

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

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LOUIS M. KEALOHA
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DAVE M. KAJIHIRO
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KIRK W. CALDWELL
MAYOR

OUR REFERENCE JI-TA

February 8, 2013

The Honorable Della Au Belatti, Chair
and Members
Committee on Health
State House of Representatives
Hawaii State Capitol
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Chair Belatti and Members:

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

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

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

Thank you for the opportunity to testify.

APPROVED:


LOUIS M. KEALOHA
Chief of Police

Sincerely,


JERRY INOUYE, Captain
Narcotics/Vice Division

TESTIMONY OF THE HAWAII POLICE DEPARTMENT

HOUSE BILL 667

RELATING TO MEDICAL MARIJUANA

BEFORE THE COMMITTEES ON HEALTH AND PUBLIC SAFETY

DATE : Friday, February 8, 2013

TIME : 8:30 A.M.

**PLACE : Conference Room 329
State Capitol
415 South Beretania Street**

PERSON TESTIFYING:

**Acting Police Chief Paul K. Ferreira
Hawaii Police Department
County of Hawaii**

(Written Testimony Only)

William P. Kenoi
Mayor



Harry S. Kubojiri
Police Chief

Paul K. Ferreira
Deputy Police Chief

County of Hawai`i

POLICE DEPARTMENT

349 Kapiolani Street • Hilo, Hawai`i 96720-3998
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February 6, 2013

Representative Della Au Bellatti
Chairperson and Committee Members
Committee On Health
Representative Henry J. C. Aquino
Chair and Committee Members
Committee on Public Safety
415 South Beretania Street, Room 329
Honolulu, Hawai`i 96813

Re: House Bill 667 Relating to Medical Marijuana

Dear Representatives Bellatti and Aquino:

The Hawai`i Police Department strongly opposes House Bill 667 with its purpose being to amend aspects of the Medical Use of Marijuana regime.

It is our belief that this proposal, rather than serve to clarify the Medical Marijuana Use program, will instead provide additional opportunity for criminality. Allowing transportation of Marijuana by a qualifying patient that is "intended" for medical use and providing that qualifying patient immunity from searches, seizures, and prosecution for marijuana-related offenses (Part IV, Chapter 12) may, in effect, invite every qualifying patient to be a transporter of Marijuana for distribution. In terms of transportation, Law Enforcement would be hard-pressed to prove such person's intent is other than for medical use, regardless whether it was or not.

Allowing authorized conduct by a visiting, qualifying patient from another jurisdiction that authorizes medical use of Marijuana to engage in conduct for a qualifying patient in this state, fails to ensure that they meet the State's requirement of having a "Debilitating medical condition." Other states may have requirements that are not in lock step with that of ours, and, therefore, these

Representative Della Au Bellatti
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visitors would in effect be granted benefits greater than those afforded residents of the state of Hawai`i.

With regards to redefining adequate supply: Of the 14 states which have a medicinal Marijuana program in place, Hawai`i's current definition of adequate supply, as it pertains to Marijuana, is comparable. Almost half of those states allow possession of up to six (2) Marijuana plants, and nine (9) states allow possession of three (3) ounces or less of dried Marijuana. Certainly this is an indication of what an "adequate supply" of Marijuana is or should be. According to the Hawai`i Revised Statutes 329-121, the current definition of adequate supply is "three mature marijuana plants, four immature marijuana plants, and one ounce of usable marijuana per each marijuana plant." If you were to consider that one "typical" Marijuana plant has the capability to produce approximately one (1) pound of dried Marijuana per growing season, a qualifying patient could potentially accumulate up to three pounds of marijuana--one pound per mature Marijuana plant. With the two main growing seasons (short, winter time; and long, summer time) within a calendar year, there is the potential of up to six (6) pounds of Marijuana per qualifying patient per year.

The proposed change in the term "adequate supply" to increase such supply to ten (10) Marijuana plants and five (5) ounces of usable at any given time is also of great concern. The average Marijuana cigarette utilizes approximately .75 grams of Marijuana. Five (5) ounces of usable Marijuana equates to 141.75 grams, or 189 Marijuana cigarettes. According to the Drug Enforcement Administration publication, *Speaking Out Against Drug Legalization (2010)*, the effects of one (1) smoked Marijuana joint can be felt for up to four (4) hours. In a 24-hour time period, allowing for eight hours of rest, it is logical to assume a medicinal Marijuana patient could ingest four Marijuana joints in order to adequately feel the effects. In a week's time, that would mean a medicinal Marijuana patient could ingest 28 Marijuana joints. In a month's time, a medicinal Marijuana patient could ingest 112 Marijuana joints which equates to approximately two (2) ounces of Marijuana a month. Allowing five (5) ounces per month would mean ingesting 6.3 Marijuana joints a day, or one (1) joint every two (2) hours and 40 minutes that the user is awake. This, in effect, would mean this user would not be able to work in a job that is not home-based.

Representative Della Au Bellatti
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Representative Henry J. C. Aquino
Chair and Committee Members
Committee on Public Safety

Since the implementation of the medical Marijuana program, Law Enforcement officials on the Big Island have frequently encountered Marijuana plants which are significantly larger than the average Marijuana plants. Based on size alone, one could argue the sheer size of these Marijuana plants could change the description from a plant to a tree and are obviously capable of producing larger quantities of Marijuana than the "typical" Marijuana plant.

As you can see, the current allowance of seven (7) Marijuana plants and three (3) ounces of dried Marijuana is more than sufficient to produce the necessary amount of Marijuana to provide for an uninterrupted supply of Marijuana. Increasing the allowable amount of Marijuana plants and dried Marijuana is not necessary to allow for an uninterrupted availability of Marijuana and could have a negative impact on the community by serving as an invitation to criminal activity, such as robberies or theft or other violent crimes against persons.

Increasing the number of qualifying patients (from one [1] to five [5]), for which a primary caregiver can be responsible for, will, in effect, allow such caregiver to cultivate up to 50 Marijuana plants and possess up to 25 ounces of usable Marijuana.

It has been the experience of the Hawai`i Police Department that numerous Medical Marijuana certificate holders have abused the programs as it currently stands. That is, on many occasions certificate holders have been found to have far in excess of the permitted Marijuana; certificate holders have been found to be involved in active distribution of Marijuana; certificate holders have been found to be cultivating medical Marijuana in places other than that allowed.

We do not believe it is a coincidence that only a tiny fraction of the doctors licensed to practice medicine in the state of Hawai`i are actually involved in the certifying of patients for Medical Marijuana. We believe the majority of the physicians who choose not to certify Marijuana for use are doing so with the utmost prudence and caution.

It is for these reasons, as well as a sense of prudence and caution, we urge your committees to disapprove this legislation.

Representative Della Au Bellatti
Chairperson and Committee Members
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Representative Henry J. C. Aquino
Chair and Committee Members
Committee on Public Safety

Thank you for allowing the Hawai`i Police Department to provide comments relating to House Bill 667.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul K. Ferreira", with a long horizontal flourish extending to the right.

PAUL K. FERREIRA
ACTING POLICE CHIEF

DEPARTMENT OF THE PROSECUTING ATTORNEY
CITY AND COUNTY OF HONOLULU

ALII PLACE
1060 RICHARDS STREET • HONOLULU, HAWAII 96813
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KEITH M. KANESHIRO
PROSECUTING ATTORNEY



ARMINA A. CHING
FIRST DEPUTY PROSECUTING ATTORNEY

**THE HONORABLE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH**

**THE HONORABLE HENRY J.C. AQUINO, CHAIR
HOUSE COMMITTEE ON PUBLIC SAFETY**

**Twenty-Seventh State Legislature
Regular Session of 2013
State of Hawai'i**

February 8, 2013

RE: H.B. 667; RELATING TO MEDICAL MARIJUANA.

Chair Au Belatti, Chair Aquino, Vice-Chair Morikawa, Vice-Chair Ing, members of the House Committee on Health, and members of the House Committee on Public Safety, the Department of the Prosecuting Attorney of the City and County of Honolulu submits the following testimony in opposition to H.B. 667.

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

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

Under H.B. 667, a caregiver with five registered patients could be permitted to possess and/or transfer up to 50 marijuana plants and 25 ounces (1½ pounds) 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. In this regard, it is also important for law enforcement officers to readily identify the location of a patient's medical marijuana supply, and for the Department of Public Safety to require that certifications for medical marijuana be issued by a patient's primary care physician, for a specified medical condition. 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 prohibited individuals and/or in illegal quantities—law enforcement agencies have worked closely with the Department of Public Safety to maintain strict regulation and monitoring of this substance, around the clock. Given the significant potential for abuse and violation of the medical marijuana laws, and the mandate for a response to be provided to law enforcement inquiries 24 hours a day, the Department maintains that the Department of Public Safety is better equipped to handle the management of medical marijuana laws than the Department of Health.

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

COMMUNITY ALLIANCE ON PRISONS

76 North King Street, Honolulu, HI 96817

Phones/E-Mail: (808) [533-3454](tel:533-3454), (808) [927-1214](tel:927-1214) / kat.caphi@gmail.com



COMMITTEE ON HEALTH

Rep. Della Au Belatti, Chair

Rep. Dee Morikawa, Vice Chair

COMMITTEE ON PUBLIC SAFETY

Rep. Henry Aquino, Chair

Rep. Kaniela Ing, Vice Chair

Friday, February 8, 2013

8:30 a.m.

Room 329

SUPPORT FOR HB 667 - MEDICAL CANNABIS PROGRAM

Aloha Chairs Belatti & Aquino, Vice Chairs Morikawa & Ing 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.

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.

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.

THE LIBERTARIAN PARTY OF HAWAII

C/O 1658 Liholiho St #205
Honolulu, HI 96822

TESTIMONY

To the House Committee on Health and on Public Safety

RE: HB667 Relating to Medical Marijuana, to be heard on Friday, February 8, at 8:30 AM in conference room 329

The Libertarian Party strongly supports HB667 as it will ease the problems faced by persons with diseases that may be helped by marijuana. For the record we support the free and open use of this drug without prohibition.

