

NEIL ABERCROMBIE
GOVERNOR



BARBARA A. KRIEG
DIRECTOR

LEILA A. KAGAWA
DEPUTY DIRECTOR

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

February 5, 2013

**TESTIMONY TO THE
HOUSE COMMITTEES ON HEALTH AND PUBLIC SAFETY**

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

BY

BARBARA A. KRIEG
DIRECTOR

House Bill No. 668
Relating to Health

WRITTEN TESTIMONY ONLY

TO CHAIRPERSONS DELLA AU BELATTI AND HENRY J.C.AQUINO AND MEMBERS
OF THE COMMITTEES:

The Department of Human Resources Development has **comments** on the proposed transfer. To protect the rights and benefits of the employees to be transferred, the language for the transfer of employees and officers from one agency to another in Section 5 should read:

“All rights, powers, functions, and duties of the department of public safety relating to the medical use of marijuana under chapter 329, part IX, Hawaii Revised Statute; are transferred to the department of health.

All employees who occupy civil service positions and whose functions are transferred to the department of health by this Act shall retain their civil service status, whether

permanent or temporary. Employees shall be transferred without loss of salary, seniority (except as prescribed by applicable collective bargaining agreement), retention points, prior service credit, any vacation and sick leave credits previously earned, and other rights, benefits, and privileges, in accordance with state personnel laws and this Act, provided that the employees possess the minimum qualifications and public employment requirements for the class or position to which transferred or appointed, as applicable, provided further that subsequent changes in status may be made pursuant to applicable civil service and compensation laws.

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

Thank you for the opportunity to offer comments on this measure.

DEPARTMENT OF THE PROSECUTING ATTORNEY
CITY AND COUNTY OF HONOLULU

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

KEITH M. KANESHIRO
PROSECUTING ATTORNEY



ARMINA A. CHING
FIRST DEPUTY PROSECUTING ATTORNEY

**THE HONORABLE 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. 668; RELATING TO HEALTH.

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. 668.

The purpose of this bill is to omit the location of a patient's medical marijuana supply from his or her registry card; prohibit the Department of Public Safety from knowing the patient's qualifying medical condition or requiring that a patient's certifying physician be the primary care physician; and 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). 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.

In light of this, strict regulations should be maintained to facilitate effective enforcement and control of this highly controlled substance. In particular, it is important for law enforcement officers to readily identify the proper location of a patient's medical marijuana supply, and for the Department of Public Safety to require that certifications for medical marijuana be issued by a

patient's primary care physician, for a specified medical condition. To do otherwise would permit or even encourage widespread abuse of the medical marijuana laws and marijuana usage.

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. 668. Thank you for this opportunity to testify on this matter.

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

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



KIRK W. CALDWELL
MAYOR

LOUIS M. KEALOHA
CHIEF

DAVE M. KAJIHIRO
MARIE A. McCAULEY
DEPUTY CHIEFS

OUR REFERENCE **JI-TA**

February 8, 2013

The Honorable Della Au Belatti, Chair
and Members
Committee on Health
The Honorable Henry J. C. Aquino, Chair
and Members
Committee on Public Safety
State House of Representatives
Hawaii State Capitol
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Chairs Belatti and Aquino and Members:

Subject: House Bill No. 668, Relating to Health

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. 668, Relating to Health.

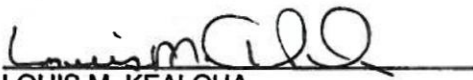
This bill seeks to have the administration of Hawaii's medical marijuana law transferred from the Department of Public Safety to the Department of Health.

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. Research has also shown that marijuana has a high potential for abuse and addiction and remains classified as a Schedule I controlled substance under the Controlled Substances Act of 1970.

Therefore, in the interest of the health and safety of the general public, the Honolulu Police Department opposes any measure to change the administration of the medical use of marijuana law.

Thank you for the opportunity to testify.

APPROVED:


LOUIS M. KEALOHA
Chief of Police

Sincerely,


JERRY INOUYE, Captain
Narcotics/Vice Division

TESTIMONY OF THE HAWAI`I POLICE DEPARTMENT

HOUSE BILL 668

RELATING TO HEALTH

BEFORE THE COMMITTEES ON HEALTH AND PUBLIC SAFETY

DATE : Friday, February 8, 2013

TIME : 8:30 A.M.

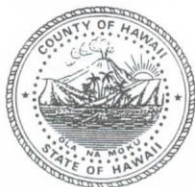
**PLACE : Conference Room 329
State Capitol
415 South Beretania Street**

PERSON TESTIFYING:

**Acting Police Chief Paul K. Ferreira
Hawai`i Police Department
County of Hawai`i**

(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
(808) 935-3311 • Fax (808) 961-8865

February 6, 2013

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

RE: HOUSE BILL 668 RELATING TO HEALTH

Dear Representatives Bellatti and Aquino:

The Hawai'i Police Department strongly opposes House Bill 668 with its purpose being to transfer departmental jurisdiction of the Medical Marijuana laws from the Department of Public Safety (DPS) to the Department of Health and requires DPS to assist with the transfer.

The Department of Public Safety is best equipped to manage and maintain the Medical Marijuana Program whereas the Department of Health is not. The Department of Health does not possess law enforcement powers, and therefore would not be able to enforce the rules set forth in the Medical Marijuana Program. The Department of Public Safety is best suited to maintain jurisdiction over the Program and has already established and demonstrated their ability to satisfactorily maintain the Medical Marijuana Program. In addition, the Department of Public Safety has law enforcement powers and possesses the ability and means to properly address those who deviate from the Program's rules.

We find it ironic the Department of Health would be expected to oversee the Medical Marijuana Program, when according to the State of Hawai'i Department of Health's website, their mission is "to protect and improve the health and environment for all people in Hawai'i." Having the Department of Health oversee the Medical Marijuana Program goes against their own mission statement, especially when it is acknowledged there are known health risks associated with Marijuana use.

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

Thank you for allowing the Hawai'i Police Department to provide comments relating to House Bill 668.

Sincerely,

PAUL K. FERREIRA
ACTING POLICE CHIEF

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 668 – TRANSFER OF MEDICAL CANNABIS PROGRAM TO DOH

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 for many years that resulted in Hawai'i becoming the first state legislature to pass a medical cannabis law in 2000.

HB 668 transfers departmental jurisdiction of the medical marijuana laws from the Department of Public Safety (PSD) to the Department of Health and requires DPS to assist with the transfer. Effective July 1, 2013.

Community Alliance on Prisons is in support of this measure, as is the Director of the Department of Public Safety (PSD) who included this statement in remarks during his confirmation hearing before the Committee on Public Safety and Military Affairs yesterday.

The proper agency to handle health issues is the Department of Health. The medical cannabis program currently resides in the Narcotics Enforcement Division (NED) of PSD. This has presented a plethora of problems including (but certainly not limited to) the division's administrator releasing the confidential information about patients to the press, the continuing disregard of patients, the excessive overtime at NED (2500 hours in one year alone), the extreme intimidation of doctors who recommend medical cannabis to patients, and the extreme delay that patients experience obtaining their registration cards.

The Medical Cannabis program is a public health program; NED operates the program from an enforcement and control posture that is inconsistent with managing a health program. Therefore, placement in the NED is antithetical to the legislative intent of the measure and to the stated mission of the NED. The Medical Cannabis program is a public health program intended to serve the suffering and seriously ill people of Hawai'i.

The medical cannabis law was passed as compassionate legislation to address the needs and relieve the suffering of Hawai'i's residents. The NED has proven to be without compassion and, in fact, has proven their disdain for medical cannabis patients. This is a very sad statement for the Aloha State.

Of the 18 states, plus the District of Columbia, that have medical marijuana/cannabis programs, only Hawai'i and Vermont house them in a law enforcement agency. Most states have placed their program in a state health department.

The program's placement in NED is in part responsible for the reluctance of many physicians to recommend medical cannabis to their patients. Physicians are concerned that their program applications are reviewed by the same entity that deals with the Drug Enforcement Agency daily on issues of over-prescribing, "doctor shopping" and the like. This results in many patients being prescribed narcotics with many side effects, when medical cannabis has been shown to better relieve their suffering producing none of the awful side effect.

In the thirteen years since the inception of the medical cannabis program, the NED has done nothing to educate the public about the program or even how to access the application. The NED does not maintain a website on the program and has limited and hard to find information about the program on its current website. Such information is necessary for patients, caregivers, and physicians trying to stay within the law. In fact, the Drug Policy of Forum of Hawai'i issued a handbook for patients and doctors when NED failed to do so.

The law requires DOH to set up a protocol for adding new covered medical conditions for which research indicates that cannabis may be helpful, however, DOH has never done this. This is the only part of the medical marijuana law for which DOH is responsible.

If the entire program were housed in DOH, they would be more likely to activate this provision. Medical research has advanced in the past 13 years and there are many new conditions/ailments/diseases for which medical cannabis has been shown to be helpful.

Community Alliance on Prisons, therefore, supports the transfer of the Medical Cannabis program to DOH so it can be properly managed as the public health program the law intended.

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: HB668 Relating to Medical Marijuana, to be heard on Friday, February 8, at
8:30 AM in conference room 329

The Libertarian Party strongly supports HB668 as it will ease the problems faced by persons with diseases that may be helped by marijuana. It makes much more sense for the Department of Health to supervise medical marijuana than the Department of Public Safety.

For the record we support the free and open use of this drug without prohibition.

Very Truly Yours:



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 1:12 PM
To: HLTtestimony
Subject: HB668 Transfers MMJ Program to Health

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: Andrea Tischler, Chair Big Island Chapter of Americans for Safe Access
RE: HB 668 – Relating to Health
Hearing: Friday, February 8, 2013, room 329, 8:30 am
Position: Strong Support

Americans for Safe Access, Big Island Chapter with over 5000 patients on the Big Island are writing to strongly support moving the oversight of the medical cannabis program to the Department of Health. This program is a health program not a law enforcement program. When the state passed the medical cannabis program in 2000 it was the Department of Narcotics Enforcement that had the say in who administered the program. This was a mistake from the beginning.

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

It is the general feeling of patients that NED does not support the medical cannabis program and do all they can to undermine the program. A very good example of this is that the former chief of NED attends community meetings where he has presented power point presentations showing photos of doctors who recommend cannabis and speaks unfavorably about patient's legitimate right to medical cannabis.

