

LATE

COMMITTEE ON HEALTH

SENATOR JOSH GREEN, M.D., CHAIR

SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

HEARING DATE: February 2, 2011

TIME: 3:30PM

PLACE: Conference Room 229

BILL NUMBER SB 174

RELATING TO HEALTH

Removes marijuana and tetrahydrocannabinols from a schedule I controlled substances list and places them in the schedule III controlled substances list.

IN STRONG SUPPORT

Aloha,

Senator Josh Green, M.D., Health Chair, Senator Clarence K. Nishihara, Vice Chair, and Members of the Health Committee,

I am testifying today in strong support of SB 174. As a parent, caregiver, and Director of the Advisory Board for West O`ahu Hope For A Cure Foundation, I strongly believe that the chronically ill clients that we see all the time have a right to receive the medications that their physicians recommend for their various medical conditions. The way that this can be accomplished is by placing Medical Cannabis on the same schedule as Marinol. Rescheduling would recognize this medical use as permitted by Hawaii's medical marijuana program.

The Hawaii Medical Association adopted a resolution in 2010 supporting rescheduling marijuana from schedule I to schedule III.

The American College of Physicians (ACP) in 2008 Position Paper states that "We believe that an evidence-based review by federal regulatory authorities on the

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safety and efficacy of marijuana and cannabinoids for therapeutic purposes will likely provide evidence to support both reclassification and adjustment of federal and State laws, and strengthen public confidence in the federal regulatory structure."

Cannabis has been used by millions of people for many centuries with no history of recorded fatalities and with no known lethal dosage ever discovered.

Cannabis has many well-known medical benefits. It has little or no known withdrawal syndromes and is therefore considered to be minimally or non-addictive.

Please help the chronically ill get access to their medication.

Mahalo,

Mrs. Lila G. Rattner

West O`ahu Hope for a Cure Foundation

91-211 Maka'ina Place

Ewa Beach, Hawaii 96706

808-685-6677

LATE

COMMITTEE ON HEALTH

CHAIR: SENATOR JOSH GREEN, M.D

VICE CHAIR: SENATOR CLARENCE K. NISHIHARA

HEARING DATE: February 2, 2011

TIME: 2:45 P. M.

PLACE: Conference Room 229

**REPRESENTING: MYSELF & CLIENTS OF WEST O`AHU HOPE FOR A CURE
FOUNDATION, INC.**

RE: SENATE BILL NUMBER SB 174

RELATING TO HEALTH

Removes marijuana and tetrahydrocannabinols from a Schedule I controlled substances list and places them in the schedule III controlled substances list.

POSITION: IN STRONG SUPPORT

Aloha kakou,

Senator Josh Green, M.D., Senate Health Committee Chair, Senator Clarence K. Nishihara, Senate Health Committee Vice Chair, and other distinguished Members of the Senate Health Committee,

Finally, after many years of advocacy, I have the pleasure of testifying **in strong support** of a Medical Cannabis Bill, **SB 174**, a Bill for an Act, Relating to Health, by specifically, removing Marijuana (Cannabis) from the Schedule I Class of Drugs & would at last place Cannabis in the Schedule III Class of Drugs, which obviously after careful consideration from Legislators, believe that Medical Cannabis, will now be amongst the kind of substances that it truly emulates.

Opium and other 'addictive' opiates such as oxycontin and oxycodone are highly addictive, have severe side effects (e.g. liver damage) and are Classified as

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Schedule II drugs, making it more probable to cause the Patient more harm than good, believing instead that it would create more havoc and harm while being referred to as such, classifying this worthy for century's Medication as a Schedule II Medication. In complete contrast, Cannabis, which I hope is made the Official name of the Medicinal Drug known as Marijuana, which at 5.8% THC, is the synthetic Medication prescribed daily by Physicians in a caviar shaped egg like pill called Dronibinol or Marinol, made by the pharmaceutical Unimed.

This synthetic version of Medical Cannabis, is unique and the only one of its' kind, which has proven time and time again, to be a less addictive, if addictive at all, as a substance used by those Patients, with recommendations by their Physician clearly noting that the benefits of this substance, which is completely Marijuana in a pill, without a doubt, outweighs the risks of not using the medication for the Patient, which also doesn't have a history of creating severe side effects. Clearly, if you look at any invoice from a months' worth of 10 mg of Marinol, taken TID or three times a day, costs our Insurance Companies and Individual Clients not insured for Compassionate Care, a minimum of \$5,000.00 every month, when even at the Black Market prices, for the allowed allowance of Cannabis possessed at a time, never surpassing the 3 ounce maximum at any given time, would then equal what would be prescribed by your Doctor.

