



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

In reply, please refer to:
File:

HOUSE COMMITTEE ON HEALTH

SB2574, SD1, RELATING TO MEDICAL MARIJUANA

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

March 19, 2014

1 **Department's Position:** Comments.

2 **Fiscal Implications:** None

3 **Purpose and Justification:** This bill amends Section 3219-125, HRS to allow a board certified pain
4 specialist physician, oncologist, ophthalmologist or board certified palliative care physician, in addition
5 to the qualifying patient's primary care physician, to issue a written certification for the use of medical
6 marijuana. This bill also offers a definition "for the purpose of this subsection" for primary care
7 physician. The measure is to take effect upon approval.

8 The Department recognizes the compassionate use of medical marijuana. The intent of limiting
9 the qualifying physician to the patient's primary care provider in Act 178, SLH 2013 was to ensure that
10 the patient's physician knows the entire patient rather than a limited organ system or symptom(s) and
11 that the potential benefits of medical use of marijuana would likely outweigh the health risks for the
12 qualifying patient. A single visit by a patient to a physician who has limited knowledge of that patient
13 might not meet the intent of compassionate use of substance that does not fall within normal
14 pharmacologic standards.

15 Limiting the qualifying physician to the patient's primary care provider or select subspecialists,
16 however, may create problems for patients whose primary care physician refuses under any

1 circumstance the compassionate use of medical marijuana (which may be a substantial portion of
2 primary care physicians in Hawaii) or work at the Veteran's Administration Hospital, Kaiser Health
3 Care System, or federally funded community health centers where they may not be permitted or
4 discouraged to provide compassionate use of medical marijuana. As a practical matter, currently, there
5 are an inadequate number of primary care providers and designated subspecialists on some of the
6 neighbor islands.

7 In order to meet the intent of primary care provider in Act 178, SLH 2013 as best as possible, the
8 Department recommends that the primary care provider requirement be removed and replaced with
9 physician requirements to: 1) provide a medical history and physical examination (to minimize risk of
10 misdiagnosis); 2) review the patient's medical records, including medical records from other treating
11 physicians from at least the previous 12 months; 3) maintain a medical record on the patient; and 4)
12 arrange for follow up of the patient's condition while on medical marijuana therapy. These would be
13 added to physician requirements currently in place in chapter 329-126, HRS.

14 Thank you for the opportunity to provide comments.

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 17, 2014 12:11 PM
To: HLTtestimony
Cc: bacher.robert@gmail.com
Subject: Submitted testimony for SB2574 on Mar 19, 2014 08:30AM

SB2574

Submitted on: 3/17/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Bacher	Hawaiian Standard & Green Futures	Oppose	No

Comments: This bill includes a provision requiring that the recommending primary care physician must be: "designated as a patient's primary care physician by the patient's insurance provider." This baffling and arbitrary requirement would make it such that patients without HMO's would be essentially excluded from the medical marijuana program. Patients without insurance, or patients with other forms of insurance such as PPO insurance do not designate a doctor to be their primary care physician. This provision is very arbitrary, and unfairly excludes people from the program based on the type of insurance coverage that they have. While we support the intent of this bill to make the medical marijuana program more inclusive, we **STRONGLY OPPOSE** the bill in its current form. So long as this provision is in the bill, we cannot allow it to pass.

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COMMUNITY ALLIANCE ON PRISONS

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

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COMMITTEE ON HEALTH

Rep. Della Au Belatti, Chair

Rep. Dee Morikawa, Vice Chair

Wednesday, March 19, 2014

8:30 a.m.

Room 329

OPPOSE SB 2574 -Medical Marijuana (Unless HB 2092 Language is Substituted)

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.

SB 2574 SD1 permits board certified pain specialist physicians, oncologists, ophthalmologists, and board certified palliative care physicians to prescribe medical marijuana beginning January 2, 2015.

Community Alliance on Prisons opposes limiting the physicians who can recommend medical marijuana to relieve their patients' suffering. **This bill does just that. It eliminates military and Kaiser patients.**

The Medical Marijuana Program was enacted in 2000 as compassionate legislation to help our community members suffering from a variety of ailments.

I know that many of the legislators from 2000 are no longer in office, but it was indeed a proud moment what Hawai'i stood up to support our sick and dying people. This legislation was born out of compassion for the pain and suffering that many Hawai'i residents endure. The Committee Report (SSCR 2760) from the Senate Judiciary Committee speaks to this:

Your Committee finds that modern medical research has discovered a beneficial use for marijuana in treating or alleviating the pain or other symptoms associated with certain debilitating illnesses such as cancer, glaucoma, human immunodeficiency virus, acquired immune deficiency syndrome, multiple sclerosis, epilepsy, and crohn's disease. There is sufficient medical and anecdotal evidence to support the proposition that these diseases and conditions may respond favorably to a medically controlled use of marijuana.

Your Committee is aware of the legal problems associated with the legal acquisition of marijuana for medical use.

However, your Committee believes that medical scientific evidence on the medicinal benefits of marijuana should be recognized. Although federal law expressly prohibits the use of marijuana, your Committee recognizes that a number of states are taking the initiative in legalizing the use of marijuana for

medical purposes. Voter initiatives permitting the medical use of marijuana have passed in California, Arizona, Oregon, Washington, Alaska, Maine, and the District of Columbia.

In a recent poll conducted by Honolulu-based QMark Research and Polling, an overwhelming majority of Hawaii voters (77%) are in favor of allowing seriously or terminally ill patients to use marijuana for medical purposes. Your Committee intends to follow the will of its citizens and join other states in this initiative for the health and welfare of its citizens. However, your Committee does not intend to legalize marijuana for other than medical purposes. The passage of this Act and the policy underlying it does not in any way diminish the legislature's strong public policy and laws against illegal drug use.

Your Committee strongly suggests that, should marijuana be legalized for medicinal purposes, every effort should be made to partner with existing national research efforts studying the efficacy of using marijuana for treating the terminally ill and those with debilitating medical conditions.

As the caregiver to three terminally ill patients, I can honestly say that marijuana helped them all during the last months of their lives and enabled them to bid aloha to those they loved instead of existing in a narcotic stupor. It made a tremendous difference to the patient and to the families and friends in providing closure.

We looked up 'board certified pain specialist physician' to understand the intent of this bill. The American Society of Regional Anesthesia and Pain Medicine states:

A pain management specialist is a physician with special training in evaluation, diagnosis, and treatment of all different types of pain. Pain is actually a wide spectrum of disorders including acute pain, chronic pain and cancer pain and sometimes a combination of these. Pain can also arise for many different reasons such as surgery, injury, nerve damage, and metabolic problems such as diabetes. Occasionally, pain can even be the problem all by itself, without any obvious cause at all.

