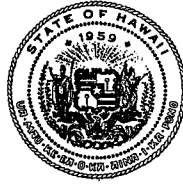


SB 175

SD 1



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

In reply, please refer to:
File:

Senate Committee on Ways and Means

S.B. 175, S.D.1, RELATING TO HEALTH

Written Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Acting Director of Health
March 1, 2011; 9:20 a.m.; Conference Room 211

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

3 **Fiscal Implications:** No funds are appropriated, however, costs will be incurred to recruit and
4 train specialized staff and to carry out the functions required by transferring the certification and
5 registration functions to the DOH.

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

12 SD1 amends SB175 by instructing PSD to maintain a registration and confirmation
13 service and make the data available to DOH. This is highly problematic as it divides
14 responsibility for the program between two departments and creates uncertainty in maintaining
15 confidential patient information.

16 The bill would require DOH to implement and oversee receiving, processing and
17 verifying physicians' certifications, issuing certificates to patients and their care givers as well as

1 maintaining registries of these individuals. The DOH has been adversely affected by the severe
2 fiscal crisis during the past two years. Significant budget reductions and restrictions have
3 resulted in loss of staff, reductions in services, and, in some areas, elimination of whole
4 programs. The DOH has been forced to re-examine its core functions and can now only provide
5 those services that are most critical to the health of the community. Transferring the Medical
6 Use of Marijuana Program to the DOH without additional funding to operate the program will
7 force the DOH to divert resources from health programs already operating at critically low
8 budget levels.

9 Transfer of the Medical Use of Marijuana Program would have substantial budgetary and
10 personnel implications for the DOH. The PSD has previously requested additional funds and
11 staff for its Medical Use of Marijuana Program however these requests have not been funded.

12 The DOH does not support S.B. 175 S.D. 1. DOH estimates that a minimum of
13 \$275,000 - \$350,000 for four additional staff positions are required for the first year of the
14 Medical Use of Marijuana Program. All funds in the PSD revolving account from the Medical
15 Use of Marijuana Program fees would need to be transferred to DOH. A new DOH revolving
16 fund will have to be established for the program.

17 We respectfully recommend that this measure be held. The Department does not believe
18 the management of the Medical Use Marijuana Program is a core public health function.

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

To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

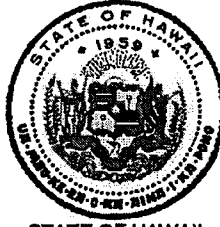
From: John Hayes

It is a medical issue and not a police issue. The police abuse their power.

I am writing in strong support of SB 175 SD1 which transfers the medical marijuana program to the Department of Health. It is a medical issue and not a police issue. The police abuse their power.

Medical cannabis users are registered citizens of Hawaii. We are not criminals who need to be treated like criminals or threats to public safety.

NEIL ABERCROMBIE
GOVERNOR



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

JODIE MAESAKA-HIRATA
INTERIM DIRECTOR

MARTHA TORNEY
Deputy Director of
Administration

Deputy Director
Corrections

KEITH KAMITA
Deputy Director
Law Enforcement

No. _____

**COMMENTS ON SENATE BILL 175 SD1
A BILL FOR AN ACT RELATING TO HEALTH
by**

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

**Senate Committee on Ways and Means
Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair**

**Tuesday, March 1, 2011, 9:20 AM
State Capitol, Room 211**

Chair Ige, Vice Chair Kidani, and Members of the Committee:

The Department of Public Safety (PSD) would like to comment on the amendments being proposed in Senate Bill 175 SD1. PSD does not support the transfer of the medical use of marijuana program from PSD to the Department of Health (DOH). The amendments in Senate Bill 175 SD1 requires that DOH run the program, process the applications and collect the fees; however, it still requires PSD to provide 24 hours a day, 7 days a week verification service for law enforcement. Presently, the Medical Use of Marijuana Program does not have any personnel attached to the program, and would require DOH and PSD to maintain staff to run this program. Furthermore, PSD does not have any computers or servers dedicated to, and funded by the Medical Use of Marijuana Program. The personnel and equipment presently being utilized to run this program are staff assigned to the controlled substance and regulated chemical

registration section of PSD's Narcotics Enforcement Division (NED). DOH would have to hire staff and obtain new equipment to run the Medical Use of Marijuana Program and database, as well as funding for a secure computer line between both DOH and PSD, to provide access to the database for verification purposes.

Further, Senate Bill 175 SD1 does not contain language to appropriate a portion of the \$25.00 registration fee to PSD to offset the cost of overtime for after-hour and holiday verifications, when NED staff must return to the NED office to conduct verifications on the secure NED Medical Use of Marijuana database. During FY 2010, NED conducted 412 law enforcement verification checks for Federal, State and County law enforcement on all islands, many occurring after-hours, weekends, furlough days, and on holidays. NED also acts as the custodian of records for this program, and will be required to testify in both State and Federal courts as to the information in the database, as well as possibly on the information provided to law enforcement during the arrest and seizure of processed marijuana or plants.

For these reasons, PSD asks that Senate Bill 175 SD1 be held.

Thank you for the opportunity to make additional comments on this matter.