Americans for Safe Access strongly supports passage of this during this legislative session. Please support HB 668. Mahalo for allowing me to testify on this vitally important piece of legislation



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 668 Relating to Health

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 which moves the Medical Use of Marijuana Program from the Department of Public Safety's Narcotics Enforcement Division to the Department of Health.

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

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

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

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

Of the 18 states and the District of Columbia which have medical marijuana programs, only Hawaii and Vermont house them in a law enforcement agency. Other states have placed the program in a state health department.

Although other states provide web-based information, the NED has limited and hard to find information about the program on its current departmental website. Such information is necessary for patients, caregivers, and physicians who register because they want to be law-abiding citizens.

The NED requires physicians to obtain application forms from NED whereas other states (e.g. Oregon and Colorado) provide and accept forms from patients themselves and post the blank forms on their websites.

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

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

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

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

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



TO: House Committees on Health & Public Safety

FROM: Pamela Lichy, MPH
President

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

RE: H.B. 668 RELATING TO HEALTH – **IN STRONG SUPPORT**

Aloha Chairs Belatti and Aquino, Vice Chairs Morikawa and Ing and members of the Committee. My name is Pam Lichy and I'm testifying for the Drug Policy Action Group. I was also Co-Chair of the Medical Cannabis Working Group which submitted recommendations to this body in 2010.

The bill under consideration today, which would transfer the administration of the Medical Marijuana program from the Narcotics Enforcement Division (NED) of the Department of Public Safety to the Department of Health was one of the top four priorities for the Working Group. All of the surveyed stakeholders from patients to caregivers to physicians believed that it was imperative to address this critical problem with Hawaii's medical marijuana program.

The program, as you are aware, has been in place since 2000, but has never been updated. In the meantime eighteen other states plus the District of Columbia have implemented similar programs. Only in Hawai'i and in Vermont is the program placed in a law enforcement agency (and Vermont copied Hawaii.). All of the other states and jurisdictions, which have a registry system, have it within their Department of Health.

Simply put, it is inappropriate that the Narcotics Enforcement Division (NED) of the Department of Public Safety remains in charge of this public health program. The mission of NED is antithetical to the aims of the program; the compassionate goals of the program, to address the suffering of people with serious medical conditions, are far more compatible with those of the Department of Health.

Moreover, the aversion of NED to the program it administers has become common knowledge among patients, physicians and caregivers alike, and their subpar program management has resulted in breaches of confidentiality and lengthy waits for the simple registration card ("blue card") to be issued.

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

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

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

There are many provisions in this measure, which are echoed in the next bill on the agenda, HB 667, but they seem to be identical in nature and I don't believe they are in conflict. We feel confident that if this bill moves forward, and if new Administrative Rules are promulgated, DOH will convene and consult with a well-defined and broad group of stakeholders to improve the way the program works.

On the following page the Executive Summary of the Medical Cannabis Working Group, which was issued in February 2010, appears. (The entire report can be found on the Drug Policy Forum of Hawai'i website: www.dpfhi.org.) You'll note that moving the program to DOH was one of the top four recommendations of the Group.

In sum, we ask the Committees to pass this critically important bill on to Finance with a strong recommendation for approval.

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 insure that patients have an adequate supply of their medicine;
3. Allow caregivers to care for at least five patients to ensure that patients are assured of an adequate supply and a competent caregiver; and

4. Transfer medical marijuana program oversight from the Department of Public Safety - a law enforcement agency – to the Department of Health. [emphasis added]

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

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

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

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

morikawa2 - Shaun

From: Lee Eisenstein [lionel@cruzio.com]
Sent: Monday, February 04, 2013 10:09 PM
To: HLTtestimony
Cc: pbstestimony
Subject: HB 668

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: Lee Eisenstein
RE: HB 668 - Relating to Health
Hearing: Friday, February 8, 2013, room 329, 8:30 am
Position: Strong Support

Aloha,

Marijuana has a safety profile second to none. It's consumption is medically beneficial, boosting everything from resistance to diseases and serious conditions, to anti-aging, as current clinical research and a massive number of patient testimonies now shows.

There is no rational reason for it to be treated as a criminal issue.

Over the past 13 years, the Narcotics Enforcement Division (NED) has not shown that it is qualified to manage a public health program:

The NED does not maintain a website on the program and has limited and hard to find information about the program on its current website. Such information is necessary for patients, caregivers, and physicians trying to stay within the law.

The NED does no public health outreach to inform qualifying patients of the existence of the program. Instead it works from an enforcement and control posture that is inconsistent with managing a health program.

The NED requires physicians to obtain application forms for patients whereas other states (e.g. Oregon and Colorado) provide and accept forms from patients themselves and post the blank forms on their websites.

In the past, the NED has violated patient confidentiality and put Hawaii's sick people at risk by releasing the names and addresses of the registered patients, caregivers and physicians to the media.

Hawaii's Medical Cannabis program is a health program, not a narcotics enforcement program:

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 18 states plus District of Columbia 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.

Placement in the NED is antithetical to the legislative intent of the measure and to the stated mission of the NED; it is a public health program intended to serve the seriously ill.

Many patients, caregivers, and physicians are intimidated by dealing with a narcotics enforcement agency; they therefore do not register and face the threat of arrest by state or local authorities.

The program's placement in NED is in part responsible for the reluctance of many physicians to certify patients. Physicians are concerned that their program applications are reviewed by the same entity that deals with the Drug Enforcement Agency daily on issues of over-prescribing, "doctor shopping" and the like.

The law requires DOH to set up a protocol for adding new covered medical conditions for which research indicates that cannabis may be helpful. This provision is in current law, but has never been implemented. This is the only part of the medical marijuana law for which DOH is responsible. If the entire program were housed in DOH, it would be more likely to activate this provision. Medical research has advanced in the past 13 years and there are many new conditions/ailments/diseases for which medical cannabis has been shown to be helpful and more and more are being discovered.

I strongly support this bill.

Aloha,
Lee Eisenstein

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 04, 2013 9:22 PM
To: HLTtestimony
Cc: teresa.parsons@hawaii.edu
Subject: Submitted testimony for HB668 on Feb 8, 2013 08:30AM

HB668

Submitted on: 2/4/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Teresa Parsons	Individual	Oppose	No

Comments: Esteemed Committee Chair, Vice Chair and members, I am writing to strongly oppose this measure to move the regulation of marijuana from DPS to DHS. As a healthcare provider, I researched the benefits of marijuana for medical purposes, and I fail to find sufficient evidence that outweighs the negative outcomes. We already have enough injury and death in our State from impaired drivers, boaters, and others. Adding another judgement impairing substance to be used/abused makes no sense to me. We do not understand the interactions with prescription medications. Please do not allow this to be allowed in our State! I thank you for the opportunity to express my concerns and appreciate your time.

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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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 04, 2013 4:11 PM
To: HLTtestimony
Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for HB668 on Feb 8, 2013 08:30AM*

HB668

Submitted on: 2/4/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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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morikawa2 - Shaun

From: Brenda Cloutier [blcloutier@yahoo.com]
Sent: Tuesday, February 05, 2013 9:13 AM
To: HLTtestimony
Subject: Testamony -- HB 668 -- Relating to Health

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: Brenda L. Cloutier
RE: HB 668 -- Relating to Health
Hearing: Friday, February 8, 2013, room 329, 8:30 am
Position: Strong Support

When I researched the law before I moved here in 2009, I was aghast that Hawai'i's Medical Marijuana program was managed by N.E.D. Oregon and Washington's medical marijuana programs are managed through the Department of Health. I was actually afraid to join the program here. However, because I believe it's more necessary to be legal when on the bleeding edge of the law, I jumped the hoops and registered.

Management through the Narcotics Department seems like a violation of HIPPA laws.

I've always wondered how many people would become legal medical marijuana patients if the system were properly managed as a health issue instead of a public safety and narcotics problem.

Over the past 13 years, the Narcotics Enforcement Division (NED) has not shown that it is qualified to manage a public health program:

- N.E.D. does not maintain a website on the program and has limited and hard to find information about the program on its current website. Such information is necessary for patients, caregivers, and physicians trying to stay within the law. By hiding this information, it reduces the patient or caregiver's ability to make sure they are in compliance.
- N.E.D. requires physicians to obtain application forms and file them for their patients. Other states (e.g. Oregon and Colorado) provide and accept forms from patients themselves and post the blank forms on their websites.
- N.E.D. does not send out any renewal reminders that the patient's Blue Card is scheduled to expire. Many patients such as myself have a difficult time remembering when things come due. And because N.E.D. is always many weeks behind issuing new and renewal cards, the renewal month changes every year, making it even more difficult to track.
- N.E.D. does no public health outreach to inform qualifying patients of the existence of the program. Instead it works from an enforcement and control posture that is inconsistent with managing a

health program.

- In the past, the N.E.D. has violated patient confidentiality and put Hawaii's sick people at risk by releasing the names and addresses of the registered patients, caregivers, and physicians to the media.

Hawaii's Medical Cannabis program is a health program, not a narcotics enforcement program:

- 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 18 states plus District of Columbia 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.
- Placement in the NED is antithetical to the legislative intent of the measure and to the stated mission of the NED; it is a public health program intended to serve the seriously ill.
- Many patients, caregivers, and physicians are intimidated by dealing with a narcotics enforcement agency; they therefore do not register and face the threat of arrest by state or local authorities.
- The program's placement in NED is in part responsible for the reluctance of many physicians to certify patients. Physicians are concerned that their program applications are reviewed by the same entity that deals with the Drug Enforcement Agency daily on issues of over-prescribing, "doctor shopping" and the like.
- The law requires DOH to set up a protocol for adding new covered medical conditions for which research indicates that cannabis may be helpful. *This provision is in current law, but has never been implemented. This is the only part of the medical marijuana law for which DOH is responsible.*
- If the entire program were housed in DOH, it would be more likely to activate this provision. Medical research has advanced in the past 13 years and there are many new conditions/ailments/diseases for which medical cannabis has been shown to be helpful.
- Medical research now knows more about the human endocannabinoid system and how cannabis works on the human body and brain better than they know how penicillin works. As a non-lethal medical therapeutic, it needs to be managed by the D.O.H., not N.E.D.

