, which is ridiculous. For something that is so beneficial and in so many ways, I cannot understand why there is any confusion.

Please stop the snafus, and keep us safe.

Had this issue been resolved back in 2003, I wouldn't have had to watch my Dad dwindle away in pain and starvation, and so atrociously, from Alzheimer's. Then, there was my Goddaughter whose parents chose brain surgery for her epilepsy when marijuana could have been an alternative, but because of the law, they didn't even consider it. She's been mentally challenged after two such surgeries.

I have had hereditary migraines since puberty. Marijuana alleviates the triggers that cause these dilapidating headaches. I finally am off of decades of Soma and Xanax. I take very little Imitrex anymore thanks to my medical marijuana card; however, I will not say thank you to our country for keeping this remedy from me and forcing me to deal with a certain unsavory type of people...people who become criminals, because they are treated like criminals.

Please stop the snafus, and keep us safe.

Don't spend money trying to stop these Americans, instead, put them out of business. Use those monies to fund Compassion Care Centers on each Hawaiian island, and take a program that has worked from other trials, and use it. In that way, there is no need for any trial periods, especially overly long ones. Five years is unreasonable.

The Compassion Care Centers will put the dishonest dealers out of business. If for no other reason, choose that reason to champion us. Please, it's for our safety.

Sincerely,

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Monday, April 04, 2011 11:31 AM
To: FINTestimony
Cc: theede@hawaii.rr.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: Yes
Submitted by: Teri Heede
Organization: Individual
Address:
Phone:
E-mail: theede@hawaii.rr.com
Submitted on: 4/4/2011

Comments:

To: Rep. Marcus Oshiro, Chair
Rep. Marilyn Lee, Vice Chair and
Members of the Committee on Finance

From: Teri Heede

RE: SB 1458, SD2, HD2 RELATING TO HEALTH.
Hearing: Tuesday, April 5, 2011, 2:00 p.m., Room 308

Position: Support Senate version

Aloha Chair and Committee Members!

I am writing today in support of the Senate version of this measure.

For the past two years I have testified as a patient with Multiple Sclerosis (MS) before the State Legislature and tried desperately to communicate the changes that need to be made to current legislation that will protect patients and ease the burden of law enforcement. I have worked with patients and compassionate people and produced a report which was identified as authored by the Medical Cannabis Working Group. This report was an attempt to educate and elucidate problems with solutions. Some of those patients who worked or testified on this report are dead now, and some too sick to ever testify before any committee. I have endured the absolute appalling effort by law enforcement to influence legislation rather than enforce existing laws in a compassionate manner, and observed them lobbying legislators and testifying before committees in their uniforms. When they have come before you they have stripped me of my dignity and standing in the community and have blatantly misrepresented me, my caregiver and my doctor as being criminals who are hell bent on engaging in criminal activity and diversion.

I am happy that this bill has come this far given the amount of pressure law enforcement has placed on lobbying legislators but I am sure it was influenced by the ability of a commercial operation in Colorado to fund a commercial lobbyist effort. There has been an amazing amount of data that has been presented to the legislator that follows this "Colorado Model". Since this is a business, it made a compelling case for how this model would fund itself, even going so far as to suggesting that we stand up an agency, funded by this operation, to

oversee the Medical Cannabis Program. If you look at this from a business perspective, we need our own unique program and not modeled after just Colorado. Other states have let the toothpaste out of the tube" then law enforcement has a monumental and impossible task of putting it back. We don't want that in Hawaii. We don't need a pilot program; we just need to move administration of the program to the Department of Health (DOH). DOH has testified previously that the same resources to develop meaningful policies, procedures, and internal controls are needed whether they set up one, ten. DOH is highly qualified to handle this program and there would be enough revenue generated so that they can add staff appropriately.

A dispensary system can provide patients and caregivers with safe, legal access to their medication. We need flexibility in obtaining specific strains for specific ailments. A dispensary should provide information on growing, provide plants/seeds and also be able to dispense medication to authorized patients. The current bill before you needs amendment. As it is written now, it will not even provide relief for 2/3 of patients for at least 5 years. This is neither compassionate nor necessary.

Point of Sale systems currently exist that can accommodate dispensary systems unique requirements and has a proven track record of providing evidentiary compliance documentation. Why am I so confident? Because before MS and subsequent treatments for it and its symptoms, I used to be a Computer Systems Analyst, Computer Programmer and Computer Engineer. This type of operation lends itself well to a computer based solution and can be implemented with ease. Establishing dispensaries will provide revenue to the state from excise taxes and license fees. However, the proposed 30% excise tax on marijuana is completely inappropriate. If you want to decriminalize cannabis for recreational use then this would be appropriate.

