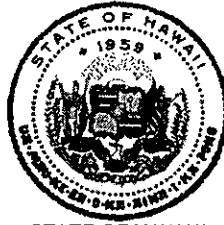


NEIL ABERCROMBIE
GOVERNOR



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No. _____

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

by

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

**House Committee on Health
Representative Ryan I. Yamane, Chair
Representative Dee Morikawa, Vice Chair**

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

**Tuesday, March 15, 2011, 10:30 AM
State Capitol, Room 329**

**Chairs Yamane and Aquino, Vice Chairs Morikawa and Cullen, and Members of
the Committees:**

The Department of Public Safety (PSD) does not support Senate Bill 1458 SD2 that proposes to amend Hawaii's Medical Use of Marijuana Program by creating three classes of medical marijuana licenses to include new provisions for dispensaries (Compassion centers for profit sales), cultivation license and marijuana infused products manufacturing licenses. Senate Bill 1458 SD2 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 feels that the amendments being proposed by Senate Bill 1458 SD2 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. 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 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. And, just 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 which 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." An probably less due to the fact that most of the marijuana sales at dispensaries are cash transactions.

Senate Bill 1458 SD2
March 15, 2011
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For these reasons, PSD does not support Senate Bill 1458 SD2 and ask that it be held.

Thank you for the opportunity to testify on this matter.

DEPARTMENT OF THE PROSECUTING ATTORNEY
CITY AND COUNTY OF HONOLULU

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**THE HONORABLE RYAN I. YAMANE, CHAIR
HOUSE COMMITTEE ON HEALTH**

**THE HONORABLE HENRY J.C. AQUINO, CHAIR
HOUSE COMMITTEE ON PUBLIC SAFETY & MILITARY AFFAIRS**

**Twenty-sixth State Legislature
Regular Session of 2011
State of Hawai'i**

March 15, 2011

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

Chair Yamane, Vice-Chair Morikawa, members of the House Committee on Health, Chair Aquino, Vice-Chair Cullen, and members of the House Committee on Public Safety & Military Affairs, 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. The purpose of this bill is to establish a licensing system and process to permit the commercial cultivation, manufacture, and sale of medical marijuana.

At this time, State law permits the limited possession, use and cultivation of marijuana only for 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 1 controlled substance in both State and Federal drug schedules. Even with the security measures outlined in S.D. 2, there is enormous potential for abuse and negative impact on the public, and the Department is strongly opposed to normalizing or encouraging the commercial production, processing, sale and/or distribution of marijuana in Hawaii.

Of particular concern, the proposed statutes do not place a cap on the amount of marijuana or marijuana-infused products that may be cultivated, processed, stocked or sold by any of the three levels of licensees, which means that a licensee could potentially cultivate or process hundreds or even thousands of pounds of marijuana at a time. The likelihood of this happening is increased by the fact that S.B. 1458, S.D. 2 would also increase the amount of

usable marijuana permitted per qualifying patient, to nearly 5 times the current amount, and further permit Class 1 licensees to carry 6 ounces of usable marijuana per registered patient "per fourteen-day period." The purpose and effect of the "fourteen-day period" is unclear. Taken in conjunction, these factors pose significant security and enforcement issues, not only for licensees, but for the law enforcement who would have to respond to break-in alerts from alarm companies.

Another important concern is that S.B. 1458, S.D. 2 does not establish any clear limits to the amount of medical marijuana-infused products that may be possessed by a qualifying patient and caregiver. Under the current language of the bill, it is unclear whether a qualifying patient and caregiver are limited to the amount of marijuana-infused product that can be reasonably derived from the amount of plants and/or usable marijuana listed in the definition of "adequate supply." Assuming that such a definition/limitation would apply, S.B. 1458, S.D. 2 does not clearly require that Class 3 licensees list the number of grams of medical marijuana used to produce a particular medical marijuana-infused product; such information would be necessary for Class 1 licensees to properly calculate and account for a qualifying patient's "adequate supply."

Finally, although SB 1458, S.D. 2 would prohibit any license or license renewal being issued to persons with a felony drug conviction in the past ten years, it would not prohibit persons who had 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 any class of license, if the proposed statutes are adopted.

Aside from strictly legal and/or law enforcement considerations, we respectfully ask that the Committee also consider other possible ramifications. Recent medical studies have indicated a causal connection between marijuana use and psychotic disorders such as schizophrenia, and national surveys reflect that marijuana-use by teenagers is increasing (possibly due to a growing perception that marijuana does not pose any "great risk"). This also raises the question of how and to what extent medical marijuana dispensaries would be permitted to advertise their businesses and merchandise, if S.B. 1458, S.D. 2 were passed.

Looking at states that currently allow medical marijuana dispensaries, prior testifiers have indicated 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. Testifiers have also stated that Colorado currently has about 150,000 people registered as medical marijuana patients. Given a state population of approximately 5 million, this indicates that 1 out of every 33 people—accounting for every man, woman and child living in the state of Colorado—is currently registered to use medical marijuana.

Given the potential for licensees to cultivate, process, stock and/or sell vast amounts of marijuana and marijuana-infused products in Hawaii, as well as the potential for vast numbers of businesses to be licensed under these proposed statutes, the Department strongly believes that this bill presents a high risk of abuse and negative impact on the public. For these reasons, and based on all of the foregoing concerns, the Department of the Prosecuting Attorney opposes S.B. 1458, S.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

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March 14, 2011

Representative Ryan I. Yamane
Chair and Members
Committee on Health
Representative Henry J.C. Aquino
Chair and Members
Committee on Public Safety, and Military Affairs
State Capitol
415 South Beretania Street, Room 329
Honolulu, Hawai`i 96813

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

Dear Representative Yamane, Representative Aquino, and Members:

The Hawai`i Police Department **strongly opposes** the passage of Senate Bill 1458, SD 2, Relating to Health, which seeks 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. Specifies requirements for each class**
- **Makes medical marijuana sales subject to income and excise tax**
- **Establishes a special marijuana sales tax on sales of medical marijuana**
- **Establishes a fee for issuance and renewal of a license and a special marijuana sales tax**

As stated, the purpose of this act is to establish a licensing system under the Department of Health for the distribution of medical marijuana. It is ironic this Act would propose the licensing system fall under the Department of Health's authority when, according to the State of Hawai`i Department of Health's website, their mission is "to protect and improve the health and environment for all people in Hawai`i." (1)

One of the points made 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,

Representative Ryan I. Yamane
Chair and Members
Committee on Health
Representative Henry J.C. Aquino
Chair and Members
Committee on Public Safety, and Military Affairs
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Re: Senate Bill 1458, SD 2, Relating To Health

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.

The development of three classes of medicinal marijuana is confusing at best. Listed below are our reasons for opposition:

- The proposed Class 1 license would make it legal to sell marijuana; this is a blatant violation of the Hawai'i Revised Statutes 712-1247, 712-1248, 712-1249.5, and 712-1249.5. The distribution of any narcotics cannot be condoned by law enforcement even if the narcotics are being portrayed as "medicine."
 - This proposed Class 1 license would make it legal for a medical marijuana compassion center (whose intent would be to sell marijuana) to be placed within 300 feet of any day care facility, public or private school, or another Class 1, 2, or 3 licensee facility. This violates Section 712-1249.6 of the Hawai'i Revised Statutes, which makes it illegal to distribute any amount of a controlled substance within 750 feet of a school or public park. We would not want a facility such as this one so close to any day care or school where young infants, toddlers, and school aged children spend their days.
- The proposed Class 2 license is another version of the proposed Class 1 license and in essence would make it legal to sell, or as it is worded "distribute," marijuana; again blatant violations of the Hawai'i Revised Statutes 712-1247, 712-1248, 712-1249.5, and 712-1249.5.
- The proposed Class 3 license is yet another version of the proposed Class 1 and 2 licenses with the addition of being able to create marijuana infused products. While it is understandable that individuals suffering from debilitating conditions may find relief from pain with the use of approved medicine, it is not understandable how one can be expected to ingest any marijuana-infused product. This proposal is asking for

Representative Ryan I. Yamane
Chair and Members
Committee on Health
Representative Henry J.C. Aquino
Chair and Members
Committee on Public Safety, and Military Affairs
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Re: Senate Bill 1458, SD 2, Relating To Health

the approval of marijuana-infused products which is essentially the conversion of marijuana into other forms such as edible products, ointments, and tinctures. This conversion would have no oversight from any authorized approving agency with respect to sanitation, appropriate listing of the ingredients, the listed warnings of any associated health risks, a list of any known side effects, etc.

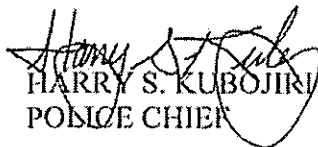
In addition to the above mentioned areas of opposition, Senate Bill 1458 lacks an adequate method of ensuring compliance to the recommended outlines and only requires **substantial** compliance with the recommendations.

This proposed act ignores the fact that selling and distributing marijuana is illegal. To approve this act would require blatant disregard of the Hawai'i Revised Statutes. This act is also contrary to the mission of the State of Hawai'i Department of Health, the agency expected to oversee this proposed program.

For the reasons above, we **strongly urge this committee to reject** Senate Bill 1458, SD 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) State of Hawai'i Department of Health website, retrieved from <http://hawaii.gov/health/>
- (2) University of Mississippi, National Center for Natural Products Research, *Potency Monitoring Project Quarterly Report 100* (April 2008).



the
**Drug Policy
Forum**
of hawaii

March 15, 2011

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

From: Jeanne Ohta, Executive Director

Re: SB 1458 SD2 Relating to Health
Hearing: Tuesday, March 15, 2011, 10:30 a.m., Room 329

Position: Strong Support

The Drug Policy Forum of Hawai'i writes in strong support of SB 1458 SD 2 Relating to Health which would establish medical marijuana compassion centers and establish three classes of licensees who would distribute, grow, and manufacture products to qualifying medical marijuana patients.

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."

Comments on Amendments:

- Limits on the number of compassion centers allow the agency administering the program to determine how much the oversight may cost, but those limits also limit potential revenue. The maximum number of centers would be 22 in the state.
- Approximately half of the registered patients live on the Island of Hawai'i. Therefore 6 centers there would seem to be insufficient.
- Restrictions on locations to two miles between other licensees maybe more problematic for urban areas than for rural ones. The focus should be on the

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needs of the patients; these limits may restrict access, when this measure is meant to create access.

- The restriction on granting licenses to those convicted of any felonies within the past 10 years is overly broad.

General Comments:

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 are concerned that this measure assigns the licensing and other responsibilities of oversight of the compassion centers to the Department of Health, but still maintains the registration of the patients with the Department of Public Safety. DOH is the more appropriate department for the patient registry.