Most sincerely,

Brenda L. Cloutier

2712 Pulima Drive

Hilo, HI

808-935-0803

morikawa2 - Shaun

From: Hotmail [cliftonotto@hotmail.com]
Sent: Tuesday, February 05, 2013 11:14 AM
To: Clif Email; HLTtestimony; pbstestimony
Subject: *****SPAM***** HB 668 – Relating to Health

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: Clifton Otto, MD
RE: HB 668 – Relating to Health
Hearing: Friday, February 8, 2013, room 329, 8:30 am
Position: Strong Support

The original intent of Hawaii's Medical Marijuana Law was to place Hawaii's Medical Marijuana Program within the Department of Health.

Unfortunately, politics got in the way, and instead the program was temporarily placed with the Narcotics Enforcement Division, a department that has a direct conflict of interest due to its policy of treating Cannabis as an illegal drug.

Hawaii's Medical Marijuana Program was created because States hold the authority to decide the medical use of controlled substances. Therefore, the Department of Health should have no problem recognizing the medical use of Cannabis that exists in Hawaii and accept the transfer of the program to its department in order to live up to its mission to protect the health of all patients in Hawaii.

From a financial point of view, the proposed annual fee of \$35 times nearly 12,000 patients would provide \$420K in annual revenue, which is more than enough to cover the administration of this program.

The transfer of the program to DOH should also include the stipulation that the department **MUST** create administrative rules that would allow for adding new debilitating conditions to Hawaii's Medical Marijuana Program. DOH currently holds this authority, but has done nothing to create such administrative rules during the past twelve years of the Program's existence.

Notification of the patient's Primary Care Provider that a Medical Marijuana Certification has occurred is up to the patient, since this is protected confidential medical information.

With the transfer to DOH, the name of this program should be changed to "Medical Cannabis Program" since "Marijuana" is a slang term created by prohibitionists and carries unnecessary negative connotations.

Clifton Otto, MD
Honolulu, HI

morikawa2 - Shaun

From: david ostler [dostler007@gmail.com]
Sent: Tuesday, February 05, 2013 7:14 AM
To: HLTtestimony
Subject: HB 668

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: David Ostler
RE: HB 668 – Relating to Health
Hearing: Friday, February 8, 2013, room 329, 8:30 am
Position: Strong Support

My wife and I are medical marijuana patients and consider our use as a medical issue and not a "narcotics" issue.

We are strongly in support of HB 668.

morikawa2 - Shaun

From: andy kress [solsir42003@yahoo.com]
Sent: Tuesday, February 05, 2013 12:57 PM
To: HLTtestimony; pbstestimony
Subject: HB 668 -Relating to Health

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: Andy Kress
RE: HB 668 – Relating to Health
Hearing: Friday, February 8, 2013, room 329, 8:30 am
Position: Strong Support

Over the past 13 years, the Narcotics Enforcement Division (NED) has not shown that it is qualified to manage a public health program:

The NED does not maintain a website on the program and has limited and hard to find information about the program on its current website. Such information is necessary for patients, caregivers, and physicians trying to stay within the law.

The NED does no public health outreach to inform qualifying patients of the existence of the program. Instead it works from an enforcement and control posture that is inconsistent with managing a health program.

The NED requires physicians to obtain application forms for patients whereas other states (e.g. Oregon and Colorado) provide and accept forms from patients themselves and post the blank forms on their websites.

In the past, the NED has violated patient confidentiality and put Hawaii's sick people at risk by releasing the names and addresses of the registered patients, caregivers and physicians to the media.

Hawaii's Medical Cannabis program is a health program, not a narcotics enforcement program:

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 18 states plus District of Columbia 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.

Placement in the NED is antithetical to the legislative intent of the measure and to the stated mission of the NED; it is a public health program intended to serve the seriously ill.

Many patients, caregivers, and physicians are intimidated by dealing with a narcotics enforcement agency; they therefore do not register and face the threat of arrest by state or local authorities.

The program's placement in NED is in part responsible for the reluctance of many physicians to certify patients. Physicians are concerned that their program applications are reviewed by the same entity that deals with the Drug Enforcement Agency daily on issues of over-prescribing, "doctor shopping" and the like.

The law requires DOH to set up a protocol for adding new covered medical conditions for which research indicates that cannabis may be helpful. This provision is in current law, but has never been implemented. This is the only part of the medical marijuana law for which DOH is responsible. If the entire program were housed in DOH, it would be more likely to activate this provision. Medical research has advanced in the past 13 years and there are many new conditions/ailments/diseases for which medical cannabis has been shown to be helpful.

Thank you - Andy Kress

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 05, 2013 3:14 PM
To: HLTtestimony
Cc: johnsound1@aim.com
Subject: Submitted testimony for HB668 on Feb 8, 2013 08:30AM

HB668

Submitted on: 2/5/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
John Delpit	Individual	Support	No

Comments: I support passage of this bill HB 668 and believe the matter is better handled by the Dept of Health than the current. Thank you.

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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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 05, 2013 12:49 PM
To: HLTtestimony
Cc: Mark@solights.com
Subject: Submitted testimony for HB668 on Feb 8, 2013 08:30AM

HB668

Submitted on: 2/5/2013

Testimony for HLT/PBS 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 support HB668 as in all other States that have Medical Marijuana except one other it is facilitated through the DOH.

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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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 05, 2013 2:27 PM
To: HLTtestimony
Cc: matrifkin28@gmail.com
Subject: Submitted testimony for HB668 on Feb 8, 2013 08:30AM

HB668

Submitted on: 2/5/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Matt Rifkin	Individual	Support	No

Comments: I was a resident in Hawaii for almost 10 years and a medical cannabis patient and activist for 7. Although I currently reside in California, I am writing in strong support of moving the Hawaii medical cannabis program to the Department of Health. The Department of Public Safety has been opposed to the law since its inception. They have treated patients as criminal suspects, and have done everything in their power to make the process as difficult as possible. They have printed fliers that say in bold red letters: "Know the facts, marijuana is not medicine." This is an out right lie. In the state of Hawaii marijuana IS medicine, yet they publish this flier anyway. Governor Abercrombie claims to support medical marijuana, yet a department under his control is not supporting his stated policy. Several years ago my name and other confidential information, along with all other patients at that time, was released by the Department of Public Safety to a Hilo newspaper journalist. What an outrage. I still have the letter of apology from Governor Lingle. This shows that the Dept of Public Safety is not suited to administer the program. The only other state where law enforcement is in charge of a medical marijuana program is Vermont. The program works there because law enforcement works WITH patients to find solutions to issues. I served on the Medical Cannabis Working Group in 2010, which was created to look for ways to improve the program. The Dept of Public Safety was invited but did not send a representative and has never been cooperative. It is time for the program to be transferred to the Dept of Health, where it belongs. After 13 years, please make this important change which will benefit residents of Hawaii.

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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morikawa2 - Shaun

From: Ren Walker [renwalker@hawaii.rr.com]
Sent: Tuesday, February 05, 2013 10:10 AM
To: HLTtestimony
Subject: HB 668

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: Henry A. "Ren" Walker III
RE: HB 668 – Relating to Health
Hearing: Friday, February 8, 2013, room 329, 8:30 am
Position: Strong Support

Write your own reasons for moving the medical cannabis program from the Department of Public Safety to the Department of Health. It is always a good idea to use your personal experiences and stories. You may also use two or three of the talking points I've provided below. Try to address the details in the bill you are testifying on since there may be some parts you like more than others.

i have had 14 operations on my legs, and 8 on my right ankle alone the damn thing hurts every step i take, and i have been allergic to morphine and its derivatives since the days of fall out shelters and id bracelets, proclaiming my morphine allergy. i have been to all kinds to orthopedic guys who tell me try to keep walking on it , or the last 5 degrees of vertical morion in R ankle will go, as the ankle will freeze up permanently from alla arthritis in the ankle...so i walk, and it hurts, and i take Advil and smoke marijuana. the pot doesn't take away the pain, but it makes me more preoccupied with other tasks at hand, eg golf, or gardening.

to have the medical program supervised by the narco squad who is known from dozens of cases to later steal and use or sell the confiscated drugs, is much like having the wolf guard the lunch room, i mean hen house

please organize along the lines of what MUM is intended for and quit burying your heads in the sand, hoping the drug lobbies and the old police state is going to keep the old status quo around forever, to keep their little fiefdoms and budgets

continued waste of tax payer \$\$\$ in time when need to be realistic.
please note other reasons cited by many why NED should n o t be trusted

mahalo for your time and thought

Over the past 13 years, the Narcotics Enforcement Division (NED) has not shown that it is qualified to manage a public health program:

- The NED does not maintain a website on the program and has limited and hard to find information about the program on its current website. Such information is necessary for patients, caregivers, and physicians trying to stay within the law.
- The NED does no public health outreach to inform qualifying patients of the existence of the program. Instead it works from an enforcement and control posture that is inconsistent with managing a health program.
- The NED requires physicians to obtain application forms for patients whereas other states (e.g. Oregon and Colorado) provide and accept forms from patients themselves and post the blank forms on their websites.
- In the past, the NED has violated patient confidentiality and put Hawaii's sick people at risk by releasing the names and addresses of the registered patients, caregivers and physicians to the media.

Hawaii's Medical Cannabis program is a health program, not a narcotics enforcement program:

- 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 18 states plus District of Columbia which have medical marijuana programs, only Hawaii'i and Vermont house them in a law enforcement agency. Other states have placed the program in a state health department.

- Placement in the NED is antithetical to the legislative intent of the measure and to the stated mission of the NED; it is a public health program intended to serve the seriously ill.
- Many patients, caregivers, and physicians are intimidated by dealing with a narcotics enforcement agency; they therefore do not register and face the threat of arrest by state or local authorities.
- The program's placement in NED is in part responsible for the reluctance of many physicians to certify patients. Physicians are concerned that their program applications are reviewed by the same entity that deals with the Drug Enforcement Agency daily on issues of over-prescribing, "doctor shopping" and the like.
- The law requires DOH to set up a protocol for adding new covered medical conditions for which research indicates that cannabis may be helpful. *This provision is in current law, but has never been implemented. This is the only part of the medical marijuana law for which DOH is responsible.* If the entire program were housed in DOH, it would be more likely to activate this provision. Medical research has advanced in the past 13 years and there are many new conditions/ailments/diseases for which medical cannabis has been shown to be helpful.
-

morikawa2 - Shaun

From: Subhadra Corcoran [peacesubhadra@gmail.com]
Sent: Tuesday, February 05, 2013 12:05 PM
To: HLTtestimony
Subject: hb668

Please pass this bill. It is a rational thing to do and something needs doing. Mahalo, Mrs. Corcoran

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 10:56 AM
To: HLTtestimony
Cc: surperhunter@gmail.com
Subject: *Submitted testimony for HB668 on Feb 8, 2013 08:30AM*

HB668

Submitted on: 2/6/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Arrik Blacl	Individual	Support	No

Comments:

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morikawa2 - Shaun

From: Angela Videotron [angelavideotron@gmail.com]
Sent: Wednesday, February 06, 2013 12:45 PM
To: HLTtestimony
Subject: Strong support of HB 668

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: Angela Breene
RE: HB 668 – Relating to Health
Hearing: Friday, February 8, 2013, room 329, 8:30 am
Position: Strong Support

Aloha Representatives,

Thank you for the opportunity to testify in strong support of HB 668 which will transfer the state's medical use of marijuana program to the Department of Health.