Remember that when you vote on this, it is to provide safe, medical care to people who need it. Even the Veterans Administration has finally acknowledged that some patients may benefit from incorporating cannabis in therapies versus loading a patient up on massive doses of anti-psychotics. This is a valid approach to some very severe medical problems and we need relief now. We need it to be safe, have availability at any dispensary and promote legal procurement instead of sending us to the black market.

I am not a criminal, I am a patient.
Mahalo for your time and consideration.

Teri Heede
92-994 Kanehoa Loop
Kapolei, HI
808-672-6312

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Monday, April 04, 2011 11:36 AM
To: FINTestimony
Cc: kimsisland@yahoo.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Kimberly
Organization: Individual
Address:
Phone:
E-mail: kimsisland@yahoo.com
Submitted on: 4/4/2011

Comments:

Dear House Finance Committee,
Please Allow dispensaries in the state of Hawaii which would ensure that medical marijuana patients in Hawaii have safe and reliable access to the medicine that their physicians recommend.

Kimberly Harrison

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 9:28 AM
To: FINTestimony
Cc: stuart@IsseiProductions.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Stuart Hirotsu
Organization: Individual
Address:
Phone:
E-mail: stuart@IsseiProductions.com
Submitted on: 4/4/2011

Comments:

Thank you for allowing me to express my opposition to SB1458.

Although I supported earlier versions of this bill, recent additions have turned it into a model for disaster. We need to learn from and avoid the failed experiments of California and other states.

Serious and honest advocates have always asked that medical cannabis be treated like all other prescription medicines. The recent amendments look like they are creating some distribution system for contraband, as opposed to creating safe access to a medicine.

The only reasonable approach is to make medical cannabis available through prescription and from legitimate pharmacies, just like all other prescription medicines. Would you feel right asking diabetics to endure the bill's proposed system to acquire their insulin?

I understand that Hawaii's economic problems need addressing. However, no other medicine is regulated and taxed in the manner proposed for medical cannabis. This is clearly a form of bigotry; the people of Hawaii should be above indulging in such selective enforcement.

If you want to do the right thing, please regulate and distribute medical cannabis as you do other prescription medicines - through legitimate pharmacies and without the restrictive taxes. If you want a cash cow, consider decriminalizing and taxing the recreational use of cannabis.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 9:36 AM
To: FINTestimony
Cc: kmarchetti@hawaiiantel.net
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Kathleen M. Notestone
Organization: Individual
Address:
Phone:
E-mail: kmarchetti@hawaiiantel.net
Submitted on: 4/4/2011

Comments:

All weekend I've been going around & around on this 5 Years of a fucked up Bill or try again next year?

But the Bill has gotten so bad I see no other way. I am going to oppose!

As Pam Said

Hope?

Something Decent will come out of this?

I do not think so, the early version was not that Bad these latest versions are really Bad and Bad for 5 years!!!!!!

So I think its time for everyone to send in why they oppose this:

I oppose the 30% tax

I oppose the 24/7 365 Live feed to a Police Station to monitor any Compassion Club (5 full time officers at \$500K/yr).

I oppose the "One Island only" Pilot Program for 5 years (ABSURD) I oppose them not considering the Family Farm Act as part of this bill.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 9:40 AM
To: FINTestimony
Cc: medicineheart777@yahoo.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Gary Atkinson
Organization: Individual
Address:
Phone:
E-mail: medicineheart777@yahoo.com
Submitted on: 4/4/2011

Comments:

All weekend I've been going around & around on this 5 Years of a fucked up Bill or try again next year?

But the Bill has gotten so bad I see no other way. I am going to oppose!

As Pam Said

Hope?

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I oppose the "One Island only" Pilot Program for 5 years (ABSURD) I oppose them not considering the Family Farm Act as part of this bill.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 9:31 AM
To: FINTestimony
Cc: cliu000@yahoo.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Christopher Liu
Organization: Individual
Address:
Phone:
E-mail: cliu000@yahoo.com
Submitted on: 4/4/2011

Comments:

How does this help me on Oahu? I need my medicine now not in five years. You have many ways to implement compassion centers. I personally believe it should be ran by the state that way individuals cant get in trouble from the feds lingering in the background. I also think the PILOT program should be set up on every island. Not just the one with the fewest medical patients compared to Oahu and Hawaii. Some of this is in the right direction, but you need to help everyone. Not just that joke Kamita and gang.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 10:06 AM
To: FINTestimony
Cc: micahnotestone@gmail.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Micah Notestone
Organization: Individual
Address:
Phone:
E-mail: micahnotestone@gmail.com
Submitted on: 4/4/2011

Comments:

All weekend I've been going around & around on this 5 Years of a fucked up Bill or try again next year?