We were then curious about the number of 'board certified pain specialist physicians' in Hawai'i nei. A cursory search revealed that there are not many of these specialists across the Hawaiian Islands. O'ahu has 37 pain doctors, with 33 board certified. There appears to be only a handful of pain specialists on our Neighbor Islands and we were not able to determine if they are board certified.

So adding such a restrictive provision makes it difficult, if not impossible, for the patient. This presents a problem for people who need the medicine to relieve their suffering. Would they now have to abandon the relationship they have with the doctor they know and trust to find a 'board certified pain specialist physician'? This contravenes the spirit and intent of this compassionate legislation and places a huge and stressful burden on a patient and/or his or her caregiver.

The last person for whom I was a caregiver was my friend Joe, who was in the last stages of bone cancer. His doctor recommended that he access medical marijuana despite Florida being a state with no medical marijuana program. When he was able to access the medicine, it made a huge difference in the quality of the last few weeks of his life. It was my honor to help him with the transition.

We humbly ask the committees to hold this measure and to please respect the spirit and intent of this compassionate law and not place another burden on our suffering citizens.

Of course, another option for the committee is to restore the spirit and intent of the law by inserting the language of HB 2092 in this bill.

Mahalo for this opportunity to testify.

LATE

Natural Cancer Wellness Foundation

SB 2574, SD1
(SSCR2485)
Status

RELATING TO MEDICAL MARIJUANA.
Permits board certified pain specialist physicians, oncologists, ophthalmologists, and board certified palliative care physicians to prescribe medical marijuana beginning January 2, 2015. (SD1)

SUPPORT WITH AMENDMENTS

NATUROPATHIC PHYSICIANS AND ACUPUNCTURISTS ARE RECOGNIZED AS EXPERT PRESCRIBERS OF HERBAL MEDICINE.

HERBAL MEDICINE IS NOT A REQUIRED COURSE OF STUDY IN MEDICAL SCHOOL OR SCHOOLS OF OSTEOPATHIC MEDICINE.

THERE IS NO EDUCATIONAL OR LEGAL BASIS TO SUGGEST THAT PERSONS, MD'S AND DO'S, NOT PROPERLY TRAINED OR EDUCATED IN HERBAL MEDICINE AND SPECIFICALLY IN THE MEDICAL USE OF MEDICAL MARIJUANA TO BE THE ONLY PERSONS LICENSED TO RECOMMEND MEDICAL MARIJUANA.

THIS BILL SHOULD INCLUDE NATUROPATHIC PHYSICIANS AND LICENSED ACUPUNCTURISTS AS PERSONS LICENSED TO RECOMMEND THE USE OF MEDICAL MARIJUANA SINCE THEY ARE THE ACUTAL EXPERTS IN HERBAL MEDICINE.

THIS BILL SEEKS THE CORRECT THE BAD ACTS OF THE PRIOR LEGISLATIVE SESSION which INAPPROPRIATELY LIMITED RECOMMENDATION FOR MEDICAL MARIJUANA TO ONLY MD and DO PRIMARY CARE PROVIDERS

The bill fails to address the Hawaii State Supreme Court concerns about the ABSURDITY of not providing safe access to Medical Marijuana to Patients in Hawaii.

The bill fails to address the legal conflicts that the Supreme Court has declared must be resolved in favor of the Patient.

The Governor's prior legal position is NOT supported by the Department of Justice that has found Marijuana Prohibition to be UNENFORCIBLE in Federal Court. Deputy Director Cole testified that the Justice Department review found that Marijuana Prohibition would not be attainable in Federal Court concerning the Legalization in Colorado and Washington State.

Medical Marijuana dispensaries are OPEN in Washington DC, on Federal Territory, but not in Hawaii.

The Justice Department further testified that a REGULATED MARKET was preferred over a Black Market that steals money from Government coffers.

This bill fails to rise to the level of Pubic Heath promotion and protection afforded by the Law prior to 2013 and fails to meet the recommendations and legal position of the Federal Justice Department, the Hawaii State Supreme Court and the Federal Right of Privacy elucidated in Roe v Wade. The point

being that Marijuana is 100% safer than an ABORTION. Ask any Unborn Baby and they will tell you that ABORTION IS A KILLER!

This bill fails to rise to the level of public health and public safety protection promoted and supported by the Federal Justice Department.

This bill should address the Constitutional and Legal Issues pointed out by the Justice Department and the Hawaii State Supreme Court.

NATUROPATHIC PHYSICIANS AND ACUPUNCTURISTS ARE RECOGNIZED AS EXPERT PRESCRIBERS OF HERBAL MEDICINE. HERBAL MEDICINE IS NOT A REQUIRED COURSE OF STUDY IN MEDICAL SCHOOL OR SCHOOLS OF OSTEOPATHIC MEDICINE. THERE IS NO EDUCATIONAL OR LEGAL BASIS TO SUGGEST THAT PERSONS, MD'S AND DO'S, NOT PROPERLY TRAINED OR EDUCATED IN HERBAL MEDICINE AND SPECIFICALLY IN THE MEDICAL USE OF MARIJUANA TO BE THE ONLY PERSONS LICENSED TO RECOMMEND MEDICAL MARIJUANA.

THIS BILL SHOULD INCLUDE NATUROPATHIC PHYSICIANS AND LICENSED ACUPUNCTURISTS AS PERSONS LICENSED TO RECOMMEND THE USE OF MEDICAL MARIJUANA.

LATE



House Committee on Health

Rep. Della Au Belatti, Chair

Rep. Dee Morikawa, Vice Chair

DATE: Wednesday, March 19, 2014

TIME: 8:30 AM

PLACE: Conference Room 329, State Capitol, 415 South Beretania Street, Honolulu, HI.

Strong Opposition SB2574 SD1 Relating to Medical Marijuana

Dear Chair Belatti and Vice Chair Morikawa and members of the House Committee on Health:

Big Island Americans for Safe Access strongly opposes SB2574 SD 1 because it does not address the problem Act 178 created when it said that only primary care physicians (PCP) can certify a patient for medical cannabis. This bill magnifies that deficiency and muddies the waters even further to insert board certified pain specialist physicians and other specialty medicines into the equation. Why bother doing this? Nothing other than having a board certified physician no matter what their area of specialty or general practice may be should be the ones that qualify patients for cannabis medicine. Anything short of that is placing politics between the physicians and the legislators. This bill should be about the relationship between **any** licensed doctor that believes his or her patient could benefit from using cannabis medicine.

