

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

In reply, please refer to:  
File:

## HOUSE JUDICIARY COMMITTEE

### HB 667 HD1, RELATING TO MEDICAL USE OF MARIJUANA

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.  
Director of Health**

**February 28, 2013**

1 **Department's Position:** COMMENTS. This bill alludes to the transfer of the medical marijuana  
2 program from the Department of Public Safety to the Department of Health (DOH) without explicitly  
3 stating the mechanism or details through which this would take place. If transfer of the program is  
4 entailed, the Department recommends consideration of HB668 HD1 which more comprehensively  
5 specifies the program's transfer. DOH will administer the medical marijuana registry program, if  
6 provided with adequate resources and time. The Department takes no position on other provisions of  
7 this bill, as the Department has neither experience nor expertise with marijuana cultivation, adequate  
8 supply, reimbursement for "primary caregivers," or marijuana transportation.

9 **Fiscal Implications:** Approximately \$100,000 in FY2013-14 and \$200,000 in FY2014-15 is needed to  
10 transition the medical marijuana program to DOH. The DOH must have \$185,000 on the start date to  
11 operate the program. This will be taken from the remainder of the above \$300,000, or will have to be  
12 additional funds. Any appropriation must not adversely impact the priorities described in the Governor's  
13 Executive Budget request.

1 **Purpose and Justification:** The purpose of HB 667 HD1 is to make various amendments to Chapter  
2 329 HRS. The bill also appears to assume but does not clearly specify the transfer of responsibility for  
3 administration of the medical marijuana program from the Department of Public Safety to the DOH.

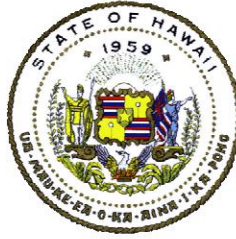
4 We draw the committee's attention to HB 668 HD1 which focuses more comprehensively on  
5 transferring the medical marijuana program between the departments. For DOH to take on the medical  
6 marijuana program the following are critical elements required to make the transition successful:

- 7 • A start date no earlier than July 1, 2015 for the DOH Medical Marijuana Registry Program;
- 8 • \$100,000 for FY13-14 for a contractor to promulgate new DOH medical marijuana  
9 administrative rules, pursuant to Chapter 91, HRS;
- 10 • \$200,000 for FY14-15 to hire and train new staff, set up the program office, establish a data  
11 base, develop accessible web interfaces and other IT infrastructure, complete security and  
12 confidentiality protocols, and prepare to provide services from day one to cover 12,000 patients  
13 annually;
- 14 • Establish a DOH Medical Marijuana Special Fund by July 1, 2014 to receive payments of  
15 registration fees and pay program staff salaries and other costs;
- 16 • The DOH Medical Marijuana Special Fund needs to have \$185,000 by July 1, 2015 to operate to  
17 operate the program;
- 18 • Approval to establish 5 FTE DOH positions for the Medical Marijuana Program starting July 1,  
19 2014; and
- 20 • Raise the maximum allowable registration fee from \$35 to \$50 annually commencing July 1,  
21 2015. We do not anticipate the charges in the near future will be more than \$35, but the law  
22 needs to allow for increases over the program's operational lifespan to ensure sufficient income  
23 for a self-supporting program. The fees have not been raised since the program began.

1           This bill also proposes amendments related to transferring marijuana to other qualified care  
2   givers or patients, providing immunity for patients transporting marijuana, permitting patients from  
3   other jurisdictions with medical marijuana programs to use marijuana for medical purposes while in  
4   Hawaii, redefining adequate supply, providing confidentiality of growing sites, allowing physicians who  
5   are not the patient’s primary care physician to prescribe medical marijuana maintaining confidentiality  
6   of the patient’s medical information and defining a caregiver to patient ratio. The Department takes no  
7   position on these issues.

8           The Department of Health’s role in authorized conduct by a visiting qualifying patient is unclear  
9   and must be revised. The Department of Health does not “recognize” laws in any jurisdiction and has  
10  no means of validating a registry identification card from any other jurisdiction, domestic or foreign.

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



STATE OF HAWAII  
**DEPARTMENT OF PUBLIC SAFETY**

919 Ala Moana Blvd. 4<sup>th</sup> Floor  
Honolulu, Hawaii 96813

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

TESTIMONY ON HOUSE BILL (HB) 667, House Draft (HD) 1  
A BILL FOR AN ACT RELATING TO  
THE MEDICAL USE OF MARIJUANA

By

Ted Sakai, Director  
Department of Public Safety

House Committee on Judiciary  
Representative Karl Rhoads, Chair  
Representative Sharon E. Har, Vice Chair

Thursday, February 28, 2013, 2:00 p.m.  
State Capitol, Room 325

Chair Rhoads, Vice Chair Har, and Members of the Committee:

The Department of Public Safety (PSD) **does not support** HB 667, HD 1, which proposes to amend aspects of the medical use of marijuana program by:

- Increasing the authorized number of a patient's marijuana plants from 4 immature and 3 mature and up to 3 ounces of usable marijuana to seven mature plants and five ounces of usable marijuana a significant increase.
- Changing the patient to caregiver ratio from one patient per caregiver to three patients per caregiver;
- Allowing for a caregiver to charge a patient for costs associated with assisting that qualifying patient to obtain marijuana for medical use;
- Authorizing the transfer of marijuana between other patients and caregivers;
- Immunizing patients from searches, seizures and prosecution while transporting marijuana intended for medical use;

- Authorizing patients from other states to use medical marijuana while in Hawaii;
- Clarifying that a certifying physician need not be a patient's primary care physician;
- Prohibiting the state from indicating on the registry card the location where the qualified marijuana plants are grown.

PSD supports the transfer of this program to the Department of Health (DOH). We note that HB 668, HD 1, which will accomplish this transfer, has been heard by the House Finance Committee and appears to be moving toward passage by this Committee. However, given the significant challenges associated with administering this program and enforcing the laws governing the use of marijuana, we ask that this bill be deferred at this time.

We envision that passage of this bill will create difficulties for law enforcement. Imagine the following scenario:

A house in which three medical marijuana patients reside (and this is not uncommon) currently could have 21 plants and 15 ounces of useable marijuana. The law now allows patients to be caregivers to one other patient. Under this bill each patient could be a caregiver for 3 other patients. This would potentially allow each patient/caregiver to grow up to 28 plants and possess up to 20 ounces of useable marijuana. If each of the three patients were also caregivers to three other patients, then the one house could legally grow up to 84 plants and possess up to 60 ounces of marijuana. Such a situation would draw the attention of law enforcement officials. However, job of law enforcement would be made difficult by the provision that prohibits the state from indicating on the registration card the location where the qualified marijuana is grown.

Because the authorized location of marijuana plants would not be on the permit there would be a tremendous strain on the law enforcement officers and the DOH if the DOH to conduct verifications twenty-four hours per day, seven days per week. One potential result is that patients marijuana plants may be seized

unnecessarily. The advantage of having the patient or caregiver's authorized grow location is that when a law enforcement officer is called to a residence and finds marijuana plants the patient or caregiver can just present his or her medical use of marijuana permit and the officer will at a glance be able to verify that the plants are authorized and leave. If this information is not on the permit the law enforcement officer will have to contact DOH for every permit.

The need for such verifications constitutes a large part of the program's administration. In FY 2012, PSD conducted 950 medical marijuana verification checks for Federal, State and County law enforcement agencies. We received numerous verification calls resulting in an individual being released without arrest or seizure of their plants due to the ability of law enforcement officer to contact our Narcotics Enforcement Division 24 hours a day, 7 days a week to verify a patient or caregiver's medical use of marijuana certificate status. Each check may take up to 15 minutes.

There are other aspects of this bill that cause serious concern for us. For example, the section that immunizes a qualifying patient from searches, seizures and prosecution during the course of transport would create serious difficulties. For example, if a law enforcement officer who suspects that a person is in possession of more than the legal amount of medical marijuana will not be able to verify this without seizing the marijuana.

The section that would allow persons visiting from other states to use medical marijuana is also problematic, as we do not have the means to determine that a registry identification card is valid. If it is the sentiment of this Legislature to permit qualified visitors to use medical marijuana while in Hawaii, then we suggest that the various states consider reciprocal agreements first.

For these reasons, PSD cannot support HB 667, HD1 as written.

Thank you for the opportunity to testify on this matter.



**TESTIMONY OF  
THE DEPARTMENT OF THE ATTORNEY GENERAL  
TWENTY-SEVENTH LEGISLATURE, 2013**

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**ON THE FOLLOWING MEASURE:**

H.B. NO. 667, H.D. 1, RELATING TO MEDICAL MARIJUANA.

**BEFORE THE:**

HOUSE COMMITTEE ON JUDICIARY

**DATE:** Thursday, February 28, 2013                      **TIME:** 2:00 p.m.

**LOCATION:** State Capitol, Room 325

**TESTIFIER(S):** David M. Louie, Attorney General, or  
Richard W. Stacey, Deputy Attorney General

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Chair Rhoads and Members of the Committee:

The Department of the Attorney General submits testimony in strong opposition to this bill.

The purpose of this bill is to expand the medical marijuana program, allowing easier distribution of marijuana between qualifying patients and primary caregivers, granting immunity from searches and seizures and prosecution for marijuana-related offenses for qualifying patients transporting marijuana “intended for medical use,” allowing qualifying patients from other jurisdictions to easily obtain and use marijuana in Hawaii, altering the definition of “adequate supply” from one ounce to five ounces of usable marijuana, adding the definition of “reimbursement” to include compensation to primary caregivers, increasing the number of qualifying patients per primary caregiver from one to three, limiting the information to appear on the registry card to keep the location of where marijuana is grown confidential, and clarifying that the prescribing physician need not be the primary care physician. In addition, the bill switches the administration of the program from the Department of Public Safety (PSD) to the Department of Health (DOH) (Note: House Bill No. 668 also addresses the same transfer of duties).

This bill expands the medical marijuana program in ways that will make it extremely difficult for the administrators and law enforcement to ensure that the law is followed. We strongly oppose this measure for the following reasons:

1. This bill, by making distribution between multiple primary caregivers and

qualifying patients much easier, and by increasing the number of patients per caregiver from one to three, and making it harder to determine where medical marijuana is being grown, will make it much more difficult to ensure compliance with the medical marijuana program, and much more difficult for law enforcement agencies to determine when a crime is being committed.

2. This bill appears to allow qualifying patients transporting marijuana, whether for medical purposes or not, to potentially evade law enforcement by giving the patient blanket “immunity” from searches, seizures, or prosecution, where it appears that the person transporting the marijuana will just have to claim that it was “intended for medical use.” It precludes law enforcement from investigating potential violations of the law. For example, if a police officer makes a traffic stop, smells burnt marijuana, discovers the lone occupant in possession of a bag of marijuana, is shown a medical marijuana card, and is told that the bag of marijuana is for medical use, then the officer cannot seize the bag of marijuana to determine whether or not it complies with the law, cannot search the vehicle and cannot arrest and initiate the prosecution of the occupant for the burning marijuana cigarette in the vehicle ashtray which is clearly not a protected medical use of marijuana. Even if the police officer somehow found an illegal amount of marijuana in the vehicle without conducting a search, this bill appears to prohibit the officer from seizing the marijuana and arresting the occupant. This bill precludes law enforcement from determining whether or not a person is in compliance with the medical marijuana law, precludes law enforcement officers from investigating potential criminal offenses, and even if officers somehow discover a clear violation of marijuana laws, this bill precludes officers from seizing the evidence and arresting the offender.

3. Marijuana is still a schedule I controlled substance under federal law. It is in violation of federal law to grow, distribute, or use marijuana. Although this bill could legalize conduct that is currently prohibited under state law, federal law cannot be ignored. Federal law enforcement agencies make arrests and conduct raids on medical marijuana operations in other jurisdictions.

The Department has additional concerns about other provisions:

1. On page 6, line 22, to page 7, line 3, the bill provides:

The form may request the address of the location where the marijuana is grown, but that information shall be **confidential** and shall not appear on the registry card issued by the department of health.



(Emphasis added). As the term “confidential” is not defined, it is not clear who would have access to that information, and who would not.

2. On page 7, at lines 3-7, the bill provides that the physician issuing the written certification shall only attest that the patient has a debilitating medical condition, but shall not identify the condition. It appears to prevent the registering authority from identifying the debilitating medical condition and confirming that the patient qualifies under the law for medical marijuana.

If this bill were passed, it would be extremely difficult to regulate and control the medical marijuana program, which was carefully tailored by legislation to reduce the chances of abuse.

We strongly oppose this bill and respectfully ask that it be held.

DEPARTMENT OF THE PROSECUTING ATTORNEY  
**CITY AND COUNTY OF HONOLULU**

**LATE**

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

KEITH M. KANESHIRO  
PROSECUTING ATTORNEY



ARMINA A. CHING  
FIRST DEPUTY PROSECUTING ATTORNEY

**THE HONORABLE KARL RHOADS, CHAIR  
HOUSE COMMITTEE ON JUDICIARY  
Twenty-Seventh State Legislature  
Regular Session of 2013  
State of Hawai'i**

February 28, 2013

**RE: H.B. 667, H.D. 1; RELATING TO MEDICAL MARIJUANA.**

Chair Rhoads, Vice-Chair Har, and members of the House Committee on Judiciary, the Department of the Prosecuting Attorney of the City and County of Honolulu submits the following testimony in opposition to H.B. 667, H.D. 1.

