

NEIL ABERCROMBIE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

919 Ala Moana Boulevard, 4th Floor
Honolulu, Hawaii 96814

TED SAKAI
DIRECTOR

Martha Torney
Deputy Director
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Max Otani
Deputy Director
Corrections

Shawn Tsuha
Deputy Director
Law Enforcement

No. _____

TESTIMONY ON HOUSE CONCURRENT RESOLUTION (HCR) 48/
HOUSE RESOLUTION (HR) 29
A RESOLUTION RELATING TO
REQUESTING THE CONVENING OF A TASK FORCE TO DEVELOP
RECOMMENDATIONS FOR THE ESTABLISHMENT OF A REGULATED STATEWIDE
DISPENSARY SYSTEM FOR MEDICAL MARIJUANA

by
Ted Sakai, Director
Department of Public Safety

House Committee on Health
Representative Rep. Della Au Belatti, Chair
Representative Dee Morikawa, Vice Chair

Friday, March 21, 2014 8:30 a.m.
State Capitol, Conference Room 329

Chair Belatti, Vice Chair Morikawa, and Members of the Committee:

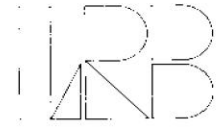
The Department of Public Safety (PSD) **supports**, HCR 48 and HR 29, which would convene a task force to develop recommendations for the establishment of a regulated statewide dispensary system for medical marijuana.

PSD would be glad to participate on this task force when it is convened.

Thank you for the opportunity to testify on this matter.

Charlotte A. Carter-Yamauchi
Acting Director

Research (808) 587-0666
Revisor (808) 587-0670
Fax (808) 587-0681



LEGISLATIVE REFERENCE BUREAU
State of Hawaii
State Capitol
415 S. Beretania Street, Room 446
Honolulu, Hawaii 96813

Written Comments

HCR48

REQUESTING THE CONVENING OF A TASK FORCE TO DEVELOP RECOMMENDATIONS FOR THE ESTABLISHMENT OF A REGULATED STATEWIDE DISPENSARY SYSTEM FOR MEDICAL MARIJUANA

Comments by the Legislative Reference Bureau
Charlotte A. Carter-Yamauchi, Acting Director

Presented to the House Committee on Health

Friday, March 21, 2014, 8:30 a.m.
Conference Room 329

Chair Belatti and Members of the Committee:

Good morning Chair Belatti and members of the Committee, thank you for providing the opportunity to submit written comments on H.C.R. No. 48, Requesting the Convening of a Task Force to Develop Recommendations for the Establishment of a Regulated Statewide Dispensary System for Medical Marijuana.

The purpose of this measure is to, among other things:

- (1) Request the Department of Health to convene a Medical Marijuana Dispensary System Task Force (Task Force) to develop recommendations to establish a regulated statewide medical marijuana dispensary system to provide safe and legal access for qualified patients to medical marijuana;
- (2) Place the Task Force within the Department of Health for administrative purposes and request that it make recommendations and propose legislation on the design and structure of a regulated statewide dispensary system for medical marijuana;
- (3) Request that the Legislative Reference Bureau (Bureau), no later than September 1, 2014, complete and submit to the task force an updated and

revised version of its 2009 report, "Access, Distribution, and Security Components of State Medical Marijuana Programs," which is to include an update of the policies and procedures for access, distribution, security, and other relevant issues related to the growing and dispensing of medical cannabis in all states that have a medical marijuana program;

- (4) Provide that the issues to be addressed by the Bureau and considered by the Task Force include the appropriate number and location of dispensaries statewide; the design of a tax structure (state and county); location and restriction issues; methodology for ensuring safety of supply; a framework for cultivating and manufacturing medical marijuana products; regulations to ensure security and public safety; restrictions on advertising; and issues raised and compliance with any guidelines and/or directives issued by federal agencies with respect to medical marijuana;
- (5) After completion and presentation of the Bureau's report to the Task Force, request that the Task Force hold at least one public hearing to receive public input; and
- (6) Request the Task Force to submit a report of the study to the Legislature no later than twenty days prior to the convening of the Regular Session of 2015.

While the Legislative Reference Bureau takes no position on this measure, we submit the following comments for your consideration regarding the measure's request that the Bureau's update its 2009 report.

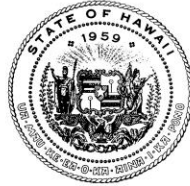
- (1) As the fourth Be It Further Resolved clause is drafted, the role of the Bureau is unclear. It appears both the Bureau and the Task Force are addressing the same issues. As such, it seems that the measure intends that the Bureau not only act as the information-providing agency to the Task Force, but also serve as a policy-recommending entity to the Task Force, thus duplicating the responsibilities of the Task Force. If this is not the intent, then the measure's actual intent needs to be clarified.
- (2) We further note that this same paragraph greatly expands the scope of the original study to include recommendations on ". . . the appropriate number and location of dispensaries statewide; the design of a tax structure (state and county); location and restriction issues; methodology for ensuring safety of supply; a framework for cultivating and manufacturing medical marijuana products; regulations to ensure security and public safety; restrictions on advertising; issues raised and compliance with any guidelines and/or directives issued by federal agencies with respect to medical marijuana." While the Bureau would expect to be able to complete an update of its original report,

including addressing additional states that have legalized medical marijuana, within the timeframe requested (September 1, 2014), expanding the scope of the study to include these additional issues will adversely impact the Bureau's ability to deliver the updated report within the specified timeframe.

- (3) The measure seems to request that the Bureau design a state and county tax structure for the regulated statewide dispensary system for medical marijuana. While the Bureau possesses a general understanding of tax policy, it would seem more prudent to include either a tax professional or a Department of Taxation representative on the Task Force to provide such insight.
- (4) The measure does not seem to contemplate what the Task Force should do during the time period of May - September 2014, while waiting for the Bureau's updated report. With the inherent expertise of the listed Task Force members (with the inclusion of a person with expertise in tax policy), it may be more prudent to simply have the Task Force commence its work without waiting for a report update.

