

**COUNTY COUNCIL**

Jay Furfaro, Chair  
Nadine K. Nakamura, Vice Chair  
Tim Bynum  
Gary L. Hooser  
Ross Kagawa  
Mel Rapozo  
JoAnn A. Yukimura



**OFFICE OF THE COUNTY CLERK**

Ricky Watanabe, County Clerk  
Jade K. Fountain-Tanigawa, Deputy County Clerk

Telephone (808) 241-4188  
Fax (808) 241-6349  
Email cokcouncil@kauai.gov

**Council Services Division**  
4396 Rice Street, Suite 209  
Lihu'e, Kaua'i, Hawai'i 96766

March 27, 2014

**TESTIMONY OF TIM BYNUM  
COUNCILMEMBER, KAUA'I COUNTY COUNCIL  
ON**

**S.B. 2574, SD 1, HD 1, RELATING TO MEDICAL MARIJUANA  
Senate Joint Committee on Judiciary and  
Committee on Consumer Protection & Commerce  
Friday, March 28, 2014  
2:00 p.m.  
Conference Room 325**

Dear Chair Rhoads, Chair McKelvey and Committee Members:

Thank you for this opportunity to submit testimony in opposition of SB 2574, SD 1, HD 1 relating to medical marijuana. My testimony is submitted in my individual capacity as a Councilmember of the Kaua'i County Council.

I oppose this measure in its current form and would like to support the suggestions stated by the State Department of Health (DOH), the American Civil Liberties Union of Hawai'i (ACLU), and the Drug Policy Action Group. Although the intent of this measure is acceptable, there may be unintended consequences. Hawai'i Revised Statutes (HRS) Section 329-121 already provides a definition of "physician," and redefining this may create some confusion. Furthermore, there are some instances where individuals do not have primary care physicians.

For the reasons stated above, I encourage this Committee to either defer this measure or incorporate the amendments suggested by DOH, ACLU, and the Drug Policy Action Group. Again, thank you for this opportunity to provide testimony.

Sincerely,

TIM BYNUM

Councilmember, Kaua'i County Council

AB:dmc

cc: Hawai'i Council of Mayor's  
Hawai'i County Council  
Honolulu City Council  
Maui County Council  
Kaua'i County Council  
Alfred B. Castillo, Jr., County Attorney

**SB2574**

Submitted on: 3/27/2014

Testimony for JUD/CPC on Mar 28, 2014 14:00PM in Conference Room 325

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Robert Bacher	Hawaiian Standard & Green Futures	Support	No

Comments: If 24 verification by law enforcement is possible and necessary, then why would the address of the marijuana need to be physically ON the Blue Card, which creates 1 more extra issue if a patient loses their wallet or purse or is has it stolen from them?

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.

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)

# COMMUNITY ALLIANCE ON PRISONS

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

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



## COMMITTEE ON JUDICIARY

Rep. Karl Rhoads, Chair

Rep. Sharon Har, Vice Chair

## COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Angus McKelvey, Chair

Rep. Derek Kawakami, Vice Chair

Friday, March 28, 2014

2:00 p.m.

Room 325

## SUPPORT FOR SB 2574 HD1 - MEDICAL MARIJUANA

Aloha Chairs Rhoads and McKelvey, Vice Chairs Har and Kawakami and Members of the Committees!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies for more than a decade. This testimony is respectfully offered on behalf of the 5,800 Hawai'i individuals living behind bars, always mindful that approximately 1,500 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.

SB 2574 HD1 makes clarifying housekeeping amendments to the registration requirements regarding the medical use of marijuana. Adds certifying physician requirements for written certification of medical marijuana use. Effective July 1, 2050. (SB2574 HD1)

Mahalo nui for hearing this important measure.

Community Alliance on Prisons supports this measure that upholds the spirit and intent of the law that was passed in 2000 as a compassionate measure to help relieve the pain and discomfort of our residents who suffer from various health problems.

I have attached an article from Salon magazine on how *phytocannabinoids* work. As a caregiver to three patients, I can attest to this. The article can be accessed at:

[http://www.salon.com/2013/08/17/science\\_for\\_stoners\\_heres\\_how\\_pot\\_works/](http://www.salon.com/2013/08/17/science_for_stoners_heres_how_pot_works/)

We urge the committee to pass this measure to preserve the spirit of compassion that distinguished Hawai'i as the first legislature to pass medical marijuana.

Mahalo for this opportunity to testify.



# Science for stoners: Here's how pot works

Explaining the chemistry behind medical marijuana that got Sanjay Gupta and others to finally believe

K.M. CHOLEWA

Last week, CNN's Dr. Sanjay Gupta [grabbed headlines](#) for coming out in support of the validity of the medical use of marijuana, something he had opposed in the past. What changed his mind? Science. Here's what he — and those studying the chemistry of marijuana — now understand.

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.

Any woman who has had a hot flash can find an analogy in the hormone estrogen. As the process of menopause ensues, a woman's estrogen level drops. Many women seek to balance their hormonal systems by taking in plant-based estrogens, *phytoestrogens*, such as soy or yams.

Other women, during menopause, seek to balance their hormonal systems through the use of a synthetic estrogen (rather than a plant-based one) such as with the pharmaceutical Premarin. Likewise, one can take in synthetic cannabinoids through the pharmaceutical Marinol.

So, in this analogy, pot is to a yam what Marinol is to Premarin.