The confusing language of this bill states that the recommending primary care physician must be designated as a patient's primary care physician by the patient's insurance provider. Why is that when medical cannabis is not covered by medical insurance? It, also, makes it such that patients without an HMO would be essentially excluded from the medical cannabis program because of this stipulation. Furthermore, patients without insurance or patients with other forms of insurance such as PPO insurance who do not designate a doctor to be their primary care physician will be unfairly excluded from the program based on the type of insurance that they have or do not have.

This political gamesmanship needs to stop. Passing this bill as it is written is a slippery slope toward major unbeneficial ends and will be a disaster for patients.

It is high time that the legislature after 14 years of neglecting patient's needs step up to the plate and pass bills that will at long last benefit the patients. In the past potentially good legislation has been so altered that it actually did more to harm patients such as this bill and Act 178 or that good bills died for not being advanced by politically motivated or influenced committee chairs. This has been extremely frustrating for sick and dying patients who rely on cannabis as

their major source of pain relief. The patients are following these events and will not forget who is working in our interests.

Andrea Tischler, Chair
Big Island Americans for Safe Access
Hilo, HI. 96720

LATE



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

TO: House Committee on Health

FROM: Pamela Lichty, MPH
President

DATE: March 19, 2014, room 329, 8:30 a.m.

RE: S.B. 2574, SD1 RELATING TO MEDICAL MARIJUANA – **IN
OPPOSITION (With Suggested Amendments)**

Aloha Chair Belatti, Vice Chair Morikawa and members of the Committee. My name is Pam Lichty and I'm testifying in opposition to this measure on behalf of the Drug Policy Action Group, the governmental affairs arm of the Drug Policy Forum of Hawaii. We do, however, have some language to suggest which embodies a different approach.

This measure, S.B. 2574, SD 1 represents an effort to address unintended consequences of a measure passed in the 2013 session.

That bill, SB 642, CD1, attempted 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. Also required in the law, is 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."

In order to address any abuses, language was added to the law requiring that the physician must be a "primary care physician" (PCP). The SD 1 before us today adds other specialty physicians in response to the shortage of primary care physicians and the fact that certain HMOs, community health centers, VA facilities, and other entities would not permit their physicians to issue certifications to qualifying patients (keeping in mind that this does not involve prescriptive authority and there are no medications dispensed.)

The answer is not, as SB 2574, SD 1 would do, to add to the specific lists of physicians that may do certifications. This would simply open the door to a laundry list of specialty physicians who treat patients with a wide array of the covered conditions. The language

defining a Primary Care Provider, and referencing “the patient’s insurance provider” is particularly problematic and we fear that this too could have unintended consequences.

Instead of laying out the problems with the approach in this SD 1, I would like to focus my testimony on alternative approaches that may better serve the goal of ensuring that participating physicians are not “fly by night” and instead are acting in a responsible, professional matter when certifying the patient for the use of medical cannabis.

Such approaches are exemplified in the laws of Connecticut, Arizona and California to name a few.

For example in 2004, in an effort to address purported abuses under California’s very loosely written law, the California Board of Medicine passed a resolution to clarify the requirements that physicians must follow when recommending cannabis to a patient. 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.

I think adding any or all of these provisions, especially the language in the bolded section, would do much to assuage the legislature’s expressed concerns.

In other states, the approach has been to describe more fully the nature of the “bona fide relationship” that is already required in Hawaii’s law. For example, the description could clarify that it means one in which the physician has ongoing responsibility for the assessment, care, and treatment of a patient’s debilitating medical condition.

Specifically, we could add to our existing language a requirement that “the physician be reasonably available to provide follow-up care and treatment for the patient, including any examinations necessary to determine the efficacy of marijuana for treating the patient’s debilitating medical condition, or a symptom thereof.”

In Arizona, the “Medical Marijuana Physician Certification” form includes a checklist of requirements which the physicians must check off and initial. These spell out precisely the standard of care to which the certifying physician must adhere.

We feel confident that adding language similar to what these other jurisdictions have done would address the issues of out-of-state, or, less than reputable, physicians issuing recommendations without the unintended consequences that could be caused by adding very narrow and specific provisions (which might soon be outdated given the pace of research and findings on medical cannabis’s efficacy.)

As your committee knows, 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.

In closing, as advocates for patients, caregivers and physicians for the last 14 years, we believe the most equitable remedy for all concerned is to delete the PCP revision entirely, as this bill does, and revert to the original language of the law – which does not specify the type of physician who can certify - but rather the type of relationship said physician must have with the patient.

*We urge the Committees to at the very least delete the proposed language **and** the limiting language passed last year to restore the original wording of the law as enacted in 2000.* Of course, we are available now, as well as in the future, to address any questions or concerns you may have.



LATE

Committees: Committee on Health
Hearing Date/Time: Wednesday, March 19, 2014, 8:30 a.m.
Place: Conference Room 329
Re: Testimony of the ACLU of Hawaii with Comments on S.B. 2574, SD1, Relating to Medical Marijuana

Dear Chair Belatti and Members of the Committee on Health:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) writes with comments on S.B. 2574, SD1, which would allow certain physicians to certify that a patient may benefit from the medical use of marijuana.

The ACLU of Hawaii supports the intent of this bill: to make the medical marijuana program more inclusive. Although SD1 is more expansive in allowing primary care physicians, board certified pain specialist physicians, oncologists, ophthalmologists, or board certified palliative care physicians to make medical marijuana recommendations, the ACLU believes that the current definition of “physician” in H.R.S. § 329-121 is sufficient. Patient access to medical marijuana is necessarily limited by only permitting a subset of board certified physicians to make the necessary recommendations.

Additionally, the ACLU of Hawaii cautions that the use of the term primary care physician (“PCP”) (which is expected to be effective in H.R.S. § 329-123 as of 01/01/15) is problematic. The term PCP is a term of art – one that is used by some but not all insurance companies and other insurers such as HMOs. Introducing PCP into the H.R.S. without a more thorough review of the myriad of statutory, administrative and other provisions that may be impacted by the term PCP could lead to unintended difficulties and ambiguities within and beyond the contemplated medical marijuana program.

Thus, the ACLU of Hawaii respectfully requests that the Committee consider maintaining the current language of H.R.S. § 329-123 (by invalidating Act 178 of 2012) to increase patient access to safe and effective medication.

Thank you for this opportunity to testify.

Sincerely,

Daniel Gluck
Senior Staff Attorney
ACLU of Hawaii

The mission of the ACLU of Hawaii is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawaii fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawaii is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawaii has been serving Hawaii for over 45 years.