If the measure is amended to limit the scope of the Bureau's role to updating its 2009 report, the Bureau believes that the services requested under this measure are manageable and that the Bureau will be able to provide the services in the time allotted; provided that the Bureau's interim workload is not adversely impacted by too many other studies or additional responsibilities, such as conducting, writing, or finalizing other reports, drafting legislation, or both, for other state agencies, task forces, or working groups that may be requested or required under other legislative measures.

Thank you again for this opportunity to provide written comments.



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

In reply, please refer to:
File:

HOUSE COMMITTEE ON HEALTH

HCR48/HR29, REQUESTING THE CONVENING OF A TASK FORCE TO DEVELOP RECOMMENDATIONS FOR THE ESTABLISHMENT OF A REGULATED STATEWIDE DISPENSARY SYSTEM FOR MEDICAL MARIJUANA

Testimony of Linda Rosen, M.D., M.P.H.
Director of Health

March 21, 2014

1 **Department's Position:** The Department supports the intent of this resolution, but requests that
2 resources be provided to support its operation.

3 **Fiscal Implications:** If the Department is responsible to convene the task force, there will likely be
4 costs associated with preparing minutes, logistics/facilities, report writing, photocopying and paying a
5 contracted facilitator. The cost is not known but could be \$10,000 - \$15,000. This is not a budgeted
6 cost for the Department.

7 **Purpose and Justification:** This resolution requests that the DOH convene a Medical Marijuana
8 Dispensary System Task Force to develop recommendations and propose legislation for the design and
9 structure of a regulated statewide dispensing system for medical marijuana. The resolution requests that
10 the Legislative Review Board update, revise, and submit to the Task Force, its 2009 report, "Access,
11 Distribution, and Security Components of State Medical Marijuana Programs." The Task Force is to
12 submit a report of findings and recommendations, including proposed legislation, to the Legislature 20
13 days prior to the start of the 2015 Regular Session.

1 The Department supports the intent of the measure to have a task force take an informed
2 thoughtful approach to the many issues around medical marijuana dispensaries for Hawaii. This process
3 will better inform any recommendations and possible legislation.

4 Thank you for the opportunity to testify.

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

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

LATE

KIRK CALDWELL
MAYOR



LOUIS M. KEALOHA
CHIEF

DAVE M. KAJIHIRO
MARIE A. McCAULEY
DEPUTY CHIEFS

OUR REFERENCE JK-TA

March 21, 2014

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

Dear Chair Belatti and Members:

SUBJECT: House Concurrent Resolution No. 48, Requesting the Convening of a Task Force to Develop Recommendations for the Establishment of a Regulated Statewide Dispensary System for Medical Marijuana

I am Jason Kawabata, Acting Major of the Narcotics/Vice Division of the Honolulu Police Department, City and County of Honolulu.

The Honolulu Police Department opposes House Concurrent Resolution No. 48, Requesting the Convening of a Task Force To Develop Recommendations for the Establishment of a Regulated Statewide Dispensary System for Medical Marijuana.

A study by the University of California, Los Angeles, found that the more medical marijuana dispensaries and delivery services a city has, the more its residents use marijuana regardless of whether or not they have a medical reason. Opening marijuana dispensaries will widen availability and misuse regardless of the controls that are in place.

Although medical marijuana is currently legal in Hawaii for use by the seriously ill, research by the Food and Drug Administration (FDA) indicates that marijuana has no current acceptable or proven medical use. The FDA does not approve the use of marijuana as a form of medical treatment.

The Honorable Della Au Belatti, Chair
and Members

Page 2

March 21, 2014

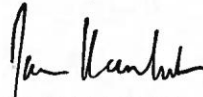
The American Society of Addiction Medicine rejects smoking marijuana as a means of drug delivery. The American Cancer Society does not advocate the use of marijuana in its inhaled form. The American Glaucoma Foundation and the National Multiple Sclerosis Society state that they cannot recommend the medical use of marijuana. The American Academy of Pediatrics and the American Medical Association are opposed to the legalization of marijuana. The American Psychiatric Association states that there is no current scientific evidence that marijuana is in any way beneficial for the treatment of any psychiatric disorder. They further state that no medication approved by the FDA is smoked.

Components of marijuana do have medical value, and research in the area is ongoing. Nabilone and dronabinol have already been approved by the FDA. Doctors are allowed to prescribe these medications, and pharmacies are allowed to fill those prescriptions. Other drugs are pending FDA approval or are being scientifically developed.

The Honolulu Police Department urges you to oppose House Concurrent Resolution No. 48, Requesting the Convening of a Task Force to Develop Recommendations for the Establishment of a Regulated Statewide Dispensary System for Medical Marijuana.

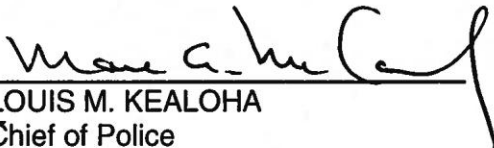
Thank you for the opportunity to testify.

Sincerely,



JASON KAWABATA, Acting Major
Narcotics/Vice Division

APPROVED:



LOUIS M. KEALOHA
Chief of Police

COMMUNITY ALLIANCE ON PRISONS

P.O. Box 37158, Honolulu, HI 96837-0158

Phone/email: (808) 927-1214 / kat.caphi@gmail.com



COMMITTEE ON HEALTH

Rep. Della Au Belatti, Chair

Rep. Dee Morikawa, Vice Chair

Friday, March 21, 2014

8:30 a.m.

Room 329

SUPPORT with AMENDMENT HCR 48/HR29

Task Force on Medical Marijuana Dispensary System

Aloha Chair Belatti, Vice Chair Morikawa 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 Hawai'i 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.

HCR 48/HR 29 requests the convening of a task force to develop recommendations for the establishment of a regulated statewide dispensary system for medical marijuana.

Community Alliance on Prisons supports this measure that respects the spirit and intent of Act 228 of 2000 – to relieve the suffering of Hawai'i's sick and dying citizens.