DEPARTMENT OF THE PROSECUTING ATTORNEY
CITY AND COUNTY OF HONOLULU

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

KEITH M. KANESHIRO
PROSECUTING ATTORNEY



ARMINA A. CHING
FIRST DEPUTY PROSECUTING ATTORNEY

THE HONORABLE DAVID Y. IGE, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS
Twenty-sixth State Legislature
Regular Session of 2011
State of Hawai'i

March 1, 2011

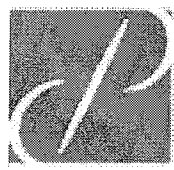
RE: S.B. 175, S.D. 1; RELATING TO HEALTH.

Chair Ige, Vice-Chair Kidani, and members of the Senate Committee on Ways and Means, the Department of the Prosecuting Attorney, City and County of Honolulu submits the following testimony in opposition to S.B. 175, S.D. 1.

The purpose of this bill is to transfer jurisdiction over the medical marijuana laws from the Department of Public Safety to the Department of Health.

At this time, marijuana continues to be a Schedule I controlled substance (both State and Federal), such that possession of any amount is illegal, except by qualifying patients registered to use medical marijuana (and their caregivers). Due to ongoing demand for illegal marijuana—by prohibited individuals and/or in illegal quantities—law enforcement agencies have been working closely with the Department of Public Safety, to maintain strict regulation and monitoring of this substance. Given the significant potential for abuse and/or violation of the medical marijuana laws, the Department strongly believes that the Department of Public Safety is better equipped to handle the management of medical marijuana laws than the Department of Health.

For this reason, the Department of the Prosecuting Attorney of the City and County of Honolulu opposes S.B. 175, S.D. 1. Thank you for this opportunity to testify.



the Drug Policy Forum

o f h a w a i ' i

March 1, 2011

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To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

From: Jeanne Ohta, Executive Director

Re: SB 175 SD1 Relating to Health
Hearing: Tuesday, March 1, 2011, 9:20 a.m., Room 211

Position: Strong Support

The Drug Policy Forum of Hawai'i writes in strong support of SB 175 SD1 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.

Comments on Amendments:

Section 2 (d) is ambiguous. DOH will be charged with maintaining the registry, but the amendments on line 22 says, "For purposes of this subsection, the department of public safety shall maintain a registration and certification confirmation service that is full time, operating twenty-four hours per day and seven days per week, and is accessible to the department of health." This implies that the registration data will be maintained by DPS and DOH will only have accessibility.

Line 18 says, "Upon inquiry by a law enforcement agency, the department of health shall verify whether the particular qualifying patient is registered with the department of health..." which contradicts line 22.

We suggest that all responsibilities, including 24/7 access to inquiries from law enforcement be transferred to DOH. Other state programs managed by their departments of health have been able to make this accommodation; Hawai'i should also be able to do so.

We also ask that should funding of the transfer be a concern of the committee, that a request be made to DPS for an accounting of the medical marijuana registration fees collected by NED. Currently, those fees and other fees collected by NED are co-mingled in the "Controlled Substance Registration Revolving Fund" (§HRS329-59); in the budget as PSD 502, FY 2010-11, \$606,752.

P.O. Box 61233
Honolulu, HI 96839

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

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

We are told that no positions are dedicated to the medical marijuana program. If so, how are the funds being used and are funds available to pay for the upfront costs to transfer the program?

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.

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. It currently takes 4 months for patients to receive their registry cards.

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 Committee on Ways and Means

FROM: Pamela Lichty, MPH
President

DATE: March 1, 2011, 9:20 a.m., room 211

RE: S.B. 175, S.D. 1 RELATING TO HEALTH – **IN STRONG SUPPORT**

Aloha Senators Ige, Kidani and members of the Committee. 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.

We are opposed to one of the new provisions in Senate Draft 1 in Section 2.(d) That language would require the Department of Public Safety to "maintain a registration and certification confirmation service that is full time, operating twenty-four hours per day and seven days per week, and is accessible to the Department of Health."

The patient records should be maintained by DOH; there is no reason for NED to remain involved with this part of the program.

We recognize that this new language is in response to the claim by NED that only they as a law enforcement agency, can respond to law enforcement inquiries 24/7, but this is simply not the case in other jurisdictions. In New Mexico, for example, this role is filled by a DOH employee with a beeper. It is duplicative to have two departments with a copy of the patient registry and also doubles the chances of a security breach. It is not rocket science and does not require law enforcement expertise to look at a list of registrants and confirm or deny that a specific name is listed.

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 Committee 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.

Mahalo for hearing this bill and we anticipate your favorable consideration. We ask the Committee to pass this bill on to the full Senate 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.

COMMUNITY ALLIANCE ON PRISONS

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

Phone/E-mail: (808) 533-3454/ kat.caphi@gmail.com



COMMITTEE ON WAYS AND MEANS

Sen. David Ige, Chair

Sen. Michelle Kidani, Vice Chair

Tuesday March 1, 2011

Room 211

9:20 a.m.

SB 175 SD1 - Transferring MMJ Program from PSD to DOH

STRONG SUPPORT

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

Aloha Chair Ige, Vice Chair Kidani and Members of the Committee!

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

SB 175 SD1 transfers jurisdiction over the medical marijuana laws from the department of public safety to the department of health. The SD1 amends the measure by requiring that the Department of Public Safety maintain a 24/7 confirmation service and assist in the transfer and that any employees transferred with the program retain their exempt status.