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 17, 2014 9:47 AM
To: HLTtestimony
Cc: lynhowe1946@yahoo.com
Subject: *Submitted testimony for SB2574 on Mar 19, 2014 08:30AM*

SB2574

Submitted on: 3/17/2014

Testimony for HLT on Mar 19, 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: Monday, March 17, 2014 1:13 PM
To: HLTtestimony
Cc: mattbinder@earthlink.net
Subject: Submitted testimony for SB2574 on Mar 19, 2014 08:30AM

SB2574

Submitted on: 3/17/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Matt Binder	Individual	Oppose	No

Comments: This bill includes a provision requiring that the recommending primary care physician must be: "designated as a patient's primary care physician by the patient's insurance provider." This baffling and arbitrary requirement would make it such that patients without HMO's would be essentially excluded from the medical marijuana program. Patients without insurance, or patients with other forms of insurance such as PPO insurance do not designate a doctor to be their primary care physician. This provision is very arbitrary, and unfairly excludes people from the program based on the type of insurance coverage that they have. While I support the intent of this bill to make the medical marijuana program more inclusive, I STRONGLY OPPOSE the bill in its current form. So long as this provision is in the bill, please do not allow it to pass.

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morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 17, 2014 1:18 PM
To: HLTtestimony
Cc: bobgraybosch@gmail.com
Subject: Submitted testimony for SB2574 on Mar 19, 2014 08:30AM

SB2574

Submitted on: 3/17/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Bob Graybosch	Individual	Oppose	No

Comments: This bill attempts to fix a problematic provision in Act 178 that reads: The certifying physician shall be required to be the qualifying patient’s primary care physician. This provision will prevent many qualified patients from having access to medical cannabis because some insurance providers and doctors at the VA are prevented from recommending medical marijuana, and adding more specialties to the list of doctors that can recommend medical cannabis is helpful. However, this bill includes a definition of “primary care physician” that says that a doctor must be “designated as a patient’s primary care physician by the patient’s insurance provider.” THIS CANNOT BE ALLOWED TO GO INTO EFFECT! This would exclude anyone without insurance or with PPO insurance from the program entirely, and is an indefensibly arbitrary intrusion. In greater depth: Any doctor that determines that marijuana is what is best for their patient should be able to recommend it, and legislators should not get between doctors and their patients. This bill is a step in the right direction, but must be expanded to include all licensed doctors. This provision also excludes many qualifying patients. Currently, several groups of doctors including those at the VA and those at Kaiser, are unable to recommend medical marijuana because of organization- wide policies. If this provision is not amended it may force some patients to decide between staying with a doctor that they know and trust, and a medicine that is safe and effective. There is no reason to put sick people in that position. However, if this bill is passed unamended, it will make the problem much worse. Only HMO’s require patients to designate a primary care physician. If the provision in this bill passes, anyone without an HMO would be excluded from the medical marijuana program. This is entirely arbitrary. Medical marijuana is not covered by insurance. Why should a primary care physician in an HMO be considered more qualified to recommend marijuana than one outside of an HMO? This would unfairly discriminate against people based on the type of health insurance that they have. This is not a reasonable way for a medical program to operate.

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TO: House Committee on Health

Rep. Della Au Belatti, Chair

Rep. Dee Morikawa, Vice Chair

Re: SB2574 SD1 – Relating to Medical Marijuana

Hearing: Wednesday, March 19, 2014, 8:30 AM

From: Clifton Otto, MD

Position: **Oppose**

Board certification is not required to practice medicine in the United States. In addition, Malpractice Insurance Carriers allow Physicians to be either board certified or board eligible.

Therefore, to require board certification in order to perform certifications for Hawaii's Marijuana Medical Program is an unfair restriction on the practice medicine. Limiting certifications to particular specialists is also an unfair restriction on the practice of medicine, and an unconstitutional restriction on freedom of speech within the doctor-patient relationship.

Please keep in mind that Physicians are doing nothing more than providing a "certification" exam, which means that the doctor is verifying that the patient meets the qualifying criteria determined by the State, with the added burden on the doctor of supervising the medical use of a substance that is not yet available by prescription.

If the concern is over having certifications performed by medical doctors who are not maintaining legitimate offices in the State, then one solution would be to have DOH write guidelines into its future administrative rules that would require the maintenance of at least one bone fide office location in the State of Hawaii, with a legitimate lease or title, proper signage, and confirmation by periodic on-site inspections.

And as we continue to place band aids on a Medical Marijuana Program that still cannot provide safe access to our patients without violating federal law, please don't forget to address the fact that the currently accepted medical use of Marijuana in treatment already exists in Hawaii and the United States, which means that Marijuana is mis-classified in federal Schedule I.

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 17, 2014 11:40 AM
To: HLTtestimony
Cc: patempl@yahoo.com
Subject: Submitted testimony for SB2574 on Mar 19, 2014 08:30AM

SB2574

Submitted on: 3/17/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Pa Temple	Individual	Oppose	No

Comments: Please change the PCP insurance status requirement. It is obviously industry driven, and exclusionary. All citizens should be treated equally, regardless of their insurance status.

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morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 17, 2014 7:50 PM
To: HLTtestimony
Cc: barefootmd@gmail.com
Subject: Submitted testimony for SB2574 on Mar 19, 2014 08:30AM

SB2574

Submitted on: 3/17/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
James Berg, MD	Individual	Oppose	No

Comments: As a practicing primary care physician, I have serious concern that SB 2574 S.D.1 about the eligibility of a physician to certify a patient for medical marijuana will seriously harm patients if enacted as it is written. 10,000 out of 12,000 patients could lose their eligibility for certification because their chosen primary care doctor is ineligible under the proposed new definition. The bill arbitrarily defines a primary care physician as: "primary care physician" means a licensed physician who practices internal medicine, family practice, or pediatrics, and is designated by the patient as a primary care physician to the patient's insurance provider." 17% of patients in Hawaii has Kaiser Permanente Insurance; Kaiser does not allow their doctors to do medical marijuana certification, so their patients are ineligible. 10% of the population of Hawaii use the VA; the Veterans Administration does not allow their doctors to do medical marijuana certification, so their patients are ineligible. Over 4% of the population in Hawaii use federally funded clinics; their doctors do not allow their doctors to do medical marijuana certification, so their patients are ineligible. 7.5% of the population is uninsured; they have no doctor to designate to an insurance That totals approximately 38% of the current population in Hawaii who would become ineligible for medical marijuana certification for the above insurance reasons. It could be estimated that 90% of the other 72% of the population have doctors who are unwilling to do the medical marijuana certification or who they do not feel comfortable divulging that they use marijuana to. This is proven in the statistics of the very few number of doctors who do currently serve medical marijuana patients. Most of the insurance-based primary care doctors in Hawaii refuse to do the medical marijuana certification for their patients. Most patients are hesitant to bring up the matter with their insurance-paid physicians under the fear that they would be prejudiced against in their care or in confidentiality. Too often, if a patient acknowledges that they have a medical marijuana certificate, they might lose access to their other pain medicines prescribed through their insurance. And they could lose the respect of their physician. What about the seizure patient who goes to the VA – their primary care physician and neurologist is excluded from the program, therefore a seizure patient with the VA would not be allowed to fulfill the medical marijuana law? What about the severely nauseated patient with Kaiser or a local federally funded clinic, these patients will not be allowed to fulfill the law as proposed, even from a board certified gastroenterologist? What about the AIDS/HIV patients in the same situation, their primary care physician from the VA and their infectious disease specialist would not be allowed to help, and thus the patients would be excluded from the new amendments. How does this arbitrary law change serve these patients in need? What happens to the patient who has insurance from another state? Are they automatically excluded, even if they are a legal resident of Hawaii? Clearly, this amendment is directly contrary to the spirit of the law to allow patients access to this medicine. Many fully medically qualified patients would be automatically excluded from the medical marijuana program because of