In 2012 I became a registered medical cannabis patient in Hawaii. This has greatly improved my overall health because I can now effectively manage my chronic pain with safe, natural, unadulterated cannabis instead of liver-damaging, ulcer-causing pharmaceuticals like ibuprofen and acetaminophen or highly physically addictive prescription pain-killers. I'm a college educated, two-job-working, law-abiding, tax paying citizen and have never had any run-ins with law enforcement other than the occasional speeding ticket. Medical cannabis users like myself are NOT criminals and are NOT being well served by the Narcotics Enforcement Division, which currently oversees the program.

The NED has proved incapable of effectively managing this program, and indeed appears to imply their position is one of discouragement and dis-information. The NED does no outreach or education on the program. It was very difficult to find information online about the medical cannabis program because the NED does not maintain a website specifically on the program - only buries limited information on their existing website. Also, the application process is difficult and processing time outrageously long, leaving patients waiting to get their card - and their medicine - for months.

Most outrageously, the NED has violated patient confidentiality and put Hawaii residents at risk by releasing names and addresses of registered patients and caregivers to the media. This is putting people at risk of discrimination, loss of employment, and potential to be robbed and assaulted for the legal cannabis they are growing as medicine. It's NED screw-ups like this that make many patients, caregivers and physicians too intimidated to deal with a narcotics enforcement agency, and so will choose to stay illegal rather than register with the NED.

Hawaii's Medical Cannabis program is a health program created to help people with medical need, not a narcotics enforcement program. 16 out of 18 states with medical cannabis programs placed the program with their State Health Department. Hawaii and Vermont are the only states wrongfully placing medical cannabis under law enforcement agency oversight. Placing the medical cannabis program in the Department of Health will greatly benefit everyone involved. I urge you to pass HB 668.

Sincerely,

Angela Breene

angelavideotron@gmail.com

Haleiwa, HI 96712

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: Bethany Barabe

RE: HB 668 – Relating to Health

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

Position: Strong Support

The program which Medical Cannabis should be placed under is the Hawaii's Department of Health. Currently it lies under the Narcotic program in Hawaii's Public Safety Department. Why it was ever placed here I honestly do not know. I can attest to the fact that there is a lot of fear with the use of medical cannabis. I am one of the people who are afraid to venture out to get the medical assistance I need. This fear is because of NED or Narcotics Enforcement Division. Not every law enforcement officer is a good egg. Often times they are corrupt. Why would anyone want to place themselves in that situation? I have not. There are not many people you can trust out on the streets. Being that I am of a smaller frame and a women with a disability; it is very hard for me to properly defend myself if the need arises. Not only am I leery of dealings on the street but I, also, am very intimidated by the narcotics enforcement agency. There is the fear that what if I am driving or going somewhere and am randomly targeted because I have a medical condition that allows me the qualification of using medical cannabis. So, since my card has recently expired I have not gone to re-register, and like many others, am now under the threat of arrest by state or local authorities. This threat has caused me to go without the medical cannabis, which results in my being in daily pain and discomfort.

To start the NED has violated patient confidentiality (which is against the law no doubt) by releasing to the media the names and addresses of the patients, caregivers, and physicians of medical cannabis. This release puts us in danger of not just harassment but of drug dealers coming to our homes to get this drug for the wrong reasons. It puts our lives at risk. Why would the NED do this? I wish I knew, but this kind of irresponsibility and lack of concern shows the NED should NOT have the control they currently do over medical cannabis.

The NED also does not provide a public health outreach that informs us patients who do qualify, that this program even exists. Rather than have an outreach program the

NED works from an enforcement and control posture which is inconsistent with managing a health program.

It is the Department of Health that should be overseeing the Medical Cannabis program. Currently the Department of Health oversees one little section of the cannabis program. This is the requirement of setting up a protocol for adding new covered medical conditions which research has indicated that cannabis maybe helpful for treating. This however is current law that has never been implemented. If the Department of Health controlled the entire program for medical cannabis then this part of the program will be more likely to be activated. The research for medical cannabis has advanced in the past 13 years. This advancement has discovered many new ailments/conditions/diseases that has proven medical cannabis is helpful in treating.

There will be many more people, like me, who will not have to live in pain and/or fear once the Department of Health takes over the program for medical cannabis.

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 11:04 AM
To: HLTtestimony
Cc: brabz96792@gmail.com
Subject: *Submitted testimony for HB668 on Feb 8, 2013 08:30AM*

HB668

Submitted on: 2/6/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Brian Turqueza	Individual	Support	No

Comments:

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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 11:53 AM
To: HLTtestimony
Cc: fatbrons@yahoo.com
Subject: *Submitted testimony for HB668 on Feb 8, 2013 08:30AM*

HB668

Submitted on: 2/6/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Bronson K. Yaw	Individual	Support	No

Comments:

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morikawa2 - Shaun

From: chris asaro [casaro3@gmail.com]
Sent: Wednesday, February 06, 2013 11:24 AM
To: HLTtestimony
Subject: RE: HB 668 – Relating to Health

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: christopher asaro
RE: HB 668 – Relating to Health
Hearing: Friday, February 8, 2013, room 329, 8:30 am
Position: Strong Support

Over the past 13 years, the Narcotics Enforcement Division (NED) has not shown that it is qualified to manage a public health program:

1. The NED does not maintain a website on the program and has limited and hard to find information about the program on its current website. Such information is necessary for patients, caregivers, and physicians trying to stay within the law.
2. The NED does no public health outreach to inform qualifying patients of the existence of the program. Instead it works from an enforcement and control posture that is inconsistent with managing a health program.
3. The NED requires physicians to obtain application forms for patients whereas other states (e.g. Oregon and Colorado) provide and accept forms from patients themselves and post the blank forms on their websites.
4. In the past, the NED has violated patient confidentiality and put Hawaii's sick people at risk by releasing the names and addresses of the registered patients, caregivers and physicians to the media.

Hawaii's Medical Cannabis program is a health program, not a narcotics enforcement program:

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.

- a. Of the 18 states plus District of Columbia 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.
- b. Placement in the NED is antithetical to the legislative intent of the measure and to the stated mission of the NED; it is a public health program intended to serve the seriously ill.
- c. Many patients, caregivers, and physicians are intimidated by dealing with a narcotics enforcement agency; they therefore do not register and face the threat of arrest by state or local authorities.
- d. The program's placement in NED is in part responsible for the reluctance of many physicians to certify patients. Physicians are concerned that their program applications are reviewed by the same entity that deals with the Drug Enforcement Agency daily on issues of over-prescribing, "doctor shopping" and the like.
- e. The law requires DOH to set up a protocol for adding new covered medical conditions for which research indicates that cannabis may be helpful. This provision is in current law, but has never been implemented. This is the only part of the medical marijuana law for which DOH is responsible. If the entire program were housed in

DOH, it would be more likely to activate this provision. Medical research has advanced in the past 13 years and there are many new conditions/ailments/diseases for which medical cannabis has been shown to be helpful.

TAKE ACTION - Hearing on moving the medical cannabis program to the Department of Health on Friday, February 8, 2013 Show Details
From Charlie Cook Tinfo@mcchi.org Aloha everyone,

We have two bills being heard on Friday so here is the second notice for the second hearing (which is in the same room and same time as the previous one).

The House Health and Public Safety committee (in a joint hearing) will be hearing HB 668, a bill that would transfer all jurisdiction over Hawaii's medical cannabis program from the Department of Safety to the Department of Health. The hearing is taking place this Friday, February 8, 2013, at 8:30 am. in room 329. Besides the limited space in the Capitol basement, you can park at Alii Place, entrance off Alakea Street just before Hotel Street.

Talking points, links to the bill, emails, etc, are all below.

Because this is a joint hearing, if you are submitting your testimony via email it is better to submit ALL testimony to both the Health Committee and the Public Safety Committee.

Please let me know if you have any questions. We need to keep up the momentum and get as much written testimony to the committees as we can!

Mahalo in advance for your continued work to improve Hawaii's medical cannabis program.

-Charlie

HB 668 – Relating to Health

What this bill does: Transfers jurisdiction over Hawaii's medical

cannabis program from the Department of Public Safety (it is currently housed in the Narcotics Enforcement Division - NED) to the Department of Health (DOH).

Link to Bill:

http://www.capitol.hawaii.gov/measure_indiv.aspx?billtype=HB&billnumber=668&year=2013

Link to Hearing Notice:

http://www.capitol.hawaii.gov/session2013/hearingnotices/HEARING_HLT-PBS_02-08-13_.HTM

Two ways to submit testimony:

1) By Email: E-mail if less than 5 pages in length, to BOTH Committees at HLTestimony@capitol.hawaii.gov AND PBStestimony@capitol.hawaii.gov. Please indicate the measure, date and time of the hearing. Email sent to individual offices or any other office will not be accepted.

2) By Web: Online if less than 4MB in size, at <http://www.capitol.hawaii.gov/emailtestimony>

USE THE FOLLOWING HEADER:

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: (Your Name)

RE: HB 668 – Relating to Health

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

Position: Strong Support

Write your own reasons for moving the medical cannabis program from the Department of Public Safety to the Department of Health. It is always a good idea to use your personal experiences and stories. You may also use two or three of the talking points I've provided below. Try to address the details in the bill you are testifying on since there may be some parts you like more than others.

Over the past 13 years, the Narcotics Enforcement Division (NED) has

not shown that it is qualified to manage a public health program:

The NED does not maintain a website on the program and has limited and hard to find information about the program on its current website. Such information is necessary for patients, caregivers, and physicians trying to stay within the law.

The NED does no public health outreach to inform qualifying patients of the existence of the program. Instead it works from an enforcement and control posture that is inconsistent with managing a health program.