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 is the practice in other states;
- PSD's intimidation of doctors who recommend medical cannabis to their patients

In PSD's WAM budget briefing, it was noted that a secretary in the law enforcement division worked 2500 hours of overtime. Exactly where is the money from the Medical Marijuana Program going and why is there such a delay in getting cards to patients when PSD is merely the processor of the registration cards?

If the standard work week is 40 hours x 50 weeks a year, that is the equivalent of 2,000 work hours a year. How then could one employee file for 2,500 hours of overtime in one year? That is more than the standard work week for a year? Who is responsible for authorizing overtime hours and who checks the hours claimed on overtime sheets?

Something is amiss at the Law Enforcement Division. In the interest of good government, please remind the department that they don't make policy; they implement the legislature's policies. Their role in the Medical Marijuana Program is to process the cards, not to make medical assessments. And their role certainly does not include demonizing physicians who are complying with the law and acting in the interest of 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 relieve the suffering of their patients.

The fact that patients have to register with the Narcotics Enforcement Division is intimidating enough, but to make sick and suffering people feel like criminals is absolutely unconscionable - especially in the land of aloha.

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 by placing this medical program in the Department of Health.

Mahalo for this opportunity testify.

To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

RE: SB 175 SD1 Relating to Health
Hearing: Tuesday, March 1, 2011, 9:20 a.m., Room 211

POSITION: STRONG SUPPORT

Aloha Chair, Vice & Committee Members!

I am writing in strong support of SB 175 SD1 which transfers the medical marijuana program to the Department of Health. It is not logical to have Public Safety administer the program. They are highly qualified as law enforcement experts and dealing with criminals but they have not exhibited the proper expertise in dealing with patient issues. As a patient working on the Medical Cannabis Working group, we achieved patient consensus when we identified it as a top priority to move the administration of the program from the Department of Public Safety to the Department of Health.

I personally can attest to having my patient information compromised, my doctors were harassed and intimidated, and I suffered unacceptable delays in processing required paperwork. I have suffered enormous stress in being treated like a criminal instead of a sick person. I have Multiple Sclerosis, Arthritis, Barrett's Esophagus Syndrome, GERD, and Chondromalacia in both knees. I have tried hundreds of prescriptions and marijuana works best for me. I, and many more like me, need to be treated like a patient, not a criminal.

I do not agree that "to continue to maintain a verification process to confirm registration that is accessible 24/7 to the DOH" would be appropriate. Before I became too ill to work, I was a Computer Engineer. I have done extensive work for the Department of Defense (DOD) as a Computer Systems Analyst and even served on a Senate Subcommittee making recommendations for computer systems used by DOD. In my opinion, it would be extremely beneficial and cost effective to move the administration completely to Department of Health. It is not difficult to maintain an automated, 24/7 database system, which would be accessible by law enforcement personnel. There is no logical reason to maintain the administration of this program in two departments given the availability of secure database technology.

Perhaps the overriding reason to move the program to the Department of Health is because they will be considering new medical conditions that would qualify for the program. For example, recently the Veteran's Administration began taking a different approach to veterans using medical marijuana who suffer from PTSD. They are accepting the anecdotal evidence coupled with the empirical evidence presented by patients that currently use medical marijuana and view it as beneficial. As one doctor explained to me, the influx of service men and women with emotional and physical problems coming back from combat can't be treated solely with psychotropic drugs and painkillers. They don't necessarily have a medical condition or

something that can be treated solely with pharmaceuticals. These compassionate medical personnel want every available option. The Department of Health will be deciding which conditions can be added to the list and should completely have this program.

Mahalo for your time and consideration regarding this important issue.

Teri Heede

92-994 Kanehoa Loop
Kapolei, HI 96707
Home phone: (808) 672-6312

To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

From: Rebecca Azar

RE: "SB 175 SD 1 Relating to Health"

Hearing: Tuesday, March 1, 2011, 9:20 a.m., Room 211

Position: Strong Support

I am writing in strong support of SB 175 SD1, a bill which transfers the medical marijuana program to the Department of Health.

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.

Thank you for your time and consideration.

Sincerely,

Rebecca Azar

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 28, 2011 8:26 AM
To: WAM Testimony
Cc: bmurphy420@msn.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: support
Testifier will be present: Yes
Submitted by: Brian Murphy
Organization: MCCFDIA
Address:
Phone:
E-mail: bmurphy420@msn.com
Submitted on: 2/28/2011

Comments:
To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

From: Brian Murphy Director MCCFDIA

POSITION: STRONG SUPPORT

NED has undermined the medical Marijuana Program from day 1.
NED has a NED has undermined the program from day 1! The record will show that NED has a financial interest keeping all marijuana illegal!
Hawaii is the best place in the united state to grow medical grade marijuana! Let the farmer ripe this \$\$ harvest, and have the NED do there Job of controlling hard drugs!!!
mahlo
bMurphy

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 28, 2011 12:01 AM
To: WAM Testimony
Cc: nimo1767@gmail.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Robert Petricci
Organization: Friends 4 Justice
Address:
Phone:
E-mail: nimo1767@gmail.com
Submitted on: 2/28/2011

Comments:

Aloha from the Big Island

Friends 4 Justice strongly supports SB 175 SD1 which transfers the medical marijuana program to the Department of Health. The NED is not the appropriate department to oversee a medical program and is fraught with problems.

Examples of the problems with the program to date.