their insurance. Qualified patients need access to this medicine and by law, are entitled to it. This bill will frustrate many patients and truly cause them harm. There is not one patient who will benefit from this bill, but as many as 10,000 or more out of the 12,000 patients could become ineligible for medical marijuana and thus put into a very difficult place without legal access to their medicine. It should also be pointed out that the current medical marijuana law of the state of Hawaii specifically states: HRS329-124 Insurance not applicable. This part shall not be construed to require insurance coverage for the medical use of marijuana. Under this amendment to the current law, insurance coverage would be required for a patient to obtain the certificate for the medical use of marijuana. How can you require patients to go through their insurance companies that are not allowed to help patients in this regard? If a patient has to go through their insured primary care doctor, that is requiring patient's use their insurance to get their card. This is directly contrary to the mm law as it is written in HRS 329-124. The constitutionality of the restriction of this definition of a primary care physician is in sincere question. It may not be unconstitutional to mandate health insurance for the citizens, but it sure seems unconstitutional to mandate that the patients have to use their insurance to receive the medical care. This is against the American spirit to legally require patients to go through their insurance companies to get their medical care. If I don't like the dental hygienist my dental insurance assigns me, I can certainly pay out of pocket for another licensed dental hygienist to clean my teeth. What right does the legislature have to demand that a patient have to see the practitioner designated to their insurance? Why should I, as a primary care physician, be required to take insurance as a doctor in order to help people? This bill will take the right of a patient to freely choose their doctor, and take their preferred medicine away from them for simply arbitrary political reasons. And it will be a arbitrary restraint of trade upon the doctors. Please prevent this from having to get this worked out in the Supreme Court. Most certainly it will head there if the definition of primary care physician passes and if patients loose their preferred out of pocket primary care doctors who would be restricted out of the program simply because of insurance designation. I have a double board certification in both family medicine and integrative-holistic medicine. I run a school of natural medicine and have been on a Clinical Associate Professor teaching medical students about natural approaches to medicine. I do not work with any insurance companies, yet I am a primary care physician to many patients on the Big Island of Hawaii. Many of these people have been my patients for over a decade and they consider me their "real" primary care doctor, but many also use their insurance doctors to get tests and see specialists if needed. I also help the qualified patients to get legally certified to grow and use marijuana as their medicine. If I don't take my patient's insurance, would I be unable to help them and would my patient remain un-served, even though I am a well qualified primary care physician and patient qualified, simply because the patient pays me directly? Marijuana is one of the least toxic medicines known to humans. Over 32,000 patients died last year from the proper use of NSAIDS and narcotics, yet still to date, nobody has died from medical marijuana. Though it has its health problems, these other prescription meds are far more of a personal and societal danger than medical marijuana. An undesignated primary care physician could prescribe morphine and oxycodone to patients, but not marijuana. That just seems wrong. Please remove this overly restrictive definition of primary care physician from the bill SB 2574 S.D.1. Also consider including neurologists, gastroenterologists, rheumatologists, and infectious disease doctors to this list of eligible physicians so seizure patients, chronically nauseated or wasting patients, patients with chronic pain from arthritis, and HIV/AIDS patients can have fair access to their medicine of choice. Sincerely, James Berg, MD Hawaii Medical License #11755

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morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 17, 2014 6:59 PM
To: HLTtestimony
Cc: j.bobich@tcu.edu
Subject: Submitted testimony for SB2574 on Mar 19, 2014 08:30AM

SB2574

Submitted on: 3/17/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

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

Comments: To Whom It May Concern: The amended language of the bill clearly indicates that those without insurance would not be covered. Anyone indicating otherwise is perhaps subtly attempting to harm medical marijuana patients. Such restrictive language must be removed. Sincerely, Joseph A. Bobich, Ph. D. Professor of Chemistry, Emeritus

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Testimony mar19.txt

To our esteemed legislators:

We STRONGLY oppose SB2574 BECAUSE it defines a primary care physician as the physician that has been designated as a primary care physician to the patient's insurance provider.

This WOULD exclude many current patients with KAISER or VA medical insurance from the Medical Marijuana program.

PLEASE do not place this obstacle in the path of those already on the program, or those who need such palliative care.

Mahalo, (Rev) Cloudia Charters, Honolulu

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 17, 2014 6:00 PM
To: HLTtestimony
Cc: lionel@cruzio.com
Subject: Submitted testimony for SB2574 on Mar 19, 2014 08:30AM

SB2574

Submitted on: 3/17/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

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

Comments: In the Senate Health Committee, the language of the BAD bill, SB2574, was substituted for the language of this bill. This means that right now, both bills have the terrible definition of primary care physician, as it defines a primary care physician as the physician that has been designated as a primary care physician to the patient's insurance provider. This would exclude many patients from the program. The chair of the Health Committee said in the hearing that he had looked at the language and was sure that it wouldn't actually be a problem. This is not true. It will be a problem. This must be removed from that version of the bill. It is discriminatory. It is wrong for many reasons. It is UNACCEPTABLE.

