

**HTH-PSM  
HEARING**

**HB668, HD2**

**TESTIMONY**

TESTIMONY BY KALBERT K. YOUNG  
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE  
STATE OF HAWAII  
TO THE SENATE COMMITTEES ON HEALTH AND  
PUBLIC SAFETY, INTERGOVERNMENTAL AND MILITARY AFFAIRS  
ON  
HOUSE BILL NO. 668, H.D. 2

March 20, 2013

RELATING TO HEALTH

House Bill No. 668, H.D. 2, establishes a Medical Marijuana Registry Revolving Fund into which shall be deposited the funds received from registration fees from medical marijuana. Funds will be used by the Department of Health (DOH) to administer and enforce the provisions of Chapter 321, HRS.

While the Department of Budget and Finance does not take any position on the policy of the medical marijuana program, as a matter of general policy, the department does not support the creation of revolving funds which do not meet the requirements of Section 37-52.3, HRS. Special or revolving funds should: 1) reflect a clear nexus between the benefits sought and charges made upon the users or beneficiaries of the program; 2) provide an appropriate means of financing for the program or activity; and 3) demonstrate the capacity to be financially self-sustaining. In regards to House Bill No. 668, H.D. 2, it is difficult to determine whether the revolving fund will be self-sustaining.

In addition, the bill does not make an appropriation to allow the DOH to expend the funds to support the medical marijuana program.

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 JOSH GREEN, CHAIR  
SENATE COMMITTEE ON HEALTH**

**THE HONORABLE WILL ESPERO, CHAIR  
SENATE COMMITTEE ON PUBLIC SAFETY,  
INTERGOVERNMENTAL AND MILITAR AFFAIRS**

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

March 20, 2013

**RE: H.B. 668, H.D. 2; RELATING TO HEALTH.**

Chair Green, Chair Espero, Vice-Chair Baker, members of the Senate Committee on Health, and members of the Senate Committee on Public Safety, Intergovernmental and Military Affairs, the Department of the Prosecuting Attorney of the City and County of Honolulu submits the following testimony in opposition to H.B. 668, H.D. 2. The purpose of this bill is to transfer oversight of medical marijuana from the Department of Public Safety to the Department of Health, along with related personnel, equipment and funding.

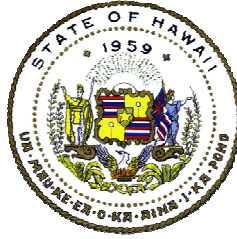
Regardless of certain individuals or organizations downplaying the physical effects of marijuana-use, marijuana continues to be a highly-controlled illicit substance. Indeed, the Federal schedule of controlled substances was just updated in September 2012, and continues to list marijuana as a Schedule I controlled substance. State schedules also list marijuana as a Schedule I controlled substance.

Despite the large number of medical marijuana permits in Hawai'i, the bulk of marijuana cases handled by the Department do not involve permitted persons. Illegal marijuana use continues to be a problem among the general public, such that law enforcement agencies must work closely with the Department of Public Safety to maintain tight monitoring of this substance, around the clock. Strict law enforcement must be maintained to facilitate effective enforcement and public safety.

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 suited 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, H.D. 2. Thank you for this opportunity to testify on this matter.

NEIL ABERCROMBIE  
GOVERNOR



STATE OF HAWAII  
**DEPARTMENT OF PUBLIC SAFETY**

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

TED SAKAI  
DIRECTOR

Martha Torney  
Deputy Director  
Administration

Max Otani  
Deputy Director  
Corrections

Keith Kamita  
Deputy Director  
Law Enforcement

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

TESTIMONY ON HOUSE BILL (HB) 668, HOUSE DRAFT (HD) 2  
A BILL FOR AN ACT RELATING TO HEALTH

By

Ted Sakai, Director  
Department of Public Safety

Senate Committee on Health  
Senator Josh Green, Chair  
Senator Rosalyn H. Baker, Vice Chair

Senate Committee on Public Safety, Intergovernmental and Military Affairs  
Senator Will Espero, Chair  
Senator Rosalyn H. Baker, Vice Chair

Wednesday, March 20, 2013, 3:00 p.m.  
State Capitol, Room 229

Chairs Green and Espero, Vice Chair Baker, and Members of the Committees:

The Department of Public Safety (PSD) **supports** HB 668, HD2, which transfers the state's medical use of marijuana program from PSD to the Department of Health (DOH). We have administered this program since its inception in 2000, and we are proud of the work of our Narcotics Enforcement Division in building it literally from the ground up. However, the primary focus of this program should be on the health of the qualifying patients. As such, the Department of Health is better suited for managing it. We stand ready to assist in the smooth transition of the program from our department to DOH.

Thank you for the opportunity to provide our comments.



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

In reply, please refer to:  
File:

**SENATE COMMITTEES ON HEALTH AND PUBLIC SAFETY,  
INTERGOVERNMENTAL, AND MILITARY AFFAIRS**

**HB0668, HD2, RELATING TO HEALTH**

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

**March 20, 2013, 3:00 p.m.**

1 **Department's Position:** COMMENTS

2 **Fiscal Implications:** The Department requires an appropriation of \$100,000 in FY2013-14 and  
3 \$200,000 in FY 2014-15 to carry out the extensive start up work required to establish the Medical  
4 Marijuana Program and have it fully operational by July 1, 2015. This will not be possible without  
5 sufficient resources; DOH has determined that no appropriations of staff will be transferred from the  
6 Department of Public Safety as none are specifically designated for the medical marijuana program.  
7 HD2 establishes a medical marijuana registry "revolving" fund which the Department believes should  
8 be amended to a medical marijuana registry "special" fund, with a start date of July 1, 2014. If this fund  
9 is capitalized with \$185,000 by July 1, 2015 the program will, from that point on, be fully self-sufficient  
10 with registration fees. Any appropriation must not adversely impact the priorities described in the  
11 Governor's Executive budget request.

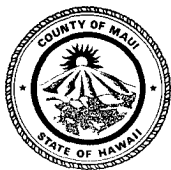
12 **Purpose and Justification:** The purpose of the bill is to move administration of the Medical Marijuana  
13 Program from the Public Safety Department to the Department of Health (DOH). The Department  
14 agrees to administer Hawaii's Medical Marijuana Program with a primary focus on patients, if sufficient  
15 transition time and resources are provided. Without them we jeopardize the provision of required  
*Promoting Lifelong Health & Wellness*

1 services for more than 12,000 existing patients, their physicians and care givers. DOH has identified the  
2 following requirements establish the program:

- 3 • A start date of July 1, 2015 for the DOH Medical Marijuana Registry Program
- 4 • General funding of \$100,000 for FY13-14 for a contractor to establish the program and positions  
5 in DOH and promulgate new DOH medical marijuana administrative rules.
- 6 • General funding of \$200,000 for FY14-15 to hire and train new staff, set up the program office,  
7 establish a database, develop accessible web interfaces and other IT infrastructure, complete  
8 security and confidentiality protocols, and prepare the program for 12,000 patients annually. In  
9 addition, the DOH will have to train 100-200 private physicians and their office staff on new  
10 procedures.
- 11 • Amend HD2 to establish a DOH Medical Marijuana Registry “Special Fund” by July 1, 2014,  
12 and replace the term medical marijuana Registry “Revolving” Fund Page Line
- 13 • The DOH Medical Marijuana Special Fund needs \$185,000 in funding from some source by July  
14 1, 2015 to pay salaries and other program costs.
- 15 • Raise the maximum allowable medical marijuana registration fee from \$35 to \$50 annually  
16 commencing July 1, 2015. We do not anticipate the new charge will be more than \$35, but the  
17 law needs to allow for increases over the program’s operational lifespan to ensure sufficient  
18 income for a self-supporting program.

19 H.B. No. 668 H.D. Section 3(b) referring to depositing funds “in the controlled substance registration  
20 revolving fund” does not seem to fit the current context of the bill and may have been inadvertently left  
21 from an earlier version of this Bill. The Department of Health strongly emphasizes that sufficient time  
22 and resources to implement and sustain the program are required.