The bill is vague as to what a patient would do if he wants to grow his own supply, but supplement it with product from a compassion center when his garden does not produce a sufficient supply.

We hope that Hawaii 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.

We urge the committee to pass this measure. Thank you for this opportunity to testify.

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]

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.

Adolescent use of Recreational Marijuana in Medical Marijuana States

“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.)

Pacific Wellness Coalition
Proposed Regulated Medical Marijuana PILOT System

REQUEST: A major problem with Hawaii Medical Marijuana Act 228, which entitles Debilitating Patients the use of Medical Marijuana for Medicinal purposes, is that Act 228 was signed into Law on June 15th, 2000 and a Decade later many suffering patients currently still cannot obtain Medical Marijuana. Many patients need medical marijuana consistently and many cannot grow for themselves due to the severity of their illness, or cannot find a reliable grower to provide there Medicine consistently. Patients need a timely, reliable, safe, high quality source of medical marijuana.

PROPOSED SOLUTION: The establishment of a pilot state-regulated medical marijuana supply system. This system will be designed to assure safe access for all Hawaii Medical Marijuana Patients, while providing a proven safety system for the patients and the public for an extended duration of 2-3 years or until the state approves or disapproves the pilot dispensary system during the duration of the Pilot. The purpose of the Pilot is to show the State of Hawaii that the System is safe and controllable and to build a trust relationship with the Public Safety so the comfort level of such system is recognized and understood well. It is also developed to cut down the Black Market.

Definitions

- (1) **“Regulated Medical Marijuana Supply System”** means the rules and regulations promulgated by the Department and the individuals and entities licensed to produce and distribute medical marijuana to qualified patients.

- (2) **“System”** means the regulated medical marijuana supply system.

- (3) **“Dispensary”** means any entity, including the directors, employees or agents of such an entity, that may possess, produce, deliver, transport, supply, and dispense usable medical marijuana and medical marijuana plants to Hawaii Medical Marijuana Patients cardholders and to other Dispensaries.

- (4) **“Licensed Medical Marijuana Producer”** means an entity licensed to produce medical marijuana for sale to dispensaries only. These may be qualified individual Hawaii residents and their employees or licensed dispensaries and their directors and employees.

- (5) **“Pilot”** means an operational system that will be temporarily developed strictly for a certain period of time until it is permanently approved or disapproved during the duration of the operation.

Regulated Medical Marijuana Supply System registration; rules.

(1) The Department of Human Services shall establish a regulated PILOT medical marijuana supply system managed and operated by Pacific Wellness Coalition.

(2) The purpose of the system shall be to provide **Safe Access** and consistent regulated supply of medical marijuana for all Hawaii Medical Marijuana Patients registry identification cardholders and to provide revenue for the State of Hawaii derived from the taxes and to fund other State Department programs.

(3) These sections are intended to make only those changes to existing Hawaii laws necessary to supply qualified patients with adequate medical marijuana and are not intended to change current civil or criminal laws governing the use of marijuana for non medical purposes.

(4) The system shall not infringe on a registry identification cardholder’s ability to produce their own medical marijuana but is designed to delete the current Caregiver system.

(5) All medical marijuana dispensed by the system shall be produced by licensed producers. Licensed producers may sell medical marijuana only to other licensed dispensaries.

(6) Licensed dispensaries can only sell medical marijuana to all Hawaii Medical Marijuana Patient cardholders that are current and valid.

(7) System revenues shall fund the State of Hawaii and other State programs such as Public Safety, DOE, etc. and any scientific research conducted by the Department, and programs to assist low-income patients that cannot afford the full cost of the Medicine.

(8)(a) No person who has been convicted of a Measure 11 felony, a felony theft offense, or violations of 475.840 (1)(a) or (1)(b) after December 3rd, 1998, shall be issued a dispensary or producers license or shall be a director or employee of a dispensary. If a person has had multiple non felony charges, the department still can evaluate their decision based on the person’s criminal records even if those charges were not Felony offenses.

(b) No person who is less than twenty one years of age may be an employee or director of a dispensary or be a producer.

(9) All dispensaries and licensed producers shall be subject to reasonable inspection by the Department at any given time.

(10) All dispensaries and producers shall be required to submit quarterly reports on all their financial transactions to the State Division. Dispensaries and producers shall pay to the department quarterly fees equal to 9.72% of their gross revenue.

(11) The State Department shall promulgate administrative rules necessary to implement this section including:

- (a) Rules governing the zoning of dispensaries
- (b) Rules governing the adequacy of security plans submitted by dispensaries.
- (c) Rules outlining penalties for dispensaries when directors or employees are convicted of criminal violations involving the dispensary.

(12) The Department shall issue a dispensary license to an entity which submits the following: (This will be the requirements after the Pilot system has been approved)

- (a) The name of the entity and any name used in dispensing medical marijuana.
- (b) The address of any property used by the dispensary that possess and produces, deliver, transport, dispense or distribute medical marijuana.
- (c) The names and addresses of principal officers and board members of the dispensary.
- (d) The names, addresses and dates of birth, of any dispensary employees.
- (e) A security system plan
- (f) A non-refundable fee paid to the department in the amount established by the department by rule. This fee shall initially be set at \$5000.
- (g) Personal Financials and a Mandatory Criminal background check.
- (h) All applicants must show proof as a Hawaii State Residence.
- (i) Business Plan
- (j) Any other information the department considers necessary

(13) The Department shall issue a producer license to an individual Hawaii resident or a dispensary that submits the following:

- (a) The name of the entity and any name used in dispensing medical marijuana.
- (b) The address of any property used by the dispensary that possess and produces, deliver, transport, dispense or distribute medical marijuana.
- (c) The names and addresses of principal officers and board members of the dispensary.
- (d) The names, addresses and dates of birth, of any dispensary employees.
- (e) A security system plan
- (f) A non-refundable fee paid to the department in the amount established by the department by rule. This fee shall initially be set at \$2,500.
- (g) Personal Financials and a Mandatory Criminal background check.
- (h) All applicants must show proof as a Hawaii State Residence.
- (i) Business Plan
- (j) Any other information the department considers necessary

(14) A dispensary or a producer license must be renewed annually at a Renewal Cost of \$10,000.00 for the Dispensary and \$5,000.00 for the Producers License

(15) A dispensary or producer shall not dispense to any cardholder medical marijuana or marijuana plants in excess of the limits allowed under (HAWAII CODE).

(16) A medical marijuana dispensary including its directors, agents and employees are excepted from the criminal laws of the state for possession, production, delivery, or transportation of marijuana, or aiding and abetting another in the possession, production, delivery, or transportation of marijuana, or any other criminal offense in which possession, production, delivery, or transportation of marijuana is an element, so long as they are in substantial compliance with this section and the applicable rules promulgated by the State department for regulating medical marijuana dispensaries.

(17) The department may suspend or revoke any dispensary's license that is not in substantial compliance with this section, (HAWAII CODE). The department may also establish fines and penalties for minor violations of this section.

(18) A producer with a valid license is excepted from the criminal laws of the state for possession, production, delivery, or transportation of marijuana, or aiding and abetting another in the possession, production, delivery, or transportation of marijuana, or any other criminal offense in which possession, production, delivery, or transportation of marijuana is an element, so long as they are in substantial compliance with this section and the applicable rules promulgated by the State department for regulating medical marijuana producers.

(19) The department may suspend or revoke any producer's license that is not in substantial compliance with this section, (HAWAII CODE). The department may also establish fines and penalties for minor violations of this section.

(20) Limitations on producers and dispensaries' immunity from laws involving marijuana. (1) No person authorized to possess, deliver or produce marijuana for medical use pursuant to (HAWAII CODE) shall be excepted from the criminal laws of this state if the person:

- (a) Drives under the influence of marijuana as provided in (HAWAII CODE).
- (b) Engages in the production, possession or distribution of marijuana in public view.
- (c) Delivers marijuana to any individual who the person knows is not an Hawaii Medical Marijuana Patient cardholder.
- (d) Manufactures or distributes marijuana at an address not registered with the department.
- (e) Fails to report otherwise legal sales of medical marijuana to the Department.

(21) The department shall develop a program to research quality control standards for medical marijuana.

(22) The department, with input from the Advisory Committee on Medical Marijuana (ACMM), shall develop a program to assist low-income and needy patients in obtaining medical marijuana. The program shall initially be based upon the following provisions:

- (a) The purpose of this program is to provide a minimum supply of usable medical marijuana to every low-income and needy registry identification cardholding patient.
- (b) Initially, a patient shall qualify for this program if enrolled in the Hawaii Health Plan (HHP) or receiving Supplemental Security Income (SSI). Qualified patients, with proof of eligibility, may acquire up to one ounce of medical marijuana per month at no cost from medical marijuana dispensaries.
- (c) Each medical marijuana producer shall be required to donate medical marijuana to dispensaries to be provided to low-income and needy patients. Producers must donate at least 10% of their quarterly gross yield at no cost to dispensaries for this program.
- (d) Each medical marijuana dispensary shall be required to provide medical marijuana to low-income and needy patients. The dollar value of the medical marijuana provided to low-income and needy patients must be at least 10% of the total dollar value of medical marijuana sold by each medical marijuana dispensary each quarter.
- (e) Each dispensary and producer shall report quarterly to the department detailing its dispensing of medical marijuana to low-income and needy patients in a manner that maintains the confidentiality of the patients
- (f) The department shall annually review this program and promulgate rules and procedures necessary to effectively implement this program.
- (g) The department shall establish penalties for abuse of this program.

Requirements for Dispensaries and Grow Facilities.

- (a) All Dispensaries and Grow Facilities must have a 24/7 Security Camera Surveillance System that the State Division can Monitor at any given time.
- (b) All Dispensaries and Grow Facilities must have commercial Steel Doors with one way entrance and exit Trap Doors.
- (c) There will be no Marijuana Leaf Signage anywhere.
- (d) Dispensaries will be required to have a POS (Purchase of Sales) system so that the State division can obtain Inventory, Financials, Daily Sales at any given time.
- (e) Grow Facilities will have an Inventory Log Sheet at a visual place so that if any Law Enforcement Division decide to review the Plant Count of such Grow Facilities, the records are readily available.
- (f) All Dispensaries and Grow Facilities are to pay their Special Retail Tax of 9.72% on a Monthly basis.
- (g) No patients will be able to Smoke in the Dispensary or within 200 feet of the exterior of the Dispensary at any given time.
- (h) Grow Facilities will be required to grow 100% of all Medicinal Marijuana strictly for Dispensaries only. Grow Facilities will not be allowed to sell directly to any Patients.