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Sent: Monday, March 17, 2014 5:15 PM
To: HLTtestimony
Cc: rodneye9110@msn.com
Subject: Submitted testimony for SB2574 on Mar 19, 2014 08:30AM

SB2574

Submitted on: 3/17/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

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

Comments: I disagree with attempts to limit medical marijuana recommendations to certain physicians because this is an herbal remedy that has been used for thousands of years of which many US patents actually exist speaking to it's medical uses and safety of use. My own primary care physician is a VA doctor who is forbidden by his employers from recommending medical marijuana or he will use his job of more than 20 years. I suffer from lyme disease which originated in my military service. The Va admits responsibility for this condition but refuses to actually treat the disease as they have no one familiar with it. I tried using my medicare to get outside help but the insurance companies refuse to pay for any treatment related to a condition that is service connected and therefore the responsibility of the va. My only route, since I am poor, is to seek herbal remedies that are effective. Cannabis, which was once a legal pharmaceutical in the USA, is one of the rare remedies that works to keep this irritating skin and nervous system condition at bay. I plead to you to let the people, especially us poor people, to treat ourselves with affordable locally grown herbal remedies as humans have done for thousands of years before the existence of the now accepted practices of western medicine.

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Sent: Tuesday, March 18, 2014 1:10 AM
To: HLTtestimony
Cc: wendygibson9@gmail.com
Subject: Submitted testimony for SB2574 on Mar 19, 2014 08:30AM

SB2574

Submitted on: 3/18/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Wendy Gibson	Individual	Oppose	No

Comments: Date: Wednesday, March 19, 2014 Time: 0830 (AM) Place: Conference Room 329 Topic: SB 2574- Relating to Medical Marijuana Position: Strongly OPPOSED TO: Committee on Health Senator Josh Green, Chair, Senator Rosalyn H. Baker, Vice Chair. FROM: Wendy Gibson R.N., Medical Marijuana Patient Advocate Aloha Chair Green, Vice-Chair Baker and Members of the Committee, I am a nurse (an R.N.)with a strong interest in improving Hawaii's Medical Marijuana Program. SB 2574 does not improve the program so I am STRONGLY OPPOSED TO IT. It undermines the intent of Act 228 to compassionately provide patients access to medical cannabis, for the relief of debilitating, medical conditions. Access will be denied to any patient who has the wrong type of insurance (such as Kaiser or the Military health care providers) or the wrong type of health care provider (Like a PPO that does not require establishment of a Primary Care Physician, or an HMO which does not allow their physicians to recommend medical marijuana). Patients who have employer-sponsored insurance do not always have a choice of who their health care provider will be. Access will also be denied to any patient with the "wrong doctor". For example, some specialists (Neurologists) didn't make it on the list. And, realizing that NO medical school provides coursework for training physicians about the medical use of cannabis--Why would a physician have to be a specialist (on the list) to be recognized as qualified to recommend the use of medical marijuana? This bill is full of limitations and I would be in favor of simplifying it to read: All Physicians licensed to practice in the state of Hawaii shall be permitted to recommend medical marijuana to qualifying patients. Thank you for the opportunity to provide comments. Wendy Gibson P.T.A./R.N./B.S.N. , Medical Marijuana Patient Advocate.

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To: HLTtestimony
Cc: islandeyesvideo@yahoo.com
Subject: Submitted testimony for SB2574 on Mar 19, 2014 08:30AM

SB2574

Submitted on: 3/17/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Marvin Porter	Individual	Oppose	No

Comments: Aloha, The provision of SB2574 in regard to the recommending primary care physician must be: "designated as a patient's primary care physician by the patient's insurance provider." is inappropriate, confusing, and I strongly oppose. This would exclude patients without insurance, or patients with other forms of insurance such as PPO insurance that does not designate a doctor as primary care physician, or those that can not even get a primary care physician. This latter situation has become the norm on the Big Island. Most doctors here are not taking new patients and I have friends that have called around and been unable to find a doctor. This provision would also exclude qualifying patients from having access to medical cannabis because insurance providers and doctors at the VA or Kaiser are prevented from recommending medical marijuana. Please vote to remove this provision. Mahalo, Mary Marvin Porter Island Eyes Video Keaau, Hawai'i 96749

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To: HLTtestimony
Cc: buzzzed@msn.com
Subject: Submitted testimony for SB2574 on Mar 19, 2014 08:30AM

SB2574

Submitted on: 3/17/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Sandra Webb	Individual	Oppose	No

Comments: It is with the greatest respect to all legislators involved with this latest bill I would like to ask, "why are these restrictions put forth with regards to the Medical Marijuana Program"? The program has been running fine as is. The physicians who choose to participate do and the ones who don't, refer to the physicians who do. As far as the primary care physician (PCP) term, insurance is not applicable. Section 329- C of the original Bill for an Act. Please just simply delete the wording PCP and more on the improving the program for the good of the patients. Thank you for your time, Sandy Webb RN

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Good Afternoon,

I'm writing to encourage a change to SB2574. The requirement that a primary care physician must authorize or prescribe medical cannabis is a step backwards. It will make it harder for people to get the medicine they need. If a doctor can prescribe other medications, including many that are far more potentially dangerous than cannabis, why should they not be able to prescribe cannabis too, a medicine that has not caused a single fatality in all of recorded history.

The only thing worse than limiting which doctors can prescribe cannabis is the current definition of primary care physician (the physician that has been designated as a primary care physician to the patient's insurance provider). Many people don't have much of an option who their doctor is. We are at the mercy of our insurance companies and who they accept. Doctors have been dropped by insurance companies for prescribing cannabis, so they might be hesitant to prescribe it at all.

If a doctor is board certified we should trust them enough to prescribe medications to individuals other than those under their primary care.

This issue hits close to home for me. My father has Parkinson's disease. He gets tremendous relief from his tremors and is able to sleep soundly with the aid of cannabis. It is bad enough that in addition to being a full time caregiver I've had to learn how to become a farmer to grow his medicine since Hawaii has no dispensaries or avenues for legally obtaining cannabis. Now I hear that there is legislation that will make it harder for him to keep his medicine. WHAT PROBLEM ARE WE TRYING TO SOLVE HERE?

If we succeed in making it harder to get a prescription and keep some abusers off of cannabis at the expense of potentially HUNDREDS/THOUSANDS who really need it on a daily basis have we taken a step forward or a step back???

Please please please do not take away my father's medicine. I beg you. His primary care physician has already indicated it is unlikely he will ever be willing to prescribe cannabis as long as it is federally illegal. Please allow my father to live his remaining years in as much comfort as possible. You never know if/when someone you care about may come down with an illness that can be helped by this extraordinary medicine too.

Sincerely,

Chris Bisnow
73-4837 Manu Mele St
Kailua Kona 96740

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

Wednesday, March 19, 2014
8:30 AM

Conference Room 329
State Capitol
415 South Beretania Street

Comments - SB2574 - Relating to Medical Marijuana

As a registered Medical Cannabis patient I have deep concerns regarding the language of SB2574. After listening to the authors of the bill describing how their definitions will help include patients in the process, in fact I see the opposite. By requiring a primary care physician or one of the listed specialty care physicians, the bill is in fact exclusionary to many qualified patients.