Very Truly Yours:

A handwritten signature in black ink, appearing to read 'Tracy Ryan', with a long horizontal flourish extending to the right.

Tracy Ryan
Acting Chair, The Libertarian Party of Hawaii

tracyar@hawaiiantel.net

(808) 534-1846

morikawa2 - Shaun

From: Andrea Tischler [andreatischler@yahoo.com]
Sent: Tuesday, February 05, 2013 12:56 PM
To: HLTtestimony
Subject: RE: HB 667 Relating to Medical Marijuana

TO: Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice-Chair
FROM: Andrea Tischler, Chair Big Island Chapter of Americans for Safe Access
RE: HB 667 - Relating to Medical Marijuana
HEARING: Friday., February 8, 2013, 8:30 am, Room 329
POSITION: STRONG SUPPORT

I am a medical cannabis patient residing on the Big Island and chairperson of Big Island Americans for Safe Access. ASA, Big Island Safe Access strongly supports the passage of HB667. The Big Island has more than 5000 certified medical cannabis patients.

Increasing the caregiver ratio to care for up to five 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 five 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 good part of 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.

Increasing the amount of cannabis plants to 10 and to possess 5 ounces of cannabis 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.

There have been arrests at Hawai'i airports of certified patients for transporting cannabis from one island to another when they must attend doctor's appointments or when they visit friends or family on other islands. Patients should be allowed to travel with their medical cannabis. I know of a cancer patient who flies to Honolulu for chemotherapy. She becomes very nauseous after treatment. Should she have to buy cannabis on the streets of Honolulu from drug dealers? Certified patients should be able to travel to other islands with their medicine.

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.

Andrea Tischler



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

February 8, 2013

To: Rep. Della Au Belatti, Chair; Rep. Dee Morikawa, Vice Chair; and Members of the Committee on Health

To: Rep. Henry Aquino, Chair; Rep. Kaniela Ing, Vice Chair; and Members of the Committee on Public Safety

From: Jeanne Y. Ohta, Executive Director

RE: HB 667 Relating to Medical Marijuana

Hearing: Friday, February 8, 2013, 8:30 a.m., Room 329

Position: Strong Support

Thank you for hearing this measure. I am Jeanne Ohta, Executive Director of the Drug Policy Forum of Hawai'i testifying in strong support of this measure.

This measure addresses changes that the Medical Cannabis Taskforce 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.

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.

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

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

In a survey, many patients have said that the current limit on how much cannabis they can possess is not sufficient for their needs. Patients have said that they use more medicine when using vaporizers. If they cannot possess sufficient supply, then they are forced to smoke their

medicine rather than use their preferred method which may be safer than smoking. Those who prepare edibles also need a larger supply of cannabis.

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

This measure is also needed to protect patients from arrest while transporting their medicine. Four medical marijuana patients were arrested on the Big Island while transporting their marijuana. The medical marijuana section allows transportation, however, this measure is needed to clarify that it is allowed. In her ruling, Judge Barbara Takase ruled that “HRS §329 is void for vagueness.”

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

Patients are law abiding citizens who are seriously ill, or who have chronic conditions and who want to comply with the law. The program was started in 2000 and no changes have been made in the ensuing years. Patients have asked suggested these changes in the program.

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

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

INFORMATION ON MEDICAL MARIJUANA

Federal Laws do not Preempt State Medical Marijuana Laws

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

Many Organizations Support Access to Therapeutic Cannabis

The organizations:

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

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

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

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

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

Marinol is not the same as Marijuana

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

Prescription Drugs

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

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

Marijuana is NOT a Gateway Drug

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



TO: House Committee on Health

FROM: Pamela Lichty, MPH
President

DATE: February 8, 2013, 8:30 a.m., room 329

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

Aloha Chair Belatti, Vice Chair Morikawa 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 HB 667. As you know, the state's medical marijuana (or Cannabis) Program is now twelve 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.

In short, changes are way overdue. This was one of the major conclusions of the Working Group whose Executive Summary is included at the end of this testimony. The bill before us incorporates many of the top recommendations of the Group. Many of the suggested improvements come directly from the experience of some of the nearly 12,000 patients who are registered with the program in addition to physicians and other stakeholders who were surveyed.

Some other recommended improvements are incorporated into other bills introduced this year, many of which have been heard or are scheduled for hearings (e.g. HB 668 which would move the program to the Department of Health and was heard earlier today by this Committee.) **We would emphasize that the changes herein are needed right away since there is no certainty that any of the related pending measures will pass, and, even if they do, it could be years before they are put into effect.** We note that the references to the Department of Public Safety are changed throughout this measure to the

Department of Health. This complicated issue is, of course, addressed in the prior measure so the reference here is inappropriate at present.

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

The "Transportation" provision also addresses a common problem that arises when for 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. 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.

The Reciprocity clause a.k.a. "Authorized conduct by a visiting qualifying patient" makes a great deal of sense for Hawaii. So 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, and has the potential for bringing in some modest revenues to the state.

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 ten plants and five ounces of useable cannabis on hand is more consistent with what other states are now permitting.

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

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. (which again refers to DOH as the administering agency) 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 ten years administering the program has modified the application form, added requirements, and otherwise placed new burdens on patients and physicians arbitrarily without amending the Administrative Rules. We approve of the new language omitting the address where the cannabis is grown from the "blue card" which has led 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 some scenarios where this could be problematic - for example if the patient's primary provider was in the military system or adamantly opposed to the use of cannabis – either of these could negatively affect aspects of the patient's care.

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

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

Mahalo for hearing this measure and for the opportunity to testify.

EXECUTIVE SUMMARY ~ MEDICAL CANNABIS WORKING GROUP February 2010

The Medical Cannabis Working Group ("MCWG") convened in October 2009 to conduct a study and make recommendations to the 2010 Hawai'i State Legislature to improve the state's ten-year-old medical marijuana program.

The MCWG, tasked with completing the mission of Act 29, establishing the Medical Cannabis Task Force, which was enacted over a veto by Governor Lingle but never convened, examined current state statutes, state administrative rules, and all county policies and procedures relating to the medical marijuana program. Further, it examined issues and obstacles that qualifying patients, physicians, caregivers, and law enforcement officials have encountered with the medical marijuana program. MCWG also compared and contrasted Hawaii's medical marijuana program with all other states' medical marijuana programs.

Based on the results of its study and a public survey, MCWG recommends that the following immediate actions be taken by the Legislature to improve Hawaii's medical cannabis program:

1. Create a distribution system so that patients do not need to resort to the black market to obtain their medicine;
- 2. Increase the allowable number of plants and the amount of usable cannabis to ensure that patients have an adequate supply of their medicine [emphasis added];**
- 3. Allow caregivers to care for at least five patients to ensure that patients are assured of an adequate supply and a competent caregiver [emphasis added] ; and**
4. Transfer medical marijuana program oversight from the Department of Public Safety - a law enforcement agency -- to the Department of Health.

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

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

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

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

morikawa2 - Shaun

From: Lee Eisenstein [lionel@cruzio.com]
Sent: Monday, February 04, 2013 9:53 PM
To: HLTtestimony
Subject: HB 667

To: Representative Della Au Belatti, Chair Representative Dee Morikawa, Vice-Chair
From: Lee Eisenstein
RE: HB 667 - Relating to Medical Marijuana
Hearing: Friday, February 8, 2013, 8:30 am, Room 329
Position: Strong Support

Aloha,

Cannabis's historical reputation for centuries of safe and effective usage, for a staggering number of conditions and as a supplement, have been substantiated by both current clinical research and massive, patient experiences.

Online, I am watching cancer and other conditions being subdued and eliminated, using cannabis extracts and large amounts of non-psychoactive, fresh marijuana, routinely.

I, personally, have seen it reduce MERSA, (the dangerous, drug resistant staph infection), by at least 80% within 24 hrs. This was done by a patient, under professional medical care, using several ounces of non-psychoactive, raw, plant material, blended into a smoothie. Used raw and unheated, non-psychoactive marijuana will go mainstream, for reasons of improved health and lower medical costs. A historic re-normalizing of cannabis is occurring rapidly, on the mainland and also in the hearts and minds of the people of Hawaii.

There are a multitude of good, solid reasons to support this HB-667.
Hawaii should expand the current program by supporting this bill.

Aloha,
Lee Eisenstein
<<http://members.cruzio.com/~lionel/dreamerdemo.htm> >

morikawa2 - Shaun

From: david ostler [dostler007@gmail.com]
Sent: Tuesday, February 05, 2013 7:28 AM
To: HLTtestimony
Subject: HB 667

To: Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice-Chair

From: David & Ellen Ostler
RE: HB 667 – Relating to Medical Marijuana
Hearing: Friday, February 8, 2013, 8:30 am, Room 329
Position: Strong Support

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.

- The law has been in place for 13 years without any improvements even though other states and medical advancements have shown how Hawaii's program can be improved upon.
- Patients are law-abiding citizens who are seriously ill, or who have chronic conditions and who want to comply with the law but find it difficult with the current system.
- This measure is needed immediately because although a legal dispensary is being considered by the legislature, it may be some time before they are in operation. In the meantime, patients need improvements in the program.
- 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, who have had a crop failure, or need seeds or clones to start off with. Also, many patients, such as those undergoing chemotherapy, have debilitating pain, or suffer from immediate symptoms, need medicine immediately, and this bill corrects that portion of the current law.
- 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.

Hawai'i should do a better job of protect patients' privacy.

- This measure protects patient privacy by removing the address where the marijuana is grown from the registry card. Then, if a wallet is stolen or lost, for instance, the location of the marijuana is not revealed.
- Under this proposal the “qualifying condition” of the patient will not be disclosed to the Department running the program.

Hawai'i needs to encourage caregivers to help care for the sick who use medical cannabis, not discourage them.