- (i) All Dispensaries and Grow Facilities will be required to have an Alarm system registered with the State of Hawaii.
- (j) All Dispensaries and Grow Facilities must not be within 500 feet of any Day Care Centers, Schools, Churches, Federal Building, Public Centers (YMCA, Homeless Shelters, etc), another Dispensary or Grow Facility.
- (k) All Grow Facilities must be designated in a Commercial Warehouse or a Green house that is on Zoned Agriculture Land of no less than 2 Acres.
- (l) All Dispensaries shall have a Bullet Proof Reception window such as the Windows utilized at Banks to protect the well being of the receptionist.
- (m) All Doors will be Buzz in Secure Doors.
- (n) All Medical Marijuana will be Labeled at all times.
- (o) Non Card Holders will have to wait in the Lobby of the Dispensary and will not be allowed into the Product Room area at any time.

Pilot Program:

The purpose of the Pilot Program is to Educate the State of Hawaii that Medical Marijuana Dispensaries are not only a Necessity for all Sick Patients but it is a Trust Building Supplement that will join the State and the Medical Marijuana Divisions together as one and work together to make this system operate in a controllable environment. Trust and Safety Assurance is the biggest factor of this Pilot Program, if the State of Hawaii cannot trust this Program then there is no way that the State will implement the Legalization of Multiple Dispensary Centers throughout Hawaii.

By allowing a Pilot Program it enables the State of Hawaii to review and monitor the operation of both Dispensaries and Grow Facilities and amend any regulations needed on the Centers so that the State of Hawaii has a high comfort level and a better understanding of the importance of these Centers. Public Safety will also be able to review the Centers Security Systems and conclude if the Systems meet's their Public Safety requirements. It also offers a great financial opportunity for the State of Hawaii to receive tax revenues from the Special Marijuana Retail Tax of 9.72%, so that the State Department can estimate what kind of yearly tax revenues they will be able to generate when they allow more Dispensaries throughout Hawaii.

Currently Act 228 allows a Patient to designate a Caregiver to grow 7 plants for the Patient. The problem with the caregiver system is that when you allow Caregivers to grow for the Patients, you basically offer the opportunity for Illegal Activities without the State being able to control and monitor all Caregivers growing. What the Pilot Program offers is the deletion of the Caregiver system and it enables the Pilot Program to produce and sell while being monitored 24/7 by State Divisions to review. By allowing such systems, it provides a clean and controlled system for the State Departments to have the ability to monitor the Centers at any given time. This will not only lower illegal activities but it will also assure the State of Hawaii that taxes are being paid through the Centers.

The Pilot Program will be the Model for how all other dispensaries will be Operated and a chance for the State of Hawaii to Regulate and create any amended regulation rules on the centers should they desire. Hawaii is known for the Caring and Aloha which is a big part of our Culture we cannot further allow Patients to obtain Marijuana from the Black Market and not have a Legal Operating Dispensary for Safe Access of Medicine for all of our sick patients, this contradicts ACT 228.

We propose this Pilot Program to be created and operated by Pacific Wellness Coalition.

Action the Drug Policy Group

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

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

TO: House Committees on Health and Public Safety and Military Affairs

FROM: Pamela Lichty, MPH
President

DATE: March 15, 2011, 10:30 a.m., room 329

RE: S.B. 1458, S.D. 2 RELATING TO HEALTH – IN STRONG SUPPORT

Aloha Chairs Yamane, Aquino and members of the Committees. My name is Pam Lichty and I'm testifying in 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. The Executive Summary of the report we issued one year ago is included in my testimony.

The bill under consideration today, which would establish medical marijuana licenses in Hawai'i, is a lengthy and complex one. It is also a very important one since the recommendation to establish medical marijuana (or cannabis) dispensaries was 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 Hawai'i's medical marijuana program.

The program, as you are aware, has been in place since 2000, but has never been updated. In the meantime many other states plus the District of Columbia have implemented programs (fifteen in total) and there are now seven states (plus DC) which have dispensaries in place or in formation. Some of those states have excellent systems in place; some are not well thought out or implemented.

I wish to emphasize that Hawai'i is starting from scratch on the dispensary issue and has the opportunity to do this right. I also wish to emphasize that the current policy of the Federal government, as stated in a October 19, 2009 memo to U.S. Attorneys from Attorney General Eric Holder on that 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]

The Working Group looked at dispensary models elsewhere and the Drug Policy Forum of Hawai‘i has also had two legal interns researching the issues. Some good examples stand out. The bad examples, such as LA county, get the most publicity, but bear in mind that the California law is by far the most broadly worded of any state – each county does their own thing – and Hawaii’s tightly written law in no way resembles theirs.

Rather 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.

I would like to offer some specific comments on the measure before us which is based in part on the Colorado model.

Here are some specific comments:

- SB 1458, SD 1 makes the Department of Health the responsible entity for overseeing all three classes of licenses. It may be more appropriate to give responsibility for the licensing portion of this measure to a different department such as DCCA which issues other types of licenses. We note that in Colorado it is the Department of Revenue that handles this aspect of the Medical Cannabis program.
- In Colorado, as in virtually every other state, the Department of Health handles the patient registry. Simply put, it is unacceptable that the Narcotics Enforcement Division (NED) of the Department of Public Safety remains in charge of the patient registry. The hostility of NED to the program it administers has become common knowledge among patients, physicians and caregivers alike and their poor program management has resulted in breaches of confidentiality and waits of four months for the simple registration card (“blue card”) to be issued. **One of the main recommendations of the MCWG was to move the program from PSD to DOH.**

(This recommendation is embodied in SB 175, SD 2, currently referred to PBM/HLT.)

- It is important to set the annual licensing fees for all three classes of licenses at reasonable levels. This law could indeed result in enhanced revenue for the state at a time when this is sorely needed, but the fees should not be so high that they create major barriers for a small business or non-profit. After all they must invest in the application fee months before they are likely to see any income. Below are some examples of the fees other states have set and some of the uses to which they put them:

CO

Dispensaries	\$1,800
“Optional Cultivation Centers”	\$500
Manufacturers	\$500

Applicants must post \$5 K bond with state to insure that all taxes are paid; sales tax is waived for indigents. State Licensing Authority (SLA) collected \$7.34 million in fees. All fees reviewed annually by SLA to reflect direct & indirect costs.

Of the first \$2 million in sales tax annually: one half goes towards health services for juveniles & adults with substance abuse/mental health disorders who are at risk of criminal justice involvement. The second half goes to DOH for screenings and referrals for substance abuse.

DC - Non Profits & For Profits

Annual Application Fees:

Dispensaries	\$10,000
Cultivation Centers	\$5,000

Low income: 2% of gross revenues to be used for sliding fee registration

ME (non profits only)

Application Fee	\$15,000
(\$14 K returned if not approved)	
Annual Renewal Fee	\$15,000

NJ

(New program; not in effect yet. First 6 must be non-profit; Additional dispensaries may be for profit)

Dispensaries	\$20,000
(\$18K back if not approved)	
“Satellite Sites”	\$10,000

<u>RI</u> (Non profit only)		
“Compassion Centers”	non-refundable	\$250
If approved	(every 2 years)	\$5,000

- We are pleased that there is a 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 also 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 (up from the current one ounce). While the desirable amounts are open to debate, this was another recommendation of the Working Group and is a move in the right direction.
- The number of compassion centers that should be on each island is a difficult issue since it must balance access for patients with public safety concerns. We believe the numbers listed in this draft are a good starting point for a discussion, but more analysis of patient needs, transportation issues and other factors is necessary.
- In terms of public safety concerns, the 500 feet restriction on placement from schools etc. is acceptable, but should not be increased. While this may work on a neighbor island, in densely populated areas it may be difficult or impossible to meet this requirement. 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.

I have pasted on the following page the Executive Summary of the Medical Cannabis Working Group which was issued in February 2010. The entire report can be found on the Drug Policy Forum of Hawai`i website: www.dpfhi.org.

Mahalo for hearing this bill and we anticipate your favorable consideration. We respectfully ask the committees to pass this bill on to the next committees with a strong recommendation for passage. 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.

Other recommendations address healthcare matters such as creating a protocol for adding new covered medical conditions; expediting coverage for hospice patients; and extending the validity of program certification for more than one year for patients with chronic conditions.

Finally, since not all of the problems with the program need to be addressed by legislative action, MCWG recommends that the Medical Cannabis Working Group be permanently convened to identify and help implement strategies, both legislative and administrative, to improve Hawaii's program.



Tuesday, March 15, 2011, 10:30 AM
State Capitol Conference Room 329

To the House Joint Committee on Health and Public Safety
Representatives Ryan Yamane and Henry Aquino, Chairs
Representatives Dee Morikawa and Ty Cullen, Vice Chairs

**Testimony in support of
SB 1458, SD 2 Relating to Health**

Chairs Yamane and Aquino, Vice Chairs Morikawa and Cullen, and Members of the House Joint Committee on Health and Public Safety:

My name is Jason Kamalu-Grupen and I am the Administrative Assistant for the Democratic Party of Hawai'i.

The Democratic Party of Hawai'i supports SB 1458, which calls for the establishment of state regulations for growing, processing and distributing medical marijuana, for the following reasons:

At the 2010 Convention of the Democratic Party of Hawai'i, the convention body approved Government Operations Resolution 2010-31: Statewide Medical Marijuana Initiative. SB 1458 is consistent with the spirit of this resolution.

Currently, medical marijuana patients and caregivers registered with the Department of Public Safety must resort to the *illegal black market* to purchase seeds, plants, or prepared cannabis products. No consideration for safety or efficacy is given to such products and *black market drug dealers* will sell marijuana to anyone, regardless of age or medical need.

SB 1458 addresses the greatest deficiency in Hawai'i's current medical marijuana laws by providing a safe, legal place for patients to purchase their medicine, while simultaneously addressing proper considerations of quality, safety and efficacy of medical cannabis products.

Thank you again for this opportunity to testify before the committee.

Testimony prepared by Jason Kamalu-Grupen, Administrative Assistant, and attested by Dante K. Carpenter, Chairman, Democratic Party of Hawai'i.

The Senate
Committees on Health and
Public Safety & Military Affairs
March 15, 2011
10:30 a.m., Room 329

Statement of the Hawaii Carpenters Union on SB1458, SD2

The Hawaii Carpenters Union must oppose SB 1458, SD2, providing for the licensing of the growth, manufacture and sale of medical marijuana products, and their taxation.

In addition to the many questionable impacts on the larger community, our union has faced the issue of controlled substances head-on, in the context of worker safety. Beginning with the nature of the work our members do, the Hawaii Carpenters Union lead the construction industry in negotiating a broad range of alcohol and drug testing. Job safety is of course, not limited to our industry. In recent years, our union took action for legislation clearing obstacles to specific job site, pre-laboratory oral swab drug screening.

The direction became clear. Preventative measures had to be taken on behalf of the vast majority against injury, disability or death caused by accident. Drug use does not spring from the job site, and the discussion leads to the problem of substance abuse in the larger community.