The purpose of this bill is to: allow transfer of medical marijuana between all registered qualifying patients and caregivers; make qualifying patients immune from searches and seizures while transporting medical marijuana; increase the amount of usable marijuana permitted per patient and caregiver; make the location of a patient's medical marijuana supply confidential, and omit this information 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 three qualifying patients at any given time.

Because marijuana continues to be a Schedule I controlled substance (on both State and Federal schedules), 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 H.B. 667, H.D. 1, a caregiver with three registered patients could be permitted to possess and/or transfer up to 21 marijuana plants and 15 ounces (nearly 1 pound) of usable marijuana at any given time. To deter potential abuse and negative impacts on the public, permitted amounts and number of patients per primary caregiver should be kept to a minimum; strict regulations should be maintained to facilitate effective enforcement and control of this highly controlled substance.

Along similar lines, it is also important for law enforcement officers to be able to assess the amount of medical marijuana someone has in their possession, even if that person is registered as a qualified medical marijuana patient. Also, law enforcement must be able to readily identify the correct location of a patient's medical marijuana supply, and the Department of Public Safety (or Department of Health, if applicable) should have assurances that medical marijuana certifications are issued by a patient's primary care physician, for a specified medical condition. To do otherwise would permit or even encourage widespread abuse of the medical marijuana laws and marijuana usage.

While there has been ongoing debate about the physical effects of marijuana, the Federal Schedule of controlled substances was recently updated in September 2012, and continues to list marijuana as a Schedule I controlled substance. Due to ongoing demand for illegal marijuana—either by non-registered individuals and/or in excess quantities—the Department maintains that medical marijuana laws must be very narrowly and carefully crafted, such that they can be safely and effectively enforced.

For the foregoing reasons, the Department of the Prosecuting Attorney of the City and County of Honolulu opposes the passage of H.B. 667, H.D. 1. Thank you for this opportunity to testify on this matter.

POLICE DEPARTMENT  
CITY AND COUNTY OF HONOLULU

801 SOUTH BERETANIA STREET · HONOLULU, HAWAII 96813  
TELEPHONE: (808) 529-3111 · INTERNET: www.honolulu-pd.org

**LATE**

KIRK W. CALDWELL  
MAYOR



LOUIS M. KEALOHA  
CHIEF

DAVE M. KAJIHIRO  
MARIE A. MCCAULEY  
DEPUTY CHIEFS

OUR REFERENCE **Ji-TA**

February 28, 2013

The Honorable Karl Rhoads, Chair  
and Members  
Committee on Judiciary  
State House of Representatives  
Hawaii State Capitol  
415 South Beretania Street  
Honolulu, Hawaii 96813

Dear Chair Rhoads and Members:

Subject: House Bill No. 667, H.D. 1, Relating to Medical Marijuana

I am Jerry Inouye, Major of the Narcotics/Vice Division of the Honolulu Police Department, City and County of Honolulu.

The Honolulu Police Department opposes House Bill No. 667, H.D. 1, Relating to Medical Marijuana.

This bill seeks to amend the provisions of the Medical Use of Marijuana law pursuant to part IX of chapter 329, Hawaii Revised Statutes.

Research has shown that marijuana has a high potential for abuse and addiction, and marijuana remains classified as a Schedule I controlled substance under the Controlled Substances Act of 1970. According to the White House Office of National Drug Control Policy (ONDCP), marijuana as a smoked product has never been proven to be medically beneficial and is more likely to harm one's health.

Although medical marijuana is currently legal for use by the seriously ill, a review by the Institute of Medicine concluded that smoking marijuana is not recommended for long-term medical use. The primary active chemical in marijuana, Tetrahydrocannabinol (THC), is available in Marinol, an FDA-approved medication in pill form legally available by prescription.

The Honolulu Police Department urges you to oppose House Bill No. 667, H.D. 1, Relating to Medical Marijuana.

Thank you for the opportunity to testify.

APPROVED:

Sincerely,

  
LOUIS M. KEALOHA  
Chief of Police

  
JERRY INOUE, Major  
Narcotics/Vice Division

*Serving and Protecting With Aloha*



To: Representative Karl Rhoads, Chair  
Representative Sharon Har, Vice Chair and  
Members of the Committee on Judiciary

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

RE: HB 667 HD 1 Relating to Medical Marijuana  
Hearing: Thursday, February 28, 2013, 2:00 p.m., Room 325  
Position: Strong Support

I am a medical cannabis patient residing on the Big Island and chairperson of Americans for Safe Access. ASA, Big Island Chapter strongly supports the passage of HB 667, HD 1. The Big Island has more than 5000 certified medical cannabis patients.

Increasing the caregiver ratio to care for up to three qualifying patients will greatly help the patients who have difficulty in finding a caregiver. Patients are either too ill, live in rental housing including public housing that prohibits them from growing their own medicine. Many homes are located in densely populated areas where it is dangerous to grow because of the threat of theft. These circumstances force most patients to buy their medicines on the black market which is dangerous and where the quality of the medicine is not guaranteed. Increasing the ratio will allow one caregiver to provide for three patients.

Another beneficial aspect of this bill is that it will improve a patient's confidentiality because the place that the medicine is grown will not appear on the registration card (blue card). If a patient's wallet is either stolen or lost, it leads the finder or thief directly to where the plants are grown.

Still another improvement in the bill is that it increases medical confidentiality of the patient by prohibiting the physician from naming the patient's illness or debilitating condition which is submitted to Public Safety.

Removing the distinction between immature and mature plants and increasing the amount of cannabis a patient may possess to 5 ounces at any given time will improve an adequate and consistent supply so that the patient will not run out of medicine before the next harvest.

Reciprocity will allow patients who come from other states with medical cannabis to be able to use medical cannabis while visiting the state. This will encourage many patients to vacation in Hawai'i and allow those who move here to use their medical cannabis while they are transitioning.

This is a good and reasonable bill and long past due. It follows the recommendations made by the Medical Cannabis Working Group in 2010, most of them coming from patients themselves. It should be passed. Mahalo for your careful consideration of this vitally important bill.

Part I of Testimony

HB 667, HD1

RELATING TO MEDICAL MARIJUANA.

Amends aspects of the Medical Use of Marijuana regime, including definitions of adequate supply, primary caregiver, and reimbursement; confidentiality of growing sites; certifying physician requirements; confidentiality of patient's condition; caregiver to patient ratio; plant transfer; transportation of medical marijuana; qualifying visitors; and registration requirements. Effective July 1, 2050. (HB667 HD1)

COMMITTEE ON JUDICIARY

Rep. Karl Rhoads, Chair

Rep. Sharon E. Har, Vice Chair

DATE: Thursday, February 28, 2013

TIME: 2:00 p.m.

PLACE: Conference Room 325

The Purpose of the language changes in this Bill is to delete *ultra vires* unconstitutional language from HRS 329.

This Bill would;

- delete Marijuana as a Schedule I controlled substance in Hawaii State Law;
- delete Drug Paraphernalia from the HRS 329 as these are Constitutionally Protected Medical Devices;
- delete *ultra vires* unconstitutional language from Part IX Medical Use of Marijuana

so as to comply more closely with Constitutional Protections and the Right of Privacy.

This Bill only deletes language. Since you only need to delete language once for it to be gone, this Bill adds no new language so as to require only one Committee hearing before being reported to the floor.

HB667, HD1 Language is addressed in Part 2 of this Testimony

Time is of the Essence to comply with the State and Federal Constitution and the Right of Privacy in Medical Care.

**§329-1 Definitions.** As used in this chapter:

~~"Drug paraphernalia" means all equipment, products, and materials of any kind which are used, primarily intended for use, or primarily designed for use, in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance in violation of this chapter. It includes, but is not limited to:-~~

~~(1) Kits used, primarily intended for use, or primarily designed for use in planting, propagating, cultivating, growing, or harvesting of any species of plant which is a controlled substance or from which a prohibited controlled substance can be derived;-~~

~~(2) Kits used, primarily intended for use, or primarily designed for use in manufacturing, compounding, converting, producing, processing, or preparing prohibited controlled substances;-~~

- ~~(3) Isomerization devices used, primarily intended for use, or primarily designed for use in increasing the potency of any species of plant which is a prohibited controlled substance;~~
- ~~(4) Testing equipment used, primarily intended for use, or primarily designed for use in identifying, or in analyzing the strength, effectiveness, or purity of prohibited controlled substances;~~
- ~~(5) Scales and balances used, primarily intended for use, or primarily designed for use in weighing or measuring prohibited controlled substances;~~
- ~~(6) Diluents and adulterants, such as quinine hydrochloride, mannitol, mannite, dextrose, and lactose, used, primarily intended for use, or primarily designed for use in cutting prohibited controlled substances;~~
- ~~(7) Separation gins and sifters used, primarily intended for use, or primarily designed for use in removing twigs and seeds from, or in otherwise cleaning or refining, prohibited marijuana;~~
- ~~(8) Blenders, bowls, containers, spoons, and mixing devices used, primarily intended for use, or primarily designed for use in compounding prohibited controlled substances;~~
- ~~(9) Capsules, balloons, envelopes, and other containers used, primarily intended for use, or primarily designed for use in packaging small quantities of prohibited controlled substances;~~
- ~~(10) Containers and other objects used, primarily intended for use, or primarily designed for use in storing or concealing prohibited controlled substances;~~
- ~~(11) Hypodermic syringes, needles, and other objects used, primarily intended for use, or primarily designed for use in parenterally injecting prohibited controlled substances into the human body;~~
- ~~(12) Objects used, primarily intended for use, or primarily designed for use in ingesting, inhaling, or otherwise introducing prohibited marijuana, cocaine, hashish, or hashish oil or methamphetamine into the human body, such as:~~
  - ~~(A) Metal, wooden, acrylic, glass, stone, plastic, or ceramic pipes with or without screens, permanent screens, hashish heads, or punctured metal bowls;~~
  - ~~(B) Water pipes;~~
  - ~~(C) Carburetion tubes and devices;~~
  - ~~(D) Smoking and carburetion masks;~~
  - ~~(E) Roach clips: meaning objects used to hold burning materials, such as marijuana cigarettes, that have become too small or too short to be held in the hand;~~
  - ~~(F) Miniature cocaine spoons, and cocaine vials;~~
  - ~~(G) Chamber pipes;~~
  - ~~(H) Carburetor pipes;~~
  - ~~(I) Electric pipes;~~
  - ~~(J) Air-driven pipes;~~
  - ~~(K) Chillums;~~
  - ~~(L) Bongs; and~~
  - ~~(M) Ice pipes or chillers.~~

- ~~(F) Miniature cocaine spoons, and cocaine vials;~~
- ~~(G) Chamber pipes;~~
- ~~(H) Carburetor pipes;~~
- ~~(I) Electric pipes;~~
- ~~(J) Air-driven pipes;~~
- ~~(K) Chillums;~~
- ~~(L) Bongs; and~~
- ~~(M) Ice pipes or chillers.~~

In determining whether an object is drug paraphernalia, a court or other authority should consider, in addition to all other logically relevant factors, the following:

- (1) Statements by an owner or by anyone in control of the object concerning its use;
- (2) Prior convictions, if any, of an owner, or of anyone in control of the object, under any state or federal

law relating to any controlled substance;

(3) The proximity of the object, in time and space, to a direct violation of this chapter;

(4) The proximity of the object to controlled substances;

(5) The existence of any residue of controlled substances on the object;

(6) Direct or circumstantial evidence of the intent of an owner, or of anyone in control of the object, to deliver it to a person or persons whom the owner or person in control knows, or should reasonably know, intend to use the object to facilitate a violation of this chapter; the innocence of an owner, or of anyone in control of the object, as to a direct violation of this chapter shall not prevent a finding that the object is intended for use, or designed for use as drug paraphernalia;

(7) Instructions, oral or written, provided with the object concerning its use;

(8) Descriptive materials accompanying the object which explain or depict its use;

(9) National and local advertising concerning its use;

(10) The manner in which the object is displayed for sale;

(11) Whether the owner, or anyone in control of the object, is a legitimate supplier of like or related items to the community, such as a licensed distributor or dealer of tobacco products;

(12) Direct or circumstantial evidence of the ratio of sales of the object or objects to the total sales of the business enterprise;

(13) The existence and scope of legitimate uses for the object in the community; and

(14) Expert testimony concerning its use.

"Deliver" or "delivery" means the actual, constructive, or attempted transfer or sale from one person to another of a controlled substance or drug paraphernalia, whether or not there is an agency relationship.

~~§329-43.5 Prohibited acts related to drug paraphernalia. (a) It is unlawful for any person to use, or to possess with intent to use, drug paraphernalia to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance in violation of this chapter. Any person who violates this section is guilty of a class C felony and upon conviction may be imprisoned pursuant to section 706-660 and, if appropriate as provided in section 706-641, fined pursuant to section 706-640.~~

~~(b) It is unlawful for any person to deliver, possess with intent to deliver, or manufacture with intent to deliver, drug paraphernalia, knowing, or under circumstances where one reasonably should know, that it will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance in violation of this chapter. Any person who violates this section is guilty of a class C felony and upon conviction may be imprisoned pursuant to section 706-660 and, if appropriate as provided in section 706-641, fined pursuant to section 706-640.~~

~~(c) Any person eighteen years of age or over who violates subsection (b) by delivering drug paraphernalia to a person or persons under eighteen years of age who are at least three years younger than that adult person is guilty of a class B felony and upon conviction may be imprisoned pursuant to section 706-660 and if appropriate as provided in section 706-641, fined pursuant to section 706-640.~~

~~(d) It is unlawful for any person to place in any newspaper, magazine, handbill, or other publication any advertisement, knowing, or under circumstances where one reasonably should know, that the purpose of the advertisement, in whole or in part, is to promote the sale of objects designed or intended for use as drug paraphernalia. Any person who violates this section is guilty of a class C felony and upon conviction may be imprisoned pursuant to section 706-660 and, if appropriate as provided in section 706-641, fined pursuant to section 706-640.~~



### §329-14 Schedule I.

(d) Any material, compound, mixture, or preparation that contains any quantity of the following hallucinogenic substances, their salts, isomers, and salts of isomers, unless specifically excepted, whenever the existence of these salts, isomers, and salts of isomers is possible within the specific chemical designation:

~~(20) Marijuana;~~

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

~~"Adequate supply" means an amount of marijuana jointly possessed between by the qualifying patient and the primary caregiver that is not more than is reasonably necessary to assure the uninterrupted availability of marijuana for 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.~~

~~"Medical use" means the acquisition, possession, cultivation, use, distribution, or transportation of marijuana or paraphernalia relating to the 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 transfer of marijuana and paraphernalia from the primary caregiver to the qualifying patient.~~

~~"Physician" means a person who is licensed to practice medicine or osteopathic medicine under chapter 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.~~

~~"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:

...