- 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.
 - Live in a location where it is illegal/forbidden (such as in federal housing or in apartment complexes in urban areas).
 - Live in a location where it is dangerous to grow their medicine.
 - Do not have the knowledge, time or space to grow their own medicine.
- This bill allows caregivers to be reimbursed for the costs they incur (e.g., grow lights, soil, water and electricity costs, time spent growing, travel costs, etc.).
- This provides incentives for caregivers to give good care to their patients. And protects them from prosecution by law enforcement officials for “selling drugs”.

Hawai'i should permit medical cannabis patients from other medical cannabis jurisdictions to be afforded the same rights as state residents while they are visiting.

- In a state with a large tourist industry 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.

DATE: Friday, February 08, 2013
TIME: 8:30 A.M.
PLACE: Conference Room 329

HB 667 – Relating to Medical Marijuana

From: Teri Heede

Aloha, Chair AuBelatti, Vice Chair Morikawa and members of the committee!

This piece of legislation is the result of a lot of hard work by patients 2 years ago. You will notice that no significant changes have ever been made to this program. That has resulted in cruel and unnecessary hardship for the very people it was designed to help.

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

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 05, 2013 12:44 PM
To: HLTtestimony
Cc: Mark@solights.com
Subject: Submitted testimony for HB667 on Feb 8, 2013 08:30AM

HB667

Submitted on: 2/5/2013

Testimony for HLT on Feb 8, 2013 08:30AM in Conference Room 329

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

Comments: I strongly support HB667, as there needs to be more Patients and plant count per Caregiver to facilitate the patients needs and requirements.

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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5 February 2013

To: Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice-Chair

From: Curtis Zimmerman
RE: HB 667 -- Relating to Medical Marijuana
Hearing: Friday, February 8, 2013, 8:30am, Room 329
Position: Strong Support

My name is Curtis Zimmerman. I have lived in Hawaii for almost 6 years now. During this time, I have been deployed on two combat tours with the Hawaii Army National Guard. I served with distinction and was honorably discharged in February of 2012. Over the span of three total combat tours as an infantry soldier, I injured my back and have developed arthritis in my hands and knees.

As a result of these injuries, I suffer from chronic, constant and almost unbearable pain in my back, my hands and my knees. In searching for pain relief, I have been prescribed many different pills. Most are ineffective in treating my pain, and the ones that are effective are addictive opioids that cloud my mind and prevent me from working. I own my own business in Hawaii, creating web and mobile applications. I simply cannot afford to spend my days attempting to treat my pain with medications that cause me to be unable to work.

Enter cannabis. I was first alerted to Hawaii's medical marijuana program by a doctor at the VA Hospital, who could himself do nothing for me, but instructed me to look online and seek out a doctor who would provide me a treatment plan to manage my pain without dangerous drugs.

I found Doctor David Barton, and made an appointment to see him. This was one of the best decisions I have ever made. I am able to treat my chronic pain with a medicine that is not dangerous and allows me to continue serving the community as a self-employed computer programmer. Without medical marijuana, I simply would not be able to function.

If there is one thing I could say through all of this, it's that the benefits I have received from medical marijuana are nothing short of miraculous. I have been given a new lease on life through Hawaii's compassionate medical marijuana program, and I encourage you to remove the criminality associated with this wonderful medicine, to allow more sick people to get a natural, safe treatment to help them live a happy and productive life without pain.

Very Respectfully,

Curtis D. Zimmerman
President & CEO
Red Division Development

As a person with chronic pain in my back and neck because of a car accident, I wanted to explore alternative ways of pain management so I could live my daily life almost normally. Western medicines made me sick to the stomach and gave me side effects that were worse than the pain. I explored acupuncture and chiropractic therapy which only allowed me temporary relief. I then looked into medicinal marijuana, because of the fact that I experimented with it in high school. However, when I had used cannabis in the past, it was a social perspective that I was trying to attain, not a medicinal one. I then began using it to mitigate my chronic pain due to this car accident, as well as my muscle spasms due to my cerebral palsy condition. I was astounded by the almost instantaneous results in the reduction of my pain level, and the relaxation that I felt within my muscles. After I had become a medicinal marijuana patient in 2006, I was able to experience life again. The ability to not think about my pain was an incredible feeling for me. From then on, I have been smoking or vaporizing medicinal marijuana. Since I started medicating, I have graduated from the University of Hawaii at Manoa with a BBA in Marketing/Entrepreneurship with a 3.6 GPA. I am very proud of my accomplishments, and I honestly could not have done it without medicinal marijuana. Clearly, the issue of medicinal marijuana here in Hawaii is one that should be regulated by doctors, not Police Officers which our program is currently under the control of. This aspect of our program instills fear within myself feeling almost like on the brink of being segregated for being a patient. I greatly support HB 667 because it will change our program from being headed by the Department of Public Safety to being headed by the Department of Health. I sincerely hope you feel the same.

Thank you,

Aaron Kagan

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 05, 2013 4:11 PM
To: HLTtestimony
Cc: alohacharliemassage@gmail.com
Subject: *Submitted testimony for HB667 on Feb 8, 2013 08:30AM*

HB667

Submitted on: 2/5/2013

Testimony for HLT on Feb 8, 2013 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
charles Sikyta	Individual	Support	No

Comments:

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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 8:16 AM
To: HLTtestimony
Cc: doctorforgolf@yahoo.com
Subject: Submitted testimony for HB667 on Feb 8, 2013 08:30AM

Follow Up Flag: Follow up
Flag Status: Flagged

HB667

Submitted on: 2/6/2013

Testimony for HLT on Feb 8, 2013 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Gregory Hungerford	Individual	Support	No

Comments: To: Representative Della Au Belatti, Chair Representative Dee Morikawa, Vice-Chair From: (Your Name) RE: HB 667 – Relating to Medical Marijuana Hearing: Friday, February 8, 2013, 8:30 am, Room 329 Position: Strong Support 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. The law has been in place for 13 years without any improvements even though other states and medical advancements have shown how Hawaii’s program can be improved upon. Patients are law-abiding citizens who are seriously ill, or who have chronic conditions and who want to comply with the law but find it difficult with the current system. This measure is needed immediately because although a legal dispensary is being considered by the legislature, it may be some time before they are in operation. In the meantime, patients need improvements in the program. 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, who have had a crop failure, or need seeds or clones to start off with. Also, many patients, such as those undergoing chemotherapy, have debilitating pain, or suffer from immediate symptoms, need medicine immediately, and this bill corrects that portion of the current law. 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. Hawai’i should do a better job of protect patients’ privacy. 1) This measure protects patient privacy by removing the address where the marijuana is grown from the registry card. Then, if a wallet is stolen or lost, for instance, the location of the marijuana is not revealed. 2) Under this proposal the “qualifying condition” of the patient will not be disclosed to the Department running the program. Hawai’i needs to encourage caregivers to help care for the sick who use medical cannabis, not discourage them. Caregivers are difficult to find and allowing them to care for additional patients improves patient access to needed medicine. 1) Many patients need caregivers because they are: a. Too sick to grow their own plants. b. Live in a location where it is illegal/forbidden (such as in federal housing or in apartment complexes in urban areas). c. Live in a location where it is dangerous to grow their medicine. d. Do not have the knowledge, time or space to grow their own medicine. 2) This bill allows caregivers to be reimbursed for the costs they incur (e.g., grow lights, soil, water and electricity costs, time spent growing, travel costs, etc.). 3) This provides incentives for caregivers to give good care to their patients. And protects them from prosecution by

law enforcement officials for “selling drugs”. Hawai‘i should permit medical cannabis patients from other medical cannabis jurisdictions to be afforded the same rights as state residents while they are visiting. 1) In a state with a large tourist industry visitors should be allowed temporary protections from state and county laws. 2) 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. 3) 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.

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morikawa2 - Shaun

From: Daniel ishida [daniel.ishida@hotmail.com]
Sent: Tuesday, February 05, 2013 11:22 PM
To: HLTtestimony
Subject: HB 667 – Relating to Medical Marijuana

Hello.

I currently am medicating using the medical marijuana card. I do support this revision because it increases the legal amount I can hold. as a caregiver, I can be reimbursed for the labor, time and costs of growing. I do however like the fact that our number of plants will increase with this revision. Another good point to this is that some patients cannot or do not have the materials or space to grow. Which the increase of how much a caregiver can care for would be beneficial. I believe that if you legalize marijuana and the state takes taxes. It could boost out economy. Another issue we are having is obtaining seeds to grow. As it is illegal to ship marijuana and all contents such as seeds.

Daniel N Ishida

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 1:11 AM
To: HLTtestimony
Cc: jarronn@hotmail.com
Subject: Submitted testimony for HB667 on Feb 8, 2013 08:30AM

HB667

Submitted on: 2/6/2013

Testimony for HLT on Feb 8, 2013 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Elijah Ariel	Individual	Support	No

Comments: To: Representative Della Au Belatti, Chair Representative Dee Morikawa, Vice-Chair From: (Your Name) RE: HB 667 – Relating to Medical Marijuana Hearing: Friday, February 8, 2013, 8:30 am, Room 329 Position: Strong Support From: Elijah Ariel RE: HB 667 – Relating to Health Hearing: Friday, February 8, 2013, room 329, 8:30 am Position: Strong Support Hello, Please Transfer departmental jurisdiction of the medical marijuana laws from the Department of Public Safety (DPS) to the Department of Health Back in my youth I wanted to be tough so I did not go to doctors for many of my injuries that are now causing me tremendous pain, ESPECIALLY MY LOWER BACK! It was my gymnastic accident that almost left me paralyzed, seeing stars and lights, that finally drove me to a chiropractor and documented my injury and treatment. Unfortunately, the nerve damage could only be treated so far by a chiropractor and I still sometimes turn the wrong way in bed and have chronic pain. If I didn't use marijuana I would probably be an alcoholic because I detest pharmaceutical drugs. Marijuana is OBVIOUSLY better for me than alcohol and MOST DEFINITELY better than cigarettes. I don't smoke and I wish you would outlaw cigarettes, for crying out loud! No good whatsoever!!! I've read that the government can save and make quite a bit of money through treating marijuana the same way they treat liquor. It makes sense to give adults the legal right to smoke marijuana in moderation and to regulate it as though people are drinking liquor. Prohibition didn't work for alcohol and it most certainly is not working for marijuana. The less available marijuana is the more likely people will turn to harder drugs as a result. Please, please, please make marijuana as legal as liquor is for adults. Thank you, Elijah Ariel

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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 05, 2013 3:59 PM
To: HLTtestimony
Cc: e.sindt@hawaiiantel.net
Subject: Submitted testimony for HB667 on Feb 8, 2013 08:30AM

HB667

Submitted on: 2/5/2013

Testimony for HLT on Feb 8, 2013 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Eddie Sindt	Individual	Support	No

Comments: I am retired and a viet-nam veteran that is a current Hawaii Medical Marajuana card holder. I am very grateful for the support and understanding of Hawaii as a state to support medical marajuana use to alleviate many of the pain and suffering that we as older veterans experience. Thank you for your past support and I would hope that you will be supportive of measure HB-667 in the upcoming sessions.