Delays in getting blue cards

Adversarial behavior of Chief Kamita (e.g. appearing at Kauai County Council & Neighborhood Boards) Changes to forms without notice Calling doctors & patients to office for interrogation Testifying against any changes to the program Confidentiality breaches: in Hilo paper & "Top Ten" physicians' names in public presentations Refusal to post blank application forms on website or to supply them to potential patients Formal complaints filed by physicians with the State Ombudsman Bringing in law enforcement lobbyists from LA And patients being arrested, prosecuted, and convicted for traveling with their legal medicine as little as 1 gram.

Patients are afraid of NED and for good reason please support the move to DOH, its a medical program and there are laws in place to address any abuses.

Thank you for you time and consideration.

From: Scott Foster [fosters005@hawaii.rr.com]
Sent: Sunday, February 27, 2011 7:17 PM
To: WAM Testimony
Subject: Testimony SUPPORTING SB175, SD1 "Relating to Health"

FROM:
SCOTT FOSTER
3050 Kahaloa Place
Honolulu, Hawai`i 96822-1541
808-988-0555
fosters005@hawaii.rr.com

TO:
Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

Testimony for Tuesday, March 1, 2011, 9:20 a.m., Room 211

SUPPORTING SB175, SD1 "Relating to Health"

I am writing in strong support of SB175, SD1 which would transfer the Medical Marijuana Program to the Department of Health.

As you may know, moving the MMJ administration 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. I have believed from the beginning that the medical marijuana program should be in a department that has the experience of working with groups of patients and health programs. The original intent of the law was to create a public health program out of concern for patients with serious or chronic illnesses.

Today, 11 years after the law was passed, easily understood information on how the program operates, and outreach for the program is still not available! This needed work would more likely be accomplished by a department with the experience and background of implementing other public health programs. Also, the Department of Health already 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.

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. As you may know, there was a serious breach of privacy, in June 2008, when the Department of Public Safety released the entire list of 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. I would ask if anyone in DPS has been held accountable for such a serious breach of privacy?

I am testifying AGAINST one of the proposed amendments which calls for the Department of Public Safety "to continue to maintain a verification process to confirm registration that is accessible 24/7 to the DOH." I remain convinced that all responsibilities should go to Department of Health. Other existing Medical Marijuana

programs now working well in other states have 24/7 verification and the responsibilities are not split between two agencies.

Sincerely,
/s/
Scott Foster

From: Robert Bacher [bacher.robert@gmail.com]
Sent: Monday, February 28, 2011 11:34 AM
To: WAM Testimony
Subject: Strong Support for SB 175

To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

From: Robert Bacher

RE: SB 175 SD1 Relating to Health
Hearing: Tuesday, March 1, 2011, 9:20 a.m., Room 211

POSITION: STRONG SUPPORT

I am writing in strong support of SB 175 SD1 which transfers the medical cannabis program to the Department of Health. All responsibilities and fees should go to DOH, as other medical marijuana programs have 24/7 verification and the responsibilities are not split between 2 agencies. It's not that difficult to set up. 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.

- 3. 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.
- 4. 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.
- 5. 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.
- 6. 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*.

- 7. 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.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 28, 2011 10:27 AM
To: WAM Testimony
Cc: naturadoc@gmail.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Dr. Bonnie Marsh
Organization: Individual
Address:
Phone:
E-mail: naturadoc@gmail.com.
Submitted on: 2/28/2011

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 28, 2011 10:02 AM
To: WAM Testimony
Cc: friendsforjustice@gmail.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Kaipo Fernandez
Organization: Individual
Address:
Phone:
E-mail: friendsforjustice@gmail.com
Submitted on: 2/28/2011

Comments:

I am a medical cannabis patient on the Big Island.

It is time for the Dep of Health to run the medical cannabis program. they will better understand what a patient needs, and I hope they will be more friendly and helpful.

NED is taking four months to issue ID cards. They aren't supportive of patients. They released the names of patients several years ago, and put us all at risk. They don't want to run the program.

Time for change.

Kaipo Fernandez
Volcano, HI

electronically submitted by FFJ at my request

From: Pam-and-or-Mike [randomskypie@yahoo.com]
Sent: Monday, February 28, 2011 9:35 AM
To: WAM Testimony
Subject: Bill SBI75 SDI

To: Senator Daniel Ige-Chair
Senator Michelle Kidoni-Vice Chair-members of Committee on Ways & Means

I am writing to express my strong support for Bill # SBI75 SDI that wants to move the medical marijuana program from the DPS to the Dept. of Health... I think the main core of this problem is the belief that cannabis is not a medicine..but there is growing facts that counter that mindset. To have the DPS be in charge of dealing with a medicine for many is rather absurd. Does one need the pharmaceutical industry monitored by a law enforcement agency? I think the public would be outraged over this.. but the same respect is not shown for us, legal patients with our medical cards. Cannabis DOES help me with my sciatica pain, my insomnia from menopause, & appetite after illness. This HERB has been around since recorded history began; so it is so puzzling to see such blatant disregard for other people's ways to get help from their pains and ailments. It is frightening to worry about getting dragged away to jail for making tea or eating some butter made from my herb to help with pain. This is such a no brainier to have the DOH taking over the medical marijuana program..other states use the 24/7 verification & not split this between 2 agencies. In June,2008-the DPS released the entire list of patients to the Hawaii-Tribune- including address's,location of plants, license information, & names of Dr's...a serious breach of privacy- this is proof that there is no respect for this program coming from the DPS. In closing, no one has died or overdosed from cannabis, but you can not say that about legal pharmco drugs, alcohol, or even cigarettes.