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



**ALAN M. ARAKAWA**  
MAYOR

OUR REFERENCE

YOUR REFERENCE

# **POLICE DEPARTMENT**

## **COUNTY OF MAUI**

**55 MAHALANI STREET**  
**WAILUKU, HAWAII 96793**  
**(808) 244-6400**  
**FAX (808) 244-6411**



**GARY A. YABUTA**  
CHIEF OF POLICE

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

March 18, 2013

The Honorable Josh Green, Chair  
And Members of the Committee on Health  
The Senate  
Hawaii State Capitol  
Honolulu, HI 96813

The Honorable Will Espero, Chair  
And Members of the Committee on Public Safety,  
Intergovernmental and Military Affairs  
The Senate  
Hawaii State Capitol  
Honolulu, HI 96813

**RE: House Bill No. 668, HD2 - RELATING TO HEALTH**

Dear Chairs Green and Espero, and Members of the Committees:

The Maui Police Department **OPPOSES** the passage of H.B. No. 668, HD2. The passage of this bill transfers the medical use of marijuana program, from the Department of Public Safety to the Department of Health by June 30, 2014; requires report, with transfer plan and timeline, to the legislature prior to the 2014 regular session, which is effective July 1, 2030.

The Maui Police Department strongly opposes this bill because it opens the floodgates to abuses in the current medical marijuana laws. If passed, this bill will have many unanswered questions. These issues will only increase if this bill is allowed to pass.

The main issue with this bill is that the Department of Health is not a law enforcement entity and is not in the position to regulate/enforce medical marijuana violations in conjunction with the issuing of the permits. There is at least a regulating component with the Department of Public Safety.




The Honorable Josh Green, Chair  
Committee on Health

The Honorable Will Espero, Chair  
Committee on Public Safety, Intergovernmental  
And Military Affairs  
March 18, 2013  
Page 2

The Maui Police Department again asks that you OPPOSE the passage of H.B.  
No. 668, HD2.

Thank you for the opportunity to testify.

Sincerely,

*For*   
GARY A. YABUTA  
Chief of Police

POLICE DEPARTMENT  
CITY AND COUNTY OF HONOLULU

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

KIRK W. CALDWELL  
MAYOR



LOUIS M. KEALOHA  
CHIEF

DAVE M. KAJIHIRO  
MARIE A. McCAULEY  
DEPUTY CHIEFS

OUR REFERENCE **JI-TA**

March 20, 2013

The Honorable Josh Green, Chair  
and Members  
Committee on Health  
The Honorable Will Espero, Chair  
and Members  
Committee on Public Safety,  
Intergovernmental and Military Affairs  
State Senate  
415 South Beretania Street  
Honolulu, Hawaii 96813

Dear Chairs Green and Espero and Members:

Subject: House Bill No. 668, H.D. 2, Relating to Health

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

The Honolulu Police Department opposes House Bill No. 668, H.D. 2, 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.

In order to effectively enforce marijuana laws and protect the rights of those involved, it is critical that we get prompt responses to our inquiries related to medical marijuana permits. Under the current system, we have received excellent service from the state Department of Public Safety. Unless it can be demonstrated that we will continue to have such access to permit information from the Department of Health, we must oppose House Bill No. 668, H.D. 2, Relating to Health..

Thank you for the opportunity to testify.

APPROVED:

  
LOUIS M. KEALOHA  
Chief of Police

Sincerely,

  
JERRY INOUYE, Major  
Narcotics/Vice Division

**TESTIMONY OF THE HAWAI`I POLICE DEPARTMENT**

**HOUSE BILL 668, HD2**

**RELATING TO HEALTH**

BEFORE THE COMMITTEE ON HEALTH AND THE COMMITTEE ON PUBLIC SAFETY,  
INTERGOVERNMENTAL AND PUBLIC AFFAIRS

DATE : Wednesday, March 20, 2013

TIME : 3:00 P.M.

PLACE : Conference Room 229  
State Capitol  
415 South Beretania Street

PERSON TESTIFYING:

Police Chief Harry S. Kubojiri  
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

March 19, 2013

Senator Josh Green  
Chairperson and Committee Members  
Committee on Health  
Senator Will Espero  
Committee on Public Safety, Intergovernmental and Public Affairs  
415 South Beretania Street, Room 229  
Honolulu, Hawai`i 96813

### **Re: House Bill 668, HD2 Relating to Health**

Dear Senators Green and Espero:

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 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 believe that medical marijuana needs to be overseen in the same light as other Controlled Substances in the State of Hawai`i--that being under the auspices of the Department of Public Safety. Probably more pertinent is that unlike other Controlled Substances which are produced and transported under strict scrutiny, medical marijuana is being allowed to be cultivated and processed with little oversight in terms of: quality control, Tetrahydrocannabinol (THC) content, and security to prevent exposure to minors.

SENATOR JOSH GREEN,CHAIRPERSON AND COMMITTEE MEMBERS,  
COMMITTEE ON HEALTH  
SENATOR WILL ESPERO, COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL  
AND PUBLIC AFFAIRS  
RE: HOUSE BILL 668, HD2 RELATING TO HEALTH  
MARCH 19, 2013  
PAGE 2

We note that the Department of Health with its stated mission "to protect and improve the health and environment for all people in Hawai'i", would in effect be in charge of tending to a mind-altering drug which the Federal Government has declared as having no medicinal value. 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 also seems somewhat ironic that no one has been able to show conclusively how it is the Department of Public Safety has failed in its mission in overseeing the program to date.

It is for these reasons as well as a sense of prudence and caution, that 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, HD2.

Sincerely,

  
HARRY S. KUBOJIRI  
POLICE CHIEF



Committee: Committee on Health  
Committee on Public Safety, Intergovernmental and Military Affairs  
Hearing Date/Time: Wednesday, March 20, 2013, 3:00 a.m.  
Place: Conference Room 229  
Re: Testimony of the ACLU of Hawaii in Support of H.B. 668, H.D. 2,  
Relating to Health

Dear Chairs Green and Espero and Members of the Committees:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) writes in support of H.B. 668, H.D. 2, which transfers the medical use of marijuana program from the Department of Public Safety to the Department of Health.

In June of 2000, the Hawaii legislature made the unprecedented decision to legalize cannabis for medical reasons—the first state to do so without a voter initiative. By recognizing the value of medical cannabis and giving it a legal status, the state gave credence to the needs of pained and ailing patients. Contemporary scientific evidence confirms the countless stories of the therapeutic effects of medical marijuana, which has provided unique relief for serious conditions, including cancer and AIDS, when no other medicine is as effective or free of side effects such as nausea or loss of appetite. Nearly one million patients nationwide now use medical marijuana as recommended by their doctors and in accordance with state laws.

However, the current Hawaii medical cannabis program does not meet the needs of Hawaii’s patients. As a member of the Medical Cannabis Working Group, the ACLU of Hawaii is aware of many problems that patients have with the medical cannabis program – including incidents such as the Department of Public Safety’s release of patient names and addresses to a Hilo newspaper in June 2008. This incident compromised the safety and privacy of medical cannabis patients and is just one indication that a health-related program like Hawaii’s medical cannabis program ought to be housed in the Department of Health, rather than the Department of Public Safety. As the Working Group reported:

Hawaii’s medical cannabis program will be best administered by the Hawaii State Department of Health (“DOH”), not [the Department of Public Safety’s Narcotics Enforcement Division], to ensure the protection of qualified patients, caregivers, and dispensaries. General regulatory oversight duties – including permitting, record maintenance and related protocols - should be the responsibility of DOH. Given the statutory mission and responsibilities of DOH, it is the natural choice and best-suited agency to address the

American Civil Liberties Union of Hawaii  
P.O. Box 3410  
Honolulu, Hawaii 96801  
T: 808-522-5900  
F: 808-522-5909  
E: [office@acluhawaii.org](mailto:office@acluhawaii.org)  
[www.acluhawaii.org](http://www.acluhawaii.org)

Chairs Green and Espero and HLT/PSM Committee Members  
March 20, 2013  
Page 2 of 2

regulation of any medical cannabis dispensing model. Law enforcement agencies are ill suited for handling such matters, having little or no expertise in horticultural, health and medical affairs.<sup>1</sup>

H.B. 688, H.D. 2 takes a step in the right direction by providing patients with a safer and more secure program that better meets their health and safety needs. Please place Hawaii patients' health care in the right hands and pass H.B. 688, H.D. 2.