One of the cannabinoids in *cannabis* – THC (delta-9-tetrahydrocannabinol) — creates a euphoric effect. The other 65 cannabinoids in *cannabis* do not. CBD (cannabidiol) is another cannabinoid in *cannabis*. In Gupta's report, Charlotte Figi, the 6-year-old whose seizures were dramatically reduced by using marijuana, was using a strain of the plant high in CBD. Despite marijuana's classification as a schedule 1 drug, meaning no medicinal applications, in 2003, the [U.S. federal government patented CBD for medical use](#). CBD has medicinal applications in conjunction with THC, but also independently of it.

Cannabinoids are generally considered inhibitors. They damp down neurotransmitter release. But this doesn't mean they necessarily damp down neural activity. [If you inhibit an inhibitor, you get a release](#). The big risk with many drugs and pharmaceuticals is respiratory and/or cardiovascular failure. Not so with *cannabis*. Numerous sources cite the lethal dose of marijuana at 40,000 times greater than the dose it



takes to create the euphoric effects. It may be that there are no fatalities from marijuana use because there are no cannabinoid receptors in the medulla oblongata, the part of the brain stem responsible for respiratory and cardiovascular function.

The human body's cannabinoid receptors provide places for cannabinoids — human-made, plant-base, or synthetic — to “plug in.” The cannabinoid receptor was discovered by Alan Hewitt in 1988. Raphael Mechoulam discovered the first cannabinoid, anandamide, in 1992. Anandamide, a cannabinoid made by the body, affects the same functions as the plant-based cannabinoid THC does: memory, pain, focus, etc.

There is evidence that anandamides are necessary to forget conditioned fear and trauma. Mice engineered to be unable to access their anandamides (cannabinoids produced by their bodies) were unable to get over a negative association to a nonthreatening input, specifically, a tone associated with an electric shock. Even when the electric shock no longer accompanied the stimulus, the mice maintain the conditioned stress response. Without a functioning cannabinoid system, they were biologically unable to “get over it.” Mice in the control group (those who retained their access to their anandamides) in time no longer responded with stress to the tone, once the shock was uncoupled from it. They could hear the tone without experiencing the stress response. They got over it. They “unlearned” it, biochemically. When THC (a plant-based cannabinoid) was administered to the mice unable to access their own cannabinoids, those mice were able to “forget” the negative association, too, just like the mice in the control group who were never cut off from their bodies' own cannabinoid systems.

“Human cannabinoid receptors are extremely similar to those found in rodents,” says professor of pharmacology Leslie Iverson in “The Science of Marijuana.” In humans, the analogy lies in the biochemistry of post-traumatic stress disorder. With PTSD, it is recognized that a person can be conditioned to respond as though his or her life is at risk every time there's a loud noise; for example, as occurs in war zones. Even outside the war zone, conditioned associations are made, such as being conditioned to respond with stress, as if violence is imminent any time an authority figure gets frustrated, if one grew up in a home where a parent responded to frustration with violence.

Out of the war zone, or as an adult at work, these responses don't make sense. They are no longer responses to reality, i.e., real threats. Uncoupling that fear response from the stimulus appears to involve the cannabinoid system. This uncoupling could be called “forgetting.” It is different than repression as repression keeps the faulty association active, though unconscious. Forgetting circumstantial, conditioned associations is critical to our capacity to read reality. Conditioned responses, though they perhaps at one time made sense, were “true” in reference to one's experience, become maladaptive with a change in context. Forgetting is not the failure of mental function. It is a mental function. In the body, “forgetting” can represent the capacity to “unlearn” a biochemical pattern.

The ability to “unlearn” is necessary for change. Whether we call it unlearning, forgetting or deprogramming, dislodging the entrenched — in our minds, bodies or culture — requires accurate assessments of reality. When it comes to marijuana, the larger Drug War and the institutions built up around it, Dr. Gutpa's message is another shot at a citadel constructed on misinformation and that shot comes straight from the mainstream of America.

*K.M Cholewa has worked as a political writer, policy consultant and lobbyist in Montana for 22 years, including on issues related to medical marijuana. Her novel, Shaking Out the Dead, is due out Spring 2014. Follow her on Twitter @katecac.*



Natural Cancer Wellness

[SB 2574, SD1, HD1](#)  
[\(HSCR1167-14\)](#)  
[Status](#)

RELATING TO MEDICAL MARIJUANA.  
Makes clarifying housekeeping amendments to the registration requirements regarding the medical use of marijuana. Adds certifying physician requirements for written certification of medical marijuana use. Effective July 1, 2050. (SB2574 HD1)

We both support and oppose this bill

Physicians should be defined in this bill to include MD, DO AND ND. IT IS BIZZAR TO LICENSE PROVIDERS THAT DON'T HAVE ANY EDUCATION AND TRAINING IN HERBAL MEDICINE TO BE THE ONLY PROVIDERS OF HERBAL MEDICINE. Naturopathic Physicians and Acupuncturists have extensive training in Herbal Medicine and are able to treat pain and cancer as they do in various clinics worldwide and in the USA

**NATUROPAHIC PHYSICIANS ARE EXPERTS IN ALL ASPECTS OF HERBAL MEDICINE AND WOULD HAVE THE EXPERTICE, TRAINING, AND MASTERY OF THE ART OF COMPOUNDING TO PROVIDE PATIENS MORE EFFECGTIVE HERBAL REMEDIES THAT MAY OR MAY NOT INCLUDE CANNABIS.**

We know that you need the right herb for the right job but many other herbs and nutrients will also work synergistically for the benefit of the Patient's wellness and the State's Public Health and Safety.