Thank you for your time, Pam Brewer-Fink

To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

From: Clifton S. Otto, M.D.

RE: SB 175 SD1 Relating to Health
Hearing: Tuesday, March 1, 2011, 9:20 a.m., Room 211

POSITION: STRONG SUPPORT

I am testifying today in support of SB 175 SD1.

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 24-hour 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.

From: Will Navran [willsilver@hawaii.rr.com]
Sent: Monday, February 28, 2011 11:58 AM
To: WAM Testimony
Subject: SB 175 SD March 1, 2011, 9:20 a.m., Room 211

To: Senator David Ige, Chair

Senator Michelle Kidani, Vice Chair and

Members of the Committee on Ways and Means

I strongly support transferring the medical marijuana program to the Department of Health. Medical Marijuana is a health issue, not a police issue. The original intent of the law was to create a public health program out of concern for patients with serious or chronic illnesses. Since the Dept. of Public Safety doesn't address patient concerns or issues related to health issues, they should not be the primary agency dealing with these matters.

Mahalo, Will Navran

From: Bill or Bobbie Best [bestb002@hawaii.rr.com]
Sent: Monday, February 28, 2011 12:06 PM
To: WAM Testimony
Subject: to Senator David Ige, Chair, Senator Michelle Kidani, Vice Char & Member of the Committee on Ways & Means

We strongly support moving the medical marijuana program to Dept. of Health, SB 175 - Hearing March 1, 2011, 9:20 Room 211

The original intent of the law was to create a public health program out of concern for patients with serious or chronic illnesses.

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. This is a health issue rather than something the drug enforcers should be concerned with. My doctor, after all, is where I go for pain management.

We also strongly support creating a medical marijuana research program in Hawaii, SB 113, Relating to Medical Cannabis Research which establishes a medical cannabis pilot research program in Hawaii.

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.

. It 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 illnesses, and (3) certified medical patients can be enrolled in controlled medical trials utilizing locally produced medicine.

Mahalo nui,

Mr. and Mrs. Bill Best

280 Hauoli St.

Wailuku, Hi 96793

242-9119

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 28, 2011 11:36 AM
To: WAM Testimony
Cc: friendsforjustice@gmail.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Mike Ruggles
Organization: Individual
Address:
Phone:
E-mail: friendsforjustice@gmail.com
Submitted on: 2/28/2011

Comments:

I don't have e-mail, and asked Friends for Justice to send this...

I am a Big Island resident and medical marijuana patient.

NED and Keith Kamita have been opposed to the medical marijuana program from the beginning and they keep fighting. They put out a one-side flier trying to scare people about the program. Mr Kamita also tries to intimidate doctors by using their names in "top 10" lists. His replacement seems no better, if judging from earlier testimony submitted.

It is time for people who understand medical needs of patients administer this program. Let the Department of Health run things.

Mike Ruggles
Mt. View, HI

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 26, 2011 8:25 AM
To: WAM Testimony
Cc: konaliberty@gmail.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Tom Liberty
Organization: Individual
Address:
Phone:
E-mail: konaliberty@gmail.com
Submitted on: 2/26/2011

Comments:

I strongly SUPPORT sb175. Enforcement should be transferred so that the laws are followed by those that are in the health field rather than those in enforcement. Teh police will never like having the ability to use medical marijuana as they are bias.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 28, 2011 9:36 AM
To: WAM Testimony
Cc: mattrifkin28@gmail.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Matthew Rifkin
Organization: Individual
Address:
Phone:
E-mail: mattrifkin28@gmail.com
Submitted on: 2/28/2011

Comments:

I am a medicalcannabis patient in Hawaii County.

I served on the Medical Cannabis Working Group, and one of the major issues cited by patients was to move the program to DOH.

Up to now, NED has been not been supportive or helpful to patients. They are in fact often much worse...for example, NED put out a pamphlet to discourage the medical cannabis program, and yet it was one-side and full of questionable data. NED had never wanted to administer the program, and it is time someone else did.

With computers there should be a safe and secure way for law enforcement to access patient data, even if the program is moved to DOH. Don't let NED continue to do a disservice to more than 8000 patients state-wide.

From: Walter Hillinger [walter16@mac.com]
Sent: Monday, February 28, 2011 9:29 AM
To: WAM Testimony
Subject: Medical Marijuana

To: Senator David Ige
Senator Michelle Kdiani
Members of the Committee on Ways and Means

Re: SB 113 Sd and OR SB 175 SD1

I am writing in strong support for transferring the medical marijuana program from the department of public safety to the Department of Health. I have a daughter in law who was addicted to prescription drugs and went to a detox program to get off her drugs. She started taking medical marijuana for her condition and that relieved her pain. She has a hard time securing enough medicine now and my hope is that if the department of health administers the program she will have better success in securing her medicine. Thanking you for your consideration,
Walter Hillinger

J

From: Peter Ehrhorn [ehrhornp001@hawaii.rr.com]
Sent: Monday, February 28, 2011 9:33 AM
To: WAM Testimony
Subject: I strongly support Support Medical Cannabis and health!