Thank you for this opportunity to testify.

Sincerely,  
Laurie A. Temple  
Staff Attorney and Legislative Program Director

*The American Civil Liberties Union ("ACLU") is our nation's guardian of liberty - working daily in courts, legislatures and communities to defend and preserve the individual rights and liberties that the Constitution and laws of the United States guarantee everyone in this country.*

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<sup>1</sup> The full report is available at <http://www.acluhawaii.org/downloads/1002MCWG.pdf>.

American Civil Liberties Union of Hawaii  
P.O. Box 3410  
Honolulu, Hawaii 96801  
T: 808-522-5900  
F: 808-522-5909  
E: [office@acluhawaii.org](mailto:office@acluhawaii.org)  
[www.acluhawaii.org](http://www.acluhawaii.org)



To: Senator Josh Green, Health Committee Chair  
Senator Will Espero, PSM Committee Chair  
Senator Rosalyn Baker, Health and PSM Committee Vice-Chair  
From: Andrea Tischler, Chair, Big Island Americans for Safe Access  
RE: HB 668, HD 2 – Relating to Health  
Hearing: Wednesday, March 20, room 229, 3:00 pm  
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 outset.

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 HB668, HD2 during this legislative session. Mahalo for allowing me to testify on this vitally important and long overdue piece of legislation.



# 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](mailto:kat.caphi@gmail.com)



## COMMITTEE ON HEALTH

Sen. Josh Green, Chair

Sen. Roz Baker, Vice Chair

## COMMITTEE ON PUBLIC SAFETY AND MILITARY AFFAIRS

Sen. Will Espero, Chair

Sen. Rosalyn Baker, Vice Chair

Wednesday, March 20, 2013

3:00 p.m.

Room 229

## SUPPORT FOR HB 668 HD2 - TRANSFER OF MEDICAL CANNABIS PROGRAM TO DOH

Aloha Chairs Green & Espero, Vice Chair Baker and Members of the Committee!

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 HD2 transfers the medical use of marijuana program, from the Department of Public Safety to the Department of Health by June 30, 2014 and requires a report, with transfer plan and timeline, to the legislature prior to the 2014 regular session.

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

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 lacks 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, even if they believe it will benefit 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 and producing none of the awful side effects.

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 has been 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.

On a personal note, I have been the caregiver to several sick and dying individuals and can attest to the efficacy of cannabis in relieving their suffering.

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.



TO: Senate Committees on Public Safety, Intergovernmental and Military Affairs & Health

FROM: Pamela Lichty, MPH  
President

DATE: March 20, 2013. 3:00 pm, room 229

RE: H.B. 668, H.D. 2 RELATING TO HEALTH – **IN STRONG SUPPORT**

Aloha Chair Green, Chair Espero and members of the Committees. My name is Pam Lichty and I'm testifying in strong support of H.B. 668, H.D.1 for the Drug Policy Action Group. I was also Co-Chair of the Medical Cannabis Working Group (MCWG), which submitted recommendations to this body in 2010.

As noted in Section 1 of this measure, H.B.668, H.D. 2, transferring 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 MCWG. 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 entire report can be found on the Drug Policy Forum of Hawai'i website: [www.dpfhi.org](http://www.dpfhi.org).)

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.

It appears that the two departments involved are now in agreement on the desirability of moving the program. It remains for the not-inconsiderable logistics to be worked out.

DOH has experience and expertise in doing outreach and public education to the communities they serve. They have an excellent reputation for handling confidential medical information. We feel confident that if this bill passes, and 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.

We know that DOH has requested funding to cover their costs during the transition period when the program is being transferred. We support their request in general terms since we are convinced that they will keep the best interests of the participating patients, caregivers, and physicians in mind and will act in good faith.

In sum, we ask the Committees to pass this important bill on to the Judiciary and Ways and Means Committees with a strong recommendation for approval.

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

*The Drug Policy Action Group, founded in 2004, is a sister organization to the 20 year old Drug Policy Forum of Hawaii. Its mission is to advocate for effective, non-punitive drug policies that minimize economic, social and human costs and to encourage pragmatic approaches based on science and concern for human dignity.*

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [HTHTestimony](#)  
**Cc:** [forecharlee@msn.com](mailto:forecharlee@msn.com)  
**Subject:** Submitted testimony for HB668 on Mar 20, 2013 15:00PM  
**Date:** Sunday, March 17, 2013 9:35:25 AM

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HB668

Submitted on: 3/17/2013

Testimony for HTH/PSM on Mar 20, 2013 15:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Charles Webb, MD	Individual	Support	No

Comments: As it should be.

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**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [HTHTestimony](#)  
**Cc:** [cheryl@solights.com](mailto:cheryl@solights.com)  
**Subject:** \*Submitted testimony for HB668 on Mar 20, 2013 15:00PM\*  
**Date:** Monday, March 18, 2013 5:50:59 PM

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HB668

Submitted on: 3/18/2013

Testimony for HTH/PSM on Mar 20, 2013 15:00PM in Conference Room 229

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

Comments:

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To: Senator Josh Green, Health Committee Chair  
Senator Will Espero, PSM Committee Chair  
Senator Rosalyn Baker, Health and PSM Committee Vice-Chair  
From: Clifton Otto, MD  
RE: HB 668, HD 2 – Relating to Health  
Hearing: Wednesday, March 20, room 229, 3:00 pm  
Position: Strong Support

As you know, States hold the authority to decide the medical use of controlled substances. This is why the State of Hawaii was able to establish its own Medical Marijuana Program in the first place.

The Federal Government, via the Drug Enforcement Administration, holds the authority to regulate controlled substances based on State use. This is how the Controlled Substances Act was designed by Congress.

So why does the Federal Government still consider Marijuana a controlled substance with no medical use ? Because none of the States that have accepted the medical use of Marijuana have requested that the U.S. Department of Justice recognize the State's authority to decide the medical use of controlled substances by removing Marijuana from Schedule I.

And why hasn't our own State taken more definitive steps, like a federal injunction, to make our Federal Government respect our State's right to decide the medical use of controlled substances ? That's a very good question. Perhaps one you could ask our Governor directly. Or better yet, adopt a resolution that urges our Governor to take more substantial steps towards preventing our patients from having to violate federal law in order to have access to a state-sanctioned medicine.

In the meantime, moving Hawaii's Medical Marijuana Program to the Department of Health (DOH) makes perfect sense. The Narcotics Enforcement Division should not be forced to continue violating its own mission by having to promote the Medical Use of Cannabis. DOH is also the appropriate place for supporting the proper use of Medical Marijuana by our patients, as long as DOH adopts a policy recognizing that the Medical Use of Marijuana already exists in Hawaii.

In addition, the term "Marijuana" has no place within a discussion of the Medical Use of Cannabis. "Marijuana" is a slang term adopted by prohibitionists to propagate negative connotations about the plant and its use. Therefore, when Hawaii's Medical Marijuana Program is transferred to DOH, the name of the program should be changed to "Hawaii's Medical Cannabis Program".