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morikawa2 - Shaun

From: Bobich, Joseph [j.bobich@tcu.edu]
Sent: Tuesday, February 05, 2013 4:32 PM
To: HLTtestimony
Subject: HB 667

**To: Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice-Chair
From: Joseph A. Bobich
RE: HB 667 – Relating to Medical Marijuana
Hearing: Friday, February 8, 2013, 8:30 am, Room 329
Position: Strong Support**

To Whom It May Concern:

When I arrived in Hawai'i in September, 2007, X-rays revealed that I was afflicted with osteoarthritis; a bone spur in my spine was pressing on a nerve in my neck, producing neck pain on my right side. Now I am taking prescribed Celebrex, Lyrica, and full-strength aspirin, but they only partially diminish the pain. Eventually, I applied for a medical marijuana permit and was granted one, but I had no idea how to obtain the marijuana. I am a law-abiding citizen, never having received a traffic ticket (or even a parking ticket) since I arrived in Hawai'i. But the current laws forced me to break one law in order to get the drug by obeying another law. **When law-abiding citizens are forced by the State to break it's own laws, something is VERY wrong. The current situation MUST be changed.** Any relief you could provide would be sincerely appreciated. THANK YOU AND ALOHA,

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

morikawa2 - Shaun

From: 9191966@gmail.com
Sent: Wednesday, February 06, 2013 12:04 PM
To: HLTtestimony; pbstestimony
Subject: HB 667 & 668 - Relating to Marijuana (in Support of)

To: Representative Della Au Belatti, Health Committee Chair
Representative Henry Aquino, Public Safety Committee Chair
Representative Dee Morikawa, Health Committee Vice-Chair
Representative Kaniela Ing, Public Safety Committee Vice-Chair
From: James Koons RE:

- HB 668 – Relating to Health &
- HB 667 - Relating to Medical Marijuana

Hearing: Friday, February 8, 2013, room 329, 8:30 am
Position: Strong Unflappable Science Based Support

Aloha,

I am writing in strong support of the larger picture which would include these and any other bills relating to medical marijuana or the legalization of marijuana along with increased availability of marijuana through dispensaries similar to California making it available to patients and or the public. My arguments in support of both are below.

I'd like to congratulate you on being on the forefront of leading us out of ignorance and into a world of Knowledge, Science and better Health. The Hawaii Medical Marijuana program is a good start but provides no way of obtaining medication. It is NOT easy to grow, especially for the elderly patients. No one likes dealing with the black market but are forced to with a medical marijuana program that doesn't provide medication. Its half way there. Its not complete. But its time. Time to follow the lead of the other brave states and lead the country to a healthier population and provide a way for patients to obtain medication. I'd like to address some of the 'arguments' of the opposition.

The Health "Argument"

Plain and simple, the laws around marijuana were made out of ignorance and a lack of science at the time. Most of us are no longer ignorant about marijuana. Science certainly is not. The only ones who seem to be clinging to the ignorant views of 60 years ago are the ones opposing its legalization due to moral reasons or unsubstantiated fears as they have no real facts. But these are not reasons to create laws against Science and facts which are our friends, not our enemies.

Its time opponents accept the 60 years of science which has since shown us Marijuana is a positive, healthy, naturally occurring herb, just as is Rosemary, Thyme or any other herb we know of but with pleasant, calming mental and physical effects and countless holistic medical benefits too numerous to list and properties as well as industrial uses (hemp) which could drastically improve our way of living more naturally, more green, not to mention the tens of millions in annual monetary gains from which the state will profit.

The Crime Rate will Rise "Argument"

The people arguing this point have obviously never smoked marijuana. Crime, or doing harm of any kind to anyone or anything is about the farthest thing from the average persons mind when taking Marijuana. It causes intro-spection, thinking and positive self evaluation and consideration of others. All good things that many of us could stand to contemplate for a while. I've never known anyone to commit a crime on marijuana. I was a DC Cop for 5 years in the 90s. Saw lots of crime because of Alcohol which is legal. None because of marijuana. I've also smoked marijuana for 40 years. No one I've known to smoke would ever commit a crime or harm another. This is a non-issue. It is simply the opposition's grasping at straws and also fails to take into account the tens of millions in annual monetary gains from which the state will save redirecting resources to real issues. Our president use to smoke marijuana.

The Gateway Drug "Argument" -

There is simply no factual evidence against the negative arguments. Marijuana is NOT "a Gateway Drug". To suggest so is to irresponsibly and ignorantly overlook all addictive personality types currently known to modern psychology which are the root and cause of all addictions and have nothing to do with marijuana.

Marijuana should be under Department of Health

Also Marijuana is poorly misplaced under, Department of Safety and its "Narcotics Enforcement Division" when its not a Narcotic at all. Its also not a Rape but its not being handled by the Rape Department and has no chance of being transferred to that department, correct? Doesn't make sense. Quite obviously Marijuana should be regulated by the Department of Health. Please bring this classification up to date based on recent Science.

Wasting Money and Resources Chasing a Miracle Medicinal Herb

To continue wasting efforts on chasing down users of a natural holistic medicine, taxing resources that could otherwise be dealing with real and serious crime related issues such as meth, ice, dog fighting, etc. is also ignorant of logic irresponsible and is criminal itself in its denial of attention to these issues. The police are strained as it is. This makes it harder for them to protect the public against actual criminals.

Additionally, Naturally, People deserve to partake of the natural earth they were born to. It's ours. Your's and Mine. Your job / The Government doesn't own the earth and all the plants and it should never have been made 'illegal' in the first place. Please end the absurdity that has held us back for so long. :)

Mahalo Again for your hard work and dedication.

James Koons

morikawa2 - Shaun

From: Jennifer Martin [ecoclone@gmail.com]
Sent: Tuesday, February 05, 2013 9:45 PM
To: HLTtestimony
Subject: Support for HB 667

To: Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice-Chair
From: Jennifer Martin
RE: HB 667 – Relating to Medical Marijuana
Hearing: Friday, February 8, 2013, 8:30 am, Room 329
Position: Strong Support

I'm writing to voice my support for this bill. Time to get pragmatic about cannabis and the laws controlling it.

Please help us move forward with this.

Thanks! Jennifer
Makawao, Maui

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 8:49 AM
To: HLTtestimony
Cc: Barbells@hotmail.com
Subject: Submitted testimony for HB667 on Feb 8, 2013 08:30AM

Follow Up Flag: Follow up
Flag Status: Flagged

HB667

Submitted on: 2/6/2013

Testimony for HLT on Feb 8, 2013 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
James Rita	Individual	Support	No

Comments: Hawaiian medical marijuana laws are now 13 years old and in serious need of improvement. There are no dispensaries for patients here and patients are expected to grow their own or obtain the medicine "illegally". Some patients cannot or do not have the means to grow their own medicine. Private patient and caregiver information also needs to be removed from the medical card. I strongly support this bill and ask that you do the same. Thank you, James Rita

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morikawa2 - Shaun

From: Kit Grant [kitster@lava.net]
Sent: Wednesday, February 06, 2013 12:07 PM
To: HLTtestimony
Subject: HB 677 - strong support

Rep. Della Au Belatti, Chair

Rep. Dee Morikawa, Vice-Chair

From: Kit Grant

RE: HB 667 – Relating to Medical Marijuana

Hearing: Friday, February 8, 2013, 8:30 am, Room 329

Position: Strong Support

Aloha Chair Belatti, Vice-Chair Morikawa and honored committee members,

I write in strong support of HB 667, to improve Hawaii's medical marijuana program.

In the 13 years since its foundation - among the first such compassionate use programs in the U.S. - Hawaii's medical marijuana program has yet to be improved in any way.

HB 667 will make some much-needed, reasonable accommodations for the seriously ill people lawfully participating in this program.

I am not a program participant or caregiver myself, but an ally (and elder care provider to my own parents).

Friends and family in my own life whose quality of life might have benefitted from safe, unstigmatized access to this program (for multiple sclerosis, cancer, phantom limb pain following amputation, and end of life hospice) have been literally too fearful to participate or even ask their doctors about the program, citing the highly restrictive, para-criminal way patients and caregivers are treated.

My own 84 year-old father panicked and forbade me from even discussing this option with his hospice team because of concern for me - he did not want me to be "labeled as a criminal" in order to help him. It tore up my heart to see him suffer, grogged out on opiates, with no access to a wished-for alternative treatment. My dad died at home in June 2011 after over seven years of wasting and decline, Please update this law. Let's stop terrifying our sick, desperate and suffering patients into silence.

I thank you for considering HB 677 as a way to further safe, sane and humane access to medical marijuana for our sick and dying loved ones.

