

**LATE**

*Action* the Drug Policy  
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: SENATE COMMITTEE ON COMMERCE & CONSUMER PROTECTION

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

DATE: MARCH 25, 2014, ROOM 229, 10:30 A.M.

RE: H.B. 2092, SD 1 RELATING TO MEDICAL MARIJUANA – **COMMENTS**

Good afternoon, Chair Baker, Vice Chair Taniguchi and members of the Committee. 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 Committee for scheduling HB 2092, SD 1 today.

This measure is the most recent iteration of a measure that's been amended by both chambers. All versions are an attempt to remedy the unintended consequences of a bill passed last Session: SB 642, CD1. This measure added the requirement that the certifying physician be the qualifying patient's "primary care physician."

This language was included 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." *Basically we believe that this statutory language offers adequate safeguards regarding the professional behavior and integrity of participating physicians, but we acknowledge that concerns still exist.*

This session a similar measure, SB 2574, was amended by the Senate Health committee to add additional specialty physicians who are permitted to certify a patient and includes a new definition of "primary care physician." We believe those amendments are unnecessary and may themselves have unintended consequences. While we understand the rationale for adding this language, the

unintended consequences could be severe. I'll enumerate them at the end of my testimony.

*I would like to focus my testimony instead 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 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 bolded section, would do much to assuage any concerns.

In other states, such as Connecticut, 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, this relationship could be described as one in which "the physician has ongoing responsibility for the assessment, care, and treatment of a patient's debilitating medical condition." It could add to our existing statutory

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 physicians are given a checklist, which they must adhere to, and each provision is followed by a space to initial. *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 a very specific list of medical specialists.*

We have heard from many patients whose recommending physicians would not be covered e.g., neurologists, gastroenterologists, and endocrinologists. Many of you have seen MJ, the 5-year-old girl with Dravet Syndrome, an intractable difficult to treat form of epilepsy whose mother has been testifying this Session. Despite her severe illness, her specialty physicians would not be included on the list in this SD1.

Enumerating the various specialties in a statute is a shortsighted idea especially given the pace of research and findings on medical cannabis’s efficacy. Each time that Hawaii wanted to add new specialties we would have to amend the statute – which as we know is time-consuming and difficult.

As for the unintended consequences mentioned above after passage of SB 642, CD1, there are many situations where patients do not have access to a primary care physician who is willing or able to issue the certification. Those unable to do so, include physicians affiliated with Kaiser Permanente, those working at Veteran Administration hospitals, and often those seeking care at a community health center. 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.

As advocates for patients, caregivers and physicians for the last 14 years, we believe the most straightforward way to address the situation is to delete the PCP revision entirely, 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.

If this Committee believes it is necessary to keep a tighter rein on physicians who certify patients for cannabis, then we strongly urge you to take the approach other states have used by explaining more fully what is required of a participating physician.

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.

We urge the Committee to pass this measure in a form that permits Hawaii's medical cannabis law to proceed as intended fourteen years ago.

Mahalo for the opportunity to testify. Of course, we are available now, as well as in the future, to address any questions or concerns you may have.

**LATE**

# COMMUNITY ALLIANCE ON PRISONS

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## COMMITTEE ON HEALTH

Rep. Rosalyn Baker, Chair  
Rep. Josh Green, Vice Chair  
Tuesday, March 25, 2014  
10:30 a.m.  
Room 229

## OPPOSE HB 2092 SD1 Medical Marijuana

Aloha Chair Baker, Vice Chair Green 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.

HB 2092 SD1 permits board certified pain specialist physicians, oncologists, ophthalmologists, and board certified palliative care physicians to prescribe medical marijuana. Effective 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 the health options of military, Kaiser subscribers and many other patients suffering from numerous ailments that cannabis can help.**

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 terminally ill patients, I can honestly say that marijuana helped them 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 their 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.

Mahalo for this opportunity to testify.



**Senate Committee on Commerce and Consumer Protection**

Senator Rosalyn H. Baker, Chair

Senator Brian T. Taniguchi, Vice Chair

**LATE**

Tuesday, March 25, 2014

10:30 AM

Conference Room 229

State Capitol

415 South Beretania Street

**Strong Opposition – HB2092 SD1 – Relating to Medical Marijuana**

Aloha Chairwoman Baker, Vice Chair Taniguchi and Members of the Committee on Commerce and Consumer Protection:

The Big Island Chapter of Americans for Safe Access strongly opposes HB2092 SD1 because it will prevent many qualified patients from having access to medical cannabis. Having the patient's primary care physician be designated by the patient's insurance provider will eliminate many if not most medical cannabis patients as it would exclude anyone without insurance or with PPO insurance.

The way it should be is the way the law has been for the past 14 years and that is that any physician should be able to recommend cannabis medicine. Legislators should not insert their views or wishes when it comes to the doctor patient relationship. All licensed doctors should be able to recommend cannabis.

The provision to require patients to designate a primary care physician by the patient's care provider is capricious and arbitrary. It is a thinly veiled ploy to harm the medical cannabis program. Legislators should want to help rather than hinder patient's well-being. Please remove this harmful provision and insert that any board certified physician may recommend cannabis medicine. Mahalo.