Feb. 28, 2011

To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

From: Peter Ehrhorn
254 Kaha St.
Kailua Hawaii

Re: RE: "SB 175 SD 1 Relating to Health" OR "SB 113 SD 1 Relating to Medical Cannabis Research"

Hearing: Tuesday, March 1, 2011, 9:20 a.m., Room 211

Position: Strong Support

Aloha,

I am writing in strong support of SB 175 SD1, a bill which transfers the medical marijuana program to 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. The program should be moved 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 in 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.

The use of a marijuana should be a medical issue and not a legal issue. Please transfer the program to the department of health. Thank you for your consideration.

Best Regards,

Peter Ehrhorn
ehrhornp001@hawaii.rr.com

From: sara steiner [saralegal@live.com]
Sent: Monday, February 28, 2011 7:12 AM
To: WAM Testimony
Subject: SB 175 SD1 Relating to Health

To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

Re: SB 175 SD1 Relating to Health
Hearing: Tuesday, March 1, 2011, 9:20 am, Room 211

Position: Absolute Strong Support

Aloha from the Big Island,

As an authorized medical patient, I take great offense at the lousy job the Narcotics Enforcement Division has been doing to administer the medical marijuana registration program. Where in the entire program of their duties did it give the director Keith Kamita the permission to go around the islands down-talking medical cannabis and the patients who use it, and naming the main doctors who prescribe it?

What medical necessity is being served by the police chiefs and other visiting law enforcement coming here to lobby against medical programs with taxpayer money? This is not what we need here - intimidation by uniformed police with guns and pamphlets with reefer madness propaganda in them, like what is happened this year already in Kauai and Maui. That is not part of a policeman's job description, and I find it very offensive and rude.

The medical marijuana program needs to be transferred to the Department of Health immediately. We need people who actually care about patients, not law enforcement agencies who only want to arrest and prosecute people. We need compassion as the compassionate use of medical marijuana laws were established in the year 2000. There is no trust left between cannabis patients and the Narcotics Enforcement Division. They are taking way too long in issuing the identification cards, and the delays are specifically tied to which doctor is requesting the card. This can be proven by looking at the registration form dates, the requesting doctor, and the response by NED.

I have personal knowledge of two medical doctors who have been attacked by Keith Kamita personally in his "powerpoint" presentations, who have written him letters, and never gotten any response back. I know there have been complaints made to the ombudsman about this, so why would we keep doing the same thing? It is time to put this

program into the Department of Health, like all the other states that have medical marijuana programs. Do it now, please.

Sincerely,

Sara Steiner
808-936-9546

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 28, 2011 12:48 AM
To: WAM Testimony
Cc: tcburnett@gmail.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Dr. Thomas C. Burnett
Organization: Individual
Address:
Phone:
E-mail: tcburnett@gmail.com
Submitted on: 2/28/2011

Comments:

It is time that the government stop trying to rule the citizenry and, instead, represent them. I am not pro-marijuana. In fact, I believe inhaling the incomplete products of combustion of anything is irrational.

But people have the right to life, liberty and the pursuit of happiness, so long as their pursuits do not hurt anyone else. You cannot legislate human behavior - you can only create an entire class of criminal from people who are not criminals.

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 27, 2011 7:16 PM
To: WAM Testimony
Cc: mark@solights.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position:
Testifier will be present: No
Submitted by: Mark Nelson
Organization: Individual
Address:
Phone:
E-mail: mark@solights.com
Submitted on: 2/27/2011

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 27, 2011 7:24 PM
To: WAM Testimony
Cc: mark@solights.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Mark Nelson
Organization: Individual
Address:
Phone:
E-mail: mark@solights.com
Submitted on: 2/27/2011

Comments:

d

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 27, 2011 8:01 PM
To: WAM Testimony
Cc: cheryl@solights.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: cheryl nelson
Organization: Individual
Address:
Phone:
E-mail: cheryl@solights.com
Submitted on: 2/27/2011

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 28, 2011 8:26 AM
To: WAM Testimony
Cc: bmurphy420@msn.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: support
Testifier will be present: Yes
Submitted by: Brian Murphy
Organization: Individual
Address:
Phone:
E-mail: bmurphy420@msn.com
Submitted on: 2/28/2011

Comments:
To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

From: Brian Murphy Director MCCFDIA

POSITION: STRONG SUPPORT

NED has undermined the medical Marijuana Program from day 1.

The record will show that NED has a financial interest keeping all marijuana illegal!
Hawaii is the best place in the united state to grow medical grade marijuana! Let the farmer
ripe this \$\$ harvest, and have the NED do there Job of controlling hard drugs!!!

mahlo
bMurphy

From: chris werner [christopherallenwerner@yahoo.com]
Sent: Monday, February 28, 2011 7:30 AM
To: WAM Testimony
Subject: SB 175 SD1 Relating to Health Hearing: Tuesday, March 1, 2011, 9:20 a.m., Room 211

To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

From: Chris Werner

RE:SB 175 SD1 Relating to Health
Hearing: Tuesday, March 1, 2011, 9:20 a.m., Room 211

POSITION: STRONG SUPPORT

TESTIMONY:

SB 175 SD1 Relating to Health

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

I am writing in strong support of SB 175 SD1 which transfers the medical marijuana program to the Department of Health.