**We support the fact that Physicians prescribing or recommending medical marijuana or any other medicine should provide standard health care practices.**

Because My prior MM MD messed up his patient management, I went to jail while he continues on and on. My prior medical marijuana pain specialist failed to provide the basic standard of care which this bill helps address.

He provided no follow up at all which resulted in my Blue card expiring.

My debilitating medical condition impaired my ability to stay on top of this timeline.

This resulted in my arrest for an expired Blue card. The Police knew that I was a seriously ill cancer patient suffering from vomiting and nausea that would last up to 3 days and 3 nights nonstop 72hrs resulting in Kidney failure and pancreatitis and attacked my home pre-dawn with a SWAT team terrorizing and molesting my wife and children. The SWAT refused to identify themselves and were not displaying any badge. If this doctor did the same standard of patient follow up standard in by medical providers, I would be healthier instead of near dead from Political Prosecution, Political Persecution, and Domestic Terrorism directed against my family and myself.

**Why if a disease lasts a lifetime why is annual registration even deemed necessary,** or is it just a scheme to arrest seriously ill cancer patients steal all their medicine and put them in jail and deny access to necessary and appropriate health care. HPD denied me emergency medical treatment for my kidney failure even though iv fluids were scheduled at my PCP office that AM

**The Supreme Court has declared that the lack of Access to Medical Marijuana was an ABSURDITY AND THAT ALL CONFLICTS IN THE LAW MUST BE RESOLVED IN FAVOR OF THE DEFENDANT.**

THIS CASE LAW HAS BEEN IGNORED BY THE GOVERNOR AND THE LEGISLATURE.

SHAME ON THE GOVERNOR!

SHAME SHAME SHAME ON THE LEGISLATURE AND THEIR FAILURE TO PROMOTE AND PROTECT HEALTH CARE AND FAILURE TO PROTECT AND PROMOTE THE PUBLIC SAFETY.

THE HOUSE HAS MOVED FORWARD A TASK FORCE TO STUDY THE PROBLEM

EVIDENTLY THE POSITION OF THE FEDERAL DEPARTMENT OF JUSTICE IS INSUFFICIENT FOR HAWAII STATE LAW ENFORCEMENT, THE GOVERNOR, THE AG AND THE LEGISLATURE.

**THE DEPARTMENT OF JUSTICE HAS TESTIFIED THAT MARIJUANA PROHIBITION CAN NOT BE UPHELD IN FEDERAL COURT CONCERNING THE LEGALIZATION OF MARIJUANA IN COLORADO AND WASHINGTON.**

IN FACT, MEDICAL MARIJUANA DISPENSARIES ARE OPEN IN WASHINGTON, DC WHICH WE ALL KNOW IS FEDERAL PROPERTY. AND MEDICAL MARIJUANA IS PERMITTED IN THE VA HEALTH CARE DELIVERY SYSTEM THROUGH STATE RESOURCES. YOU ARE HARMING THE VA AND THE WOUNDED WARRIORS

THE GOVERNOR, THE AG AND ABOUT 50% OF THE LEGISLATURE ARE NOT SMART ENOUGH TO PROTECT HEALTH CARE, PUBLIC SAFETY and THE BUDGET by REFUSING TO ACCEPT THE MEDICAL TRUTH THAT



MARIJUANA IS A SAFE AND EFFECTIVE HERBAL MEDICINE THAT CAN ACTUALLY CURE CANCER, CONTROL PAIN, PROTECT THE BRAIN, HEAL THE NERVOUS SYSTEM, AND PREVENT DRUG ADDICTION AND OVERDOSE BY OPIATES.

**THE GOVERNOR HAS FAILED TO PROVIDE THE LEADERSHIP TO SUPPORT PRESIDENT OBAMA'S REQUEST THAT THE VARIOUS STATES SHOULD LEGALIZE AND REGULATE THE SALES OF MEDICAL AND RECREATIONAL MARIJUANA.**

THE GOVERNOR, THE CONGRESS AND THE LEGISLATURE AS WELL AS COUNTY LAW ENFORCEMENT HAVE FAILED THE DEPARTMENT OF JUSTICE. **DEPUTY DIRECTOR JAMES COLE HAS TESTIFIED THAT MARIJUANA PROHIBITION CAN NOT BE UPHELD IN FEDERAL COURT.**

**Cole further stated that A REGULATED MARKET IS PREFERRED OVER A BLACK MARKET THAT STEALS MONEY FROM GOVERNMENT COFFERS.**

LAW ENFORCEMENT AND THE GOVERNOR HAS COST THE STATE OF HAWAII BILLIONS OF DOLLARS OF ECONOMIC GAIN AND TENS OF MILLIONS OF DOLLARS FOR THE GENERAL FUND ONLY TO SUPPORT ORGANIZED CRIME BOTH AT HOME AND OFF-SHORE WHILE DENYING CITIZENS ACCESS TO HEALTH CARE AND A CURE FOR CANCER.