Mahalo nui loa,

Kit Grant

To: Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice-Chair
From: Kanoa Meriwether MA.
RE: HB 667 – Relating to Medical Marijuana
Position: Strong Support

I am writing in strong support of HB 667. I have a Bachelor's degree from the University of Hawaii and a Master's degree in clinical psychology with a specialization in addiction from the University of Nebraska-Lincoln. I have taught and worked in the addictions field for over 15 years here in Hawaii. Currently I am at the University of Hawaii-West Oahu where I serve as the head of our certificate in substance abuse studies and teach courses in addiction counseling (courses include Psy 406 assessment and treatment of addiction, Psy 405 Biological correlates of addiction and substance abuse, and Psy 403 Causation and prevention of substance abuse). As a counselor and teacher I have had the chance to interact with a wide variety of professionals in the field and individuals in recovery. I am in support of HB 667 for the following reasons:

1. The current Medical Cannabis Statute has been in place since adoption 13 years ago, and requires significant updating in order to meet the needs of patients whom the law is designed to protect. The majority of medical marijuana patients are older (average age of a patient in Colorado is 41 according to the Colorado Department of Public Health Registry. Unfortunately no such data exists in Hawaii because the program is administered through our Narcotics Enforcement Division) and have serious medical illness. These are not youngsters looking to get high, they are individuals with debilitating, chronic (and in many cases terminal) illnesses who want to follow the law and get relief from their conditions.
2. MMJ patients suffer from the law as it currently stands because the law forces illegal activity to obtain seeds or young marijuana plants, they are forced to grow a small number of plants and have little access to caregivers who could provide medicine. (7 plants is the current limit, but 1/2 of plants started from seed are unusable because they are males without the cannabinoid profile that provides relief). This bill allows for 10 plants and 5 ounces of medicine, a small but significant increase for patients. Many patients cannot or do not wish to smoke marijuana and turn to edible forms of cannabis, but the edible forms require much more plant material, and even 10 plants is a small amount for these patients.
3. The current law does not allow for caregivers to provide medicine to more than one individual. This is a problem because many MMJ patients are not able to grow plants themselves due to their living environment or lack of knowledge regarding plant care. Patients who obtain their medical marijuana recommendation must still break the law to obtain seeds or plants and then must wait roughly 4-6 months before the plants are in a usable condition (and that is only if the plants do not get a disease or turn out to be male and unusable). Patients who are too ill to grow (due to the condition or treatment such as chemotherapy) have no ability to obtain marijuana and get relief other than a caregiver, and caregivers are only able to serve one patient, so each patient must find a new caregiver once they have their card. This bill allows caregivers to serve up to 5 patients each, which would improve the ability of patients to be able to obtain the seeds without breaking the law and obtain their medicine much quicker than is available at the present time.

Thank you for the opportunity to provide testimony on this important subject.

morikawa2 - Shaun

From: kerry woods [kwoods@hawaiiantel.net]
Sent: Tuesday, February 05, 2013 9:05 PM
To: HLTtestimony
Subject: HB667(Friday, February 8, 2013, at 8:30 am, room 329)

Aloha, and thank you for allowing me to speak in support of HB667, and to offer some observations:

Regarding allowing 1 caregiver a limit of 5 patient/clients: For practical purposes, anyone possessing a valid MUM permit should be permitted to provide services to any other MUM permit holder. Other provisions proposed in the bill, if approved, would eventually lead to this end. The provision for a 10- plant per person limit would not have to change.

Regarding reimbursement or recovery of caregiver cultivation services: In anticipation of this, 2 years ago i obtained my Excise Tax license with the express purpose of establishing a legal marijuana nursery, essentially to raise and provide marijuana plants to MUM clients and let them take care of the drying/curing process, if possible. The allowable expenses as described in the bill, are what i envisioned being allowed to claim as operating expenses. I would grow live nursery plants, like other nurseries sell decorative palms.

I and just about every MUM grower/caregiver in HI will tell you that cultivating even 7 marijuana plants can be time and money consuming, and inhibits having a full-time job: one or the other will suffer. I'm fortunate to have retired 4 years ago, and began growing soon after: i have the time, but i have to make some personal sacrifices to be able to grow medical marijuana. I have no desire to grow a lot of marijuana and make a lot of money doing it. What i would like to do is earn enough to get off food stamps and live as though i had a retirement occupation that supports me and helps the people it's intended to help. Meaning: recoup my expenses and get compensated for my time, labor and most importantly, security. I would really like to be able to buy a simple motion-detector night lighting system.

If the State is considering future expansion of the program, especially the establishment of a dispensary system, or recreational marijuana, then the changes i've suggested will likely be part of the expansion, i'm just for doing them now and not later.

I think HB667 dodges the real gorilla in the room: the day the State asks for proposals for some sort of dispensary system, or the State legalizes recreational marijuana, is the day it will become desirable to allow someone to make money and pay taxes from the sale of marijuana. All that's waiting to be determined, is who those people will be, and how it will work. We all know the money is being made now, and it's all illegal sales. Two of my primary goals as a medical marijuana caregiver, is for no medical marijuana user to have to buy his medication from an unlicensed street dealer, and that no locally-grown medical marijuana be sold on the street. It's unlikely either of those will happen until marijuana is further decriminalized. I do believe HB667 is a step in the right direction, and i hope will led to further refinements that recognize the economic and social benefits that can come from legalization of marijuana rather than criminalization of it.

What is remarkable about the legal marijuana movement is that it has been until fairly recently, a ground-up movement. My understanding is that the initiatives in CO and WA states were heavily sponsored by agribusiness and pharmaceuticals, so we can see the writing on the wall: there's a lot of money to be made. There's also the ever-present human propensity to screw things up, and right at this juncture is where Hawaii can enact legislation that could avoid doing that.

Mahalo nui loa,

Kerry Woods,
Kapaa, HI

morikawa2 - Shaun

From: Linda Opdycke [hawaii.opdycke@hawaiiantel.net]
Sent: Wednesday, February 06, 2013 8:41 AM
To: HLTtestimony
Subject: House bills 667 &668

Follow Up Flag: Follow up
Flag Status: Flagged

Please consider the following before acting on the above mentioned bills:

I got the "shingles" in 2011 and suffered terribly for months. The medical community prescribed oxycodone and hydro condone to ease my pain. These chemicals did not even make a difference in the pain and they made me sick in my head with dizziness, confusion, delusions. I tried some marijuana cream given to me by a friend. It was the ONLY treatment that helped with the debilitating pain. I also inhaled cannabis to allow me to get sleep. I am a 62 year old woman who was grateful for the relief cannabis afforded. Cannabis should be a legal alternative for medical use with access to products like the cream (my cream was sent to me from Oregon).

Linda Opdycke
62-2252 Kanehoa Place
Kamuela, HI. 96743

Aloha

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 9:30 AM
To: HLTtestimony
Cc: mpaiello@gmail.com
Subject: Submitted testimony for HB667 on Feb 8, 2013 08:30AM

Follow Up Flag: Follow up
Flag Status: Flagged

HB667

Submitted on: 2/6/2013

Testimony for HLT on Feb 8, 2013 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Aiello	Individual	Support	No

Comments: I support HB 667. After 13 years, it is time to make these needed improvements to Hawaii's medical cannabis program. Mike Aiello Keaau, HI

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morikawa2 - Shaun

From: Nicholas Mesce [nmesce@gmail.com]
Sent: Wednesday, February 06, 2013 3:17 PM
To: HLTtestimony
Subject: strong support of HB 667 Medical Marijuana

To: Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice-Chair

From: NICHOLAS MESCE

RE: HB 667 – Relating to Medical Marijuana

Hearing: Friday, February 8, 2013, 8:30 am, Room 329

Position: Strong Support

Aloha representatives,

Thanks for the opportunity to testify in strong support of HB 667 which improves the effectiveness of our states medical marijuana program.

HB 667 fixes the following problems with the current program:

- Removes identifying information like our addresses from patient/caregiver registration cards. If our wallets get stolen with the MM card inside, it's very likely that thieves will come to our home to rob us of our medicine.
-
- Our medical privacy is maintained by Physicians not having to disclose the specific medical condition of their qualifying patients to the controlling state Department but just that the patient qualifies for use of medical marijuana
-
- Increases the time limit for patients reporting changes of information from 5 to 10 days (I could not even find accurate information on how to do this on the NED's website when I needed it, and then had to worry that I could be in legal trouble while I waited for processing)
-
- Increases the amount that qualifying patients and caregivers are allowed to 10 marijuana plants (up from 7) and 5 ounces of usable marijuana (up from 3) - this is especially needed for those of us who do not smoke our medicine, but use edible forms or vaporizers. These are healthier forms of ingestion but require more raw plant material. Also, growing plants is hard work and requires time, space, and physical activity! Crop failure is a reality due to pests, disease, etc.
-
- Allows registered patients and caregivers to provide usable marijuana or any part of the marijuana plant to any other qualifying patient or caregiver as long as no money is exchanged and that the total amount of marijuana possessed by the recipient does not exceed the "adequate supply" permitted by law. - This enables us to help each other by

sharing seeds and clones to start plants just like any other farmer, gardener, etc., as well as enabling sick patients in need to get medicine as soon as possible.

-
- Allows registered Medical Marijuana patients from other states to enjoy the same rights as Hawaii residents so they can continue legally using their medicine here in Hawaii. This makes sense in our tourism economy, and can even add revenue to state coffers by requiring a small fee from out-of-state patients to access Hawaii dispensaries if/when they are in place. No one should have to travel without their medicine.
-
- Protects and encourages caregivers. Caregivers are needed for patients who are not physically capable of growing plants or do not have appropriate areas to grow plants (i.e. federal housing, urban, susceptible to thieves). Caregivers are difficult to find and allowing them to care for additional patients improves patient access to needed medicine. HB667 increases the number of patients per caregiver from 1:1 to 5:1. It also allows reimbursement for costs not including sale of marijuana, but including growing supplies, time and transport, and protects caregivers from being targeted by law enforcement in their legal activities.
-

These updates to Hawaii's medical marijuana program are sorely needed. I urge you to improve the lives of many Hawaii residents by passing HB 667.