The NED requires physicians to obtain application forms for patients whereas other states (e.g. Oregon and Colorado) provide and accept forms from patients themselves and post the blank forms on their websites.

In the past, the NED has violated patient confidentiality and put Hawaii's sick people at risk by releasing the names and addresses of the registered patients, caregivers and physicians to the media.

Hawaii's Medical Cannabis program is a health program, not a narcotics enforcement program:

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 18 states plus District of Columbia 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.

Placement in the NED is antithetical to the legislative intent of the measure and to the stated mission of the NED; it is a public health program intended to serve the seriously ill.

Many patients, caregivers, and physicians are intimidated by dealing with a narcotics enforcement agency; they therefore do not register and face the threat of arrest by state or local authorities.

The program's placement in NED is in part responsible for the reluctance of many physicians to certify patients. Physicians are concerned that their program applications are reviewed by the same entity that deals with the Drug Enforcement Agency daily on issues of over-prescribing, "doctor shopping" and the like.

The law requires DOH to set up a protocol for adding new covered medical conditions for which research indicates that cannabis may be helpful. This provision is in current law, but has never been implemented. This is the only part of the medical marijuana law for which DOH is responsible. If the entire program were housed in DOH, it would be more likely to activate this provision. Medical research has advanced in the past 13 years and there are many new conditions/ailments/diseases for which medical cannabis has been shown to be helpful.

morikawa2 - Shaun

From: Donn Arizumi [darizumi@aol.com]
Sent: Wednesday, February 06, 2013 1:26 AM
To: HLTtestimony
Cc: HawaiiPain@outlook.com
Subject: HB668-Relating to Health

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: Donn Arizumi

RE: HB 668 – Relating to Health

Hearing: [Friday, February 8, 2013](#), room 329, [8:30 am](#)

Position: Strong Support

Please make Medical Marijuana a program overseen by the Department of Public Health. I have my Medical Marijuana card but am terrified by the fact that the State Narcotics Division oversees this situation. My 5 year old twins know that I have chronic pain and use marijuana as medicine. In their innocence they have told their preschool teacher that I use marijuana. This has caused much anxiety for me because the school program director has called me on this issue and has stated that the protocol for investigation is through contacting Keith Kamita of the State Narcotics Division. Although I abide by all the laws governing the use of Medical Marijuana I think verification should be through an entity that is supportive of health related issues like this instead of an entity known to actively find and prosecute illegal activity regarding drugs.

I feel the Department of Public Health would be more proactive in support and awareness for patients and non-patients including schools, places of employment and caretakers.

I am an adult and take my use of medical marijuana seriously and I feel that the Department of Public Health has a greater sense of sensitivity towards the people who truly suffer from chronic pain and use marijuana through the proper channels.

Regard,
Donn Arizumi

Sent from my iPhone

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 12:06 PM
To: HLTtestimony
Cc: donyakiana@hotmail.com
Subject: *Submitted testimony for HB668 on Feb 8, 2013 08:30AM*

HB668

Submitted on: 2/6/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
donya pogtis	Individual	Support	No

Comments:

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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 1:05 AM
To: HLTtestimony
Cc: jarronn@hotmail.com
Subject: Submitted testimony for HB668 on Feb 8, 2013 08:30AM

HB668

Submitted on: 2/6/2013

Testimony for HLT/PBS 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, 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: Elijah Ariel RE: HB 668 – 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: Wednesday, February 06, 2013 11:00 AM
To: HLTtestimony
Cc: freddie_fenda@yahoo.com
Subject: *Submitted testimony for HB668 on Feb 8, 2013 08:30AM*

HB668

Submitted on: 2/6/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Frederic Cabison	Individual	Support	No

Comments:

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morikawa2 - Shaun

From: Bobich, Joseph [j.bobich@tcu.edu]
Sent: Tuesday, February 05, 2013 4:18 PM
To: HLTtestimony
Subject: HB 668 – Relating to Health

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: Joan Dickerson [jblocker@usa.net]
Sent: Wednesday, February 06, 2013 7:35 AM
To: HLTtestimony
Subject: HB668 Hearing 2/8/13 at 8:30 a.m.

Please move marijuana from Narcotic enforcement to the department of health. I believe in the legalization of marijuana for many reasons, but the most important thing is to have the valuable cannabinoids for relief of arthritis, back pain and adrenal stress and many other conditions. It is a valuable healing herb and should be de-stigmatized and regulated by a department concerned with health.

If marijuana were discovered today it would be the new wonder drug. If we were able to research freely and hybridize plants to achieve higher content of oils (and less THC) many health benefits would be available (that would be non-toxic).

Please vote to move the regulation of this valuable herb to it's proper place. Think...could it be that there is too much money in keeping marijuana "illegal". Not only is there too much money by keeping it illegal (the price is exorbitant for a plant that can easily be grown)...but are the pharmaceutical companies worried they can't patent it?

To have marijuana regulated by Narcotics enforcement keeps the illegal stigma attached and must be a conflict of interest for the agency. The public is crying out for reform. It is time for our officials to get in step with their constituents and move toward proper reform.

Thank you.
Joan Dickerson
jblocker@usa.net
3886 Punahale Rd.
Princeville, HI 96722

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 9:49 PM
To: HLTtestimony; pbstestimony
Subject: Support for HB 668

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: Jennifer Martin
RE: HB 668 – Relating to Health
Hearing: Friday, February 8, 2013, room 329, 8:30 am
Position: Strong Support

Hi,

I'm writing to ask for your support on this bill. The NED hasn't been able to keep up effectively with medical cannabis needs of Hawaii residents, so we need a better system.

Additionally, medical cannabis should be in the hands of the health department, not the Narcotics Enforcement Division. The NED are pretty much cops, and they are accustomed to catching and punishing bad people. Cannabis is not a substance, esp when used medically, that needs police-like interference- it needs, if anything, social workers and health workers to administer it.

Thank you for your consideration,

Jennifer Martin
Makawao, Maui

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 8:57 AM
To: HLTtestimony
Cc: Barbells@hotmail.com
Subject: Submitted testimony for HB668 on Feb 8, 2013 08:30AM

Follow Up Flag: Follow up
Flag Status: Flagged

HB668

Submitted on: 2/6/2013

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

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

Comments: Hawaii's medical marijuana program needs to be moved from the NED to the DOH. It should have never been given to the NED in the first place. Marijuana is a medicine and should be overseen and treated as such by the right department. I strongly support this bill. Thank you, James Rita

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morikawa2 - Shaun

From: Kori Harvey [koriaharvey@gmail.com]
Sent: Wednesday, February 06, 2013 3:28 PM
To: HLTtestimony
Subject: HB 668 : Strong Support

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

From: Kori Harvey

RE: HB 667 – Relating to Medical Marijuana

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

Position: Strong Support

Aloha Representatives,

Thank you for the opportunity to testify in strong support of HB 667 which improves the effectiveness of our state's medical marijuana program.

It seems to me that Medical Marijuana Program should be under the oversight of the Department of Health and NOT the Narcotics Enforcement Division.

The fact that names and addresses of registered Medical Marijuana Users were released to the media implies to ME, that the Narcotics Enforcement Division is using the registration process as a way to criminalize people for being responsible citizens and trying to obtain medicinal, legal cannabis

Furthermore, this could affect employment & the patients' safety! (They could be targeted for the legal cannabis they are growing as medicine).

Patients, Caregivers and physicians feel intimidated by the releasing of names...no WONDER they are hesitant to register with the NED when the NED doesn't seem to support them, rather the NED throws them to the wolves!

Hopefully the Department of Health will uphold patient confidentiality when it replaces the NED in overseeing the Medical Cannabis Program.

I know at least 2 people who have the medical cannabis card, and they are NOT criminals. They are law abiding citizens who contribute to the community and participate in social & political dialogues that affect the People of Hawaii.

Placing the medical cannabis program in the Department of Health will greatly benefit everyone involved. I urge you to pass HB 668 .

--
Kori Ann Harvey

morikawa2 - Shaun

From: Ken Peeler [knowwonknows@hotmail.com]
Sent: Wednesday, February 06, 2013 9:05 AM
To: HLTtestimony; pbstestimony
Subject: Medical Cannabis, not DEA jurisdiction

Follow Up Flag: Follow up
Flag Status: Flagged

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: Kenneth Peeler
RE: HB 668 – Relating to Health
Hearing: Friday, February 8, 2013, room 329, 8:30 am
Position: Strong Support

Hawaii was one of the first to allow medical cannabis in the 50 states. They had the right idea, but others that have followed put it under medical not DEA. The drug war on cannabis is OVER.

Mahalo!

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 2:28 PM
To: HLTtestimony
Cc: Lcaldwell12@live.com
Subject: *Submitted testimony for HB668 on Feb 8, 2013 08:30AM*

HB668

Submitted on: 2/6/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Larry Caldwell	Individual	Support	No

Comments:

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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 9:33 AM
To: HLTtestimony
Cc: mpaiello@gmail.com
Subject: Submitted testimony for HB668 on Feb 8, 2013 08:30AM

Follow Up Flag: Follow up
Flag Status: Flagged

HB668

Submitted on: 2/6/2013

Testimony for HLT/PBS 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 strongly support HB668. It is the height of common sense to put a medical program in the hands of the Department of Health. Mike Aiello Keaau, HI

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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 12:52 PM
To: HLTtestimony
Cc: randomnesskyie@yahoo.com
Subject: Submitted testimony for HB668 on Feb 8, 2013 08:30AM

HB668

Submitted on: 2/6/2013

Testimony for HLT/PBS 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: This is the only smart thing to do since this is a medical issue, not a criminal one. The problem lies in the NED works from a law enforcement attitude, not a caring for the sick one. Transferring this to the Dept. of Health can improve the quality of many sick patients. There can be better communications & more trust in the program.

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morikawa2 - Shaun

From: Philip Valentine [primojr99@gmail.com]
Sent: Wednesday, February 06, 2013 2:38 PM
To: HLTtestimony
Cc: pbstestimony
Subject: Testimony for HB 668

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: (Your Name)
RE: HB 668 – Relating to Health
Hearing: Friday, February 8, 2013, room 329, 8:30 am
Position: Strong Support

I am a registered medicinal marijuana patient. I firmly believe like many others that this could be a pinnacle year for cannabis and everything connected to it. Although I am very sick and disabled I just wanted to share some personal testimony so that you know the REAL truth about medicinal marijuana. It is crucial that the elected officials calling the shots understand that we are not just stoners we are ill, and this all about medicinal use for relief from pain.

