

SB 58

RELATING TO MEDICAL CANNABIS.

Increases the amount of cannabis that constitutes an adequate supply by allowing a qualifying patient to possess 10 cannabis plants and 5 ounces of cannabis at any given time. Makes identification of the site where cannabis is grown confidential. Prohibits the department of public safety from requiring that a certifying physician be the patient's primary care physician.

Prohibits certifying physicians from naming or describing a patient's particular debilitating condition. Increases the permissible ratio of patients to caregivers by allowing a caregiver to grow cannabis for no more than 4 patients.

NIEL AMBERCROMBIE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
919 Ala Moana Blvd. 4th Floor
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JODIE MAESAKA-HIRATA
INTERIM DIRECTOR

Deputy Director of
Administration

Deputy Director
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KEITH KAMITA
Deputy Director
Law Enforcement

No. _____

**TESTIMONY ON SENATE BILL 58
A BILL FOR AN ACT RELATING TO MEDICAL CANNABIS**

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**

**Friday, February 8, 2011, 3:15 PM
State Capitol, Room 224**

Chair Espero, Vice Chair Kidani, and Members of the Committees:

The Department of Public Safety (PSD) does not support Senate Bill 58 that proposes to amend the definition of "adequate supply" as listed in Section 329-121, Hawaii Revised Statutes (HRS), by increasing the number of marijuana plants to 10 plants that can jointly be possessed between the qualifying patient and the primary caregiver and possess 5 ounces of usable marijuana. Presently, the HRS allows a qualifying patient and the patient's primary caregiver to possess 3 mature plants and 4 immature plants and 1 ounce of usable marijuana per mature plant, which would bring the total amount of usable marijuana to 3 ounces. Presently, there are 12 other states with medical use of marijuana programs, most of which have kept the number of allowable marijuana plants to around 6 mature plants and varying amounts of authorized processed marijuana, with only two states allowing over 8 ounces (Refer to Table 1).

TABLE 1: State Limits on Possession of Medical Marijuana

Alaska	1998	6 (3 mature, 4 immature)	1 oz
Arizona	2010	0-12 plants	2.5 oz
California	1996	18 (6 mature, 12 immature)	8 oz
Colorado	2000	6 (3 mature, 3 immature)	2 oz
Washington DC	2010		2 oz usable, limits on other forms
Hawaii	2000	7 (3 mature and 4 immature)	3 oz
Maine	1999	6	2.5 oz
Michigan	2008	12	2.5 oz
Montana	2004	6	1 oz
Nevada	2000	7 (3 mature and 4 immature)	1 oz
New Jersey	2010		2 oz usable
New Mexico	2007	24 (6 mature and 18 immature)	6 oz
Oregon	1998	24 (6 mature and 18 immature)	24 oz
Rhode Island	2006	12	2.5 oz
Vermont	2004	9 (2 mature and 7 immature)	2 oz
Washington	1998	15	24 oz

PSD feels that the possession of 10 plants and 5 ounces of usable marijuana is too much for medical use and would increase the possibility of diversion to the streets and schools. PSD would agree that the number of

authorized marijuana plants should be simplified to 7 plants and that the amount of usable marijuana is set at not more than 3 ounces.

Senate Bill 58 also proposes to not require the signing physician on the certificate to be the patient's primary care physician, which would invite abuse of the program by physicians that just sign certificates and never examine or establish a medical relationship with the patient. Presently, the State's top 10 physicians issuing medical use of marijuana certificates account for 85.56% (6,951) of all certificates issued statewide (8,124). The number one rated physician accounts for 30.41% (2,471) of all certificates issued statewide (8,124). This raises questions about the abilities of such physicians to adequately treat these patients purportedly diagnosed with severe debilitating medical conditions. Hawaii's medical use of marijuana laws requires a physician to have a bona fide doctor-patient relationship as a condition of the program. However, the PSD's Narcotics Enforcement Division (NED) has had complaints from patients regarding not being able to contact their physician because he/she is in another state and only visits the islands on specific days. These physicians are able to operate because they comply with the bare minimum of the law and many of their patient's just want to obtain a medical use of marijuana permit regardless of whether or not they have a severe debilitating medical condition. Senate Bill 58 also proposes to prohibit NED from printing the address of the location of the patient or caregiver's authorized growing location on the permit issued by NED. This information is necessary for law enforcement to quickly verify that a patient

or caregiver is authorized to grow his/her marijuana at that specific location. Without this information, the patient or caregiver's marijuana can be seized from the property pending verification with NED. With furlough days and State functions being cut back, it is a real possibility that NED will not be able to verify in a timely manner all of law enforcement's verification requests on subjects claiming to be patients or caregivers in Hawaii's medical use of marijuana program. Presently, if law enforcement finds that the patient or caregiver is growing their marijuana in the location identified on the permit, law enforcement is not seizing or arresting the subject.

PSD does not agree with the amendment being proposed in Section 5 of Senate Bill 58 to amend Section 329-123(a) to not require physicians to list the severe debilitating medical conditions that the marijuana is being recommended for. This omission of the debilitating medical condition on the application will only invite abuse by unscrupulous physicians that know that PSD has no way of verifying that the patient being recommended to the program has a debilitating medical condition authorized by Hawaii's medical use of marijuana program. Presently, under Hawaii's controlled substance laws, a physician must keep medical records of all patients that he/she treats for a period of 5 years. Under Section 329-128, PSD has the authority to investigate any fraudulent misrepresentation to a law enforcement official of any fact or circumstance relating to the medical use of marijuana or the issuance of the written certificate to avoid arrest or prosecution under that part of Chapter 712. The information

concerning what the medical use of marijuana permit was recommended for is a key fact in investigating suspected fraudulently obtained permits. Presently, PSD does not list on the permit card issued to the patient and caregiver the qualifying patient's debilitating medical condition. As of the end of December 2011, the following are the debilitating medical conditions for which physicians may authorize marijuana for medical use:

Cachex / Wasting Syndrome	40
Chron's Disease	0
Glaucoma	56
HIV or AIDS	78
Malignant Neoplasm (Cancer)	91
Multiple conditions listed	2041
Persistent Muscle Spasms	119
Seizures	43
Severe Nausea	119
Severe Pain	5540

Section 5 of Senate Bill 58 also proposes to increase the patient to caregiver ratio from 1 patient to 1 caregiver (presently 7 plants and up to 3 ounces of marijuana), to 4 patients to 1 caregiver. If Senate Bill 58 was signed into law as is, it would allow a caregiver (who is also a patient) to grow on his property up to 50 plants and possess up to 25 ounces of processed marijuana at any given time. If 4 patients (family members) reside in that residence and all of them are patients and also caregivers for 4 patients each, they could grow 200 plants and possess up to 100 ounces of processed marijuana at any given time. Hawaii already has a problem with marijuana being the number 2 drug used by minors in our schools, alcohol being the number 1. PSD feels that the 1 to 1

patient to caregiver ratio is one of Hawaii's medical use of marijuana program's best features, and that 7 plants and up to 3 ounces of usable marijuana is an adequate supplies because the patient is able to constantly refill his 3-ounce bag as it runs low.

For these reasons, and the real possibility that these amendments could lead to abuse of this program, PSD requests that this bill be held.

Thank you for the opportunity to testify on this bill.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-SIXTH LEGISLATURE, 2011**

ON THE FOLLOWING MEASURE:

S.B. NO. 58, RELATING TO MEDICAL CANNABIS.

BEFORE THE:

SENATE COMMITTEE ON
PUBLIC SAFETY, GOVERNMENT OPERATIONS, AND MILITARY

DATE: Tuesday, February 8, 2011 TIME: 3:15 p.m.

LOCATION: State Capitol, Room 224

TESTIFIER(S): David M. Louie, Attorney General, or
Mark K. Miyahira, Deputy Attorney General

Chair Espero and Members of the Committee:

The Department of the Attorney General opposes this measure.

The purpose of this bill is to: (1) increase the amount of cannabis that constitutes an "adequate supply" by allowing a qualifying patient to possess ten cannabis plants and five ounces of cannabis; (2) require the identification of the site where cannabis is grown to be kept confidential; (3) prohibit the Department of Public Safety from requiring that a certifying physician be the patient's primary care physician; (4) prohibit certifying physicians from naming or describing the patient's debilitating condition; and (5) increase the ratio of patients to caregivers to allow caregivers to grow cannabis for up to four patients.

Section 2 of this bill proposes to amend the State's medical marijuana law by permitting a registered qualified patient or primary caregiver to provide usable cannabis or any part of the cannabis plant to any other registered qualifying patients or primary caregivers, provided that no consideration is paid and that the recipient does not exceed the "adequate

supply" as defined in section 329-121, Hawaii Revised Statutes. This provision would undermine the registration requirement in section 329-123(c), Hawaii Revised Statutes, that a primary caregiver shall be responsible for the care of only one qualifying patient, and increase the possibility of abuse of the medical marijuana law.

Section 3 of this measure proposes to amend the definition of "adequate supply" by increasing the number of marijuana plants and usable amount of marijuana that can be jointly possessed between the qualifying patient and primary caregiver to ten plants and five ounces of usable cannabis at any given time. Currently, Hawaii's medical marijuana law allows a qualifying patient and primary caregiver to jointly possess three mature plants, four immature plants, and one ounce of usable marijuana per mature plant. The Department, having consulted other local law enforcement agencies, including the narcotics enforcement division, which supervises the medical marijuana program, believes that ten plants and five ounces of usable marijuana is above the amount that is "reasonably necessary to assure the uninterrupted availability of marijuana for the purpose of alleviating the symptoms or effects" of the qualifying patient's medical condition and increases the possibility of abuse.

The bill proposes to amend the medical marijuana law to eliminate the requirement that the signing physician on the written certification be the patient's primary care physician. The Department believes that this provision would increase the possibility of abuse of the program by physicians that sign the certifications without examining the patient and establishing a patient-physician relationship.

The measure also proposes to prohibit the Department of Public Safety from placing the address of the location where the cannabis is grown on the registry card. The Department believes that this provision would unduly hamper law enforcement agencies from being able to investigate marijuana cases. If this information is not on the registry card, a law enforcement officer would be unable to quickly determine if the marijuana plants that the officer discovered were in compliance with the medical marijuana law.

Section 5 of the bill proposes to increase the ratio of patients to caregivers to allow caregivers to grow cannabis for up to four patients. Presently, the law restricts the primary caregiver to grow marijuana for only one qualifying patient. Under this provision, a primary caregiver could possess 40 cannabis plants and 20 ounces of usable cannabis at any given time. This amount would be significantly over the threshold amount (one pound or more, containing marijuana, or possessing twenty-five marijuana plants) prohibited by the class C felony offense of Promoting a Detrimental Drug in the First Degree. The Department believes that this provision would greatly increase the possibility of abuse of the medical marijuana program and diversion of marijuana to be sold on the streets.

The Department requests that this measure be held.

DEPARTMENT OF THE PROSECUTING ATTORNEY
CITY AND COUNTY OF HONOLULU

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ARMINA A. CHING
FIRST DEPUTY PROSECUTING ATTORNEY

**THE HONORABLE WILL ESPERO, CHAIR
SENATE COMMITTEE ON PUBLIC SAFETY, GOVERNMENT OPERATIONS,
AND MILITARY AFFAIRS**

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

February 8, 2011

RE: S.B. 58; RELATING TO MEDICAL CANNIBIS.

Chair Espero, Vice-Chair Kidani, and members of the Senate Committee on Public Safety, Government Operations, and Military Affairs, the Department of the Prosecuting Attorney of the City and County of Honolulu submits the following testimony in opposition to S.B. 58.

The purpose of this bill is to allow transfer of marijuana between all registered qualifying patients and caregivers; increase the amount of medical marijuana permitted per patient and caregiver; omit the location of a patient's medical marijuana supply from his or her registry card; prohibit the department of public safety from knowing the patient's qualifying medical condition or requiring that a patient's certifying physician be the primary care physician; and allow caregivers to be responsible for up to four qualifying patients at any given time.

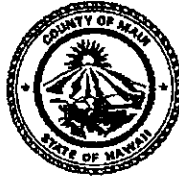
Because marijuana continues to be a Schedule I controlled substance (both State and Federal), possession of any amount is illegal, except by qualifying patients registered to use medical marijuana (and their caregivers). Such patients are currently permitted to have up to three ounces of usable marijuana at a time; one ounce is approximately 28.3 grams.

Under S.B. 58, a caregiver with four registered patients could be permitted to possess and/or transfer up to 20 ounces (1¼ pounds) of usable marijuana at any given time. To deter potential abuse and negative impacts on the public, permitted amounts should be kept to a minimum, and strict regulations should be maintained to facilitate effective control and

enforcement of this system. In this regard, it is important for law enforcement officers to readily identify the proper location of a patient's medical marijuana supply, and for the Department of Public Safety to require that certifications for medical marijuana be issued by a patient's primary care physician, for a specified medical condition.

For all of these reasons, the Department of the Prosecuting Attorney of the City and County of Honolulu opposes S.B. 58. Thank you for this opportunity to testify.

ALAN M. ARAKAWA
Mayor



JOHN D. KIM
Acting Prosecuting Attorney
ROBERT D. RIVERA
First Deputy Prosecuting Attorney

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TESTIMONY OF THE DEPARTMENT OF THE PROSECUTING ATTORNEY
COUNTY OF MAUI
ON SB 58 - RELATING ON MEDICAL CANNABIS
FEBRUARY 8, 2011
3:15 P.M.

The Honorable Will Espero
Chair
The Honorable Michelle Kidani
Vice Chair
and Members
Senate Committee on Public Safety, Government Operations and Military Affairs

The Department of the Prosecuting Attorney, County of Maui opposes this measure.

SB 58 proposes to: (1) increase the amount of cannabis that constitutes an "adequate supply" by allowing qualifying patients to possess ten cannabis plants and five ounces of cannabis; (2) require the identification of the site where cannabis is grown to be kept confidential; (3) prohibit the Department of Public Safety from requiring that a certifying physician be the patient's primary care physician; (4) prohibit certifying physicians from naming or describing the patient's debilitating condition; and (5) increase the ratio of patients to caregivers to allow caregivers to grow cannabis for up to four patients. This measure, if approved, would increase the possibility of abuse of the medical marijuana law, and increase the possibility of marijuana being diverted into our community at large.

The Department of the Prosecuting Attorney requests that this measure be HELD. Thank you very much for the opportunity to provide this testimony.



ALAN M. ARAKAWA

MAYOR

OUR REFERENCE

YOUR REFERENCE

POLICE DEPARTMENT
COUNTY OF MAUI

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February 3, 2011



GARY A. YABUTA
CHIEF OF POLICE

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

The Honorable Will Espero, Chair
and Members of the Committee on Public Safety,
Government Operations and Military Affairs.
The Senate
State Capitol
Honolulu, Hawaii 96813

RE: Senate Bill No. 58, Relating to Medical Cannabis


Dear Chair Espero and Members of the Committee:

The Maui Police Department does not support S.B. No. 58. There is absolutely no logical reason to support this bill. The passage of this bill will promote criminal activity because it essentially takes away every hint of accountability that would otherwise keep a reasonable individual within the confines of the law.

The Maui Police Department asks for your support in opposing S.B. No. 58.

Thank you for the opportunity to testify.