Sincerely,

Nicholas Mesce
nmesce@gmail.com
haleiwa, HI 96712

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 1:03 PM
To: HLTtestimony
Cc: randomnessky@yaho.com
Subject: Submitted testimony for HB667 on Feb 8, 2013 08:30AM

HB667

Submitted on: 2/6/2013

Testimony for HLT on Feb 8, 2013 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Pam Brewer-Fink	Individual	Support	No

Comments: After 13 yrs without making any changes to this program, new ideas & improved advancements must be discussed. But changing the attitudes that this really is an important & realistic medicine is the 1st step- & then progressive & updated information can be used.....Protecting patient's privacy should be on top of the list. Respecting patient/physical confidentiality is a must... Letting more people grow for others is very important since many people can not grow at their homes. Letting visitors stay on their medicine while on the island should also be considered.... read up on the medical wonders that is happening from this plant....

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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 12:59 PM
To: HLTtestimony
Cc: patrish777@gmail.com
Subject: Submitted testimony for HB667 on Feb 8, 2013 08:30AM

HB667

Submitted on: 2/6/2013

Testimony for HLT on Feb 8, 2013 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Patricia Hanwright	Individual	Support	No

Comments: It's very important that we update our attitudes regarding medical cannabis and have our laws reflect this progress. Reciprocity makes sense and revenue could help our education system or other infrastructures in dire need. And ultimately is it not time to acknowledge the medical benefits and promote them instead of the many pharmaceuticals with nasty side affects. Privacy needs to be addressed. Thank you for your consideration.

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morikawa2 - Shaun

From: Susan Paradise [sparadise2119@yahoo.com]
Sent: Tuesday, February 05, 2013 10:44 PM
To: HLTtestimony
Subject: HB 667

To: Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice-Chair
From: Susan Paradise
RE: HB 667 – Relating to Medical Marijuana
Hearing: Friday, February 8, 2013, 8:30 am, Room 329
Position: Strong Support

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.

1. The law has been in place for 13 years without any improvements even though other states and medical advancements have shown how Hawaii's program can be improved upon.
2. I am a law-abiding citizen. My son has seroius joint pain and auto immune diseases that have made his life difficult at the least. He has had trouble staying in school because his disorder is confused by disobedience. He has had terrible aniyty as well. he dropped out of school in 9th grade because his pain was too much to sit in class. He was put on serious chemical addictive pain medicine which didnt relieve his pain. He did research and educated me on the benefits of medicinal marajuana. After 6 months of my own research we began the process to try medicinal marajuana to relieve his pain. It was very difficult to find information and the process was quite lengthy. Even after recieving a license from the Narcotics department (which freaked me out in a bad way) I had to learn how to grow our own medicine. Then try to figure out where to legally obtain products. The system needs to be updated and more user friendly. The people obtaining licenses are law biding citizens. Criminals don't follow the laws so please make this more user friendly for people in need trying to do it the right way. Since taking medicinal marajuana my son has his happy demeanor back, is able to control his pain and earned his high school diploma. He is pain free for the first time in almost three years.
3. This measure is needed immediately because although a legal dispensary is being considered by the legislature, it may be some time before they are in operation. In the meantime, patients need improvements in the program.
4. 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, who have had a crop failure, or need seeds or clones to start off with. This would have eliminated the nightmare I encountered starting off. Also, many patients, such as those undergoing chemotherapy, have debilitating pain, or suffer from immediate symptoms, need medicine immediately, and this bill corrects that portion of the current law.

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 1:36 PM
To: HLTtestimony
Cc: saralegal@live.com
Subject: Submitted testimony for HB667 on Feb 8, 2013 08:30AM

HB667

Submitted on: 2/6/2013

Testimony for HLT on Feb 8, 2013 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Sara Steiner	Individual	Support	No

Comments: To: Representative Della Au Belatti, Chair Representative Dee Morikawa, Vice-Chair
From: (Your Name) RE: HB 667 – Relating to Medical Marijuana Hearing: Friday, February 8, 2013, 8:30 am, Room 329 POSITION - STRONG SUPPORT Dear Legislators, I am a medical marijuana patient on the Big Island of Hawaii. We have been waiting since the year 2000 for these changes, particularly moving the administration of this program to the Health Department, the increase in amount of medicine allowed, being able to share extra medicine with other patients, and clarification that patients may travel (transportation) with their medicine, rather than being only allowed to use it at their home. I urge you all to approve this HB667 without delay! I thank you sincerely, Sara Steiner P.O.Box 1965 Pahoia, HI 96778 936-9546

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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 2:22 PM
To: HLTtestimony
Cc: buzzzed@msn.com
Subject: Submitted testimony for HB667 on Feb 8, 2013 08:30AM

HB667

Submitted on: 2/6/2013

Testimony for HLT on Feb 8, 2013 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Sandy Webb	Individual	Support	No

Comments: The Medical Cannabis Program is long overdue for improvements. The suggestions in the bill were done by a working group of people who donated time and effort in 2010 to improve the program. Some strong consideration needs to be applied here for Support of HB667 Mahalo for your time in the matter. Sandy Webb RN

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morikawa2 - Shaun

From: Vince Callagher [vince.callagher@gmail.com]
Sent: Wednesday, February 06, 2013 9:40 AM
To: HLTtestimony
Subject: Hb667 testimony....

Follow Up Flag: Follow up
Flag Status: Flagged

To: Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice-Chair
From: Vincent Callagher
RE: HB 667 – Relating to Medical Marijuana
Hearing: Friday, February 8, 2013, 8:30 am, Room 329
Position: Strong Support

We need to make the Medical Marijuana program safer and more friendly to patients and caregivers. As a medical marijuana patient I find the present system grossly inadequate. The changes this Bill provides will help to get medicine and care safely to patients.

--

Aloha, Vincent

To:
Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice-Chair

From:
David J Barton, MD
Pain Medicine Physician

RE: HB 667 – Relating to Medical Marijuana
Hearing: Friday, February 8, 2013, 8:30 am, Room 329
Position: Strong Support

I voice strong support for this bill. It is the result of the Hawaii State Cannabis Working group and reflects patient wishes for improvements in the program, and their use of cannabis as a medicine.

The current law and regulations are outdated. This bill reflects ways to improve the program. Patient privacy also needs to be respected, especially in this era of HIPAA rules and the fines attached.

I get calls from tourists all the time, and many have said they will come later when there is safe access, since the cannabis is their medicine for pain and other ailments, and so their vacation in Hawaii would be meaningless, if they were suffering the whole time. They need safe access and legal protection.

Lastly, I will bring up the issue of medical standards and oversight again here. The Hawaii State Medical Board refuses to be involved unless they are told so by the legislature and the law. So in essence, there is no oversight in existence, and therefore, no medical standards exist, other than the personal ethics of the physicians involved. Therefore, any criticisms of the program's conduct or any physician are the fault of the state government.

As I stated in my testimony concerning HB668:

“Patients are not criminals. They are your terminally ill mothers and fathers, sons and daughters. They are our aging kupunas and elders. They are your chronically hurt and pained fellow citizens, who silently suffer, yet exist in such large numbers. They could easily dominate the political process if organized and mobilized. They suffer from diseases of all types, in a multitude of ways, and for unbearable lengths of time. This has tremendous costs, in human and financial terms, to themselves and their families, and to society in general. Some, and this includes our war veterans, have resorted to suicide to find relief. God forbid, someday, this may even include each of you. Traditional medicine does not have all the answers! It has failed in

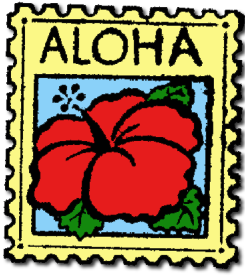
many respects to adequately deal with many these issues. If you think that it has all or even parts of the answer, then you are fooling yourself. Cannabis has been found to aid many of these in very profound ways and it is up to the legislature to help solve the political problems that cannabis therapy engenders”

“The present state of medical science has already established that medical cannabis is an effective and safe medication for many chronic conditions, many of which do not have any or few effective or even partially effective treatments. Our current understanding is that the Obama Administration may be undertaking a review of policy and may be de-emphasizing the federal involvement with prosecution of the so called "war" on cannabis. Their longer term goal hopefully will be its medical rescheduling and the opening of research into its medical uses. It is just plain ridiculous that the federal government prevents any meaningful research on the cannabinoid system in the human body. Cannabis is certainly much safer than prescription opiates and alcohol, and that is backed by nationally renowned pain medicine physicians. When will the media talk about the national epidemic of methadone or OxyContin deaths, cited as up to nine deaths per day in the state of Florida? Medical science should be free to study the system and let the science prevail; not men, corporations, or governments with ulterior motives.”

“The lack of safe access will continues to hurt those patients who are unable to grow or provide for themselves. The Department of Public Safety has spent their efforts preventing legal patients from any decent and self-respecting form of safe access. This hurts the cancer patient, or any other chronically weak or disabled patient, that needs immediate access. It continues to disrespect the aging and dying patients and kupunas on all the islands, forced to ask others to “go find it” for them. Please guide efforts for safe dispensaries for medical patients who need the choices that a dispensary provides to find their best treatment strain and variety of cannabis, as well as products with infused cannabis. Safe products are currently being developed that avoid smoking, and these products should be allowed to exist and be developed as Hawaiian based businesses. In addition, I support a state-based retail system operated as a Hawaiian commodity broker or state market that supports local farmers, buying the entire crop yield from all of Hawaii. We want to avoid private "dispensaries", such as found in California, if we are to avoid conflict with the federal government and many of the criminal elements, and medical abuses that go with them. This is of great importance when you consider my fifth item in this letter.”

Sincerely,

David J. Barton, MD



Holly J. Huber

1519 Nuuanu Ave #154 • Honolulu, Hawaii 96817
(808) 554-7692 • hollyjhuber@gmail.com

House Committee on Health

Hearing on February 8, 2013 @ 8:30 AM in Conference Room 329

HB667 RELATING TO MEDICAL MARIJUANA

TESTIMONY IN SUPPORT

February 7, 2013

Aloha Representatives:

Mahalo for hearing HB667 on changes to laws regulating medical marijuana.