But the Bill has gotten so bad I see no other ave. I am going to oppose!

As Pam Said

Hope?

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I oppose the "One Island only" Pilot Program for 5 years (ABSURD) I oppose them not considering the Family Farm Act as part of this bill.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 8:16 AM
To: FINTestimony
Cc: dalefromhi@msn.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Dale Marczak
Organization: Individual
Address:
Phone:
E-mail: dalefromhi@msn.com
Submitted on: 4/4/2011

Comments:

One dispensary on Maui? Are you kidding? What about the rest of the island?

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Sunday, April 03, 2011 9:39 PM
To: FINTestimony
Cc: info@hawaiicompassionatecare.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Michelle Baiko
Organization: Individual
Address:
Phone:
E-mail: info@hawaiicompassionatecare.com Submitted on: 4/3/2011

Comments:

I support the SENATE version of this bill. Medical patients truly need to have safe and reliable access to their medicine. The changes made to this bill in the House are clearly in the best interest of someone other than the patients this legislation is meant to serve. There needs to be compassion centers on each island, as soon as possible, not five years into the future. Many patients will not even survive long enough to see these centers if we wait that long. Please do not continue to make these people suffer needlessly.

Thank you,
Michelle Baiko

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, April 03, 2011 10:11 PM
To: FINTestimony
Cc: fosters005@hawaii.rr.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Shelby Foster
Organization: Individual
Address:
Phone:
E-mail: fosters005@hawaii.rr.com
Submitted on: 4/3/2011

Comments:

At my age (70) it would be better for me to not be out on the streets trying to locate my prescribed MMJ which is one of the only known medicines that helps reduce the internal pressure in my eyes (Fuchs Syndrome) thus staving off blindness a little longer. Please pass a version of this bill that will help me and the many others I know suffering from this and other serious diseases and afflictions. Mahalo for your kokua.

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Monday, April 04, 2011 6:51 AM
To: FINTestimony
Cc: davesurfskekaha@hawaii.rr.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: david Matthews
Organization: Individual
Address:
Phone:
E-mail: davesurfskekaha@hawaii.rr.com
Submitted on: 4/4/2011

Comments:

it takes 1 month to find out what the sex of a plant is and only the female has the medicinal value. usually only half turn out to be females. so you loose half your allowed plants the first month, meaning half the plants are tossed out because they are males. it takes another two months more to bring a female to maturity. plants should not be counted until the plants are confirmed female. this is a long time to wait for a prescription to be filled.

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Monday, April 04, 2011 7:09 AM
To: FINTestimony
Cc: christopherallenwerner@yahoo.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Chris Werner
Organization: Individual
Address:
Phone:
E-mail: christopherallenwerner@yahoo.com Submitted on: 4/4/2011

Comments:

Rep. Marcus R. Oshiro, Chair
Rep. Marilyn B. Lee, Vice Chair and
members of the House Finance committee

Your name: Chris Werner

RE: SB 1458 SD2 HD 2

April 5, 2011 Tuesday at 2:00pm

Position: Support with revisions (or Support Senate version) Compassion centers are necessary because many patients want a legal, reliable and safe source for their marijuana. Many patients are unable to grow their own medicine because some live in apartments or condominiums; others live in areas where their plants are not secure and are subject to vandalism or theft; others are just too sick to provide the care needed for their plants to grow to maturity.

Patients are law-abiding citizens who want to remain law abiding and should not be forced to go to neighborhood drug pushers for their medicine.

Compassion centers would also fill a need for patients who may not know how to use vaporizers or make infused-products on their own.

Clearly a five year trial program on one island is a huge disservice to the majority of patients. The pilot program needs to be shorter, and there should be compassion centers on each island (at least two on the Big Island).

Making patients commit to only one compassion center is unreasonable. A patient can go to Wal-mart, Longs or Costco for other prescription medication, and given the varieties of cannabis, a patient should be free to use any compassion center.

The inter-island transportation issue is still not resolved, especially if a patient is restricted to only one compassion center (on their home island). The current law must clarify a patient's right to travel inter-island and in their motor vehicle. And, Big Island patients need safe access when they go to Oahu for medical procedures.

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Monday, April 04, 2011 7:37 AM
fo: FINTestimony
Cc: cheryl@solights.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Cheryl Nelson
Organization: Individual
Address:
Phone:
E-mail: cheryl@solights.com
Submitted on: 4/4/2011

Comments:

I support the senate version of this bill with changes.