Sincerely,


GARY A. YABUTA
Chief of Police

COMMUNITY ALLIANCE ON PRISONS

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

Phone/E-mail: (808) 533-3454/communityallianceonprisons@hotmail.com



COMMITTEE ON PUBLIC SAFETY, GOVERNMENT OPS & MILITARY AFFAIRS

Sen. Will Espero, Chair

Sen. Michelle Kidani, Vice Chair

Tuesday, February 8, 2011

Room 224

3:15 pm

SB 58 - STRONG SUPPORT -MEDICAL MARIJUANA

PGMtestimony@Capitol.Hawaii.gov

Aloha Chair Espero, Vice Chair Kidani 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 58 improves the Medical Marijuana Program.

Community Alliance on Prisons is in strong support of this measure because it addresses the concerns that patients have expressed since the program's enactment ten years ago.

This is a compassionate law - the first one passed by a state legislature - and demonstrates Hawai`i's aloha for its suffering citizens.

It is about time that we take a look at this compassionate program and listen to the concerns expressed by patients who have used medical cannabis to relieve their suffering.

Mahalo for this opportunity to testify.



Medicine Buddhas and Bodhisattvas
Natural Cancer Wellness Foundation
Dr. Myron Berney, ND LAc
808-392-3366



COMMITTEE ON PUBLIC SAFETY, GOVERNMENT OPERATIONS, AND MILITARY AFFAIRS
Senator Will Espero, Chair
Senator Michelle Kidani, Vice Chair

DATE: Tuesday, February 8, 2011
TIME: 3:15 p.m.
PLACE: Conference Room 224
State Capitol
415 South Beretania Street

SB 58

RELATING TO MEDICAL CANNABIS.

Increases the amount of cannabis that constitutes an adequate supply by allowing a qualifying patient to possess 10 cannabis plants and 5 ounces of cannabis at any given time. Makes identification of the site where cannabis is grown confidential. Prohibits the department of public safety from requiring that a certifying physician be the patient's primary care physician. Prohibits certifying physicians from naming or describing a patient's particular debilitating condition. Increases the permissible ratio of patients to caregivers by allowing a caregiver to grow cannabis for no more than 4 patients.

In Support with comments and recommendations for changes

The Federal Constitutional Right to Privacy barring the State or Federal Government from any power in medical care applies to this legislation.

The fundamental problem with the Marijuana Laws is the problem between a rope and a snake. This example is from the Nobel Land of India from the Teachings of the Buddha. If in the dark you saw a rope you might mistake it for a snake. Seeing the rope as a snake you would be very scared. But if you investigated with your intelligence and saw that it was a rope and not a snake, you would be relieved, you would be able to relax and be very happy.

The problem is where sick patients see a God given herbal medicine that for many works as well or better than any other drug, saving lives and ending suffering, other people have been told that it is an addicting evil menace that causes exaggerated risk taking anti-social behavior in otherwise God fearing Church going white boys and girls while listening to Black Jazz music. [*Marijuana Madness*]

WE all know we can't have our white girls listening to Black Jazz. The evil propaganda painted an exaggerated scene of alcohol abuse and blamed it on marijuana. Marijuana notably has the opposite drug effect as was portrayed for public and the State and Federal Legislatures.

Proving the "Garbage in, garbage out." motto

Page 4 line 2-6

provided that an "adequate supply" shall not exceed ten cannabis plants and five ounces of usable cannabis at any given time.

We find it very difficult and inappropriate for the State to Legislate an "adequate supply" based upon number of plants or any weight of cannabis. An adequate supply medically would refer to the pharmaceutical parts of the cannabis plant not the rubbish as included in the definitions of HRS. The pharmaceutical part would be the **dry female seedless flowers**. Other parts, the leaf, stem, branches, roots and seeds etc lack any pharmaceutical value. Any weight of cannabis should be characterized by weight of the mature dried female seedless flowers, such as

"usable cannabis" means the mature dried female seedless flowers of the cannabis plant in which the trichomes have become opaque with 1% amber trichomes.

Five ounces is just a number picked out of the air.

An adequate supply is based upon many variable factors and shouldn't be legislated. For example DPS mantra "It not you Grandfathers Marijuana.", well, our adversaries point out that the herb is not standardized and varies in percentage of medicinal molecules of delta 9 THC. So calculating an adequate supply can't be done. Too many variables to figure out the equation.

The important point here is that it not my Grandfathers Marijuana, that marijuana was 100% and consumed long ago. The important point here is that it not my Grandfathers Marijuana, my Grandfathers Marijuana is Grandfathered. Marijuana was actually grandfathered up until 1939.

We are talking about farming. Whatever the plant gives you that's what you got. That's is God's gift, you reap what you sow; that's in the Bible.

Now some plants grow a big as a Christmas Tree other plants max out at a foot. Some plants harvest out pounds other yield a few grams. You need about 20 small plants to yield 5 oz of usable buds; whereas, one sativa and you could be over the top.

Not only is it not very workable to legislate an adequate supply; the Federal Supreme court all believe in the Right of Privacy. Any thing short of killing an unborn fetus, abortion, is permitted under Federal Constitutional Rights. Life, Liberty and the pursuit of happiness.

The recreational use of marijuana certainly for many citizens is covered by the pursuit of happiness, that in their Life, they have the Liberty, to enjoy a God Given Herbal Medicine used safely for over 5,000 years and used by the Founding Fathers themselves.

Page 5 should include language that informs DPS that they must be HIPPA compliant. DPS does attempt to be HIPPA compliant but we see breaches of confidentiality and have concern with care of the records.

All records and communications by any State agency concerning the medical use of Cannabis must be HIPPA compliant. Anybody have a problem following federal law? Confidentiality had been a major concern to date.

Most physicians on Oahu are still afraid to recommend or put sign a form for medical marijuana because they don't want to take the risk or the problems they imagine would come from Keith Kamita and the Gang. [yep, gang!] My oncologist said, "Why would you want the government to know?"

By the way, Marinol was designed to not work as well as Marijuana. Marinol was originally brought out to mimic methadone. That didn't catch on and drug sales were minimal until States started approving Medical Marijuana programs, then Marinol was brought out to undermine patient access to good medicine. The mantra was "why do we need medical marijuana, when Marinol is legal." Because marijuana is cheaper and better, thank you for asking. Marijuana is a better drug, with better onset and greater dose control.

Page 5 line 11-12

"Written Certifications" are valid for only
12 one year from the time of signing."

The DPS has only one employee to do all the work involved in the certification process. They are months behind and can't keep up with the paper work requirement of the legislation.

If the patient has a chronic incurable debilitating medical condition that isn't expected to improve, why only valid for one year from the time of signing.

Handicapped parking permits are for either 6 months or 5 years.

Once certified the chronically ill patient with an incurable debilitating medical condition should be certified for life.

Change and insert

"Written Certifications" are valid for only
one year from the time of signing the life of the patient.

Or

"Written Certifications" are valid for ~~only~~
~~one~~ five years from the time date of signing."

Primary care givers can grow and produce an adequate supply for more than 4 patients, why any limit to a person's good deeds or service to humanity? Primary Care Givers need to be able to sustain themselves as well as their patients. There is no basis to limit kindness, compassion or competition in the marketplace.

What we need to eliminate is the Black Market exploitation by Government for the benefit of drug lords like has been documented in Afghanistan. What happens in Afghanistan also happens in downtown hometown USA; Southern Air, CIA and cocaine. Government is not given the power to suppress trade to create black market crimes, only regulate.

Studies have shown that were in the States with greater access to marijuana that there is less use, less crime. Forget fighting over the tobacco tax, we waste over \$6 million dollars annually on Marijuana laws the results in dismissed cases or probation that could be used for real health care.

Cut all law enforcement funding for marijuana enforcement.

That's too much money for a Civil War directed against sick people's Constitutional Rights. The Founding Fathers smoked marijuana.

Please also review for your consideration the following changes to this existing law.

[PART IX.] MEDICAL USE OF MARIJUANA

§329-121 Definitions. As used in this part:

"Adequate supply" means an amount of pharmaceutical quality marijuana cannabis jointly possessed by ~~between~~ the qualifying patient ~~or and~~ the primary caregiver that is not more than is reasonably necessary to assure the uninterrupted availability of pharmaceutical quality marijuana cannabis for the patients' necessary and reasonable medical care. ~~the purpose of alleviating the symptoms or effects of a qualifying patient's debilitating medical condition; provided that an "adequate supply" shall not exceed three mature marijuana plants, four immature marijuana plants, and one ounce of usable marijuana per each mature plant.~~

"Debilitating medical condition" includes means:

(1) Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, or the treatment of these conditions;

(2) A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following:

(A) Cachexia or wasting syndrome;

(B) Severe pain;

(C) Severe nausea;

(D) Seizures, including those characteristic of epilepsy; or

(E) Severe and persistent muscle spasms, including those characteristic of multiple sclerosis or Crohn's disease; or

(3) Any other medical condition approved by the department of health pursuant to administrative rules in response to a request from a physician or potentially qualifying patient.

"Mature Marijuana Plants" means when the plants are pharmaceutically ready for harvest. Maturity shall be determined by the opacity and color of the trichomes depending upon the pharmaceutical needs of the patient. Trichomes must 100% opaque for maturity.

"Marijuana" means any and all parts of the Cannabis plant and including extracts, concentrates, and related products. ~~shall have the same meaning as "marijuana" and "marijuana concentrate" as provided in sections 329-1 and 712-1240.~~

"Medical Marijuana" means the dried flowering tops of mature female Cannabis plants, extracts and concentrates.

"Medical use" includes means the acquisition, possession, cultivation, use, distribution, or transportation of marijuana, marijuana extracts, marijuana concentrates, or paraphernalia relating to the production, cultivation, use or administration of marijuana to alleviate the symptoms or effects of a qualifying patient's debilitating medical condition. For the purposes of "medical use", the term distribution is limited to the commercial or non-commercial transfer of marijuana and paraphernalia from the primary caregiver to the qualifying patient.

"Physician" means a person who is licensed to practice naturopathic medicine, acupuncture, medicine, or osteopathic medicine under chapter 455, 436E or 453 ~~and is licensed with authority to prescribe drugs and is registered under section 329-32.~~ "Physician" ~~does not include physician's~~

~~assistant as described in section 453-5.3 or an advanced practice registered nurse with prescriptive authority as described in section 457-8.6.~~

"Primary caregiver" means a person, other than the qualifying patient and the qualifying patient's physician, who is eighteen years of age or older who has agreed to undertake responsibility for managing the well-being of the qualifying patient with respect to the medical use of marijuana. In the case of a minor or an adult lacking legal capacity, the primary caregiver shall be a parent, guardian, or person having legal custody.

~~"Qualifying patient" means a person who has been diagnosed by a physician as having a debilitating medical condition.~~

~~—"Usable marijuana" means the dried leaves and flowers of the plant Cannabis family Moraceae, and any mixture [or] preparation thereof, that are appropriate for the medical use of marijuana.~~

"Usable cannabis" means the mature dried female seedless flowers of the cannabis plant in which the trichomes have become opaque with 1% amber trichomes."Usable marijuana" does not include the seeds, stalks, and roots of the plant.

"Written certification" means the qualifying patient's medical records or a statement signed by a qualifying patient's physician, stating that in the physician's professional opinion, ~~the qualifying patient has a debilitating medical condition and~~ the potential benefits of the medical use of marijuana would likely outweigh the health risks for the qualifying patient. ~~The department of public safety may require, through its rulemaking authority, that all written certifications comply with a designated form.~~ "Written certifications" are valid for only one year from the time of signing. [L 2000, c 228, pt of §2; am L 2009, c 11, §43 and c 169, §7]

§329-122 Medical use of marijuana; conditions of use. (a) Notwithstanding any law to the contrary, the medical use of marijuana by a qualifying patient shall be permitted only if:

~~(1) The qualifying patient has been diagnosed by a physician as having a debilitating medical condition;~~

(2) The qualifying patient's physician has certified in writing that, ~~in the physician's professional opinion,~~ the potential benefits of the medical use of marijuana would likely outweigh the health risks for the particular qualifying patient; and

(3) The amount of marijuana does not exceed an adequate supply.

(b) Subsection (a) shall not apply to a qualifying patient under the age of eighteen years, unless:

(1) The qualifying patient's physician has explained the potential risks and benefits of the medical use of marijuana to the qualifying patient and to a parent, guardian, or person having legal custody of the qualifying patient; and

(2) A parent, guardian, or person having legal custody consents in writing to:

(A) Allow the qualifying minor patient's medical use of marijuana;

~~(B) Serve as the qualifying patient's primary caregiver; and~~

(C) Monitor and control the acquisition of the marijuana, the dosage, and the frequency of the medical use of marijuana by the qualifying minor patient as recommended by the attending physician.

(c) The authorization for the medical use of marijuana in this section shall not apply to:

(1) The medical use of marijuana that endangers the health or well-being of another person;

(2) The second hand smoke from the medical use of marijuana is prohibited:

- (A) In a school bus, public bus, or any moving vehicle;
- (B) In the workplace of one's employment;
- (C) On any school grounds;
- (D) At any public park, public beach, public recreation center, recreation or youth center; or
- (E) Other place open to the public; and

(3) The use of marijuana by a qualifying patient, parent, or primary caregiver for purposes other than medical use permitted by this part. [L 2000, c 228, pt of §2; am L 2001, c 55, §15]

[§329-123] Registration requirements. (a) Physicians who issue written certifications shall register the names, addresses, patient identification numbers, and other identifying information of the patients issued written certifications with the department of public safety.

(b) Qualifying patients shall register with the department of public safety providing ~~Such registration shall be effective until the expiration of the certificate issued by the physician. Every qualifying patient shall provide sufficient identifying information to establish personal identity of the qualifying patient and the primary caregiver. Qualifying patients shall report changes in required information within five working days. Every qualifying patient shall have only one primary caregiver at any given time.~~ The department shall then issue to the qualifying patient a registration certificate, within 5 days, and may charge a reasonable fee not to exceed \$25.