We do not need any more openings for exposure of either our youth or adult wage earners to drug use. Compassion for those with medical problems is subject to abuse in too many ways.

Appearances in the media about crimes on and among medical marijuana growers, distributors and users in California are disturbing. Beyond allegations of organized crime involvement, there are those of super-profit taking at the expense of consumers.

There are also regulatory problems, ranging from interwoven sales to those without medical needs, to an "industry" prone to a secondary cash-based underground economy. While licensing is proposed, who is to monitor transactions, correct tax payments and potential money laundering?

There may be a time when experience elsewhere provides solutions to identified problems. There may be a time when Federal law is changed to allow States to consider laws as proposed in SB 1458, SD2. However, that time has not come, and we urge the committees to hold the Bill.



Committee: Committees on Health and Public Safety and Military Affairs
Hearing Date/Time: Tuesday, March 15, 2011, 10:30 a.m.
Place: Conference Room 329
Re: Testimony of the ACLU of Hawaii in Support of S.B. 1458, SD2

Dear Chairs Yamane and Aquino and Members of the Committees on Health and Public Safety and Military Affairs:

The American Civil Liberties Union of Hawaii ("ACLU of Hawaii") writes in support of S.B. 1458, SD2, which creates a medical marijuana distribution system. This bill helps to eliminate the gray area of how to obtain medical marijuana, thus sparing patients from having to resort to the black market.

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 Hawai'i
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morikawa2 - Grant

From: Andrea Tischler [andreatischler@yahoo.com]
Sent: Monday, March 14, 2011 2:13 PM
To: HLTtestimony
Subject: RE: SB 1458 SD2

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

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

RE: SB 1458 SD2 Relating to Health
Hearing: Tuesday, March 15, 2011, 10:30 a.m., Room 329

Position: Strong Support

The Big Island Chapter of Americans for Safe Access strongly supports passage of SB 1458 SD2. The current law does not provide a patient with a reliable source and safe access to medical cannabis forcing them to buy their medicine from the criminal underworld.

The Big Island has more than 5000 patients or approximately 55% of the state's population of those registered with the Department of Narcotics Enforcement. In addition to our previously submitted testimony in support of SB 1458 we would like to encourage the following changes to the bill which will make cannabis more accessible to Big Island patients and make it fairer to all.

1. 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.
2. 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 those reasons a greater number of centers should be located in the small communities shattered throughout the Big Island.
3. The bill decreases the amount of medical cannabis a patient can possess from three to two ounces if they do not designate a compassion center thus penalizing a patient that elects to grow for themselves. Leave the amount that a patient can grow the same.
4. 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 a cannabis patient. Replace this with reciprocity recognizing registered patients arriving from states that have medical cannabis laws.
5. Delete that each patient designate one compassion center. Not all compassion centers will be the same on offering competitive prices, a variety of strains or provide excellent quality. Patients shop different pharmacies now for the best prices why should it be any different for medical cannabis patients?

Most of the other amendments we believe we can live with. At this point what is so very important is that this bill or another compassion center bill is urgently passed by both houses and signed into law. It will be extremely beneficial to the patients to be able to access a safe and reliable source of medicine while taking a big bite out of crime. Mahalo Nui Loa.

Testimony on SB 1458 Relating to Creating Three Classes of Medical Marijuana Licenses
Submitted on March 14, 2011
To the Hawaii House Committee on Health and Committee on Public Safety and Military Affairs
By Calvin Fay, Executive Director, Save Our Society From Drugs

Dear Committee Members:

We respectfully request that this testimony, on behalf of Save Our Society From Drugs, a national drug policy organization with members in the state of Hawaii, be included in the hearing that is scheduled for March 15, 2011 pertaining to SB 1458.

Save Our Society From Drugs (S.O.S.) has over ten years of experience in monitoring and making policy recommendations on drug policy issues including those pertaining to marijuana legalization. S.O.S. takes a comprehensive approach to promote sound drug policy that includes education, prevention, abstinence-based treatment, scientific research, and community awareness. Our members include doctors, researchers, law enforcement officials, business leaders, lawyers, and parents, just to name a few.

We have analyzed this bill and believe that this legislation will have significant negative impact on the state of Hawaii. Please take this opportunity to review our analysis of SB 1458.

In 2000 when the Hawaii legislature passed Act 228 allowing for the use of "medical" marijuana, it was under the belief that they were being compassionate to a small number of chronically ill people. In reality they got a highly abused program. Of the more than 8,000 "medical" marijuana users in Hawaii, just 2% suffer from cancer and other debilitating ailments the program was intended to target.

Several states, witnessing similar abuses, have attempted to control their marijuana businesses by enacting what they believe to be tighter restrictions and regulations. In 2010 Colorado's Department of Health took steps to further define the responsibilities of a caregiver and adopt guidelines for physicians who recommend marijuana. After receiving several legal threats, the Department dropped the issues, and it was later watered down and introduced as legislation. Did the legislation result in buckling down of the program? No. As of June 30, 2010, the last update on the program's website, the Marijuana Registry Program has over 95,000 individuals that legally hold registry ID cards, up 30,000 since February, 2010! The average age of a Colorado cardholder is 40, 71% are male and 58% of cardholders live in the Denver Metro Area. Clearly, "regulation" is not working.

California's attempts to regulate the marijuana industry have been equally unsuccessful. Several cities, including Anaheim, Los Angeles, and San Diego, are involved in legal battles regarding dispensaries and registry cards. Within the last two years, over 200 cities and 14 counties in California have banned or passed moratoriums on pot shops. This number speaks volumes about what happens when communities see through the smokescreen and are enlightened as to what "medical" marijuana really brings their

communities - more illegal drug use, more crimes, and more of our youth being sold marijuana (and sometimes other drugs) from so-called medical marijuana patients.

SB 1458 allows for the establishment of "compassion centers," better known as pot shops. The bill does not limit the number of marijuana dispensaries that can open within a community or where they can be located, only that they cannot be within 300 feet of public or private schools.

Pot shops are in business to make money and will sell marijuana to anyone who produces a written recommendation. These recommendations can be obtained by paying physicians a fee and claiming any medical condition, even a headache. Dispensaries claim to operate as nonprofit, but they have been tied to organized crime gangs and are often multi-million dollar profit centers.

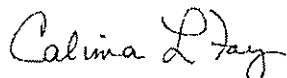
Dispensaries are easy marks for criminal activities because of valuable marijuana crops and large amounts of cash. Operators of dispensaries have been attacked and murdered by armed criminals both at their storefronts and at home. Common secondary byproducts related to dispensaries include: drug dealing, sales to minors, loitering, heavy vehicle and foot traffic in retail areas, increased noise, and robberies of customers just outside the facilities.

Other secondary impacts to communities where dispensaries are located include: street dealers who hang around to sell at a lower price than the dispensary, marijuana smoking in public and in front of minors, an increase in traffic accidents and driving under the influence arrests in which marijuana is implicated, and the loss of other commercial businesses who don't want to be located in the vicinity of marijuana dispensaries.

SB 1458 does not restrict to whom, how or where pot shops can advertise their business, which will include the sale of marijuana infused food products. The bill also allows out-of-state marijuana "patients" to purchase marijuana and marijuana infused products. Hawaii is known as a tourist destination for individuals and families who want to explore the islands' natural beauty; SB 1458 has the potential to turn Hawaii into a drug seeking tourist destination.

Thank you for the opportunity to provide testimony on this important issue. We would be happy to provide you with additional information or discuss this issue further with you, if you so desire. Please reject SB 1458!

Sincerely,



Calvin Fay
Executive Director
Save Our Society From Drugs
5999 Central Ave., Suite 301 St. Petersburg, FL 33710
www.saveoursociety.org

COMMUNITY ALLIANCE ON PRISONS

76 North King Street, Suite 203, Honolulu, Hawai`i 96817

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COMMITTEE ON HEALTH

Rep. Ryan Yamane Chair

Rep. Dee Morikawa, Vice Chair

COMMITTEE ON PUBLIC SAFETY & MILITARY AFFAIRS

Rep. Henry Aquino, Chair

Rep. Ty Cullen, Vice Chair

Tuesday March 15, 2011

Room 329

10:30 a.m.

SB 1458 SD2 - STRONG SUPPORT for Compassion Centers

<http://www.capitol.hawaii.gov/emailtestimony>

Aloha Chairs Yamane and Aquino and Members of the Committees!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative working on prison reform and justice issues in Hawai`i for more than a decade. We respectfully offer our testimony always being mindful that Hawai`i has some 6,000 people behind bars with almost 1,800 individuals serving their sentences abroad, thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Native Hawaiians, their ancestral lands.

Community Alliance on Prisons stands in strong support of this compassionate measure. Hawai`i's medical marijuana program was the first in the nation to be passed by a state legislature. At the time, our legislature passed this law as compassionate legislation, responding to the many requests of patients for relief from their suffering.

I was then and remain a strong supporter today, having served as a caregiver to several terminally ill individuals. I have seen, first hand, how medical cannabis relieved their nausea from chemotherapy and from the prescription medications and helped them to eat, since loss of appetite is quite common. I am absolutely convinced that my friend Adam lived years longer than his doctors predicted because his appetite was stimulated by cannabis.

On the other hand, I watched my mother suffer in excruciating pain, literally wasting away, and dying at 45 pounds.

Sadly, when we passed this progressive legislation, we left the patients to fend for themselves.

This bill will provide immediate access to those patients. It is the humane thing to do.

DOH testified that it will put them in conflict with federal law. Please remind this agency that the constitution provides for states' rights. The decision to have a medical marijuana program in Hawai'i and the other states that sought to relieve the suffering of their citizens was a state decision and constitutionally sound.

It was shocking and very disappointing to hear law enforcement arrogantly say that they will continue raiding patients in complete defiance of the law they swore to uphold. Don't we have 6,000 people incarcerated who defied the law? Please remind law enforcement that their role is not to make policy; it is to enforce the law made by you, Hawai'i's policymakers?

Please don't criminalize sick people by forcing them to go to the black market to relieve their pain. And don't give in to threats and intimidation. This bill is about compassion and access to relief.

We respectfully ask that you pass this bill.