Clifton Otto, MD  
Honolulu, HI

**From:** [Daryl Matthews](#)  
**To:** [HTHTestimony](#)  
**Subject:** HB 668, HD 2 – Relating to Health  
**Date:** Tuesday, March 19, 2013 3:03:07 PM

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To: Senator Josh Green, Health Committee Chair  
Senator Will Espero, PSM Committee Chair  
Senator Rosalyn Baker, Health and PSM Committee Vice-Chair  
From: Daryl Matthews, M.D., Ph.D.  
RE: HB 668, HD 2 – Relating to Health  
Hearing: Wednesday, March 20, room 229, 3:00 pm  
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



**From:** [david\\_ostler](#)  
**To:** [HTHTestimony](#); [PSMTestimony](#)  
**Subject:** Support for HB 668  
**Date:** Friday, March 15, 2013 4:24:57 PM

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To: Senator Josh Green, Health Committee Chair  
Senator Will Espero, PSM Committee Chair  
Senator Rosalyn Baker, Health and PSM Committee Vice-Chair  
From: David Ostler  
RE: HB 668, HD 2 – Relating to Health

Position: Strong Support

- Hawaii's Medical Cannabis program is a health program, not a narcotics enforcement program and should be administered by the department of health.
- Other states have recognized that and have the program under the department of health.

**From:** [Jonathan McRoberts](#)  
**To:** [HTHTestimony](#); [PSMTestimony](#)  
**Subject:** HB 668, HD 2 – Relating to Health  
**Date:** Sunday, March 17, 2013 10:52:32 AM

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Regarding the hearing on Bill HB 668, HD 2 to be held on Wednesday March 20th, 2013 at 3PM in Conference Room 229

I am in favor of the passage of Bill HB 688, HD 2. I could go into a long explanation of why drugs like cannabis should be handled as a medical problem not a law enforcement issue, but those arguments are easily available from many sources. If any members of the House are seriously interested in educating themselves further on this subject, I would suggest they visit the website [leap.cc](#). This is the website of Law Enforcement Against Prohibition. I find this site to have the most convincing arguments, because the members are mostly former or current police officers who have been fighting the "War on Drugs," and they realize that treating medical cannabis as a public safety issue has been a total failure.

It is time to take a new more humane approach to our societies drug problems. Moving the regulation of medical cannabis from the Department of Pubic Safety to the Department of Health is a small but necessary step in the right direction.

Jonathan McRoberts  
2214 Liliuokalani Street  
Kilauea, HI 96754

808-212-1306

**From:** [Karleen Hultquist](#)  
**To:** [HTHTestimony](#); [PSMTestimony](#)  
**Cc:** [info@mcchi.org](mailto:info@mcchi.org); [mumclinic@aol.com](mailto:mumclinic@aol.com)  
**Subject:** HB 668, HD 2 - Relating to Health Wednesday, March 20, 2013, 3:00 pm  
**Date:** Sunday, March 17, 2013 6:31:24 PM

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To: Senator Josh Green, Health Committee Chair  
Senator Will Espero, PSM Committee Chair  
Senator Rosalyn Baker, Health and PSM Committee Vice-Chair  
From: Karleen Hultquist  
Re: HB 668, HD 2 - Relating to Health  
Hearing: Wednesday, March 20, 2013, room 229, 3:00 pm  
Position : Strong Support

I am in strong support of the medical cannabis program from the Department of Public Safety to the Department of Health. The NED has shown us over several years they have not maintained a website program to make it easier for people like me that would like more information about medical marijuana so that I can be sure that I am following the rules and regulations that I am following the law.

I am currently being treated for a couple of health issues, the main one being lymphoma. I find that medical marijuana works much better than prescribed meds. In fact I was surprised when I learned that of the top six most abused prescribed pain killers that I was taking three out of the six. That's scary!

Please pass HB 668, HD 2. This program belongs with the Department of Health and not with the Department of Public Safety.

Sincerely,  
Karleen Hultquist  
Wailuku, Maui, Hawaii

Sent from my iPad

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [HTHTestimony](#)  
**Cc:** [lgeller@igc.org](mailto:lgeller@igc.org)  
**Subject:** Submitted testimony for HB668 on Mar 20, 2013 15:00PM  
**Date:** Saturday, March 16, 2013 10:56:42 AM

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HB668

Submitted on: 3/16/2013

Testimony for HTH/PSM on Mar 20, 2013 15:00PM in Conference Room 229

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

Comments: The Department of Health is the logical state agency to have jurisdiction over Hawaii's medical cannabis program. Short and simple.

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**From:** [Lee Eisenstein](#)  
**To:** [HTHTestimony](#)  
**Cc:** [PSMTestimony](#)  
**Subject:** HB 668 , HD 2 – Relating to Health, Strong Support  
**Date:** Saturday, March 16, 2013 7:03:28 AM

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To: Senator Josh Green, Health Committee Chair  
Senator Will Espero, PSM Committee Chair  
Senator Rosalyn Baker, Health and PSM Committee Vice-Chair  
From: (Your Name)  
RE: HB 668, HD 2 – Relating to Health  
Hearing: Wednesday, March 20, room 229, 3:00 pm  
Position: Strong Support

Aloha,

Over the past 13 years, the 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.

LOS ANGELES, March 12, 2013 (GLOBE NEWSWIRE) -- The following is a statement by Advocates for the Disabled and Seriously Ill:

In a recent report, the National Cancer Institute (NCI), part of the Federal government's National Institutes of Health (NIH), stated that marijuana "inhibited the survival of both estrogen receptor-positive and estrogen receptor-negative breast cancer cell lines." The same report showed marijuana slows or stops the growth of certain lung cancer cells and suggested that marijuana may provide "risk reduction and treatment of colorectal cancer."

Referring to the NCI report, Patient Rights attorney Matthew Pappas said, "The Federal government's continuing attack on people prescribed medical cannabis by their doctors is hypocritical considering the benefits reported by its own National Cancer Institute." Pappas represents patients in defending their right to reasonably obtain medical marijuana. The patients contend the Federal government and various municipalities are trying to prevent them from obtaining cannabis for medical purposes in direct contravention of state laws. "Cities that ban dispensaries are denying patients the ability to obtain a medicine the Federal government's National Institutes of Health says fights cancer and they're doing it with the Obama Administration's help." Recently, the City of Los Angeles repealed its ban of medical marijuana collectives after Bill Rosendahl, a member of its city council diagnosed with cancer and prescribed medical marijuana said to fellow council members about the ban, "You want to kill me? You want to throw me under the bus?"

The NCI report also examined whether patients who smoke marijuana rather than ingesting it orally are exposed to a higher risk of lung and certain digestive system cancers. According to the government, 19 studies "failed to demonstrate statistically significant associations between marijuana inhalation and lung cancer." The report also identified a separate study of 611 lung cancer patients that showed marijuana was "not associated with an increased risk of lung cancer or other upper aerodigestive tract cancers and found no positive associations with any cancer type." In the area of prostate cancer, the NCI report was inconclusive and suggested further research was necessary. In its report, the National Cancer Institute also identified a "study of intratumoral injection of delta-9-THC in patients with recurrent glioblastoma" that showed tumor reduction in the test participants.

Despite the Federal government sanctioned and authorized NCI report, Pappas said Congress and the Obama Administration have continued to thwart

marijuana research. In an announced effort to displace state medical marijuana laws, the Office of National Drug Control Policy described "medical" marijuana as a "myth" fueling "troubling misconceptions" in documents found on its website. The Federal government appears to be focused on creating more chemical drugs, many of which are the subject of various attorney television commercials seeking out those adversely impacted by those drugs. Pappas said both the Drug Enforcement Administration and the Office of National Drug Control Policy continue to assert marijuana lacks any medicinal value despite the research showing cannabis reduces certain cancer risks and inhibits the growth of tumor cells. He also commented that the Federal government's anti-marijuana position contributes to and encourages prejudice and public misconception about the legitimate use of medical cannabis as treatment for seriously ill patients.

In addition to anti-cancer properties, separate research reported marijuana appears to have "profound nerve-protective and brain-enhancing properties that could potentially treat many neurodegenerative disorders." In its report, the National Cancer Institute stated cannabis effectively treats insomnia and referenced a placebo-controlled study in cancer patients showing increased quality of sleep and relaxation in those treated with tetrahydrocannabinol, an active component in marijuana.