(c) Primary caregivers shall register with the department of public safety providing sufficient identifying information to establish personal identity of the respective qualifying patients and the primary caregiver and shall report changes in required information ~~Every primary caregiver shall be responsible for the care of only one qualifying patient at any given time.~~

(d) Upon an inquiry by a law enforcement agency, the department of public safety shall verify whether the particular qualifying patient has registered with the department and may provide reasonable access to the registry information for official law enforcement purposes. [L 2000, c 228, pt of §2]

[§329-124] Insurance not applicable. This part shall not be construed to require insurance coverage for the medical use of marijuana. [L 2000, c 228, pt of §2]

[§329-125] Protections afforded to a qualifying patient or primary caregiver. (a) A qualifying patient or the primary caregiver may assert the medical use of marijuana as an affirmative defense to any prosecution involving marijuana ~~under this [part] or chapter 712; provided that the qualifying patient or the primary caregiver strictly complied with the requirements of this part.~~

~~(b) Any qualifying patient or primary caregiver not complying with the permitted scope of the medical use of marijuana shall not be afforded the protections against searches and seizures pertaining to the misapplication of the medical use of marijuana.~~

(c) No person shall be subject to arrest or prosecution for simply being in the presence or vicinity of the medical use of marijuana. ~~as permitted under this part.~~ [L 2000, c 228, pt of §2]

[§329-126] Protections afforded to a treating physician. No physician shall be subject to arrest or prosecution, penalized in any manner, or denied any right or privilege for providing written

certification for the medical use of marijuana for a qualifying patient; provided that:

~~(1) The physician has diagnosed the patient as having a debilitating medical condition, as defined in section 329-121;~~

~~—(2) The physician has explained the potential risks and benefits of the medical use of marijuana, as required under section 329-122;~~

~~—(3) The written certification is based upon the physician's professional opinion after having completed a full assessment of the patient's medical history and current medical condition made in the course of a bona fide physician-patient relationship; and~~

~~—(4) The physician has complied with the registration requirements of section 329-123. [L 2000, c 228, pt of §2]~~

[§329-127] Protection of marijuana and other seized property. Marijuana, paraphernalia, or other property can not be seized from a qualifying patient or primary caregiver. Marijuana, paraphernalia, or other property seized from a qualifying patient or primary caregiver in connection with the medical use of marijuana under this part shall be returned immediately, upon the determination by a court that the qualifying patient or primary caregiver is entitled to the protections of this part, as evidenced by a decision not to prosecute, dismissal of charges, or an acquittal; provided that Law enforcement agencies seizing live plants as evidence shall not be 200% responsible for the care and maintenance of such plants and property. [L 2000, c 228, pt of §2]

~~**[§329-128] Fraudulent misrepresentation; penalty.** (a) Notwithstanding any law to the contrary, fraudulent misrepresentation to a law enforcement official of any fact or circumstance relating to the medical use of marijuana to avoid arrest or prosecution under this part or chapter 712 shall be a petty misdemeanor and subject to a fine of \$500.~~

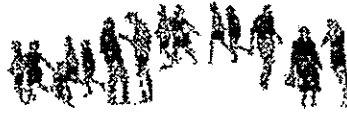
~~—(b) Notwithstanding any law to the contrary, fraudulent misrepresentation to a law enforcement official of any fact or circumstance relating to the issuance of a written certificate by a physician not covered under section 329-126 for the medical use of marijuana shall be a misdemeanor. This penalty shall be in addition to any other penalties that may apply for the non-medical use of marijuana. Nothing in this section is intended to preclude the conviction of any person under section 710-1060 or for any other offense under part V of chapter 710. [L 2000, c 228, pt of §2]~~

Some plants grow a large as a Christmas tree, other plants, like the “90 day wonders” only grow a foot

tall or less. These small plants only yield about a 7 to 10 grams or less.



Because this plant is flowering, this is a mature medical marijuana plant according to DPS rules and regulations.



Advocates For Consumer Rights

Working for Hawaii's consumers since 1994

George Fox, President

808- 447-9424 <afcr@hawaii.rr.com>

February 6, 2011

WHO: Committee on Public Safety, Government Operations, and Military Affairs

Honorable Senator Will Espero, Chair

Senator Michelle Kidani, Vice Chair

WHAT: SB 58 Relating to Medical Cannabis

WHEN: Tuesday, February 8, 2011 at 3:15pm

WHERE: Conference Room 224

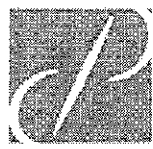
Honorable Senator Will Espero, Chair; Senator Michelle Kidani, Vice Chair and members of the committee, Advocates For Consumer Rights strongly supports SB 58, relating to Medical Cannabis for the following important reasons:

- Increases the caregiver to patient ratio from 1:1 to 1:4
- Permits primary caregivers to be reimbursed
- A registered patient or caregiver may provide usable cannabis to any other registered qualifying patients or any other registered caregiver, provided no consideration is paid and that the recipient does not exceed the adequate supply
- Increases adequate supply and removes the mature/immature distinction of plants to 10 plants and five ounces of usable cannabis at any given time. This is important to those patients who use their legal cannabis to make butter or other delivery systems.
- Prevents the department from requiring that the authorizing physician be the patient's primary care physician.
- The form may request the address of the location where the cannabis is grown, but the information shall be confidential and shall not appear on the registry card
- The information that the physician provides to the department shall attest that the patient has one of the qualifying conditions, but shall not name or describe the particular condition. If the issuing the physician is not the qualifying patient's primary care physician, the issuing physician shall send a copy of the certification to the primary care physician.
- The department in their administrative rules, shall only require information from the applicant, primary caregiver, and certifying physician as specifically required or permitted by the medical marijuana chapter of Hawaii Revised Statutes.

We respectfully request the committee to amend this Bill by adding additional language that would provide patients protection from arrest while transporting their medicine.

Please pass SB 58!

Sincerely,
George Fox, President
447-9424



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

February 8, 2011

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

From: Jeanne Y. Ohta, Executive Director

RE: SB 58 Relating to Medical Cannabis
Hearing: Tuesday, February 8, 2011, 3:15 p.m., Room 224

Position: Support and suggest amendment

Good afternoon Chair Espero, Vice Chair Kidani, and members of the Committee. Thank you for hearing this measure. I am Jeanne Ohta, Executive Director of the Drug Policy Forum of Hawai'i testifying in support of this measure and respectfully requesting an amendment.

Transportation Amendment

The amendment is needed to protect patients from arrest while transporting their medicine. Four medical marijuana patients were arrested on the Big Island while transporting their marijuana. The medical marijuana section allows transportation, however, the amendment is needed to clarify that it is allowed. One patient was convicted, 2 cases were dismissed, and the last patient is awaiting trial. All 3 cases are being appealed. In dismissing the cases, Judge Barbara Takase ruled that "HRS §329 is void for vagueness." Our suggested amendment is included in Attachment I, however, we defer to the language suggested by the American Civil Liberties Union of Hawai'i.

SB 58 addresses changes that the Medical Cannabis Taskforce identified as top priorities last year:

#2 was to "Increase the allowable number of plants and the amount of usable cannabis to ensure that patients have an adequate supply of their medicine.

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

Caregivers

Caregivers are difficult to find and allowing them to care for additional patients improves patient access to needed medicine. Many patients need caregivers because they are too sick to grow their own plants or live in a location where it is dangerous or impractical to grow their own plants. Many do not have the

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This bill also allows caregivers to be reimbursed for the costs they incur. This provides them protection from prosecution for selling marijuana.

This measure allows patients and caregivers to help other patients by allowing them to give some of their medicine to qualifying caregivers and patients. This is especially helpful to patients who cannot wait to grow their own; or who have had a crop failure. Many cancer patients undergoing chemo therapy need medicine immediately and have nowhere to turn except to a current patient, who can also provide information on how to use vaporizers, etc.

In a survey, many patients have said that the current limit on how much cannabis they can possess is not sufficient for their needs. Patients have said that they use more medicine when using vaporizers. If they cannot possess sufficient supply, then they are forced to smoke their medicine rather than use their preferred method which may be safer than smoking. Those who prepare edibles also need a larger supply of cannabis.

This measure protects patient privacy by eliminating the address of where the marijuana is grown from the registry card. If a wallet is stolen, for instance, the location of the marijuana is available to the thief.

Most importantly, this bill prevents the department from over reaching their authority by preventing them from requiring more information on their forms than is required by law.

Patients are law abiding citizens who are seriously ill, or who have chronic conditions and who want to comply with the law.

The Medical Marijuana program is a compassionate care program established to relieve suffering. Patients are simply asking for changes to the program so that it will meet their needs. These changes are needed immediately because although a legal dispensary or compassion center model is being considered, it may be some time before they are in operation. In the mean time, patients need improvements in the program.

We ask that you pass this measure with the requested amendments. Thank you for allowing me to provide testimony.

ATTACHMENT I
Suggested Amendment

[§329-122] Subsection (c) to read:

- (c) The authorization for the medical use of marijuana in this section shall not apply to:
- (1) The medical use of marijuana that endangers the health or well-being of another person;
 - (2) The medical use of marijuana other than transportation or possession:
 - (A) In a school bus, public bus, or any moving vehicle;
 - (B) In the workplace of one's employment;
 - (C) On any school grounds;
 - (D) At any public park, public beach, public recreation center, recreation or youth center;or
 - (E) Other place open to the public; and
 - (3) The use of marijuana by a qualifying patient, parent, or primary caregiver for purposes other than medical use permitted by this chapter.

INFORMATION ON MEDICAL MARIJUANA

Federal Laws do not Preempt State Medical Marijuana Laws

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

Many Organizations Support Access to Therapeutic Cannabis

The organizations:

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

In 2010, the Hawai'i Medical Association passed a resolution supporting the rescheduling of marijuana from Schedule I to Schedule III in recognition of its therapeutic value.

The American Medical Association, "urges that marijuana's status as a federal Schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods."

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

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

Marinol is not the same as Marijuana

Marinol, available as a prescription pill, is 100% THC, the psychoactive ingredient of marijuana. Many patients cannot tolerate marinol and have better results by using the whole plant. Scientists believe that the whole plant contains other ingredients that work with THC and thus is better tolerated and more effective for some patients.

Prescription Drugs

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

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

Marijuana is NOT a Gateway Drug

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

Suggested Amendment to SB 58 Relating to Medical Cannabis

[§329-122] Subsection (c) to read:

(c) The authorization for the medical use of marijuana in this section shall not apply to:

(1) The medical use of marijuana that endangers the health or well-being of another person;

(2) The medical use of marijuana other than transportation or possession:

(A) In a school bus, public bus, or any moving vehicle;

(B) In the workplace of one's employment;

(C) On any school grounds;

(D) At any public park, public beach, public recreation center, recreation or youth center;

or

(E) Other place open to the public; and

(3) The use of marijuana by a qualifying patient, parent, or primary caregiver for purposes other than medical use permitted by this chapter.

The Drug Policy Action Group

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

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

TO: Senate Committees on Public Health, Government Operations and
Military Affairs

FROM: Pamela Lichty, MPH
President

DATE: February 8, 2011, 3:15 p.m., room 224

RE: S.B. 58 RELATING TO MEDICAL CANNABIS – **IN STRONG
SUPPORT**

Aloha Chair Espero, Vice Chair Kidani 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 and as Co-Chair of the Medical Cannabis Working Group which was convened last year by Senator Espero.

Today we wish to offer the strongest possible support for SB 58. As you know, the state's Medical Marijuana (or Cannabis) Program is now ten years old. Since our program was enacted, many other states' programs have come on line. There are now a total of fifteen other states which have authorized medical use of cannabis plus the District of Columbia. As these newer programs have been implemented, there have been many improvements incorporated based on years of experience with various state programs.

Our law, initially introduced by Governor Cayetano, was based on Oregon's which was enacted via voter initiative in 1998. A lot has been learned since then, yet since 2000 when Hawaii's law was enacted, not a comma has been changed.

But changes are way overdue. This was one of the major conclusions of the Working Group whose Executive Summary is included at the end of this testimony. The bill before us incorporates many of the top recommendations of the Group which issued its report last February. Many of the suggested improvements come directly from the

experience of some of the now 8,000 patients who are registered with the program in addition to physicians and other stakeholders who were surveyed.

Some other recommended improvements are incorporated in other bills, many of which have been heard or are scheduled for hearings (e.g. SB 1458 to set up dispensary systems, which was heard last week, and SB 175 which would move the program to the Department of Health and was heard earlier today by this Committee and the Health Committee.) **We would emphasize that the changes herein are needed right away since there is no certainty that any of the related pending measures will pass, and, even if they do, it could be years before they are put into effect.**

We'd like to offer brief comments on some of the provisions in this measure.

We note that throughout the bill the term "marijuana" is replaced with "cannabis". This is the scientific term as opposed to the colloquial Spanish term that has been used for decades. Many new programs around the nation now use the term Cannabis and it is both more appropriate and less stigmatized than "marijuana". It is also the term consistently used abroad.

We are pleased to see that several amendments deal with the issue of appropriate supply and transfers of useable cannabis between patients or patients and caregivers. This area of the law has been very unclear and has been subject to varying and arbitrary interpretation by the Narcotics Enforcement Division (NED) which currently runs the program.

In **Section 2**. Under "Transfers" the new language would permit one patient to share cannabis with another as long as there is no financial exchange. This addresses a common problem when one patient who is growing their supply has more than the allowable limit and wishes to offer some to a fellow patient. It also addresses the situation of when a patient is scheduled for immediate chemotherapy and has no time to grow their own or otherwise obtain it.

Section 3. (1) has language that would permit compensation to caregivers. This is also overdue since it is unrealistic to expect that caregivers should go to the considerable cost, effort, and potential legal exposure to help patients simply out of the goodness of their hearts. This is not the way things work in our capitalist system after all.

In (2) the definition of "adequate supply" is addressed. Patients have been tell us for years that the amount of useable cannabis they use is highly variable. It depends on such factors as the nature of their injury or symptom and the amount required to provide relief. For those who ingest cannabis in edible form or use a vaporizer, more material is required for those modes of ingestion (which are far safer than smoking.) The appropriate amounts are subject debate but the increase to ten plants and five ounces of useable cannabis on hand are more consistent with what other states are now permitting.

The elimination of the terms “mature” and “immature” is one that can be applauded by everyone including NED since law enforcement officials are not trained horticulturalists and should not be required to make this determination.

(4) of Section 3 addresses some of the administrative problems with the program and the issue of overreaching by NED. The current form requires that the signing physician be the patient’s primary care physician, but for many reasons this is not always possible. It may be that that doctor refuses to sign it, or that a specialist doctor, such as an oncologist is more familiar with both the program and the medical benefits of cannabis.

The current practice of printing the address where the cannabis is grown on the “blue card” has lead to many problems when a patient’s card is lost or stolen.

In **Section 5**. There is another good provision in that the patient’s physician is not required to note the patient’s qualifying condition on their submission form to NED. As long as the physician deems the patient qualified, there is no reason that NED, a law enforcement agency, should be provided with this knowledge. Some of the qualifying conditions such as HIV remain stigmatized and there is no need for this information to be disclosed in writing.

The provision that a copy of the written certification be sent to the primary physician makes sense in terms of a holistic treatment, but I can think of some scenarios where this could be problematic - for example if the patient’s primary provider was in the military system or adamantly opposed to the use of cannabis – either of these could negatively affect aspects of the patient’s care.

Subsection (c) raises the number of patients one caregiver can care for to four, from the current 1:1 ratio. This change is long overdue since finding competent caregivers is difficult and many patients reside together or near each other. Many patients are too ill to grow their own supply, live in an apartment where it is impractical, or do not have the needed expertise. Again the exact ratio that would be desirable is open to discussion. Our preference, as noted in the Working Group report, would be at least 1:5.

In subsection (d) the issue of overreaching by program administrators is addressed. Unfortunately this is necessary because NED, in its ten years administering the program has modified the application form, added requirements, and otherwise placed new burdens on patients and physicians arbitrarily without amending the Administrative Rules.

In sum, we ask the Committee to pass this critically important bill on to Judiciary with a strong recommendation for approval. As noted the Executive Summary of the Working Group report follows.

Mahalo for hearing this measure and 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 [emphasis added];**
- 3. Allow caregivers to care for at least five patients to ensure that patients are assured of an adequate supply and a competent caregiver [emphasis added] ; and**
4. Transfer medical marijuana program oversight from the Department of Public Safety - a law enforcement agency -- to the Department of Health.