(C) Control the acquisition of the marijuana, the dosage, and the frequency of the medical use of marijuana by the qualifying patient.

~~(e) 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:~~

~~—(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~~

~~[§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. 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 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, and may charge a reasonable fee not to exceed \$25.~~

~~—(c) Primary caregivers shall register with the department of public safety. 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:

...

~~—(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 seized from a qualifying patient or primary caregiver in connection with a claimed 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 responsible for the care and maintenance of such plants. [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]~~

Dr. Myron Berney In Support with language changes

## Part 2

HB 667, HD1

RELATING TO MEDICAL MARIJUANA.

Amends aspects of the Medical Use of Marijuana regime, including definitions of adequate supply, primary caregiver, and reimbursement; confidentiality of growing sites; certifying physician requirements; confidentiality of patient's condition; caregiver to patient ratio; plant transfer; transportation of medical marijuana; qualifying visitors; and registration requirements. Effective July 1, 2050. (HB667 HD1)

### COMMITTEE ON JUDICIARY

Rep. Karl Rhoads, Chair

Rep. Sharon E. Har, Vice Chair

DATE: Thursday, February 28, 2013

TIME: 2:00 p.m.

PLACE: Conference Room 325

§329- Transportation. A qualifying patient who is registered under section 329-123 and who transports marijuana that is intended for medical use shall be immune from [searches], seizures, and prosecution for marijuana-related offenses under part IV of chapter 712 while in the course of transport.

I recall the cops didn't like immunity because they wanted to make sure that the qualifying patient strictly complied with the law. If the were not in strict compliance with the law then they could BUST them. Delete both "in strict compliance with law" wherever it appears and "searches". Also make provisions that the cops must assure that the Patient retains an adequate supply. And make provisions so that the Patient get to tell the cops what they don't want and what the cops can have.

The cops objected to §329- Authorized conduct by a visiting qualifying patient.

The State of Hawaii isn't in a position to interfere with a patients health care. The cops want to harm patients that are visiting Hawaii. Clearly the State is targeting Medical Marijuana patients.

"Adequate supply" means an amount of marijuana jointly possessed between the qualifying patient and the primary caregiver that is not more than is reasonably necessary to assure the uninterrupted availability of marijuana for the purpose of alleviating the symptoms

or effects of a qualifying patient's debilitating medical condition;

**DELETE :**

~~provided that an "adequate supply" shall not exceed [three mature] seven marijuana plants[, four immature marijuana plants, and one ounce], whether immature or mature, and five ounces of usable marijuana [per each mature plant.] at any given time."~~

#1 Constitutionally that Power in Health Care was not assigned to Government.

#2 The numbers and amounts cited are merely arbitrary Political numbers generated in a political compromise and are completely unrelated to any realities in farming marijuana or providing for easy access to pharmaceutical quality herbal medicine.

#3 That #2 is one of the reasons why that Power in Health Care was not assigned to Government.

#4 You could loose your whole crop, which is very common, to a variety of reasons including storms, power loss, bugs, infection, vandalism, thief, etc.

#5 Plants are not a valid unit of measurement. No two plants are equal, some only give 1/4 oz or less, some yield half a pound. Some or males which are not pharmaceutical suitable.

#6 a pack of cigarettes weighs 1.1 oz. How long would 5 packs of cigarettes last?

#7 these numbers or similar numbers are in other laws however that above still logically applies, only to more situations.

#8 Dispensaries are also available in States that have similar numbers meaning that if necessary or convenient the Patient could buy some Pharmaceutical Quality Herbal Medicine without going to the Black Market.

#9 State benefits from the GET on the Retail sales.

#10 for all these same reasons again and again. [this line should be sung to the tune of one two buckle your shoe].

If you need numbers then not more than 40 female plants and not more than 5 kilograms

This would keep large commercial growers out of the business.

DELETE

~~"Written certifications" are valid for only one year from the time of signing."~~

The written certificate for these chronic life long debilitating medical conditions expires when the Patient expires. It is just another method to target and BUST medical marijuana patients, many of whom are too sick and tired to remember to get an annual certificate. When the Physician's Office fails to recall the patient; the patient pays the price with their life.

DELETE

SECTION 4. Section 329-122,

~~—(3) The amount of marijuana possessed by the qualifying patient does not exceed an~~

~~adequate supply."~~

SEE ABOVE

**"§329-123 Registration requirements.**

The whole idea of registration is kind of NAZI based upon Government Health Care Fraud and Lies.

In Hawaii Marijuana is a safe and effective medicine that is necessary, medically appropriate and reasonably safe. The side effects associated with marijuana are within the normal range as other pharmaceuticals. Marijuana protects dying nerve cells and promotes the recovery of nerve trauma.

Marijuana interferes with every phase of Cancer cells and causes the Cancer to self destruct and eat itself up. Marinol is a scam, less effective, more expensive and more toxic, more deadly and more lethal.

The cops refuse to give up their wrong view of "the Devil Weed" despite overwhelming Scientific and Medical information and their own direct personal experienced and knowledge.

No other medical patient needs to register with the State.

Drug Addicts don't register with the State.

Marijuana is safer than Chemotherapy, Opiates, Barbiturates, Valium, Xanax; these are all addiction and detrimental, Marijuana is not addicting and beneficial.

It is very hard to prove that Marijuana is detrimental.

It is easy to demonstrate that Marijuana Laws are detrimental. Last year alone the State lost over \$70 to \$140 million dollars in GET at one or two packs of marijuana cigarettes a month. That is a pretty bad hit to take based upon Medical Fraud, bad drug laws, from politicians and policemen to benefit the crooks harming individuals and society.

(b) Qualifying patients shall register with the department of ~~[public safety.]~~ health. The registration shall be effective until the expiration of the certificate. ~~[issued by the department of health and signed by the physician.]~~ Qualifying Patients shall not be harmed in any way merely because a certificate has expired.

#1 Constitutionally that Power in Health Care was not assigned to Government.

#2 Protect Patients from Medical Nazis.

~~DELETE Every qualifying patient shall have only one primary caregiver at any given time.~~

New law from this bill provides for transfer between patients.

What would be the point of limiting access to medicine for sick patients.

(d) Upon ~~an~~ inquiry by a law enforcement agency, the department of ~~public safety~~ health shall verify whether the ~~particular qualifying patient~~ subject of the inquiry has registered with the department of health and may provide reasonable access to the registry information for official law enforcement purposes. Law Enforcement shall not engage in any marijuana-related enforcement with out first checking with the Department of Health. Law Enforcement shall give 30 days notice to any Qualified Patient before any marijuana-related law enforcement activities. Law Enforcement shall not enter onto the property of or have surveillence on any qualified patient.

#1 Constitutionally that Power in Health Care was not assigned to Government.

Previously, The Hawaii Police Department presented 4 pages of extensive testimony is in Violation of the Intent of the County Code and the Wishes of the Citizens of Hawaii County. The Hawaii Police Department has been using public funds in Violation of the Intent of the County Code. I guess they decided to not arrest and prosecute themselves just the folks that have been abiding by the County Code.

An adequate supply can only be determined on a case by case basis by a licensed Physician. A pack of cigarettes weighs 1.1 oz. A pack a day habit is common for Tobacco addicts. Tobacco is addicting, Alcohol is addicting for some, Marijuana is not addicting and has established medical use.

Auto Flowering Plants yield 1/4 oz per plant in 90 days. A plant that should grow 6 foot tall planted in January produce less than an oz of useable medicine because they only grow 2 feet. Sativa can grow up to 6 feet but Indica standard max is 3 feet. There is no guarantee in farming that any seedling or plant will live long enough to be harvested. A mature plant is not determined by flowering; maturity by visual inspection would be determined by the opacity of the trichomes. In other States, you can buy pharmaceutical grade medicine at dispensaries as a safety net to farming disasters and inadequate supplies for other reasons.

With our high cost of electricity, high temperature and humidity, Honolulu is by far not the best place to grow Pakalolo. Outside the days are too short most of the year. Bigger plants may yield more but take longer to grow. Bigger is not better. The bugs are every where; going organic requires frequent and extensive care. Plants need frequent attention on a daily basis. And then, you don't know how they are even going to turn out, if at all. It is much easier to go down to a well stocked pharmacy and choose a few varieties and leave.

By law, medical prescriptions from other States can be filled by visiting Patients in Hawaii. In every law there are differences in the Language of State Laws. Visiting patients with a valid prescription or medical recommendation by a Physician must be provided medical care while in Hawaii. That is a medical issue not a law enforcement issue. It is a Federal Crime for law enforcement to interfere or to conspire to interfere with access to medical care. The State is complying with the Right to Life and the Right to Medical Care in providing timely access to medicine.

The Police Chief goes on and on through every aspect of the HB667 pointing out that this will only make Marijuana more available. The Police Chief complains that violations of the Marijuana Laws are ubiquitous. I agree the purpose of this Bill is to make Marijuana more available and to Protect

Patients Health Care Rights. Unfortunately HB667 doesn't go far enough. Please review the extensive language changes previously presented. Other bills may remedy some problems.

I agree tons of people are breaking the Marijuana laws already. What does this tell you when 57% of people want Marijuana Legalized! Legalization is supported by the Democratic Party so why are the Republicans more supportive of ending Prohibition? Why does the Governor's Office oppose essential health care reform? Why not follow the Constitution and the advice given by the Supreme Court in Roe v Wade? Why not follow the Hawaii Constitution? Why not act in harmony with President Obama's Executive Orders making Marijuana a Medicine and establishing the Lowest Level of Law Enforcement meaning no law enforcement until after we legalize Marijuana.

Please have your legal staff review my white papers on the Constitutional Protection afforded Marijuana and have them shore up support for these fundamental rights.

Sounds like the Department of Health is planning on devouring a huge chunk of cash while bloating up a new department for merely entering someone into a database and printing out a card. Legalizing Marijuana would save \$\$\$\$ at the DoH. It is the Constitutional and Humanitarian thing to do.

Cannabis and Cancer  
Marijuana delivers more than nausea relief.  
Wellness can deliver a real Cure

Marijuana Really is a Wonderful Medicine with very promising results in Cancer.  
Medical Research reports a promising potential for future medicine while  
Real World Patients says it Cures without any toxic untoward effects.

Run from the Cure on YouTube.com documents Marijuana extract curing cancer in Canada  
You would do Hawaii Well, if you would please review this documentary.  
<http://www.youtube.com/watch?v=5rzUGuuXWr8>

Why Politicians, Cops and Prosecuting Attorneys think what they think is only because they don't know any better. "Garbage in, Garbage out." Would you really ask a cop or a politician what to do if your child was really sick. All they could say is Call 911. Their expertise is not in medicine or wellness. Their testimony may even be considered a Color of Law Crime.

### **Current Medical Use**

*Marihuana and cannabinoids as medicaments*, a 2012 summary, Marijuana is effective in:

1. temporary appeasement of the symptoms of nausea or vomiting,
2. ability to alleviate of autoimmunological disorders such as: Multiple sclerosis (MS), Rheumatoid arthritis (RA) or inflammatory bowel disease,
3. treatment of neurological disorders like Alzheimer disease or Amyotrophic lateral sclerosis (ALS),
4. can even reduce spreading of tumor cells.

Marijuana demonstrates

- a high safety profile
- low possibility of deadly overdosing and
- side-effects in range of other medications.

First cannabis-based drug containing naturally occurring cannabinoids is Sativex.

Sativex is delivered in an mucosal spray [no need smoking pot]

- for patients suffering from spasticity in MS,
- cancer pain and
- neuropathic pain of various origins.

Tkaczyk M, Florek E, Piekoszewski W. *Przegl Lek.* 2012;69(10):1095-7.

*The pharmacologic and clinical effects of medical cannabis*, a 2013 summary and review, lists Marijuana as being effective in the treatment of nausea and vomiting associated with cancer chemotherapy and of anorexia associated with weight loss in patients with acquired immune deficiency syndrome. However, pain and muscle spasms are the most common reasons that medical cannabis is being recommended. Studies of medical cannabis show significant improvement in various types of pain and muscle spasticity. Reported adverse effects are typically not serious, with the most common being dizziness.

Borgelt LM, Franson KL, Nussbaum AM, Wang GS. *Pharmacotherapy.* 2013 Feb;33(2):195-209. doi: 10.1002/phar.1187

### **Additional Scientific Studies**

*The endocannabinoid system and cancer: therapeutic implication.*

Here we review the relationship between the endocannabinoid system and anti-tumour actions (inhibition of cell proliferation and migration, induction of apoptosis, reduction of tumour growth) of



the cannabinoids in different types of cancer.