We suggest one manini **amendment to include the Drug Policy Forum of Hawai'i (DPFH) as a member of the task force** since this nonprofit is the leading voice for the reform of drug policy in Hawai'i nei. DPFH is the group that worked for the passage of Act 228 based on science, compassion and the reservation of human dignity.¹

Hawai'i's law is silent on how a patient can obtain medical marijuana after receiving a recommendation from a doctor. Sending sick people to the black market to relieve their pain and suffering is mean-spirited and controverts the compassion out of which this law was born.

¹ Disclosure: I am the Vice President of DPFH.

Twenty states and Washington D.C. have medical marijuana laws and thirteen have regulated dispensary systems while several other states are in the process of implementing laws for the establishment of dispensaries for medical marijuana.

With Dr. Gupta's pronouncement that he has been wrong about marijuana is widely known. When he saw the change in Charlotte Figge (the little girl suffering from uncontrollable seizures) and the effects of marijuana on calming those seizures, he investigated further and became convinced that this medicine was safe and effective.

A system of regulated dispensaries would help patients find the strain of marijuana that would be most effective in treating their illness/ailment.

Marijuana makes chemical contact with human bodies through cannabinoids, which are chemical compounds in marijuana (cannabis). The human body also creates cannabinoids. The body creates cannabinoids on-demand, such as when they are produced to serve as neuroprotectants when the brain's nerve cells begin to fire too much, as in the case of stress, seizures or an impact to the brain.

Our bodies also have cannabinoid receptors. Together, the cannabinoids and their receptors make up the human cannabinoid system.

Just as there was a time when we didn't know we had immune systems or hormonal systems, until 1988 we didn't know that we had cannabinoid systems.

The human body produces and utilizes its own cannabinoids, but the body can also utilize cannabinoids from external sources. One source of exogenous cannabinoids is marijuana, or to use marijuana's botanical name, cannabis. Because these cannabinoids are plant-based, they would be considered phytocannabinoids. Phytocannabinoids from marijuana fit nicely into human cannabinoid receptors. Thus, the cannabinoids from the cannabis plant can be utilized by the human cannabinoid system.

In a QMark research poll released in January 2014, regulated dispensaries for medical marijuana are a recognized patient need supported by 85% of voters in the state. Regulated dispensaries are a much better solution than expecting our sick and dying people to suffer or break the law to get the medicine their doctor recommends.

In the Hawaiian community, I have been told that kupuna are concerned about how to get their medicine without criminalizing their `ohana. Please support Hawai'i's sick and dying people by establishing a task force to develop a regulated system of dispensaries.

Mahalo for this opportunity to testify.

LATE



House Committee on Health

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

Friday, March 21, 2014
8:30 AM

Conference Room 329
State Capitol
415 South Beretania Street

Strong Support – HCR48/HR29 – Medical Marijuana Dispensaries

Aloha Chairwoman Belatti, Vice Chairwoman Morikawa and Members of the House Health Committee:

Big Island Chapter of Americans for Safe Access strongly supports HCR48/HR29 as hopefully it will pave the way to dispensaries in Hawai'i. Dispensaries are so badly needed. We are only one of two states in twenty that do not provide for a system whereby patients may access cannabis medicine. A task force to study and provide recommendations for a statewide dispensary system will be extremely useful.

Currently patients who cannot grow medical cannabis for any number of reasons or who cannot find a caregiver are forced to purchase cannabis from the black market. With the number of patients in the state growing at a rapid pace the situation becomes even more critical. The way it is now buying on the black market supports criminals and deprives the state from tax revenue generated from the sales of medical cannabis. Not even law enforcement would want that situation.

Please pass this resolution as 85% of Hawai'i voters support a dispensary system. Mahalo.

Andrea Tischler, Chair

Big Island Americans for Safe Access

Hilo, HIth Beretania Street



LATE

Committee: Committee on Health
Hearing Date/Time: Friday, March 21, 2014
Place: Conference Room 329
Re: Testimony of the ACLU of Hawaii in Support of H.C.R. 48 / H.R. 29

Dear Chair Belatti and Members of the Committee on Health:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) writes in support of H.C.R. 48 / H.R. 29, Requesting the Convening of a Task Force to Develop Recommendations for the Establishment of a Regulated Statewide Dispensary System for Medical Marijuana.

There is currently no legal way for patients to obtain medical marijuana, besides growing it themselves. This puts patients who are unable to grow marijuana (due to living situation or physical health) in an extremely difficult situation, because they must break the law in order to procure their medication. This resolution is a step toward eliminating the gray area of how to obtain medical marijuana, thus sparing patients from having to resort to the black market.

Thank you for this opportunity to testify.

Sincerely,

Daniel M. Gluck
Senior Staff Attorney
ACLU of Hawaii

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
www.acluhawaii.org

LATE

**the Drug Policy
Action Group**

A sister organization of the Drug Policy Forum of Hawai'i
PO Box 241042, Honolulu, HI 96824 ~ (808) 988-4386

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

TO: House Committee on Health

FROM: Pamela Lichy, MPH
President

DATE: March 21, 2014, room 329, 8:30 a.m.

RE: HCR 48/HR 29 REQUESTING THE CONVENING OF A TASK
FORCE TO DEVELOP RECOMMENDATIONS FOR THE
ESTABLISHMENT OF A REGULATED STATEWIDE
DISPENSARY SYSTEM FOR MEDICAL MARIJUANA - **In Strong
Support**

Aloha Chair Belatti, Vice Chair Morikawa and members of the Committee. My name is Pam Lichy and I'm testifying in strong support of this measure on behalf of the Drug Policy Action Group, the governmental affairs arm of the Drug Policy Forum of Hawaii.

I know this Committee is well aware of the pressing need for a medical cannabis dispensary system in the state of Hawaii. HCR 48 presents an overview of Hawaii's medical marijuana law and explains the urgent need for safe and legal access to this medicine. After the excellent February 19th informational briefing on the state's medical marijuana program held by this committee, I see no need to further explain the many reasons Hawaii needs such a system.

We think the establishment of a Task Force to make specific recommendations on a dispensary system designed for Hawaii is an absolute necessity if Hawaii is ever to have a good distribution system in place for the many patients who are unable to grow their own supply.

I'd like to make some specific comments on HCR 48 itself. On page 2, line 14 it references the Legislative Reference Bureau's comprehensive report "Access, Distribution, and Security Components of State Medical Marijuana Programs". However, it incorrectly states that the Medical Cannabis Working Group's 2010 recommendations are included. The MCWG report was issued after the LRB report.

We think it is useful that the LRB is asked here to issue a revised and updated report. Although the latter was published only five years ago, the landscape of medical marijuana regulation has changed dramatically. In the 2009 report it lists thirteen active medical marijuana programs; there are now twenty plus D.C. Whereas it found only two or three states with a distribution system, Hawaii is now one of only two or three medical marijuana jurisdictions that does **not** have a dispensary system - either in place or in the process of implementation. The Federal government, while still maintaining its position that there is no legitimate use for cannabis as medicine, has nonetheless issued a series of directives having the effect of granting states autonomy, as long as their programs adhere to commonsense guidelines.

The reso, as presented, calls for the Department of Health to convene the Task Force. Given the effort involved in managing the transfer of the medical marijuana program from PSD to DOH, and given the major role that DOH will and should play as a Task Force members, we respectfully suggest that the Public Policy Center at the University of Hawaii instead be asked to convene the task force. Not only does such a role fit perfectly with their mandate of "facilitating a policy dialogue," the Center is also a highly credible and more importantly, **neutral** body to perform this role. DOH, on the other hand, will not only be running the mmj program itself as of 1/1/15, but will potentially be tasked with the administration of a dispensary system too - once that is enacted.

Having CPP as conveners, more importantly perhaps, would free up the DOH representative on the Task Force to work more closely on the subject matter of the task force without having to also do the time-consuming logistical tasks of calling meetings, arranging venues, keeping & disseminating minutes, and other administrative burdens.

We anticipate that DOH would play **the** most critical role in the task force since they have already developed considerable expertise about medical cannabis and program administration of such, managing the transition from PSD. This transition and the development of admin rules has also included their communicating with other jurisdictions about policies and procedures - which could now be extended into assessing other states' experience with dispensary systems.

We also have some suggestions (and a request) regarding the make-up of the Task Force. We respectfully ask that our sister organization, The Drug Policy Forum of Hawaii, be included as a member. We have been working on issues surrounding medical marijuana since before the 2000 passage of the law and are considered to have a great deal of expertise in this arena. We also are in regular contact with relevant programs in many of the other jurisdictions. As President of the Drug Policy Forum I was asked by Senator Espero to co-chair of the Medical Cannabis Working Group in 2009-10.

We also suggest that the Committee consider adding the Department of Commerce and Consumer Affairs since they license and regulate many types of professionals. In a few of the medical cannabis states, they actually run the dispensary programs. We also suggest that the Office of Public Health Studies at UH be asked to send a representative. Their purview, of course, is public health policy and practice - and a good dispensary system should be an exemplar of both.

We hope and anticipate that by establishing this Task Force with its mandate to recommend and propose legislation, the Legislature will be poised next session to pass a law to establish a long overdue, well designed dispensary system to serve the needs of Hawaii nei.

Thank you for hearing this measure today, for considering our suggestions, and for giving us the opportunity to testify.

House Committee on Health
Rep. Della Au Belatti, Chair
Rep. Dee Morikawa, Vice Chair

Friday, March 21, 2014
8:30 AM

Conference Room 329
State Capitol
415 South Beretania Street

Strong Support – HCR48/HR29 – Medical Marijuana Dispensaries

As a registered Medical Cannabis patient who has also been a registered patient in the State of New Mexico, I have lived both with and without a dispensary system. And I can tell you with profound sincerity that Hawai'i needs this system. On a personal level, I am unable to "grow my own" and therefore have no legal access to medical cannabis as I did in New Mexico. As a result I obtain cannabis grown "for the street," and have no choice as to type, strength, origin, or availability, ignoring the legality of the source.

My need for medical cannabis arises from what has been diagnosed as intractable nausea, as a result of my infection with the Hepatitis C virus. The nausea strikes multiple times each day, so I am faced with a daily choice of being incapacitated through nausea, or being "stoned" from strong street drugs. I can assure you that after several years of daily nausea, this is not an easy choice and it is one that I struggle with constantly.

While living in New Mexico I had full access, through the dispensary system, to high-CBD/low-THC cannabis. This type of cannabis removes nausea but does not produce the "high" that recreational users seek. Here, back in Hawai'i, I do not have that choice. The creation of a dispensary system will bring safe medicine, both quantitatively and qualitatively, to patients who need it.

I personally need a dispensary system and I strongly support the creation of a task force to move this system forward in a positive manner. Additionally, if the task force is to include a current medical cannabis patient or patients, I would be honored to submit my request to serve.

Sincerely,

Karl Malivuk
2474 Kapiolani Blvd. apt. 2001
Honolulu, Hawai'i 96826
kmalivuk@unm.edu
808.941.0228

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 19, 2014 9:52 PM
To: HLTtestimony
Cc: j.bobich@tcu.edu
Subject: Submitted testimony for HR29 on Mar 21, 2014 08:30AM

HR29

Submitted on: 3/19/2014

Testimony for HLT on Mar 21, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph A. Bobich	Individual	Support	No

Comments: To Whom It May Concern, The present system forces law-abiding, ill citizens to become either farmers or criminals. A dispensary system would help patients to obtain the most appropriate medications for their individual illnesses. Such dispensaries are working well elsewhere, and would be a step in the right direction. Sincerely, Joseph A. Bobich, Ph. D. Professor of Chemistry, Emeritus

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-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 20, 2014 2:11 AM
To: HLTtestimony
Cc: katc31999@gmail.com
Subject: *Submitted testimony for HCR48 on Mar 21, 2014 08:30AM*

HCR48

Submitted on: 3/20/2014

Testimony for HLT on Mar 21, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Katarina Culina	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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Matthew Brittain, LCSW, DCSW, DABFSW

Clinical Forensic Social Worker

56 Waianuenue Ave. #207, Hilo HI 96720

Date: March 20, 2014

Dear Committee on Health: I SUPPORT this measure. Please see detail below.