At about \$1,500.00 monthly on the Black Market for the same amount, would now if this Bill becomes Law, would change the value of it at Black Market prices, since now Profit and Not for Profit businesses will eventually allowed to Dispense the product charging a Processing and Dispensing Fee, never charging for the Medication but for the time and effort to process the order and to get it to the Patient, by whatever means legally possible.

By classifying this treatment as one to finally be prescribed by a Physician as opposed to it being recommended by a Doctor, to then first be licensed and scrutinized by the Department of Public Safety, who don't really understand the meaning of what the HIPAA Privacy Law really represents, when this Program should be overseen by the Department most responsible for a citizens' well being and Health as well as a Patient's Confidentiality & providing the kind of

Compassionate Client Care deemed necessary, like the Organization I Founded & am the current C.E.O. of called, West O`ahu Hope For A Cure Foundation, Inc., where since 2004, we have been building our Mission based on the ideologies of what the Medical Cannabis Working Group, of which I was an honored member of in 2010, because Governor Lingle refused to let the Legislatively approved Task Force to again review the Law derived from the year 2000 Legislature, because ten years after the Law was incepted, Hawai`i citizens that were granted the civil right of medicating themselves as per their Doctor's recommendations using any of the many ways of ingesting Cannabis, which we at W.O.H.F.A.C., Inc., are not yet practicing, which at best will finally include the Dispensing and Counseling of this extremely valuable Medication, to Chronically Ill Patients living with HIV/AIDS, Hepatitis B & C as well as Addiction, which Cannabis can be used as a substance when inducing Harm Reduction, for Crystal Meth-Amphetamine addicts.

As a Chronically Ill Medicinal Cannabis Patient, living with a severe Debilitating Condition for more than 25 years, licensed in Hawai`i to grow, smoke and travel throughout the Counties of the State of Hawai`i since 2003, the passage of this Bill, followed up with completely admirable Legislation that can create the kind of infrastructure necessary, to make the words of this Bill real and not just an Act or Law, which doesn't hold true to the words within the Law. This is a time in the future, which I look forward to actually living to see and appreciate.

I suspect this, in the shadow of the past eight years, of an Administration, not even willing to consider this as a Revenue making prospect which was offered as an amendment last biennium, to the language initially created for Hawai`i's Senate Bill, SB 418 SD2 HD2, created in 2008, finally with SB 174's passing, is a way for Patients to finally have Access to their prescribed (which is the key factor here), Medicine, by letting the State profit from a Dispensing & Processing Fee of any and all kinds of Medicinal Cannabis, whether for Profit or eventually run by Not for Profit Organizations. The reality is, that this Law allowing Cannabis for Patients in this State which are prescribed by a qualified & licensed Doctor and the Patients licensed under the State's Public Safety AND Health Departments, simultaneously, is what I am hopeful is a recommended situation that this 26th

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Legislature has agreed to complete and allow this law with all good intentions in 2000, become the law it should have been in the year 2000. Congratulations for becoming the first Legislative Body, to enact on their own, this Law to come to pass.

It has been a pleasure working with the members of the Medical Cannabis Working Group, including from the ACLU Laurie Temple, President of the Drug Policy Forum, Pamela Lichty, their Executive Director Jeanne Ohta, as well as my own alternate also to Serve on the Group, my Mom, the Director of our Foundation's Advisory Board, Mrs. Lila Rattner.

Without both the Medication and the Caretaking of my Ohana, I would not still be alive, and I am grateful and humbled to see the change in attitude of Law makers, now that the proponents of this Legislation have changed their views, by watching just what effects the substance had on the one's they may know or love, with different points of view, but all with the same ideology. To make Compassionate Client Care for the Chronically Ill with a Debilitating Condition as easy a visit to get their Cannabis, as it is to obtain any other pharmaceutical, I would just recommend to still keep a Pharmacy for Pill Regimens and Agricultural Pharmaceuticals' kept and dispensed by what will be NEW BUSINESSES for our State, which means jobs and tax revenue to compensate for our climbing by the day deficit.

Mahalo, for working so hard to in making the Access and Distribution of Medicinal Cannabis as close to reality as ever!

Mahalo nui loa, for the opportunity to Testify.

Joseph B. Rattner, O. D., M.H.A., CSAC

91-211 Maka`ina Place

Ewa Beach, Hawai'i 96706-5101

(808) 685-6702

NIEL AMBERCROMBIE
GOVERNOR



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

LATE
JODIE MAESAKA-HIRATA
INTERIM DIRECTOR

Deputy Director of
Administration

Deputy Director
Corrections

KEITH KAMITA
Deputy Director
Law Enforcement

No. _____

**TESTIMONY ON SENATE BILL 174
A BILL FOR AN ACT RELATING TO HEALTH**

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

Committee on Health
Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair

Wednesday February 2, 2011, 2:45 PM
State Capitol, Room 229

Chair Green, Vice Chair Nishihara, and Members of the Committees:

The Department of Public Safety (PSD) strongly opposes Senate Bill 174 that proposes the rescheduling of the controlled substance marijuana and tetrahydrocannabinols from Schedule I (Section 329-14) to Schedule III (Section 329-18). Presently both Federal and State law list marijuana and tetrahydrocannabinols as Schedule I hallucinogenic controlled substances. Even if the Legislature attempts to deschedule marijuana and tetrahydrocannabinols from Schedule I to Schedule III, Federal law would supersede and the State would be required to treat these drugs as Schedule I controlled substances.

Chapter 329-11(d) states, "If a substance is added, deleted, or rescheduled as a controlled substance under federal law and notice of the designation is given to the department of public safety, the department of public safety shall recommend that a corresponding change in Hawaii law be made.

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Senate Bill 174
February 2, 2011
Page 2

The department of public safety shall similarly designate the substance as added, deleted, or rescheduled under this chapter, after the expiration of thirty days from publication in the Federal Register of a final order, and this change shall have the effect of law." The specific intent of this statute is that Hawaii law be consistent with the United States Code regarding the scheduling of controlled substances.

In addition to the intent of the Hawaii law, the United States Supreme Court has ruled that this federal regulation supersedes any state's regulation on marijuana. (*Gonzales v. Raich* (2005) 125 S.Ct. 2195, 2215.) In this case, the Court stated, "The Supremacy Clause unambiguously provides that if there is any conflict between federal law and state law, federal law shall prevail."

For these reasons, PSD strongly urges that Senate Bill 174 be held.
Thank you for the opportunity to testify on this matter.

Feleai Tau

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 01, 2011 5:35 PM
To: HTHTestimony
Cc: Joebiii@Juno.com
Subject: Testimony for SB174 on 2/2/2011 2:45:00 PM

Testimony for HTH 2/2/2011 2:45:00 PM SB174

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: Joe Bertram III
Organization: Former Legislators for Sensible Cannabis Control
Address: 7 Kaiu #6 Kihei, HI
Phone: 808-264-0985
E-mail: Joebiii@Juno.com
Submitted on: 2/1/2011

Comments:

Please support this sensible step towards sensibility in our drug laws. Mahalo! -Former Rep Joe Bertram III

Feleai Tau

From: Kevin Lash [kevinlash@gmail.com]
Sent: Wednesday, February 02, 2011 12:01 AM
To: HTHTestimony
Subject: Re: SB 174 Relating to Health

To: Senator Josh Green, M.D., Chair,
Senator Clarence K. Nishihara, Vice Chair, and
Members of the Committee on Health

From: Kevin Lash

Re: SB 174 Relating to Health
Hearing: Wednesday, February 2, 2011, 2:45 p.m.

Position: Support

I am testifying today in support of SB 174 for the following reasons:

-Cannabis is currently listed as a Schedule I substance. Moving it to schedule III will make the natural plant version consistent with the synthetic pharmaceutical version, Marinol, which is currently a Schedule III drug.

-Rescheduling marijuana would recognize medical use, as permitted by Hawaii's medical marijuana program.

-Opium and other opiates such as oxycontin and oxycodone which are highly addictive, have severe side effects, e.g. liver damage are Schedule II drugs. In contrast, marijuana is less addictive, and does not have a history of severe side effects.

-The Hawaii Medical Association adopted a resolution in 2010 supporting the rescheduling of marijuana from Schedule I to Schedule III.

-According to Hawaii controlled substances law, Schedule I drugs have the "highest degree of danger or probable danger" and Schedule III drugs have "a degree of danger or probable danger less than the substances listed in schedule I and II." Substances in schedule I and II are opium, oxycontin, oxycodone, methamphetamine, and cocaine.

-Cannabis has little or no known withdrawal syndrome and is therefore considered to be minimally or non-addictive.

-Cannabis has many well-known medical benefits (including efficacy for anorexia, nausea, vomiting, pain, muscle spasms, and glaucoma) and is currently recommended by thousands of American physicians;

-Cannabis has been used by millions of people for many centuries with no history of recorded fatalities and with no known lethal dosage ever discovered.

-Natural herbs (such as Cannabis) are generally much safer than the chemicals (such as THC) extracted from said herbs, as evidenced by the relative safety of green tea and of coca leaves compared to the potentially lethal concentrated extracts of theophylline and of cocaine, respectively; and

-The American College of Physicians (ACP) 2008 Position Paper states that, "We believe that an evidence-based review by federal regulatory authorities on the safety and efficacy of marijuana and cannabinoids for therapeutic purposes will likely provide evidence to

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support both appropriate reclassification and adjustment of federal drug enforcement laws, reduce conflict between the federal and state laws, and strengthen public confidence in the federal regulatory structure."

-It is impossible to OVERDOSE from Cannabis or use it as a means of suicide unlike many medication that are not scheduled and available over the counter.

-Despite the common belief that patients "SMOKE" cannabis many more are using vaporizers and ingesting it in food form both of which I can attest from personal experience are more effective on pain and have much less impact on brain function compared to smoking.

Thank you,

Kevin Lash

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

Feleai Tau

LATE

From: Robert Bacher [bacher.robert@gmail.com]
Sent: Wednesday, February 02, 2011 12:21 AM
To: HTHTestimony
Subject: Support for SB 174

To: Senator Josh Green, M.D., Chair,
Senator Clarence K. Nishihara, Vice Chair, and
Members of the Committee on Health

From: Robert Bacher

Re: SB 174 Relating to Health
Hearing: Wednesday, February 2, 2011, 2:45 p.m.

Position: Support

I am testifying today in support of SB 174. I am writing today to ask for science based and practical policy regarding Cannabis. The American Medical Association, the American College of Physicians, are among the many groups the strongly support the re-scheduling of Cannabis. It is important to re-schedule Cannabis because the 3 criteria that make a substance Schedule I do not by any measure fit cannabis.

1. Cannabis, by anyone's definition, has medicinal value. A Schedule I drug must have no medicinal value. Strange that the Federal government has Medical Cannabis patients of its own, 4 of whom survive today. Millions of doctors and patients have seen the medicinal value of Cannabis and further research will increase our understanding and treatment options.

2. Cannabis is safe to use, under a physician's supervision, or without. A Schedule I drug IS unsafe to use even under the supervision of a physician. However in thousands of years of human use of Cannabis, there has never been one deaths attributed to the injection of Cannabis, the result of an impossibly unattainable lethal dose.

3. Cannabis does not cause a strong or serious addiction. Most patients would say the mental urge to medicate with Cannabis is relatively less the physical dependance of caffeine, nicotine, or alcohol. And many patients would also tell you how happy they are to have a safe alternative medicine or complimentary medicine to pills that often have side-effects that outnumber their benefits.

It is the over-scheduling of Cannabis that is criminal. It prevents research and understanding and development of more effective medicines.

Mahalo for your time,
Robert Bacher
Realtor Associate
NEW STAR Realty, Inc.
1631 Kapiolani Blvd Suite 201
Honolulu, HI 96814
bacher.robert@gmail.com
cell (808)429-6442

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Feleai Tau

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 02, 2011 12:34 PM
To: HTHTestimony
Cc: forecharlee@msn.com
Subject: Testimony for SB174 on 2/2/2011 2:45:00 PM

Testimony for HTH 2/2/2011 2:45:00 PM SB174

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: Charles Webb, MD
Organization: Individual
Address: 73-993 Ahikawa St Kailua Kona, HI 96740
Phone: 808-345-1298
E-mail: forecharlee@msn.com
Submitted on: 2/2/2011

Comments:

Hawaii Medical Assoc. voted overwhelmingly to re-schedule cannabis from I to III. Cannabis is safe (no fatalities ever!) and not physically addictive. THC capsules are much stronger and have been Schedule III for twenty years. This is like allowing strong caffeine pills but prohibiting the drinking of milder caffeine substances such as coffee and tea. This is an excellent bill that is strongly supported by science.

Feleai Tau

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 02, 2011 9:21 AM
To: HTHTestimony
Cc: vickiannie49@yahoo.com
Subject: Testimony for SB174 on 2/2/2011 2:45:00 PM

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Testimony for HTH 2/2/2011 2:45:00 PM SB174

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: Vicki-Ann H McCaffery
Organization: Individual
Address: 78-7100 Kamehameha III, 403 Kailua-Kona HI
Phone: 8083227152
E-mail: vickiannie49@yahoo.com
Submitted on: 2/2/2011

Comments:

I apologize for the typos and mistakes in my testimony; we weren't given much time to proof-read anything. Please vote for the passage of SB 174, which re-lists medical marijuana as a Schedule III drug.

Feleai Tau

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 02, 2011 10:51 AM
To: HTHTestimony
Cc: snn@hawaii.edu
Subject: Testimony for SB174 on 2/2/2011 2:45:00 PM

Testimony for HTH 2/2/2011 2:45:00 PM SB174

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: Sarah Nicolaisen
Organization: Individual
Address: P.O. Box 690 Naalehu, Hawaii 96772
Phone: 808-640-3083
E-mail: snn@hawaii.edu
Submitted on: 2/2/2011

Comments:
I, Sarah Nicolaisen support this bill

Feleai Tau

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 02, 2011 10:56 AM
To: HTHTestimony
Cc: da.mcfadden@yahoo.com
Subject: Testimony for SB174 on 2/2/2011 2:45:00 PM

Testimony for HTH 2/2/2011 2:45:00 PM SB174

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: David McFadden
Organization: Individual
Address: P.O. Box 729 Naalehu, Hawaii 96772
Phone: 808-938-6216
E-mail: da.mcfadden@yahoo.com
Submitted on: 2/2/2011

Comments:

I, David Mcfadden am here to testify in support of Senate Bill 174:

-Cannabis is currently listed as a Schedule I substance. Moving it to schedule III will make the natural plant version consistent with the synthetic pharmaceutical version, Marinol, which is currently a Schedule III drug.

-Rescheduling marijuana would recognize medical use, as permitted by Hawaii's medical marijuana program.

-Opium and other opiates such as oxycontin and oxycodone which are highly addictive, have severe side effects, e.g. liver damage are Schedule II drugs. In contrast, marijuana is less addictive, and does not have a history of severe side effects.

-The Hawaii Medical Association adopted a resolution in 2010 supporting the rescheduling of marijuana from Schedule I to Schedule III.

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-Cannabis has little or no known withdrawal syndrome and is therefore considered to be minimally or non-addictive.

-Cannabis has many well-known medical benefits (including efficacy for anorexia, nausea, vomiting, pain, muscle spasms, and glaucoma) and is currently recommended by thousands of American physicians;

-Cannabis has been used by millions of people for many centuries with no history of recorded fatalities and with no known lethal dosage ever discovered.

-Natural herbs (such as Cannabis) are generally much safer than the chemicals (such as THC) extracted from said herbs, as evidenced by the relative safety of green tea and of coca

leaves compared to the potentially lethal concentrated extracts of theophylline and cocaine, respectively; and

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-The American College of Physicians (ACP) 2008 Position Paper states that, "We believe that an evidence-based review by federal regulatory authorities on the safety and efficacy of marijuana and cannabinoids for therapeutic purposes will likely provide evidence to support both appropriate reclassification and adjustment of federal drug enforcement laws, reduce conflict between the federal and state laws, and strengthen public confidence in the federal regulatory structure."

Feleai Tau

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 02, 2011 3:09 PM
To: HTHTestimony
Cc: thirr33@gmail.com
Subject: Testimony for SB174 on 2/2/2011 2:45:00 PM

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TESTIMONY**

Testimony for HTH 2/2/2011 2:45:00 PM SB174

Conference room: 229
Testifier position: support
Testifier will be present: Yes
Submitted by: Arvid Youngquist
Organization: Individual
Address:
Phone:
E-mail: thirr33@gmail.com
Submitted on: 2/2/2011

Comments:
Chair, Sen. Josh Green
Vice Chair, Sen. Slarence K. Nishihara
honorable Members of the Senate Health Committee

I support this measure in principle, but recommend that before any expenditures are made, it be forwarded to the Hawaiian Congressional delegation for introduction of legislation at the Federal level that is in comport with the spirit of SB 174 Relating to Health.

Mahalo,

Arvid Younquist
kalihi valley