Identification of safe and effective treatments to manage and improve cancer therapy is critical to improve quality of life and reduce unnecessary suffering in cancer patients. In this regard, cannabis-like compounds offer therapeutic potential for the treatment of breast, prostate and bone cancer in patients. Guindon J, Hohmann AG. Br J Pharmacol. 2011 Aug;163(7):1447-63. doi: 10.1111/j.1476-5381.2011.01327.x.

#### *Cannabinoids: a new hope for breast cancer therapy*

Experimental evidence accumulated during the last decade supports that cannabinoids, the active components of Cannabis sativa and their derivatives, possess anticancer activity.

These compounds exert:

1. anti-proliferative,
2. pro-apoptotic,
3. anti-migratory and
4. anti-invasive actions in a wide spectrum of cancer cells
5. tumor growth, angiogenesis and metastasis are hampered by cannabinoids

Cannabinoid-based medicines may be useful for the treatment of most breast tumor subtypes.

Caffarel MM, Andradas C, Pérez-Gómez E, Guzmán M, Sánchez C. Cancer Treat Rev. 2012 Nov;38(7):911-8. doi: 10.1016/j.ctrv.2012.06.005. Epub 2012 Jul 7.

#### *Cannabinoid-associated cell death mechanisms in tumor models (review).*

Cannabinoids (the active components of Cannabis sativa) and their derivatives can affect the viability and invasiveness of a variety of different cancer cells. Moreover, in addition to their inhibitory effects on tumor growth and migration, angiogenesis and metastasis, the ability of these compounds to induce different pathways of cell death has been highlighted. In particular, we analyze the pathways triggered by cannabinoids to induce apoptosis or autophagy in cancer cells but not normal cells.

#### **Cannabinoids in cancer cells can contribute to the development of safe and effective treatments in cancer therapy.**

Calvaruso G, Pellerito O, Notaro A, Giuliano M. Int J Oncol. 2012 Aug;41(2):407-13. doi: 10.3892/ijo.2012.1476. Epub 2012 May 14.

#### *Towards the use of non-psychoactive cannabinoids for prostate cancer.*

The palliative effects of Cannabis sativa (marijuana), and its putative main active ingredient,  $\Delta(9)$ -tetrahydrocannabinol (THC), which include appetite stimulation, attenuation of nausea and emesis associated with chemo- or radiotherapy, pain relief, mood elevation, and relief from insomnia in cancer patients, are well-known. In this issue of the British Journal of Pharmacology, De Petrocellis and colleagues present comprehensive evidence that plant-derived cannabinoids, especially cannabidiol, are potent inhibitors of prostate carcinoma viability in vitro. They also showed that the extract was active in vivo, either alone or when administered with drugs commonly used to treat prostate cancer

Published 2012. This article is a U.S. Government work and is in the public domain in the USA.

Pacher P. Br J Pharmacol. 2013 Jan;168(1):76-8. doi: 10.1111/j.1476-5381.2012.02121.x.

*Cannabidiolic acid, a major cannabinoid in fiber-type cannabis, is an inhibitor of MDA-MB-231 breast cancer cell migration.*

Cannabidiol (CBD), a major non-psychotropic constituent of fiber-type cannabis plant, has been reported to possess diverse biological activities, including anti-proliferative effect on cancer cells.

- CBDA inhibits migration of the highly invasive MDA-MB-231 human breast cancer cells
- CBDA offers potential therapeutic modality in the abrogation of cancer cell migration, including aggressive breast cancers.

Takeda S, Okajima S, Miyoshi H, Yoshida K, Okamoto Y, Okada T, Amamoto T, Watanabe K, Omiecinski CJ, Aramaki H. Toxicol Lett. 2012 Nov 15;214(3):314-9. doi: 10.1016/j.toxlet.2012.08.029. Epub 2012 Sep 8.

### **The Medical use of Cannabis, Marijuana, in Pain Management has been very effective.**

In addition to Pain Management, Over 60 different Cannabis medicinal compounds have been found to have neuro-protective qualities including

1. anti inflammatory,
2. anti oxidation,
3. neuroprotection,
4. analgesia,
5. anti-inflammation,
6. immunomodulation,
7. modulation of glial cells, and
8. tumor growth regulation.

Neurology CEDD, GlaxoSmithKline, New Frontiers Science Park (North), Coldharbour Road, Harlow, Essex, CM19 5AW, UK.

Neuroprotective cannabinoids found in Marijuana are able to rescue dying neurones. Cannabinoids also provide symptomatic relief in chronic neurodegenerative diseases, such as multiple sclerosis and Huntington's disease. Canada has recently approved medical preparations of Cannabis for treatment of Multiple Sclerosis Pain syndromes.

In studies with Fibromyalgia patients experienced

1. reduction of pain and stiffness,
2. enhancement of relaxation, and
3. an increase in somnolence [better sleep] and
4. and an increase in their feeling of well being

PLoS One. 2011 Apr 21;6(4):e18440. doi: 10.1371/journal.pone.0018440.

Studies of patients with post-traumatic or postsurgical neuropathic pain, one puff three times a day for 5 day, patients experienced

1. decreased pain and
2. improved sleep being able to fall asleep easier, with less sleep interruptions.
3. an improve quality of life

CMAJ. 2010 Oct 5;182(14):E694-701. doi: 10.1503/cmaj.091414. Epub 2010 Aug 30.

Studies with Cluster Headaches that were refractory [couldn't be treated] with other analgesic pain management responded well to Cannabis being

1. able to prevent and
2. abort the attacks with Cannabis.

Headache. 2009 Jun;49(6):914-6. doi: 10.1111/j.1526-4610.2009.01344.x. Epub 2009 Feb 11.

HIV patients with HIV-associated distal sensory predominant polyneuropathy (DSPN) are usually treated with opioids. HIV Pain Patients who were refractory to at least two previous analgesic classes experienced at least a

1. 30% reduction with and
2. improvement in Mood and
3. daily functioning improved.
4. Side effects were mild and self-limited.

Neuropsychopharmacology. 2009 Feb;34(3):672-80. doi: 10.1038/npp.2008.120. Epub 2008 Aug 6.

Traditionally, Cannabis has been used with opioid pain relief drugs. Marijuana increase the effectiveness of the opioids while reducing the development of drug tolerance [meaning the patient doesn't need higher and higher doses to control their pain.]

Klinik für Anästhesiologie, Medizinische Hochschule Hannover. bernateck.michael@mh-hannover.de

Neuroprotective cannabinoids found in Marijuana are able to rescue dying neurones. Cannabinoids also provide symptomatic relief in chronic neurodegenerative diseases, such as multiple sclerosis and Huntington's disease. Canada has recently approved medical preparations of Cannabis for treatment of Multiple Sclerosis Pain syndromes.

A Phase IV Clinical Study is when the medicine is released to the Public. Phase III Clinical Studies involve a limited number of patients. Phase IV involves millions of patients. The self-medication using Marijuana for pain relief in the general population is similar to a Phase IV clinical study. Patients generally report pain relief for all kinds of pain and suffering.

## **Hawaii State Constitutional Rights**

Delegate Helene Hale copied the exact same Privacy Language from the Alaska Constitution into the Hawaii State Constitution to carry with it the Alaska Supreme Court decision that allows persons to use Marijuana in their own home.

Alaska State Constitution § 22. Right of Privacy

The right of the people to privacy is recognized and shall not be infringed. The legislature shall implement this section. [Amended 1972]

Hawaii State Constitution RIGHT TO PRIVACY

Section 6. The right of the people to privacy is recognized and shall not be infringed without the showing of a compelling state interest. The legislature shall take affirmative steps to implement this right. [Add Const Con 1978 and election Nov 7, 1978]

ARTICLE IX--PUBLIC HEALTH AND WELFARE

PUBLIC HEALTH

Section 1. The State shall provide for the protection and promotion of the public health. [Ren Const Con 1978 and election Nov 7, 1978]

PUBLIC SAFETY

Section 10. The law of the splintered paddle, mamala-hoe kanawai, decreed by Kamehameha I--Let every elderly person, woman and child lie by the roadside in safety--shall be a unique and living symbol of the State's concern for public safety.

The State shall have the power to provide for the safety of the people from crimes against persons and property. [Add Const Con 1978 and election Nov 7, 1978]

## **Adults Have Privacy Right to Use Marijuana in the Home, Says Alaska Judge in Landmark Ruling--July 11, 2006**

### **ACLU Wins Multi-Year Battle to Protect Alaska Residents From Drug War Excesses**

JUNEAU — In a landmark ruling, an Alaska state court judge has upheld adults' right to possess and use small amounts of marijuana within their homes. The American Civil Liberties Union, which challenged the law, said the ruling confirmed that the state constitution protects adults who use and possess marijuana in their homes from police surveillance, searches, arrest and prosecution.

"The drug war has wreaked havoc on the Bill of Rights and the U.S. Constitution, but fortunately many state constitutions still shield individuals from drug war excess," said Allen Hopper, an attorney with the ACLU Drug Law Reform Project. "This ruling is incredibly significant from a national perspective, because there are a number of states with similar privacy rights in their constitutions that may afford protections to adult marijuana users."

With the court's ruling, Alaska remains the only state in the nation in which adults are legally free to possess and use small amounts of marijuana within their homes.

"The state of Alaska has charted a different course from that of the federal government's failed policy on marijuana," said Michael MacLeod-Ball, Executive Director of the ACLU of Alaska. "This ruling affirms Alaska's commitment to fundamental privacy rights over reefer madness."

The ACLU filed suit against the State of Alaska after it passed a law earlier this year that would have re-criminalized adult use and possession of small amounts of marijuana within the home. Since 1975, the Alaska Supreme Court has repeatedly ruled that the state constitution's privacy provisions protect adults' possession of small amounts of marijuana in the home, and the state court's ruling relied in part on those decisions. A similar law was proposed in 2005 by Governor Frank Murkowski, but failed to pass following testimony by international, national and state scientific experts that adult use of marijuana is no more dangerous today than it was in 1975.

In the 1975 ruling, the Alaska Supreme Court ruled in *Ravin v. State* that the state constitution's right to privacy protects adults who use and possess marijuana within the home from criminal prosecution.

Judge Patricia Collins of the Juneau Superior Court relied on the *Ravin* decision to reaffirm that the relatively minor dangers associated with adult possession and use of small amounts of marijuana within the home do not justify government surveillance and searches of homes or criminal prosecution. Her ruling was issued late yesterday.

The State of Alaska argued that since the 1975 *Ravin* decision, marijuana has become more potent and dangerous, justifying a revisiting of the Supreme Court's previous ruling. Judge Collins disagreed, stating in her opinion that the "[*Ravin*]" decision is law until and unless the supreme court takes contrary action."

The ruling is online at:[www.aclu.org/drugpolicy/decrim/261121g120060711.html](http://www.aclu.org/drugpolicy/decrim/261121g120060711.html)

The ACLU's legal papers are available at:[www.aclu.org/drugpolicy/decrim/260601g120060630.html](http://www.aclu.org/drugpolicy/decrim/260601g120060630.html)

Additional background information on *ACLU of Alaska v. State of Alaska* can also be found at: [www.aclu.org/drugpolicy/decrim/26076prs20060630.html](http://www.aclu.org/drugpolicy/decrim/26076prs20060630.html)

**On a State Level: There is NO COMPELLING STATE INTEREST to deny any person necessary, appropriate and reasonably safe medical care.**

**On a Federal and State Level: The same Right of Privacy that Protects Abortions also Protects all Medical Care including Medical Marijuana.**

**The Compassionate Clause is promulgated to provide Herbal Medicine for Patients relief or recovery and to Protect Providers of Herbal Medicine, “the apparently ignorant herb man”, from persecution and prosecution.**

**Medical Marijuana Health Care is protected by the Federal Right of Privacy, the State Right of Privacy and the Compassionate Clause.**

**Since health care is constitutionally protected, since Government isn't given any power, there isn't even the slightest power to even classify drugs as Schedule 1 or not. Clearly there isn't the extreme power to violate a persons Life, Liberty and pursuit of health care especially based upon a false view about the safety and effectiveness of Medical Marijuana.**

**Obama encourages States to Legalize Marijuana on a State by State Basis. Obama has Ordered Justice to make the Recreational Use of Marijuana the Lowest Level of Law Enforcement. Medical Marijuana is already 100% Constitutionally Protected and approved, not considered a Federal health care violation, by Presidential Order.**

Marijuana Protected on the Federal Level by the Right of Privacy.

State of Hawaii

[§329-13] Schedule I tests. A substance shall be placed in Schedule I if it has the highest degree of danger or probable danger according to the determination made pursuant to section 329-11.

§329-14 Schedule I. (a) The controlled substances listed in this section are included in Schedule I.



Federal Law

#### **Schedule I Controlled Substances**

Substances in this schedule have no currently accepted medical use in the United States, a lack of accepted safety for use under medical supervision, and a high potential for abuse.

<http://www.deadiversion.usdoj.gov/schedules/index.html>

Whereas Hawaii is in the United States;

Whereas under the Laws of Hawaii and 17 other States, Marijuana has a currently accepted medical use;

Whereas the detrimental effects of Marijuana are minimal compared to other prescription and over the counter medicines;

Whereas under the Laws of Hawaii and 17 other States, Marijuana is reasonably safe, the benefits outweigh the risks;

Whereas the concept of abuse is a religious issue not a medical issue, Marijuana being reasonably safe;

Whereas Obama by Presidential Order authorized the use of Medical Marijuana in the VA system;

Whereas Marijuana has many currently accepted medical uses;

Whereas Marijuana does not qualify under the three parts of Schedule 1;

Therefore Marijuana is excluded form the DEA definition of Schedule 1.