To run a "5" year trial on ONLY "ONE" island is ridiculous. There are patients throughout the state on every island that are in need of a safe access location to obtain their medicine, either because they cannot grow their own or choose not to. The interisland transportation of medicine also needs to be resolved. Should I have to travel to Oahu for medical reasons, I should have the right to be able to take my medicine with me. This really needs to be clarified.

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Monday, April 04, 2011 7:14 AM
To: FINTestimony
Cc: buzzzed@msn.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Sandy Webb
Organization: Individual
Address:
Phone:
E-mail: buzzzed@msn.com
Submitted on: 4/4/2011

Comments:

There is sufficient experience with compassion center models in other states to draft sensible regulations and implement a full program. A pilot program is not necessary.

Establishing compassion centers solves a gray area in the law that established the current medical marijuana program.

Although current law allows patients to grow their own plants, the law is silent as to where patients should acquire seeds or clones to start their supply. Even more confusing is that the Department of Public Safety has said that the only legal transfer of marijuana is between a registered patient and that patient's registered caregiver. Caregivers are difficult to find and they are currently limited to assisting only one patient.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 8:36 AM
To: FINTestimony
Cc: forecharlee@msn.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Charles Webb, MD
Organization: Individual
Address:
Phone:
E-mail: forecharlee@msn.com
Submitted on: 4/4/2011

Comments:

Why in the world are medical cannabis patients treated as second class citizens?? A dispensary system based on distribution of patients is an absolute must. Please DO THE RIGHT THING. Mahalo!

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Monday, April 04, 2011 9:02 AM
To: FINTestimony
Cc: shell96706@yahoo.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Genevieve Marie Walker
Organization: Individual
Address:
Phone:
E-mail: shell96706@yahoo.com
Submitted on: 4/4/2011

Comments:

I am a 94 year old Navy veteran who has served our nation, this state and who has lived many years on Oahu and elsewhere. I currently suffer from four diagnosed terminal illnesses and am not readily mobile so the establishment of a safe dispensary system for delivery of my cannabis would be of great assistance to me in my medicine regimen being made safe and available to shut-in elderly patients such as myself. I am not well enough to attend the hearing but please know I will monitor the progress of your committee in these regards.

Thank you.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, April 03, 2011 10:40 AM
To: FINTestimony
Cc: hardcoredive@yahoo.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: Yes
Submitted by: Brett Arizumi
Organization: Individual
Address:
Phone:
E-mail: hardcoredive@yahoo.com
Submitted on: 4/3/2011

Comments:

I would appreciate the opportunity to provide a verbal testimony in support of this bill based on my personal and professional experience. Thank you. I would also provide a written testimony if necessary.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, April 02, 2011 1:04 AM
To: FINTestimony
Cc: swartzg001@hawaii.rr.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: gregory swartz
Organization: Individual
Address:
Phone:
E-mail: swartzg001@hawaii.rr.com
Submitted on: 4/2/2011

Comments:

It is absolutely necessary for the Legislature to correct the current mess relating to medical marijuana. Sick people can get a permit to use medical marijuana but have no legal way to obtain medical marijuana. However, I can not support a bill that does not establish a statewide program and continues to put administrative control in the Department of Public Safety instead of the Department of Health where it belongs. It is unconscionable to treat legitimate medical marijuana users as criminals rather than as sick patients. In order to understand the need for medical marijuana, you need to experience the pain, inability to eat, or other problems associated with cancers, degenerative diseases and other health conditions which do not respond well to narcotics or other pain medications. I know about pain since both of my parents died after living with excruciating pain for years due to cancer, diabetes, and other health problems, with no effective way to alleviate the pain. Please help to end the suffering of your fellow human beings.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 10:44 AM
To: FINTestimony
Cc: ajmurphy84@gmail.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Adam Murphy
Organization: Individual
Address:
Phone:
E-mail: ajmurphy84@gmail.com
Submitted on: 4/4/2011

Comments:

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, April 04, 2011 11:38 AM
To: FINTestimony
Cc: esnyder@hawaii.rr.com
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Earl F. Snyder
Organization: Individual
Address:
Phone:
E-mail: esnyder@hawaii.rr.com
Submitted on: 4/4/2011

Comments:
I oppose new amendments

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Monday, April 04, 2011 2:14 PM
To: FINTestimony
Cc: castleb@aloha.net
Subject: Testimony for SB1458 on 4/5/2011 2:00:00 PM

Testimony for FIN 4/5/2011 2:00:00 PM SB1458

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Robert Tucker
Organization: Individual
Address:
Phone:
E-mail: castleb@aloha.net
Submitted on: 4/4/2011

Comments: