

# **SB 175**

RELATING TO HEALTH.

Transfers jurisdiction over the medical marijuana laws from the department of public safety to the department of health.



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. BOX 3378  
HONOLULU, HI 96801-3378

In reply, please refer to:  
File:

**Senate Committees on Public Safety, Government Operations and Military Affairs,  
and Health**

**S.B. 175; RELATING TO HEALTH**

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.  
Acting Director of Health  
February 8, 2011; 2:45 p.m.; conference room 224**

1 **Department's Position:** The Department of Health (DOH) strongly opposes the transfer of  
2 functions of the Medical Use of Marijuana Program from the Department of Public Safety (PSD)  
3 to the DOH.

4 **Fiscal Implications:** No funds are appropriated, however, costs will be incurred to recruit, train  
5 and hire specialized staff for operationalizing the certification and registration functions within  
6 DOH.

7 **Purpose and Justification:** The measure proposes to amend Section 329-121, Hawaii Revised  
8 Statutes (HRS), by replacing PSD with DOH in the definition of "written certification;" amends  
9 Section 329-123, HRS, to transfer registration requirements for the Medical Use of Marijuana  
10 Program from PSD to DOH; provides for the transfer of staff, appropriations, records,  
11 equipment, machines, files, supplies, contracts, etc., from PSD to DOH; and allows for the  
12 validity of PSD written certification forms pending the issuance of new forms.

13 The proposed amendments would require DOH to implement and oversee the receiving,  
14 processing and verifying of physicians' certifications, as well as maintaining registries of  
15 medical marijuana patients and their caregivers.

16 It is unclear who will be responsible for verifying physicians' licensure, as well as their  
17 authority to prescribe scheduled drugs – functions that require the expertise that resides within

1 the currently assigned agency, PSD. Maintaining the program within PSD eliminates the need to  
2 expend additional resources to re-establish the program within another department, which would  
3 incur added costs to recruit, train and hire specialized staff for developing and operationalizing  
4 the program.

5 We respectfully recommend that this measure be held.

6 Thank you for the opportunity to testify on this measure.

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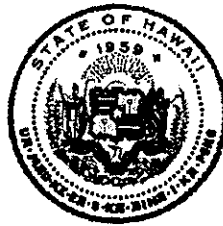
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NEEL AMBERCROMBIE  
GOVERNOR



STATE OF HAWAII  
**DEPARTMENT OF PUBLIC SAFETY**  
919 Ala Moana Blvd. 4<sup>th</sup> Floor  
Honolulu, Hawaii 96813

**JODIE MAESAKA-HIRATA**  
INTERIM DIRECTOR

Deputy Director of  
Administration

Deputy Director  
Corrections

**KEITH KAMITA**  
Deputy Director  
Law Enforcement

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

**TESTIMONY ON SENATE BILL 175  
A BILL FOR AN ACT RELATING TO HEALTH**  
by  
Jodie Maesaka-Hirata, Interim Director  
Department of Public Safety

Committee on Public Safety, Government Operations and Military Affairs  
Senator Will Espero, Chair  
Senator Michelle Kidani, Vice Chair

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

Tuesday, February 8, 2011, 2:45 PM  
State Capitol, Room 224

Chairs Espero and Green, Vice Chairs Kidani and Nishihara, and Members of the Committees:

The Department of Public Safety (PSD) does not support Senate Bill 175 that proposes to transfer the medical use of marijuana program from PSD to Department of Health (DOH). PSD feels that it is more appropriate that the program remain under the direction of its Narcotics Enforcement Division (NED) which has the operational ability and infrastructure to maintain the medical use of marijuana patient registry and afford law enforcement agencies the ability to verify information twenty-four hours a day. SCR 197 which was passed by the 2005 Legislature, mandated that the Director of DOH convene a medical

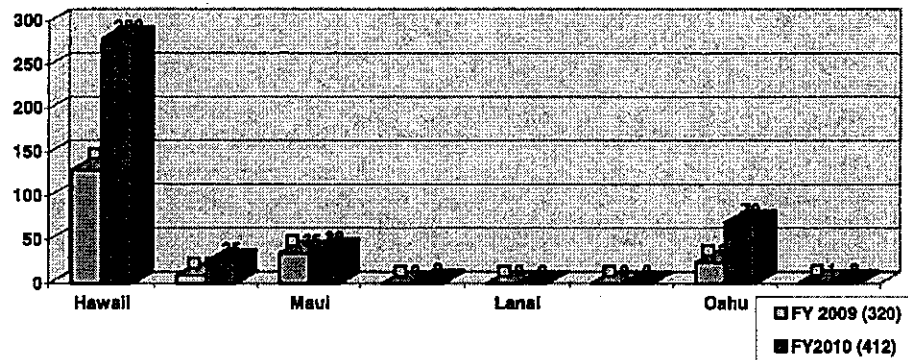
marijuana working group to make recommendations to improve Hawaii's medical marijuana program, to include recommendations which state department the medical marijuana would most effectively be placed:

***Finding.*** The functions and authority for scheduling of controlled substances exercised by the DOH were transferred to PSD in 1990. Despite perceptions, the transfer of the medical use of marijuana program to the DOH would not reduce the level of oversight. Current procedures for the program would still be followed: DOH would be required to verify physicians' licensure, as well as their authority to prescribe scheduled drugs functions that require the expertise that resides within the NED. In addition, a system within DOH that operates "24/7" would have to be established to ensure that law enforcement officers are able to verify a patient's valid use of marijuana for medical purposes.

***Recommendation.*** No action is necessary as the functions necessary to operate the program reside with the assigned agency. Transfer of the program would incur additional operating and manpower cost to DOH. Since the inception of Hawaii's medical use of marijuana program in 2000, PSD's NED has worked very closely with State and County law enforcement officers in conducting medical use of marijuana permit verification information to the officers on the street. During FY 2010, NED conducted 412 medical marijuana verification checks for Federal, State, and County law enforcement agencies. Of these 412 law enforcement verification checks, the issuing physician has only revoked 5 of these permits from patients or caregivers arrested for violating the program by

possessing over the authorized number of marijuana plants or processed marijuana. NED has received numerous verification calls resulting in an individual being released without arrest or seizure of their plants due to the ability of law enforcement officer to contact NED 24 hours a day, 7 days a week to verify a patient or caregiver's medical use of marijuana certificate status. During 2009, NED implemented a standardized form for Federal, State, and County law enforcement to request medical use of marijuana verification information and set up a tracking system of these request. Even with NED streamlining the verification and response to the law enforcement procedure, each check takes approximately 15 minutes and is done by NED Investigators, due to the possibility of having to testify in court on the information provided. Therefore, for this process to continue, it would require DOH to acquire a number of law enforcement positions for this purpose. The graph below indicates the medical marijuana verifications by island for 2009-2010:

LAW ENFORCEMENT MEDICAL USE OF MARIJUANA VERIFICATION REQUEST BY ISLAND  
2009-2010



Senate Bill 175  
February 8, 2011  
Page 4

For these practical and fiscal reasons, PSD cannot support Senate Bill 175, and asks that it be held.

Thank you for the opportunity to testify on this matter.

NEIL ABERCROMBIE  
GOVERNOR



SUNSHINE P.W. TOPPING  
INTERIM DIRECTOR

STATE OF HAWAII  
DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT  
235 S. BERETANIA STREET  
HONOLULU, HAWAII 96813-2437

February 7, 2011

TESTIMONY TO THE  
COMMITTEE ON PUBLIC SAFETY, GOVERNMENT OPERATIONS AND  
MILITARY AFFAIRS

AND

COMMITTEE ON HEALTH  
For Hearing on Tuesday, February 8, 2011  
2:45 p.m., Conference Room 224

BY

SUNSHINE P.W. TOPPING  
INTERIM DIRECTOR

**Senate Bill No. 0175  
Relating to Health**

**WRITTEN TESTIMONY ONLY**

TO CHAIRPERSONS WILL ESPERO, JOSH GREEN MD, AND COMMITTEE MEMBERS

The purpose of S.B. 0175 is to transfer jurisdiction over the medical marijuana laws from the Department of Public Safety to the Department of Health.

The Department of Human Resources Development has **comments** on the proposed transfer. To protect the rights and benefits of the employees to be transferred, we prefer the following proposed transfer language be used in place of the third and fourth paragraphs of Section 3 of the bill:



"All employees who occupy civil service positions and whose functions are transferred to the Department of Health by this Act shall retain their civil service status (permanent or temporary). Employees shall be transferred without loss of salary, seniority, retention points, prior service credit, any vacation and sick leave credits previously earned, and other rights, benefits, and privileges, in accordance with state personnel laws and this Act, provided that the employees possess the minimum qualifications and public employment requirements for the class and/or position to which transferred or appointed, as applicable, provided further that subsequent changes in status may be made pursuant to applicable civil service and compensation laws.

Any employee who, prior to this Act, is exempt from civil service and is transferred as a consequence of this Act, may continue to retain the employee's exempt status, but shall not be appointed to a civil service position because of this Act. An exempt employee who is transferred by this Act shall not suffer any loss of prior service credit, any vacation and sick leave credits previously earned, or other employee benefits or privileges as a consequence of this Act, provided that the employees possess legal and public employment requirements for the position to which transferred or appointed, as applicable; provided that subsequent changes in status may be made pursuant to applicable employment and compensation laws. The director of department of health may prescribe the duties and qualifications of such employees and fix their salaries without regard to chapter 76, Hawaii Revised Statutes."

Thank you for opportunity to offer comments on this measure.

Richard S. Miller  
Professor of Law, Emeritus

E-mail: [rmiller@aya.yale.edu](mailto:rmiller@aya.yale.edu)  
Phone: 808-254-1796

To: Committee on Public Safety, Government Operations, and Military Affairs and  
Committee on Health  
RE: SB 175 Relating to Health  
Hearing: Tuesday, February 8, 2010, 2:45 p.m., Room 224

Position: Strong Support

Chairs Espero and Green and Distinguished Committee Members:

I am writing in strong support of SB 175 Relating to Health which moves the oversight of the medical use of marijuana program from the Department of Public Safety to the Department of Health.

The Hawaii Legislature deserves great praise for being the first state legislature to adopt a compassionate medical marijuana program to address the needs of Hawaii patients suffering from a "debilitating medical condition." The wisdom of the Legislature's action is well illustrated in the information provided by the non-profit and neutral organization, PROCON.ORG, which is readily accessible on the Internet. It reports that of 69 peer-reviewed medical studies of medical benefits from Cannabis and Cannabis Extracts from 1990-2010, 32 were pro, 23 were not clearly pro or con, and only 14 were con.

Unfortunately, the need for such a program was created by a largely irrational but widely held view that, unlike alcohol and tobacco, marijuana should be prohibited rather than regulated and taxed. It is not disputed that alcohol and tobacco, in terms of actual harm to human beings, are far more dangerous and, indeed, deadly for altogether too many human beings than marijuana.

The United States long ago learned the considerable perils of prohibiting substances that many people enjoy. Prohibition of alcohol began on January 17, 1920, when the Eighteenth Amendment went into effect and ended in 1933 with its repeal. At the end of Prohibition some supporters openly admitted its failure. A quote from a letter, written in 1932 by wealthy industrialist John D. Rockefeller, Jr., hardly a liberal, states:

"When Prohibition was introduced, I hoped that it would be widely supported by public opinion and the day would soon come when the evil effects of alcohol would be recognized. I have slowly and reluctantly come to believe that this has not been the result. Instead, drinking has generally increased; the speakeasy has replaced the saloon; a vast army of lawbreakers has appeared; many of our best citizens have openly ignored Prohibition; respect for the law has been greatly lessened; and crime has increased to a level never seen before."

Today, similar horrors may best be observed by what is occurring in Mexico, turning over extensive power and murderous consequences to the marijuana drug lords.


In the mainland United States and in Hawaii, where marijuana use has been prohibited, there is little or no evidence that usage has been reduced and, perhaps worse, there has been little or no regulation to protect vulnerable users or taxation to pay for the negative effects of unregulated use or for enforcement.

By virtue of our law, the control of the medical marijuana law has been placed in the Law Enforcement Division of the Department of Public Safety. Rather than further the Legislature's compassionate policy, there is every evidence that the Department of Public Safety has deemed their administration as more of a law enforcement effort than a program to support the needs of patients who suffer from debilitating conditions. A particularly bleak example of hostility is this terribly serious breach of privacy: In June 2008, the Department of Public Safety negligently released the entire list of the then 4,000 patients, their addresses, the location of their marijuana plants, license information, and the names of their physicians to Peter Sur, reporter for the Hawaii Tribune-Herald.

It seem clear that both the patients who seek relief from debilitating conditions, especially the elderly who have had little prior contact with marijuana, and the physicians who are authorized to certify patients who qualify for medical marijuana have reason to fear their participation will subject them to unwarranted sanctions and excessive enforcement by the Department of Public Safety. Given the increasing evidence that marijuana has positive medical benefits (see Procon.org) there is every reason to believe that the unwillingness of many Hawaii physicians and patients to participate in the program is attributable to fears causes by its placement under the Law Enforcement Division of the Department of Public Safety.

It also seems clear that administration of the program should not lie with the department charged largely with a prosecutorial and punitive responsibility, but should lie with a department charged with protecting and enhancing the public health, the Department of Health. Indeed, in the law the DOH is already charged with the function of determining which medical conditions qualify as "debilitating medical conditions." Should the program be moved to the DOH and work in the compassionate manner contemplated by the Legislature, I would support an increase of the patient fee from \$25.00 to \$50.00.

Thank you for considering my personal views, which are not necessarily those of the U.H. or its Law School.



# COMMUNITY ALLIANCE ON PRISONS

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## COMMITTEE ON PUBLIC SAFETY, GOVERNMENT OPS & MILITARY AFFAIRS

Sen. Will Espero, Chair

Sen. Michelle Kidani, Vice Chair

## COMMITTEE ON HEALTH

Sen. Josh Green, Chair

Sen. Clarence Nishihara, Vice Chair

Tuesday, February 8, 2011

Room 224

2:45 pm

**SB 175 - STRONG SUPPORT - Transferring MMJ Program from PSD to DOH**

[PGMtestimony@Capitol.Hawaii.gov](mailto:PGMtestimony@Capitol.Hawaii.gov)

Aloha Chair Espero, Chair Green 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 approximately 1,750 individuals serving their sentences abroad, thousands of miles away from their homes and loved ones.

SB 175 transfers jurisdiction over the medical marijuana laws from the department of public safety to the department of health.

Community Alliance on Prisons is in strong support of this measure.

When the law creating the Medical Marijuana Program was passed in 2000, Hawai`i was lauded as the first legislature in the nation to pass this compassionate legislation. At the time, the program was placed in the Department of Public Safety despite the common belief that the program was more suited to the Department of Health. Since 2000 there have been numerous problems with PSD's handling of the program including but not limited to:

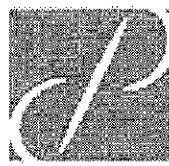
- huge backlog in the issuance of licenses;
- PSD released confidential patient information to a Hawai`i Tribune Herald reporter;
- PSD's refusal to put forms and pertinent information about the program on the web as other states do;
- PSD's intimidation of doctors who recommend medical cannabis to their patients

The fact that the program is in the same division that grants prescriptive authority to physicians is problematic and has limited the number of doctors willing to recommend medical cannabis, even though they may believe that it would help their patients.

The fact that patients have to register with the Narcotics Enforcement Division is intimidating and makes sick people feel like criminals.

Please have mercy on the members of our community living in constant pain and for those suffering from debilitating illnesses. Please pass this compassionate bill and show Hawai'i's aloha for all our citizens.

Mahalo for this opportunity testify.



# the Drug Policy Forum

o f h a w a i ' i

February 8, 2011

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To: Members of the Senate Committee on Public Safety, Government  
Operations, and Military Affairs  
and  
Members of the Senate Committee on Health

From: Jeanne Ohta, Executive Director

Re: SB 175 Relating to Health  
Hearing: Tuesday, February 8, 2011, 2:45 p.m., Room 224

Position: Strong Support

Good afternoon, I am testifying today in strong support of SB 175 Relating to Health which moves the Medical Use of Marijuana Program from the Department of Public Safety's Narcotics Enforcement Division to the Department of Health.

This is an important proposal, a request that patients and physicians have made for several years. The medical marijuana program should be in a department that has the experience of working with groups of patients and health programs. Easily accessible and easily understandable information on how the program works and outreach for the program are currently not available from the Department of Public Safety. This work would more likely be accomplished by a department with the experience and background of implementing other health programs.

Moving the administration of the program from the Department of Public Safety to the Department of Health was one of the top priorities recommended last year by the Medical Cannabis Working Group.

As a law enforcement agency, the Narcotics Enforcement Division has testified on numerous occasions that "marijuana has no medical use." Based on this belief, this agency should not have the responsibility of administering the program.

In my role as Executive Director, I receive many phone calls and emails about the medical marijuana program. The Drug Policy Forum has published a booklet with information about the program that includes answers to frequently asked questions. That same information is posted on our website. This information should be made available by the state, but is not. I have received inquiries from patients, families of patients, and from physicians.

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Website: [www.dpfhi.org](http://www.dpfhi.org)

It is clear to me that by placing the program in the Department of Public Safety, a law enforcement approach rather than a public health approach is being used to administer the program. Current patients and physicians have expressed concern about dealing with a narcotics enforcement agency. The original intent of the law was to create a public health program out of concern for the seriously ill.

The department has needlessly taken an adversarial view of patient and physician participants in the program. Instead of assisting physicians and patients in maintaining their legal participation, both groups are viewed with suspicion.

Sometime ago, I received a phone call from a gentleman who wanted to know more about the program. When I told him that the Narcotics Enforcement Division administers the program, he told me, "What, you want me to call the cops on myself?" He said he preferred to ask me questions if I wouldn't mind. His questions were simple to answer.

There is also general concern about the records being kept in a law enforcement agency and it makes patients wonder who may also have access to them. In fact, in a serious breach of privacy, in June 2008, the Department of Public Safety released the entire list of the then 4,000 patients, their addresses, the location of their marijuana plants, license information, and the names of their physicians to Peter Sur, reporter for the *Hawaii Tribune-Herald*. In response to the release of their private information and to prevent any possibility of arrest by federal authorities, a few patients destroyed their marijuana plants. I believe patients would have more confidence in a health agency as they handle other sensitive information about patients.

Another good reason to move the program is that the Department of Health has the responsibility of considering new medical conditions that would qualify for the program. It seems reasonable that a single agency should be responsible for all aspects of the program.

Please pass this important measure. Thank you for the opportunity to testify.

# *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: Senate Committees on Public Safety, Government Operations, and  
Military Affairs & Health

FROM: Pamela Lichty, MPH  
President

DATE: February 8, 2011, 2:45 p.m., room 224

RE: S.B. 175 RELATING TO HEALTH – **IN STRONG SUPPORT**

Aloha Senators Espero, Green 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 transfer the administration of the Medical Cannabis program from the Narcotics Enforcement Division (NED) of the Department of Public Safety to the Department of Health was one of the top four priorities for the Working Group. All of the stakeholders from patients to caregivers to physicians who were surveyed believed that it was imperative to address this critical problem with Hawaii'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). Only in Hawai'i and in Vermont is the program placed in a law enforcement agency. All of the other states and jurisdictions which have a registry system have it placed within their Department of Health.

Simply put, it is inappropriate that the Narcotics Enforcement Division (NED) of the Department of Public Safety remains in charge of this public health program. The mission of NED is antithetical to the aims of the program; the compassionate goals of the



program, to address the suffering of people with serious medical conditions, are far more compatible with those of the Department of Health.

Moreover, 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. We will not enumerate the many problems with NED’s management here. We feel certain that the Committees will hear of many personal experiences from the patients who have been continually disappointed with the attitude and the performance of NED.

In addition to specific example of problems with NED, there is a definite chilling effect when patients and physicians learn they must work with a law enforcement agency. NED has the authority to pull a physician’s prescriptive authority - this makes participation in this program problematic for many doctors who are fearful of negative consequences, even if they are following the letter of the law.

NED has done the bare minimum to provide the public with information about the program and in some cases has been forced to do so by the intervention of entities like the State Ombudsman and the Office of Information Practices. In contrast, DOH has experience and expertise in doing outreach and public education to the communities they serve. They also have expertise and an excellent reputation for handling confidential medical information.

Another consideration is that the current law permits DOH to set up a process for adding new qualifying conditions. It makes more sense for one department to handle all aspects of administering this program.

We hope that if this bill move forward, and if new Administrative Rules are required, DOH will convene and consult with a well-defined and broad group of stakeholders to improve the way the program works.

As noted, on the following page the Executive Summary of the Medical Cannabis Working Group which was issued in February 2010 appears. The entire report can be found on the Drug Policy Forum of Hawai’i website: [www.dpfhi.org](http://www.dpfhi.org).

Mahalo for hearing this bill and we anticipate your favorable consideration. We ask the Committees to pass this bill on to WAM 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;
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. [emphasis added];**

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.

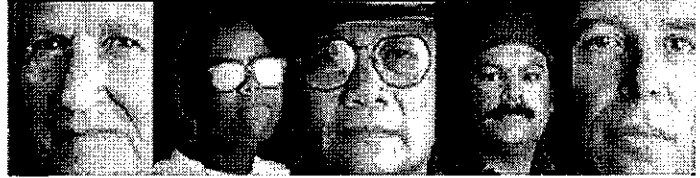
Finally, since not all of the problems with the program need to be addressed by legislative action, MCWG recommends that the Medical Cannabis Working Group be permanently convened to identify and help implement strategies, both legislative and administrative, to improve Hawaii's program.



Americans For  
Safe Access

Advancing Legal Medical Marijuana Therapeutics and Research

375 Hoaka Road, Hilo, HI. 96720 [bigislandsafeaccess@gmail.com](mailto:bigislandsafeaccess@gmail.com) (808) 959-8091



To: Committee on Public Safety, Government Operations, and Military  
Affairs  
Committee on Health

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

RE: SB 175 Relating to Health

Hearing: Tuesday, February 8, 2010, 2:45 p.m., Room 224

Position: Strong Support

Americans for Safe Access are writing to strongly support moving the oversight of the medical cannabis program to the Department of Health. This program is a health program not a law enforcement program. When the state passed the medical cannabis program in 2000 it was the Department of Narcotics Enforcement that had the say in who administered the program. This was a mistake from the beginning.

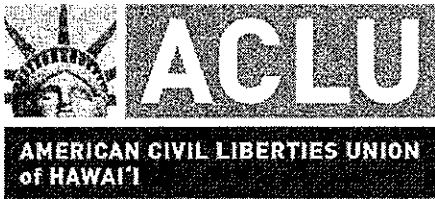
During the past ten years the program has been not only inefficiently run by NED but there have been some serious breaches of confidentiality that this department has violated. In 2008 the NED released all the names addresses, the location of cannabis plants and other private information to a Hilo newspaper reporter. This was only followed by an apology and a promise that it would not happen again.

Additionally, NED takes up to six months to process licensing requests leaving patients worrying that they do not have proper documentation certifying that they are legitimate patients if questioned by law enforcement.

It is the general feeling of patients that NED does not support the medical cannabis program and do all they can to undermine the program. A very

good example of this is that the former chief of NED attends community meetings where he has presented power point presentations showing photos of doctors who recommend cannabis and speaks unfavorably about patient's legitimate right to medical cannabis.

Americans for Safe Access strongly supports passage of this bill that needs to be passed during this legislative session. Please pass SB 175. Mahalo.



Committee: Committees on Health and Public Safety, Government Operations and Military Affairs  
Hearing Date/Time: Tuesday, February 8, 2011, 2:45 p.m.  
Place: Room 224  
Re: Testimony of the ACLU of Hawaii in Support of S.B. 175, Relating to Health

Dear Chairs Espero and Green and Members of the Committees on Health and Public Safety, Government Operations and Military Affairs:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) writes in support of S.B. 175, Relating to Health, which transfers jurisdiction over Hawaii’s medical cannabis program from the Department of Public Safety to the Department of Health.

As a member of the Medical Cannabis Working Group, the ACLU of Hawaii is aware of the many problems that patients have with the medical marijuana program – including incidents such as the Department of Public Safety’s release of patient names and addresses to a Hilo newspaper in June 2008 – indicating that a health-related program like Hawaii’s medical cannabis program ought to be housed in the Department of Health, rather than the Department of Public Safety. As the Working Group reported:

Hawai‘i medical cannabis regulations are best handled through the Hawai‘i State Department of Health (“DOH”), not [the Department of Public Safety’s Narcotics Enforcement Division], to ensure the protection of qualified patients, caregivers, and dispensaries. General regulatory oversight duties – including permitting, record maintenance and related protocols - should be the responsibility of DOH. Given the statutory mission and responsibilities of DOH, it is the natural choice and best-suited agency to address the regulation of any medical cannabis dispensing model. Law enforcement agencies are ill suited for handling such matters, having little or no expertise in horticultural, health and medical affairs.

The full report is available at <http://www.acluhawaii.org/downloads/1002MCWG.pdf>. As such, the ACLU of Hawaii supports SB 175.

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

American Civil Liberties Union of Hawai‘i  
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Chairs Green and Espero and Members of the Committees on  
Health and Public Safety, Government Operations and Military Affairs  
February 8, 2011  
Page 2 of 2

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,



Daniel M. Gluck  
Senior Staff Attorney  
ACLU of Hawaii

American Civil Liberties Union of Hawaii  
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Honolulu, Hawaii 96801  
T: 808.522-5900  
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E: [office@acluhawaii.org](mailto:office@acluhawaii.org)  
[www.acluhawaii.org](http://www.acluhawaii.org)

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**From:** Jbrhawaii1@aol.com  
**Sent:** Tuesday, February 08, 2011 2:50 AM  
**To:** PGM Testimony  
**Cc:** Sen. Josh Green; Sen. Will Espero; wespero@hotmail.com; jbr@WestOahuHopeForACure.org; Jbrhawaii1@aol.com  
**Subject:** Testimony IN STRONG SUPPORT OF SB 113 & 175 @ 2:45 p.m. & 3:15 p.m.

**Attn: Joint Committee Hearing of Health and Public Safety, Government Operations and Military Affairs**

**To: Senator Will Espero, Chair  
Senator Michelle Kidani, Vice Chair and  
Members of the Committee on Public Safety, Government Operations, and Military Affairs**

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

Representing both Myself: **Joseph B. Rattner, O. D., M.H.A. and CSAC**

As well as the Chronically Ill Clients of: **West O`ahu Hope For A Cure Foundation, Inc. (W.O.H.F.A.C.)**

**RE: SB 113 Relating to Medical Cannabis Research & SB 175 Relating to Health  
Hearing: Tuesday, February 8, 2011, 2:45 p.m. & 3:15 p.m., Respectively in Room 224**

Establishes a 3 year pilot medical cannabis research program in the State to provide a means by which a team of qualified researchers could undertake medical cannabis research involving local qualifying medical cannabis patients. Sunsets 12/31/14.

Transfers the jurisdiction over the medical (cannabis program) marijuana laws from the Department of Public Safety to the Department of Health.

**Position: Both Bills: In Strong Support**

Aloha Distinguished Members of the Committee,

I am testifying today in strong support of enabling medical cannabis research in Hawaii. The state has already recognized the benefits of medical cannabis in 2000, by becoming the 1<sup>st</sup> and only State to have in fact legalized its medicinal use as a opinion of the Legislature and not from a request the Public necessarily desired. Next was to provide a platform on which the chemical properties and medicinal benefits of medical cannabis can be studied in a formal peer-reviewed manner. Since the program was established in 2000, aside from a questionnaire administered by the Medical Cannabis Working Group earlier this year, there has been no formal research, when it was the only real ways and means into the botanical and medical aspects of the plant based as a medicine & that thousands of Hawai'i residents use now every day.

Our Organization, West O`ahu Hope For A Cure Foundation, Inc., which began operating as a Hawai'i Not for Profit Agency in October of 2004, and had the formal backing and recommendations' for Federal Tax Exemption, as in I.R.S. code, 501(c) (3) recognition, as written in support from Public

Safety Chair, Senator Will C. Espero and then Senate Health Chair Senator Rosalyn Baker.

From research results, scarcely but currently available, are revealed certain environmental conditions which respond better to particular strains of cannabis. Our group Advisors, Scientists and Patients would benefit from this truly pertinent knowledge, of which strain would provide them the best relief. As an Agency making decisions for these chronically ill patients' on a daily basis, we feel confident in our ability to perform these blind cannabis studies which would fall in line with the State and Federal guidelines & permissions granted to us by the US & Hawai'i's Department of Public Safety.

During last year's 2010 Session, this very similar, almost identical request was offered to me personally, as the C.E.O. of W.O.H.F.A.C., by the then head of the Narcotics Enforcement Division and now the Deputy Head of the Department of Public Safety, Keith Kamita, which we agreed to apply for and then the Finance Committee did in fact prove and decide that Hawai'i should in fact revisit the law enacted in 2000. This was especially damaging in a sense due to the prior administration's adamant rejection to any reform of a law for people the Governor was quoted as being insignificant.

So regardless that the present law seemed to be unfinished and in fact hurtful to the disabled community, due to the lack of access or distribution available or offered to patients, along with no education to patients, physicians of law enforcement of the directions we should be providing, with every blue permission card the State dispenses, to help patients to self medicate, with a Physicians recommendation and the PSD's approval.

Organizations, specializing in the treatment both Socially and Medically for the Chronically Ill, such as the recently amended Mission of (I will enclose a copy from my web site's Mission page), West O'ahu Hope For A Cure Foundation, Inc., would be an appropriate, Not for Profit Agency, that are not bound yet bound by Federal Statute as is with some Institutions, such as UH Manoa, that depend upon federal grants & are unwilling to participate in medical cannabis studies for the unfounded fear that they will lose federal funding. In fact, California established the Center for Medical Cannabis Research at UC San Diego in 2000.

There is currently no legal means, either state or federal, by which researchers can conduct medical cannabis research in Hawai'i.

Since cannabis is still a Schedule I substance, it is extremely difficult to get approval from the DEA to conduct research with medical cannabis. Even in the rare instance where such approval is granted, research can only be carried out with cannabis that is grown at the only federally contracted lab at the University of Mississippi. Studying the cannabis strains that are currently being used in Hawaii, not random strains that the DEA controls will most benefit patients in Hawaii.

I am for the Research of Medicinal Cannabis, for all stakeholders, the risks of **not** doing so are clear. Instead of being at the cutting edge and highest revenue making state per patient from fees incurred during a chronically ill with a debilitating conditions Life, especially in these times and when the money made would be much better served in businesses of the citizens of our State and **NOT THE HANDS OF OUR DOWN THE STREET DRUG DEALER.**

This bill would enable the legal research of medical cannabis at the state level, thereby providing protection for researchers from attack by the DEA or other federal agencies.

Allowing the Research so important to the care of those with Cancer, HIV, Glaucoma and other Chronic and Debilitating Conditions, we would also establish a mechanism whereby privately or publicly funded research corporations could become licensed to conduct state approved research projects that must comply with certain research guidelines. It would enable licensed researchers to



obtain cannabis plants so that (1) the chemical properties of different strains can be analyzed under controlled laboratory conditions (2) specific strains of cannabis can be grown to provide study medication for patients with particular illness and (3) certified medical patients can be enrolled in controlled medical trials utilizing locally produced medicine.

Below my name and address I will cut and paste the amended Mission of West O`ahu Hope For Foundation, In, who also is in 100% favor of the Program being formally moved to the Department that should be responsible for the decisions of the Chronically Ill, the DOH or Department of Health.

I understand that there is another Bill that addresses that matter, so please if possible let this stand as testimony IN STRONG SUPPORT OF BOTH, SB 113 and SB 175 and hope that the Senate Committee of Health decide to officially move the Program to DOH and the Senate Public Safety, Military Affairs and Government Operations pass both these measures, with the knowledge that our Organization is ready as ever to get to work on Clinical Trials on the Efficacy's and the THC levels necessary to help patients with Multiple Sclerosis move in the morning and as well for the levels necessary to keep as chemo patient from the nausea often endured.

Mahalo, for the opportunity to testify and accept my apologies for it's' tardiness.

Peace and Aloha,

Joseph B. Rattner

91-211 Maka`ina Place

Ewa Beach, HI 96706-5101

(808) 685-6677

[www.WOHFAC.org](http://www.WOHFAC.org)

#### **Our Mission**

**TO HOST A CONSTANT CONTINUUM OF EDUCATIONAL AND PREVENTIVE, COMPASSIONATE CARE AND CLIENT SERVICES FOR THOSE AT RISK FOR OR AFFLICTED WITH ANY OF THESE CHRONIC ILLNESSES, THAT CAN DEBILITATE THE BODY TO SEVERE PROPORTIONS, AS IN HIV AND AIDS, VIRAL HEPATITIS, STDs, SUBSTANCE ABUSE OR ALCOHOLISM.**

**PROMOTING A POSITIVELY EFFECTIVE COMMUNITY THAT ESTABLISHES THE HIGHEST STANDARD OF CARE FOR ALL HAWAI`I RESIDENTS, WHETHER DIRECTLY OR INDIRECTLY, WHILE PROVIDING SUPERIOR HEALTH CARE AND WELLNESS SERVICES.**

**MAKING DETERMINATE RISK ASSESSMENTS FOR ANY PATIENT/CLIENT AUTHORIZED BY THE STATE OF HAWAI`I, WHO IS RECOMMENDED BY THEIR PHYSICIAN, TO USE THE BENEFITS OF MEDICAL CANNABIS, WHILE CREATING SAFE ACCESS FOR PATIENTS, CAREGIVERS AND CULTIVATORS TO GROW, POSSESS, TRANSPORT, DIGEST AND SMOKE, ANY APPROPRIATE STRAINS OF MEDICAL CANNABIS AS WELL AS PROVIDING FORMS OF COUNSELING AND REFERRAL SERVICES TO THESE PATIENTS. ENSURE THAT THE RECOMMENDING AND AUTHORIZING PHYSICIANS IN THE STATE OF HAWAI`I, ENCOURAGES COMPLETE AND THOROUGH EDUCATION ON THE DIFFERENT EFFICACIES OF MEDICAL CANNABIS TO QUALIFYING PATIENTS AND CAREGIVERS, WITH THE MOST CUTTING EDGE AND STATE OF THE ART FORMS OF OUTDOOR AND INDOOR**

## CANNABIS GROWING.

THIS WILL PROVIDE US WITH THE 100%, HAWAII STATE GROWN, LEGAL, MEDICINAL AND ACCESSIBLE CANNABIS.

BY PRESENTING ZONED APPROPRIATE, AGRICULTURALLY SOUND PLANNING FOR THE EDUCATION & DISPENSING OF MEDICAL CANNABIS AND/OR DELIVERY SERVICES, TO ANY PATIENT OR CAREGIVER IN THE STATE OF HAWAII, AUTHORIZED BY A PHYSICIAN AND THE DEPARTMENT'S OF HEALTH AND PUBLIC SAFETY OF THE STATE OF HAWAII, ALLOWING PATIENTS TO MEDICATE THEMSELVES & HAVE A CAREGIVER HELP IF DESIRED, IN ACCORDANCE WITH STATUTE 329-120 to 130, IN ALLEVIATING THE DIFFICULT AND UNIQUE DISCOMFORT'S OF THEIR SPECIFIC AILMENTS.

ALWAYS TRYING TO EMPOWER AND ENCOURAGE ALL INDIVIDUALS, FAMILIES & AT RISK COMMUNITIES, IN GATHERING TOGETHER WITH US, TO HELP PREVENT AND STOP THE SPREAD OF THESE CHRONIC AND DEBILITATING ILLNESSES, AND LASTLY, CREATING A BETTER SENSE OF SELF AND 'OHANA (FAMILY), FOR ALL OF OUR LOCALLY AFFECTED, SUFFERING CITIZENS.

### Our Vision

Our Vision is to PREVENT the spread of HIV/AIDS in the State of Hawai'i. CARE for all Individuals at Risk for or already Afflicted with HIV/AIDS, Hepatitis C, STD's, Alcoholism or ADDICTION. By continuously developing structured and newly integrated Programs, such as our Innovative Preventive and Compassionate Care Specializing in Client Services (P.C.C.C.S.), we are dedicated to protecting all of our Communities, by ensuring the Highest Standard of Care.

Through Substance Abuse Treatment and Prevention, Youth, Adult and Senior Citizen Education, HIV/STD Testing, Medicinal Cannabis Distribution and Therapeutics, and a Uniquely Productive Case Management Program, with the Appropriate Medical Referrals, *we can all:*

"Hope for a better tomorrow ..."

Peace and Aloha,  
Joseph B. Rattner, O. D., MHA, CSAC  
Founder & President:  
West O`ahu Hope For A Cure Foundation, Inc.  
WOHFAC  
Community Planning Group Member (CPG)  
SEAT: Consumer-Member At-Large 2008-2010

West O`ahu Hope For A Cure Foundation, Inc.  
Specializing in Preventative Care and Client Services  
Serving the HIV/AIDS, Hepatitis B & C, STD & Alcoholism/Addiction Communities  
Certified in Education, Testing, Counseling and Medical Referrals  
Our life saving Substance Abuse Program "Living Recovery In Paradise" are Rehabilitating  
Crystal Meth-Amphetamine Addiction using Harm Reduction if necessary.  
(12 Step Based)

91-211 Maka`ina Place  
PO Box 2117 (NOTE NEW BOX #)  
Ewa Beach, Hawai`i 96706-5101  
Office: 1.808.685.6702  
Fax: 1.808.685.6840  
24-hour Hotline: 1.808.781.3663  
Foundation Email: [info@WestOahuHopeForACure.org](mailto:info@WestOahuHopeForACure.org)  
Foundation Web Sites: [www.WestOahuHopeForACure.org](http://www.WestOahuHopeForACure.org) & [www.WOHFAC.org](http://www.WOHFAC.org)  
Director's Email: [JBR@WestOahuHopeForACure.org](mailto:JBR@WestOahuHopeForACure.org)  
Fundraising Web Site: [www.RecoveryRideInParadise.com](http://www.RecoveryRideInParadise.com)

*"Hope for a Better Tomorrow!"*  
**"Recovery Ride In Paradise" (Fall of 2011)**

*"When It Comes To Change, Our Voices Speak In Numbers; Once Change is Implemented, Positive Results Prosper!" JBR*

**Confidentiality Notice**

The information in this e-mail and any attachment may contain protected health information as defined by HIPAA, state and federal confidentiality rules (42CFR Part2) and IC 16-39. It is intended only for the use by the individual(s)/entity named above. Please discard otherwise.

To:  
Senator Will Espero, Chair,  
Senator Michelle Kidani, Vice Chair, and  
Members of the Committee on Public Safety, Government Operations, and Military Affairs  
Senator Josh Green, M.D., Chair  
Senator Clarence Nishihara, Vice Chair, and  
Members of the Committee on Health

From: Clifton S. Otto, M.D.

Re: SB 175 Relating to Health  
Hearing: Tuesday, February 8, 2011, 2:45pm

Position: Support

I am testifying today in support of SB 175.

It is not very difficult to understand why Hawaii's medical cannabis program does not belong in the hands of the Department of Public Safety. The very fact that the director of the Department of Public Safety would conduct community outreach programs to slander the reputation of those doctors in Hawaii that are certifying medical cannabis patients is evidence enough that the regulating department for this program needs to change.

Even with such intimidation tactics aside, one has to wonder why a police enforcement agency would want to retain control of Hawaii's medical cannabis program. The logical conclusion would be that the Department of Public Safety does not believe in the medical use of cannabis in the first place, and considers all registered patients as criminals. This is its mission, to find criminals. With such a conflict of interests, it would be impossible for such a department to adequately protect the interests of the patients it is regulating.

Clearly, medical cannabis was legalized in Hawaii so that registered patients could have an alternative means by which to treat their unresponsive medical conditions, as well as have the best chance at improving their health. It makes sense that such a health related issue be regulated by the Department of Health. And there is nothing to say that the Department of Public Safety still could not have oversight of the program once it was moved to the Department of Health.

For example, confidential patient lists could be mirrored both at the Department of Health and the Department of Public Safety, so that if the Department of Public Safety needed to do verifications during evening hours this information would still be accessible.

It is not a matter of whether the Department of Health wants to take on this program. It is a matter of which department is best suited to protect the legitimate interests of the program. I'm sure the Department of Health would have no problem administering such a program once they start getting an influx of \$200,000 plus in registration fees per year.

Thank you for your time.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Friday, February 04, 2011 12:13 PM  
**To:** PGM Testimony  
**Cc:** jonahroberts@mac.com  
**Subject:** Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224  
Testifier position: support  
Testifier will be present: No  
Submitted by: Jonah Roberts  
Organization: Individual  
Address: 3433 Akala Dr HI  
Phone: (808) 283-7604  
E-mail: [jonahroberts@mac.com](mailto:jonahroberts@mac.com)  
Submitted on: 2/4/2011

**Comments:**

I am a medical marijuana patient/card holder in Hawaii.  
I broke my back in 1997 and I became addicted to pain pills. I have been able to manage my ongoing pain with out addiction by the use of medical marijuana. But I am still vary skeptical about law enforcement and the government's outlook on honoring legal medical marijuana in our state.

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, February 05, 2011 9:57 AM  
**To:** PGM Testimony  
**Cc:** cheryl@solights.com  
**Subject:** Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224  
Testifier position: support  
Testifier will be present: No  
Submitted by: Cheryl Nelson  
Organization: Individual  
Address:  
Phone:  
E-mail: [cheryl@solights.com](mailto:cheryl@solights.com)  
Submitted on: 2/5/2011

Comments:

~~mailinglist@capitol.hawaii.gov~~

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, February 05, 2011 9:33 AM  
**To:** PGM Testimony  
**Cc:** vickiv@hawaii.rr.com  
**Subject:** Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224  
Testifier position: comments only  
Testifier will be present: No  
Submitted by: Vicki Vierra  
Organization: Individual  
Address: 15-1499 26th ST Keaau  
Phone: 808 966 6333  
E-mail: [vickiv@hawaii.rr.com](mailto:vickiv@hawaii.rr.com)  
Submitted on: 2/5/2011

**Comments:**

Transferring control of the medical marijuana program to the Health Department is of the utmost importance.

As it stands now, grandmothers tremble wondering if the police are going to break into their homes to count their plants.

The absurdity of this situation becomes apparent when one considers that aspirin kills thousands of people each year (cannabis none) and yet no police are knocking down doors to protect citizens from aspirin.

Drugs should be the under the purview of health professionals, not the police.

The fact that it is now under the purview of the police keeps many sick people from obtaining the life saving effects of cannabis.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, February 05, 2011 8:48 AM  
**To:** PGM Testimony  
**Cc:** buzzzed@msn.com  
**Subject:** Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224  
Testifier position: support  
Testifier will be present: No  
Submitted by: Sandy Webb  
Organization: Individual  
Address:  
Phone:  
E-mail: [buzzzed@msn.com](mailto:buzzzed@msn.com)  
Submitted on: 2/5/2011

**Comments:**

It appears that this office is missed managed. The office staff is very helpful when called but seem to have their hands tied by the administrator. Waiting 4 months for the card at this point in time seems to be a calculated move by the administrator to ask for more funding to run the office. Let the ladies do their work and put out &quot;blue cards&quot; instead of multiple &quot;temporary&quot; letter.



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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, February 05, 2011 1:06 PM  
**To:** PGM Testimony  
**Cc:** jacobwr@hawaii.edu  
**Subject:** Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224  
Testifier position: support  
Testifier will be present: No  
Submitted by: Jacob Reynolds  
Organization: Individual  
Address: po box 805 anahola,hi 96703  
Phone: 8086342015  
E-mail: [jacobwr@hawaii.edu](mailto:jacobwr@hawaii.edu)  
Submitted on: 2/5/2011

**Comments:**

Medical Marijuana is not harmful! In perspective a child could get into an adults medicine box eat prescription pain killers and die if no one was around to get help. If a child got into a medical marijuana patients medicine with no one around the worst that could happen is they are going to raid the fridge and then pass out. In order for a person to overdose on marijuana they would have to consume twice there body weight in one sitting!

Hawaii was the first state to pass a medical marijuana bill through legislation(6/14/2000). Since then little has been done to help patients get the care they need.Please listen to this testimony and help end the pain for those who are suffering.

Transferring jurisdiction over the medical marijuana program to the health department makes sense. Medical marijuana is a public health matter and should be regulated by individuals whose main concern is the health of all Hawaii residents.

Currently, the Department of Public Safety oversees the medical marijuana program. This decreases the trust that patients and caregivers have in the program because they fear their medical marijuana information could be used against them for criminal proceedings.

The Department of Public Safety has breached confidentiality provisions by giving a newspaper reporter a list of patient names.

Medical marijuana is a health, not a safety, issue. Health departments oversee a vast majority of state medical marijuana programs.

Medical marijuana poses no more of a public safety threat than the legal prescription of opiate-based painkillers, yet the Department of Public Safety has no regulatory oversight over these more dangerous drugs.

—Original Message—

From: mailinglist@capitol.hawaii.gov [mailto:mailinglist@capitol.hawaii.gov]

Sent: Wednesday, February 02, 2011 10:57 AM

To: PGM Testimony

Cc: da.mcfadden@yahoo.com

Subject: Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224

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 175

—Original Message—

From: mailinglist@capitol.hawaii.gov [mailto:mailinglist@capitol.hawaii.gov]

Sent: Wednesday, February 02, 2011 10:52 AM

To: PGM Testimony

Cc: snn@hawaii.edu

Subject: Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224

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

From: Susan Golden [ssgolden@webtv.net]  
Sent: Saturday, February 05, 2011 1:13 PM  
To: PGM Testimony  
Cc: ssgolden@webbtv.com  
Subject: Support for SB175

I support SB175 which transfers control of the Medical Marijuana Program from the Department of Safety to the Department of Health. This is obviously much more appropriate like most states who really approve this program. This eliminates the obvious conflict of interest which has been responsible for many embarrassing "mistakes" in releasing private information. It's time to legitimize this program.

Susan Golden  
75-5865 Waiolu Rd., Apt. C-515  
Kailua-Kona, HI 96740  
808-329-3422

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**From:** Robert Bacher [bacher.robert@gmail.com]  
**Sent:** Saturday, February 05, 2011 5:27 PM  
**To:** PGM Testimony  
**Subject:** Support for SB 175

To: Committee on Public Safety, Government Operations, and Military Affairs Committee on Health

From: Robert Bacher

RE: SB 175 Relating to Health

Hearing: Tuesday, February 8, 2010, 2L45 p.m., Room 224

Position: Strong Support

I am writing in strong support of SB 175 Relating to Health which moves the oversight of the medical use of marijuana program from the Department of Public Safety to the Department of Health. Since this program is a health program, it is more appropriate that it is administered by the Department of Health.

It is important to treat medicine as medicine and not treat patients as criminals. The Department of Public Safety has continually undermined both the Medical Cannabis Program and the Industrial Hemp Program that it constantly discredits. As the Department of Public Safety is not the appropriate department to run this type of program, it must be moved to the appropriate Department of Health. Whether the Department of Commerce or Agriculture is also brought on board to oversee things, the conduct of the Keith Kamita has gone across the line of doing his job, into the territory of slander, libel, and abusing his position of power.

To: Committee on Public Safety, Government Operations, and Military Affairs  
Committee on Health

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

RE: SB 175 Relating to Health

Hearing: Tuesday, February 8, 2010, 2L45 p.m., Room 224

Position: Strong Support

I am writing in strong support of SB 175 Relating to Health which moves the oversight of the medical use of marijuana program from the Department of Public Safety to the Department of Health. My position is basically that the NED should be "fired" for providing bad and fearful service. Then, being a health issue, the program should be under the auspices of the rightful owner, the Department of Health.

1. This is a medical and health issue. It is not a law enforcement problem. Those patients who desire to participate in the program are law abiding citizens who are doing their public duty by making it known to the government and state that they wish to be granted that right legally. Yet, many potential patients who would otherwise benefit from the program do not come forward out of fear of the NED. This is understandable, owing to the history of the NED, and their actions. Patients have "heard" that the confidential patient list was released to a newspaper reporter. They fear as well that other government entities may get the information, which could lead to loss of living abodes and jobs. More commonly, they have heard of others being subjected to raids, where their hard grown plants, from which they get valuable medicine, have been confiscated even after demonstration of the "Blue Card". They attribute that to the knowledge of where their plants are being grown given through the application and license management process currently in place. Some patients do not want their confidential health information given to a law enforcement entity.
2. The program is not being administered competently, and is currently being subjected to what I personally interpret, as a work slowdown. The original intent of the law was to create a public health program out of concern for patients with serious or chronic illnesses. Cards that were processed in four weeks now require about 4 or five months to be issued. Renewals take just as long as a new application. There have been no attempts at technologically led improvements such as electronic or internet based application systems. Some of my cancer patients will not even be alive after four months, so where is the fairness for them to be helped and allowed to use in a legal worry-free fashion. There have been no attempts to help those patients most at risk, debilitated, or terminal, by implementing a faster process.

3. The chief of the NED has gone public with his negative attitudes towards the program and those physicians involved with it, and with his adversarial view. This keeps many physicians from even participating in the program. In my field of Pain Medicine, it is generally accepted that the DEA/NED instills enough undo fears in the physicians' mind as to lead to under treatment of patients with narcotics and pain medicines in general. This is of even more concern after the chief of the NED wrote me back, saying that "house calls are not authorized" for the paraplegic, debilitated, or terminal patient. With such a negative view, the whole program goes underutilized, which just may be law enforcements goal, as Mr. Kamita has express public dismay at the numbers involved in the program. I remind all that the true number of patients who may benefit from the use of cannabis may reach over 50,000 patients. This is based on the known percentage of citizens who live with severe chronic pain alone. I personally feel that Cannabinoid Medicine will have a profound effect upon the world in the future, as an integral part of pain management. If you take in all the other potential uses, then the known number will be obviously much higher. For this reason alone, it becomes necessary for the Department of Health to manage it. It is going to have to happen at some point due to a critical mass affect.
4. Moving the administration of the program from the Department of Public Safety to the Department of Health was one of the top priorities recommended last year by the Medical Cannabis Working Group. The medical marijuana program should be in a department that has the experience of working with groups of patients and health programs. Easily accessible and easily understandable information on how the program works and outreach for the program are not currently available. This work would more likely be accomplished by a department with the experience and background of implementing other health programs. I know for a fact that patients would have more confidence in a health agency, because they are well equipped and have experience with the handling of sensitive and private information about patients. After asking this question of many of my patients, I can testify to you that they would feel so much more comfortable having it in the Department of Health.
5. Cannabis is not a toxic substance to the human body, but it does need to be managed by a health care approach. Unlike opioid and other narcotics, its safety is unquestioned. Drug diversion from patients is NOT a pragmatic problem. Few people seem to know that there are cannabinoid receptors all over the cells of the brain, spinal cord and peripheral nerves, as well as the cells of the bodies' immune system. At present, there are two known cannabinoid receptors. With receptors being so ubiquitously present, it was implied and now known that the human body makes all sorts of cannabinoid substances, known as endo-cannabinoids. With research and time, we will be able to decipher all of these things and allow for the substances of the plant to augment and treat many human conditions and diseases. The Department of Health would best regulate and make public policy concerning the use of cannabis as a medicine. The Department of Health has the responsibility of considering new medical conditions that would qualify for the program. It seems reasonable that a single agency should be responsible for all aspects of the program.

Thank you  
David J. Barton, MD



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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 07, 2011 11:27 AM  
**To:** PGM Testimony  
**Cc:** kmarchetti@hawaiiantel.net  
**Subject:** Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224  
Testifier position: support  
Testifier will be present: No  
Submitted by: Kathlen Notestone  
Organization: Individual  
Address: 59 Alapio Place  
Phone: 808-572-1333  
E-mail: [kmarchetti@hawaiiantel.net](mailto:kmarchetti@hawaiiantel.net)  
Submitted on: 2/7/2011

**Comments:**

As a long term chronic nerve pain patient, I feel that the Dept of Health should regulate the Medical Marijuana program in Hawaii. I also feel that a caregiver should be allowed to serve more than one patient. I have become over sensitive to the narcotic medication and must use the cannabis for relief.

## SB 175 - Relating to Health

Transfers jurisdiction over the medical marijuana laws from the Department of Public Safety to the Department of Health

Since Dept of Public Safety views patients as potential criminals it is urgent that the jurisdiction of these laws and licenses be transferred to the Dept. of Health. I have enough stress and pain in my life as a fibromyalgia sufferer and sure would appreciate a more appropriate agency taking care of what should be a health issue.

Please, lawmakers, find the compassion to transfer this jurisdiction to the appropriate agency.

Except for Vermont, all the other states give the kuleana of this to their Health departments.

Mahalo nui loa,  
Sherryanne St. Cyr  
Registered Voter and licensed patient

---

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 07, 2011 2:16 PM  
**To:** PGM Testimony  
**Cc:** mary@mauivortex.com  
**Subject:** Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224  
Testifier position: support  
Testifier will be present: No  
Submitted by: Mary Overbay  
Organization: Individual  
Address:  
Phone:  
E-mail: [mary@mauivortex.com](mailto:mary@mauivortex.com)  
Submitted on: 2/7/2011

Comments:

## SB 175 - Relating to Health

Transfers jurisdiction over the medical marijuana laws from the Department of Public Safety to the Department of Health

Since NEW views patients as potential criminals it is urgent that the jurisdiction of these laws and licenses be transferred to the Dept. of Health. I have enough stress in my life as a caregiver and sure would appreciate a more appropriate agency taking care of what is clearly a health issue.

They are four months behind in issuing new or renewed "blue cards", and yet are asking to raise the fee for a medical certificate. To have a four month delay in issuing these cards is further proof that this agency lacks any kind of compassion or concern for Hawaii's critically ill patients. I imagine they would have a fair amount of contempt for medical citizens as well, with the US govt still insisting on the Schedule 1 danger of this GOD given plant.

Please, lawmakers, find the compassion to transfer this jurisdiction to the appropriate agency.

FYI, I renewed my caregiver/patient card over a month and a half ago and have yet to even get a temporary card. This puts me and my patient in severe jeopardy at the current moment. My patient (seizures) cannot function in society without this particular, non toxic medicine.

Victoria Latenser  
Mountain View, Hawaii  
Registered Voter and licensed Caregiver

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 07, 2011 2:02 PM  
**To:** PGM Testimony  
**Cc:** melrapozo@gmail.com  
**Subject:** Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224  
Testifier position: oppose  
Testifier will be present: No  
Submitted by: MEL RAPOZO  
Organization: Individual  
Address: Inouye Street Lihue, HI  
Phone: 808-645-0243  
E-mail: [melrapozo@gmail.com](mailto:melrapozo@gmail.com)  
Submitted on: 2/7/2011

**Comments:**

Please do not allow this to pass. We must work together to reduce the use of illegal drugs in Hawaii.  
Thank you.

---

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 07, 2011 1:26 PM  
**To:** PGM Testimony  
**Cc:** jessehart420@hotmail.com  
**Subject:** Testimony for SB175 on 2/8/2011 2:45:00 PM  
**Attachments:** test.txt

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224  
Testifier position: support  
Testifier will be present: Yes  
Submitted by: jesse hart  
Organization: Individual  
Address: kalaoa, hi  
Phone:  
E-mail: [jessehart420@hotmail.com](mailto:jessehart420@hotmail.com)  
Submitted on: 2/7/2011

Comments:

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**From:** Teri Heede [theede@hawaii.rr.com]  
**Sent:** Monday, February 07, 2011 1:03 PM  
**To:** PGM Testimony  
**Subject:** SB 175 Relating to Health

COMMITTEE ON PUBLIC SAFETY, GOVERNMENT OPERATIONS, AND MILITARY AFFAIRS

Senator Will Espero, Chair  
Senator Michelle Kidani, Vice Chair

COMMITTEE ON HEALTH  
Senator Josh Green, M.D., Chair  
Senator Clarence K. Nishihara, Vice Chair

NOTICE OF HEARING

**DATE:** Tuesday, February 8, 2011  
**TIME:** 2:45 p.m.  
**PLACE:** Conference Room 224  
State Capitol  
415 South Beretania Street

SB 175

**RELATING TO HEALTH.**  
Transfers jurisdiction over the medical marijuana laws from the department of public safety to the department of health.

Aloha Chair and Committee Members,

I strongly support transferring the medical marijuana program from the Department of Public Safety to the Department of Health.

The Department of Public Safety has repeatedly mishandled patient information. They are not trained to handle patients. They are trained to handle criminals and just don't know what to do with a patient. NED has repeatedly put patients confidential information out to the public and even went to neighborhood board meetings with a power point presentation listing our doctors. Even if you could tolerate the lack of compassion, the lack of professionalism cannot be accepted.

No other medical marijuana program in any other state is handled like this.

If you refer to the Medical Cannabis Working Group's report, I think it will reflect that ALL patients, without exception want the administration of this program transferred to the Department of Health. Good, law abiding, contributing positively to society members of the community who happen to be SICK do not need to be frightened, intimidated or harassed because we happen to be under the jurisdiction of Public Safety.

If you were sick, would you want to have to worry about this too?

Mahalo for your time and consideration. Please move this legislation forward!

Teri Heede

92-994 Kanehoa Loop  
Kapolei, HI 96707  
808-672-6312



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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 06, 2011 9:05 PM  
**To:** PGM Testimony  
**Cc:** mark@solights.com  
**Subject:** Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224  
Testifier position: support  
Testifier will be present: No  
Submitted by: mark nelson  
Organization: Individual  
Address:  
Phone:  
E-mail: [mark@solights.com](mailto:mark@solights.com)  
Submitted on: 2/6/2011

**Comments:**

I support this bill to transfer the Medical Marijuana program over to the department of Health and out of the dept of public safety.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 06, 2011 7:52 PM  
**To:** PGM Testimony  
**Cc:** matrifkin28@gmail.com  
**Subject:** Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224  
Testifier position: support  
Testifier will be present: Yes  
Submitted by: Matthew Rifkin  
Organization: Individual  
Address: Keaau, HI  
Phone:  
E-mail: [matrifkin28@gmail.com](mailto:matrifkin28@gmail.com)  
Submitted on: 2/6/2011

**Comments:**

I am a medical marijuana patient residing on the Big Island. I am also the co-chair of Americans for Safe Access, a group that advocates on behalf of patients.

The NED has been uncooperative in its administration of the medical marijuana program. They are four months late in issuing "blue cards" and do not care that patients are in fear for not having proper identification. They are neither very friendly, nor very helpful when you call. They seem to treat us more as potential criminals than patients.

Mr Kamita, the head of NED until he was recently promoted, has made presentations in which he singles out certain doctors, and ranks how many patients each has. He tries to intimidate them.

He has also made comments that the Big Island is an "out performer" because we have the most patients in the state. The patients on the Big Island make up about 3% of the population, which is in line with Montana and Colorado's medical marijuana programs.

Mr Kamita has tried to dictate which medication a patient should take. He takes a law enforcement view.

It is time to transfer the medical marijuana program to the Department of Health, as this is a medical issue, not a law enforcement one.

SB 175

Hearing: Tues, Feb 8, 2011@2:45 pm (Conf 224, State Capitol)

Dear Senators:

I am writing in strong support of resolution SB 175. The medical cannabis program is currently overseen by a director who is openly hostile to the program. Mr Kamita is correct when he complains that the program "was just dumped in our lap", and the results are exactly what you would expect from an unwanted job. The only sensible and humanitarian solution is to move the program to its proper place under the Health Department.

Medical cannabis patients are currently treated as second-class citizens. The certification process is currently taking four months. The main reason for this long delay is a slowing process invented last year by the director: instead of just mailing out the "blue card" certifications, the NED sent each and every patient temporary letters that expired in 60 days. After these expired they then sent out letters with a 30 day expiration. Sometime after these expired the actual certifications were finally mailed to the physicians for signatures. So not only did the patients have an unreasonable wait, they also had periods of expired coverage when they could be subject to arrest for using their medication.

Of course this process also needlessly wasted hundreds of hours of man-power at the NED. The department states that presently there are no positions allocated strictly to the medical use of marijuana program, yet the NED receives a \$25 fee for each certification. So what has the department been doing with  $8,000 \times \$25 = \$200,000$  each year? A fair amount of this money appears to be spent sending Mr. Kamita around the islands to give power-point lectures where he disparages the program and slanders and denigrates the medical cannabis physicians, pretending that cannabis is a dangerous drug that needs more restrictions. How ridiculous to spend our precious resources on such nonsense! Last June the Hawaii Medical Association voted overwhelmingly to recommend moving cannabis to a legal Schedule III status, acknowledging that cannabis is a valuable medicine and that no fatalities whatsoever have been attributed to cannabis.

And now the NED wants to double the patient fee to \$50! Most of these patients have chronic conditions and do not deserve such a fee for such poor service. Surely the health department could find a way to print a simple card for \$25. The certification decision has already been made by the physician, so the process should be very simple.

The director has denied certification for many patients because he didn't think they were seen in the correct offices. Now the director is telling physicians that they may not make house calls to certify disabled or bedridden or gravely ill patients for medical cannabis. Obviously this is an infringement of physicians' freedom of speech, not to mention an act of needless cruelty directed at the most helpless patients.

In summary, we have a police officer running a health care program. We should not be surprised that patients and physicians are treated as criminal suspects. This is a formula for failure. Certainly all

departments are over-burdened, but at least the Health Department will put the funds to healthcare use. Let's put the medical cannabis program where it belongs, which is most definitely in the Health Department. Charles Webb, MD

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 06, 2011 10:59 AM  
**To:** PGM Testimony  
**Cc:** robertms@hawaii.rr.com  
**Subject:** Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224  
Testifier position: support  
Testifier will be present: No  
Submitted by: M. Stuart  
Organization: Individual  
Address:  
Phone:  
E-mail: [robertms@hawaii.rr.com](mailto:robertms@hawaii.rr.com)  
Submitted on: 2/6/2011

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 06, 2011 10:47 AM  
**To:** PGM Testimony  
**Cc:** jgroberts@cryptoheaven.com  
**Subject:** Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224  
Testifier position: support  
Testifier will be present: No  
Submitted by: Jeff Roberts  
Organization: Individual  
Address: 88-2443 Milolii Rd Capt. Cook, HI  
Phone: 510-301-9538  
E-mail: [jgroberts@cryptoheaven.com](mailto:jgroberts@cryptoheaven.com)  
Submitted on: 2/6/2011

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 06, 2011 9:38 AM  
**To:** PGM Testimony  
**Cc:** lafrance@pacific.net  
**Subject:** Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224  
Testifier position: support  
Testifier will be present: No  
Submitted by: Jeff LaFrance  
Organization: Individual  
Address:  
Phone:  
E-mail: [lafrance@pacific.net](mailto:lafrance@pacific.net)  
Submitted on: 2/6/2011

Comments:  
I urge you to support the following measure:  
sb175

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 06, 2011 9:33 AM  
**To:** PGM Testimony  
**Cc:** jeffray@pacific.net  
**Subject:** Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224  
Testifier position: support  
Testifier will be present: No  
Submitted by: Jeff Ray  
Organization: Individual  
Address:  
Phone:  
E-mail: [jeffray@pacific.net](mailto:jeffray@pacific.net)  
Submitted on: 2/6/2011

Comments:

I urge you to support the following measures:

sb175  
sb113  
sb58



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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 07, 2011 7:50 AM  
**To:** PGM Testimony  
**Cc:** bmurphy420@msn.com  
**Subject:** Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224  
Testifier position: support  
Testifier will be present: Yes  
Submitted by: Brian Murphy  
Organization: MCCDFIA  
Address: 777 Hana Hwy. Suite 108 Paia, HI 96779  
Phone: 8083442991  
E-mail: [bmurphy420@msn.com](mailto:bmurphy420@msn.com)  
Submitted on: 2/7/2011

Comments:  
Position: Strong Support

I am writing in strong support of SB 175 Relating to Health which moves the oversight of the medical use of marijuana program from the Department of Public Safety to the Department of Health. Since this program is a health program, it is more appropriate that it is administered by the Department of Health. (you can compose other reasons or use a few of the talking points below.) As always, please include your own personal experiences in explaining why the change should be made.

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**From:** Brian Murphy [bmurphy420@msn.com]  
**Sent:** Monday, February 07, 2011 7:47 AM  
**To:** PGM Testimony  
**Cc:** Brian Murphy  
**Subject:** Committee on Public Safety, Government Operations, and Military Affairs Committee on Health

Committee on Public Safety, Government Operations, and Military Affairs  
Committee on Health

From: Brian J Murphy  
777 Hana Hwy  
Paia Hi. 96779

RE: SB 175 Relating to Health  
Hearing: Tuesday, February 8, 2010, 2L45 p.m., Room 224

Position: Strong Support

I am writing in strong support of SB 175 Relating to Health which moves the oversight of the medical use of marijuana program from the Department of Public Safety to the Department of Health. Since this program is a health program, it is more appropriate that it is administered by the Department of Health.

-Moving the administration of the program from the Department of Public Safety to the Department of Health was one of the top priorities recommended last year by the Medical Cannabis Working Group.

-An important proposal moves the program from the Department of Public Safety to the Department of Health. The medical marijuana program should be in a department that has the experience of working with groups of patients and health programs. Easily accessible and easily understandable information on how the program works and outreach for the program are not currently available. This work would more likely be accomplished by a department with the experience and background of implementing other health programs.

-By placing the program in the Department of Public Safety, a law enforcement approach rather than a public health approach is being used to administer the program. Current patients and physicians have expressed concern about dealing with a narcotics enforcement agency. The original intent of the law was to create a public health program out of concern for patients with serious or chronic illnesses.

-There is also general concern about the records being kept in a law enforcement agency and who may also have access to them. I believe patients would have more confidence in a health agency as they handle other sensitive and private information about patients.

-In a serious breach of privacy, in June 2008, the Department of Public Safety released the entire list of the then 4,000 patients, their addresses, the location of their marijuana plants, license information, and the names of their physicians to Peter Sur, reporter for the Hawaii Tribune-Herald.

-Another good reason to move the program is that the Department of Health has the responsibility of considering new medical conditions that would qualify for the program. It seems reasonable that a single agency should be responsible for all aspects of the program.

Brian J Murphy

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 08, 2011 12:50 AM  
**To:** PGM Testimony  
**Cc:** ktaggart@hawaii.rr.com  
**Subject:** Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224  
Testifier position: support  
Testifier will be present: No  
Submitted by: Kerry Taggart  
Organization: Individual  
Address: 2656 Aaliamanu Pl Honolulu, Hawaii 96813  
Phone: 521-4825  
E-mail: [ktaggart@hawaii.rr.com](mailto:ktaggart@hawaii.rr.com)  
Submitted on: 2/8/2011

**Comments:**

Medical marijuana poses no more of a threat—in fact, less—than the legal prescription of opiate-type painkillers, yet the Dept of Public Safety has no regulatory oversight over those more dangerous drugs, which are efficiently handled by medical professionals. Plus when the police are running a medical marijuana program, it decreases trust on the part of patients and caregivers, causing them to fear their medical marijuana information could be used against them in criminal proceedings. Health departments oversee the vast majority of other states' medical marijuana programs, which is appropriate because it is a matter of public health. Perhaps after marijuana is declassified from Schedule 1, where it does not belong with all those actually dangerous drugs like heroin and cocaine, police will feel less of a need to control it, like they're unsuccessfully trying to do now, and let the medical profession take over.

---

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 07, 2011 10:56 PM  
**To:** PGM Testimony  
**Cc:** strawbrymarigold@yahoo.com  
**Subject:** Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224  
Testifier position: support  
Testifier will be present: No  
Submitted by: Dana Hileman  
Organization: Individual  
Address:  
Phone: 8082249795  
E-mail: [strawbrymarigold@yahoo.com](mailto:strawbrymarigold@yahoo.com)  
Submitted on: 2/7/2011

**Comments:**

You wouldn't go to the police department to obtain and fill a prescription for insulin, anymore than you would go to your local medical doctor to file a police report. Please put our medical care where it belongs, under the health department. Patients should not live in fear of their medical information being released nor should they avoid obtaining medical help such as a legal pain medication for fear of having their patient confidentiality broken.

Transferring jurisdiction over the medical marijuana program to the health department makes sense. Medical marijuana is a public health matter and should be regulated by individuals whose main concern is the health of all Hawaii residents.

Currently, the Department of Public Safety oversees the medical marijuana program. This decreases the trust that patients and caregivers have in the program because they fear their medical marijuana information could be used against them for criminal proceedings.

The Department of Public Safety has breached confidentiality provisions by giving a newspaper reporter a list of patient names.

Medical marijuana is a health, not a safety, issue. Health departments oversee a vast majority of state medical marijuana programs.

Medical marijuana poses no more of a public safety threat than the legal prescription of opiate-based painkillers, yet the Department of Public Safety has no regulatory oversight over these more dangerous drugs.

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**From:** robert petricci [nimo1767@gmail.com]  
**Sent:** Monday, February 07, 2011 10:29 PM  
**To:** PGM Testimony  
**Subject:** Re: SB175 Relating to Health Hearing: Tuesday, February 8, 2011, 2:45 pm., Room 224

To: Committee on Public Safety, Government Operations, and Military Affairs Committee on Health

From: Robert Petricci

143-430 Pohoiki Road

Po-Box 2011

Pahoa, Hawaii 96778

Representing Friends 4 Justice

Re: SB175 Relating to Health

Hearing: Tuesday, February 8, 2011, 2:45 pm., Room 224

Position: Strong Support

Aloha from the Big Island,

Friends 4 Justice strongly supports SB175 which would move the oversight of Medical Cannabis from the Department of Public Safety to the Department of Health. This is a health issue, it belongs in the Health Department. The Department of Public Safety, has no medical expertise and as such has shown callous disregard for many very ill patients. Dept. of Public Safety is a Law Enforcement organization and as such looks at patients as potential criminals, it has consistently taken a position against medical cannabis time and time again. From the Narcotic Enforcements release of 4000 patients confidential records to the Tribune Herald in 2008, to the ongoing persecution of medical patients who are trying to travel anywhere with their medicine (just like any other prescription is allowed to travel with the patient), the Department of Public Safety is only interested in making arrests and prosecuting people. The state of Hawaii passed a law allowing patients that meet the requirements to use marijuana in place of much more dangerous narcotics and other prescription drugs. However these patients are being arrested and prosecuted in Hawaii county and on Kauai. That amounts to entrapping people that are trying to obey the laws and the Dept. of Public Safety is a big part of the problem. This has been going on for ten years, its time to move this program to the Dept. of Health where it belongs.

Further from an economic stand point it is expensive to arrest and proescute patients, in times when we are cutting school budgets, that makes no sense.

The head of the Narcotics Enforcement Division Keith Kamita has made it his personal mission to travel around the islands (mostly Oahu and Maui) giving community presentations involving release of confidential doctor-patient information and basically lobbying against Hawaii's Compassionate Use of Medical Marijuana laws. He is not a doctor and there are laws in place to deal with any abuse, if a doctor is breaking the law arrest him but do not slander them. Oxycontin, Vicoden, and many other narcotics are prescribed much more frequently than marijuana, for things that marijuana is proven to be effective for. The many narcotics that marijuana can replace the safer it is for those patients, many of the alternative drugs are dangerous, even deadly, the more people that can use marijuana instead of the more dangerous narcotics the better, for them and for the community. Abuse of prescription narcotics is a huge problem, many people die every year from abuse but also from adverse reaction, liver, kidney, heart and other side effects. Mr. Kamita has doctors scared to recommend marijuana and that is exactly what he wants, its an intentional campaign, and its working, but at what cost?. Again he is not a doctor and his action are improper, a even dangerous when you look at what the results are. Doctors have written to him about this practice, looking for guidance and an explanation, he does not even give them the courtesy of a response. We are grateful he has been moved to a different position, and hopefully his replacement will be more reasonable and compassionate, but the problem is systemic in that DPS is a law enforcement organization and this is a medical issue.

Since the Department of Health is going to be involved with making medical decisions for the cannabis program, and a medical cannabis program is related to peoples health, it should be administered by a department which is used to running health programs, not a law enforcement department only interested in arresting and prosecuting people.

Thank You for your concern with this most important issue.

*Robert Petricci*

representing Friends 4 Justice

808-936-5239

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 07, 2011 8:00 PM  
**To:** PGM Testimony  
**Cc:** clampton@hawaii.edu  
**Subject:** Testimony for SB175 on 2/8/2011 2:45:00 PM

Testimony for PGM/HTH 2/8/2011 2:45:00 PM SB175

Conference room: 224  
Testifier position: support  
Testifier will be present: No  
Submitted by: Catherine Lampton  
Organization: Individual  
Address: PO Box 1828 HI  
Phone: 808 640-1080  
E-mail: [clampton@hawaii.edu](mailto:clampton@hawaii.edu)  
Submitted on: 2/7/2011

**Comments:**

I strongly support this bill. The feds are wrong. Mahalo

---

**From:** sara steiner [saralegal@live.com]  
**Sent:** Monday, February 07, 2011 6:33 PM  
**To:** PGM Testimony  
**Subject:** Re: SB 175 Relating to Health

To: Committee on Public Safety, Government Operations, and Military Affairs Committee on Health

From: Sara Steiner

143-430 Pohoiki Road

Po-Box 1965

Pahoa, Hawaii 96778

Re: SB175 Relating to Health

Hearing: Tuesday, February 8, 2011, 2:45 pm., Room 224

Position: Strong Support

Aloha from the Big Island,

I have absolutely strong support for SB175 which would move the oversight of the Medical Cannabis from the Department of Public Safety to the Department of Health. Since medical cannabis is a health issue, it should belong to the Health Department. The Department of Public Safety, also known as Law Enforcement, has proven its position to be against medical cannabis time and time again. From the Narcotic Enforcements release of 4000 patients confidential records to the Tribune Herald in 2008, to the ongoing persecution of medical patients who are trying to travel anywhere with their medicine (just like any other prescription is allowed to travel with the patient), the Department of Public Safety is only interested in making arrests and prosecuting people.

The head of the Narcotics Enforcement Division Keith Kamita has made it his personal mission to travel around the islands (mostly Oahu and Maui) giving community presentations involving release of confidential doctor-patient information and basically lobbying against Hawaii's Compassionate Use of Medical Marijuana laws. I do not believe that should be in his job description, and I personally know doctors who have written to him



about this practice, and he does not even give them the courtesy of a response. Luckily he has been moved to a different position, and hopefully his replacement will be more reasonable and compassionate.

Since the Department of Health is going to be involved with making medical decisions for the cannabis program, and a medical cannabis program is related to peoples health, it should be administered by a department which is used to running health programs, not a law enforcement department only interested in arresting and prosecuting people.

Thank You for your concern with this most important issue.

*Sara Steiner*

Sara Steiner

808-936-9546