Whereas Marijuana has many currently accepted medical uses;

Whereas Marijuana does not qualify under the three parts of Schedule 1;

Therefore Marijuana is excluded form the DEA definition of Schedule 1

Marijuana being a medicine is protected by the Right of Privacy on a Federal Level following the Presidential Order authorized the use of Medical Marijuana in the VA system.

Last year alone the State lost over \$69.25 million dollars in retail GET to underground retail sales of Pakalolo.

22% of Hawaii Residents are over 18, There are 1,392,313 residents in Hawaii =

306,308 adults over 18 in Hawaii. If they are using one oz a month of Pakalolo at \$400/oz =

\$122,523,544 a month spent on Marijuana x 4.71% Sales Tax =

\$5,770,858 GET Tax NOT Collected per month=

**\$69,250,307 GET Retail Tax not collected from Black Market sales of Pakalolo Annually.**

I Support the Legalization of Marijuana since Marijuana is a safe and effective medicine.

Under Hawaii State Law, HRS 329 Controlled Substance Act, Marijuana, for certain diagnostic conditions, is necessary, medically appropriate and reasonably safe meeting the three criteria established by the Hawaii State Supreme Court.

The Medical Use of Marijuana is also Protected under the Compassionate Clause promulgated in 1909 and reaffirmed by the current Attorney General. This Protection is without limitation. Since the “apparently ignorant herb man” in 1909 referred to the Native Hawaiian Kahuna this brings certain Religious and Native Hawaiian Rights to bear on this medical issue.

#### Universal Sacrament

Please also note that Marijuana is KOSHER in the Jewish Bible. The Rabbi says some people should be encouraged to use Marijuana and some people should be discouraged. Very simple. The Bible says, “take good care of yourself”.

In Hinduism and in Buddhism, Marijuana is an offering substance, a sacrament. Buddha gave vows to prohibit the use of Alcohol; Buddha never gave any vows prohibiting Marijuana. Marijuana is called “Soma” in Tibet referring to the mystical herb from which the Vedas emerged.

#### Not Schedule 1 any more; never was a dangerous drug

Although under Federal Law, Marijuana is listed as a Schedule I drug, the Obama Administration has been issuing executive orders that undermine Marijuana as a Dangerous Drug. The Federal criteria for Schedule 1 Controlled Substances requires:

A. The drug has a high potential for abuse.

B. The drug has no currently accepted medical use in treatment in the United States.

C. There is a lack of accepted safety for use of the drug under medical supervision.

On January 31, 2011 the Department of Veterans Affairs issued VHA DIRECTIVE 2011-004 which established policy for patients in the Federal VA system to participate legally in State Medical Marijuana Programs. Wounded Warriors often suffer from chronic debilitating medical conditions that are better treated with Cannabis including pain and PTSD without the detrimental side effects of opiates and prescription psychiatric medicines that carry black box warning of suicide and mass murder. Having recognized the medical use of Marijuana in this directive, Marijuana, officially by Executive Order, having the power of Law, does not fit the definition required to be a Schedule 1 Drug on the Federal Level.

Following the Legalization of Recreational Use of Marijuana in the States of Colorado and Washington, Obama issued an additional Executive order to curtail and prevent Federal Enforcement of the Marijuana Laws for the Recreational Use of Marijuana.

The Recreational Use or the Occasional Use of Marijuana has the same therapeutic benefits as medical Marijuana reducing Stress and Anxiety, reducing violent behavior, protecting nerve cells, improving Brain Function and balancing the various organ systems.

The more Occasional the use of Marijuana the less untoward effects on the respiratory system. Although smoke inhalation is detrimental for everyone, **smoking marijuana prevents lung cancer in tobacco smokers adding an Tremendous Benefit for tobacco addicts.** Modern drug delivery systems available in Canada, simply spraying the medicine into one's mouth, eliminates the untoward effects of smoking. If it were not for Bad Drug Law and Policy, Americans could benefit from modern delivery systems and eliminate the need for smoking pot. Trans dermal application, the Patch, would also eliminate smoking pot.

**The one ounce decriminalization of Marijuana would provide some limited protection for the recreational use of Marijuana but would be inadequate for the Medical Use under the current law.**

**Protecting the Right to Life and Access to Medical Care is one of the Primary Responsibilities of the State. Protecting 57% of the Voters from bad law is important but secondary to Protecting the Right to Life and Access to Medical Care which this bill fails to do.**

**Furthermore this bill would not provide for any legal distribution at all not even for seriously ill patients. Providing easy access to necessary, reasonable and appropriate medicines is required to Protect the Right to Life and Access to Medical Care.**

The War on Drugs was instituted by Nixon because he blamed Marijuana for the lack of support for the War in Vietnam. Nixon declared a Civil War by Government against now 57% of Hawaii Voters. **Nobody want a Civil War in Hawaii.** Local Law Enforcement goes way beyond the current Federal Policy, State and Federal Constitutions.

Local Law Enforcement, HPD, is deliberately targeting seriously ill patients, kidnapping them, illegal incarceration, preventing access to emergency medical care, stealing their medicine and destroying private property. HPD even steals hardware in storage not being used at all. State paraphernalia laws target medical marijuana patients while the State supplies iv drug addicts with needles and syringes. Evidently the State and the Department of Health is not concerned with public safety concerning

epidemic and pandemic viral diseases, colds, flu, herpes, Hepatitis A, strep, staph, TB and a host of other diseases transmitted by passing a pipe or joint.

Also Delete “Marijuana” and “Cannabis” from all other sections of the Criminal Code.

Delete the trip about Court Ordered Drug Rehabilitation for Marijuana users since it is common to go in for marijuana and come out addicted to hard drugs.

A pack of cigarettes weighs 1.1 oz.

The one ounce is a common standard in some States for this \$100 fine, but is basically an arbitrary amount. Why not a metric weight? It could just as easily be 100 grams or one kilogram. One ounce may be sufficient for recreational use but one ounce is insufficient for patients needing to grow their own medicine and produce an adequate and uninterrupted medical supply. Furthermore these seriously ill patients need easy access to pharmaceutical grade medicine.

Under this bill, the State continues to suffer both Black Market underground sales and a LOSS of Revenue well over \$69.25 million dollars a year while individuals are subject to persecution and prosecution by Law Enforcement.

CAN YOU CONTINUE TO AFFORD THIS ECONOMIC LOSS to maintain bad drug policy?  
Without a legal distribution and sales program the State continues with bad drug policy that increases crime and robs the State funding of important Educational and Public Health and Welfare programs.

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January 31, 2011

**ACCESS TO CLINICAL PROGRAMS FOR VETERANS  
PARTICIPATING IN STATE-APPROVED MARIJUANA PROGRAMS**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive provides policy regarding access to clinical programs for patients participating in a State-approved marijuana program.

**2. BACKGROUND**

a. Department of Veterans Affairs (VA) providers must comply with all Federal laws, including the Controlled Substances Act. Marijuana is classified as a Schedule I drug under the Controlled Substances Act.

b. Veterans who receive their care from VA and who have a desire to participate in one of several State marijuana programs might ask their VA physicians to complete State authorization forms.

c. State laws authorizing the use of Schedule I drugs, such as marijuana, even when characterized as medicine, are contrary to Federal law. The Controlled Substances Act (Title 21 United States Code (U.S.C.) 801 et al.) designates Schedule I drugs as having no currently-accepted medical use and there are criminal penalties associated with production, distribution, and possession of these drugs. State law has no standing on Federal properties.

d. VHA policy does not administratively prohibit Veterans who participate in State marijuana programs from also participating in VHA substance abuse programs, pain control programs, or other clinical programs where the use of marijuana may be considered inconsistent with treatment goals. While patients participating in State marijuana programs must not be denied VHA services, the decisions to modify treatment plans in those situations need to be made by individual providers in partnership with their patients. VHA endorses a step-care model for the treatment of patients with chronic pain: any prescription(s) for chronic pain needs be managed under the auspices of such programs described in current VHA policy regarding Pain Management.

**3. POLICY:** It is VHA policy to prohibit VA providers from completing forms seeking recommendations or opinions regarding a Veteran's participation in a State marijuana program.

**4. ACTION**

a. **Deputy Under Secretary for Health for Operations and Management (10N).** The Deputy Under Secretary for Health for Operations and Management is responsible for ensuring that medical facility Directors are aware of the prohibition of completing forms for participation in State marijuana programs.

b. **Chief Officer Patient Care Services.** The Chief Officer Patient Care Services is responsible for providing clinical guidance to VA providers regarding factors to be considered

**VHA DIRECTIVE 2011-004**  
**January 31, 2011**

when determining how substance abuse, pain control, or other treatment plans could be impacted by a Veteran's participation in State marijuana programs.

c. **Medical Facility Director.** Each medical facility Director is responsible for ensuring facility clinical staff are aware:

(1) Of the prohibition of completing forms for participation in State marijuana programs.

(2) If a Veteran presents an authorization for marijuana to a VA provider or pharmacist, VA will not provide marijuana nor will it pay for it to be provided by a non-VA entity. **NOTE:** *Possession of marijuana, even for authorized medical reasons, by Veterans while on VA property is in violation of VA regulation 1.218(a)(7) and places them at risk for prosecution under the Controlled Substances Act.*

(3) That if a patient reports participation in a State marijuana program to a member of the clinical staff, that information is entered into the non-VA medication sectionof the patient's electronic medical record following established medical facility procedures for recording non-VA medication use.

**5. REFERENCES**

a. Office of General Counsel (OCG) Opinion on State Medical Marijuana Registration Forms - VAOPGCADV 9-2008.

b. Title 21 U.S.C. 801 et al, the Controlled Substances Act.

**6. FOLLOW-UP RESPONSIBILITY:** Pharmacy Benefits Management Services (119) is responsible for the content of this Directive. Questions may be directed to (202) 461-7326.

**7. RECISSIONS:** VHA Directive 2010-035 is rescinded. This VHA Directive expires January 31, 2016.

Robert A. Petzel M.D.  
Under Secretary for Health

DISTRIBUTION: E-mailed to the VHA Publication Distribution List 2/4/2011



TO: House Committee on Judiciary

FROM: Pamela Lichty, MPH  
President

DATE: February 28, 2013, 2 p.m., room 325

RE: H.B. 667, H.D. 1 RELATING TO MEDICAL MARIJUANA – **IN STRONG SUPPORT**

Aloha Chair Rhoads, Vice Chair Har and members of the Committee. My name is Pam Lichty and I'm testifying for the Drug Policy Action Group. I also served as Co-Chair of the Medical Cannabis Working Group, which made recommendations to this body in 2010.

Today we wish to offer the strongest possible support for H.B. 667. H.D. 1. As you know, the state's medical marijuana (or Cannabis) Program is now thirteen years old. Since our program was enacted, many other states' programs have come on line. There are now eighteen other states that 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.

**We will briefly outline the reasons for our support, and would like to respectfully offer some suggestions for amending the measure to address expressed concerns from law enforcement and others.**

First, we wish to say that changes to the Medical Cannabis Program are way overdue. This was one of the major conclusions of the Working Group and the bill before us incorporates many of the top recommendations of the Group. (The full text of that report is available at [www.dpfhi.org](http://www.dpfhi.org).) Many of the suggested improvements come directly from the experience of some of the more than 12,000 patients who are registered with the program in addition to physicians and other stakeholders who were surveyed.

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 both the county police departments and the Narcotics Enforcement Division (NED) of the Department of Public Safety, 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.

In **Section 3.** The definition of “**adequate supply**” is addressed. Patients have been telling 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 to debate, but the increase to seven plants (with the unworkable mature/immature distinction eliminated and five ounces of useable cannabis on hand is more consistent with what other states are now permitting. In fact the Chair of the Health Committee said she put these amounts into the H.D. 1 because she determined that they represented a midway point compared to what other jurisdictions permit.

To put these amounts in context, the Committee is likely unaware that **the Federal Government supplies several patients with marijuana each month under their Compassionate IND Program dating from the 1980s. There were originally some 22 patients on the program but only four remain alive. Every month these patients receive 320-360 pre rolled “joints” in a round tin (which is the equivalent of 8-9 ounces) from the Federal Government.** For more information on this, see, <http://medicalmarijuana.procon.org/view.answers.php?questionID=000257>

We also approve of the language permitting 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. The definition of “reimbursement” seems to be well thought out.

**Section 5.** 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.

In subsection (a) the issue of overreaching by program administrators is addressed. Unfortunately this is necessary because NED, in its thirteen 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. We approve of the new language omitting the address where the cannabis is grown from the “blue card” which has lead to problems when a patient’s card is lost or stolen.

Another good provision is 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 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 the patient's care.

We are concerned that the yearly fee is raised to \$35 since many patients are on fixed incomes and have difficulty enough paying the original \$25 in addition to the costs of health care, medicine, etc.

Subsection (c) in the H.D. 1 raises the number of patients one caregiver can care for to three, 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.

**We would like to respectfully offer some language to replace that which we believe is unworkable as written:**

**The “Transportation” provision** addresses a common problem that arises when, for example, a patient needs to travel to a doctor's appointment and must carry his supply of medicine with him. Police and judges in different counties have no uniform approach to dealing with this situation. As the Health Committee noted in their committee report, this section needs to be re-drafted since no one can be guaranteed immunity if, for example, there is probable cause that a crime has been committed. Jeanne Ohta in her testimony for our sister organization **The Drug Policy Forum of Hawaii offers some specific language designed to address this concern.** It was developed in consultation with several attorneys familiar with the medical marijuana program and we think it will resolve the problems in this section.