I for one am a Medicare patient and Medicare has no provisions for a primary care physician. As a patient with an incurable liver disease I see a hepatologist, a gastroenterologist, an endocrinologist, a radiologist and others for this disease. **None** of these physicians are listed as acceptable in this bill, and so I will be removed from the medical cannabis patient list.

One doesn't claim inclusiveness by excluding segments of a deserving population. This bill is highly exclusionary and should be stripped of it's definitions if is to become a law.

More importantly, by passing this bill as it stands, it unnecessarily burdens the Department of Health as it transitions the program from law enforcement. It is far better to help DoH rather than hinder it with unworkable "solutions" like SB2574.

I strongly urge the committee to remove such definitions of physicians who can recommend medical cannabis to patients. Let doctors themselves decide what is best for their patients and do not interfere with what is truly a medical decision and not a legal/political decision.

Sincerely,

Karl Malivuk
2474 Kapiolani Blvd #2001
Honolulu, Hawaii 96826
kmalivuk@unm.edu
898.941.0228

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 17, 2014 11:51 PM
To: HLTtestimony
Cc: nimo1767@gmail.com
Subject: Submitted testimony for SB2574 on Mar 19, 2014 08:30AM

SB2574

Submitted on: 3/17/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Petricci	Individual	Comments Only	Yes

Comments: My name is Robert Petricci, I have a primary care physician that recommends medical marijuana to treat my severe degenerative arthritis. Please remove the language that defines: a primary care physician as the physician that has been designated as a primary care physician to the patient's insurance provider, which would exclude many patients myself included from the program. Some believe this is not a problem. Though as a patient trying to navigate the medial marijuana law minefield, I have to ask if you want to kill medical marijuana in Hawaii just do it but please stop making it more and more difficult to be able to use our medicine, as the language on primary are restrictions does. After years of living in pain in July of 2013 I began to use medical marijuana. The results are nothing short of amazing. I am pain free for the first time I can remember. My knees are no longer swollen, allowing me greatly increased mobility. I have lost over 50lbs in 6 months going from 258lbs (my last primary care doctor visit in July 2013) to 205lbs last month. Unfortunately my primary care physician just does not know much about marijuana or the various treatment options it presents. I had to go to marijuana specialist (pot doctors) to get the best information on my options such as ingesting, topical, or smoked, vaporized, concentrates, juicing, raw, or cooked, ect. If I wanted information about a brain treatment, I would see a neurologist, if I want to understand heart treatment options I see a cardiologist and if I want to know how to effectively use medial marijuana I have found in real life application, I need someone who actually knows a lot about it, I need a marijuana specialist. Thank you for your interest, compassion, and consideration. It works for me, please do not take that away from me as this bill does. Mahalo Robert Petricci

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To: HLTtestimony
Cc: lynhowe1946@yahoo.com
Subject: *Submitted testimony for SB2574 on Mar 19, 2014 08:30AM*



SB2574

Submitted on: 3/18/2014

Testimony for HLT on Mar 19, 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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Sent: Tuesday, March 18, 2014 9:17 PM
To: HLTtestimony
Cc: paulakomarajr@yahoo.com
Subject: *Submitted testimony for SB2574 on Mar 19, 2014 08:30AM*



SB2574

Submitted on: 3/18/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Paul A. komara, Jr.	Individual	Support	No

Comments:

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Sent: Tuesday, March 18, 2014 1:09 PM
To: HLTtestimony
Cc: dmatthews@jhu.edu
Subject: Submitted testimony for SB2574 on Mar 19, 2014 08:30AM



SB2574

Submitted on: 3/18/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Daryl Matthews	Individual	Oppose	No

Comments: I am a physician licensed in Hawaii since 1982. This bill attempts to fix a problematic provision in Act 178 that reads: The certifying physician shall be required to be the qualifying patient's primary care physician. This provision will prevent many qualified patients from having access to medical cannabis because some insurance providers and doctors at the VA are prevented from recommending medical marijuana, and adding more specialties to the list of doctors that can recommend medical cannabis is helpful. However, SB 2574 includes a definition of "primary care physician" that says that a doctor must be "designated as a patient's primary care physician by the patient's insurance provider." This would exclude anyone without insurance or with PPO insurance from the program entirely. Any doctor that determines that marijuana is what is best for their patient should be able to recommend it, and legislators should not get between doctors and their patients. This bill is a step in the right direction, but must be expanded to include all licensed doctors. This provision also excludes many qualifying patients. Currently, several groups of doctors including those at the VA and those at Kaiser, are unable to recommend medical marijuana because of organization-wide policies. If this provision is not amended it may force some patients to decide between staying with a doctor that they know and trust, and a medicine that is safe and effective. There is no reason to put sick people in that position. However, if this bill is passed unamended, it will make the problem much worse. Only HMO's require patients to designate a primary care physician. If the provision in this bill passes, anyone without an HMO would be excluded from the medical marijuana program. This is entirely arbitrary. Medical marijuana is not covered by insurance. Why should a primary care physician in an HMO be considered more qualified to recommend marijuana than one outside of an HMO? This would unfairly discriminate against people based on the type of health insurance that they have. This is not a reasonable way for a medical program to operate. Thank you very much for your consideration. Respectfully submitted, Daryl Matthews M.D.

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From: Linda Penn <nharijan@icloud.com>
Sent: Tuesday, March 18, 2014 9:53 AM
To: HLTtestimony
Subject: SB2574 PROBLEM



Dear Committee Members:

I am pleading with you today to eliminate language from this bill that defines "primary physician" as the physician that has been designated as a primary care physician to the patient's insurance provide. This would exclude many patients from the program. Although the chairman stated this would not be a problem, it is only NOT a problem for those who want to destroy the medical marijuana program in Hawai'i. Very few PCP's will recommend cannabis because of the fear of Federal laws. Kaiser won't, bay clinic won't, the VA won't. Is the intention of this committee to destroy patient access? How cruel can people be? There have been MINIMUM problems with transgressors and now in the face of the current trends, you would have Hawai'i go backwards?!? You will make thousands of people criminals. Is this what you want?

Hawai'i can be a model of compassion and justice. If you keep that stipulation in this bill, you will put Hawaii in the same category as some of the more repressive state legislatures in the U.S.

I pray for your good sense and compassion,

Linda Penn
Kea'au, 96749

There is only ONE pain specialist on the Big Island and it takes months to see him and what if he won't recommend cannabis?