I am in strong support of HB 668 (Relating to Health). The Medical Cannabis Program should be moved from the Dept. of Public Safety to the Dept. of Health. In the past 13 years the program has very little information (which is also hard to find), and this causes a lot of confusion for patients, caregivers, doctors, who are just trying to stay within the law. There are no public health outreach phone numbers, web sites, to get the information out to existing or future qualifying patients so they can get the help they need. It currently works from a control and enforcement posture which is not consistent with a health program.

I am also concerned about possible occurrences of patient confidentiality violations that has already happened in the past when the names and addresses of patients, caregivers, doctors, were released to the media by the NED. Because of this posture patients, caregivers, doctors, are intimidated to not register with a narcotics enforcement agency which forces them to have to break the law to receive or provide relief. This is also directly why doctors are reluctant to certify their patients.

Mahalo
Philip Valentine Jr

morikawa2 - Shaun

From: Lopaka [lopaka45@gmail.com]
Sent: Wednesday, February 06, 2013 1:20 PM
To: HLTtestimony

To: Rep. Della au Belatti, Chair
Rep. Dee Morakawa, Vice Chair
From: Robert Slavin
Re: HB 667 - Relating to Medical Marijuana
Hearing: Friday, February 8, 2013, 8:30 A.M. Room 329
Position: Strong Support

I am a 70 year old retired teacher; I rarely use alcohol and quit smoking cigarettes in 1979. I am well educated, have always been a hard-working and useful member of society, and I have found relief from a moderate use of cannabis - so much less impairing than the narcotics that my doctors prescribe. I suffer from an array of neuropathies & paresthesias related to cervical radiculopathy. I had a subtotal meniscectomy in 1996, a knee replacement in 2012, and suffer from ongoing knee and iliotibial band pain. Degenerative changes are occurring in my knees, neck, and ankles, as well as arthritic spurs (osteophytes). These pains can be severe and debilitating. Please believe me when I say that my pain is eased by this natural substance. This is backed up by studies concluding that marijuana is effective in controlling chronic pain, and an extremely safe medication. In addition, marijuana use is less debilitating than alcohol or narcotics for relaxation/calming purposes. The following are all deficiencies of the current medical cannabis program. Patient confidentiality has not been respected when the police were in charge of registering patients. Caregivers are prohibited from providing cannabis to more than one patient or from receiving any remuneration for the costs associated with growing, as well as being targeted for theft when their addresses are easily known. Patients from another state are not authorized to use cannabis when they visit Hawaii.

After 13 years of inaction, none of these or any other related issues have been addressed.

HB 667 addresses and corrects all of these inaccuracies. Please pass this law that will improve immensely the lives of seriously ill medical cannabis patients.

Mahalo

Robert Slavin

1129 Rycroft St. #208

Honolulu, HI 96814
[\(808\) 596-8843](tel:8085968843)

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 11:01 AM
To: HLTtestimony
Cc: ruataft@yahoo.com
Subject: *Submitted testimony for HB668 on Feb 8, 2013 08:30AM*

HB668

Submitted on: 2/6/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Rua Taft	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 2:13 PM
To: HLTtestimony
Cc: buzzzed@msn.com
Subject: Submitted testimony for HB668 on Feb 8, 2013 08:30AM

HB668

Submitted on: 2/6/2013

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

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

Comments: Sandy Webb, RN, BSN February 6, 2013 73-993 Ahikawa St. Kailua –Kona, HI 96740 Submitted for Strong Support of HB 668- a bill to move the Medical Cannabis Program to the Dept. of Health Mahalo for giving the people a chance to be heard on the subject of changing the Medical Marijuana Program from the Dept. of Public Safety to the Dept. of Health. I feel it is a long needed change as it is a matter of patient health issues, not a matter that needs to be “policed” by the Narcotics Enforcement Division (NED). Most of the other states that have Cannabis legal for use by patients with qualifying conditions have the program overseen by the Dept. of Health. This is place where patients would get the evolving service they deserve for such a program. The program in Hawaii has not evolved for the good of the patient in 13 years. And the law was intended to “help” people with qualifying conditions. The current law requires the Dept. of Health to set up a protocol for adding new medical conditions for which research indicates that cannabis may be helpful. It has never been implemented. If the entire program were overseen by Dept. of Health, it would be more likely to evolve and start keeping up to date with the current standards of care. Why patients, caregivers and doctors have been intimidated for using the Medical Marijuana Program is directly related to it being overseen by the NED. It is a conflict of interest of the NED to improve the program for the good of the patient. The Hawaii Pain Patient Bill of Rights allows for patients to have confidentiality and choice in the course of their treatment for their ailments. The NED has never recognized this and regularly treats patients like they are not law abiding and with very little respect for their conditions. A change to the Dept. of Health would be a positive step to providing a more complete program and up to current standards of care for Medical Marijuana Patients. Respectfully submitted with Strong Support, Sandy Webb, RN

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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 12:47 PM
To: HLTtestimony
Cc: perezohb@yahoo.com
Subject: *Submitted testimony for HB668 on Feb 8, 2013 08:30AM*

HB668

Submitted on: 2/6/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Vincent Perez	Individual	Support	No

Comments:

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5 February 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: Curtis Zimmerman
RE: HB 668 - Relating to Health
Hearing: Friday, February 8, 2013, room 329, 8:30am
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.

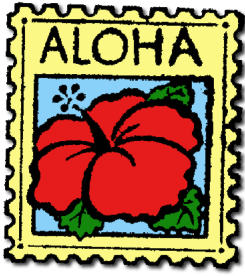
Enter cannabis. I was first alerted to Hawaii's medical marijuana program by a doctor at the VA Hospital, who could himself do nothing for me, but instructed me to look online and seek out a doctor who would provide me a treatment plan to manage my pain without dangerous drugs.

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



Holly J. Huber

House Committees on Health and Public Safety

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

HB668 RELATING TO MEDICAL MARIJUANA

TESTIMONY IN SUPPORT

February 7, 2013

Aloha Representatives:

Mahalo for hearing HB668 to transfer jurisdiction for medical marijuana from the Department of Public Safety to the Department of Health.

I urge you to **STRONGLY SUPPORT** this bill.

Over the years, the Department of Public Safety has shown it is not capable of overseeing Hawaii's medical marijuana.

This is a public health program, not a drug enforcement problem. It should never have been under the jurisdiction of Public Safety, a department plagued with understaffing and inadequate training.

HB668 ensures that medical professionals will oversee this public health program.

Please vote "YES" on HB668 in support of decriminalizing the administration of medical marijuana in Hawaii.

Sincerely,

Holly J. Huber

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: Rev. Dennis Shields

RE: HB 668 – Relating to Health

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

Position: Strong Support

Aloha chairs Belatti, Aquino, Morikawa, Ing

I having obtained, if not the first then one of the very first blue cards 12 years ago, I strongly urge the committees to move the program from the control of the Narcotics enforcement Division to the Health Department as having law enforcement control this program is truly the fox guarding the hen house

Our names have been disclosed to the media without our permission and were it not for the honor of journalist my name and the location at which I am registered to grow my medicine would have been broadly dispersed to anyone

Excessive delays in renewal of our registration papers has been experienced yearly and for several years the condition mandated in the current law to issue letters of receipt once a patients had filed their paperwork with the department was totally ignored

Complaints of not enough funding were made by the department while reports of registration fees being utilized by the department head to lobby against the medicinal use of cannabis were well known

The unnecessary red tape in being qualified; the lack of full information by the NED has intimidated many patients in pain who should have by now, after a dozen years of the program being in

effect [the first patient registered ME was not until Jan of 2001], have a more streamlined and efficient process

The Health department is tasked with approving additional disorders and illnesses cannot and is not able to so function with the program being controlled by NED

Please right this wrong and move the program where it was originally intended to reside with the Health Department

Mahalo for considering this bill

Aloha

Rev. Dennis Shields

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:

David J. Barton, MD
Pain Medicine Physician, Hawaiian-Pacific Pain and Palliative Care
Chief Medical Officer, Malama First, LLC

RE: HB 668 – Relating to Health

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

Position: Strong Support

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. HB668 helps in a very big way!

The current program is tremendously mismanaged and underutilized owing directly to the fact that it sits in the wrong department. The transfer of the Medical Cannabis Program to the Department of Health is long overdue. The Department of Public Safety has not done a very good job in nearly all aspects of Legislature's mandate, as set forth in law, to provide a way for the medical use of cannabis to those citizens who make the choice to use it. Therefore, this bill is being strongly supported in the most fervent terms possible. It is up to the legislature to fix the current deficiencies which are critical and well documented. It is up to these committees and the legislature to end the open disrespect and contempt of chronically ill patients, the doctors who care for them, the program itself, and the medicine of cannabis. The current organization of these governmental bodies is not helping the people; they are hurting the people. It is time for a change. As an example, 2 years ago, I was personally told by them that I was not allowed to do house calls for this purpose to bed-ridden and quadriplegic patients. Fortunately, this was overturned by the state's Attorney General, before any lawsuits were filed. I will leave the issue of the Department's abuses of civil rights to the ACLU attorneys.

The Department of Public Safety (DPS) needs to get out of the medical business. All the other states have their medical cannabis programs in their Departments of Health, except Vermont. The DPS has no training or even recognized professional competence in the field of medicine or medical applications in disease and suffering. In my opinion, they have colluded with others to systematically destroy the program. Law enforcement departments have no training in addiction medicine. Their arguments of addiction and treatment center deficiencies do not apply to the chronically ill patients and the medical program. Lastly, they have actively promoted and maintained an atmosphere of fear and shame, as well as negative public stigmas, throughout the states, on all the islands, and in all the communities. They have illegally openly chilled the constitutional and state rights of patients and doctors. This is evident by a brochure which was widely disseminated, which I will provide to the committees, promoted and supported by the NED and various island police departments, entitled, "Marijuana is not a medicine; it is an addiction". I have never seen such open and blatant disrespect of state law.

The Ninth US Court of Appeals in their Conant vs. Walters decision, as upheld by the US Supreme Court, has expressly told all government entities that they have no authority to diminish my right to discuss these issues with patients, or to promote such an atmosphere in the public. Such systemic and prolonged actions could easily lead to more civil rights lawsuits against the state. The issues of legalization have nothing to do with the use of cannabis as a medicine. Unfortunately, the arguments against legalization are often used and sometimes taken as legitimate reasons to hurt real patients with real disease and suffering. I will add that along with patients, good people are being hurt by the criminalization process involved with the so called "war on marijuana", especially Native Hawaiians, who have culturally used cannabis for a myriad of conditions and ailments for generations. Indirectly, this has led to innocent people being criminalized and therefore disenfranchised from society and their native rights in numerous ways.