Federal Court has declared MARIJUANA AS A BIBLICAL RELIGIOUS SACREMENT. MARIJUANA IS PROTECTED AS A RELIGION AND AS A MEDICINE. Constitutional LAW ONLY ALLOWES FOR REGULATION not PROHIBITION. NOTHING IN THE LAW PERMITS GOVERNMENT TO PROMOTE ORGANIZED CRIME AND BLACK MARKETS BY THE PROHIBITION of health care access.

Members of Senate Ways and Means and House Finance should think long and hard before turning away \$50 million from GET not including the revenue from the \$\$\$\$ staying in the legitimate Economy - instead of Hawaii's economy being drained by off-shore by drug smugglers and drug lords.

They will each and individually explain themselves against the 85% of Hawaii Voters that will not take ongoing prohibition as an answer.

It is time to take the HIGH ROAD and leave ORGANIZED CRIME BEHIND

PROTECT THE PUBLIC SAFETY BY NO BLACK MARKET

PROTECT THE PUBLIC HEALTH WITH GOOD MEDICINE.

PROTECT THE BUDGET WITH TENS OF MILLIONS OF GET

BUILD THE ECONOMY WITH SUSTAINABLE MEDICINE, FIBER, FOOD AND OILS

AND THE HAPPIEST CANCER CURE AVAILABLE WORLDWIDE—ANOTHER MIRICAL CURE FROM GOD

SUPPPORT NATUROPATHIC MEDICINE WE DO HAVE MANY CURES WERE THERE IS NO RX DRUG





### **House Committee on Judiciary**

Rep. Karl Rhoads, Chair

Rep. Sharon Har, Vice Chair

### **House Committee on Consumer Protection and Commerce**

Rep. Angus L.K. McKelvey, Chair

Rep. Derek S.K. Kawakami, Vice Chair

Friday, March 28, 2014

2:00 PM

Conference Room 325

State Capitol

415 South Beretania Street

### **Strong Support – SB2574, SD1, HD1 – Relating to Medical Marijuana**

Aloha Honorable Chairs, Vice-Chairs and Members of the House Committee on Judiciary and House Committee on Consumer Protection and Commerce:

The current medical cannabis law has a serious and problematic provision which states that cannabis can only be recommended by a patient's primary care physician. This does not work for many of the current blue card holders because their PCP is part of an HMO or those at the VA. The policy of these healthcare providers is not to recommend cannabis. A patient should not be forced to change their PCP if they are satisfied with the healthcare, services and insurance benefits they receive from an HMO or VA. This is a serious obstacle for most sick people and causes extreme hardship to those who prefer cannabis for their illnesses and conditions rather than taking dangerous and addictive OPIOD drugs and antidepressants.

SB2574, SD1, HD1 removes the troubling language in the law by allowing any licensed physician to recommend cannabis. This is the way it was written in 2000. This worked for 13 years and will continue to work.

Big Island Chapter of Americans for Safe Access strongly supports this bill. The Big Island has more than 5000 patients holding blue cards. Please pass this bill. Mahalo.

Andrea Tischler, Chair





JUD/CPC rm 325 3/28/14 2:00 PM

Rep. Karl Rhoads, JUD, Chair

Rep. Sharon Har, JUD, Vice Chair, and committee members

Rep. Angus L.K. McKelvey, CPC, Chair

Rep. Derek S.K. Kawakami, CPC, Vice Chair, and committee members

RE: SB2574, SD1, HD1 – Relating to Medical Marijuana

Position: Strong support

Representing: Robert Petricci

Aloha, thank you for the opportunity to testimony today, my name is Robert Petricci , I am a medical marijuana patient in the Hawaii state program..

Please support SB2574, it removes problematic language in the current Medical Marijuana Law limiting what doctors can recommend marijuana to: “primary care physicians.” As a patient IMO the current restriction in practical terms would impede, interfere with, or even prevent access to treatment for many qualifying patients, including some in the program now.

My experience as a MM patient is doctors that specializes in marijuana medicine, who are experts on the application and treatment options, know how to use it. While for what ever reason, many primary care physicians simply do not know much the clinical use of marijuana, they are not able to explain the options to their patients very well.

The person I have the most confidence in to understand the different application of marijuana medicine treatments are the physicians that specialize it those treatment options. As in most situations, specialist, better understand the appropriate applications and dosage options to treat patients.

Some examples of doctors unable to recommend medical marijuana currently include those at the VA and those at Kaiser Permenente.

Currently the law promotes government interference in the doctor patient relationship, SB2574 corrects that. Current law needlessly creates more hardships that effectively punishes or penalizes patients who benefit from or found relief from their health problems in marijuana. Patients should be able to see the doctor that they are comfortable with, not one the government is comfortable with. SB2574 helps patients.

Thank you for your help.

Robert Petricci



**SB2574**

Submitted on: 3/25/2014

Testimony for JUD/CPC on Mar 28, 2014 14:00PM in Conference Room 325

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

Comments: Dear Legislators, Please pass this bill immediately to remedy a bad situation! What is happening is that by restricting the doctors allowed to recommend medical cannabis, you are discriminating against a large percentage of patients in Hawaii, due to the fact that they either don't have "primary care physicians" or they won't dare recommend cannabis because of the federal government's hypocritical stance. Please don't play doctor, you are not qualified to make medical decisions for any one other than yourself.

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.

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)

**SB2574**

Submitted on: 3/25/2014

Testimony for JUD/CPC on Mar 28, 2014 14:00PM in Conference Room 325

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Elijah Ariel	Individual	Comments Only	No

Comments: I am 59 years old and my aches and pains from old injuries continue to be a growing problem. The gymnastic neck injury that qualified me for my medical marijuana card is just part of the problem. I never reported most of my other injuries because I was so 'macho tough'. Well, as I age those injuries continue to come back to 'haunt' me and medical marijuana helps me deal with my aches and pains. PLEASE make things easier for me by making it easier for me to get my medicine. Don't do ANYTHING to make it more difficult for me to get my medicine. Thank you!

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

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)

**SB2574**

Submitted on: 3/25/2014

Testimony for JUD/CPC on Mar 28, 2014 14:00PM in Conference Room 325

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Brad Parsons	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.

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)



**SB2574**

Submitted on: 3/25/2014

Testimony for JUD/CPC on Mar 28, 2014 14:00PM in Conference Room 325

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Rodney Evans	Individual	Support	No

Comments: This is a step closer to letting individuals, like myself, to seek traditional forms of medicine that have been used for thousands of years. I suffer from Lyme Disease which I aquired while in the military. Because it is related to my military service it is not covered by normal health insurance and only the VA will treat it. The doctors at the VA are forbidden from recommending medical marijuana under threat of losing their jobs. Therefore, my primary care physician is in a catch 22 situation. Lyme disease is caused by a fast evolving spirochete bacteria similar to syphilis. It adapts to and hides from the immune system so it is very hard to treat. Anti-bionics only send it into a dormant state. Lyme does have a sensitivity to cannabis (marijuana for those of you who wish to continue the propaganda started in the 30s by the paper producer Hearst) so I would like to try to treat this disease I have suffered from since 1989 with cannabis. I can't afford to get licensed every year so why don't you make it easy on us and allow ALL forms of traditional medicine that existed before the 1900s. I don't care if you tax just don't stigmatize , jail, or bankrupt those who use such methods. Thank you.

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

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)

**SB2574**

Submitted on: 3/25/2014

Testimony for JUD/CPC on Mar 28, 2014 14:00PM in Conference Room 325

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Brad Parsons	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.

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)

**House Committee on Judiciary**

Rep. Karl Rhoads, Chair

Rep. Sharon Har, Vice Chair

**House Committee on Consumer Protection and Commerce**

Rep. Angus L.K. McKelvey, Chair

Rep. Derek S.K. Kawakami, Vice Chair

Friday, March 28, 2014

2:00 PM

Conference Room 325

State Capitol

415 South Beretania Street

**Support – SB2574, SD1, HD1 – Relating to Medical Marijuana**

Date: Monday, February 10<sup>th</sup>

Time: 2:00PM

Place: Conference room 229, State Capitol

From: Craig R. Ellenwood

Aloha Chairs and Members of The Committees of Judiciary, and Commerce and Consumer Protection,

Thank you for hearing my testimony in strong support of SB 2574.

In 2007 I suffered a scuba diving accident that forced me to undergo surgery to remove part of my lung that was in immediate danger of pressing on my heart and potential death. As a result of the surgery I was left with severe chronic pain and intercostal neuralgia from the VAT surgery in my left side. I've gone through physical therapy, many drug trials, and nearly fifteen subsequent surgeries in attempt to relieve my chronic pain. I am under the care of my primary care physician who treats me when I'm simply generally ill, and two pain management physicians

One of my pain management physicians will not recommend cannabis due to it still being illegal under Federal law. I understand his position; the DEA has gone after pain management doctors and requires them to keep strict records and drug test their clients. He said he could lose his prescribing rights if he recommends cannabis. He advised me that the last options I have with him are to go on strong opiod painkillers or get a spinal implant that will cost thousands of dollars and may not be effective. At that point I sought out another pain management doctor to add to my team who takes a more natural approach and does not prescribe opiods.

I have been a medical cannabis patient in Hawaii for five years now. Cannabis is less likely to cause me problems with dependence, as with opiod painkillers. Since I've used medical cannabis I've been able to quit one prescription drug I was dependent upon and it felt extremely liberating to find a more natural and effective method to help alleviate my pain. My second pain management doctor

understands this. He is board certified in pain management and has practiced many of the procedures I've had done. He is against the use of opioids and recommended I try cannabis before opioids and the spinal implant.

Current law states, "The certifying physician shall be required to be the qualifying patient's primary care physician". My primary care physician has told me he defers all care about my pain relief to my pain management team. To continue using cannabis, the medicine that is effective to me, I must go through my second pain management doctor and hope that the changes to SB 2574 will be written to include board certified pain management doctors as qualified doctors to recommend cannabis to patients.

I have been able to successfully navigate my way to use medical cannabis legally, but some people such as those who go to the VA or Kaiser do not have the choice of doctors that I do because of organization-wide policies. This bill is a step in the right direction, but must be expanded to include all licensed doctors. Any doctor that determines that marijuana is what is best for their patient should be able to recommend it.

Thank you for the opportunity to testify,  
Craig R. Ellenwood

Testimony in Opposition to SB 2574 SD1- Relating to Medical Marijuana  
Hearing on March 25, 2014  
2:00 pm, Conference Room 325

TO: Committee on Judiciary  
Representative Karl Rhoads, Chair  
Representative Sharon Har, Vice Chair



Committee on Consumer Protection and Commerce  
Representative Angus McKelvey, Chair  
Representative Derek Kawakami, Vice Chair

FR: Alan Shinn, Executive Director  
Coalition for a Drug-Free Hawaii  
1130 N. Nimitz Hwy, Suite A259  
Honolulu, HI 96817

Please accept this written testimony opposing SB 2574 SD1– Relating to Medical Marijuana. The intent of SB 2574 SD1 should not be to just expand the primary caregiver options, but more importantly to insure that the patient’s primary care provider knows the patient and his/her entire condition, not just the need for medical marijuana.