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 18, 2014 2:37 PM
To: HLTtestimony
Cc: tripcityusa@juno.com
Subject: Submitted testimony for SB2574 on Mar 19, 2014 08:30AM



SB2574

Submitted on: 3/18/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
S.L. Sultan	Individual	Oppose	No

Comments: Aloha Chair Au Belatti, I strongly object to this SB2574. My friend has a deadly form of liver cancer. His insurance provider is Kaiser who will not under any circumstances allow their physicians to prescribe medical marijuana. He will not be able to renew his license if this bill passes. Marijuana is one of the major things that has allowed him to stay alive. Please, I beg you, do not pass this bill my friends life depends upon it! Mahalo, S.L. Sultan

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Sent: Tuesday, March 18, 2014 10:34 AM
To: HLTtestimony
Cc: danielhayesuppendahl@gmail.com
Subject: Submitted testimony for SB2574 on Mar 19, 2014 08:30AM



SB2574

Submitted on: 3/18/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

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

Comments: I oppose the arbitrary requirement that the patients doctor be designated by the insurance company.

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Cc: palmtree7@earthlink.net
Subject: Submitted testimony for SB2574 on Mar 19, 2014 08:30AM



SB2574

Submitted on: 3/18/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
janice palma-glenie	Individual	Oppose	No

Comments: Aloha, i support allowing people to have access to marijuana, medical or otherwise as it should be a personal choice and can very well improve the health and well-being of some people and, by scientific evidence, helps those with serious medical situations. This bill represents a step backwards in making medical marijuana available to those who need it by creating another laying between patient and cure. mahalo and sincerely, janice palma-glennie

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Sent: Tuesday, March 18, 2014 8:30 PM
To: HLTtestimony
Cc: saralegal@live.com
Subject: Submitted testimony for SB2574 on Mar 19, 2014 08:30AM



SB2574

Submitted on: 3/18/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

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

Comments: Dear Legislators: I am a medical marijuana patient on the Big Island. My "primary care physician" is Bay Clinic in Pahoehoe. They are federally funded and do not dare recommend cannabis marijuana due to the federal government's stance. If you do not stop this bill, you will have thousands of patients like me unable to continue to use the medicine of choice and necessity. Therefore, you will be liable to the thousands of us, as you will be discriminating against us, and dictating to which doctors we must use, and denying us free choice. This does not happen to cancer patients, or diabetics, or alzheimer patients. Why interfere with licensed doctors practicing medicine? Sincerely, Sara Steiner

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: Tuesday, March 18, 2014 12:28 PM
To: HLTtestimony
Cc: jarronn@hotmail.com
Subject: Submitted testimony for SB2574 on Mar 19, 2014 08:30AM



SB2574

Submitted on: 3/18/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
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!

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From: Don Bremer <tibi-hi@hawaii.rr.com>
Sent: Tuesday, March 18, 2014 11:19 AM
To: HLTtestimony
Subject: Medical Marijuana Bill



Dear Committee Members:

I am pleading with you today to eliminate language from this bill that defines "primary physician" as the physician that has been designated as a primary care physician to the patient's insurance provide. This would exclude many patients from the program. Although the chairman of the Senate Committee stated this would not be a problem, it is only NOT a problem for those who want to destroy the medical marijuana program in Hawai'i. Very few PCP's will recommend cannabis because of the fear of Federal laws. Kaiser won't, bay clinic won't, the VA won't. Is the intention of this committee to destroy patient access? How cruel can people be? There have been MINIMUM problems with transgressors and now in the face of the current trends, you would have Hawai'i go backwards? You will make thousands of people criminals. Is this what you want?

Hawai'i can be a model of compassion and justice. If you keep that stipulation in this bill, you will put Hawaii in the same category as some of the more repressive state legislatures in the U.S.

I appeal for your good sense and compassion,

Don Bremer
808-313-0914
Kea'au, 96749

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

Wednesday, March 19, 2014
8:30 AM



Conference Room 329
State Capitol
415 South Beretania Street

Comments – SB2574 – Relating to Medical Marijuana

Dear Honorable Committee Chair and Vice Chair,

Thank you for giving me the opportunity to testify on this bill. I work as a field organizer for a medical marijuana patient organization, and this bill has been a great source of confusion and worry for the patients and doctors that I work with. I strongly support the intent of this bill. The provision that limits recommending doctors to primary care physicians cast a shadow over the entire program, as doctors worried about whether it would make their practice vulnerable to punitive action from the NED and patients worried that they would have to leave doctors and insurance providers that they knew and trusted in order to not be excluded from the medical marijuana program. Expanding this list of doctors that can recommend medical cannabis is thus both symbolically and instrumentally important.

The list of doctors included in this bill is insufficient. Several doctors have commented on the use of the phrase “board-certified,” saying that the state of Hawaii does not require board-certification in order to practice in these specialties and instead the bill should read, “board-certified or board-eligible.”

Still, the most important problem with the language in this bill is the definition of “primary care physician.” The definition in this bill is that in order to recommend medical cannabis, a doctor must be *designated as a patient’s primary care physician by the patient’s insurance provider*. This definition cannot be allowed to go into effect, as it would cripple the program, perhaps ending it completely.

As you know, only HMO's have a designation of Primary Care Physician. Patients with PPO insurance or any other form of insurance would be definitionally excluded from the program. Currently, the largest HMO's have policies or agreements preventing the recommendation of medical marijuana, so the result of the passage of this bill in its current form would be that all or nearly all primary care doctors would be forced out of the program, and that all patients would be required to get their recommendation from specialist physicians. If the goal of this bill is to prevent patients from trying to game doctors into recommending medical marijuana, this is obviously counterproductive. Patients with *legitimate need* for medical marijuana due to other recognized conditions such as chronic nausea due to hepatitis will be forced to seek out the handful of “board certified pain management specialist physicians.” This is not the way to give the best medical advice on the issue.

Even more problematically, by effectively eliminating all primary care physicians from the program and forcing patients to seek advice from specialists instead we may miss treatment of underlying causes. There may be treatable diseases that are left undiagnosed because patients were forced to seek treatment for the symptom, pain, rather than their whole body.

Please consider amending the bill. There are *many* better ways to expand the program. Many other states have implemented other ways to make sure that medical marijuana patients were given robust treatment by a doctor that did not cripple the program in this way. Our advocacy organizations can recommend language from these states. Furthermore, even simply removing this definition from the bill would make it much more in keeping with the compassionate spirit of our medical marijuana law.

Mahalo for your time, and for the opportunity to give testimony on this bill.

Rafael Kennedy

SB2574

Submitted on: 3/19/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

LATE

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

Comments: Dear Legislators, the facts are clear that many people benefit from medical marijuana and suffer fewer side effects. It's not clear why the law should make this medicine more difficult to get? Please do not tighten up already costly and difficult procedure for licensing.

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