**The Reciprocity clause a.k.a. “Authorized conduct by a visiting qualifying patient” makes a great deal of sense for Hawaii.** Many of our visitors come from the West coast which are all medical cannabis states and this would offer them some protection from state and local laws while they are visiting. It has the potential for bringing in some modest revenues to the state. We recognize that the current wording in this section is vague and would suggest using some of the language from one of the five states with a provision for this. One good model is from the Delaware statute which would require adding a new definition of “visiting qualifying patient.”:

"Visiting qualifying patient" means a person who:

a. Has been diagnosed with a debilitating medical condition;

b. Possesses a valid registry identification card, or its equivalent, that was issued pursuant to the laws of another state, district, territory, commonwealth, insular possession of the United States or country recognized by the United States that allows the person to use marijuana for medical purposes in the jurisdiction of issuance; and  
c. Is not a resident of Delaware or who has been a resident of Delaware for less than 30 days.

-----  
(c) A visiting qualifying patient shall not be subject to arrest, prosecution, or denial of any right or privilege, including but not limited to civil penalty or disciplinary action by a court or occupational or professional licensing board or bureau, for the medical use of marijuana pursuant to this chapter if the visiting qualifying patient does not possess more than 6 ounces of usable marijuana.

A proposed New Hampshire bill takes a similar approach but may more directly address law enforcement's expressed concerns:

"Visiting qualifying patient" means a patient with a qualifying medical condition who is not a resident of New Hampshire or who has been a resident of New Hampshire for fewer than 30 days.

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A valid registry identification card, or its equivalent, that is issued under the laws of another state, district, territory, commonwealth, or insular possession of the United States that allows, in the jurisdiction of issuance, a visiting qualifying patient to possess marijuana for medical purposes, shall have the same force and effect as a valid registry identification card issued by the department in this state, provided that:

- (a) The visiting qualifying patient shall also produce a statement from his or her provider stating that the visiting qualifying patient has a qualifying medical condition as defined in RSA 126-W:1, X; and
- (b) A visiting qualifying patient shall not cultivate marijuana in New Hampshire.

### **Department of Health References**

Throughout this bill all references to the Department of Public Safety are replaced by the Department of Health. These amendments imply that this is where the program is currently placed, although this Committee knows that it is currently in the Department of Public Safety. There is another bill moving, H.B. 668, H.D. 1 which would in fact transfer the program. This measure has passed the Health, Public Safety, and Finance committee and will be moving to the House floor soon for consideration. Even if this bill were to pass, there will be a transition time required. So we suggest the language here replacing the Department of Public Safety with the Department of Health be deleted. Another possibility could be to change the language to read something like "the administering department."

We thank the Committee for considering our suggestions and urge you to pass this critically important bill on to the full House with a strong recommendation for approval. Mahalo for hearing this measure and for the opportunity to testify.





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

February 28, 2013

To: Rep. Karl Rhoads, Chair  
Rep. Sharon Har, Vice Chair and  
Members of the Committee on Judiciary

From: Jeanne Y. Ohta, Executive Director

RE: HB 667 HD1 Relating to Medical Marijuana  
Hearing: Thursday, February 28, 2013, 2:00 p.m., Room 325

Position: Strong Support

The Drug Policy Forum of Hawai'i testifies in strong support of HB667 HD1 Relating to Medical Marijuana. This measure addresses changes that the Medical Cannabis Working Group identified as top priorities:

#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.

### TRANSPORTATION

The medical marijuana section allows transportation, however, this measure is needed to clarify that intrastate transportation is allowed. Four medical marijuana patients were arrested on the Big Island while transporting their marijuana. Of those cases, one patient was convicted and two cases were dismissed. In her ruling dismissing the case, Judge Barbara Takase ruled that "HRS §329 is void for vagueness." All of the cases were appealed. One case is being heard in March by the Hawaii State Supreme Court. However, none of the decisions clarified the issue of transporting marijuana by a patient.

We suggest deleting the "transportation section" of HD1, and instead, amending [§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.”

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 needed expertise.

Caregivers are also allowed to be reimbursed for the costs they incur. This provides them protection from prosecution for selling or trafficking 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.

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 respectfully ask the committees to pass this measure. Thank you for the opportunity to provide testimony today.

# COMMUNITY ALLIANCE ON PRISONS

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## COMMITTEE ON JUDICIARY

Rep. Karl Rhoads, Chair

Rep. Sharon Har, Vice Chair

Thursday, February 28, 2013

2:00 p.m.

Room 325

## SUPPORT FOR HB 667 HD1 - MEDICAL CANNABIS PROGRAM

Aloha Chair Rhoads, Vice Chair Har and Members of the Committees!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies for more than a decade. This testimony is respectfully offered on behalf of the 5,800 Hawai`i individuals living behind bars, always mindful that approximately 1,500 individuals are serving their sentences abroad, thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Native Hawaiians, far from their ancestral lands.

I am also the Vice President of the Drug Policy Forum of Hawai`i, the nonprofit that worked to educate legislators and the community for many years resulting in Hawai`i becoming the first state legislature to pass a medical cannabis law.

HB 667 amends aspects of the Medical Use of Marijuana regime: defining adequate supply, confidentiality of growing sites, certifying physician requirements, confidentiality of patient's condition, caregiver to patient ratio, transportation of medical marijuana, qualifying visitors, and registration requirements. Effective July 1, 2013. The HD1 amends the bill to specify a seven marijuana plant limit for the definition of "adequate supply" that refers to both mature and immature plants; lowers the ratio of patients and caregivers from five to three patients at any given time; and defects the date to promote more discussion.

Community Alliance on Prisons supports this compassionate measure. We know of many patients who have been harassed for legally growing the medicine to relieve their suffering. There have been police actions in Hawai`i that have threatened access to the medicine and intimidated patients. This is not the intended purpose of the law governing this program.

The law has been part of the Hawai`i Revised Statutes for 13 years without any improvements even though other states and medical advancements have shown how Hawai`i's program can be improved upon.

Law abiding citizens who have been authorized by physicians to use medical cannabis want to comply with the law but find it very difficult under the present archaic system, so we are criminalizing sick people.

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 grow their own, who have had a crop failure, or need seeds or clones to start with.

We know of many patients, such as those undergoing chemotherapy, have debilitating pain, or suffer from immediate symptoms, who need this medicine immediately, and this bill corrects that portion of the current law.

Many patients are too sick or unable to grow their own medicine. Caregivers are difficult to find and allowing them to care for additional patients improves patient access to needed medicine. Many patients need caregivers because live in a location where it is illegal/forbidden (such as in federal housing or in apartment complexes in urban areas) or live in a location where it would be unsafe to grow their medicine.

This bill also provides incentives for caregivers to give good care to their patients while protecting them from prosecution by law enforcement officials.

Patients who choose not to smoke their medicine say that the current limit on how much cannabis they can possess is not sufficient for their needs. Patients require more cannabis when using vaporizers, edibles or tinctures. If they cannot possess sufficient supply, then they are forced to smoke their medicine rather than use their preferred, less harmful method.

Regarding patients visiting Hawai`i from other states where they are registered patients in a medical cannabis program, visitors should be allowed temporary protections from state and county laws.

Visiting patients who cannot carry their medicine with them should not have to do without it when they are in Hawai`i on business or on vacation. A small fee could be assessed for this privilege and access granted to dispensaries if/when they are in place. This would be another source of revenue for the state.

This measure also protects patient privacy, as enshrined in Hawai`i's Constitution, by removing the address where the marijuana is grown from the registry card and ensures that the "qualifying condition" of the patient will not be disclosed to the Department running the program.

Community Alliance on Prisons urges the committees to support this important measure to improve Hawai`i's medical cannabis program.

Mahalo for this opportunity to testify.

**HB667**

Submitted on: 2/25/2013

Testimony for JUD on Feb 28, 2013 14:00PM in Conference Room 325

| <b>Submitted By</b>     | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|-------------------------|---------------------|---------------------------|---------------------------|
| Anthony Julius Lannutti | Individual          | Support                   | Yes                       |

Comments: We will be outside protesting for marijuana reform, this is the type of reform we support. Please consider our views!

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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**HB667**

Submitted on: 2/26/2013

Testimony for JUD on Feb 28, 2013 14:00PM in Conference Room 325

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Charles Webb, MD    | Individual          | Support                   | No                        |

Comments: This would remove confusion about traveling with medication. It would also remove patient confusion about possibly being illegal if more than 3 of their 7 plants are flowering. This simplifies the law and allows patients to grow with the natural annual growing cycle. A simple and nice change in the law.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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To: Representative Karl Rhoads, Chair  
Representative Sharon Har, Vice-Chair  
From: David Ostler  
RE: HB 667, HD 1 – Relating to Medical Marijuana  
Hearing: Thursday, February 28, 2013, 2 pm, Room 325  
Position: Strong Support

Having had my medical marijuana card for two years now I feel it is time to make the adjustments outlined in this proposal.

It is not cost effective to produce the medicine for just one person. Most people in Hawaii do not have the location, ability or knowledge to grow.

Caretaking for 3 individuals and 7 plants whether mature or seedling is a wise move.

Thank you for your consideration.

**HB667**

Submitted on: 2/25/2013

Testimony for JUD on Feb 28, 2013 14:00PM in Conference Room 325

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Duke                | Individual          | Support                   | No                        |

Comments: It needs to take affect immediately for the sake of a lot of patients... Not July 1, 2050...? their maybe jobs for patients like Bud tenders plant cultivation,trimming etc... Its hard work and a lot of money just take care of 1 plant alone... Specially with the demand from other states & international import & export ... This will contribute to the sales of hawaiian sugar cane , pineapple & tourism ! All you politicians will look real good to the rest of the world as economy savers... If this go's threw clean people will vote for you and if not people will vote you out...

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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To: Representative Karl Rhoads, Chair  
Representative Sharon Har, Vice-Chair  
From: Joseph A. Bobich, Ph. D.  
RE: HB 667, HD 1 – Relating to Medical Marijuana  
Hearing: Thursday, February 28, 2013, 2 pm, Room 325  
Position: Strong Support  
To Whom It May Concern,

When I migrated to Hawai'i in 2007, I had osteoarthritis, specifically a bone spur that is pressing on a nerve in my neck that causes me a lot of pain all the time. Apparently, such things come with being three score and ten. I currently take Celebrex, three Lyrica, and a full-strength aspirin every day, but they only provide partial relief. Ultimately, I obtained a Medical Marijuana card, and I found substantial relief at last by using marijuana.

On the other hand, writing as a 50-year professional brain researcher, any move to legalize marijuana, a demonstrably non-addictive drug that is no more harmful than alcohol, would be a move in the right direction and is to be applauded.

Sincerely,

Joseph A. Bobich, Ph. D.  
Professor of Chemistry, Emeritus



**HB667**

Submitted on: 2/26/2013

Testimony for JUD on Feb 28, 2013 14:00PM in Conference Room 325

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------|--------------|--------------------|--------------------|
| Mark Nelson  | Individual   | Support            | No                 |

Comments: Aloha, I have attached a letter from Michelle Bono, who passed away 3 years ago from Cancer. Michelle was a friend and I supplied for her, all her Medical Marijuana. I promised Michelle I would not give up trying to help our Legislatures understand this importance, and help change these laws. I was a member of the Medical Cannabis Working Group, and was the co chair of the Patient / Cargiver review committee. It is very Important that we continue to provide compassionate assurance to our Medcial Marijuana Patients. No one should feel that we are criminals or have to act as such. We are not!! HB 677 HD1 is a start, and time to move forward on this bill. Hawai'i should be more in line with the "precedent set" by our Federal Government with the original, "Federal Marijuana Patients" who receive approximately 24 ounces per month of Cannabis in the form or rolled marijuana joints, from the US Federal Government. Today in fact is Irvin Rosenfelds Birthday. He is 60 years old today, and still recieves 24 ounces per month, for his multiple facial tumors.

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**From:** MJ Bono [mailto:mioibono@gmail.com]  
**Sent:** Tuesday, December 15, 2009 5:37 PM  
**To:** Mark Nelson  
**Subject:** letter

To whom it may concern:

I'd like to take a moment to address the issue of the current state of Medical Cannabis as it affects me on a highly personal level, first, a little about me. I've been a State and National Champion in drug tested bodybuilding in the late 80's and early 90's. I never took any performance enhancing products, and one of the conditions of holding a state or national title as a "Natural" bodybuilder was allowing out-of-contest drug testing - urine or hair - anytime and anyplace. I welcomed this rule as I never had any reason to worry and took it as a compliment.

Years passed and I now hold multiple National Championships in Master's Track Cycling and a National Record. As a semi-pro athlete, I am responsible for adhering to all the regulations concerning the UCI (Union Cycliste Internationale) prohibited substances. Using any of the banned products, including marijuana can result in a lifetime ban from cycling.

In 2005, I was "discovered" by ex USA Olympics coach Eddie B on his vacation to Hawaii. Fast forward through many National titles to the summer of 2007, where I was on track to break multiple World Records and bring a World Championship to the United States. I juggled my athletic passion with my business, volunteering for Special Olympics, and life in Hawaii. I guess you could say I was living right, and had been in the "right place at the right time". Then I had a little stomach ache and was diagnosed with a malignant tumor on my pancreas. I had to undergo chemotherapy to first shrink the tumor enough to allow surgery. During the chemotherapy, I was prescribed pharmaceutical products for anti-nausea. The only pill that made a dent in my overall ill feeling cost \$50, and you had to take it every 6 hours. If you don't take the antiemetic exactly on time, it won't work and you are left with the possibility of vomiting and nausea for hours. On top of that, heartburn and gastric reflex were constant. Needless to say, the expensive pill didn't even work on me, and I was left with no recourse but to live with suffering until Medical Cannabis was introduced to me through a caregiver/grower. I had to learn how to use the product as I was completely naive of marijuana use, but within a few minutes of use, I was nausea free.