Mahalo for this opportunity to testify.

morikawa2 - Grant

From: Richard Alberts [albertsr001@hawaii.rr.com]
Sent: Monday, March 14, 2011 1:25 PM
To: HLTtestimony
Subject: senate

My name is Richard Lee Alberts Jr. I have a current medical marijuana card.....the current laws to grow and smoke your own plants are almost impossible for myself.....I live in a condomy caregiver helps as a life saver for growing purposes.....I would recommend a better measure...to have a dispensary so patients can upgrade and supplement their needs.....the growing process is extremely time consumingI would recommend that a grow building or larger operation be allowed.....therefore records and amounts can be taxed and accounted for.....Thank you for your consideration of this issue
Richard Alberts phone 8089876290

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 11:54 AM
To: HLTtestimony
Cc: nshima411@yahoo.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Nina Shimabukuro
Organization: Individual
Address:
Phone:
E-mail: nshima411@yahoo.com
Submitted on: 3/14/2011

Comments:

I do not support this measure, it would adversely affect the people of Hawaii.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 10:50 AM
To: HLTtestimony
Cc: haggster@hawaii.rr.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Sean Haggerty
Organization: Individual
Address:
Phone:
E-mail: haggster@hawaii.rr.com
Submitted on: 3/14/2011

Comments:

I do not support this measuer and I feel it will adversely affect the people of Hawaii.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 11:36 AM
To: HLTtestimony
Cc: kodomotaisho@gmail.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Alvin F. Van Treese Jr.
Organization: Individual
Address:
Phone:
E-mail: kodomotaisho@gmail.com
Submitted on: 3/14/2011

Comments:

I do not support this measure, it would adversely affect the people of Hawaii.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 9:49 AM
To: HLTtestimony
Cc: cnahale@aol.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Charles Nahale
Organization: Individual
Address:
Phone:
E-mail: cnahale@aol.com
Submitted on: 3/14/2011

Comments:

We do not support this bill because of the negative impacts it will pose to our children and community.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 9:32 AM
To: HLTtestimony
Cc: samoahu@yahoo.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Samson Au
Organization: Individual
Address:
Phone:
E-mail: samoahu@yahoo.com
Submitted on: 3/14/2011

Comments:

I do not support this bill. It is very myopic, it will cost us dearly financially and morally in the long run.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 9:15 AM
To: HLTtestimony
Cc: csandlin@parkerranch.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Cheri Sandlin
Organization: Individual
Address:
Phone:
E-mail: csandlin@parkerranch.com
Submitted on: 3/14/2011

Comments:

I do not support this measure. It will have a very negative effect on the youth, families, communities and work places in Hawaii.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 8:59 AM
To: HLTtestimony
Cc: balais@usa.net
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: G. "Bobby" Balais, Jr.
Organization: Individual
Address:
Phone:
E-mail: balais@usa.net
Submitted on: 3/14/2011

Comments:

I do not support this measure as it would adversely affect the people of Hawaii.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 8:30 AM
To: HLTtestimony
Cc: smcnamara@parkerranch.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Stephanie McNamara
Organization: Individual
Address:
Phone:
E-mail: smcnamara@parkerranch.com
Submitted on: 3/14/2011

Comments:

I do not support this measure, it would adversely affect the people, families and businesses of Hawaii.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 11:30 AM
To: HLTtestimony
Cc: deblopes@hawaii.rr.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Debora Lopes
Organization: Individual
Address:
Phone:
E-mail: deblopes@hawaii.rr.com
Submitted on: 3/14/2011

Comments:

I strongly oppose the bill that would allow marijuana dispensaries to be opened throughout the state. I feel it would attract criminal activity and would make the neighborhoods they are located in unsafe for our families.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 11:21 AM
To: HLTtestimony
Cc: ron.katto@gmail.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Ronald Katto
Organization: Individual
Address:
Phone:
E-mail: ron.katto@gmail.com
Submitted on: 3/14/2011

Comments:

I do not support this measure. It would adversely affect the people of Hawaii.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 11:05 AM
To: HLTtestimony
Cc: marian@jaycohawaii.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Marian Shimabukuro
Organization: Individual
Address:
Phone:
E-mail: marian@jaycohawaii.com
Submitted on: 3/14/2011

Comments:

I do not support this measure, it would adversely affect the people of Hawaii. Marijuana dispensaries in Hawaii will attract more crime throughout our neighborhood and community.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 2:25 PM
To: HLTtestimony
Cc: nishihard001@hawaii.rr.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Dennis
Organization: Individual
Address:
Phone:
E-mail: nishihard001@hawaii.rr.com
Submitted on: 3/14/2011

Comments:

I am a retired public school counselor. I have seen the devastation marijuana can cause. I do not support this measure. I find it incredible that something so destructive can be considered "medical".

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 2:22 PM
To: HLTtestimony
Cc: fhyun01@gmail.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Edmund Hyun
Organization: Individual
Address:
Phone:
E-mail: fhyun01@gmail.com
Submitted on: 3/14/2011

Comments:

I do not support this bill. There are no practical/realistic means to prevent minors and others from accessing the machines. Taxing marijuana is now opening the door to LEGALIZING the drug.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 2:13 PM
To: HLTtestimony
Cc: dinny3479@yahoo.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Denicia Trinidad
Organization: Individual
Address:
Phone:
E-mail: dinny3479@yahoo.com
Submitted on: 3/14/2011

Comments:

I do not support this measure, it would adversely affect the people of Hawaii.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 2:10 PM
To: HLTtestimony
Cc: akfountain@yahoo.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Arlene Fountain
Organization: Individual
Address:
Phone:
E-mail: akfountain@yahoo.com
Submitted on: 3/14/2011

Comments:
Please stop passage of this bill. Thank you.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 1:51 PM
To: HLTtestimony
Cc: lokumura@hotmail.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Lorrin Okumura
Organization: Individual
Address:
Phone:
E-mail: lokumura@hotmail.com
Submitted on: 3/14/2011

Comments:
I DO NOT SUPPORT THIS MEASURE SB1458.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 1:41 PM
To: HLTtestimony
Cc: mkchin@gmail.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Meredith Chin
Organization: Individual
Address:
Phone:
E-mail: mkchin@gmail.com
Submitted on: 3/14/2011

Comments:
I do not support this measure.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 2:55 PM
To: HLTtestimony
Cc: kiha@hawaiiantel.net
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Karen Iha
Organization: Individual
Address:
Phone:
E-mail: kiha@hawaiiantel.net
Submitted on: 3/14/2011

Comments:

I do not support this measure as it would adversely affect the people of Hawaii and would definitely send the wrong message to youth of Hawaii.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 2:53 PM
To: HLTtestimony
Cc: mryadzu@yahoo.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Lori Yasutake
Organization: Individual
Address:
Phone:
E-mail: mryadzu@yahoo.com
Submitted on: 3/14/2011

Comments:

I do not support this measure, it would adversely affect the people of Hawaii. I believe this will have many negative consequences for our youth, families, communities and workplaces throughout Hawaii.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 2:32 PM
To: HLTtestimony
Cc: juytamayo@gmail.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Jennifer Yagin-Tamayo
Organization: Individual
Address:
Phone:
E-mail: juytamayo@gmail.com
Submitted on: 3/14/2011

Comments:

I do not support this measure. It would adversely affect the people of Hawaii. It only affects considerably a small amount of people in comparison to entire population of the state. Thus to make suggest legalizing the dispensary of Marijuana, a mind altering and controlling substance is just simply absurd.

Sincerely,

Jennifer Yagin-Tamayo

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 3:03 PM
To: HLTtestimony
Cc: dwighttoyama@yahoo.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Dwight Toyama
Organization: Individual
Address:
Phone:
E-mail: [dwighttoyama@yahoo.com](mailto:dwrighttoyama@yahoo.com)
Submitted on: 3/14/2011

Comments:

I do not support this measure as it would adversely affect the people of Hawaii and would definitely be sending a wrong message to the youth of Hawaii.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 1:07 PM
To: HLTtestimony
Cc: latsumi@gmail.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Lyana Atsumi
Organization: Individual
Address:
Phone:
E-mail: latsumi@gmail.com
Submitted on: 3/14/2011

Comments:

I DO NOT support this measure, it would adversely affect the people of Hawaii.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 12:54 PM
To: HLTtestimony
Cc: utadag@yahoo.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Geri Oshita
Organization: Individual
Address:
Phone:
E-mail: utadag@yahoo.com
Submitted on: 3/14/2011

Comments:

I do not support this measure, it would adversely affect the people of Hawaii.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 12:44 PM
To: HLTtestimony
Cc: tom@elite-mechanical.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Tom Nishi
Organization: Elite Mechanical
Address:
Phone:
E-mail: tom@elite-mechanical.com
Submitted on: 3/14/2011

Comments:

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 12:22 PM
To: HLTtestimony
Cc: saralegal@live.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Sara Steiner submitting for George Greywolf Klare
Organization: Individual
Address:
Phone:
E-mail: saralegal@live.com
Submitted on: 3/14/2011

Comments:

I am a retired schoolteacher and farmer. I vote no on SB1458 because the fox is in the henhouse. This is the federal oxymoron of 72 years of indoctrination that failed. Accordingly the people understanding it's use are being victimized by such denial of proof and equal protection of law. This "safest therapeutic agent known to mankind" can not be the villain of the dangerous drug doctrine. The DEA itself released this "finding of fact" in 1988 by Judge Francis Young. The malevolent defect has been a "doctrinaire fraud". NO on this police state measure. Cannot distribute this way effectively or compassionately.

Thank You, George Greywolf Klare

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 12:20 PM
To: HLTtestimony
Cc: saralegal@live.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Sara Steiner submitting for Barbara Devaki Lang
Organization: Individual
Address:
Phone:
E-mail: saralegal@live.com
Submitted on: 3/14/2011

Comments:

I live on the Big Island of Hawaii, and I would like to see compassion centers, but not with so many limitations on them. So, I do not support SB1458.

Thank you very much, Barbara Devaki Lang

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 12:11 PM
To: HLTtestimony
Cc: janelle.horibe@gmail.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: oppose
Testifier will be present: No
Submitted by: Janelle Horibe
Organization: Individual
Address:
Phone:
E-mail: janelle.horibe@gmail.com
Submitted on: 3/14/2011

Comments:

I'm a Pharmacist originally from Hawaii and working in southern california. I also have a parent who is a cancer patient. Although I support the use of marijuana in critically ill patients that can get no relief of their nausea from other means, I feel that marijuana should be treated like any other drug and dispensed from a pharmacy, not a drug dealer masquerading as a for profit "dispensary". More thought for long term impact needs to be given to this issue before just allowing dispensaries.

Jason Kamalu-Gruppen: jasonkamalu@gmail.com

Tuesday, March 15, 2011, 10:30 AM
State Capitol Conference Room 229

Testimony of
Jason Kamalu-Gruppen
Registered Caregiver &
Graduate of Oaksterdam Cannabis University

To the House Joint Committee on Health and Public Safety
Representatives Ryan I. Yamane and Henry J.C. Aquino, Chairs
Representatives Dee Morikawa and Ty Cullen, Vice Chairs

**Testimony in support of
SB 1458, SD 2 Relating To Health**

Chairs Yamane and Aquino, Vice Chairs Morikawa and Cullen, and Members of the House Joint Committee on Health and Public Safety:

Thank you for this opportunity to testify before the committee. My name is Jason Kamalu-Gruppen and I am a caregiver registered with the Narcotics Enforcement Division of the Department of Public Safety and a former intern at Oaksterdam Cannabis University in Oakland, California.