Responding to a White House statement that only a small percentage of patients prescribed medical cannabis under state laws use it to treat cancer, Pappas said "marijuana isn't just for cancer or AIDS patients – it can also treat, for example, sleeplessness." Although generally not a life threatening condition, Pappas referred to insomnia as a health issue regularly treated with prescription drugs zolpidem (brand name Ambien) and eszopiclone (brand name Lunesta). According to their manufacturers' websites, zolpidem and eszopiclone have been shown to cause severe side effects including aggressiveness, hallucinations, confusion, or suicidal thoughts. Pappas noted that, unlike those drugs, studies on insomnia similar to those reported by the National Cancer Institute show medical marijuana effectively treats insomnia at a far lower cost and with fewer side effects. Marijuana has also been prescribed for glaucoma, multiple sclerosis, chronic pain, and a variety of other physical and mental conditions.

Addressing the White House website statement that medical marijuana should remain criminally illegal under federal law, Pappas said that "with every drug, the doctor must consider the benefits versus any possible side effects. In its 3000-plus year history of medicinal use, there has never been a known, confirmed death caused by overdose of marijuana. To suggest that prescription drugs known to have severe negative side effects are alright and that marijuana can only be used for cancer or AIDS is nonsensical. It demonstrates how the Federal government's decision to usurp state sovereignty is harming people because burdening citizens with federal criminal records based on medical marijuana provided for under state law is simply wrong. To continue outlawing the use of a drug shown to have life-saving, anti-cancer benefits that has been used safely as a medication for thousands of years is irresponsible."

In light of current knowledge, banning this plant and waging war against Americans over access to it, is also a crime against humanity.

Jan., 2013 National Cancer Institute PDQ® report on cannabis:

[www.cancer.gov/cancertopics/pdq/cam/cannabis/healthprofessional/page2](http://www.cancer.gov/cancertopics/pdq/cam/cannabis/healthprofessional/page2)

July, 2009 NIH report on cannabis reducing neck and head squamous cell carcinoma:

[www.ncbi.nlm.nih.gov/pubmed/19638490](http://www.ncbi.nlm.nih.gov/pubmed/19638490)

Nov., 2012 NIH report on cannabis breast cancer treatment:

[www.ncbi.nlm.nih.gov/pubmed/22776349](http://www.ncbi.nlm.nih.gov/pubmed/22776349)

Report on study showing smoked marijuana does not cause cancer:

[www.washingtonpost.com/wp-dyn/content/article/2006/05/25/AR2006052501729.html](http://www.washingtonpost.com/wp-dyn/content/article/2006/05/25/AR2006052501729.html)

Report on neuroprotective benefits of marijuana:

[www.foxnews.com/health/2012/03/20/researchers-study-neuroprotective-properties-in-cannabis/](http://www.foxnews.com/health/2012/03/20/researchers-study-neuroprotective-properties-in-cannabis/)

Compounds in marijuana are treating and in many cases, curing people of a large variety of diseases, infections and conditions, including drug resistant staph, MERSA and cancers. Clinical research and documented patient experiences have documented this and much more. Profound, patient experiences and cures are now being documented daily.

Creams made from marijuana are causing severe burns to heal in record time, as patient case documentation now shows. Potent, marijuana oils are curing skin cancers, quickly, as patient experience has now documented.

These compounds have been shown to significantly extend lifespan, in clinical tests. Consuming large amounts of raw or fresh frozen and therefore, non-psychoactive marijuana, is strongly effective against MERSA, as shown in clinical studies and patient experiences.

It is non-toxic, not physically addictive and causes FAR FEWER SOCIAL PROBLEMS THEN ALCOHOL. Raw, marijuana has powerful anti-inflammatory abilities and inflammation is a cause of common, serious diseases and conditions and it's consumption does not produce a, "high".

That's right. No high and massive curative and preventative powers. Clinical studies show life extension, with safe, non toxic, non-psychoactive, cannabinoid supplementation.

For people to use it in this manner to protect their health, possibly extend their lifespan, as clinical research has strongly indicated, boost their health and lower their health care costs, they MUST have the FREEDOM, to produce much greater number of plants than the paltry and grotesquely inadequate, seven, the currently "politically acceptable" limit on plants.

With all due respect, what does it take, for you people to stop pretending that it's use is some kind of crime?

When will lawmakers wake up and act like adults, instead of frightened children? Marijuana should NOT be considered a crime. In view of what we know know about cannabis and the cannabinoids, treating this plant as a crime is medieval.

Given the current state of knowledge, based on social research, clinical studies and documented, remarkable, patient experiences, treating it as a "crime" is in itself, a crime.



Decriminalize at this time, but also draw up and pass legislation ending these corrupt, harmful laws!

Decriminalization allows police to spend money on serious and violent crimes:

Decriminalizing possession of less than an ounce of marijuana could save state and county governments in Hawai'i an estimated \$9 million annually.(1)

Nationally, approximately \$8 billion is spent every year arresting and prosecuting individuals for marijuana violations.<sup>2</sup> Almost 90% of these arrests are for marijuana possession only.(3)

Since 2004, possession arrests in Hawai'i have increased almost 50% and distribution arrests almost doubled.(1)

Decriminalization does not allow anyone to sell marijuana, nor does it allow anyone to purchase or possess marijuana.

Marijuana is not a "gateway drug". The National Academy of Sciences found, "There is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs."(8)

Compared to possession of marijuana - ice and violent crimes are much bigger problems. Our police should spend more time and resources going after violent crime or hard drugs.

Far more harm results from the criminalization of marijuana than from marijuana use itself:

In Hawai'i:

Juveniles are 70% more likely to be arrested than adults.(1)

Native Hawaiians are 70% more likely to be arrested than non-native Hawaiians.(1)

Convicted marijuana offenders:

Are denied federal student aid;

Lose their professional licenses;

Encounter barriers to employment, housing, and adoption.

These penalties disproportionately affect young, low income, and minority individuals.(2)

Decriminalization does not increase marijuana use:

There is no evidence to support claims that criminalization reduces use or decriminalization increases use.(4)

Studies find that decriminalizing marijuana has had no effect on marijuana use among young people.(5)

Harsh marijuana laws do not deter use. (6)

Hawai'i supports decriminalization:

58% of residents believe that marijuana possession for personal use should carry a fine instead of jail time.(7)

75% of the registered voters said if their state legislator voted to decriminalize marijuana it would either have no impact on their vote or it would actually make them more likely to vote for that legislator

14 states have already decriminalized marijuana: Alaska, California, Connecticut, Maine, Massachusetts, Minnesota, Mississippi, Nebraska, Nevada, New York, Ohio, Oregon, Pennsylvania, and Rhode Island, plus in cities and counties in nine other states. Cultivation and distribution remain criminal offenses. In November 2012, Colorado and

Washington went a step further and passed voter initiatives to tax and regulate marijuana for recreational use.

Studies cited:

1. Nixon, David. Update to: Budgetary Implications of Marijuana Decriminalization and Legalization in Hawai'i. University of Hawai'i, Dec 2012. <[www.dpfhi.org](http://www.dpfhi.org)>
2. Duncan, Cynthia. "The Need for Change: An Economic Analysis of Marijuana Policy." Connecticut Law Review 14 (July 2009)
3. United States. Federal Bureau of Investigation's combined Uniform Reports. Crime in the United States: Table: Arrest for Drug Abuse Violations. U.S. Department of Justice: Washington, DC. 2010.
4. Reinerman, Cohen, and Kaal. "The Limited Relevance of Drug Policy: Cannabis in Amsterdam and San Francisco." American Journal of Public Health 94.5 (May 2004)
5. Williams, Jenny. "The Effects of Price and Policy on Marijuana Use: What Can Be Learned from the Australian Experience?" Health Economics 13 (2004): 123-137.
6. Connecticut. Connecticut Law Review Commission. Drug Policy in Connecticut and Strategy Options: Report to the Judiciary Committee of the Connecticut Assembly. State Capitol: Hartford, 1997.
7. QMark Research & Polling. November 19 –December 4, 2012. Survey of 603 adults statewide, MOE +/-4%
8. National Academy of Sciences, Institute of Medicine. "Marijuana and Medicine: Assessing the Science Base". National Academy Press: Washington, DC, 5, 6. 1999.