This brings me to the state of current affairs. First, I admit I would fail any UCI test now for marijuana use. For me to obtain any product, my caregiver/grower and I have to illegally transport, grow, and store marijuana. I would have to resort to the black market, per se, in order to obtain any Medical Cannabis if my caregiver wasn't willing to break the law. It is abhorrent to me that the people I vote into office would allow their constituents to suffer, be in pain, or put themselves in harm's way. I would ask that medical marijuana be made available to those in need through some sort of dispensary, means of delivery, or some other method to protect both parties. I don't want to be in the "wrong place at the wrong time". I wish to experience the remainder of my life in joy, performing acts of kindness, coming from my heart, and giving back to the community that gave so much to me. Please do your part in allaying pain and suffering for those in need by legalizing the means for availability, access, delivery, and distribution. I am available for any questions or discussion on this topic as I am passionate about allaying pain and suffering for those in need. Of course, please keep in mind the immediacy of this issue; I've been given less than a year to put my affairs in order. This email put me in tears. All that I wish to accomplish in my lifetime is to make the world a more tolerant, cooperative, and kind environment in which to live...or die. Once again, I am available to assist you in any way possible. I'm incredibly pleased that the letter made it over to you, However, the journalist in me sees many areas that could've been stronger....must be that competitive nature in me. I will stress again that if my physical presence (still under 100lbs) could make an impact, hurry to set that up. In actuality, my letter should've stated I was given less than 6 weeks. Hey, what do the docs know? Shiiiiittt...

My love to both of you - I remain in gratitude and with love

Michelle

Fiddler on the Roof; crack me up!

Thank you,  
Michelle Bono

To: Representative Karl Rhoads, Chair  
Representative Sharon Har, Vice-Chair  
From: Matt Binder  
RE: HB 667, HD 1 – Relating to Medical Marijuana  
Hearing: Thursday, February 28, 2013, 2 pm, Room 325  
Position: Strong Support

I am writing to support HB 667, HD 1.

For 13 years there has been a "Catch 22" in the medical marijuana laws that makes it impossible for patients to acquire or transport medicinal marijuana if they are unable to grow it at their place of residence. This is reason enough to pass this reform bill.

Another reform in the bill would allow one caregiver to care for more than one patient and allow patients to pay caregivers for their labor. The current restriction to one patient is a huge disincentive for anyone to go through the complicated process of becoming an official caregiver. If caregivers could work with more than one patient I think we would find more people willing to do this crucial job.

These are simple, non-controversial reforms that will help cancer and other patients deal with their serious problems without having to jump through so many hoops at a time when they should be focusing on their health.

Thank you,

Matt Binder  
Kealakekua.

Representative Karl Rhoads, Chair  
Representative Sharon Har, Vice Chair and  
Members of the Committee on Judiciary

RE: HB 667 HD 1 Relating to Medical Marijuana  
Hearing: Thursday, February 28, 2013, 2:00 p.m., Room 325

**Position: Strong Support**

I am currently a resident in California but I lived in Hawaii for almost 10 years, and was a medical cannabis patient and activist for more than 6 years. In 2010 I served on the Medical Cannabis Working Group, which was convened by Senator Espero. Our mandate was to identify problems that patients face and to find solutions. We came up with specific recommendations on a wide range of problems, yet sadly, not a single one has been adopted in the three legislative sessions since the report was issued.

The issue of transportation of medicine is the topic I am most familiar and passionate about. The majority of medical cannabis patients reside on the outer islands yet most of them must travel to Oahu for medical treatment. Since there are no dispensaries, a patient was either smuggle their medicine on the airplane, try to buy it once in Honolulu (taking risks by having to use the black market, and not being able to focus on their illness) or they must suffer with no medicine at all. Patients have been in fear every time they travel through the airports. There is a case that will be heard before the Hawaii Supreme Court regarding a patient who was arrested traveling from Kona to Honolulu with 2 grams of his medicine.

I do not feel the language in this bill relating to section 329 Transportation is strong enough. I think traveling through airports and in motor vehicles should be clearly stated. Make sure that the law enforcement community understands that a patient can have their medicine with them when they are away from their home.

There are many other good parts of this bill, such as expanding the patient to caregiver ratio, allowing for compensation to a caregiver, increasing the number of plants and medicine and allowing patients from out of state with valid recommendations to procure medicine while on vacation.

The law has remained unchanged since its inception in 2000. Please make 2013 the year the Hawaii medical cannabis law is improved for the benefit of patients.

Matthew Rifkin  
Buellton, CA

**HB667**

Submitted on: 2/26/2013

Testimony for JUD on Feb 28, 2013 14:00PM in Conference Room 325

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Nancy Davlantes     | Individual          | Support                   | No                        |

Comments:

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To: Representative Karl Rhoads, Chair  
Representative Sharon Har, Vice-Chair  
From: Rev. Dennis Shields  
RE: HB 667, HD 1 – Relating to Medical Marijuana  
Hearing: Thursday, February 28, 2013, 2 pm, Room 325  
Position: Strong Support

As one of the longest blue card registered medicinal cannabis users I urge the committee to approve these changes to Hawaii's medicinal Cannabis law

I have often experienced it taking 110 to 120 days to have a plant mature

7 plants is not enough to assure a yearlong adequate supply of female flower tops which are the medicinally useful parts of the plant much of the rest of the leaves simply do not provide the quality of Cannabinoids for a patients' needs please amend the bill to increase the plant number.

Patients need to be able to transport their medicine interisland without being subjected to and search just as pharmaceutical pain medications do not subject patients to legal harassment so does the med pot user warrant the safety and security that any other consumer of medication enjoys

Judges on this island have ignored the language of the present law and subjected patients to penalties for merely transporting their lawful medicine

Given that in the past my name as well as the entire data base of patients was given to the media by the NED the grow information on the blue card needs to be removed as not to endanger patients from unwanted intrusions

Patients newly registered need immediate access to this medication and not 120 days after they can first grow it

Since there are no dispensaries established in Hawaii the quickest way to provide is for current patients who successfully grow to be able to meet the needs of new cancer and other patients who cannot wait for the plant to grow to maturity

Also the skill level and secure area to grow this plant given its vulnerability to mold and pest is daunting to someone who has never grown before allowing existent patients to care give up to 5 additional patients and care for and

safeguard these plants would fill a much neglected aspect of Hawaii's med pot laws

Mahalo for considering this bill

Aloha

Rev. Dennis Shields

**HB667**

Submitted on: 2/25/2013

Testimony for JUD on Feb 28, 2013 14:00PM in Conference Room 325

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Richard Baker       | Individual          | Support                   | No                        |

Comments: To: Representative Karl Rhoads, Chair Representative Sharon Har, Vice-Chair From: Richard Baker RE: HB 667, HD 1 – Relating to Medical Marijuana Hearing: Thursday, February 28, 2013, 2 pm, Room 325 Position: Strong Support It is time to end the draconian laws and archaic attitudes towards medical marijuana. As you probably noticed, the only ones opposed to this legislature are the ones who are making a profit of it being illegal. The police department will always oppose bills like this because they keep themselves busy with the easy "busts" so they don't have to chase after the real criminals (my opinion, no facts to back this up). I am entirely in favor of what this bill represents and then some but will accept anything that improves upon the existing laws. Mahalo, Richard Baker

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**HB667**

Submitted on: 2/26/2013

Testimony for JUD on Feb 28, 2013 14:00PM in Conference Room 325

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Richard Betz        | Individual          | Support                   | No                        |

Comments: Please pass this bill to benefit patients in need of help. Pass this Bill.  
Mahalo

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**HB667**

Submitted on: 2/26/2013

Testimony for JUD on Feb 28, 2013 14:00PM in Conference Room 325

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Riki Roberts        | Individual          | Support                   | No                        |

Comments: I support this bill and think it would benefit the medical cannabis patients of Hawaii and their caregivers.

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**HB667**

Submitted on: 2/26/2013

Testimony for JUD on Feb 28, 2013 14:00PM in Conference Room 325

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Robert Bacher       | Individual          | Support                   | No                        |

Comments: The program was put in place 13 years ago to provide compassionate care to Hawaii's sick and debilitated, not to cause them more grief and stress.

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To: Representative Karl Rhoads, Chair  
Representative Sharon Har, Vice-Chair  
Members of the Committee on Judiciary

From: Robert Slavin

RE: HB 667, HD 1 – To improve aspects of the Medical Use of Marijuana program

Hearing: Thursday, February 28, 2013, 2 pm, Room 325

Position: Strongly Support

In lieu of a functioning system to dispense medical marijuana (ie: dispensaries), this bill moves towards more sensible, private, safe and less discriminatory ways to help marijuana patients obtain the medicine they need. Please try to do the right thing and make it less likely that a provider of medical marijuana will wind up in trouble with the law.

Thank you,

Robert Slavin  
1129 Rycroft #208  
Honolulu, HI 96814

**HB667**

Submitted on: 2/26/2013

Testimony for JUD on Feb 28, 2013 14:00PM in Conference Room 325

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Sandy Webb          | Individual          | Support                   | No                        |

Comments: The passing of this bill will be of direct benefit to the patients of the Medical Cannabis program in the state of Hawaii. Change has been needed for a long time and a yes vote will be greatly appreciated. Mahalo

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**JUD 325 Feb 28, 2013 2:00 PM**

**Re: HB667, HD 1 – Relating to Medical Marijuana**

**Position: Strong support**

**Aloha Rep. Karl Rhoads, Chair, Rep. Sharon E. Har, Vice Chair, and committee members**

**My name is Robert Petricci**

**I am medical patient with advanced arthritis. I ask you to understand I not able to leave my disease at home, when I travel my disease comes along. I have been stigmatized even criminalized for using marijuana to effectively treat my condition.**

**I have to buy a license, that tells people where the marijuana is located, and disclose personal medical information. When I travel I am subject to harassment and or arrest, if I take or use the medicine Dr. Earnest Bade has determined is the best treatment for my particular medical circumstances.**

**HB667 makes access more realistic, seems to protects me from unreasonable searches and siezures, or arrest and prosecution when I travel. HB677 while not solving all the problems with the current program, will help bring about much needed changes that will enable me to better cope with the severe pain that my arthritus cause.**

**The medical marijuana program is suppose provide compassionate care in Hawaii to people like me. Instead the current rules and law create confusion, uncertainty, fear, stress, as well as finacial and other hardships. From a patients point of view the current program falls short and is not compassionate or realistic.**

**I find the cannabis it's self very beneficial. It is not dangerous, or difficut to use, however problems in aquireing it, the ambiguity of the legal impications and the threat of arrest, greatly diminishes my sense of security, peace, and quality of life. That is unfortunate as I find the treatment more effective than alternitive treatments and much safer than the standard anti inflammatory drugs and their serious side effects.**

**HB667 protects patient privacy in removing the address where the marijuana is grown from the registry card. Patients have been targeted in the past by criminals that see them as easy targets, telling them where to go make no sense to us. Under this proposal the “qualifying condition” of the patient is protected and will not be disclosed to the Department running the program.**

**After more than a decade with many models around the country, their really is no need to continue to put people like me who are 57 years old and disabled at risk or treat me as a criminal because of medical decisions that should not be part of the governments preview.**

**Pease support HB667**

**Robert Petricci**

**HB667**

Submitted on: 2/25/2013

Testimony for JUD on Feb 28, 2013 14:00PM in Conference Room 325

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Sara Steiner        | Individual          | Support                   | No                        |

Comments: Dear Legislators, I am a medical cannabis patient on the Big Island of Hawaii. This bill is so necessary because it helps the patients in many ways. The Health Department is the proper authority to administer this program. That the bill allows for visitors and transportation with your medicine is a breath of fresh air, since the police and TSA agents at the airports have been busting patients who are traveling with their medicine, just as you would take your diabetes medication, or your blood pressure medication. In addition, I thank you for upping the amount of usable cannabis, though to make the concentrated oil to cure cancer, you need a pound of high grade flowers, so people with cancer are still going to have a hard time with that. This is definitely a good first step since patients have been suffering since the year 2000, and I applaud you as you pass this bill!

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To: Representative Karl Rhoads, Chair  
Representative Sharon Har, Vice-Chair  
From: Teri Heede  
RE: HB 667, HD 1 – Relating to Medical Marijuana  
Hearing: Thursday, February 28, 2013, 2 pm, Room 325  
Position: Strong Support

Please note that the bill has been amended by the House Health Committee in that the ratio of caregivers to patients has been lowered from the ask of 1:5 to 1:3 (which is still better than the 1:1 ratio that is currently in place). I think sick people need caregivers...not less

Also note that the Committee lowered the original bill's 10 plants per patient/caregiver back down to 7 plants but removed the "immature" and "mature" definitions so that caregivers/patients can have a total of 7 plants regardless of the state of growth. This is still an inadequate amount. Concentrates, juicing and other means of ingestion require MORE product. It really is simple math...not DIVERSION!! Patients shouldn't have to count plants. To be as safe as possible from arrest and prosecution, patients and caregivers should stay below the limit but a Physician's note should exempt larger amounts. In an ideal world, eh?