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 continue 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.

The State of Hawaii has recognized Medical Cannabis as a medicine for over a decade. It is state law! Those state and local government entities who continue to say that they are against the medical cannabis program are just plain disrespectful of the law. Being public entities, I feel that they do not have any right to express an opinion counter to state law. Why are these non-medical entities the only ones who are against the medical program anyhow? How many years are we going to try and hide the truth, and allow them to prevent progression of the program? Their arguments were simple badmouthing and name calling of doctors, patients, the program, and the medicine. The blame for any failures of the program lay squarely on the shoulders of the state government and its inability to govern it. I personally lay the blame on the Narcotics Enforcement Division and their stewardship of the program. This is why I applaud the attempts to transfer the program to the Department of Health, where it rightfully belongs. It is the right place where these issues can be facilitated. The absolute need for the transfer is based on the profound deficiencies of governance. Also, after transfer, it will be much easier to expand the list of qualifying diagnoses, such as for PTSD, Post Traumatic Stress Disorder, a condition that plagues our war vets and leads to disrupted challenged lives and suicide.

The current program completely lacks professional medical oversight and needs legislation to correct this problem. I feel that HB668 should be amended to involve the Department of Commerce and the Hawaii State Medical Board to provide the medical guidelines and set the medical standards and governance that are found in other states and done by their medical boards. Let me share with you my experience with the state medical board last year that demonstrates this need. After listening to all the criticisms of the medical cannabis program, and the physicians, last April I asked the state medical board to do what many other states have done, such as California, and to officially set the medical standards and offer guidance in a formal position paper. Much to my surprise, they refused to even get involved. They said the program was under the Department of Public Safety and that they had no responsibilities. I have never seen such an abrogation of duty. The Narcotics Enforcement Division has no expertise in setting and governing medical standards. Nor can they judge professional actions or behavior. Their only solution is to criminalize the process. I am confident the legislature can competently address this problem.

The medical board's response is documented in their minute records of April 2012. I then wrote about this issue of governance to the governor and the NED director, but received no response. Now, as far as I'm concerned, any professional failures or criticisms of the medical cannabis program or any physician is the fault of state government.

I strongly support to move the program from the Department of Public Safety to the Department of Health. Polls have shown that 80% of Hawaii residents support medical cannabis, the medical program, and a medical dispensary system. Those in political office should respect those wishes. HB668 is one way for this to be accomplished.

Sincerely,

David J. Barton, MD

Owner and physician, Hawaiian-Pacific Pain and Palliative Care,

Chief Medical Officer, Malama First, LLC.

Waimanalo, Hawaii

**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 Beatti, 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 688 Relating to Health
 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 transfer jurisdiction of medical cannabis to the Department of Health, where it belongs, and to remove it from the Narcotics Enforcement Division of the Dept. of Public Safety which is evidently hostile to any use of marijuana.

It is now clear, beyond question, that cannabis has an important and positive role in treating patients who suffer from debilitating conditions as defined in the original medical marijuana act. There is increasing evidence that marijuana has properties that are beneficial in treating very serious conditions and that its risks are considerably less than the two most notorious killers, alcohol and tobacco, as well as prescription medicines which purport to treat the same medical problems as cannabis. Just go to PROCON.ORG, the web site of a nationally recognized independent research organization, and check out “Medical Marijuana.” You will find that the heavy majority of peer-reviewed double-blind research studies show that it has positive health benefits. By way of example:

Studies are listed as **Pro**, **Con**, or **Not Clearly Pro or Con**, based on their conclusions regarding cannabis' potential medical benefit. . . .

Type of Study	Pro		Not Clearly Pro or Con		Con		Totals	
	# of studies	% of total	# of studies	% of total	# of studies	% of total	# of studies	% of total
<u>Double-Blind Human Studies</u>	12	54.54%	7	31.82%	3	13.64%	22	100%

Unfortunately, placing the medical cannabis program in the Narcotics Enforcement Division has had seriously negative effects and has intimidated and frightened physicians who might otherwise be inclined to recommend cannabis for their patients. Placing the program in the Department of Health, whose principal concern would be to protect the health and well-being of Hawaii patients, would allow the benefits of medical cannabis to be made available to those fellow citizens who are suffering from conditions that science has demonstrated can be improved by cannabis.

There have been other problems with the existing medical marijuana law, particularly the difficulty of acquiring the substance by those who are legally entitled to use it and other restrictions which discourage or inhibit its use or impose unnecessary restrictions. It is hoped that the Legislature will amend the original medical marijuana law to deal with these problems, but taking the program away from a unit of government that is essentially hostile to the use of marijuana and that has, by way of horrible example, subjected patients, caregivers, and physicians involved in the program to a serious breach of confidentiality, by releasing their names to the media, has got to be a very high priority.

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. ...", located below the word "Aloha".

morikawa2 - Shaun

From: Brenda Meriwether [happycricketceramics@gmail.com]
Sent: Wednesday, February 06, 2013 6:23 PM
To: HLTtestimony; pbstestimony
Subject: HB 668 – Friday, February 8, 2013, room 329, 8:30 am

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: Brenda Meriwether
RE: HB 668
Hearing: Friday, February 8, 2013, room 329, 8:30 am
Position: Strong Support

I am writing in strong support of HB 668. . 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 668 for the following reasons:

1. 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.
2. The Narcotics Enforcement Division (NED) does a poor job of managing this health-related program. The NED works from an enforcement and control posture that is inconsistent with managing a health program. The NED does no outreach, has no website, and provides limited information regarding the program (compare to Colorado's Dept. of Public Health website, for example).
3. In my interactions with patients, caregivers, and physicians, I have learned that many are intimidated by dealing with a narcotics enforcement agency; they therefore do not register and face the threat of arrest by state or local authorities. This is in opposition to the spirit of the MMJ program.
4. All other MMJ states (beside Hawaii and Vermont) have placed their MMJ program in health departments.
5. The law requires DOH to set up a protocol for adding new covered medical conditions for which research indicates that cannabis may be helpful. This provision is in current law, but has never been implemented. This is the only part of the medical marijuana law for which DOH is responsible. If the entire program were housed in DOH, it would be more likely to activate this provision. Medical research has advanced in the past 13 years and there are many new ailments and diseases for which medical cannabis has been shown to be helpful.

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

Brenda Meriwether

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 8:41 PM
To: HLTtestimony
Cc: barbarapolk@hawaiiintel.net
Subject: Submitted testimony for HB668 on Feb 8, 2013 08:30AM

HB668

Submitted on: 2/6/2013

Testimony for HLT/PBS 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 am writing in support of this bill. Medical marijuana is a health issue, not a police or drug enforcement issue. Moving this program to the Department of Health is entirely appropriate.

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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 7:55 PM
To: HLTtestimony
Cc: alohastevens@yahoo.com
Subject: *Submitted testimony for HB668 on Feb 8, 2013 08:30AM*

HB668

Submitted on: 2/6/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Carmen Stevens	Individual	Support	No

Comments:

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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morikawa2 - Shaun

From: Daryl Matthews [daryl.matthews@gmail.com]
Sent: Wednesday, February 06, 2013 8:59 PM
To: HLTtestimony; pbstestimony
Subject: HB 668 Feb 8, 8:30 a.m.

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: Daryl Matthews MD PhD
RE: HB 668 – Relating to Health
Hearing: Friday, February 8, 2013, room 329, 8:30 am
Position: Strong Support

As a physician who has practiced in Hawaii for over 30 years I would like to offer the following in support of this measure:

Confidential health information about patients belongs in the Department of Health not in the Department of Public Safety. These are seriously ill patients and it makes much more sense that they should register with the health authorities than with law enforcement. The Department of Health has expertise in keeping health information about patients confidential as they already do so for a number of illnesses and other conditions. I understand that on one occasion the Department of Public Safety released the names of medical marijuana patients and their caregivers and physicians to the media. Besides being a huge breach of privacy, it adds to a distrust of the agency. Even under the best circumstances it is intimidating for patients and doctors to have to deal with a police agency over getting their medication. This must surely deter both patients and doctors from participating in the program. To the extent that this happens, the very purpose of the medical marijuana law is defeated.

I hope that this measure is approved by the Committee and that ultimately this unfortunate situation will be corrected by the Legislature.

Thank you for the opportunity to provide the Committee with this testimony.

Respectfully submitted,

Daryl Matthews, MD PhD

morikawa2 - Shaun

From: Kahu (Pastor) Don Eads [pastoreads@yahoo.com]
Sent: Thursday, February 07, 2013 8:25 AM
To: HLTtestimony; pbstestimony
Subject: Strong Support for HB 668

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: Kahu Don Eads
RE: HB 668 – Relating to Health
Hearing: Friday, February 8, 2013, room 329, 8:30 am
Position: Strong Support

Aloha Representatives,

Our Hawaii community is all about ohana. Since the mission is medical it is simple to recognize how important it is for cannabis patients to feel safe and secure in their treatment process. The responsible move is to the Department of Health. It is the pono thing to do. Additionally the input of medical cannabis patients and their caregivers could aid in this transition. Privacy is a primary concern.

These additional points are commonly shared as further evidence of the need to do this. As part of the **working group** I can also state that we can help make the shift work for everyone without an undue burden on the Department of Health.

Over the past 13 years, the Narcotics Enforcement Division (NED) has not shown that it is qualified to manage a public health program:

- The NED does not maintain a website on the program and has limited and hard to find information about the program on its current website. Such information is necessary for patients, caregivers, and physicians trying to stay within the law.
- The NED does no public health outreach to inform qualifying patients of the existence of the program. Instead it works from an enforcement and control posture that is inconsistent with managing a health program.

- The NED requires physicians to obtain application forms for patients whereas other states (e.g. Oregon and Colorado) provide and accept forms from patients themselves and post the blank forms on their websites.
- In the past, the NED has violated patient confidentiality and put Hawaii's sick people at risk by releasing the names and addresses of the registered patients, caregivers and physicians to the media.