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

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [HTHTestimony](#)  
**Cc:** [Mark@solights.com](mailto:Mark@solights.com)  
**Subject:** \*Submitted testimony for HB668 on Mar 20, 2013 15:00PM\*  
**Date:** Saturday, March 16, 2013 9:32:57 PM

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HB668

Submitted on: 3/16/2013

Testimony for HTH/PSM on Mar 20, 2013 15:00PM in Conference Room 229

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

Comments:

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**From:** [Marlene Uesugi](#)  
**To:** [HTHTestimony](#)  
**Subject:** FW: Testimony in Support of HB 668, HD 2  
**Date:** Monday, March 18, 2013 7:51:01 AM

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**From:** Matt Binder [mailto:mattbinder@earthlink.net]  
**Sent:** Friday, March 15, 2013 8:55 PM  
**To:** PSMTestimony  
**Subject:** Testimony in Support of HB 668, HD 2

To: Senator Will Espero, PSM Committee Chair  
Senator Rosalyn Baker, PSM Committee Vice-Chair  
From: Matt Binder  
RE: HB 668, HD 2 – Relating to Health  
Hearing: Wednesday, March 20, room 229, 3:00 pm  
Position: Strong Support

Dear Senators,

HRS Section 329-121 is entitled "Medical Use of Marijuana" and I think it is clear that oversight and enforcement of the law by the DOH would be far superior to the current oversight by DPS. This is made even more clear when you look at the other 18 states with medical marijuana programs, only one other has its program under law enforcement jurisdiction.

The DOH is much better equipped to handle the kinds of medical issues involved in the law as well as the physician and patient record-keeping and certification processes. The Narcotics Enforcement Division (NED) has proven to be particularly unable to handle the privacy and public health aspects of the law.

I urge you to pass HB 668 and transfer jurisdiction of the Medical Marijuana law to the Department of Health where it belongs.

Thank you,

Matt Binder  
Kealakekua

Dr. Myron Berney, ND LAc. Part II Constitutional Awareness in Medical Management Required.

Support

COMMITTEE ON HEALTH

Senator Josh Green, Chair Senator Rosalyn H. Baker, Vice Chair

COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND MILITARY AFFAIRS

Senator Will Espero, Chair Senator Rosalyn H. Baker, Vice Chair

DATE: Wednesday, March 20, 2013

TIME: 3:00 p.m.

PLACE: Conference Room 229

HB 668, HD2  
(HSCR905)

RELATING TO HEALTH.

Transfers the medical use of marijuana program, from the Department of Public Safety to the Department of Health by June 30, 2014. Requires report, with transfer plan and timeline, to the legislature prior to the 2014 regular session. Effective July 1, 2030. (HB668 HD2)

7... the medical use of marijuana program as a public  
8 health program is more in line with the mission and expertise of  
9 the department of health. The department of health is  
10 experienced in working with patients and health programs  
11 including important tasks such as public outreach and education,  
12 and safeguarding patient privacy.

It is essential to take a medical and public health approach to health care delivery and to protect and promote the public health. Medical Marijuana is a medical and public health program to protect and promote the public health. Marijuana is an herbal medicine used to relieve pain and suffering, nausea and vomiting, degenerative nerve diseases and dementia. Marijuana also helps cure cancer and protects brain cells from dying.

It is essential that the Standards for the Protection and Promotion of the Public Health as well as the Constitutional and Legal Safe Guards be applied to Marijuana as a safe and effective Medicine.

More Importantly the Department of Health is more familiar with what fits with the duties and responsibilities of Government in Health Care and what is Constitutionally Protected and/or the duties and responsibilities that are contained within the Privileged Doctor-Patient Relationship.

The State has the duty to protect and promote access to health care and immediately remove any color of law misconduct by any person or agency of Government including any law or policy that limits access to health care, medicine or medical marijuana.

The Crime is on the side of Law Enforcement's mis branding of Marijuana as a dangerous drug when Medical Science and the HRS hold Marijuana to be necessary, medically appropriate and reasonably safe medicine. As a medicine Marijuana is Constitutionally Protected. Government has no power.

The rules and regulations under the current HRS 329 Part IX would have to change to comply with any changes in HRS 329 Part IX. Any rules and regulations that go beyond the power of the law or the power of Government under the Constitution would also have to be set aside. Many of these changes should have been accomplished in 2011 following the "not Schedule 1 anymore" VA recognition of the medical use of marijuana or immediately under the passage of any State Medical Marijuana Program.

Marijuana is recognized as a safe and effective medicine in the State of Hawaii and 17 other States. Marijuana is also recognized as a safe and effective medicine by the Federal Government through the

VA Health Care and Hospital System since January 31, 2011.

In 2013 Marijuana is a medicine under State Law and Federal Executive Orders and 100% protected under the Constitutional Right of Privacy.

In 2013 Federal Law Enforcement against the Medical Use of Marijuana is Zero.

In 2013 having been Federally recognized as having a medical use, Marijuana is not a Schedule 1 drug and has not been rescheduled by Congress. Marijuana is not scheduled at all on the Federal Level.

In 2013 Marijuana is legal in 2 States.

In 2013 Federal Law Enforcement against the Recreational Use of Marijuana is Zero

Upside Down and Backwards has been the Law Enforcement's Conduct under the Law.

Law Enforcement upside down view states that Marijuana is a Schedule I drug under Federal Law therefore it has no medical use, is a danger to the individual and society.

Law Enforcement view is that because the Law says it is dangerous it is dangerous.

Science and Medicine takes the view of things 'as they are', not based upon any preconceived biased belief system.

The approach of the Science and Medicine is that if it is dangerous then it is dangerous; if it has no medical use then it has no medical use and may be included in Schedule 1.

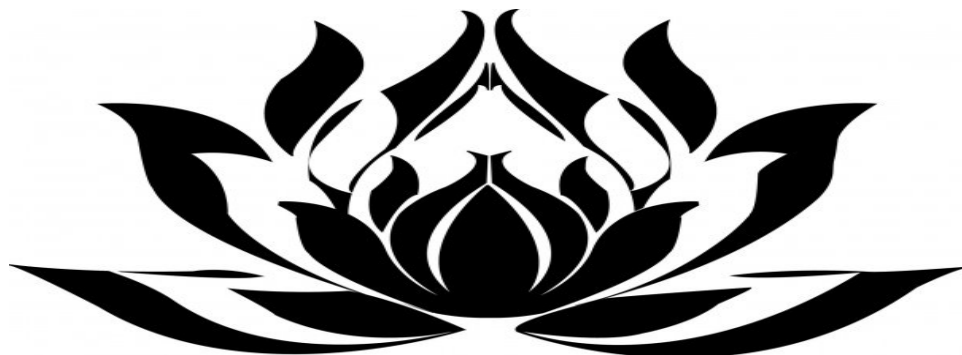
The approach of the Science and Medicine is that if it is NOT dangerous then it is NOT dangerous; if it has has medical use then it has has medical use and may NOT be included in Schedule 1.

Laws should be in harmony with reality.

Law Enforcement sees a lot of bad people doing bad things and many of them also have marijuana.

Science and Medicine see a wide range of people many of whom may also have marijuana, some are criminals, most are not. Science and Medicine see that people self medicate with Marijuana to reduce violent tendencies. Law Enforcement responds to violent people many of whom may be drunk or on drugs.

The rules and regulations under the current HRS 329 Part IX would have to change to comply with any changes in HRS 329 Part IX. Any rules and regulations that go beyond the power of the law or the power of Government under the Constitution would also have to be set aside. Many of these changes should have been accomplished in 2011 following the "not Schedule 1 anymore" VA recognition of the medical use of marijuana or immediately under the passage of any State Medical Marijuana Program.



Dr. Myron Berney, ND LAc.