The use of medical marijuana has resulted in my being given the BEST MEDICAL test results that I have taken in 20 years.

Over 20 years ago, I fell down and I didn't get up for over a year. A traumatic spinal tap (they didn't do diagnostic MRIs back then) indicated that I had Multiple Sclerosis. I was on workers comp and my employer was screaming for me to be medically retired, ME, at 34 being a widow of Active Duty, with two kids and no family to help. What was I going to do? I folded my hands on top of my medical record; I looked my neurologist in the eye and said, my research indicates that marijuana is the most effective treatment. The neurologist placed his hands on top of mine and said, "I interned at a hospital that treated patients with MS. Try it".

6 weeks later I was walking with a cane and back at work!

A few months ago, my current neurologist ordered the usual MRI for me, much less traumatic than a spinal tap, and they are able to look at my brain lesions and black holes. She also conducted the usual tests for coordination, looking at my compromised left eye (chronic optic neuritis because of MS) and she tossed in a few blood tests to check the condition of my liver (compromised from interferon therapy). Imagine my surprise when she called me at home and told me:

"If you hadn't been diagnosed with MS, I would not diagnose you with it now. Your symptoms have subsided, your MRI test results show no further progression, and other tests are normal for your age. Keep doing what you are doing."

This is absolutely miraculous. Do not deny other patients this miracle. I already use more medicine than Law Enforcement wants to authorize. They will tell you I can only have this much or that much and it just isn't true. The use of concentrates, vaporizing, edibles and tinctures can cause you to use more cannabis than you would use if you were just an occasional toker.

We need safe, quality medication for ALL patients (even visiting ones)!

Mahalo ahead of time for making the changes necessary to make this program WORK for everyone!

Your faithful constituent,

Teri Heede  
92-994 Kanehoa Loop  
Kapolei, HI 96707



**HB667**

Submitted on: 2/25/2013

Testimony for JUD on Feb 28, 2013 14:00PM in Conference Room 325

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Troy Abraham        | Individual          | Support                   | No                        |

Comments:

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**HB667**

Submitted on: 2/26/2013

Testimony for JUD on Feb 28, 2013 14:00PM in Conference Room 325

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| vincent callagher   | Individual          | Support                   | No                        |

Comments: I support bill HB667, This will help resolve the growing problem with fear of arrest concerning whether a plant is flowering or not (which is a very subjective and difficult distinction). As well as the care giver situation. Which, as it is now , it is difficult for people unable to grow their own medicine to find someone able to help them.

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To: Representative Karl Rhoads, Chair  
Representative Sharon Har, Vice-Chair

From: Wendy Gibson R.N.

RE: HB 667, HD 1 – Relating to Medical Marijuana

Hearing: Thursday, February 28, 2013, 2 pm, Room 325

Position: **Strong Support**

Dear Chair Rhoads, Vice-Chair Har and Members of the Committee,

My name is Wendy Gibson. I am an RN who is a caregiver for an 88-year-old ( who does not use marijuana). Patient safety is always a top priority for me. I feel that the current medical marijuana laws are grossly inadequate for providing a safe delivery of adequate amounts of quality, cannabis-based medicines. I would like to help medical marijuana patients safely comply with the laws by helping to improve the laws.

The changes in this bill were suggested by the Medical Cannabis Working Group in 2010. They are well researched solutions to real-life problems and deserve enactment into law. I urge the committee to remember that medical cannabis patients are sick people. They are not drug-seeking youth but older folks who are benefitting from using marijuana and finding a hard time navigating the current system.

I would like to see patients use methods that are safer than smoking, such as vaporization or ingestion. To do that patients need to use larger quantities of marijuana. Opponents of this bill argue that current quantities are sufficient and don't seem to realize that many of the more medicinal varieties tend to be the smaller shrubs. The most medicinal parts of the plant are found in the oils of the flower and not the leaves. That is why current allowable quantities are not sufficient for some patients.

I am also a gardener and recently planted a tray of seeds. I planted 7 types of beans, peas, herbs and flowers. Not one seed sprouted because I left the tray in the direct sun. Imagine being sick and having your doctor tell you that you will now have to grow your own medicine. One failed crop--you're out of luck. **That is why caregiver support is so important.** Caregivers are difficult to find. And, caregivers will need to have a source of reimbursement for their time and the resources needed for growing marijuana. That way they will not have to break the law by "selling" the patient their medicine. This bill provides for that reimbursement.

Please support expanding caregiver to patient ratios. Providing caregiver support will help improve patient safety and maintenance of a steady use of quality medicine. It will help sick patients stay in compliance with the laws and avoid exposure to the criminal element who sells illicit drugs.

And, making these patients (who need to travel for their medical care) immune to searches will allow the police to focus on enforcing State laws rather than trying to enforce Federal laws.

These are some of the reasons that I support HB 667, HD-1.

Thank you for your consideration,

Wendy Gibson P.T.A./R.N

TESTIMONY ON HOUSE BILL 667 HD1  
A BILL FOR AN ACT RELATING TO  
THE MEDICAL USE OF MARIJUANA

By  
Keith Kamita

House Committee on Judiciary  
Representative Karl Rhoads, Chair  
Representative Sharon E. Har, Vice Chair

Thursday, February 28, 2013, 2:00 p.m.  
State Capitol, Room 325

Chair Rhoads, Vice Chair Har, and Members of the Committee:

I am testifying against House Bill 677 HD1 that proposes to transfer Hawaii's medical use of marijuana program from the Department of Public Safety (PSD) to the Department of Health (DOH), as well as amend aspects of the medical use of marijuana program by increasing the authorized number of a patients marijuana plants from 4 immature and 3 mature and up to 3 ounces of usable marijuana to seven mature plants and five ounces of usable marijuana a significant increase. HB 667, HD1 also increases the patient to caregiver ratio from one patient per caregiver to three patients per caregiver. What this equates to if HB 677, HD1 passes, is that if you had a house with 3 marijuana patients living there, they could have 21 plants and 15 ounces of useable marijuana. But what if each patient was also a caregiver for 3 patients there could be 84 plants at that residence and 60 ounces of usable marijuana. This is a huge problem because of possible diversion to the streets and to our kids. HB 667, HD1 would allow for a caregiver to charge a patient for costs associated with assisting that qualifying patient to obtain marijuana for medical use as well as authorize the transfer of marijuana between other patients and caregivers.

HB 667, HD1 also allows for visitors from other States that have medical marijuana permits to utilize marijuana in Hawaii. The problem with this is that there is no way for law enforcement or DOH to verify the validity of the out-of-state visitor's medical use of marijuana ID cards.

I have concerns that without the authorized location of the patient's marijuana plants on the medical use of marijuana permit that law enforcement if the DOH does not have the capabilities to conduct verifications 24/7 that a patients marijuana plants will be seized unnecessarily. Presently the medical use of marijuana permits provided by PSD's Narcotics Enforcement Division (NED) lists the patients authorized grow location. The advantage of having the patient or caregiver's authorized grow location is that when a law enforcement officer is called to a residence and finds marijuana plants the patient or caregiver can just present his or her medical use of marijuana permit and the officer will at a glance be able to verify that the plants are authorized and leave. If this information is not on the permit the law enforcement officer will have to contact DOH for every permit.

NED, since the inception of Hawaii's Medical Use of Marijuana program in 2000 has worked very closely with State and county law enforcement officers in conducting medical use of marijuana permit verification information to the officer on the street. During FY 2012, NED conducted 950 medical marijuana verification checks for Federal, State and County law enforcement agencies. NED has received numerous verification calls resulting in an individual being released without arrest or seizure of their plants due to the ability of law enforcement officer to contact NED 24 hours a day, 7 days a week to verify a patient or caregiver's medical use of marijuana certificate status. Even with NED streamlining the verification and response to law enforcement procedure each check may take up to 15 minutes and is done by NED Investigators, due to the possibility of having to testify in court on the information provided.

#### **NUMBER OF VERIFICATION CHECKS MADE FOR LAW ENFORCEMENT**

FY2009 (320)  
FY2010 (412)  
FY2011 (984)  
FY2012 (950)

| Island Medical Marijuana Counts January 2013 |          |            |            |
|--|----------|------------|------------|
|  | Patients | Caregivers | Physicians |
| Hawaii                                       | 4846     | 575        | 51         |
| Kauai  | 1589     | 218        | 29         |
| Lanai  | 16       | 8          | 4          |
| Maui   | 2668     | 311        | 36         |
| Molokai                                      | 201      | 31         | 10         |
| Niihau                                       | 1        | 0          | 0          |
| Oahu   | 2684     | 288        | 58         |
|  | 12005    | 1431       | 188        |

For these reasons, I ask that you hold House Bill 667, HD1. If the intent of the legislature is to transfer the Medical Use of Marijuana Program to DOH House Bill 668 is a better vehicle.

Thank you for the opportunity to testify on this matter.

**HB667**

Submitted on: 2/27/2013

Testimony for JUD on Feb 28, 2013 14:00PM in Conference Room 325

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Bob Doke            | Individual          | Support                   | No                        |

Comments: I think the patient-doctor relationship should be absolutely confidential as well as the condition of the patient being teated. A Costco pharmacy offers more privacy than the system we have. Also, I've always thought the idea of the police department regulating medicine and medical records instead of a doctor as nonsensical. Having patient addresses on a permit only lets someone know where to go steal. Please pass this bill.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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**HB667**

Submitted on: 2/27/2013

Testimony for JUD on Feb 28, 2013 14:00PM in Conference Room 325

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Tim holland         | Individual          | Support                   | No                        |

Comments:

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To: Representative Karl Rhoads, Chair  
Representative Sharon Har, Vice-Chair  
From: Daryl Matthews, M.D., Ph.D.  
RE: HB 667 HD 1 – Relating to Medical Marijuana  
Hearing: Thursday, February 28, 2013, 2 pm, Room 325  
Position: Strong Support

**LATE**

I am a physician who has practiced in Hawaii for over 30 years. I appreciate the opportunity to provide testimony on this issue. As a medical doctor I would like to offer several points for the Committee to consider:

This bill would allow out-of-state qualifying patients the medical use of marijuana while visiting Hawaii as long as they have a valid registry ID card from their home state. This reciprocity would prevent people whose condition benefits from marijuana from having to interrupt their treatment while in Hawaii.

This measure protects patients' privacy and security, by removing from the ID card the address where marijuana is grown.

It also protects privacy by eliminating the requirement that the qualifying condition of the patient must be disclosed by the physician to the government.

There are several provisions in this bill that make it easier for registered patients to get their medication. Many of the patients in the program are seriously ill and unable to grow their own.

I understand that the amount of marijuana one can legally have at present is insufficient if the patient prefers to ingest or vaporize the marijuana rather than smoke it. Smoking is certainly the least healthy alternative, and patients should be permitted to have enough usable marijuana to adequately dose themselves by other means.

Many of the changes in this bill were suggested by the Medical Cannabis Working Group in 2010 and deserve enactment into law. I urge the Committee to recall that medical cannabis patients are sick people who must jump through many difficult hoops in order to access their medication. Many of these patients use cannabis in order to decrease or eliminate their reliance on opioid pain medications— a group of drugs much more dangerous than cannabis. This bill will improve the situation of these patients substantially.

For these reasons I strongly support this measure and I urge the Committee to approve it.

Respectfully submitted,

Daryl Matthews, M.D., Ph.D.

**LATE**

**HB667**

Submitted on: 2/27/2013

Testimony for JUD on Feb 28, 2013 14:00PM in Conference Room 325

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| James Macey         | Individual          | Support                   | No                        |

Comments: Please legalize already please.

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**LATE**

To: Representative Karl Rhoads, Chair  
Representative Sharon Har, Vice-Chair  
From: Jennifer Martin  
RE: HB 667, HD 1 – Relating to Medical Marijuana  
Hearing: Thursday, February 28, 2013, 2 pm, Room 325  
Position: Strong Support

Hi, I'm writing to ask your support for this bill. It's time that liberalizing the laws around cannabis use and growing, esp for medical purposes, be relaxed.

The whole country is now strongly in favor of having medical cannabis available to through legal and consistent means to those patients in need, many of whom cannot grow or source their own medicine.

To expand the roles of caregivers to more than one patient is an important step in this process, although just one of many steps needed to get a healthy functional system in place.

Thank you for recent support for these cannabis related bills. It's very heartening to see politicians being brave and reasonable in this subject area.

I'm proud that Hawaii is starting to lead the way with the introduction of all these recent bills.

Sincerely,

Jennifer Martin  
Makawao, HI

**LATE**

# Kevin Baiko, M.D.

Board Certified Diplomat of the American Academy of Cannabinoid Medicine

February 27, 2013

To: House Judiciary Committee  
From: Kevin Baiko, M.D.  
RE: HB 667, HD1 – Relating to Medical Marijuana  
Position: Strong Support

Aloha,

I write to testify again in strong support of “HB 667, HD1 – Relating to Medical Marijuana”, as I believe it will contribute to the public safety, health, prosperity and justice of Hawaii. I refer you to my February 7<sup>th</sup> testimony to the House Health Committee for my detailed testimony, and incorporate it herein by reference.

Cannabis is safe and effective medicine. The American College of Physicians just endorsed the medical use of cannabis earlier this month. Hawaii's medical marijuana program is a good start at remedying many injustices imposed medical cannabis users, and HB667, HD1 offers a sensible upgrade. Medical cannabis patients and caregivers will benefit from its passage, and in turn, so will the State of Hawaii.

Thank you for your time and consideration!

Sincerely,  
Kevin Baiko, M.D.  
Kapa'a, Hawaii