Relating to **HCR48, creating a task force to examine the details surrounding the creation of a functional medical marijuana dispensary system.**

BACKGROUND DATA, SUPPORTING POSITION STATEMENT:

Hundreds of my medical marijuana patients are totally unable to grow their own marijuana, and have no friend or family member who can grow it for them as a caregiver. These hundred of patients rely on the black market to procure their medicine.

I know that there are thousands of potential medical marijuana patients who choose not to get their MUM certificate because there is no way for them to get their medicine. These patients prefer to simply remain completely in the black market, and not engage in the legal system at all.

I know that there are hundreds of thousands of medical marijuana patients registered in other states who travel on vacations. Those patients must either travel with illegal marijuana, do without their marijuana, or travel to states who are sympathetic to their health needs.

A functional medical marijuana dispensary system will achieve a number of goals:

- 1) Patients who can't grow their own medicine will be able to buy it in a safe place, and will not have to deal with illegal drug dealers;**
- 2) Quality assurance methods will be in place, reducing the risk to patients of ill health effects from sub-standard marijuana;**
- 3) The current multi-million dollar marijuana business will be taxed and regulated;**
- 4) A new domestic industry, worth approximately a quarter billion dollars annually (just for the state of Hawaii), will be born;**
- 5) Law enforcement and the judicial system will be relieved of a major burden through reduced caseloads;**
- 6) Otherwise law-abiding citizens will not be excluded from major sectors of the economy due to arrests/convictions related to marijuana sales;**

- 7) The Medicaid/QUEST program will realize cost savings related to reduced pharmacology fees, as it has been shown that novel MUM patients typically reduce their narcotic and other selected medications by about 50%.

ANALYSIS, AND JUSTIFICATION FOR THE ABOVE ASSERTIONS:

Items 1 through 3 above are self-evident, and true without needing explanation.

Item 4, above, is based on the following projections:

- 1) DIRECT PATIENT TRANSACTIONS: Using the Big Island as an example, approximately 4% of the entire population in Hawaii County currently holds a medical marijuana certificate. Projecting that to the population of the state of Hawaii, which is currently about 1.4 million, there should be about 56,000 MUM patients in the state. Assuming that 36,000 of them are unable to grow their own, or do not have a caregiver to grow their marijuana for them, they will need to buy it. Normal consumption is about one ounce per month, so with 36,000 patients there will be an annual purchase of about 432,000 ounces of marijuana. Based on the current price for marijuana in Colorado, \$400 an ounce, that means that 432,000 ounces of marijuana would equate to about \$172,800,000 in total sales.
- 2) TOURIST CONSUMPTION, BASED ON CURRENT STATISTICS: Optimally, a medical marijuana dispensary system will have allowance for out-of-state patients. Using the same 4% figure to estimate the number of tourists from medical-marijuana states, we can estimate the number of tourists who would want to buy medicine while they are on vacation. Citing the Hawaii Tourism Authority 2012 report, there were 3,178,824 tourists from the US West Coast and 499,174 from Canada. Both of these areas are medical marijuana regions of the world; large areas of the US East coast are, as well, but we will lump those in as accounting for the states in the West that do not have medical marijuana laws. So, adding the West USA and Canadian populations, we come to 3,677,968 annual visitors to Hawaii. 4% of this number is 147,118. With an average length of stay of 9.59 days, that equates to 1,410,868 visitor days. As noted earlier, average medical marijuana consumption is one ounce per month, or one gram per day. Therefore, there is a potential visitor consumption of 1,410,868 grams per year, or 50,388 ounces. Once again using the \$400 per ounce price, that equates to a total visitor expenditure of about \$20,155,200.
- 3) TOURIST CONSUMPTION BASED ON MUM PREFERENTIAL CHOICE: This projection examines the fact that visitors will want to choose their vacation destination based on availability of their medicine. If Hawaii is the first state to allow out-of-state MUM registry cards, then there will be a huge increase in tourism based on the availability of marijuana here. Due to lack of statistics, one might be safe to estimate that the percentage of MUM tourists would double, resulting in an additional \$20,000,000 of annual sales. So, to sum up the base-Hawaii resident sales with the two visitor estimates, we arrive at a total of about \$212,955,200 in annual sales. This

is just direct sales, and does not take into account the increased spending that the increased number of visitors will do as a normal part of their vacations.

- 4) SECONDARY ECONOMIC SPINOFF BENEFIT: The medical marijuana dispensaries will need to run their businesses. With the estimate that there will be approximately 50 dispensaries throughout the state, each with 10 employees, the total front-line employment in this new industry will be about 500 workers. Assuming a base payroll salary of \$30,000 per worker per year, the new industry will generate about \$15,000,000 in wages paid. In addition, rent, utilities, and commodities purchased to run the businesses should run about \$8,000 per month, per store, with a total of about \$4,800,000.
- 5) TOTAL of all estimated benefits as detailed above:
\$232,755,200. (Through various taxes, the State will realize about \$23,000,000).

Item 5, above, is self-evident. Exact monetary savings could be calculated, however the social/health cost savings can't be calculated, and as the Health Committee, this value is of paramount consideration at this time.

Item 6, above, attempts to address the social, health and economic impact that citizens suffer when they are arrested for marijuana sales that are for the purpose of medicinal purposes. Suffice it to say that when a college student is barred from getting financial aid due to a marijuana conviction, she has little choice but to engage in a lower socio-economic level than she could have achieved without the arrest. Many other examples could be cited...but the cost/savings ratio can't be tallied without major research into the subject.