I urge you to **STRONGLY SUPPORT** this measure that clarifies and corrects many aspects of medical marijuana prescription, possession and use.

HB667 ensures that patients can get the medication they need without being subject to draconian laws and without being treated like criminals.

Please vote "YES" on HB667 in support of compassionate care.

Sincerely,

Holly J. Huber

Dr. Myron Berney HB 667 SUPPORT with changes in language

COMMITTEE ON HEALTH

Rep. Della Au Belatti, Chair
Rep. Dee Morikawa, Vice Chair

COMMITTEE ON PUBLIC SAFETY

Rep. Henry J.C. Aquino, Chair
Rep. Kaniela Ing, Vice Chair

Friday, February 08, 2013

TIME:8:30 A.M.

PLACE:Conference Room 329

Delete on Page 3

“Adequate supply~ means an amount of marijuana jointly
2 possessed between the qualifying patient and the primary
3 caregiver that is not more than is reasonably necessary to
4 assure the uninterrupted availability of marijuana for the
5 purpose of alleviating the symptoms or effects of a qualifying
6 patient’s debilitating medical condition; [~~provided that an~~
7 ~~“adequate supply” shall not exceed [three mature] ten marijuana~~
8 ~~plants[, four immature marijuana plants, and one ounce]~~ and five
9 ~~ounces of usable marijuana [per each mature plant.] at any given~~
10 ~~time.~~]

Plants are not equal in size, quality or quantity, drug concentration or drug effect.

Plants can be counted but are not a valid unit of measurement.

Any limit on the # of Plants will continue to put Patients at risk and does not provide for an adequate supply or sharing with other patients.

Using Plants, although common, is not a legal measurement in trade.

Using plants does not provide for equality under the law.

Delete Marijuana from HRS 329-14 [~~(20) Marijuana~~]

Although HRS 329-14 Schedule I does not deny that Marijuana is a medicine. HRS 329-14 Schedule I only states a high level of risk. **It is mandatory to delete**

Marijuana from HRS 329-14 Schedule I to avoid the ongoing confusion between the definitions of Schedule I on the State and Federal Level.

HRS 239-121 says that Marijuana is reasonably safe so can not be in 329-14.

15 “Reimbursement” means consideration provided to a primary
16 caregiver as compensation for costs associated with assisting
17 qualifying patients who are registered under section 329-123 to
18 obtain marijuana for medical use; provided that “reimbursement”
19 shall not include the sale of controlled substances.

Insert “shall not and does not include the sale of controlled substances.”

Delete on Page 8

[~~the issuing~~
8 ~~physician shall send a copy of the written certification to the~~
9 ~~qualifying patient's primary care physician, if any.~~]

Release of Information is governed by HIPPA. The physician may only release records as authorized by the Patient. The State can not require the release if confidential Medical Information.

On one hand the State has to keep all this medical information Confidential and may not even be able to demand the information under HIPPA or require any registration.

Although the Patient needs to be 100% Protected from the Police

The solution is to Legalize Marijuana and Delete all Criminal Laws prohibiting Marijuana.

This is also required under the State and Federal Privacy Laws and Case Law.

Change

Delete and Insert

The registration shall be effective until canceled
12 [~~until the expiration of the certificate issued by the department~~
13 ~~of health and signed~~] by the physician.

If the disease hasn't expired then the need hasn't expired.

Again expiration of a certificate is just another entrapment clause to harm patients.

Duplicate and Repetitive Registration is repetitive and unnecessary and a waste of public and private resources.

Do NOT CHANGE

21 reasonable fee not to exceed [\$35.] ~~\$35 per year.~~

No expiration, no need re-register, no need re-registration fee.

Page 9 Why limit the health care benefit a caregiver could provide for the benefit of the Public Health, and the Community of Patients. That would be cruel and foolish.

(c) Primary caregivers shall register with the department
2 of [public safety.] health. [~~Every primary caregiver shall be~~
3 ~~responsible for the care of [only one] not more than five~~
4 ~~qualifying [patient] patients at any given time.~~]

5 (d) Upon [ae] inquiry by a law enforcement agency, the
6 department of [public safety] health shall verify whether the
7 [particular qualifying patient] subject of the inquiry has
8 S registered with the department and may provide reasonable access
9 to the registry information for official law enforcement
10 purposes.”

Better Legalize—protect Patients from Cops it is the Constitutional thing to do.

Require Cops to verify prior to any investigation, prior to any act.

Keep Cops 100% out of Marijuana and Health Care.



To: Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice-Chair
From: Rev. Dennis Shields
RE: HB 667 – Relating to Medical Marijuana
Hearing: Friday, February 8, 2013, 8:30 am, Room 329
Position: Strong Support

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

I have often experienced it to take 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

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

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

**RICHARD S. MILLER
PROFESSOR OF LAW, EMERITUS
THE WM. S. RICHARDSON SCHOOL OF LAW**

Tel.: (808) 254-1796
E-Mail: rmiller@aya.yale.edu

To: Rep. Della Au Belatti, Chair; Rep. Dee Morikawa, Vice Chair, and Members of the Committee on Health, and

To: Rep. Henry Aquino, Chair; Rep. Kaniela Ing, Vice Chair; and Members of the Committee on Public Safety

From: Richard S. Miller

**Re: HB 667 Relating to Medical Marijuana
For Hearing, Friday, Feb. 8, 2013, room 329, 8:30AM**

The State's medical cannabis program was created as a compassionate public health program to enable persons suffering from debilitating conditions, as certified by their physicians, to use medical cannabis to treat their symptoms. The purpose of this bill is to correct a series of errors and problems that prevented the original medical marijuana bill from fully serving the Legislative purposes that led to its passage, to wit:

The current system made it difficult for patients, particularly law-abiding elderly patients who have had little or no experience with medical marijuana, to comply with the law and to receive the medical marijuana they required.

Patients and their caregivers will be allowed to give some of their marijuana to to qualifying patients and their caregivers. Many patients, particularly the elderly, are not able to secure their needed medication. This will be particularly helpful to those who need medication and cannot wait to grow their own or who have difficulty raising the medication.

The amount of cannabis allowed under current law may prove insufficient for some patients with serious debilitating conditions. This bill increases the amounts of marijuana that qualifying patients and their caregivers may possess. The current amounts have proven insufficient to provide relief to some qualified patients.

This bill preserves the protected rights of privacy of patients needing marijuana and also prevents the location of marijuana being grown from being disclosed to those who steal the patient's registry card.

Allowing caregivers to care for up to five qualifying patients will cure a significant deficiency under current law, where patients living near each other may not be able to find caregivers for each of them.


Reciprocity is provided to patients from other states who qualify for marijuana use and have a valid registry card from their own state.

Other minor and well-justified changes are made.

Passing this bill will clearly remove unfortunate problems that undermined the original beneficent purposes of the the Medical Marijuana bill.

Thank you for considering my testimony. The views expressed here are my strongly felt and well-supported personal views and are not necessarily the views of the University of Hawaii or its Law School.

Aloha,

A handwritten signature in cursive script, appearing to read "R. M. ...".

morikawa2 - Shaun

From: aaron zeeman [aaronzeeman@yahoo.com]
Sent: Wednesday, February 06, 2013 5:06 PM
To: HLTtestimony
Subject: vote yes to bill 667

Please vote yes to this bill. Patients have had to attempt to abide by the current limits for too long now. For patients unable to grow an adequate supply, allowing for transfer between patients will finally give relief to hundreds if not thousands of sick, injured or dying people.

The current MMJ statute had been inadequate since it's inception. It is time to remove the obstacles that have hindered patients for years. Vote yes to this sensible revision bill.

I have been a MMJ patient for over 7 years and I urge you to do the right thing.

Mahalo and Aloha, Aaron

morikawa2 - Shaun

From: Brenda Meriwether [happycricketceramics@gmail.com]
Sent: Wednesday, February 06, 2013 6:16 PM
To: HLTtestimony
Subject: RE: HB 667 Hearing: Friday, February 8, 2013, 8:30 am, Room 329

To: Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice-Chair
From: Brenda Meriwether
RE: HB 667 – Relating to Medical Marijuana
Position: Strong Support

I am writing in strong support of HB 667. I am a ceramic artist and concerned citizen living in Hawaii. I have no arrest record and would like to keep it that way but want to use medical marijuana for controlling my high blood pressure. I don't feel I should be labeled a criminal for medical use but the laws are inadequate for my needs. I am in support of HB 667 for the following reasons:

1. The current Medical Cannabis Statute has been in place since adoption 13 years ago, and requires significant updating in order to meet the needs of patients whom the law is designed to protect. The majority of medical marijuana patients are older (average age of a patient in Colorado is 41 according to the Colorado Department of Public Health Registry. Unfortunately no such data exists in Hawaii because the program is administered through our Narcotics Enforcement Division) and have serious medical illness. These are not youngsters looking to get high, they are individuals with debilitating, chronic (and in many cases terminal) illnesses who want to follow the law and get relief from their conditions.
2. MMJ patients suffer from the law as it currently stands because the law forces illegal activity to obtain seeds or young marijuana plants, they are forced to grow a small number of plants and have little access to caregivers who could provide medicine. (7 plants is the current limit, but 1/2 of plants started from seed are unusable because they are males without the cannabinoid profile that provides relief). This bill allows for 10 plants and 5 ounces of medicine, a small but significant increase for patients. Many patients cannot or do not wish to smoke marijuana and turn to edible forms of cannabis, but the edible forms require much more plant material, and even 10 plants is a small amount for these patients.
3. The current law does not allow for caregivers to provide medicine to more than one individual. This is a problem because many MMJ patients are not able to grow plants themselves due to their living environment or lack of knowledge regarding plant care. Patients who obtain their medical marijuana recommendation must still break the law to obtain seeds or plants and then must wait roughly 4-6 months before the plants are in a usable condition (and that is only if the plants do not get a disease or turn out to be male and unusable). Patients who are too ill to grow (due to the condition or treatment such as chemotherapy) have no ability to obtain marijuana and get relief other than a caregiver, and caregivers are only able to serve one patient, so each patient must find a new caregiver once they have their card. This bill allows caregivers to serve up to 5 patients each, which would improve the ability of patients to be able to obtain the seeds without breaking the law and obtain their medicine much quicker than is available at the present time.