Support

HB 668, HD2  
(HSCR905)  
Status &  
Testimony

RELATING TO HEALTH.  
Transfers the medical use of marijuana program, from the Department of Public Safety to the Department of Health by June 30, 2014. Requires report, with transfer plan and timeline, to the legislature prior to the 2014 regular session. Effective July 1, 2030. (HB668 HD2)

#### COMMITTEE ON HEALTH

Senator Josh Green, Chair  
Senator Rosalyn H. Baker, Vice Chair

#### COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND MILITARY AFFAIRS

Senator Will Espero, Chair  
Senator Rosalyn H. Baker, Vice Chair

DATE: Wednesday, March 20, 2013  
TIME: 3:00 p.m.  
PLACE: Conference Room 229

HB 668, HD2  
(HSCR905)  
Status &  
Testimony

RELATING TO HEALTH.  
Transfers the medical use of marijuana program, from the Department of Public Safety to the Department of Health by June 30, 2014. Requires report, with transfer plan and timeline, to the legislature prior to the 2014 regular session. Effective July 1, 2030. (HB668 HD2)

It is essential to take a medical and public health approach to health care delivery and to protect and promote the public health. Medical Marijuana is a medical and public health program to protect and promote the public health. Marijuana is an herbal medicine used to relieve pain and suffering, nausea and vomiting, degenerative nerve diseases and dementia. Marijuana also helps cure cancer and protects brain cells from dying.

It is essential that the Standards for the Protection and Promotion of the Public Health as well as the Constitutional and Legal Safe Guards be applied to Marijuana as a safe and effective Medicine.

The rules and regulations under the current HRS 329 Part IX would have to change to comply with any changes in HRS 329 Part IX. Any rules and regulations that go beyond the power of the law or the power of Government under the Constitution would also have to be set aside. Many of these changes should have been accomplished in 2011 following the not Schedule 1 anymore VA recognition of medical use or immediately under the passage of any State Medical Marijuana Program.

Marijuana is recognized as a safe and effective medicine in the State of Hawaii and 17 other States. Marijuana is also recognized as a safe and effective medicine by the Federal Government through the

VA Health Care and Hospital System since January 31, 2011.

In 2013 Marijuana is a medicine under State Law and Federal Executive Orders and 100% protected under the Constitutional Right of Privacy.

In 2013 Federal Law Enforcement against the Medical Use of Marijuana is Zero.

In 2013 having been Federally recognized as having a medical use, Marijuana is not a Schedule 1 drug and has not been rescheduled by Congress. Marijuana is not scheduled at all on the Federal Level.

In 2013 Marijuana is legal in 2 States.

In 2013 Federal Law Enforcement against the Recreational Use of Marijuana is Zero

Upside Down and Backwards has been the Law Enforcement's Conduct under the Law.

Law Enforcement upside down view states that Marijuana is a Schedule I drug under Federal Law therefore it has no medical use, is a danger to the individual and society.

Law Enforcement view is that because the Law says it is dangerous it is dangerous.

Science and Medicine takes the view of things 'as they are', not based upon any preconceived biased belief system.

The approach of the Science and Medicine is that if it is dangerous then it is dangerous; if it has no medical use then it has no medical use and may be included in Schedule 1.

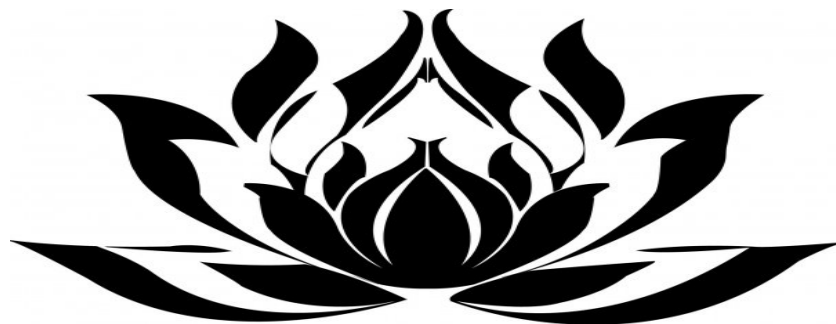
The approach of the Science and Medicine is that if it is NOT dangerous then it is NOT dangerous; if it has has medical use then it has has medical use and may NOT be included in Schedule 1.

Laws should be in harmony with reality.

Law Enforcement sees a lot of bad people doing bad things and many of them also have marijuana.

Science and Medicine see a wide range of people many of whom may also have marijuana, some are criminals, most are not. Science and Medicine see that people self medicate with Marijuana to reduce violent tendencies. Law Enforcement responds to violent people many of whom may be drunk or on drugs.

The rules and regulations under the current HRS 329 Part IX would have to change to comply with any changes in HRS 329 Part IX. Any rules and regulations that go beyond the power of the law or the power of Government under the Constitution would also have to be set aside. Many of these changes should have been accomplished in 2011 following the not Schedule 1 anymore VA recognition of medical use or immediately under the passage of any State Medical Marijuana Program.





**From:** [Tree House Palace](#)  
**To:** [HTHTestimony](#); [PSMTestimony](#)  
**Subject:** HB668, HD2  
**Date:** Saturday, March 16, 2013 7:59:33 AM

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To: Senator Josh Green, Health Committee Chair  
Senator Will Espero, PSM Committee Chair  
Senator Rosalyn Baker, Health and PSM Committee Vice-Chair  
From: daniel Susott, MD, MPH  
RE: HB 668, HD 2 – Relating to Health  
Hearing: [Wednesday, March 20](#), room 229, [3:00 pm](#)  
Position: Strong Support



To: Senator Josh Green, Health Committee Chair  
Senator Will Espero, PSM Committee Chair  
Senator Rosalyn Baker, Health and PSM Committee Vice-Chair  
From: Rev. Dennis Shields  
RE: HB 668, HD 2 – Relating to Health  
Hearing: Wednesday, March 20, room 229, 3:00 pm  
Position: Strong Support

Aloha Chair Green, & Chair Espero & Vice-Baker

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

**From:** [Richard Betz](#)  
**To:** [HTHTestimony](#)  
**Subject:** USE THE FOLLOWING HEADER: To: Senator Josh Green, Health Committee Chair Senator Will Espero, PSM Committee Chair Senator Rosalyn Baker, Health and PSM Committee Vice-Chair From: (Your Name) RE: HB 668, HD 2 – Relating to Health Hearing: Wednesday, Ma...  
**Date:** Sunday, March 17, 2013 9:10:58 AM

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**Please pass this bill. Mahalo for your help Richard Betz**

To: Senator Josh Green, Health Committee Chair  
Senator Will Espero, PSM Committee Chair  
Senator Rosalyn Baker, Health and PSM Committee Vice-Chair  
From: (Your Name)  
RE: HB 668, HD 2 – Relating to Health  
Hearing: Wednesday, March 20, room 229, 3:00 pm  
Position: Strong Support

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [HTHTestimony](#)  
**Cc:** [dakinewindowcleaning@gmail.com](mailto:dakinewindowcleaning@gmail.com)  
**Subject:** Submitted testimony for HB668 on Mar 20, 2013 15:00PM  
**Date:** Sunday, March 17, 2013 12:53:18 AM

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HB668

Submitted on: 3/17/2013

Testimony for HTH/PSM on Mar 20, 2013 15:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Riki	Individual	Support	No

Comments: I think it would be beneficial to have the Dept. of Health in charge of the medical cannabis program for all Hawaii medical cannabis patients. The medical cannabis program is a health program that should be supervised by health experts, not law enforcement experts.

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

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To: Senator Josh Green, Health Committee Chair  
Senator Will Espero, PSM Committee Chair  
Senator Rosalyn Baker, Health and PSM Committee  
Vice-Chair

From: Robert Slavin

RE: HB 668, HD 2 – moving the jurisdiction of the medical  
cannabis program from the Department of Public Safety to  
the Department of Health

Hearing: Wednesday, March 20, room 229, 3:00 pm

Position: Strongly Supporting such a move

There have been many problems resulting from  
the Department of Public Safety controlling medical  
marijuana as a narcotics issue rather than as a medical  
one. N.E.D. released supposedly private records to the  
public, and consistently lobbies against the very medical  
marijuana laws that they are entrusted to assist.