Item 7, above, is based on personal observation as to outcomes over dozens of patients who have been desperate to achieve pain reduction, and are unhappily reliant on high doses of narcotic pain meds such as Oxycontin, morphine and methodone. On average, these naïve patients (by saying naïve, I mean to say patients who have never used marijuana before), tend to reduce their narcotic drug use by half. Intelligent health care systems, such as the Veteran's Affairs, have no doubt documented this trend, possibly inspiring the VA to issue formal acknowledgment that they allow veterans to use medical marijuana in those states that allow it. It's all about the money for the VA, and if there are 1,000,000 veterans on narcotic pain meds (and, by definition qualify for the MUM program), and the average cost per patient for medications is \$1,000 a month (a low estimate), that means that the VA is paying pharmaceutical companies about \$1,000,000,000 (one billion) dollars a month. If that number can be cut in half, that is a lot of money saved. I am not saying that the VA has run these stats through analytical extrapolating research; I am saying that if they have they are realizing a lot of money saved by encouraging the veterans to engage in the state-sanctioned MUM programs. Hawaii will realize a similar savings in its Medicaid/QUEST fees paid to pharmaceutical companies when the MUM program is made more available to the citizens of Hawaii.

TO SUMMARIZE: The best interest of the health-challenged citizens of Hawaii, fiscal integrity of the State, law enforcement, and public safety will be served by establishing a medical marijuana

dispensary system. To this end I support this bill. Please pass it and allow science, medicine, popular values, and political force to move forward here in Hawaii.

Sincerely,

Matthew Brittain, LCSW

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 19, 2014 5:58 PM
To: HLTtestimony
Cc: lionel@cruzio.com
Subject: Submitted testimony for HCR48 on Mar 21, 2014 08:30AM

HCR48

Submitted on: 3/19/2014

Testimony for HLT on Mar 21, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Lee Eisenstein	Individual	Support	No

Comments: I am writing in strong support for dispensaries in Hawaii. There are many, many reasons to support dispensaries. I am sure others will write about these in depth. Dispensaries work well and in truth, benefit their communities. Regulations for all aspects relating to dispensaries, (including those relating to commercial producers), should reflect that. Dispensaries should be treated as any other licensed business. I support local business's. Cannabis is a most egalitarian industry, providing many, many jobs and a robust, diverse, support industry. Keep it local. Keep it diverse and inclusive.

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House Committee on Health

Rep. Della Au Belatti, Chair

Rep. Dee Morikawa, Vice Chair

Friday, March 21, 2014

8:30 AM Conference Room 329

State Capitol: 415 South Beretania Street

Strong Support – HCR48/HR29 – Medical Marijuana Dispensaries

Dear Representative Au Belatti, Vice Chair Morikawa and members of the House Committee on Health,

I'm Wendy Gibson, an R.N. and I would like to see a well regulated, well-planned dispensary system in place for medical marijuana patients. A nurse's job is to make sure that patients get their medications in the safest and most effective way possible, and to assess the effectiveness. Having a dispensary could provide a way of doing this too. I strongly support HCR 48/HR29.

Our current medical marijuana program lacks a method to ensure patient safety while one is obtaining or using the product. It lacks a method to ensure and that patients can safely purchase a quality product (and read a label that lists the ingredients).

Without a dispensary, patients are placed at risk. Finding and purchasing illegal seeds, plants, flowers or ready-to-use products is risky. So is protecting a crop from theft. Or not knowing what effects to expect from the specific strain purchased.

Without a dispensary, neither the patient or physician can know the strength of each cannabinoid in the product. Knowing that is crucial to matching the disease process with the right strength (strain) and for choosing the type of delivery system to use.

These are just a few of the considerations which could be addressed by a Task Force. Please pass HCR 48 so that Hawaii can have a well-planned and well-regulated dispensary system that considers patient safety and health care concerns.

Thank you for the opportunity to provide comments.

Wendy Gibson R.N./B.S.N./Medical marijuana patient advocate.

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 19, 2014 4:03 PM
To: HLTtestimony
Cc: lynhowe1946@yahoo.com
Subject: *Submitted testimony for HCR48 on Mar 21, 2014 08:30AM*

HCR48

Submitted on: 3/19/2014

Testimony for HLT on Mar 21, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Lyn Howe	Individual	Support	No

Comments:

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morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 20, 2014 2:25 AM
To: HLTtestimony
Cc: nimo1767@gmail.com
Subject: Submitted testimony for HCR48 on Mar 21, 2014 08:30AM

HCR48

Submitted on: 3/20/2014

Testimony for HLT on Mar 21, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Petricci	Individual	Support	No

Comments: HLT Friday, March 21, 2014, 8:30AM Rm 329 Aloha Rep. Della Au Belatti, Chair Rep. Dee Morikawa, Vice Chair and committee members RE: HCR48/HR29 – Medical Marijuana Dispensaries Strong Support: After 14 years of what seems often times as rudderless law making, this resolution would help patients navigate the legal minefield that is current Hawaii Medical Marijuana law, by finally working on a workable strategy for a dispensary system in Hawaii. Being that year after year dispensary bills die a task force seems the logical next step allowing stakeholders to give input on what the system needs to work for patients. Presently the law as written transfers unreasonable burdens and risk to patients most of whom are not attorneys. Even if they were attorneys it is impossible to understand the ambiguous and gray areas in the MM law. Even this body can't agree on where the lines are. In Woodhall vs Hawaii the Hawaii Supreme court said exactly that. As it currently stands we have a system where it is legal to have marijuana, but it is illegal to get it. Leaving patients in the program in an untenable position of fearing and being subject to arrest as in Woodhall (Woody) vs Hawaii simply for trying to acquire or transport the medicine the state has licensed (charged them for) them to use. Surly after 14 years we can do better for the thousands of patients that find marijuana effective and less harmful than say percoden, Vioxx, vicaden, even morphine is easier and safer legally to get and use than marijuana. What message does that send to patients? Use far more dangerous and addictive drugs that kill thousands every years in this country and the law is clear? However if you find marijuana safer, you pay extra, are subject to "special" licensing requirements, scrutiny, restrictions, and are subject to a refer madness stigma including insinuations if not accusations they just want to get high? MM patients are being arbitrarily discriminated against, singled out and made second class citizens. Opposed to being rewarded in a sense with personal security from arrest and no refer madness stigma if they use dangerous even deadly pills instead. Narcotics are prescribed like candy in this state and country? Where drugging even children with psychotropic drugs like Ritalin is not only legal it is considered rational while letting adults use medical marijuana legally is seen to be the problem? That makes little sense. Adults who use marijuana under a doctors care are left trying to figure out how to buy their medicine on the black market. Is that the intent of the law? It is the reality and has been for 14 years putting a unreasonable burden on sick people many of whom just do not want to use narcotics when marijuana works better and is safer. The medial evidence of this is pouring in from around the world as the ancient medicinal qualities of marijuana are being rediscovered. This resolution will help develop a system of dispensaries desperately needed so that the very sick do not need to get their medicine on the black market. Thank you for your time, compassion, and consideration of my points. Robert Petricci