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

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

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

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

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 07, 2011 4:13 PM
To: PGM Testimony
Cc: contact@hisac.org
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM
Attachments: SB58 Relating to Medical Marijuana.doc

Testimony for PGM 2/8/2011 3:15:00 PM SB58

Conference room: 224

Testifier position: comments only

Testifier will be present: No

Submitted by: Alan Johnson

Organization: Hawaii Substance Abuse Coalition

Address: 45-845 Pookela Street Kaneohe, Hawai'i

Phone: 808-203-4303

E-mail: contact@hisac.org

Submitted on: 2/7/2011

Comments:

HAWAII SUBSTANCE ABUSE COALITION

Subject: SB58 Relating to Medical Cannabis: Increases the amount of cannabis that constitutes an adequate supply; Allows access to other doctors than PCP for distribution.

To: COMMITTEE ON PUBLIC SAFETY, GOVERNMENT OPERATIONS, AND MILITARY AFFAIRS: Senator Will Espero, Chair; Senator Michelle Kidani, Vice Chair

When: Tuesday, Feb. 8th, 2011 at 3:15 pm in Room 224

Good morning chair Espero, Vice Chair Kidani and Distinguished Committee members: My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide hui of more than twenty non-profit treatment and prevention agencies.

HSAC Provides Information on Marijuana Use and Addiction:

HSAC provides information about the diagnosis, use and addictive qualities of marijuana.

Summary: Many addicts are able to manipulate the physician referral system due to the many physicians in Hawai'i that are not familiar with marijuana addiction and its related treatment. Primary care physicians are increasingly responsible for long term care of their patients and can be an increasingly informed medical provider to address changes in symptoms related to addiction.

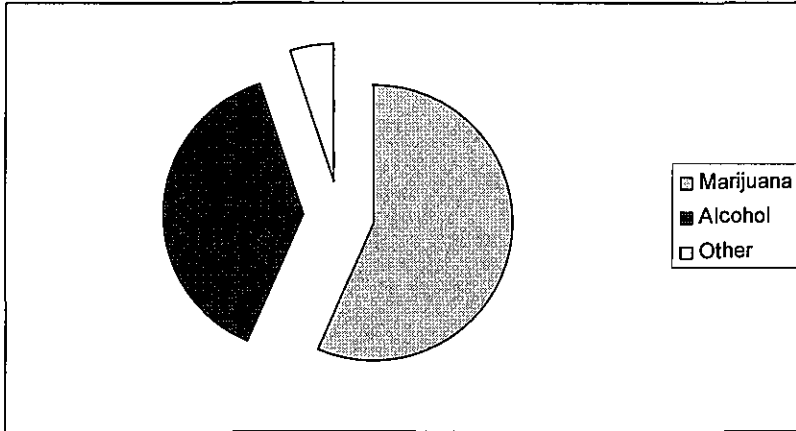
Explanation: All forms of marijuana are mind-altering. In other words, they change how the brain works. They all contain THC (delta-9-tetrahydrocannabinol), the main active chemical in marijuana and more than 400 other chemicals. Marijuana's effects on the user depend on its strength or potency, which is related to the amount of THC it contains. The THC content of marijuana has been increasing since the 1970s.¹

*Today's marijuana is estimated
to be 300 times more potent than
in the 1970s.²*

Adolescent marijuana use is up for those students admitted to treatment facilities. In a sample across Oahu and Kauai of 800 students, it is reported that marijuana is abused more than alcohol. This sample reports the first time that marijuana abuse is higher than alcohol abuse in students ranging from high school to middle school.

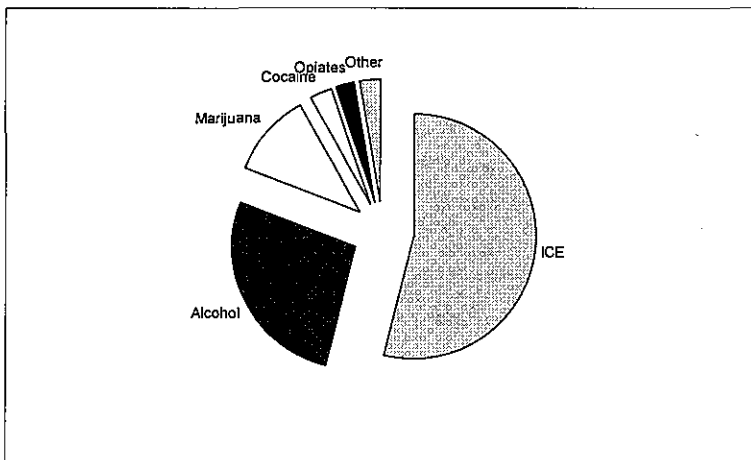
In treatment for adolescents in a school-based environment, marijuana is the number one drug causing significant problems for users.

ADOLESCENT PRIMARY DRUG USAGE IN SCHOOL-BASED TREATMENT GROUPS IN 2009



In treatment for adults, marijuana is the 3rd leading primary drug of choice for those having an addiction meeting criteria for dependency and treatment need.

ADULTS IN TREATMENT: PRIMARY DRUG OF CHOICE 2009



While alcohol is legal and can be very addictive, we note that marijuana addiction can also be addictive and such addiction is on the rise. We appreciate the opportunity to testify today and are available for questions, if needed.

References:

1. U.S. Department of Health and Human Services. National Institute on Drug Abuse. (2001, March 13). Marijuana: Facts for Teens Washington, DC: U.S. Government Printing Office. Retrieved October 03, 2002 from the World Wide Web: <http://www.nida.nih.gov/MarijBroch/Marijteenstxt.html#What>
2. Strengthening Professional Identity: Challenges of the Addictions Treatment Workforce, December 2006. <http://www.samhsa.gov/Workforce/WorkforceReportFinal.pdf> The University of Mississippi's 2000 Marijuana Potency Monitoring Project showed that commercial grade marijuana tetrahydrocannabinol (THC) levels rose from under 2 percent in the late 1970s and early 1980s to 6.1 percent in 2000 (DEA, 2003).



Tuesday, February 8, 2011, 3:15 PM
State Capitol Room 224

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

SB 58 Relating to Medical Cannabis

Chair Green, Vice Chair Nishihara, and Members of the Senate Committee on Health:

Thank you for the opportunity to testify before this committee. The Democratic Party of Hawai'i supports SB 58, which would allow, among other things, patients to grow up to 10 plants and caregivers to provide for as many as 4 patients. My name is Jason Kamalu-Grupen. I am the Administrative Assistant for the Party and a caregiver registered with the Narcotics Enforcement Division of the Department of Public Safety.

At the 2010 Convention of the Democratic Party of Hawai'i, the convention body approved Government Operations Resolution 2010-31: Statewide Medical Marijuana Initiative. SB 58 is consistent with key elements of this resolution.

Based upon the Federal *Compassionate Investigational New Drug Program*, in which there are 4 surviving patients, an adequate supply of cannabis is between 8 and 9 cured ounces per month totaling about 6 ½ pounds per year.

Currently, Hawai'i state law allows for 3 mature plants and one ounce of usable cannabis per plant. Based on average flowering cycles, Hawai'i patients are allowed 3 ounces which they must then stretch for at least 3 months until their next personal harvest. This is oftentimes inadequate for appropriate treatment.

To grow medically effective cannabis requires considerable investments of both time and energy. Seriously ill patients often have neither to spare, thereby affirming the need for more knowledgeable caregivers or better caregiver to patient ratios.

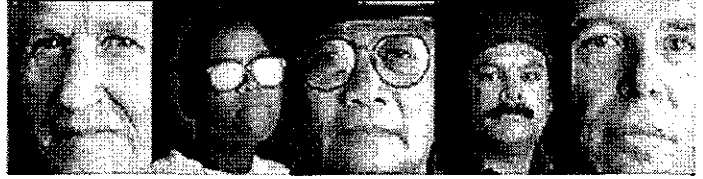
Thank you for this opportunity to testify in support of SB 58.

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



Americans For
Safe Access

Advancing Legal Medical Marijuana Therapeutics and Research



<http://salsa.democracyinaction.org/dia/track.jsp?v=2&c=tSqsyKZ95UZw9fUUCtubFScv>

MAQGFnEd

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

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

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

RE: SB 58 Relating to Medical Cannabis

Position: Strongly Support

There are many deficiencies in the current medical cannabis program. The ratio of caregivers to patients is one of them. Many patients over the years who cannot provide for their medical cannabis needs have complained how difficult it is to find a caregiver. These patients are then forced to buy their medicine from the black market thereby supporting a criminal underworld,

The problem lies with the present ratio of 1 to 1 caregiver to patient. Providing caregivers with an incentive to supply medicine to four patients makes it worth the effort. Caregivers will also be more likely to register as caregivers and follow the law.

Caregivers need some protection from prosecution when they are allowed to be reimbursed by the patient for their expenses. Who works for nothing these days? This bill will afford caregivers protection from the law while giving them an incentive.

Patients need a reliable and consistent source in obtaining their medicine. Since growing cannabis is such a difficult and labor intensive process being that plants are subject to insect infestation, plant disease, rodent destruction and theft, a larger garden is necessary to supply a patient with an adequate amount of useable medicine. A caregiver now can only grow

seven plants meaning that if two or more plants are lost from any of the above circumstances there will be insufficient medicine for the patient. Larger gardens which involve more patients offer some buffer to potential plant loss.

Another part of this bill that is very important to change is that currently the location of where the cannabis plants are grown is identified on the blue card. If a person loses their wallet or purse or if it is stolen the blue card gives an address of where the cannabis is located. This information should not under any circumstance be on the blue card.

Americans for Safe Access is confident that the wisdom of the committees that hear this bill will advance SB 58. Mahalo.



Committee: Committee on Public Safety, Government Operations and Military Affairs
Hearing Date/Time: Tuesday, February 8, 2011, 3:15 p.m.
Place: Room 224
Re: Testimony of the ACLU of Hawaii in Support of S.B. 58,
Relating to Medical Cannabis

Dear Chair Espero, Vice Chair Kidani, and Members of the Committee on Public Safety,
Government Operations and Military Affairs:

The American Civil Liberties Union of Hawaii ("ACLU of Hawaii") writes in support of
S.B. 58, Relating to Medical Cannabis.

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. S.B. 58 attempts to
address some of these concerns, including increasing the caregiver/patient ratio and improving
privacy protections for patients. The Working Group's full report is available at
<http://www.acluhawaii.org/downloads/1002MCWG.pdf>.

The mission of the ACLU of Hawaii is to protect the fundamental freedoms enshrined in
the U.S. and State Constitutions. The ACLU of Hawaii fulfills this through legislative, litigation,
and public education programs statewide. The ACLU of Hawaii is a non-partisan and private
non-profit organization that provides its services at no cost to the public and does not accept
government funds. The ACLU of Hawaii has been serving Hawaii for over 45 years.

Thank you for this opportunity to testify.

Sincerely,

Daniel M. Gluck
Senior Staff Attorney
ACLU of Hawaii

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

From: Graham Ellis [mailto:juggler@aloha.net]
Sent: Thursday, February 03, 2011 10:47 PM
To: PGM Testimony
Subject: Committee on Public Safety, Government Operations, and Military Affairs

To: Committee on Public Safety, Government Operations, and Military Affairs
RE: SB 58 Relating to Medical Marijuana
Meeting: Tuesday, February 8, 2011 at 3:15pm
Location: Conference Room 224

Dear Committee members,
I am a medical marijuana patient residing on the Big Island.
I urge you to vote in support of SB 58

I think this bill will be a faster way to improve the quality of patients' lives. The dispensaries/compassion center bill is important, but it could take years to implement. Increasing the patient-caregiver ratio, plants and dried, usable medicine will have immediate impact.

The law also clarifies that the Department of Public Safety's forms may not require more information that is required by the medical use of marijuana law.

It does allow for a primary caregiver to be "reimbursed for costs associated with assisting registered qualifying patients. Reimbursement shall not include the sale of controlled substances."

Although the law allows for the increase in patient-caregiver ratio, it still has no way for a patient to find a suitable caregiver. Is there a way to match the two?

Removing the "location of marijuana" from the blue card will be a major relief for patients, who have feared the card falling into the wrong hands. The location of the grow will still required on the form from NED.

The increases in plants, medicine and patient-caregiver ratio are all essential to provide adequate health care.

I think the law should also require that NED's phone number and a set of procedures for the police to follow be printed on the blue card. That way the police will know what to do when they encounter a patient.

thank you for your support for this Bill,
aloha
Graham Ellis
RR2 Box 4524
Pahoa
Hi 96778

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 04, 2011 12:11 PM
To: PGM Testimony
Cc: jonahroberts@mac.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

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
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: Wolf Braun [wolf.bear.braun@gmail.com]
Sent: Friday, February 04, 2011 12:08 PM
To: PGM Testimony
Subject: SB 58

I live on the Big Island of Hawaii an I am a medical marijuana patient. I am in support of SB 58. I do believe that it would be better to have medical marijuana under the Dept. of Health and not the Department of Public Safety. The Department of Public Safety is now an offending agency lobbying against medical use.

Sincerely,
Barbara Lang

From: Wolf Braun [wolf.bear.braun@gmail.com]
Sent: Friday, February 04, 2011 12:03 PM
To: PGM Testimony
Subject: SB 58

I support SB 58 because I am a medical marijuana user and need to use medical cannabis for my disease. I am a resident of Hawaii island and regard marijuana as medicine. I do not use it recreationally, I use it medicinally. I have lost weight and right now use marijuana to try to maintain weight. I challenge marijuana laws because using marijuana is a victimless crime.

Sincerely,
Deirdre Moana Tavares
Hilo, Hi

From: Wolf Braun [wolf.bear.braun@gmail.com]
Sent: Friday, February 04, 2011 11:55 AM
To: PGM Testimony
Subject: SB 58

I am a medical marijuana patient living on the island of Hawaii. Marijuana concentrates to treat serious diseases requires 45 pounds of wet marijuana to make one ounce of cannabis oil. Five ounces of dried cannabis is much too small an amount. This five ounce limit is still regarded as medicine for schedule I drugs. Personal use for medical marijuana is not to be regarded as a crime like recreational use. Ten plants are an improvement in the right direction and also caregiver to patient ratio is also in the right direction but not nearly enough. Public health oversight is appropriate for "medicinal cannabis." Punishment without due process must end.

Sincerely,
George Klare
Pahoa, HI

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 04, 2011 10:27 AM
To: PGM Testimony
Cc: Framodda@yahoo.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

Conference room: 224
Testifier position: support
Testifier will be present: No
Submitted by: Ramoda Anand
Organization: Individual
Address:
Phone:
E-mail: Framodda@yahoo.com
Submitted on: 2/4/2011

Comments:
I strongly support this bill and urge you to pass it.
Thank you Ramoda Anand

From: Walter Hillinger [walter16@mac.com]
Sent: Friday, February 04, 2011 10:15 AM
To: PGM Testimony
Subject: SB 58

Committee on Public Safety, Government Operations, and Military Affairs
SB 58-Relating to Medical Marijuana
Tuesday, February 8, 2011 at 3:15pm
Conference Room 224

Dear Committee,

I am a card holder for medical marijuana from the island of Maui and today you are voting on SB 58. I strongly urge you to pass this bill as it will clear up all the problems we users have in obtaining our medicine.

I also feel it would be a good source of revenue to be used in our educational programs. What a good trade off this would be.