I recommend that the committees refer to the Department of Health’s testimony submitted on March 19, 2014 and adopt the suggested requirements for the primary care provider. The DOH recommendations are well reasoned and appear to be in the best interest of the patient.

Thank you for the opportunity to submit testimony on SB 2574.



**LATE**

**SB2574**

Submitted on: 3/27/2014

Testimony for JUD/CPC on Mar 28, 2014 14:00PM in Conference Room 325

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Matthew Brittain, LCSW	Effective Change, LLC	Support	No

Comments: I STRONGLY SUPPORT this bill, which eliminates the restrictive "primary care physician" language that is regressive, would criminalize thousands of law abiding citizens, and force millions of dollars of money into the underground black market. Here are a few critical items to consider: 1) Given that there is 4% of the big island population in possession of a blue card, and extending that average to the state, there should be about 48,000 eligible MUM patients. 2) Given that any one person has a circle of about 10 people who are family or friends, that means that the MUM segment of the population is about 480,000, representing a large voting block 3) Given that once dispensaries are legalized, those numbers can be increased by about one half again, increasing the numbers to about 60,000 and 600,000, respectively 4) Given the current numbers, of 12,000 medical marijuana patients, and each of them consuming one ounce of cannabis, valued at \$400 an ounce, that means that there are about 144,000 ounces of legal marijuana produced and consumed annually in Hawaii. Total value is about \$57,600,000. Using the projection of 48,000 potential patients, as detailed above, and with cannabis valued at only \$300 per ounce, there would be 576,000 ounces consumed, with a value of \$172,800,000. 5) Projecting the 60,000 patient figure once dispensaries are legal, with a value of \$300 per ounce, that means that there will be about \$216,000,000 worth of marijuana produced and consumed annually in Hawaii. Law Enforcement: 1) Cannabis has been shown to have about the same addictive risk as caffeine (reference needed, I have seen it) 2) A major risk to law enforcement officers related to illegal marijuana is that police must deal with unknown situations and people, and assess whether they are criminals or not, sometimes with tragic results (police force when it was not needed); legalization will eliminate this risk. 3) Regulation and taxation of marijuana will take the money out of the black market, reducing the input of money into the hands of criminals who sell hard drugs like meth, and reducing their financial ability to buy hard drugs and weapons, resulting in a safer working environment for the police and increased public safety 4) Public/popular support for medicinal cannabis runs above 60% in any poll cited, so police crack-down on cannabis sours public opinion of police; whereas police support of safe and controlled production and use of cannabis builds public trust in the police force 5) Public safety will be increased as production facilities are regulated; for butane-extraction, it will be regulated, with fewer explosive events; for agricultural production, there will be fewer burglaries/robberies, etc (and associated violence) General Public: 1) No reported overdose death from toxic overdose 2) Dozens of deaths each year nationwide resultant from police shooting marijuana users during the course of botched arrests 3) hundreds of deaths per year worldwide resulting from drug cartels and dealers killing each other

over smuggling routes and turf wars 4) Medicinal use has been present for thousands of years Please support popular opinion, science, public safety, fiscal reasoning, health concerns, and the will of the people by passing this bill unamended, or by adding in that naturopathic physicians are able to certify medical marijuana patients. Respectfully submitted, Matthew Brittain, LCSW Clinical Forensic Social Worker

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.

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)

**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 COMMITTEES ON JUDICIARY & CONSUMER PROTECTION  
AND COMMERCE

FROM: PAMELA LICHTY, M.P.H., PRESIDENT

DATE: MARCH 28, 2014, 2 P.M., ROOM 325

RE: S.B. 2574, SD 1, H.D. 1 RELATING TO MEDICAL MARIJUANA – **IN  
STRONG SUPPORT**

Good afternoon, Chair Rhoads, Chair McKelvey and members of the Committees. My name is Pam Lichty and I'm President of the Drug Policy Action Group (DPAG), the government affairs arm of the Drug Policy Forum of Hawaii.

First I'd like to thank the Committees for scheduling H.B. 2092, S.D. 1, H.D. 1 today.

This measure is the most recent iteration of a bill that's been amended by both chambers (as well as a similar one: H.B. 2092.). All versions are an attempt to remedy the unintended consequences of a bill passed last Session: S.B. 642, CD1. That measure added the requirement that the certifying physician be the qualifying patient's "primary care physician" as of January 2015.

Unfortunately there are many situations where patients do not have access to a primary care physician willing or able to issue the certification. These include physicians affiliated with Kaiser Permanente, those at Veteran Administration hospitals, and often at a community health centers. The Neighbor Islands are at a particular disadvantage, moreover, since there is a shortage of primary care physicians in all the counties outside of Honolulu.

Last Session's language was intended to address purported problems with Hawaii-licensed physicians flying in from out of state and certifying patients in the absence of the "bona fide physician-patient relationship" required by law. Hawaii's existing law also requires that the written certification "is based upon the physician's professional opinion after having completed a full assessment of the patient's medical history and current medical condition."