NOTE ON AMENDMENT: All responsibilities should go to DOH, as other medical marijuana programs have 24/7 verification and the responsibilities are not split between 2 agencies. It's not that difficult to set up. 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. 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.

c

From: Subhadra Corcoran [peacesubhadra@gmail.com]
Sent: Monday, February 28, 2011 8:05 AM
To: WAM Testimony
Subject: bill sb 175

Please see that I am elderly with a health problem that is compounded when I am treated like a criminal. Stress is great enough without fearing arrest and harassment over health care issues. The voters have stated clearly that medicine is medicine and the doctors should be in charge and not the police. Help us please and remove the medicine from control of the police and put it in the hands of the health dept. where it belongs. Thank you from old and disabled, Mrs. Corcoran. Kailua- Kona 329-6252

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 28, 2011 8:31 AM
To: WAM Testimony
Cc: aaronzeeman@yahoo.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: aaron zeeman
Organization: Individual
Address:
Phone:
E-mail: aaronzeeman@yahoo.com
Submitted on: 2/28/2011

Comments:

The NED had proven that the responsibility of managing for the MMJ program is too much for them. They seem more interested in assisting the police in arresting patients. The DOH seems more likely to keep the MMJ program a Health program. There have been countless problems with the NED/DOS handling this program, too many to count. Please make the change!!

From: ED\SOFT [edsoft@hawaii.rr.com]
Sent: Monday, February 28, 2011 1:31 PM
To: WAM Testimony
Subject: RE: SB 175 Strong Support

To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair
and
Members of the Committee on Ways and Means

From: John Orr, Captain Cook

RE: SB 175 SD1 Relating to Health
Hearing: Tuesday, March 1, 2011, 9:20 a.m., Room 211

POSITION: STRONG SUPPORT

SB 175 SD1 Relating to Health

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

I am writing in strong support of SB 175 SD1, which transfers the medical marijuana program to the Department of Health.

When the program began; I was stunned that it was to be administered by a law enforcement agency rather than the state's Department of Health.

I might choose to express my fear for the issue(s) of corruption and intimidation that have become matters of concern in my community. Those issues would never have been relevant had this process been rooted in the Dept of Health from the beginning.

I will choose, rather, to focus on the issue of health. The state granted its citizens access to a program whose intent was to provide medicinal assistance to those who were/are suffering. Medication of suffering and law enforcement do not go hand in hand. That belief of conflict inherent in the current program comes from someone with a BS degree in Police Science Personnel Admin and a few years of actual work in the law enforcement field.

I am not alone in the opinion that the program should be removed from DPS and WHOLLY turned over to the Dept of Health. Just such a recommendation was offered, last year by the Medical Cannabis Working Group.

Perhaps a more obvious question; if this program was implemented to benefit patients, why did one who is tasked with enforcing laws get put between a rock and a hard place by the legislature? The state's legislators did a disservice to both the police and the patient when that choice was made. Why was that choice made; to whose interests (\$\$\$\$\$) was our legislature bowing?

Senate Bill 175 would also help to rectify a most annoying issue; the Department of Public Safety's reluctance to administer said program properly. If and when said program begins to generate tax income for the state/counties; then there will be even greater cause for conflict of interest within the Dept of Public Safety; a conflict far less apt to occur within the Dept of Health.

Thank you for your time and attention to this important issue.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 28, 2011 1:23 PM
To: WAM Testimony
Cc: natclark108@gmail.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Nathan Clark
Organization: Individual
Address:
Phone:
E-mail: natclark108@gmail.com
Submitted on: 2/28/2011

Comments:

It didn't make sense for the Narcotics Enforcement Division to be monitoring medical cannabis patients as there is a conflict of interest here. The patients' info is supposed to be confidential and private, yet law enforcement have used this knowledge to harass numerous patients here on the Big Island. To keep the medical cannabis program under the supervision of the NED makes even less sense as they have already violated the privacy of the patients whose information was leaked to the public several years ago. This and so many other things about the NED supervising this program are unacceptable. It takes up to 4 months to even get a card issued. A patient gets a certificate in about a month, but not the card. The NED has proven that it is not competent to continue their supervision. While cannabis currently cannot legally be considered a medicine because of federal scheduling, there are still provisions within this state for the legitimate legal use of cannabis to improve health and quality of life for qualifying conditions. The Department of Health is the logical choice here as the NED does not have a vested interest in seeing this program work or protecting the privacy of the patients to prevent them from being harassed by law enforcement. Please support the transfer of the medical cannabis program to the Department of Health. Thank you.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 28, 2011 3:14 PM
To: WAM Testimony
Cc: stuart@IsseiProductions.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Stuart Hirotsu
Organization: Individual
Address:
Phone:
E-mail: stuart@IsseiProductions.com
Submitted on: 2/28/2011

Comments:
aloha

Thank you for allowing me to express my support for SB175.

It's all very simple, really - let's treat patients like patients and not like criminals.

mahalo

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 28, 2011 2:21 PM
To: WAM Testimony
Cc: buzzzed@msn.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM
Attachments: letter for DOH change.docx

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Sandy Webb
Organization: Individual
Address:
Phone:
E-mail: buzzzed@msn.com
Submitted on: 2/28/2011

Comments:

I am writing in "strong support" of SB175 SD1 which transfers the Medical Marijuana program to the Dept. of Health.