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morikawa2-Joanna

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Sent: Wednesday, March 19, 2014 8:11 PM
To: HLTtestimony
Cc: sassylady3128@yahoo.com
Subject: Submitted testimony for HCR48 on Mar 21, 2014 08:30AM

HCR48

Submitted on: 3/19/2014

Testimony for HLT on Mar 21, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Reed	Individual	Support	No

Comments: I strongly support this resolution! It is a shame that Hawaii patients have to fend for themselves, without even a legal way to obtain seeds to start growing. Many patients are unable to grow their own medicine because they have no place to do so, don't know how, or are too sick to do so. Having dispensaries (fully and strictly regulated) will allow patients to try different strains (each strain has different effects) to see which is most helpful. Patients would also be able to buy edibles and tinctures so they would not have to smoke it. This would help solve the problem of smoke damage to rentals and second hand smoke nuisance problems with neighbors. Hawaii should just follow the rules already in place for other states that have regulated dispensaries. It works. Thank you.

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morikawa2-Joanna

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Sent: Wednesday, March 19, 2014 9:58 PM
To: HLTtestimony
Cc: saralegal@live.com
Subject: Submitted testimony for HCR48 on Mar 21, 2014 08:30AM

HCR48

Submitted on: 3/19/2014

Testimony for HLT on Mar 21, 2014 08:30AM in Conference Room 329

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

Comments: Dear Legislators: Please convene this task force immediately. The medical cannabis community has been waiting for 14 years now for provisions to acquire their medicine. If you look at small dispensaries and coops as a way to provide jobs and cottage industries for local residents, while providing relief to persons who have been at the mercy of the black market and law enforcement. Thank you for passing this important resolution!

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morikawa2-Joanna

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Sent: Wednesday, March 19, 2014 5:46 PM
To: HLTtestimony
Cc: Albertthomas1953@gmail.com
Subject: Submitted testimony for HCR48 on Mar 21, 2014 08:30AM

HCR48

Submitted on: 3/19/2014

Testimony for HLT on Mar 21, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Albert Thomas	Individual	Comments Only	No

Comments: This resolution paves the way for a dispensary system in Hawaii. This resolution establishes a task force to design a suitable dispensary system in Hawaii, and this task force will be a good way for us all to give input on how we hope to see the system work. As it currently stands we have a system where it is legal to have marijuana, but it is illegal to get it. Sick people have to buy their medicine on the black market and this is not the intent of the law. This resolution will help develop a system of dispensaries so that the very sick do not need to get their medicine on the black market. In greater depth: The current system in Hawaii is such that all medical cannabis patients are required to grow their own medicine. This works well for some patients but excludes many people: People who don't have the strength, or skill to grow their own marijuana. People who rent and don't have the space, or are forbidden from growing marijuana by their rental agreement. People who don't have time to grow their own medicine because they are sick when they come to Hawaii or become sick and need treatment immediately. A dispensary system would also allow for a greater degree of quality assurance. Patients would be able to trust that the medicine they were buying is what it is supposed to be. Medicine could be tested, labelled and regulated. Some strains that are good for specific conditions would be easier to access. Strains that are good for nausea aren't always the right thing for patients suffering from Multiple Sclerosis, for instance. The current system is forcing patients to buy their medicine on the street. This is a cruel way to treat the very sick. 85% of Hawaii's voters agree that we need a dispensary system in place.

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morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 20, 2014 11:58 AM
To: HLTtestimony
Cc: danielhayesuppendahl@gmail.com
Subject: Submitted testimony for HCR48 on Mar 21, 2014 08:30AM



HCR48

Submitted on: 3/20/2014

Testimony for HLT on Mar 21, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
daniel uppendahl	Individual	Support	No

Comments: Very important to fill the gap between allowing medical marijuana and legal supply

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Sent: Thursday, March 20, 2014 10:36 PM
To: HLTtestimony
Cc: ncsugano@gmail.com
Subject: Submitted testimony for HR29 on Mar 21, 2014 08:30AM



HR29

Submitted on: 3/20/2014

Testimony for HLT on Mar 21, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Jari S.K. Sugano	Individual	Support	Yes

Comments: Support for HR 29 Chair Bellati, Vice Chair Morikawa and members of the House Health Committee. My name is Jari Sugano and I am the mother and caregiver of an active 5 year old girl name Maile Jen Hope Kaneshiro, aka MJ who has been living daily with Dravet Syndrome. Thank you for the opportunity to provide testimony in strong support of HCR 48. You may ask yourself, 'what kind of mother considers giving their child marijuana?' My answer would be, 'one who has tried every legal medically available option to no avail and one who wants to do everything within her capacity to ensure her daughter lives another day.' Maile has Dravet syndrome which is a rare and catastrophic form of epilepsy. She suffers from 5 seizure types and has failed over a dozen pharmaceuticals, the ketogenic -high fat diet, as well as non-FDA approved drugs (stirepentol & clobazam) prescribed by the best pediatric neurologists in the nation. At the age of 4 months, Maile suffered a grand mal just a few hours after her immunizations. At 6 months, a status seizure sent her via ambulance to Kapiolani Medical Center where she suffered respiratory arrest in route and was intubated until she was able to recover and breathe on her own. Over the first four years, Maile had numerous seizures a day (estimated 3,000 a day-various types of seizures). She spent her early years of life riding in ambulances and having extended stays at children's hospitals in Hawaii, Chicago and Miami..She has endured numerous blood draws, surgical procedures, and countless hours of rehabilitative therapy sessions. Children with Dravet syndrome do not outgrow this condition. Treatment options are extremely limited and the prognosis for these children are poor. This condition has taken a toll not just on Maile's life but our families life as well. We have traveled the country and spend every resource possible to give MJ the best specialized care possible. However, we are at the end of the road for epilepsy management. We needed another option to help prolong Maile's lifespan and improve the overall quality of life for this determined, unrelenting little girl. The use of medicinal marijuana (MMJ) and Dravet hit the national news when Dr. Sanjay Gupta broke the story on CNN of a little girl named Charlotte Figi and her use of a high CBD, low THC marijuana oil to stop seizures. So at the age of 4, Maile applied and received her Hawaii state medicinal marijuana card. Maile consumed cannabis leaves daily to no avail until we developed a home made THC-A tincture (oil) made from homegrown unknown strains of cannabis. THC-A, like CBD, does not have psychoactive properties. We froze both the dried buds & high proof alcohol to extract the resins from the cannabis. The alcohol blows off and the resin which remains is a sticky powdery substance which we put into a high grade coconut oil. Maile still suffers from seizures but the severity and quantity has subsided dramatically over the past 3 months. Her cognitive abilities seem to be slightly improved while on the THC-A concentrated oil. Her weekly myoclonic /atonic seizures have diminished by 80% and she is down to 1-2 grand mals a week. Unfortunately, we ran out of the oil this week and her grand mals returned with a vengeance with 3 grandmals again within a few days. We are true believers that