**Although we believe that this existing statutory language offers adequate safeguards regarding the professional behavior and integrity of participating physicians, we acknowledge that concerns still exist. In this House Draft 1 language has been added to expand on the requirements that a participating physician must adhere to. We think this is a sound way to reinforce the original provisions of the 2000 law.**

The approach here is similar to what several other medical marijuana states have done, especially Connecticut. Arizona and California offer complementary but somewhat different approaches.

For example in 2004 the California Board of Medicine passed a resolution that could be incorporated into the language on page 2, lines 1-11. Some pertinent provisions are below (emphasis is mine):

“...These accepted [medical] standards are the same as any reasonable and prudent physician would follow when recommending or approving any other medication, and include the following:

1. History and an appropriate prior examination of the patient.
2. Development of a treatment plan with objectives.
3. Provision of informed consent including discussion of side effects.
4. Periodic review of the treatment's efficacy.
5. Consultation, as necessary.
6. Proper record keeping that supports the decision to recommend the use of medical marijuana....

1. A physician who is not the primary treating physician may still recommend medical marijuana for a patient's symptoms. However, it is incumbent upon that physician to consult with the patient's primary treating physician or obtain the appropriate patient records to confirm the patient's underlying diagnosis and prior treatment history.
2. The initial examination for the condition for which medical marijuana is being recommended must be in-person.
3. Recommendations should be limited to the time necessary to appropriately monitor the patient. Periodic reviews should occur and be documented at least annually or more frequently as warranted.”

In Arizona, the physicians are given a checklist, to which they must adhere, with each provision followed by a field to initial.

If the Committees have any lingering concerns over “fly-by-night” doctors, I think adding language similar to any of these jurisdictions’ would do even more to detail more fully what is expected of participating physicians.

As your Committees know, the medical marijuana program is transitioning to the Department of Health and will be housed there as of January 1, 2015. As public health professionals, they are well positioned to address any problems that may arise vis a vis the participating physicians.

We urge the Committees to pass this measure on to the House floor with a strong recommendation for passage. Of course, we are available now, as well as in the future, to address any questions or concerns you may have.

Mahalo for the opportunity to testify.





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

**HOUSE COMMITTEE ON JUDICIARY & HOUSE COMMITTEE ON  
CONSUMER PROTECTION AND COMMERCE**

**SB2574, SD1, HD1 RELATING TO MEDICAL MARIJUANA**

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

**March 28, 2014**

1 **Department's Position:** Supports

2 **Fiscal Implications:** None

3 **Purpose and Justification:** This bill amends Section 4 of Act 178, SLH 2013 by: 1) changing the term  
4 "registry card" to "registration card"; 2) removing requirement that the physician issuing the written  
5 certificate for the use of medical marijuana be the qualifying patient's primary care physician and adding  
6 additional requirements for the qualifying physician; 3) amending the fee for the registration card from  
7 \$35.00 per year to "no more than \$35 per year." Takes effect January 2, 2015.

8 The Department concurs with the change in terminology from "registry card" to "registration  
9 card."

10 The Department recognizes the compassionate use of medical marijuana. The intent of limiting  
11 the qualifying physician to the patient's primary care provider in Act 178, SLH 2013 was to ensure that  
12 the patient's physician knows the entire patient rather than a limited organ system or symptom(s) and  
13 that the potential benefits of medical use of marijuana would likely outweigh the health risks for the  
14 qualifying patient. A single visit by a patient to a physician who has limited knowledge of that patient



1 might not meet the intent of compassionate use of a substance that does not fall within normal  
2 pharmacologic standards.

3 Limiting the qualifying physician to the patient's primary care provider, however, may create  
4 problems for patients whose primary care physician refuses under any circumstance the compassionate  
5 use of medical marijuana (which may be a substantial portion of primary care physicians in Hawaii) or  
6 work at the Veteran's Administration Hospital, Kaiser Health Care System, or federally funded  
7 community health centers where they may not be permitted or discouraged to provide compassionate use  
8 of medical marijuana. As a practical matter, currently, there are an inadequate number of primary care  
9 providers on some of the neighbor islands.

10 This bill seeks to meet the intent of having a bona fide, physician-patient relationship by adding  
11 additional physician requirements to those currently in place in chapter 329-126, HRS.

12 The costs of administering the program are substantial. The Department currently recommends a  
13 \$35 annual fee for processing medical marijuana registrations and managing the medical marijuana  
14 program.

15 Thank you for the opportunity to testify.





**POLICE DEPARTMENT**  
**COUNTY OF MAUI**



**ALAN M. ARAKAWA**  
 MAYOR

OUR REFERENCE  
 YOUR REFERENCE

55 MAHALANI STREET  
 WAILUKU, HAWAII 9679  
 (808) 244-6400  
 FAX (808) 244-6411

**LATE**

**GARY A. YABUTA**  
 CHIEF OF POLICE

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

March 28, 2014

The Honorable Karl Rhoads, Chair  
 And Members of the Committee on Judiciary  
 House of Representatives  
 State Capitol  
 Honolulu, HI 96813

The Honorable Angus L.K. McKelvey, Chair  
 And Members of the Committee on Consumer  
 Protection & Commerce  
 House of Representatives  
 State Capitol  
 Honolulu, HI 96813

RE: Senate Bill No. 2574 SD1, HD1– Relating to Medical Marijuana

Dear Chairs Rhoads and McKelvey, and Members of the Committees:

The Maui Police Department would like to provide comments to Senate Bill No. 2574, SD1, HD1, which makes clarifying housekeeping amendments to the registration requirements regarding the medical use of marijuana, and adds certifying physician requirements for written certification of medical marijuana use.