Thanking you in advance,
Walter Hillinger

From: Will Navran [willsilver@hawaii.rr.com]
Sent: Friday, February 04, 2011 3:48 PM
To: PGM Testimony
Subject: SB 58

Dear Senator Espero,

I am a medical marijuana patient on the island of Maui. Let me say that being allowed only 3 mature plants is disgraceful. I have lost many plants to disease and weather. So when I need additional medicine I have to become criminal if I want to obtain more. Secondly, I use between 3 and 4 grams per day, much of it being used for edibles/tinctures. That means that in 3 weeks I have used my allowable limit of 3 ounces and have no way to supplement for the next period without becoming criminal. So although 5 ounces still does not meet my needs it is better. So, PLEASE!!!, do your best to pass this bill so I can be relaxed and not stressed out for just taking care of myself.

Mahalo and Aloha,

William Navran

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 05, 2011 9:59 AM
To: PGM Testimony
Cc: cheryl@solights.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

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

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 05, 2011 9:25 AM
To: PGM Testimony
Cc: vickiv@hawaii.rr.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

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
Submitted on: 2/5/2011

Comments:

Increasing the allowable number of plants to ten would make it easier for patients to get enough female plants for their medicine. Seeing as how cannabis is the safest therapeutic substance available, this seems like a simple adjustment.

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 05, 2011 8:27 AM
To: PGM Testimony
Cc: buzzzed@msn.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

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

Comments:

As a patient it is difficult to manage "crops" with so few plants(sometimes they die a you have to start all over again).

Also, we must be able to travel with our medicine. Here in Hawaii we must to travel to other islands for medical care. We can travel with other medicines, why not our Cannabis?

Mahalo

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 04, 2011 7:13 PM
To: PGM Testimony
Cc: peshkin@hawaii.edu
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

Conference room: 224
Testifier position: support
Testifier will be present: No
Submitted by: Charles Peshkin
Organization: Individual
Address:
Phone:
E-mail: peshkin@hawaii.edu
Submitted on: 2/4/2011

Comments:

I support SB 58 Relating to Medical Cannabis. Please add protection from arrest for registered patients traveling within the state with allowed amounts of medical cannabis.

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 05, 2011 1:17 PM
To: PGM Testimony
Cc: cliu000@yahoo.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

Conference room: 224
Testifier position: support
Testifier will be present: No
Submitted by: Christopher Liu
Organization: Individual
Address: 92-1466 Makakilo Dr HI
Phone: 808 3414330
E-mail: cliu000@yahoo.com
Submitted on: 2/5/2011

Comments:

I support the movement of Medical Cannabis. Right now I have to find a Black Market Drug Dealer to provide myself with medicine. This is pitiful. I am not allowed to grow and adequate supply to keep my medication in stock. Please allow for this bill to pass. I pay over priced prices making the drug dealers pockets fat from profit. Lets let medicinal patients help each other. Please do not allow the Federal government to raid law abiding citizens houses. We are people with a natural remedy for pain, psychosis, eating disorders, cancer and other debilitating diseases. We have exhausted ALL resources and have found Medical Cannabis to be the ONLY remedy to help our ailments.

I myself am a patient suffering from PTSD that the Veteran Affairs jerks me around with day in and day out. They plug me full of pills that drive my sexual desires down. They give a pill to help me have my sexual pleasure back. I have severe back pain from a rollover accident in Iraq. Medical Cannabis assists me manage my pain that NO pill has helped me. The cannabinoids released provide a relaxing environment for me to calm down from flashback and nightmares. Since using Cannabis I have been able to sleep better, my mood has improved over pills that I have used for over three years. My family can get closer without knowing how thin the ice is today. I dont snap from irritation or being under pressure. Cannabis is the only way to help me out. I lost over 50lbs since being released from the Military using their so called pills that work. Cannabis has allowed me to eat a regular diet without throwing it up from the medications I used. I have since gained most of my weight back. Please support this bill. Allow it to pass through legislature with one not in mind. The suffering patient.

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 05, 2011 12:39 PM
To: PGM Testimony
Cc: jacobwr@hawaii.edu
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

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
Submitted on: 2/5/2011

Comments:

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.

Increasing the patient to caregiver ratio from one-to-one to four-to-one is necessary because there are not enough caregivers to meet the demand of patients. Many patients are too incapacitated to grow their own medicine and must rely on caregivers. Furthermore, many qualified patients share housing so it makes sense that they share a caregiver.

Hawaii should increase the amount of marijuana allowed per patient from one ounce of usable marijuana, three mature plants, and four immature plants to five ounces of usable marijuana and 10 marijuana plants, mature or immature. This will bring Hawaii in line with other state programs and ensure that patients have an adequate and consistent supply of medicine.

Not all patients inhale their medical marijuana, many prefer to use marijuana infused products. The current limit on plants makes producing marijuana infused products, such as oils or edibles, more difficult as it takes more marijuana to create these products than one typically needs if they inhale their medicine.

Prohibiting a physician from naming the patient's particular condition protects patient confidentiality and follows the spirit of HIPAA. Because patients must submit their recommendation to a state department, it is essential that patients be given the opportunity to keep their private health records confidential. This is vital, as the Department of Public Safety has shown it is willing to divulge patient information when it sent a list of patients to a newspaper reporter. It is enough that a certified physician has recommended that marijuana would benefit the patient.

The bill will require that the location where medical marijuana is grown is kept confidential. This greatly increases patient and caregiver safety by making it more difficult for individuals to discover cultivation sites.

From: Robert Bacher [bacher.robert@gmail.com]
Sent: Saturday, February 05, 2011 6:36 PM
To: PGM Testimony
Subject: Strong Support of SB 58

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

From: Robert Bacher

RE: SB 58 Relating to Medical Cannabis

Position: Support

I am testifying today in support of SB 58 Relating to Medical Cannabis. Medical cannabis patients have been asking for changes in the medical marijuana program for several years. Allowing a caregiver to help more patients is absolutely necessary. Most people who receives a prescription from a doctor would not be able to manufacture and produce their own medication, and nobody would reasonably expect them to! Additionally, nobody would dare to ask Bayer, Pfizer, or Elli-Lilly to supply only 1 patient! I don't need to go into the math, for you to understand how that would not be economically viable. It is similarly impractical and wasteful to ask skilled grower to grow for 1 patient and 1 patient only! Patients who can grow their own and have the ability are lucky, and if they are able to help other patients then they should be allowed to do so legally.

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 05, 2011 4:13 PM
To: PGM Testimony
Cc: rkane@robertkanepartners.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM
Attachments: Letter to State of Hawai'i Rule Proposal Final.docx

Testimony for PGM 2/8/2011 3:15:00 PM SB58

Conference room: 224
Testifier position: support
Testifier will be present: No
Submitted by: Robert Kane
Organization: Robert Kane Partners
Address:
Phone:
E-mail: rkane@robertkanepartners.com
Submitted on: 2/5/2011

Comments:

[Type text]

Robert James Kane
809 Thomae Avenue
Bound Brook, New Jersey 08805
February 5, 2011

Sir or Madam;

I am writing to share my opinion with you in regards to Hawai'i medical marijuana rules. These rules will be a leading example for the nation if the rules truly embrace physicians, patients, caregivers, and dispensaries and allow them to engage in these activities while being protected from arrest, prosecution, property forfeiture, criminal and other prosecution.'

Unfortunately the current proposed rules are an economic, medical and criminal disaster. Patients are desperate and suffering and they will access their medicine as they have been. Create a system that allows for this and please do not make anyone put an address of the grow in any database.

For the last twenty years I have been working in business planning and investments. For the last twelve I worked for Stifel Nicolaus(NYSE: SF) , as top ten US financial firm, member of NYSE that has been around for 120 years. I left that life to pursue my own business Robert Kane Partners and be a consultant writing business plans for the industry leading companies including CannBe, Kush Media, etc in the Medical Cannabis Industry. My partners and I bring financial credibility to the industry. If things are done properly investors will fuel job growth and economic recovery and then expansion with a sustaining flow of wealth to the good people of Hawai'i.

I have traveled this last year to Jamaica, California, Colorado, Hawaii, New York, Florida, Rhode Island and finally New Jersey researching this medical cannabis industry with my own eyes. I have seen laws pass and fail and change and be in conflict with the reality of the patients frame of mind. My goal of this next section is to comment on the reality of these rules. Suffering makes people desperate, your solution is to simply embrace them and give them a better way.

Hawai'i must come up with a dispensary system and allow access to seeds.

Background checks are absolutely necessary and are not to be taken lightly with staff. There are many doctors and patients abusing many different prescriptions so to think that medical cannabis would be different in irresponsible. Penalties for abuse need to be harsh to discourage the violation in the first place.

Patients are your priority in regards to their suffering.

Protecting patients also means protecting caregivers. If someone is truly qualified to take care of someone then such a caregiver is a valuable resource. Caregivers are a valuable resource that should be able to be accessed by more than just one patient. A cap is appropriate here but should be much higher than one.

Also, when the number of patients is greater than one per caregiver, you cannot hold one associate responsible for the action of others even if it is only one. If someone gets in trouble then that is on them and they should be given a violation. That responsibility should not be shared with other patients or caregivers that are not proven to be directly involved.

Security requirements are important. Transportation is a concern. Hawai'i must guard the integrity of the product in the process.

Job creation estimates are available. Use them for transparency

Government is not a doctor so what was the thought process in regards to defining adequate supply? CBD levels vary in each individual strain which means if the CBD level is half as strong you would need twice as much medicine to adequately supply your receptors with the CBDs. It should be up to a doctor not the government.

Organizations such as Patients Out of Time can help you with your medical conditions list. It is entirely too short and does not include many known and recognized conditions. Just listen to the experts. All of the information is available to you and much of it is certified by the American Medical Association and the American Nurses Association.

The only organization that is qualified for this responsibility is the Patients Out of Time nonprofit organization. www.medicalcannabis.com I recommend you listen to their counsel. They are certified with the American Medical Association for continuing education units for physicians and nurses thru their conferences. They are the top people in the industry with the best information for education.

Patients Out of Time Board of Directors is led by **Mary Lynn Mathre, RN, MSN, CARN she is the** President & coFounding Director, who is also a substance abuse consultant and **Al Byrne, Lcdr, SC, USN (ret) is the** Secretary-Treasurer & Founding Director,

Michael Aldrich, PhD, Historian. **Barbara Douglass** IND patient for Multiple Sclerosis. **Neil Jacobs** Arthritis patient- Founding Director. **George McMahan**, IND patient, Nail Patella Syndrome - Founding Director. **Denis Petro, MD** Drug researcher, practicing neurologist - Founding Director. **Irvin Rosenfeld** IND patient, chronic pain - Director.

Juan Sanchez-Ramos, MD, PhD Academic Neurologist/Neuroscientist - Director
Ralph Smith, Esq. Cannabis Defense Attorney - Director. **Elvy Musikka** IND patient, Glaucoma - Director.

In Memoriam, Corrine Millet IND patient, Glaucoma - Founding Director.

In Memoriam, Mae Nutt "Grandma Marijuana" - Founding Director.

The organization known as Patients Out of Time is a nonprofit 501c3 corporation of the Commonwealth of Virginia that shall educate all disciplines of health care professionals; their specialty and professional organizations; and the public at large about medical cannabis (marijuana).

Prior to the Marihuana Tax Act of 1937, marijuana was widely used by medical doctors in the United States for a variety of physical and emotional ailments. The U.S. government began a litany of "reefer madness" propaganda and police actions that are with us today. Coupled with the bureaucratic demands of the tax act, the practice of physicians prescribing cannabis for therapeutic purposes in such an environment became subject to great scrutiny and therefore unwise. Cannabis' therapeutic value was no longer taught in medical schools; it vanished from the pharmacopoeia of the U.S.; it became outlawed.

Patients Out of Time shall focus its power to re-institute cannabis as a legitimate medicine for use within the United States. Cannabis, under modern research protocol has been found to be effective in reducing intraocular pressure in glaucoma, reducing nausea and vomiting associated with chemotherapy, stimulating the appetite for persons living with AIDS and suffering from wasting syndrome, controlling spasticity associated with spinal cord injury and multiple sclerosis, reduction in the intensity of chronic pain, and controlling seizures associated with seizure disorders.

Patients Out of Time is seeking members of professional health care organizations or other social organizations who are willing to take the lead in urging their organization to formally support patient access to therapeutic cannabis. Patients Out of Time will assist in providing educational tools and/or speakers in such efforts. Patients Out of Time will gratefully accept any donations to help in its efforts towards getting marijuana legally accessible to those who medically need it.

Patients Out of Time has no other interest, nor does the organization have any opinion, stated or unstated, about any issue other than therapeutic cannabis. All educating, lobbying, communication or any other endeavor of Patients Out of Time shall be limited to the sole subject Marijuana as Medicine

www.medicalcannabis.com to learn more about them.

Ruth Charbonneau, Director
February 5, 2011
Page 4

Thank you for the opportunity to share and I am available on my cell 561 234 6929
or my email rkane@robertkanepartners.com to help.
Thank you for your support.

Sincerely,

Robert James Kane, President
Robert Kane Partners.

From: Wolf Braun [wolf.bear.braun@gmail.com]
Sent: Saturday, February 05, 2011 3:56 PM
To: PGM Testimony
Subject: SB58 Relating to Medical Cannabis

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

From: Wolf Daniel Braun

Re SB 58 Relating to Medical Cannabis

Position: Support

I am testifying today in support of SB 58 Relating to Medical Cannabis. Medical cannabis patients have been asking for changes in the medical marijuana program for several years. As a long time Medical Cannabis patient myself I feel qualified to discuss some of the more important aspects of the proposed bill. First I wish to congratulate the legislature in taking on this important piece of legislation.

This measure is needed immediately because although a legal dispensary of compassion center model is being considered, it may take a while before such a change is able to be fully implemented. At the present time we medical patients need the improvements this bill will give to the program. The Medical Marijuana program has not been changed in ten years, and does need improvement. According to the Medical Cannabis Working Group, there are four immediate actions that the legislature could take to improve the program. #2 was to "increase the allowable number of plants and the amount of usable cannabis, to ensure that patients have an adequate supply of their medicine". #3 was to "allow caregivers to care for at least five patients to ensure that patients are assured of an adequate supply and a competent caregiver" It is hard to find a caregiver who is willing to grow medicine for someone else. Many of us are older and unable to grow for ourselves due to physical limitations or because we live in apartments or other rentals and are not allowed to garden. In addition not everyone has a green thumb. I like the idea that caregivers can be reimbursed for their time and expense in growing medicine. I also like the idea that I can give some of my medicine to a friend who qualifies under the law and not incur any penalties from the police.

I also approve of observing a level of patient information privacy. I feel it is none of anyone's business except my doctor, what my particular medical condition is.

We medical cannabis patients are law abiding citizens who are either seriously ill, or who have chronic conditions. We want to comply with the law, however as it is currently observed it is extremely difficult to obey.

The Medical Marijuana program is a compassionate care program established to relieve suffering. We patients are simply asking for changes to the program so that it will more truly meet our needs

Thank you for your work on behalf of all the residents of this wonderful Aina.

Wolf Daniel Braun
Pahoa Hi 96778

From: Wolf Braun [wolf.bear.braun@gmail.com]
Sent: Saturday, February 05, 2011 4:08 PM
To: PGM Testimony
Subject: Re: SB58 Relating to Medical Cannabis

As an addendum, I would like to suggest that a provision be added to allow qualified patients to be allowed to travel intrastate with their medicine not to exceed the permitted amounts. This should include any public or private transport as long as the medicine is packed out of sight.