I am testifying in support of SB 1458, with proposed amendments underlined.

I fully acknowledge the need for a properly regulated medical cannabis distribution system. Having worked in California's medical cannabis industry, I have seen firsthand the mess that results from nebulous policies in this matter and don't wish to see Hawai'i subject to the same problems. SB 1458 does look to be a solid system of regulation in this regard, but I do have 2 specific concerns at this time

First, the current language of the bill gives a great deal of power to those groups registered as growers. Anyone who wishes to do business must have a contract with a grower, meaning that growers would have to provide cannabis both to distribution centers and to processors. This looks, to me, like a paved road towards a monopoly on access to quality materials and an excellent excuse for growers to charge top dollar to either side. A cost that will eventually be borne by the Patients we are trying to help.

I propose, as a possible solution, allowing growers the ability to process the material they've grown by combining the class 2 and class 3 licenses.

Second, many of the patients I worked with in California were growing their own medicine. This is a long and painstaking process. Oftentimes the limits that were set, even in California, were not sufficient to meet the patient's needs relative to the time it would take to bring another crop to harvest. This required them to supplement their supplies with medicine purchased from a compassion center. The way this bill is written suggests to me that this option will not be available to patients in Hawai'i who must designate one caregiver **OR** one compassion center.

This is a problem for two reasons. My initial concern stems from the fact that many patients are in such ill health that they are physically unable to (a) grow their own medicine or (b) go to the

Jason Kamalu-Gruppen: jasonkamalu@gmail.com

compassion center to purchase their medicine and must, therefore, designate someone else to do it for them.

Additionally, many of the patients that I worked with in California were living below the poverty level and I would assume that many of the patients here in Hawai'i are in the same situation. Cannabis in a compassion center is, in my experience, priced relative to street prices. Should a Hawai'i patient choose to designate a compassion center, it would seem that they would be required to **purchase** all of their medicine. This could eventually become an unbearable financial burden to the patient.

I would propose amending §329-123 (b) to read "Every qualifying patient shall have **only one primary caregiver and one compassion center** at any given time."

This would create consistency with the stated purpose in §329-A (8) which reads "Ensure that class 1 licensed centers provide medical marijuana exclusively to **qualifying patients and primary caregivers**, and to other non-Hawaii qualifying patients holding a temporary registration certificate." This would also allow patients to supplement their supply of medicine with cannabis purchased from a compassion center during the interim period between personal harvests.

Thank you again for this opportunity to testify before the committee.

Jason Kamalu-Gruppen

Committee on Health – Representative Ryan Yamane, Chair

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

SB 1458 SD 2 – Relating to Health

Tuesday, March 15, 2011 at 10:30am

Support with reservations

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

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

I have these other concerns:

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

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

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

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

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

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

Respectfully submitted,

Matthew Rifkin
Keaau, HI

SB1458

Establishment of Compassion Centers

March 2011

Aloha!

I would like to Thank You for receiving my words.

They call me "Pittsburgh". My business is Kahuna Compassion Consulting LLC.

I have done research around the world for over 20 years and worked with the people in The Netherlands watching the changes over the past 15 years for the better. Also witnessed what did not work in Belgium and Switzerland including the flaws on the mainland.

In support of SB1458, some flaws, several gray or missed areas need added and/or changed.

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...

Also tax paying and reporting, Three Strike Rule for violations, Security, Advertising, my Red Flag computer system and a few other minor changes needs to be addressed.

Will not waste your time with details today, so I offer my services and experience to fix what could be the role model system for the Nation.

We can have the perfect bill in 3 days time, no mistakes, so we can move forward for the people and the Great State of Hawaii..

In conclusion, again, A NON PROFIT entity shall not be issued a license of any class...

Mahalo.

"Pittsburgh"

Kahuna Compassion Consulting LLC

Kihei Hawaii 96753

(808) 222-2916

KahunaConsulting@yahoo.com

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 12:07 PM
To: HLTtestimony
Cc: BMurphy420@msn.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: Yes
Submitted by: Brian Murphy
Organization: MCCFDIA
Address:
Phone:
E-mail: BMurphy420@msn.com
Submitted on: 3/14/2011

Comments:
Strong Support!

The most urgent need according to most patients is the establishment of a legal, safe, and reliable source for their medicine.

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.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 12:29 PM
To: HLTtestimony
Cc: eott@hawaii.rr.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Erik Ott
Organization: Individual
Address:
Phone:
E-mail: eott@hawaii.rr.com
Submitted on: 3/14/2011

Comments:

I Strongly Support this bill. Patients should have safe and easy access to their medication, as is the case with all other medication. Regulation by the state adds extra safety to the quality and ensure safe business practices. It also will allow the state to get economic benefits by taxes as well as provide employment.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 12:31 PM
To: HLTtestimony
Cc: msott@hawaii.rr.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Vanessa Ott
Organization: Individual
Address:
Phone:
E-mail: msott@hawaii.rr.com
Submitted on: 3/14/2011

Comments:

I strongly support this bill. 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

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 1:02 PM
To: HLTtestimony
Cc: nightnursehawaii@live.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Cynthia Bettencourt
Organization: Individual
Address:
Phone:
E-mail: nightnursehawaii@live.com
Submitted on: 3/14/2011

Comments:

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.

Patients should not be forced to go to the criminal market for their medicine.

A state-regulated system of medical marijuana distribution should be safe from federal interference since Attorney General Eric Holder advised U.S. 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. This bill would provide the law with which to act in compliance.

Hawaii's law requires patients to grow their own medicine or have a caregiver grow for them. Many patients do not have the horticultural expertise necessary to grow their own medicine and do not know anyone who could grow it for them.

For patients suddenly stricken with a serious ailment, the months it takes to cultivate and harvest medical marijuana is prohibitive. Dispensaries will allow immediate access. According to an October 2010 CNBC article, tax revenues from medical marijuana dispensaries are bringing in about \$50,000 a month for the city of Colorado Springs, Colorado.

This bill provides adequate state oversight to ensure that medicine is not diverted into the criminal market.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 1:12 PM
To: HLTtestimony
Cc: gfarstrup@msn.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Greg and Pat Farstrup
Organization: Individual
Address:
Phone:
E-mail: gfarstrup@msn.com
Submitted on: 3/14/2011

Comments:

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 1:33 PM
To: HLTtestimony
Cc: friendsforjustice@gmail.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Kaipo Fernandez
Organization: Individual
Address:
Phone:
E-mail: friendsforjustice@gmail.com
Submitted on: 3/14/2011

Comments:

I am a medical marijuana patient living in Hawaii County

I do support licensed compassion centers, growers and infused products. But, don't take away a patient or caregiver right to grow, and don't make it less either. Why does the amount of dried medicine go from the current 3 ounces down to 2 in this law if I don't designate a compassion center?

Big Island has more patients than any other islands, yet only 6 licenses for compassion center. Why?

Why do we charge \$100 to tourists for a temporary license and only \$25 for residents? That's too much.

What about inter-island travel? Patients get arrested at the airport, so how do I get medicine if I fly to another island?

Kaipo Fernandez
Volcano, HI

I don't have a computer and asked Friends for Justice to submit my testimony.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 1:51 PM
To: HLTtestimony
Cc: stuart@IsseiProductions.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Stuart Hirotsu
Organization: Individual
Address:
Phone:
E-mail: stuart@IsseiProductions.com
Submitted on: 3/14/2011

Comments:

Mahalo for allowing me to express my support for SB1458. It is time to lend some sanity and reason to our medical laws.

Please consider the Sustainable Family Farm Amendment as proposed by Maui County Citizens For Democracy In Action in previous bills.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 1:57 PM
To: HLTtestimony
Cc: friendsforjustice@gmail.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Mike Ruggles
Organization: Individual
Address:
Phone:
E-mail: friendsforjustice@gmail.com
Submitted on: 3/14/2011

Comments:

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

I support the general idea of this bill. But, don't make the license fees so expensive that it shuts out local people from being able to open a business.

I don't understand Section 5-2 about "adequate supply"; ..it says if I grow my own or have a caregiver, then I can have 7 plants, but only 2 ounces of dried medicine? That is LESS than the 3 ounces were are currently allowed.

I ABSOLUTELY DON'T SUPPORT THAT.

Mike Ruggles
Mt. View, HI

I don't use a computer. Friends for Justice submitted this for me.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 2:21 PM
To: HLTtestimony
Cc: cdoyle2@hawaii.rr.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Chuck Doyle
Organization: Individual
Address:
Phone:
E-mail: cdoyle2@hawaii.rr.com
Submitted on: 3/14/2011

Comments:
This makes so much sense.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 2:39 PM
To: HLTtestimony
Cc: jroxxx999@yahoo.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: jim Rogers
Organization: Individual
Address:
Phone:
E-mail: jroxxx999@yahoo.com
Submitted on: 3/14/2011

Comments:

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.

Thank you,
Jim

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 2:40 PM
To: HLTtestimony
Cc: maitraia56@gmail.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Robert McDonell
Organization: Individual
Address:
Phone:
E-mail: maitraia56@gmail.com
Submitted on: 3/14/2011

Comments:

I am 63 years old, and I have smoked, with attendant mild euphoria, the buds of marijuana plants as I self-medicated for the chronic pain afflicting me due to the scoliosis that has twisted my spine sidewinder-like since adolescence. The justice system of California, at the time I was sentenced to serve from 2 to 10 years in a maximum-security penitentiary, treated harshly those who dared to illegally possess marijuana. For that offense to society I spent 2 years, 9 months and 1 day imprisoned and nearly 4 years on parole.

What happened to me was neither right nor fair: it was injustice.

Any step leading to the decriminalization of marijuana possession should be taken since it should never have been criminalized. And this is statement that should not have been necessary.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 11:37 AM
To: HLTtestimony
Cc: bestb002@hawaii.rr.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Barbara Best, Mrs.
Organization: Individual
Address:
Phone:
E-mail: bestb002@hawaii.rr.com
Submitted on: 3/14/2011

Comments:

A state-regulated system of medical marijuana distribution should be safe from federal interference since Attorney General Eric Holder advised U.S. 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. This bill would provide the law with which to act in compliance.

Hawaii's law requires patients to grow their own medicine or have a caregiver grow for them. Many patients do not have the horticultural expertise necessary to grow their own medicine and do not know anyone who could grow it for them.

This bill provides adequate state oversight to ensure that medicine is not diverted into the criminal market.