The Maui Police Department supports the intent to implement specific requirements for certifying physicians to adhere to when providing a written certification to patients; however, we suggest the bill still include the requirement of a certifying physician be a primary care physician. Removal of the primary care physician as a requirement for a physician recommending the medical use of marijuana may lead to abuse of the medical marijuana program by physicians.

Thank you for the opportunity to testify.

Sincerely,

**GARY A. YABUTA**  
 Chief of Police



Submitted on: 3/28/2014

Testimony for JUD/CPC on Mar 28, 2014 14:00PM in Conference Room 325

**LATE TESTIMONY**

Submitted By	Organization	Testifier Position	Present at Hearing
Rev, Dennis Shields	the Religion of Jesus Church	Support	No

Comments: Aloha Please pass SB2574, SD1, HD1 we patients need expanded access to physicians to get med pot recommendations Aloha Rev. Dennis Shields

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.

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)

I'm writing in support of HCR 45 Against Forced Live Organ Harvesting done to Falun Gong practitioners by Chinese government.

This atrocity is being done systematically by the Chinese communist regime against the peaceful spiritual group – Falun Gong practitioners in China since 2001, shortly after the Chinese Communist Part ring leader Jian Zemin launched the illegal persecution against Falun Gong in 1999. This crime against humanity has been clearly identified in the 2012 annual report of China published by the U.S. Department of State. The estimated number of Falun Gong practitioners who were murdered in the persecution are millions according to independent investigating organizations such as World Organization to Investigate the Persecution of Falun Gong etc. Among them, tens of thousands were killed brutally in agony in the process of the forced live organ harvesting. According to international law, this is genocide and crime against humanity.

On federal level, regarding this unprecedented atrocity, the House has passed two resolutions since 2003 to condemn the Chinese communist regime and to urge them to stop the crime. The most recent one is Resolution 605 which was passed in 2006. Currently, the draft of another similar resolution is circulating in the House on federal level getting support from the representatives. Exposing the evil deed and keeping the international pressure on is the key for the outside world to help to reduce the number of victims and in hope that could bring an end to the atrocity.

It is also vital to the people of Hawaii to voice their conscience when facing the evil and the atrocious crime. Globalization brings the world closer than ever. What happens in China is impacting the rest of the world in many ways. This crime is again humanity in a whole. As the saying goes, “when good people do nothing, it's the triumph of the evil”.

I hope the State of Hawaii pass the HCR 45 to uphold the justice, to show compassion to the victims whose basic human rights have been taken away, and to show Hawaii people's righteous hearts to the world.



**LATE TESTIMONY**

**SB2574**

Submitted on: 3/27/2014

Testimony for JUD/CPC on Mar 28, 2014 14:00PM in Conference Room 325

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Robin Temple	Individual	Support	No

Comments: Patients should be able to use any MD to sign their Medical Cannabis application

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.

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)



**COUNTY COUNCIL**

Jay Furfaro, Chair  
Nadine K. Nakamura, Vice Chair  
Tim Bynum  
Gary L. Hooser  
Ross Kagawa  
Mel Rapozo  
JoAnn A. Yukimura



**OFFICE OF THE COUNTY CLERK**

Ricky Watanabe, County Clerk  
Jade K. Fountain-Tanigawa, Deputy County Clerk

Telephone (808) 241-4188  
Fax (808) 241-6349  
Email [cokcouncil@kauai.gov](mailto:cokcouncil@kauai.gov)

Council Services Division  
4396 Rice Street, Suite 209  
Lihue, Kauai, Hawaii 96766

March 27, 2014

**TESTIMONY OF TIM BYNUM  
COUNCILMEMBER, KAUA'I COUNTY COUNCIL  
ON**

**S.B. 2574, SD 1, HD 1, RELATING TO MEDICAL MARIJUANA  
Senate Joint Committee on Judiciary and  
Committee on Consumer Protection & Commerce  
Friday, March 28, 2014  
2:00 p.m.  
Conference Room 325**

Dear Chair Rhoads, Chair McKelvey and Committee Members:

Thank you for this opportunity to submit testimony in opposition of SB 2574, SD 1, HD 1 relating to medical marijuana. My testimony is submitted in my individual capacity as a Councilmember of the Kauai County Council.

I oppose this measure in its current form and would like to support the suggestions stated by the State Department of Health (DOH), the American Civil Liberties Union of Hawaii (ACLU), and the Drug Policy Action Group. Although the intent of this measure is acceptable, there may be unintended consequences. Hawaii Revised Statutes (HRS) Section 329-121 already provides a definition of "physician," and redefining this may create some confusion. Furthermore, there are some instances where individuals do not have primary care physicians.

For the reasons stated above, I encourage this Committee to either defer this measure or incorporate the amendments suggested by DOH, ACLU, and the Drug Policy Action Group. Again, thank you for this opportunity to provide testimony.

Sincerely,

TIM BYNUM  
Councilmember, Kauai County Council

AB:dmc

cc: Hawaii Council of Mayor's  
Hawaii County Council  
Honolulu City Council  
Maui County Council  
Kauai County Council  
Alfred B. Castillo, Jr., County Attorney