Hawaii's Medical Cannabis program is a health program, not a narcotics enforcement program:

- 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 18 states plus District of Columbia 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.
- Placement in the NED is antithetical to the legislative intent of the measure and to the stated mission of the NED; it is a public health program intended to serve the seriously ill.
- Many patients, caregivers, and physicians are intimidated by dealing with a narcotics enforcement agency; they therefore do not register and face the threat of arrest by state or local authorities.
- The program's placement in NED is in part responsible for the reluctance of many physicians to certify patients. Physicians are concerned that their program applications are reviewed by the same entity that deals with the Drug Enforcement Agency daily on issues of over-prescribing, "doctor shopping" and the like.

- The law requires DOH to set up a protocol for adding new covered medical conditions for which research indicates that cannabis may be helpful. *This provision is in current law, but has never been implemented. This is the only part of the medical marijuana law for which DOH is responsible.* If the entire program were housed in DOH, it would be more likely to activate this provision. Medical research has advanced in the past 13 years and there are many new conditions/ailments/diseases for which medical cannabis has been shown to be helpful.

Please take these points under serious consideration and move the program from NED to the Department of Health.

Mahalo,

Don Eads

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 10:10 PM
To: HLTtestimony
Cc: OccupyHiloMedia@yahoo.com
Subject: *Submitted testimony for HB668 on Feb 8, 2013 08:30AM*

HB668

Submitted on: 2/6/2013

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

Submitted By	Organization	Testifier Position	Present at Hearing
Kerri Marks	Individual	Support	No

Comments:

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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morikawa2 - Shaun

From: Lee Lane [hereignshawaii@gmail.com]
Sent: Wednesday, February 06, 2013 6:42 PM
To: HLTtestimony
Cc: pbstestimony
Subject: HB 668 Testimony

I would like to support HB 668. I am 53 years old and suffered a motor cycle accident in my twenties. My hip is now so painful my doctor told me he would write me orders for a hip replacement. I was also advised they are only good for about 10 years. I have been living on very strong pain meds that were constantly needing to be increased to keep the pain at bay. I was also fearing becoming addicted. My doctor put me on cannabis and not only has it helped my pain, it has allowed me to decrease such heavy prescriptions that I know are toxic to the liver. Cannabis is natural from God and has not harmful side effects like the pills prescribed. There is enough solid evidence by medical standards today that cannabis is good medicine and is even being looked at for Alzheimers disease. You NEVER hear about people going nuts while high and or wrecking cars and killing people like alcohol. Yet Alcohol is legal and cannabis is not. Hawaii needs to look at this as medicine for body and spirit. Stress is the root cause of almost ALL disease. Cannabis also helps decrease and manage stress much better than drugs or alcohol. It is logical to look at the facts rather than superstition about cannabis. Americans as a whole believe it was illegal because of the Alcohol industry as well as Pharmaceutical companies. People have become much wiser about the truth and suppression by the government of the American people. Government is supposed to not run our lives, yet that is exactly what is happening to this country it has gotten out of control. Old out dated fears and control from the past need to come up to what everybody knows at least on this issue Cannabis is safe, it harms no one and it is a very powerful healing agent for pain, stress and anxiety. It needs to be moved from the dark ages to the proper century and into the health departments hand rather than the criminal department. My pain is manageable and my quality of life has greatly improved. My wife has arthritis that before cannabis was much worse. She at least can move her hands when a flair up happens where as in the past she could not function. Mahalo for hearing my testimony and request.

Mahalo;

Kelly and Lee Miller
hereignshawaii@gmail.com
808 699-6572

“There is not enough darkness to extinguish the light of a single candle.”

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

Dr. Myron Berney [HB 668](#) FULL SUPPORT

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

HB 668

Status

RELATING TO HEALTH.

Transfers departmental jurisdiction of the medical marijuana laws from the Department of Public Safety (DPS) to the Department of Health and requires DPS to assist with the transfer. Effective July 1, 2013.

Department of Public Safety

Our Mission Statement: To uphold justice and public safety by providing correctional and law enforcement services to Hawaii's communities with professionalism, integrity and fairness. The Department of Public Safety (PSD) oversees the [Corrections Division](#), which includes [jails](#) and [prisons](#), and the [Law Enforcement Division](#), which includes the [Narcotics Enforcement](#) and [Sheriff Divisions](#).

Department of Health

Department of Health

Mission Statement :The mission of the Department of Health is to protect and improve the health and environment for all people in Hawai'i .
Philosophy: Health, that optimal state of physical, mental, social and environmental well-being, is a right and responsibility of all of Hawaii's people.

Medical Marijuana is an Official Medicine in the State of Hawaii under both HRS 329-14 and HRS 329 Part IX and Constitutionally Protected.

Law Enforcement in Hawaii has been deliberately TARGETING Medical Marijuana Patients, stealing their medicine, denying them health care, terrorizing patients and families and creating a unending state of anxiety and panic. Even our dog now has PTSD.

In order to Protect the Health, that optimal state of physical, mental, social and environmental well-being, a right and responsibility of all of Hawaii's people **it is 100% Mandatory to get the Police 100% Out of Health Care.**

The Doctor Patient Relationship is a Privileged Relationship.

Under Roe v Wade Health Care is 100% Protected under the Right of Privacy.

The State is empowered to "protect and promote the public health."

The task to "protect and promote the public health" is assigned to The Department of Health.

The Department of Health has the expertise and responsibility to "protect and promote the public health."

The Department of Public Safety is tasked with providing correctional and law enforcement services.

The Department of Public Safety lacks the education, training, expertise, attitude, concern, motivation, compassion, the skills, the personality and the Staff to be involved in any ASPECT of the PUBLIC HEALTH.

In order to Protect the Health, that optimal state of physical, mental, social and environmental well-being, a right and responsibility of all of Hawaii's people **it is 100% Mandatory to get the Police 100% Out of Health Care.**

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.**

Marijuana is a medicine in the State of Hawaii. Health Care is constitutionally protected. Obama authorized the use of Medical Marijuana in the Federal VA Health Care System, by this Presidential Order, holding the Power of Law, Marijuana is a medicine on the Federal Level. Marijuana being a medicine on the Federal Level further solidifies the Protections under the Right of Privacy.

The mind is the boss and the body is the slave.

All administrative duties of HRS 329 should be move to Health from DPS.

DPS can handle the law enforcement and punishment aspects.

That would be an appropriate division of labor and responsibility based upon the various skill sets in the different departments.

Actually DPS is a FAILURE in dealing with the PRISONS.

They certainly can't be even expected to deal with the Public Health as they lack any capabilities or qualities in this area.

**PROTECT THE PUBLIC HEALTH AND PATIENTS FORM THESE ONGOING
COLOR OF LAW CRIMINAL ACTS BY DPS and LAW ENFORCEMENT.**

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 4:41 PM
To: HLTtestimony
Cc: Queendom57@gmail.com
Subject: Submitted testimony for HB668 on Feb 8, 2013 08:30AM

HB668

Submitted on: 2/6/2013

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

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

Comments: There is no reason why the NED should have any say or control in medical marijuana. The DOH should take full charge since it is a medicine.

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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: Malama Minn

RE: HB 668 – Relating to Health

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

Position: Strong Support

Over the past 13 years, the Narcotics Enforcement Division (NED) has not shown that it is qualified to manage a public health program:

- The NED does not maintain a website on the program and has limited and hard to find information about the program on its current website. Such information is necessary for patients, caregivers, and physicians trying to stay within the law.
- The NED does no public health outreach to inform qualifying patients of the existence of the program. Instead it works from an enforcement and control posture that is inconsistent with managing a health program.
- The NED requires physicians to obtain application forms for patients whereas other states (e.g. Oregon and Colorado) provide and accept forms from patients themselves and post the blank forms on their websites.
- In the past, the NED has violated patient confidentiality and put Hawaii's sick people at risk by releasing the names and addresses of the registered patients, caregivers and physicians to the media.

Hawaii's Medical Cannabis program is a health program, not a narcotics enforcement program:

- 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 18 states plus District of Columbia 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.
- Placement in the NED is antithetical to the legislative intent of the measure and to the stated mission of the NED; it is a public health program intended to serve the seriously ill.
- Many patients, caregivers, and physicians are intimidated by dealing with a narcotics enforcement agency; they therefore do not register and face the threat of arrest by state or local authorities.
- The program's placement in NED is in part responsible for the reluctance of many physicians to certify patients. Physicians are concerned that their program applications are reviewed by the same entity that deals with the Drug Enforcement Agency daily on issues of over-prescribing, "doctor shopping" and the like.
- The law requires DOH to set up a protocol for adding new covered medical conditions for which research indicates that cannabis may be helpful. *This provision is in current law, but has never been implemented. This is the only part of the medical marijuana law for which DOH is responsible* . If the entire program were housed in DOH, it would be more likely to activate this provision. Medical research has advanced in the past 13 years and there are many new conditions/ailments/diseases for which medical cannabis has been shown to be helpful.

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 5:41 PM
To: HLTtestimony
Cc: shannonkona@gmail.com
Subject: *Submitted testimony for HB668 on Feb 8, 2013 08:30AM*

HB668

Submitted on: 2/6/2013

Testimony for HLT/PBS 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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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: Scott Sieverts

RE: HB 668 – Relating to Health

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

Position: Strong Support

Hawaii’s Medical Cannabis program is a health program, not a narcotics enforcement program:

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.

- a. Of the 18 states plus District of Columbia 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.
- b. Placement in the NED is antithetical to the legislative intent of the measure and to the stated mission of the NED; it is a public health program intended to serve the seriously ill.
- c. Many patients, caregivers, and physicians are intimidated by dealing with a narcotics enforcement agency; they therefore do not register and face the threat of arrest by state or local authorities.
- d. The program’s placement in NED is in part responsible for the reluctance of many physicians to certify patients. Physicians are concerned that their program applications are reviewed by the same entity that deals with the Drug Enforcement Agency daily on issues of over-prescribing, “doctor shopping” and the like.
- e. The law requires DOH to set up a protocol for adding new covered medical conditions for which research indicates that cannabis may be helpful. *This provision is in current law, but has never been implemented. This is the only part of the medical marijuana law for which DOH is responsible.* If the entire program were housed in DOH, it would be more likely to activate this provision. Medical research has advanced in the past 13 years and there are many new conditions/ailments/diseases for which medical cannabis has been shown to be helpful.

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 06, 2013 4:12 PM
To: HLTtestimony
Cc: tw1133@hotmail.com
Subject: Submitted testimony for HB668 on Feb 8, 2013 08:30AM

HB668

Submitted on: 2/6/2013

Testimony for HLT/PBS 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 for my back pain successfully

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