My condition is eased by this natural substance. I am a 70  
year old retired teacher; I rarely use alcohol and quit  
smoking cigarettes over 25 years ago. I am educated,  
have always been a hard-working and useful member of  
society, and I have found relief from a moderate use of  
cannabis; it's much less impairing than the narcotics that  
my doctors prescribe. I suffer from an array of  
neuropathies & paresthesias. Degenerative changes are  
occurring in my knees, neck, ankles.

Please help stop the uneven enforcement of antiquated  
marijuana laws. Let's have professionals, skilled in  
managing health related programs, be charged with

running this medical program.

Thank you,

Robert Slavin  
1129 Rycroft #208  
Hon HI 96814  
(808) 596-8843



**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [HTHTestimony](#)  
**Cc:** [rodneye9110@msn.com](mailto:rodneye9110@msn.com)  
**Subject:** Submitted testimony for HB668 on Mar 20, 2013 15:00PM  
**Date:** Friday, March 15, 2013 5:48:35 PM

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HB668

Submitted on: 3/15/2013

Testimony for HTH/PSM on Mar 20, 2013 15:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Rodney Evans	Individual	Support	No

Comments: I support the transfer of responsibility of medical marijuana permitting from the Department of Public Safety, where patients are automatically regarded as criminals, to the Department of Public Health, where patient's rights of privacy can be respected and they are not regarded as criminals. I think this should happen within the next two years and not be put off until 2030 as I see this bill suggest.

Homeopathic medicine is thousands of years old and much more reliable than the pharmaceutical medicine practiced heavily in present times. We need to stop our governments from propping up pharmaceutical companies and their profits over the health of the citizens and our ecosystem. In 1974 the University of Virginia tried to prove that Marijuana (cannabis) caused cancer to assist the Nixon Administration in its attempts to denigrate the hippie anti-war protestors. Their studies showed that marijuana was actually effective in the fighting of cancer so the Nixon administration ordered the information be concealed from the public protecting the pharmaceutical companies from homeopathic competition and allowing Nixon to continue denigrating the Hippie generation. My Mother died of breast and bone cancer in 2001. I cannot help but believe that had this treatment been available to her she would still be with us today and would have been able to meet her grandchildren here in Hawaii. Please treat Marijuana (cannabis) as the herbal remedy it has always been and call it by its proper name: Cannabis.

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Sandy Webb, RN, BSN

March 17, 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

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [HTHTestimony](#)  
**Cc:** [saralegal@live.com](mailto:saralegal@live.com)  
**Subject:** Submitted testimony for HB668 on Mar 20, 2013 15:00PM  
**Date:** Saturday, March 16, 2013 4:46:03 PM

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HB668

Submitted on: 3/16/2013

Testimony for HTH/PSM on Mar 20, 2013 15:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
sara steiner	Individual	Support	No

Comments: Dear Legislators, Please support this very crucial bill to bring fairness to the administration of our "medical" marijuana program. "Medical" meaning "Health" and not "Narcotic Enforcement Division". The Narcotic Enforcement Division has done everything in it's power to demonize the brave doctors who will step forward and give their recommendation for this wonderful plant which heals a number of diseases, and eases pain and suffering for terminally ill and extreme pain sufferers. It is time after 13 years to have some compassion for the patients needing this plant, and stop falling for the police departments rhetoric. Sincerely, Sara Steiner P.O. Box 1965 Pahoehoe, HI 96879

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**From:** [Marlene Uesugi](#)  
**To:** [HTHTestimony](#)  
**Subject:** FW: HB 668, HD 2  
**Date:** Tuesday, March 19, 2013 2:02:04 PM

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-----Original Message-----

From: Scott Temple [<mailto:patempl@yahoo.com>]  
Sent: Tuesday, March 19, 2013 1:53 PM  
To: PSMTestimony  
Subject: HB 668, HD 2

To: Senator Josh Green, Health Committee Chair Senator Will Espero, PSM Committee Chair Senator Rosalyn Baker, Health and PSM Committee Vice-Chair  
From: (Your Name)  
RE: HB 668, HD 2 – Relating to Health  
Hearing: Wednesday, March 20, room 229, 3:00 pm  
Position: Strong Support

Dear Representatives...

Please pass HB 668. Medical cannabis is a public health issue, and needs to be addressed by state health professionals. This change of departments is long overdue. The medical cannabis program has done much good for Hawaii's suffering patients, and in the right department will do even more good. Medical cannabis is a winning program for Hawaii. The program has proven to be safe and to not harm society.

Please place medical cannabis in the state Dept. of Health, so health professionals can tune it better for positive public health outcomes.

Thanks,  
Scott Temple

To: Senator Josh Green, Chair  
Senator Roz Baker, Vice Chair  
From: Teri Heede

RE: HB 668, HD2  
DATE: Wednesday, March 20, 2013  
TIME: 3:00 p.m.  
PLACE: Conference Room 229  
Position: Strong Support

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

I am a patient and I have rights to treatment that is successful and allows me the greatest quality of life possible. Managing my pain and symptoms has been problematic because the program I am involved with is managed by law enforcement.

I have had Multiple Sclerosis (MS) for 20 years and counting...because there is no cure for MS. MS is an immune system disorder and that means that my body thinks there is something inside that has to be destroyed...only it happens to be the myelin sheath that surrounds the nerves. Think of it like an electrical cord like the ones in your home, and imagine that the cover on the electrical cord just starts to dissolve, leaving the copper inside exposed. That is MS. The destruction creates lesions in the brain and on the spinal column and eventually the lesions on the brain become black holes. There is no cure and my symptoms include (but are by no means limited to) vision problems (chronic optical neuritis), mobility issues and incontinence.

Law enforcement has released confidential medical information they had in their possession about me to the media. They have demonized me at Rotary Club meetings as "that woman who testifies at the legislature every year!" and showed my picture around so that I would be recognized easily and other patients can tell you other horror stories. They have taken every opportunity or created it to criminalize patients.

Please move the administration of this program where it belongs. Law enforcement is not trained, qualified or inclined to administer this program.

Mahalo ahead of time for supporting this bill!

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [HTHTestimony](#)  
**Cc:** [vince.callagher@gmail.com](mailto:vince.callagher@gmail.com)  
**Subject:** Submitted testimony for HB668 on Mar 20, 2013 15:00PM  
**Date:** Friday, March 15, 2013 6:15:20 PM

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HB668

Submitted on: 3/15/2013

Testimony for HTH/PSM on Mar 20, 2013 15:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
vincent callagher	Individual	Comments Only	No

Comments: I strongly support HB 668 to change licencing of medical cannabis from the Dept. of Saftey to the Dept. of Health. I personally have had to wait over 5 months to receive licencing. Also I have experienced improper privacy procedures. It also creates an environment of distrust and fear to have to register with the Dept of prosecution for the patient and the doctor.

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To: Senator Josh Green, Health Committee Chair  
Senator Will Espero, PSM Committee Chair  
Senator Rosalyn Baker, Health and PSM Committee Vice-Chair

From: Wendy Gibson R.N./B.S.N.

RE: HB 668, HD 2 – Relating to Health  
Hearing: Wednesday, March 20, room 229, 3:00 pm  
Position: Strong Support

Dear Senators,

As a Nurse (RN) I feel it is important to keep Medical Marijuana patients safe. The proper department to oversee this MEDICAL program is the Department of Health, not the Department of Justice-Department of Safety.

Medical professionals are working to help patients get SAFE access to their medicine. The DOJ does not share this goal and is not working in harmony with medical staff to meet this end.

This was especially evident to me when the NED 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. Breaching patient confidentiality is a punishable violation in the health care community.

In contrast, The Department of Health is committed to the well-being of the medical cannabis patients, caregivers and physicians. They would not breach Patient Confidentiality laws. They should be entrusted to manage this program.

Please consider this when reviewing Medical Marijuana bills.

Thank you,

Wendy Gibson PTA, R.N./ B.S.N.