cannabis helps minimize her seizures and now understand the seriousness of maintaining a constant, safe and lab tested supply of cannabis oil. At the age of 5, Maile remains significantly developmentally delayed. She is expected to be equivalent to a 10 month old as she does not walk, talk, eat, or do many things independently. However, seeing the positive impact of cannabis oil on MJ is giving us the strength to tackle the mountain before us, legislation. Since Hawaii does not have any testing labs or dispensaries, it is difficult to know what dosage Maile is on, or any other MMJ user for that matter. In Hawaii it is currently legal to use marijuana, its oils, and products for medicinal purposes. However, we lack access to global research and technologies which allows us to use these products properly and to its fullest potential. Without understanding the compounds in local marijuana products, obtaining long term seizure control is highly improbable. Safe access to all forms of marijuana products in and out of state is critical to the advancement of Maile's condition, as well as others in Hawaii who could benefit from the therapeutic properties of cannabis. Simply leaving the law as is and relying on the current marijuana law is not acceptable. Having a state medicinal marijuana program without having a lab or dispensary component to the existing program is as dangerous as giving an individual a pill bottle with no prescription or information to go by. We need to increase safe cannabis access & improve legislation to move Hawaii forward in providing Hawaii residents with medical grades of cannabis. People often justify the use of cannabis to minimize suffering at the end of one's life. We advocate that cannabis should be considered for keiki like Maile, as well as other kama'aina living with a medical condition in Hawaii to prolong and ultimately improve one's quality of life. We are not reckless in our decision making to use cannabis on our child. We are systematic and cautious. Establishment of a dispensary or other safeguards in Hawaii could increase the efficacy and healing potential of Hawaii's existing medical marijuana program. Reckless use of marijuana has greatly jeopardized the advancement of Hawaii's medical marijuana program. We believe the use of cannabis can greatly help Maile where legal pharmaceuticals have failed her. Thank you for allowing me to share Maile's story and the opportunity to express our strong support of HR29

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morikawa2-Joanna

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To: HLTtestimony
Cc: mrmrsudi@gmail.com
Subject: Submitted testimony for HCR48 on Mar 21, 2014 08:30AM



HCR48

Submitted on: 3/20/2014

Testimony for HLT on Mar 21, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
c. masaki	Individual	Support	No

Comments: Please help. I have been unable to obtain my medication legally as I live in a situation where I am not able to grow my own. I have recently been prescribed Med Marijuana and it has helped tremendously. This is a real, scientific proof medicine yet it is illegal. Why? I have actually done research and found that greed and Racism had a big part of why this medicine is illegal and not scientific facts. In fact there are scientific facts that support what a lot of doctors are now saying, Marijuana does have a medical value and should be taken off of Schedule 1. WHY is Hawaii always behind in the times? There are other states that presently have a great Medical Dispensary system and we should learn from them. Regulate and tax it correctly, it will be a win win for everyone! I have lived here all my life and noticed one thing, we in Hawaii are always one of the last states to get with the program and do the right thing. And just think of the taxes that you will generate. Please help the people of Hawaii like you are suppose to. This is why WE voted for you, to HELP us not hold us back!

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LATE

House Committee on Health

Rep. Della Au Belatti, Chair

Rep. Dee Morikawa, Vice Chair

Friday, March 21, 2014

8:30 AM

Conference Room 329

State Capitol

415 South Beretania Street

Strong Support – HCR48/HR29 – Medical Marijuana Dispensaries

This resolution paves the way for a dispensary system in Hawaii. This resolution establishes a task force to design a suitable dispensary system in Hawaii, and this task force will be a good way for us all to give input on how we hope to see the system work.

As it currently stands we have a system where it is legal to have marijuana, but it is illegal to get it. Sick people have to buy their medicine on the black market and this is not the intent of the law. This resolution will help develop a system of dispensaries so that the very sick do not need to get their medicine on the black market.

The current system in Hawaii is such that all medical cannabis patients are required to grow their own medicine. This works well for some patients but excludes many people:

- People who don't have the *strength*, or *skill* to grow their own marijuana.
- People who rent and don't have the *space*, or are forbidden from growing marijuana by their rental agreement.
- People who don't have *time* to grow their own medicine because they are sick when they come to Hawaii or become sick and need treatment immediately.

A dispensary system would also allow for a greater degree of quality assurance.

- Patients would be able to trust that the medicine they were buying is what it is supposed to be.
- Medicine could be tested, labelled and regulated.
- Some strains that are good for specific conditions would be easier to access. Strains that are good for nausea aren't always the right thing for patients suffering from Multiple Sclerosis, for instance.

The current system is forcing patients to buy their medicine on the street. **This is a cruel way to treat the very sick.** 85% of Hawaii's voters agree that we need a dispensary system in place.

Mahalo for the opportunity to testify.

Craig R. Ellenwood