Mahalo.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 1:30 AM
To: HLTtestimony
Cc: nimo1767@gmail.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Robert Petricci
Organization:
Address:
Phone:
E-mail: nimo1767@gmail.com
Submitted on: 3/14/2011

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

From: Robert Petricci representing Friends 4 Justice

RE: SB 1458 SD2 Relating to Health
Hearing: Tuesday, March 15, 2011, 10:30 a.m., Room 329

Position: Strong Support

Aloha from the Island of Hawaii

As many of you are aware there is an urgent need for medical marijuana patients to have access to a legal, safe, and reliable source for their medicine.

Compassion centers would fix a fundamental deficiency in the law that established the current medical marijuana program.

The current law allows patients to grow their own plants, however the law is unreasonably silent as to where patients should acquire seeds or clones necessary to acquire their supply. 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 would allow the sick to have reasonable access to the medicines their doctors recommend.

Patients deserve a legal, reliable and safe source for their marijuana, they are trying to obey the law but many are being arrested for as little as 1 gram of marijuana under the current rules. Many end up as convicted offenders which they are not. Many patients are unable to grow their own medicine, some live in apartments or condominiums; others live in areas where their plants are not secure and are subject to vandalism or theft; others are just too sick to provide the care needed for their plants to grow to maturity. These are one of the most vulnerable segments of our communities because of the illnesses they are afflicted with.

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

There are topical as well as oral applications for the marijuana treatments and compassion centers would fill a need for patients who may not know how to use vaporizers or make infused-products on their own.

Thank you for your time and consideration for the thousands of patients who benefits from the different medications that are derived from cannabis

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 10:28 AM
To: HLTtestimony
Cc: davesurfskekaha@hawaii.rr.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: David Matthews
Organization: Individual
Address:
Phone:
E-mail: davesurfskekaha@hawaii.rr.com
Submitted on: 3/14/2011

Comments:

it takes 3 months to grow a plant. i can't wait 3 months! cannabis should be like any other prescription medication which is readily available. there are no side effects like the pharmaceuticals have. this is the best treatment available that i can utilize and still function normally. dispensaries work in california. let it work here. mahalos, david matthews

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 10:23 AM
To: HLTtestimony
Cc: konagold@starband.net
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Dennis Shields
Organization: The Religion of Jesus Church
Address:
Phone:
E-mail: konagold@starband.net
Submitted on: 3/14/2011

Comments:

In 1979 my 7 year old step son was diagnosed with terminal cancer and at Kaipiolani Hospital he was subjected to Chemo after 3 major surgeries to remove TWO tumors the size of soft balls

the second tumor was in need of shrinkage via chemo and Ryan developed UNCONTROLLABLE VOMITING with over 100 fresh abdominal stitches

his oncologist said "we are loosing Ryan" and could I get any 'grass'

I was able to retrieve some fresh konagold from neighbors and only one hit controlled the uncontrollable heaves extending Ryan's prognosis from only 3 months to live to 18

when one is only 7 years old an additional 15 months of life is priceless

many cancer patients who, in short order, need cannabis to relieve their immediate symptoms of nausea can not be expected to grow their medicine [which can take up to 120 days to mature] in time

we need some dispensaries to fulfill this humanitarian need

please help

respectfully

Rev. Dennis Shields

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 10:21 AM
To: HLTtestimony
Cc: theede@hawaii.rr.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: Yes
Submitted by: Teri Heede
Organization: Individual
Address:
Phone:
E-mail: theede@hawaii.rr.com
Submitted on: 3/14/2011

Comments:
Aloha Chair & Committee Members!

Mahalo for having this hearing and please give your strong support to this legislation.

Patients need a safe, legal mechanism to obtain medication. Without a doubt this will produce a template that law enforcement, legislators and patients can use to create this environment.

Please pass this legislation and help very sick people protection and support that they are entitled to.

We are Patients but are treated like criminals and have to expose ourselves to a criminal element that we normally would never associate with.

Please give us a safe, legal supply of medicine.

Mahalo Nui Loa for your help,

Teri Heede
92-994 Kanehoa Loop
Kapolei, HI 96707
(808) 672-6312

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 9:50 AM
To: HLTtestimony
Cc: kaala@maui.net
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Kaala Buenconsejo
Organization:
Address:
Phone:
E-mail: kaala@maui.net
Submitted on: 3/14/2011

Comments:

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 2:12 AM
To: HLTtestimony
Cc: hardcoredive@yahoo.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: Yes
Submitted by: Brett Arizumi
Organization: Individual
Address:
Phone:
E-mail: hardcoredive@yahoo.com
Submitted on: 3/14/2011

Comments:

I would appreciate the opportunity to present a brief verbal testimony in support of SB1458. I have professional credentials & personal experiences relative to this bill. Thank you.

morikawa2 - Grant

From: sara steiner [saralegal@live.com]
Sent: Monday, March 14, 2011 10:27 AM
To: HLTtestimony
Subject: SB1458 SD2 Relating to Health and Public Safety and Military Affairs

To: Committee on Health and Committee on Public Safety

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

Re: SB 1458 SD2 Relating to Health
Committee on Public Safety and Military Affairs

Position: Strong Support

Aloha from the Big Island,

I am a medical marijuana patient in Hawaii. I support this Senate Bill 1458 because we desperately need distribution centers for medical marijuana and it's many useful products. As it is now, our "compassionate" laws do not help medical patients, they are leaving acquisition to the black market for a large majority of people who cannot grow their own (takes 6-9 months or more), or who can not find a caregiver (hard to find, can only care for 1 person). So we have people being arrested and prosecuted for acquiring or trying to provide a plant that should not be, but there was no provisions in the original laws, and this has been going on now for 11 years.

There are several points in this bill which I am absolutely opposed to, but the need for access to the people is making the overall bill necessary now. I do not see how you can limit the number of compassion centers. They need to be set up in relation to the amount of patients on each island. Why does the Big Island only get 6 centers when we have almost 6 times the amount of patients that Oahu does? That is ridiculous. And I am also disagreeing with the fact that a person who has a felony record for growing marijuana in the last 10 years will be prohibited from having one of these licenses. Those people have seen through the bad laws, and have been the courageous ones to grow and provide healing plant material to others in need. They are the ones who know how to grow the best products, which is very important. They have already suffered the full brunt of the legal system, there is no reason to penalize them again.

This is important, we need to provide jobs for local residents, and we need to be fair about it. The whole scheduling and persecution of marijuana crimes has been a farce, and we need to move forward quickly and fairly. The laws were bad, do not keep that bad mentality going with our "compassion" center licensing requirements.

Thank you for your support of this bill, let's work on making it better as we move forward.

Sara Steiner
808-936-9546

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2011 10:50 AM
To: HLTtestimony
Cc: thetwitch_2001@yahoo.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Marci Elizondo
Organization: Individual
Address:
Phone:
E-mail: thetwitch_2001@yahoo.com
Submitted on: 3/14/2011

Comments:

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

From: Rebecca Azar

RE: SB 1458 SD2 Relating to Health

Hearing: Tuesday, March 15, 2011, 10:30 a.m., Room 329, 2 copies

Position: Strong Support

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.

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.

I feel very strongly that this bill should be considered for the well-being of all patients. Thank you for your time and consideration.

Sincerely,
Rebecca Azar

To: Committee on Health

Committee on Public Safety and Military Affairs

From: Jennifer Ruggles

SB 1458 SD2 Relating to Health

Position: Strong Support

Tuesday, March 15, 2011, 10:30 a.m.

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.

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. Please Support SB 1458 SD2. Thank you for this opportunity to testify.

Sincerely,

Ms. Jennifer Ruggles

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

From: Michelle Baiko

RE: SB 1458 SD2 Relating to Health
Hearing: Tuesday, March 15, 2011, 10:30 a.m., Room 329, 2 copies

I strongly support SB1458

Medical patients definitely need safe, consistent reliable access to their medicine. The proposed legislation for Compassion Centers is designed to meet that need.

This legislation gives Hawaii the opportunity to learn from other states that have cannabis dispensaries and to vastly improve upon their current models. I believe one model that should be strongly considered is that the State of Hawaii be directly responsible for the operations of the cannabis dispensaries.

In the Commonwealth of Virginia all alcoholic beverages, with the exception of beer and wine, are purchased in state run liquor stores which are overseen by the Alcoholic Beverage Commission. <http://www.abc.virginia.gov/> This program gives the state control over when and where alcohol is purchased, better oversight and educational opportunities to discourage underage drinking, drunk driving and the like. This type of program could be an excellent model for which the cannabis dispensary system is set up in Hawaii.

Following this model would ensure that all safety and zoning concerns are met, that quality control is in place and the Compassion Centers will more easily gain the acceptance of both law enforcement and concerned citizens alike. The Hawaii Cannabis Regulatory Commission could be set up to oversee the dispensaries as well as the growers who are licensed to provide inventory for these facilities.

Please do not allow the mistakes of other states to cloud your judgment regarding cannabis dispensaries. Hawaii was the first state to implement a medical marijuana program through the state legislature. We now have the opportunity to improve upon that law to allow for Compassion Centers. By doing that correctly we will provide a great service to our sick, injured and dying citizens, inhibit black market cannabis sales, reduce underage access to cannabis and set an example that other states will follow.

Thank you for the opportunity to testify on this legislation.

Michelle Baiko

I am in strong support of senate bill SB1458, with amendments. I would like to see a more agriculture model for this law. People worry about the percentage of THC in the cannabis but as a medical patient I worry more about containments like mold, pesticides and harsh fertilizers. I would also like to see a building set up where compassionate center, Growers and marijuana-infused product makers can meet and auction off there product and the state can regulate the sales from there.

Cannabis is a plant being grown and because of that we should treat it as an agricultural product. If they're where a system set up to regulate the growing and buying of products in one location then there would be safer product being produced. We need not to worry about the levels of THC but more about containments. Hawaii has a great agricultural environment but with that can come some problems. There should be a facility where growers can test their product before sale for levels of THC, mold, and pesticides and if there where to be a building set up on each island to where you could have a "live Auction" type setting then there would be more regulation and consistency within the medical marijuana industry. Look at the auction at pier 34 where seafood is sold and regulated by a few different agencies. You have noaa, dept health, and DLNR all able to see what is being bought and sold daily and make sure that it is all keep up to there agencies standards. If this model was used you could regulate it all from this location taxes on the purchase made and sold goods, regulate potencies and contaminates, and lastly set a fare price as to a grading system via the auction.

Don't forget about research there should be something set up to be able to research cannabis and cannabis byproducts. With the many uses today for cannabis we should set up something for research. There should be a license to research the products and their uses so that someone can define its abilities as a useful medicine and possibly help with the reschuldung of it.

Education is the most important part and I don't see any in this bill, their needs to be education of the medicine to youth and also the people evolved in the industry. For food you need to get a handlers certificate to be able to serve food "education". In school we learn not to abuse OTC drugs like Advil and aspirin why not cannabis? There should be a system in place so that only educated individuals can possess these licenses so that the medicine has a standard.