I feel that the Medical Cannabis program should be change to the Dept. of Health because:

1. Being under the NED (Narcotics Enforcement Division) poses a conflict of interest due to law enforcement issues verses progress patient care improvements issues.
2. Dept. of Health has more experience dealing with problems that occur within healthcare and let's face it, this is a healthcare matter.
3. The program, under the NED, has had breaches in patient confidentiality. The Dept. of Health has a better understanding of such things and would be more likely to protect patient rights.
4. Dept. 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.
5. Thus far the only changes made to the program have been increasingly stricter "guidelines" put out randomly by the NED to make it more difficult for physicians to help patients. (i e changing forms/procedures without first notifying the physician's office).

Please consider this as a very valid change as many patients are being put under undue stress due to procedural problems, whereas healthcare professional would simply understand the matter better. Remember the Medical Marijuana is a healthcare program not a law enforcement matter.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 28, 2011 1:54 PM
To: WAM Testimony
Cc: heidiari@yahoo.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM
Attachments: SB175 SD1.doc

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: heidi zucker
Organization: Individual
Address:
Phone:
E-mail: heidiari@yahoo.com
Submitted on: 2/28/2011

Comments:

Health is a much more compassionate and friendly name than public safety. When I think of health, I feel positive and when I think of public safety I think of police, road workers, orange cones, and fire trucks; not healing or health.

Please make medical cannabis users feel trustworthy and not like criminals who are a public safety concern.

To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

From: Heidi Zucker

I am writing in strong support of SB 175 SD1 which transfers the medical marijuana program to the Department of Health. Transferring the jurisdiction of the medical marijuana laws from the department of public safety to the department of health makes logical sense to me. I have a permit for health reasons. It only makes natural sense that the department handling medical and health issues; be the department of health. We already know that medical cannabis is essential for my health and well being and in no way shape or form is their any question of public safety.

Being a cannabis user, does not make me a threat to society. There is need to worry about public safety and medical cannabis. The health department deals with health issues. Transfer the jurisdiction to the department of health. They have the knowledge and real world experiences to deal with health programs and know how to implement them. They could work hand and hand with private doctors and clinics.

Health is a much more compassionate and friendly name than public safety. When I think of health, I feel positive and when I think of public safety I think of police, road workers, orange cones, and fire trucks; not healing or health.

Please make medical cannabis users feel trustworthy and not like criminals who are a public safety concern.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 28, 2011 1:53 PM
To: WAM Testimony
Cc: paulminar@mac.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Paul Minar
Organization: Individual
Address:
Phone:
E-mail: paulminar@mac.com
Submitted on: 2/28/2011

Comments:
STRONG SUPPORT
It is a medical issue, Not a law enforcement problem.
The Department of Health should administer the program.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 28, 2011 3:53 PM
To: WAM Testimony
Cc: wh7xs@arrl.net
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Daryl Scott
Organization: Individual
Address:
Phone:
E-mail: wh7xs@arrl.net
Submitted on: 2/28/2011

Comments:

POSITION: STRONG SUPPORT

I am writing in strong support of SB 175 SD1 which transfers the medical marijuana program to the Department of Health.

One of the amendments calls for the Dept. of Public Safety "to continue to maintain a verification process to confirm registration that is accessible 24/7 to the DOH." All responsibilities should go to DOH, as other medical marijuana programs have 24/7 verification and the responsibilities are not split between 2 agencies. It's not that difficult to set up. California has been doing it for years, MediCann is one of California's largest most organized programs. Anyone can check a patients card within 15 mins. or less via phone, fax, or internet so it's very convenient, safe, very clear as to who is a patient & who isn't. 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.

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. This never should have been set up with the NED, it has mismanaged the program since it's inception, 90+ days to get your card after seeing your doctor is ridiculous. If your doctor told you "You have cancer, but I can't give you any medicine for at least 3

months". You could be dead by then, & would never stand for that kind of treatment, yet that's exactly what happens here in Hawaii for medical marijuana patients.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 28, 2011 3:30 PM
To: WAM Testimony
Cc: saralegal@live.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Sara Steiner submitting for Barbara Devaki Lang
Organization: Individual
Address:
Phone:
E-mail: saralegal@live.com
Submitted on: 2/28/2011

Comments:
Position: Strong Support

I am a medical marijuana patient, and I live on the Big Island of Hawaii. I am writing in support of Senate Bill 175 which will transfer the medical marijuana program from the Department of Public Safety to the Department of Health. This is definitely the department that medical marijuana should come under. This is a very good bill, Thank you.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 28, 2011 3:25 PM
To: WAM Testimony
Cc: saralegal@live.com
Subject: Testimony for SB175 on 3/1/2011 9:20:00 AM

Testimony for WAM 3/1/2011 9:20:00 AM SB175

Conference room: 211
Testifier position: oppose
Testifier will be present: No
Submitted by: Sara Steiner for George Greywolf Klare
Organization: Individual
Address:
Phone:
E-mail: saralegal@live.com
Submitted on: 2/28/2011

Comments:

I do not support this bill as research outside the country has already established the evidence that cannabis is a medicine of profound importance. This evidence will judge the dangerous drug doctrine as a conspiracy to create a police prison system as an answer to a problem that is proving to be the solution already.

I do not think we need to spend any money on this.