Thank You once again

Wolf Daniel Braun
Pahoa Hi 96678

On 2/5/11, Wolf Braun <wolf.bear.braun@gmail.com> wrote:

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

>
>

> From: Wolf Daniel Braun

>

> Re SB 58 Relating to Medical Cannabis

>

> Position: Support

>

> I am testifying today in support of SB 58 Relating to Medical
> Cannabis. Medical cannabis patients have been asking for changes in
> the medical marijuana program for several years. As a long time
> Medical Cannabis patient myself I feel qualified to discuss some of
> the more important aspects of the proposed bill. First I wish to
> congratulate the legislature in taking on this important piece of
> legislation.

>

> This measure is needed immediately because although a legal dispensary
> of compassion center model is being considered, it may take a while
> before such a change is able to be fully implemented. At the present
> time we medical patients need the improvements this bill will give to
> the program. The Medical Marijuana program has not been changed in
> ten years, and does need improvement.

> According to the Medical Cannabis Working Group, there are four
> immediate actions that the legislature could take to improve the
> program. #2 was to "increase the allowable number of plants and the
> amount of usable cannabis, to ensure that patients have an adequate
> supply of their medicine". #3 was to "allow caregivers to care for at
> least five patients to ensure that patients are assured of an adequate
> supply and a competent caregiver" It is hard to find a caregiver who
> is willing to grow medicine for someone else. Many of us are older

- > and unable to grow for ourselves due to physical limitations or
- > because we live in apartments or other rentals and are not allowed to
- > garden. In addition not everyone has a green thumb. I like the idea
- > that caregivers can be reimbursed for their time and expense in
- > growing medicine.
- > I also like the idea that I can give some of my medicine to a friend
- > who qualifies under the law and not incur any penalties from the
- > police.
- >
- > I also approve of observing a level of patient information privacy. I
- > feel it is none of anyone's business except my doctor, what my
- > particular medical condition is.
- >
- > We medical cannabis patients are law abiding citizens who are either
- > seriously ill, or who have chronic conditions. We want to comply with
- > the law, however as it is currently observed it is extremely difficult
- > to obey.
- >
- > The Medical Marijuana program is a compassionate care program
- > established to relieve suffering. We patients are simply asking for
- > changes to the program so that it will more truly meet our needs
- >
- > Thank you for your work on behalf of all the residents of this
- > wonderful Aina.
- >
- > Wolf Daniel Braun
- > Pahoa Hi 96778
- >

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 05, 2011 10:33 AM
To: PGM Testimony
Cc: isericarvalho@gmail.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

Conference room: 224
Testifier position: oppose
Testifier will be present: No
Submitted by: Destry Iseri-Carvalho
Organization: Individual
Address: 6539 Kawaihau Road Kapaa, Hawaii
Phone: 80-6518137
E-mail: isericarvalho@gmail.com
Submitted on: 2/5/2011

Comments:
This bill would be disastrous if passed.

SB58

I am a caregiver living on the Big Island of Hawaii.

SB 58 is the fastest way to improve the quality of patients' lives. The dispensaries/compassion center bill is critical, but it could take years to get up and running. Increasing the patient-caregiver ratio, plants and dried, usable medicine will have immediate impact.

Allowing qualified caregivers to provide for 4 patients and receive some compensation makes so much sense for critically ill patients who tend to be unable to grow the strains and quality needed for their conditions. Perhaps some kind of registry can be set up for caregivers and patients to find each other? How compassionate is it for someone in the debilitating stages of an illness to not be able to find a suitable grower? Also, allowing for some kind of compensation is correct since it can be costly to obtain seeds, fertilizers and other growing components, not to mention the time involved tending and cultivating.

Removing the location of the plants from the blue card is an absolute must since thieves and rippers are already a big enough problem for anyone attempting to find secure locations for their gardens.

Allowing five ounces is necessary as well, since many patients cannot tolerate smoking and prefer to ingest the herbs in teas, oil and other edibles. This requires a fair amount of dried material to be effective. Also, many growers prefer to use natural sun and go with weather cycles instead of costly indoor grows. It is critical to store the herbs and have a reliable stock on hand. This is actually a huge concern of most caregivers and patients.

NED's phone number and a set of procedures for the police to follow should be printed on the blue card. That way the police will know what to do when they encounter a patient.

Victoria Latenser
Mountain View, Hawaii
Registered Voter and licensed Caregiver

SB58

I am a patient living on the Big Island of Hawaii.

SB 58 is the quickest way to help the quality of patients' lives. The dispensaries/compassion center bill is great, but it might take awhile to get moving. Increasing the patient-caregiver ratio, and allowing for 5 usable ounces is absolutely necessary and will have immediate impact.

Allowing qualified caregivers to provide for 4 patients and receive reasonable compensation is just the right thing. Also needed is a registry for caregivers and patients. Is this compassionate when a critically ill person cannot find a suitable, reliable and trustworthy grower? Is it compassionate to force them to find black market dealers? What kind of message does this send to citizens? Is it ever the right thing to go to law breakers for necessary medicine?

Allowing for some kind of compensation is the right thing, since it can be very expensive to obtain seeds, fertilizers and other growing supplies, besides the time involved tending and cultivating.

Please remove the growing location of the plants from the blue card since thieves and rippers are already a big enough problem for anyone attempting to find safe and secure locations for their gardens.

Allowing five ounces is absolutely necessary since many patients can't handle smoking and prefer to take their medicine orally, in teas, oil and other edible forms. A fair amount of dried material is needed to be effective for the ingested form of medicinal cannabis. Some growers prefer to use natural sun and go with weather cycles instead of expensive indoor growing operations. That means that herbs need to be stored until the next harvest. It is critical to have a reliable stock on hand. This is actually an enormous concern for caregivers/patients.

NED's phone number and a set of procedures for the police to follow should be printed on the blue card. That way the police will know what to do when they encounter a patient.

Sherryanne St. Cyr
Pahoa, Hawaii
Registered Voter and patient

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 07, 2011 2:18 PM
To: PGM Testimony
Cc: mary@mauivortex.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

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

Comments:

Aloha Senators,

I support SB58, if it amended to guarantee that all medical cannabis patients have safe access to an adequate supply of safe medicine, without extra prejudicial fees, paperwork, or patient registries.

Medical cannabis patients must be guaranteed equal rights, with the same responsibilities, protections, and privacy that all other prescription drug patient's are afforded.

I am a strong supporter of medical cannabis by prescription because my husband, Leon Overbay, was a US WWII 100% disabled veteran. Cannabis eased his cancer symptoms, calmed his nausea from radiation treatments, and eased his dystonia and depression. How can you burden disabled veterans with extra fees, and paperwork, and patient registries for their medicine? They fought for freedom!

Terminally ill and chronically ill cannabis patients are confused, frustrated, and afraid, and have no place to get their medicine. Please ensure that quality medical cannabis is easily available to all those who need it.

Respectfully submitted,

Mary Overbay
mary@mauivortex.com

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 07, 2011 2:02 PM
To: PGM Testimony
Cc: melrapozo@gmail.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

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
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.

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

Tuesday, February 8, 2011 at 3:15pm, Conference Room 224

SB 58 – Relating to Medical Cannabis

STRONG SUPPORT

I am a medical marijuana patient residing on the Big Island. I am the co-chair of the Big Island chapter of Americans for Safe Access, a group that advocates on behalf of, and gives support to, medical cannabis patients island-wide. And I am also a member of Friends for Justice, which provides advice and courtroom support to those who have been caught in the "war on drugs."

The Big Island has about 60% of all medical cannabis patients state wide, so the actions and decisions that take place in Oahu have a direct impact on more than 5,000 residents of Hawai'i County.

The cost of inter-island fares has risen dramatically in recent months, making testifying in person difficult for many of us. We have video conferencing for Hawai'i County Council meetings, and for cannabis related issues, we consistently turn out 25 to 50 people. We wish there was a similar mechanism available to us at the state level, so that you would know how important this is to us.

I live in Puna, which is one of the more economically challenged areas of the island. Many of our members are senior citizens, living on SSI and/or disability. We have Vietnam Vets, who have served their country, and are also living on minimal income. We have homestead farmers, living off the grid. We have members who are out earning their living today while this hearing is going on. And, we have patients who are too frail, or too sick, to travel to the big city to be here.

Do not take my solitary presence before you to mean the Big Island is indifferent to these proceedings. I speak today on behalf on many.

SB 58 offers improvements that will have an immediate, positive impact on the quality of life for many patients. While having licensed compassion centers is important, especially for patients who live in urban areas or who cannot grow their own medicine, it could take several years to implement the law and to actually open one. Of the bills before the legislature, SB 58 is our preferred one.

Increasing the amount of dried usable medicine is appropriate. Some patients do consume far more than others. Some use a large amount of cannabis to make butter or oil, which is then used in baking. The ability to have a larger "adequate supply" on hand also makes it less likely a patient will run out between harvests.

Removing the "location of marijuana" from the ID card will offer peace of mind to patients, who fear losing their privacy should their card be stolen. The police are supposed to contact NED anytime they encounter a patient, so they can verify the correct address at that time (assuming that NED is in fact open 24/7, which is does not always appear to be).

Increasing the patient-caregiver ratio is important, because good, skilled caregivers are hard to find. In fact, there is no provision, mechanism or legal framework to match a patient to a caregiver. A newly certified patient may still have great difficulty in getting started.

The bill makes no provision for a co-op or collective model. Perhaps that would offer an alternative for those who feel dispensaries are too big an issue to tackle at one time.

However, my main reason for coming before you today, is to highlight the need to resolve issues relating to transporting medicine.

In addition to the credentials I mentioned at the start of my testimony, I was a volunteer on the Medical Cannabis Working Group, which was convened by Senator Espero and Representative Bertram in late 2009. I co-wrote the Transportation Sub-committee report, and this is an issue of critical importance to me and every patient.

As you may know, living on the Big Island means that almost every major medical procedure takes place in Honolulu. Chemo therapy, surgery, major dental work, such as root canals and wisdom tooth extraction, all take place on Oahu. Since there are no dispensaries, a medical cannabis patient is faced with three choices:

- 1) Smuggle their medicine on board, and risk arrest
- 2) Try to buy medicine on the black market once in Honolulu, risking arrest or being ripped off
- 3) Go without their medicine and suffer

The issue has become much clearer to us in the past two months.

In December two cases of patients transporting their medicine at the airport were dismissed in Hilo by Judge Takase, who ruled that the law was so vague on the issue of transportation, that it was void. The Hawai'i County Prosecutors Office is appealing.

Then in January, Judge Florendo in Kona found a patient guilty of transporting his medicine at the airport. His ruling was the exact opposite, saying that the law is clear, and in effect his ruling has limited a medical cannabis patient to having his or her medicine only at home or at the caregivers' location. The defendant is appealing. I think you will see testimony from the patient, and the newspaper story about it.

In Section 329-121, the law defines "medical use" and includes the words "transportation of." In Section 329-122 there is a list of places where "medical use" is prohibited, such as at a school, on a public bus, at one's place of work, a public beach or park, and "any other place open to the public." It does not make a distinction between transporting it and actually using, smoking or consuming it.

In the three cases I mentioned above, none of the patients were consuming their medicine in public. The medicine only came into public view when the TSA pulled it out in the open. A patient has to be able to travel with their medicine, whether it is cannabis or any other prescription drug. Yet, Judge Florendo's ruling makes it impossible for a patient to go anywhere.

A patient was recently arrested in Kona for transporting his medicine in his motor vehicle. His trial is scheduled for April. He drives a truck, and as he had no trunk to lock his medicine in, it was under the seat. He was pulled over, ordered out of the vehicle and even though he did not consent, his vehicle was searched. The police found his medicine, but did not find pipes, paraphernalia or roaches, and there was no evidence that he had been consuming or driving under the influence. The police did not call NED like they are supposed to, and the man was arrested on the spot.

I live in Puna, and sometimes travel to Kona to get out of the rain. Based on Judge Florendo's ruling, and the actions of the police, I cannot travel to Kona with my medicine in my car, even if it were locked in the trunk. I should be able to use my medicine in a private location, and just like any other medication I should be allowed to travel with it.

The Department of Public Safety publishes a guide for patients of the medical cannabis program and it says the right to "transport" medicine is "specifically protected." Based on what I have seen with my own eyes, that is not true. Patients are getting caught up in this gray area, and suffering as a result.

This must be fixed.

Finally, one other important part that needs to be addressed is that of preventing employers from discriminating against medical marijuana patients.

I recently received a call from a patient in Kona. He has worked in the same firm for 15 years, and is a solid member of his community. Prior to having hip replacement surgery he asked his local human resources office if having a medical cannabis card was allowed. He was told yes. He was on temporary leave for rehab after his surgery, and had to take a urine test prior to returning to work. Needless to say, he tested positive for cannabis. The lab said they were obligated to contact his employer, despite his having a "blue card." On his second day back at work, he was contacted by the head of Human Resources on Oahu, was fired on the spot and ordered off the premises. Later in the day, he was contacted at home, and told he would be offered his job back if he attended Narcotics Anonymous and tested clean in one month. He is not a drug addict, and yet is being humiliated like he is one. He needs his job, and will do whatever is necessary to get it back, but this outrage should not stand. A medical cannabis patient has the right to work, and needs the same protection afforded to any patient who is taking medication prescribed by a physician.

Better protection for patients must be included in future versions of the medical cannabis law.

In closing, I will say again, the issue regarding transportation must be fixed. Do not let another year pass without clarifying the law so that a patient may travel with their medicine, in their car and to another island.

Respectfully submitted,

Matthew Rifkin
Co-chair
Big Island Chapter, Americans for Safe Access
Keeau, HI

From: Teri Heede [lady.flach@gmail.com]
Sent: Monday, February 07, 2011 12:28 PM
To: PGM Testimony
Subject: SB 58 RELATING TO CANNABIS

Committee on Public Safety, Government Operations, and Military
Affairs

Tuesday, February 8, 2011

3:15 p.m

Room 224

STRONG SUPPORT

SB 58 RELATING TO CANNABIS

Aloha Chair and Committee Members,

I strongly support changing the jurisdiction over medical marijuana laws from the Department of Public Safety to the Department of Health.

The Department of Public Safety is not trained to deal with a program like Medical Marijuana because it involves patients, not criminals. Patient confidentiality regarding information and records has been compromised by Narcotics Enforcement Division (NED). Section 523-202-10 specifies that the data files will include all information collected on the registration forms or any other information that they might have collected. In subsection (b), it specifically states "*this information shall be confidential and not subject to public disclosure*" however, all the patient database information was sent by NED to the media.

This bill will also increase the caregiver to patient ratio from 1:1 to 1:4 which is essential for sick people. We are a burden to our primary caregivers just in demands of normal daily care. To put the additional strain of obtaining or cultivating medical marijuana is devastating. The illness requires constant care and so does growing. This bill would permit a patient to hire a horticultural expert instead of expecting this to be included in our nursing care.

The verbiage does need to be clarified so that a registered patient or caregiver may provide usable cannabis to any other registered qualifying patients or any other registered caregiver, provided no consideration is paid and that the recipient does not exceed the adequate supply without fear of some type of prosecution.

Another important issue for patients is that this bill increases adequate supply and removes the mature/immature distinction of plants to 10 plants and five ounces of usable cannabis at any given time. This is very important for people trying to grow an adequate supply which is almost impossible under the current restrictions.

This bill would prevent the department from requiring that the authorizing physician be the patient's primary care physician. I personally see a neurologist, gastro-interologist, an ophthalmologist and an Orthopedic Surgeon and that is just at Tripler. I see several other doctors since at Sparks Matsunaga Veteran's Hospital. At any time, one of these doctors can become my "primary physician". I am a sick person and I need an entire

team of medical experts to help me manage my illness. The idea that I have to have ONLY ONE primary physician is nice...but not going to work.

Last, let's talk about the form that we use to register with NED. They request the address of the location where the cannabis is grown, but the information should be confidential and SHOULD NOT appear on the registry card.

Further to require the doctor to disclose my confidential qualifying condition is ridiculously wrong. They can attest to my condition but, they don't need to know the confidential information I share with my doctors.

I thank you for your time and consideration. Please make these needed changes to the program.

Mahalo!

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

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 07, 2011 12:27 PM
To: PGM Testimony
Cc: konacoffeegirl@hotmail.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

Conference room: 224
Testifier position: support
Testifier will be present: No
Submitted by: Mattie Larson
Organization: Individual
Address: PO Box 2784 Kailua-Kona, HI
Phone: 808-325-6513
E-mail: konacoffeegirl@hotmail.com
Submitted on: 2/7/2011

Comments:
I support SB58.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 07, 2011 12:16 PM
To: PGM Testimony
Cc: mabhawaii@yahoo.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

Conference room: 224
Testifier position: support
Testifier will be present: No
Submitted by: Michael Burnham
Organization: Individual
Address: Ocean View, Hawaii
Phone:
E-mail: mabhawaii@yahoo.com
Submitted on: 2/7/2011

Comments:

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

From: Michael Burnham

RE: SB 58 Relating to Medical Cannabis

Position: Support

I am testifying today in support of SB 58 Relating to Medical Cannabis. Medical cannabis patients have been asking for changes in the medical marijuana program for several years. Please do the right thing and pass this bill. Thank You

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 07, 2011 3:03 PM
To: PGM Testimony
Cc: aron@greenhandsofaloha.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

Conference room: 224
Testifier position: support
Testifier will be present: Yes
Submitted by: Aron gonsalves
Organization: Individual
Address: 2250 noah st honolulu Hi
Phone: 808-520-4349
E-mail: aron@greenhandsofaloha.com
Submitted on: 2/7/2011

Comments:
I would like 2 min to speak during the hearing.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 07, 2011 4:59 PM
To: PGM Testimony
Cc: felipemenezes1986@gmail.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

Conference room: 224
Testifier position: support
Testifier will be present: No
Submitted by: Felipe F Menzes
Organization: Individual
Address: 2450 Prince Edward St Apt A Honolulu, HI 96815
Phone: 424-249-0261
E-mail: felipemenezes1986@gmail.com
Submitted on: 2/7/2011

Comments:

It is about time that the Legislature address the Pain & Suffering issues that residents of Hawaii are going through and pass a sensible BILL for Medical Marijuana Patients to have SAFE ACCESS to their medicine. It has been over TEN YEARS since patients were allowed to use this alternative treatment! THE PATIENTS DATABASE NEEDS TO BE UNDER THE JURISDICTION OF THE HAWAII BOARD OF HEALTH!!!! NOT THE DEPARTMENT OF PUBLIC SAFETY!

i

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 07, 2011 4:43 PM
To: PGM Testimony
Cc: carlos@greenhandsofaloha.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

Conference room: 224
Testifier position: support
Testifier will be present: No
Submitted by: carlos trahn
Organization: Individual
Address:
Phone:
E-mail: carlos@greenhandsofaloha.com
Submitted on: 2/7/2011

Comments:

I support bill 58 because under the current law I can not sustain my medical needs. Due to the challenges of growing cannabis I am not able to have an enough to relive my pain. please support this Bill and move it to become a manageable Law.

From: Rich Fater [adventuretoursmanagement@gmail.com]
Sent: Monday, February 07, 2011 3:01 PM
To: PGM Testimony
Cc: caregivekauai@gmail.com; dunerati@lycos.com
Subject: SB 85 Support Testimony

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

From: Rich L Fater

RE: SB 58 Relating to Medical Cannabis

Position: Support

I am testifying today in support of SB 58 Relating to Medical Cannabis. Medical cannabis patients have been asking for changes in the medical marijuana program for several years.

As far as the current laws are concerned, it is still difficult for many patients to even get medical marijuana, let alone grow their own. It is important to remember we are talking about sick people. Human beings with families, children, and many responsibilities, that make it difficult and impractical for them to grow their own. The list of reasons a person can't grow their own medicine are innumerable, and there are many more people in need of medicine than people willing to grow it. By raising the patient;caregiver ratio from 1/1 to 4/1 more people will be able to receive medicine without having to fork over big money for it on the black market, because that is their only avenue left open without dispensaries/collectives or a caregiver.

In my humble opinion, the following items most urgently require discussion at least and action at best:

- 1. RECIPROCITY, officially recognize other states medical cards, encouraging them to do the same, and opening the door to a whole new, under served industry of medical marijuana tourism(think Amsterdam, Toronto, Caribbean) and high end agricultural products tourism(think Napa Valley wine, Dutch flowers, Kona coffee)**
- 2. PATIENT/CAREGIVER RATIO, as stated above, the number of people in need of affordable medicine greatly outnumbers those willing to carry the burden of growing it. Please do not discount the amount of work it really takes to grow the medicine properly; it truly is a lot of work. Simply put, you will allow more people in need of medicine to receive it by allowing an economy of scale. They were given the right to medicate themselves by this great legislature, but now they are suffering and no one to grow for them.**
- 3. RAISE LEGAL QUANTITY, the 3 ounce limit is simply ridiculous for anyone trying to grow their own medicine. In the Hawai'i we are blessed with multiple growing seasons, some longer than others, and during the summer season you will be trying to grow as much as possible to get you through the wetter, less productive, winter season. A one year supply is very possible with a good summer season, so why require them to only keep a tiny bit and take their chances growing more during the winter? If you raise the personal limit to possibly, one pound, then you allow more people to grow their annual needs during the most productive summer months. Otherwise they can get moldy medicine, maybe being tempted to use it, or buying it at inflated prices because its still illegal for anyone to sell.**

4. **DISTRIBUTION, we need to discuss this openly in the community and figure out how we should move forward. Some people may oppose any rights to distribution, but they are just ignoring the other side of the coin that is legal, buying. Not allowing any rights of distributing a legal medicine creates criminals. Patients are law abiding citizens who are seriously ill, or who have chronic conditions and who want to comply with the law. Some mechanism of legal distribution and allows for recompense of expenses incurred is most sorely needed. Collectives, dispensaries or membership clubs could function to allow for limited, controlled distribution. These institutions could be nonprofit and allowed to become upstanding members of the community. They would pay taxes, donate to their communities in time and money, and be allowed to make an honest living helping those in need of compassionate care.**

These are just the most pressing issues I can think of and sincerely appreciate your time spent reading this. I hope that this may ignite some good faith discussion about these issues and possibly even some action.

Mahalo
Rich Fater

PS just in case I forgot anything, this woman says everything. Thank You Jeanne Ohta.

- This measure is needed immediately because although a legal dispensary or compassion center model is being considered, it may be some time before they are in operation. In the mean time, patients need improvements in the program.
- The program has not been changed in over ten years; because of their experience, patients have made suggestions on how the program can be improved.
- The Medical Cannabis Working Group identified as four immediate actions that the legislature could take to improve the program. #2 was to "Increase the allowable number of plants and the amount of usable cannabis to ensure that patients have an adequate supply of their medicine. #3 was to allow caregivers to care for at least five patients to ensure that patients are assured of an adequate supply and a competent caregiver.
- Caregivers are difficult to find and allowing them to care for additional patients improves patient access to needed medicine. Many patients need caregivers because they are too sick to grow their own plants or live in a location where it is dangerous or impractical to grow their own plants. Many do not have the expertise need.
- This bill allows caregivers to be reimbursed for the costs they incur. This provides them protection from prosecution for selling marijuana.
- This measure allows patients and caregivers to help other patients by allowing them to give some of their medicine to qualifying caregivers and patients. This is especially helpful to patients who cannot wait to grow their own; or who have had a crop failure. Many cancer patients undergoing chemo therapy need medicine immediately
- In a survey, many patients have said that the current limit on how much cannabis they can possess is not sufficient for their needs. Patients have said that they use more medicine when using vaporizers. If they cannot possess sufficient supply, then they are forced to smoke their medicine rather than use their preferred method. Those who prepare edibles also need a larger supply of cannabis.
- This measure protects patient privacy by eliminating the address of where the marijuana is grown from the registry card. If a wallet is stolen, for instance, the location of the marijuana is available to the thief.
- This bill prevents the department from over reaching their authority by preventing them from requiring more information on their forms than is required by law.
- Patients are law abiding citizens who are seriously ill, or who have chronic conditions and who want to comply with the law.
- The Medical Marijuana program is a compassionate care program established to relieve suffering. Patients are simply asking for changes to the program so that it will meet their needs.

Jeanne Y. Ohta, Executive Director
Drug Policy Forum of Hawaii

THOMAS P. LEGACY
4321-A PALAMA STREET
KALAHEO, HAWAII 96741
PH (808)332-7888, CEL (808) 635-2440
tlegacy@hawaii.rr.com

February 6, 2011

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

From: Thomas P. Legacy

RE: SB 58 Relating to Medical Cannabis

Position: Support

I am testifying today in support of SB 58 Relating to Medical Cannabis. Medical cannabis patients have been asking for changes in the medical marijuana program for several years.

Talking Points:

-This measure is needed immediately because although a legal dispensary or compassion center model is being considered, it may be some time before they are in operation. In the mean time, patients need improvements in the program. I recently, within the last year, die from cancer while he waited for the permit card to arrive. He was in considerable pain from the radiation and the Cannabis that he had to procure prior to receiving his card helped him immensely.

-The Medical Cannabis Working Group identified as four immediate actions that the legislature could take to improve the program. #2 was to "Increase the allowable number of plants and the amount of usable cannabis to ensure that patients have an adequate supply of their medicine. #3 was to allow caregivers to care for at least five patients to ensure that patients are assured of an adequate supply and a competent caregiver.

-Caregivers are difficult to find and allowing them to care for additional patients improves patient access to needed medicine. Many patients need caregivers because they are too sick to grow their own plants or live in a location where it is dangerous or impractical to grow their own plants. Many do not have the expertise need. This was the case as noted above in my personal experience.

-This bill allows caregivers to be reimbursed for the costs they incur. This provides them protection from prosecution for selling marijuana.

-This measure allows patients and caregivers to help other patients by allowing them to give some of their medicine to qualifying caregivers and patients. This is especially helpful to patients who cannot wait to grow their own ; or who have had a crop failure. Many cancer patients undergoing chemo therapy need medicine immediately.

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Page 2

-This measure protects patient privacy by eliminating the address of where the marijuana is grown from the registry card. If a wallet is stolen, for instance, the location of the marijuana is available to the thief.

-This bill prevents the department from over reaching their authority by preventing them from requiring more information on their forms than is required by law.

-Patients are law abiding citizens who are seriously ill, or who have chronic conditions and who want to comply with the law.

-The Medical Marijuana program is a compassionate care program established to relieve suffering. Patients are simply asking for changes to the program so that it will meet their needs. **I have been a volunteer with Kauai Hospice for over 10 years and have seen how Cannabis has either helped or would have helped many of my patients. To repeat, these are law abiding citizens. Please note that the previous sentence represents my own personal view and opinion and in no way should be considered that of Kauai Hospice, it's staff, volunteers or board of directors.**

I ask again that you pass this into law and applaud all the progress to-date in allowing the medical useage of this very effective natural medicine.

With ALOHA,

Tom Legacy

From: Mr Green [mrgreenenergy@yahoo.com]
Sent: Sunday, February 06, 2011 9:29 AM
To: PGM Testimony
Subject: big pharma is killing us ! we want access to natural medicine !

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

From: Dan Green

RE: SB 58 Relating to Medical Cannabis

Position: Support

I am testifying today in support of SB 58 Relating to Medical Cannabis. Medical cannabis patients have been asking for changes in the medical marijuana program for several years. (Then go on to explain why the changes are necessary. Your personal experiences here will be most useful...or you can use a few of the talking points below.)

Talking Points:

- This measure is needed immediately because although a legal dispensary or compassion center model is being considered, it may be some time before they are in operation. In the mean time, patients need improvements in the program.
- The program has not been changed in over ten years; because of their experience, patients have made suggestions on how the program can be improved.
- The Medical Cannabis Working Group identified as four immediate actions that the legislature could take to improve the program. #2 was to "Increase the allowable number of plants and the amount of usable cannabis to ensure that patients have an adequate supply of their medicine. #3 was to allow caregivers to care for at least five patients to ensure that patients are assured of an adequate supply and a competent caregiver.
- Caregivers are difficult to find and allowing them to care for additional patients improves patient access to needed medicine. Many patients need caregivers because they are too sick to grow their own plants or live in a location where it is dangerous or impractical to grow their own plants. Many do not have the expertise need.
- This bill allows caregivers to be reimbursed for the costs they incur. This provides them protection from prosecution for selling marijuana.
- This measure allows patients and caregivers to help other patients by allowing them to give some of their medicine to qualifying caregivers and patients. This is especially helpful to patients who cannot wait to grow their own; or who have had a crop failure. Many cancer patients undergoing chemo therapy need medicine immediately -In a survey, many patients have said that the current limit on how much cannabis they can possess is not sufficient for their needs. Patients have said that they use more medicine when using vaporizers. If they cannot possess sufficient supply, then they are forced to smoke their medicine rather than use their preferred method. Those who prepare edibles also need a larger supply of cannabis.
- This measure protects patient privacy by eliminating the address of where the marijuana is grown from the registry card. If a wallet is stolen, for instance, the location of the marijuana is available to the thief.

- This bill prevents the department from over reaching their authority by preventing them from requiring more information on their forms than is required by law.
- Patients are law abiding citizens who are seriously ill, or who have chronic conditions and who want to comply with the law.
- The Medical Marijuana program is a compassionate care program established to relieve suffering. Patients are simply asking for changes to the program so that it will meet their needs.

Mahalo

dan green = patient

From: Bobbie jo Alger [hawaiisunshine@gmail.com]
Sent: Sunday, February 06, 2011 8:11 PM
To: PGM Testimony
Subject: RE: SB 58 Relating to Cannabis

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

From: Bobbie Jo Alger

Re: SB 58 Relating to medical Cannabis

Position: Support

I am testifying today in support of SB 58 Relating to Medical Cannabis. Medical cannabis patients have been asking for changes in the medical marijuana program for several years. Having to travel for family and family reunions on the islands. It would be helpful to know I will not go to jail because I have Medical Cannabis I don't know where to buy cannabis on the black market nor due I care to. I have to take my pain pills when I travel and I miss the event due to the effects of the pain meds. I take. I would much rather have the cannabis and be awake for the event. I also find that having five mature plants and five growing is not very helpful to me. I am not a good plant person and find that if one is blooming they all are. I don't know how or why they are doing this but I have to cut half of my crop due to the law. If the law was changed I would not have to cut my plants and would have enough cannabis to make the time it takes to grow again. I will not break the law. So down they come and with that comes the pain pills and hardship it places on my personal life. I understand that there are changes being proposed by patients to make the program better. It would be great if you would consider increasing the allowable number of plants and the amount of usable cannabis. Also that caregivers are allowed to care for at least five patients to ensure that patients are assured of an adequate supply and a competent caregiver. I also have to say that I like the idea of being able to go to another patient if i am in need. Once again I say please do this. I will not break the law. But, with out it my life will be hard to deal with on a daily basics. I totally support SB 58. And I hope you will too.