I would like to take monument to discuss some personal experience. As one of the owners of a hydroponic store I see the faces of a lot of the mmj patients and because of that I see a lot of the flaws with today's laws both here and in other states. Recently I have traveled to both CO and CA and have seen what there system has done to the patient of those states most patients are still paying a high price for there cannabis and are treated like a customer rather than a patient. In my store people come to me for advice and knowledge and respect the answers given. With the laws today and how vague they are its hard when someone asks me for advice on the current law. I ask that you write this bill

with the thought in mind that people need to be able to follow it for it to work and make it safe for them to want to cooperate with it. Remove our information from it for safety, define the laws better and provide access to there medicine. Lastly don't assume that everyone involved with cannabis is someone wanting to get high. There are several uses for cannabis and with allowing research to be done we can improve the heath of Hawaii citizens. A topical made with cannabis extract is know to cure skin cancer and with a high amount of people in Hawaii having a form of that why wouldn't we want there to be research done? You don't get high from the topical and it is safe for most people. Please take the time to look at the issues with this bill and make the proper amendments so as it can work properly to suet the parties involved.

Some questions thoughts for this bill

- 1- Why no education. Youth, industry and patient
- 2- The higher the fees the harder it will be on the patient
- 3- Can we setup research facility
- 4- Only allow Hawaii residence to get a cannabis license
- 5- Can we set up a live auction model
- 6- Define the wording properly so patients can corporate
- 7- Allow people to use cannabis for any qualifying reason

I urge the committee to pass this measure with amendments and help make a working program for the cannabis industry.

Mahalo
Aron Gonsalves
Owner
Green Hands Of Aloha
808-520-4349

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

From: Clifton S. Otto, M.D.

Re: SB1458 SD2 Relating to Health
Hearing: Tuesday, March 15, 2011, 10:30 a.m.

Position: Support

I am testifying today in support of SB 1458 SD 2

In concept, I am in favor of creating a new way for registered medical cannabis patients to acquire medical cannabis in Hawaii. It is obvious that Hawaii's current system is painfully outdated and only forces registered patients to acquire their medication on the black market.

No matter which system is finally arrived at, the most important aspect of improving access to medical cannabis involves providing a means by which cannabis can be subjected to a validated analytical method that allows for consistent and verifiable measurements of cannabis potency, purity and potential contamination.

This can only be accomplished in a properly equipped analytical laboratory that is able to implement such validated methods in a transparent manner.

I would recommend that SB1458 SD2 include a section that requires all dispensaries to be able to prove that the product they are selling has been analyzed using a validated analytical method and that these results be made available to patients.

Thank you for your time.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 13, 2011 4:41 PM
To: HLTtestimony
Cc: cheryl@solights.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Cheryl Nelson
Organization: Individual
Address:
Phone:
E-mail: cheryl@solights.com
Submitted on: 3/13/2011

Comments:

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 13, 2011 4:09 PM
To: HLTtestimony
Cc: aaronzeeman@yahoo.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: aaron zeeman
Organization: Individual
Address:
Phone:
E-mail: aaronzeeman@yahoo.com
Submitted on: 3/13/2011

Comments:

So many mmj patients have the same dilemma of getting their permits and then not knowing where to get legal medicine, seeds or plants. The mmj law has come up seriously short on these questions. This bill will solve these problems and allow patients to get their medicine legally and safely.

this law is way overdue. Help patients acquire medicine legally.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 13, 2011 3:07 PM
To: HLTtestimony
Cc: mark@solights.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position:
Testifier will be present: Yes
Submitted by: Mark Nelson
Organization: Individual
Address:
Phone:
E-mail: mark@solights.com
Submitted on: 3/13/2011

Comments:

I am a Hawaii Island Resident. I am a Medical Cannabis Patient & Caregiver.
I am a small business owner. I support this bill, and will be present at the hearings Tuesday the 15th.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 13, 2011 2:49 PM
To: HLTtestimony
Cc: swartzg001@hawaii.rr.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: gregory swartz
Organization: Individual
Address:
Phone:
E-mail: swartzg001@hawaii.rr.com
Submitted on: 3/13/2011

Comments:

I support this legislation subject to the condition that medical marijuana facilities and medical marijuana patients should not be taxed extraordinarily just to raise money for the State. While many law enforcement personnel and other naysayers doubt the legitimacy of medical marijuana, it is a prescribed drug like any other drug and should be treated the same as other drugs and users should not be harassed or stigmatized.

It is important that licensure of medical marijuana users be taken away from the Department of Public safety, which delays issuance of certifications, charges an excessive fee, and has shown a disregard for medical privacy.

There are several amendments I would suggest to the bill. First, HRS Section 329 -125 needs to be amended to strengthen the protections given to patients, i.e. it is not just an affirmative defense - not offense has been committed and any arrest is improper, the strict compliance language needs to be softened to something like substantial compliance and not criminalize unintentional violations, and it must include language making it absolutely clear that patients and caregivers obtaining medical marijuana from centers are not committing any offense. The amendment to HRS Section 329-121 needs clarifying revisions. A center's supplies should have nothing to do with the registered patients. Registered patients should be able to have 7 plants of any size and 2 ounces of processed marijuana, not two ounces per plant which makes no sense. Is this allowing 14 ounces of processed marijuana or saying that plants can't weigh more than 2 ounces. As for the new Section 329-B, the definition of Compassion Center, and other sections of the bill seem to imply that only a patient or physician as primary caregiver can obtain marijuana. There are other caregivers such as relatives who should be able to acquire the marijuana for the patient. Finally, licenses should be allowed to sell plants (at least immature plants) and seeds to patients so they grow their own. A patient obtaining plants or seeds from someone else would appear to be a crime.

morikawa2 - Grant

From: Robert Bacher [bacher.robert@gmail.com]
Sent: Sunday, March 13, 2011 10:32 AM
To: HLTtestimony
Subject: Strong Support for SB 1458 - Safe Access Now!

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

From: Robert Bacher

RE: SB 1458 SD2 Relating to Health
Hearing: Tuesday, March 15, 2011, 10:30 a.m., Room 329

Position: Strong Support

I am writing you today very hopefully in strong support of SB 1458, which would finally allow Act 228 of June 14th, 2000 to begin to function for the patients and caregivers. For over 10 years now, patients, doctors, nurses, and other curious citizens have been trying to figure out a way to help each other without exposing themselves to potentially very serious legal liabilities. This bill will begin to help Act 228 function, give patients and police alike some guidelines to follow, and also generate much needed tax revenue for the general fund.

I am testifying today in support of establishing compassion centers for seriously ill patients who qualify to use medical cannabis. I feel establishing compassion centers is important because, simply put, without a regulated system, patients and caregivers alike are forced to support an untaxed black market at least as often they are able to produce quality medicine on their own.

Ten years ago, after graduating high school in New York, I wanted to learn more about Cannabis and hoped to come out to Hawaii and work in a dispensary. Maybe even researching making better medicines at school. Doctors I asked, had no idea what a blue card was and had no interest in getting involved with the Narcotics Enforcement Division of the Department of Public Safety. In the past ten years, the police have "politely robbed" me and arrested me 4 times for trying to provide safe access. Each time, approximately a dozen to 2 dozen officers and a few detectives ruined my day, took my vehicles, inventory, and other property. I have been very blessed and fortunate to have kept my freedom except for a few (about 9) days in jail total, but each time it has been financially devastating and personally depressing to be processed and treated as a criminal. As somebody who has been helping patients all along, I would be greatly relieved to be given an opportunity to be a respected AND productive citizen and the opportunity to make a living and pay taxes without fear. I like to think I'm unique, but the truth is that there are many people like me, who have been waiting to be taken seriously, not taken to jail! As frustration mounts, patience is replaced with anger at being seemingly entrapped in an admittedly large gray area between legality and criminal conduct. Both myself and the police would really appreciate your help and guidance. In the mean time, we're all wasting each other's time and resources in a time when there's nothing left to waste. Please give us a legal avenue to walk.

I may not have the means to open a "Compassionate Care Club" or Cooperative or Collective immediately, but I am still very excited about all of the ancillary, or support, businesses that wait to open. Legitimate businesses in this emerging industry include, but are not limited to; Clinical Analysis Laboratories, marketing, packaging, consulting, bakeries and delivery, nutrient

companies, soil companies, lighting, and security (hello off duty police officers!). And also my latest attempt at trying something else, Real Estate. There is currently a tremendous amount of vacant commercial real estate that would enjoy the added demand and slow restaurants that would love complimentary neighbors.

p.s. I would like to share a metaphor I came up with while trying to do laundry while being eaten by mosquitos. Don't kill a spider in a room full of mosquitos! While spiders aren't for everybody and some people are very frightened by them, they do help to control other problems and don't really hurt many people here in Hawaii. People need jobs and the budget needs balancing!

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 13, 2011 10:09 AM
To: HLTtestimony
Cc: konaliberty@gmail.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Tom Liberty
Organization: Individual
Address:
Phone:
E-mail: konaliberty@gmail.com
Submitted on: 3/13/2011

Comments:
I strongly support SB 1458...

morikawa2 - Grant

From: chelsey riddle [dandiifu@yahoo.com]
Sent: Sunday, March 13, 2011 7:48 AM
To: HLTtestimony
Subject: RE: SB 1458 SD2 Relating to Health Hearing: Tuesday, March 15, 2011, 10:30 a.m., Room 329,

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

From: Chelsey Riddle

RE: SB 1458 SD2 Relating to Health
Hearing: Tuesday, March 15, 2011, 10:30 a.m., Room 329, 2 copies

Position: Strong Support

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.

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.

morikawa2 - Grant

From: chris werner [christopherallenwerner@yahoo.com]
Sent: Sunday, March 13, 2011 7:42 AM
To: HLTtestimony
Subject: Committee on Health and Committee on Public Safety -Tuesday, March 15, 2011, 10:30 a.m.
-SB 1458 SD1 Relating to Health

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

From: Chris Werner

RE: SB 1458 SD2 Relating to Health
Hearing: Tuesday, March 15, 2011, 10:30 a.m., Room 329, 2 copies

Position: Strong Support

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.

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morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, March 12, 2011 3:39 PM
To: HLTtestimony
Cc: lopakasglass@gmail.com
Subject: Testimony for SB1458 on 3/15/2011 10:30:00 AM

Testimony for HLT/PBM 3/15/2011 10:30:00 AM SB1458

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Robert york
Organization: Individual
Address:
Phone:
E-mail: lopakasglass@gmail.com
Submitted on: 3/12/2011

Comments:
Medicinal dispensaries are fundamental in allowing safe access for medicinal patients..... plus if taxed properly are good for the economy in hard times such as these.....