Thank you for the opportunity to provide testimony on this important subject.

Brenda Meriwether

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 8:48 PM
To: HLTtestimony
Cc: barbarapolk@hawaiiintel.net
Subject: Submitted testimony for HB667 on Feb 8, 2013 08:30AM

HB667

Submitted on: 2/6/2013

Testimony for HLT on Feb 8, 2013 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara B. Polk	Individual	Support	No

Comments: I strongly support HB 667 which makes changes to update the state's medical marijuana statute to correspond to practice developed over the past 12 years in other parts of the country. Passing this bill will increase access by patients to marijuana, if certified by a physician.

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morikawa2 - Shaun

From: Daryl Matthews [daryl.matthews@gmail.com]
Sent: Wednesday, February 06, 2013 8:48 PM
To: HLTtestimony
Subject: HB 667 Feb. 8, 8:30 a.m.

To: Representative Della Au Belatti, Chair Representative Dee Morikawa, Vice-Chair
From: Daryl Matthews, M.D., Ph.D.
RE: HB 667 – Relating to Medical Marijuana
Hearing: Friday, February 8, 2013, 8:30 am, Room 329
Position: Strong Support

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 is insufficient if the patient prefers to ingest or vaporize the marijuana rather than smoke it.

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 medication – 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.

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 5:01 PM
To: HLTtestimony
Cc: elizweatherford@gmail.com
Subject: Submitted testimony for HB667 on Feb 8, 2013 08:30AM

HB667

Submitted on: 2/6/2013

Testimony for HLT on Feb 8, 2013 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Elizabeth Weatherford	Individual	Support	No

Comments: Strong support for this bill. No reasonable justification for continued prohibition.

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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 07, 2013 7:48 AM
To: HLTtestimony
Cc: Gsancheta@aol.com
Subject: Submitted testimony for HB667 on Feb 8, 2013 08:30AM

HB667

Submitted on: 2/7/2013

Testimony for HLT on Feb 8, 2013 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Gilbert Ancheta	Individual	Comments Only	No

Comments: I need your help. People like myself have conditions that require medication. we have followed the law which you have passed. Gotten a medical card through the scrutiny of the department of safety which is a branch of law enforcement. We need to be verified by a branch of the health department. We need doctors not the police to give physical exam. We need dispensaries. I am not a farmer. My property is feasible to grow. Please help

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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 07, 2013 7:41 AM
To: HLTtestimony
Cc: LEEA023@HAWAII.RR.COM
Subject: Submitted testimony for HB667 on Feb 8, 2013 08:30AM

HB667

Submitted on: 2/7/2013

Testimony for HLT on Feb 8, 2013 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
GUYE LEE	Individual	Support	No

Comments: To the honorable representatives who are reviewing this BILL 667. As an alternative method of care for people whom are terminally ill and those continuing on medication that will not help, I support the medical marijuana bill. I do not smoke marijuana but am a strong advocate to use the properties of THC as a cream or in food to help the extruciating nausea from cancer. It helps with quality of life. I understand there are many abuses but don't hurt the people who need it most. Mahalo

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morikawa2 - Shaun

From: Kahu (Pastor) Don Eads [pastoreads@yahoo.com]
Sent: Thursday, February 07, 2013 8:23 AM
To: HLTtestimony
Subject: HB 667 – Relating to Medical Cannabis: STRONG SUPPORT

To: Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice-Chair
From: **Kahu Don Eads**
RE: HB 667 – Relating to Medical Marijuana
Hearing: Friday, February 8, 2013, 8:30 am, Room 329
Position: Strong Support

I am part of a large growing local STATEWIDE community that STRONGLY supports what this bill proposes:

These changes are conservative and based upon our experience with the law from its inception.

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.

These changes would improve Hawaii's medical cannabis program.

- The law has been in place for 13 years without any improvements even though other states and medical advancements have shown how Hawaii's program can be improved upon.
- Patients are law-abiding citizens who are seriously ill, or who have chronic conditions and who want to comply with the law but find it difficult with the current system.
- This measure is needed immediately because although a legal dispensary is being considered by the legislature, it may be some time before they are in operation. In the meantime, patients need improvements in the program.
- 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, who have had a crop failure, or need seeds or clones to start off with. Also, many patients, such as those undergoing chemotherapy, have debilitating pain, or

suffer from immediate symptoms, need medicine immediately, and this bill corrects that portion of the current law.

- 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.

Hawai'i should do a better job of protect patients' privacy.

- This measure protects patient privacy by removing the address where the marijuana is grown from the registry card. Then, if a wallet is stolen or lost, for instance, the location of the marijuana is not revealed.
- Under this proposal the "qualifying condition" of the patient will not be disclosed to the Department running the program.

Hawai'i needs to encourage caregivers to help care for the sick who use medical cannabis, not discourage them.

- 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.
 - Live in a location where it is illegal/forbidden (such as in federal housing or in apartment complexes in urban areas).
 - Live in a location where it is dangerous to grow their medicine.
 - Do not have the knowledge, time or space to grow their own medicine.
- This bill allows caregivers to be reimbursed for the costs they incur (e.g., grow lights, soil, water and electricity costs, time spent growing, travel costs, etc.).

- This provides incentives for caregivers to give good care to their patients. And protects them from prosecution by law enforcement officials for “selling drugs”.

Hawai'i should permit medical cannabis patients from other medical cannabis jurisdictions to be afforded the same rights as state residents while they are visiting.

- In a state with a large tourist industry 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.

One last point: when someone in your own ohana benefits from the use of cannabis medically one's viewpoint evolves rapidly.

Mahalo for your consideration,

Don Eads

morikawa2 - Shaun

From: Mary Anderson [starshinewoman47@yahoo.com]
Sent: Wednesday, February 06, 2013 8:59 PM
To: HLTtestimony; pbstestimony
Subject: Re bill HB 678 and 668 to be heard Friday morning Feb. 8, 2013

To: Representative Della Au Belatti, Health Committee Chair
Representative Henry Aquino, Public Safety Committee Chair
Representative Dee Morikawa, Health Committee Vice-Chair
Representative Kaniela Ing, Public Safety Committee Vice-Chair

From: Mary Anderson

RE: HB 668 – Relating to Health

Hearing: Friday, February 8, 2013, room 329, 8:30 am

Position: Strong Support

I am writing to show my strong support for transferring jurisdiction over Hawaii's medical cannabis program from the Department of Public Safety to the Department of Health (DOH).

In my opinion it just makes sense as the medical cannabis program is a public health program conceived out of concern for the health of the seriously ill. It belongs in Hawaii's Department of Health.

Of the states which have medical marijuana programs, only Hawai'i and Vermont house them in a law enforcement agency. Other states have placed the program in a state health department. Marijuana is a medicine and should be regulated as such.

I hold a state license and am a 65 year old woman with debilitating pain. I don't appreciate feeling like I am a criminal because I choose marijuana as my medicine over more harmful prescription drugs.

Mahalo for hearing my testimony,
Mary Anderson

To: Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice-Chair
From: Mary Anderson
RE: HB 667 – Relating to Medical Marijuana
Hearing: Friday, February 8, 2013, 8:30 am, Room 329

Position: Strong Support

I would like to affirm my support for removing the address off of my license. If I lost my wallet whoever found it would know where I live.

I would also like to see the 10 plants and 5 ounces of usable marijuana up from 7 plants and 3 ounces as I like to use a vaporizer and tincture that I make rather than to smoke the medicine as that is I feel harmful to my lungs. I have used up my quota before and had to do without....not a good thing or smoke it instead. My methods of choice tend to use up more than smoking does.

I appreciate your time and consideration,
Mary Anderson

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 4:56 PM
To: HLTtestimony
Cc: Queendom57@gmail.com
Subject: Submitted testimony for HB667 on Feb 8, 2013 08:30AM

HB667

Submitted on: 2/6/2013

Testimony for HLT on Feb 8, 2013 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Michelle Heinz	Individual	Support	No

Comments: Hawaiian medical marijuana laws are now 13 years old and in dire need of improvement. Private patient information should not be displayed on the card. Some patients cannot or do not have the means to grow their own marijuana. Increasing care giver patient amount to 5 is much needed. There is no dispensaries here and the current law is unreasonable and does not supply patients with their medication unless they buy "illegally". This is a very positive change. I strongly support this bill.

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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 9:29 PM
To: HLTtestimony
Cc: ricky_hofmann@hotmail.com
Subject: Submitted testimony for HB667 on Feb 8, 2013 08:30AM

HB667

Submitted on: 2/6/2013

Testimony for HLT on Feb 8, 2013 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
ricky hofmann	Individual	Support	No

Comments: on behalf of this important plant,i lived in the asias a couple months out of the year since i was 18. I was a pro.Muay-Thai fighter.I was all ways getting injured.The cannabis plant was all ways key in the healing process.Being that it is highly anti-inflammatory,ph balancing,and has essential fatty oils.Mixed with other herbs you don't realy need other medicines.The cannabis plant grows all over the face of our planet for a reason,humans have cannabanoidal receptors all through our bodies,all the other cultures used this plant,and we should as well. thanks and aloha

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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 5:52 PM
To: HLTtestimony
Cc: shannonkona@gmail.com
Subject: *Submitted testimony for HB667 on Feb 8, 2013 08:30AM*

HB667

Submitted on: 2/6/2013

Testimony for HLT on Feb 8, 2013 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Shannon Rudolph	Individual	Support	No

Comments:

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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 4:18 PM
To: HLTtestimony
Cc: tw1133@hotmail.com
Subject: Submitted testimony for HB667 on Feb 8, 2013 08:30AM

HB667

Submitted on: 2/6/2013

Testimony for HLT on Feb 8, 2013 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Ted Partle	Individual	Support	No

Comments: I use medical marijuana to successfully treat my back pain

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