Mahalo for your time,
Bobbie Jo Alger
Kekaha, Hawaii

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

From: Heidi Zucker

RE: SB 58 Relating to Medical Cannabis

Position: Support

I am testifying today in support of SB 58 Relating to Medical Cannabis. Medical cannabis patients have been asking for changes in the medical marijuana program for several years.

I am sure you know growing any type of plant, be it indoor or outdoors require some degree of green thumb. And not all people are able to lift bags of dirt, bottles of fertilizer, use shovels to dig holes, carry buckets of medical cannabis, etc. Plants are prone to disease and rot, making it very challenging to know ahead of time how much you will actually get to harvest and use for medicine. Crops are known to fail and that is really hard on one who relies on it for pain relief. Please show some understanding and compassion and allow increase in quantity. People with prescription pills just have to go to the store and get refill, while those who rely on actual plants, have a lot more variables to deal with.

I am therefore reminding you that: there must be an increase in adequate supply and an increase in the amounts of plants one can grow. Now, to address those without a green thumb or place to grow and who are in pain; they must be able to ask a knowledgeable caregiver to grow for them. There needs to be an increase in allowing caregivers to grow for others who can not. Another good reason to allow one caregiver to grow for 4 people can also help people who are not comfortable or in a position to grow at their residence. For instance, they may not want underage teens around their medicine, or maybe they have no growing area.

Please take into consideration how I feel, based on personal experience. Remember this is not about getting high; it's about relieving human beings real documented pain. Put yourself into the shoes of others and show some empathy, compassion, understanding, and awareness.

Thank you,

Heidi Zucker 2/06/2011

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

Tuesday, February 8, 2011 at 3:15pm, Conference Room 224

SB 58 – Relating to Medical Cannabis

STRONG SUPPORT

I am a medical cannabis patient residing in Hawai'i County.

I support all the main points of this law: increasing the number of plants and the amount of dried, usable medicine; increasing the patient-caregiver ratio, removing "location of marijuana" from the blue card and allowing for caregivers to be compensated.

However, what I wish to comment on is something not included in the first draft of SB 58 at all...the issue of transportation of medicine.

Attached to this testimony is a copy from the local paper. You will see that I was found guilty of transporting 2 grams of my medicine at Kona Airport. Judge Florendo ruled that I am guilty because he makes no distinction between having/transporting or using medicine in public. He says I can do neither. The fact that the medicine was in my pocket, and only became visible once the TSA agent pulled out of my pocket during a secondary pat down search. I have appealed this ruling.

Meanwhile, in Hilo, Judge Takase ruled that the law is so vague, that no one can understand it, and dismissed two cases similar to mine. The prosecution is appealing both cases.

Finally, the Department of Public Safety publishes a guide for patients and physicians about the medical marijuana program. In the Frequently Asked Questions part, it says that my right to transport my medicine is "specifically protected." I was found guilty, so someone is making an incorrect interpretation of the law.

The issue about transportation needs to be fixed. Not only to deal with airports, but for patients traveling in their cars. A patient must be allowed to travel with their medicine, whether is it medical marijuana or any other prescription drug.

Clarify that "transportation of" is not the same as "using/consuming/smoking."

No patient with a valid medical marijuana card should ever have to go through the same thing that I have. Please fix the law. Make things clear for everyone involved, the police, prosecutors, patients and physicians.

Thank you,

Geoffrey Woodhall
Captain Cook, HI 96704

Medical marijuana patient convicted

Man who was registered with state plans to appeal \$330 fine for possession

by Chelsea Jensen

Stephens Media

Published: Friday, January 21, 2011 10:11 AM HST

A Hookena medical marijuana patient charged with drug possession after trying to board a flight at Kona International Airport while carrying 2 grams of marijuana in 2010 was on Thursday found guilty of the offense by a District Court judge.

District Court Judge Joseph P. Florendo Jr. found **Geoff Woodhall**, 42, guilty of third-degree promoting a detrimental drug following a bench trial, which is conducted without a jury. Florendo sentenced Woodhall to pay \$330 in fines and fees.

"The medical use of marijuana is not one that's freely given by the Legislature. It is allowed, but there are restrictions," Florendo said. "The statute allows for transporting it if you have to get it from someone and bring it to your home, otherwise it would be beyond the control of the police if everyone can transport it whenever they want, wherever they want."

Following the sentencing, Woodhall said he planned to appeal the conviction.

"We're going to appeal. Totally. Absolutely," he said. A presentencing conference is slated for Feb. 28 giving time for an appeal to be filed with the court by his public defender, Sherry Lawson.

Woodhall, a registered medical marijuana patient, said he was detained by airport officials and federal Transportation Security Administration agents in March 2010 after he was asked to participate in "secondary screening," which consisted of a patdown. During the patdown, 2 grams, less than one-eighth of an ounce, was located on Woodhall's possession, he said.

Eventually, a police officer showed up, checked Woodhall's information and he was released without charges, but had already missed his interisland flight to Honolulu. He learned prosecutors had pursued a possession charge about three months after the incident when he was called regarding a penal summons.

Two similar cases were resolved in December with very different results from Florendo's ruling Thursday. District Court Judge Barbara Takase dismissed charges of second-degree promoting a dangerous drug against two Big Island medical marijuana patients who were arrested in 2008 at Hilo International Airport with a combined total of about 3.3 ounces.

Supporters had hoped the ruling would set precedent for other medical marijuana cases on the Big Island.

State law allows registered medical-marijuana patients to possess up to 3 ounces of marijuana. The patients aren't allowed to use the marijuana in a public setting but "transportation of marijuana for medical use is specifically protected," according to a manual put out by the state Department of Public Safety Narcotics Enforcement Division.

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 11:04 AM
To: PGM Testimony
Cc: johnhayeser@yahoo.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

Conference room: 224
Testifier position: support
Testifier will be present: No
Submitted by: john dennis hayes jr
Organization: Individual
Address: po box 259 pahoa, hawaii
Phone: 8089366853
E-mail: johnhayeser@yahoo.com
Submitted on: 2/6/2011

Comments:

mailinglist@capitol.hawaii.gov
SI

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 10:58 AM
To: PGM Testimony
Cc: robertms@hawaii.rr.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

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
Submitted on: 2/6/2011

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 10:47 AM
To: PGM Testimony
Cc: tutu541@live.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

Conference room: 224
Testifier position: support
Testifier will be present: No
Submitted by: Theresa Murphy
Organization: Individual
Address: 17347 Kua Aina St kurtistown, HI 96760
Phone: 808-966-8584
E-mail: tutu541@live.com
Submitted on: 2/6/2011

Comments:

I support all aspects in this bill as it addresses issues on many levels that I have experienced.

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 10:42 AM
To: PGM Testimony
Cc: jgroberts@cryptoheaven.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

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
Submitted on: 2/6/2011

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 10:42 AM
To: PGM Testimony
Cc: jefag58@hotmail.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

Conference room: 224
Testifier position: support
Testifier will be present: No
Submitted by: Joan E Fagerness
Organization: Individual
Address:
Phone:
E-mail: jefag58@hotmail.com
Submitted on: 2/6/2011

Comments:

I have been a medical marijuana licensee since 2003. I am a retired firefighter/paramedic living on the big island. changes are long overdue with the program. some of the biggest hassles to deal with are: licensing every year. this has to be done almost 3 months before the expiration date due to back logs at the agency. Its my understanding that they only have one clerk for this. the cost is also a problem. I am on a fixed income as most in this program are due to injury. I have also been a caregiver for 2 different people at 2 different times. I stopped in both cases because the cost to grow for another person was too much on top of my own growing costs HB 58 addresses this. the amount of plants we are allowed as well as the dried amt we are allowed is too low. I have had many problems growing to include getting ripped off which left me with no medicine for months. again, HB58 addresses this. everything in the bill is needed. one thing I'd like you folks to keep in mind when your debating this bill is that most people signed up are very sick or chronically injured. please give us the respect that is due. thank you. joan e fagerness

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 9:36 AM
To: PGM Testimony
Cc: lafrance@pacific.net
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

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

Comments:
I urge you to support the following measure:
sb58

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 9:34 AM
To: PGM Testimony
Cc: jeffray@pacific.net
Subject: Testimony for SB113 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB113

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

Comments:

I urge you to support the following measures:

sb175

sb113

sb58

From: Kevin Lash [kevinlash@gmail.com]
Sent: Monday, February 07, 2011 7:53 AM
To: PGM Testimony
Subject: SB 58 Relating to Medical Cannabis

Aloha,

I have been a patient in Hawai'i for almost four years and it has been of little help for two primary reasons:

1. I am unable to grow where I live and
2. Even if I could the allowed amount would not be enough to allow for safe usage.

Let me expand;

I have trusted friends and a patient network and I could grow my medicine on someone else's land but it would not be worthwhile with the limitations in place now and it would also be at greater risk to another person.

I DO NOT SMOKE...I use a vaporizer and cook with cannabis for medicinal pain that is hard to live with but I cannot afford to buy medicine so I live a poor quality of life!

If I could grow up to ten plants on a friend's land this would allow me to have enough medicine to cook with, and vaporize with on occasion. It would also make it affordable and the quality of my life would improve in all areas; business, finance, family relationships, independence, etc. All areas of my life would be better for it.

I cannot express how important this bill is to me and many like me living in the state.

Please support it fully.

Mahalo Nui Loa;

Kevin Lash

--

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

John Wooden

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 07, 2011 10:24 AM
To: PGM Testimony
Cc: bmurphy420@msn.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

Conference room: 224
Testifier position: support
Testifier will be present: Yes
Submitted by: Brian Murphy
Organization: MCCFDIA
Address: 777 Hana Hwy. Suite 108 PAIA HI 96779
Phone: 8083442991
E-mail: bmurphy420@msn.com
Submitted on: 2/7/2011

Comments:

Aloha my name is Brian Murphy I have worked with Medical marijuana Patience here in Hawaii for the past 8 years, working for positive change to the current laws. I would like to take this moment to thank you for hearing this Bill. First I agree with the basic Plan you have with some changes:

1 Establishing a licensing system under the dept. of health.

I feel you need to involve the dept. of Agriculture for this is an Agriculture Crop.

2 Requiring a patients to designate a compassion center as their supplier This could & would limited Free enterprise & could leave patient stuck in a compassion center that dose not meet there needs. Also creating a good foundation for monopoly to be created

3 Licensing Fees \$20,000 for Class 1 \$10,000 for a class 3 & \$10,000 for a Class 3 I called the state of Hawaii licensing bureau to find out what is the most expensive lic. in Hawaii, a car dealer lic. cost \$1000 your plan calls for a 2000% increase over the most expressive fee's in the state!

4 Prohibits any person who had a felony drug conviction past 5 years

This could be fixed by just adding "unless the conviction was for medical marijuana".

5 Requires a special sales Tax of fifteen per cent of gross revenue

As long as all drugs sold in Hawaii are taxed at the same rate this would work! The sale of pharmaceutical are not TAXED! So to choose one group of consumer's to pay a Tax which has no equal in the state is wrong, its totally wrong!

So with GE tax that 19.5% Tax!!!!!!

There are no extra government fees required to use morphine, codeine, valium, alcohol, or tobacco or any other over-the-counter or prescription, addictive drug. Why only medical cannabis?

6 Business or Non Profits:

I feel Business is the way to go. After going around the mainland checking out different clubs, one thing was apparent! Most are scamming. Creating Non Profits to Supply any one product has no

president! Why create a false program where non-profits can be created that end up paying big bucks to have there add on NAS CARS?

How dose that help anyone but the non-profits? Now I think we need for some non-profit as long as they are there to help the people not some self perpetuating group to sell cannabis

7 The Whole written contract between store Farmer & infused seem to be a formula for a monopolies!

Farming is one of the biggest & most important parts of the economic benefit for Hawaii. I would like to see a plan created that calls for all medical cannabis grown in the state, be grown on agricultural zoned land, that any famer that is applying for a cannabis allotment has, other crop he is bringing to the local market. It could create Sustainable Family Farming in Hawaii! We important 98% of our food products, Why because the cost of Land & labor make it cost prohibitive! This is an Agricultural Crop that would help local farmer bring Product to the market!

Hawaii is the best geographic location in the United State to grow Medical cannabis, We should be looking at the future of Hawaii being a major suppler in this Muti-Billion Dollar Farm Crop Mahalo Brian Murphy

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 07, 2011 10:17 AM
To: PGM Testimony
Cc: bmurphy420@msn.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

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

Comments:
I SUPPORT SB58

SB 58 Relating to Medical Cannabis

Increases patient to caregiver ratio to 4 to 1, increases plants to 10 (and removes mature/immature distinction), increases dry, usable medicine to five ounces, makes grow location confidential and omits it from the card, clarifies that the Department of Public Safety may not require that the qualifying patient's certifying physician be the the patient's primary care physician

I think this bill will be a faster way to improve the quality of patients' lives. The dispensaries/compassion center bill is important, but it could take years to implement. Increasing the patient-caregiver ratio, plants and dried, usable medicine will have immediate impact.

The law also clarifies that the Department of Public Safety's forms may not require more information that is required by the medical use of marijuana law.

It does allow for a primary caregiver to be "reimbursed for costs associated with assisting registered qualifying patients. Reimbursement shall not include the sale of controlled substances."

Although the law allows for the increase in patient-caregiver ratio, it still has no way for a patient to find a suitable caregiver. Is there a way to match the two?

Removing the "location of marijuana" from the blue card will be a major relief for patients, who have feared the card falling into the wrong hands. The location of the grow will still required on the form from NED.

The increases in plants, medicine and patient-caregiver ratio are all positive...but, share your personal thoughts on the amounts. Be mindful that the police will try hard to say that five ounces is way too

much...find examples of why you need more (making butter and baked goods, tincture, concentrates).

I think the law should also require that NED's phone number and a set of procedures for the police to follow be printed on the blue card. That way the police will know what to do when they encounter a patient.

Mahalo

Brian Murphy

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 07, 2011 9:55 AM
To: PGM Testimony
Cc: ken@kkcr.org
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

Conference room: 224
Testifier position: support
Testifier will be present: No
Submitted by: ken jannelli
Organization:
Address:
Phone:
E-mail: ken@kkcr.org
Submitted on: 2/7/2011

Comments:

I applaud the state of Hawaii's efforts to allow medical marijuana patients to legally obtain their medicine. There are many sick people that have no access to marijuana that could greatly benefit from its medicinal properties. I hope the state looks further into allowing dispensaries to operate as well. I also support decriminalizing possession of 1 ounce or less of marijuana. Thank you for your time.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 07, 2011 9:51 AM
To: PGM Testimony
Cc: Framodda@yahoo.com
Subject: Testimony for SB58 on 2/8/2011 3:15:00 PM

Testimony for PGM 2/8/2011 3:15:00 PM SB58

Conference room: 224
Testifier position: support
Testifier will be present: No
Submitted by: Ramoda Anand
Organization: Individual
Address:
Phone:
E-mail: Framodda@yahoo.com
Submitted on: 2/7/2011

Comments:
I strongly support this SB58