Andrea Tischler, Chair

**LATE**

**Senate Committee on Commerce and Consumer Protection**

Senator Rosalyn H. Baker, Chair

Senator Brian T. Taniguchi, Vice Chair

Tuesday, March 25, 2014

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Andrea Tischler, Chair



**LATE**

**HB2092**

Submitted on: 3/25/2014

Testimony for CPN on Mar 25, 2014 10:30AM in Conference Room 229

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

Comments: Restricting a safer and more effective alternative more than dangerous FDA approved medications will not have a positive effect.

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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**LATE**

No to HB 2092 SD1

To whom it may concern:

I am a physician, licensed in Hawaii since 1982.

In my opinion marijuana should be able to be recommended by physicians in any specialty – neurology, internal medicine, orthopedic surgery, and rehab medicine as illustrations. I agree that it is important that there be a bona fide doctor-patient relationship present, but this can occur in many specialties. It certainly is not exclusive to primary care.

In addition, most people do not have a primary care physician specified to an insurance company. This provision restricts without any seeming purpose what doctor may recommend marijuana. I don't think it's rationally related to the presence of a doctor-patient relationship. This provision does not make any sense and I hope the legislature will reject it.

Respectfully submitted,

Daryl Matthews, M.D., Ph.D.

# LATE

Date: Tuesday, March 25, 2014

Time: 10:30 (AM) Place: Conference Room 229

Topic: HB 2092 SD1- Relating to Medical Marijuana

Position: Strongly OPPOSED

**TO: Senate Committee on Commerce and Consumer Protection**

Senator Rosalyn H. Baker, Chair

Senator Brian T. Taniguchi, Vice Chair

**FROM:** Wendy Gibson R.N., Medical Marijuana Patient Advocate

Aloha Chair Baker, Vice-Chair Taniguchi and Members of the Committee,

I am a nurse (an R.N.) with a strong interest in improving Hawaii's Medical Marijuana Program.

HB 2092 SD1 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. I understand the need to establish a patient-clinician relationship but this bill fails to provide a good solution to this need. The definition of primary care physician should not be associated with insurance. It should not limit which specialists can recommend medical marijuana to those on a list.

Patients who have employer-sponsored insurance do not always have a choice of who their health care provider will be. Some providers have policies which prevent their physicians from making recommendations.

Access is already denied to any patient who has the wrong type of insurance (such as Kaiser or the Military). HB2092 will further reduce access if the patient has the "wrong type" of health care provider (Like a PPO that does not require establishment of a **Primary Care Physician**).

Access will also be denied to any patient with the “wrong specialty doctor”. For example, some specialists (Neurologists) didn’t make it on the list and many patients who are being treated for seizures could be excluded.

Also, 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 adds more limitations to access and fails to address the patient/physician relationship in a meaningful way. Please oppose the passage of this bill.

Thank you for the opportunity to provide comments.

Wendy Gibson P.T.A./R.N./B.S.N. , Medical Marijuana Patient Advocate.

# LATE

Medical marijuana doctors

To assure that up to 11,000 primary patients now and 30,000 potential (given current trends) and ten (10) family/friends of each patient (on average), with totals of 30,000 and 300,000 Hawaii citizens, don't lose access to medicinal marijuana certifications, it is important that restrictive language be removed from this bill. Otherwise, up to \$58,000,000 worth of currently legal cannabis will revert to the black market, setting back law and order in Hawaii by a decade. Most Hawaii residents polled support access to medicinal cannabis, so please support the will of the people.

Sincerely,

Matthew Brittain, LCSW, DCSW  
Clinical forensic social worker

**LATE**

HB2092 SD1

Dear Chair and Committee Members,

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.

- 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. 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.

Please change the bill or kill it.

Thank you

Matt Binder  
Kamuela, HI

# LATE

Regarding HB2092 SD1 - Strongly Oppose

Tuesday, March 25, 2014  
10:30 AM

Conference Room 229  
State Capitol  
415 South Beretania Street

HB2092 SD1 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 cannot be allowed to go into effect. It will prevent many qualified patients from having access to medicinal cannabis because some insurance providers, and doctors at Kaiser and the VA, are prevented from even recommending cannabis because of organization-wide policies.

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." 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. Medicinal cannabis is not covered by insurance. Why should a primary care physician in an HMO be considered more qualified to recommend cannabis 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.

This bill would exclude anyone who does not have insurance or anyone who has PPO insurance from the program entirely and, as such, it is an indefensible intrusion. Any doctor who determines that marijuana may be helpful for their patient should be able to recommend it and legislators should not get between doctors and their patients. 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. This version of the bill (HB2092 SD1) does NOT meet the needs of patients. If this bill is passed, it will be very problematic to Hawaii's medical marijuana program.

Instead, please consider SB2574 HD1.

Thank you for your time and attention to this matter.

Sincerely,  
Georgina McKinley

**LATE**

**Senate Committee on Commerce and Consumer Protection**

Senator Rosalyn H. Baker, Chair

Senator Brian T. Taniguchi, Vice Chair

Tuesday, March 25, 2014

10:30 AM

Conference Room 229

**Aloha Esteemed Decision Makers;**

**We strongly oppose HB2092 SD1 for specific reasons of great importance to local patients.**

Bill includes a definition of “primary care physician” to be that “designated as a patient’s primary care physician by the patient’s insurance provider.” This is an arbitrary restriction of medical privacy and self determination TO NO PUBLIC GOOD END.

Kaiser Hawaii patients have recently been informed that KH will no longer allow their physicians to participate in the Medical Marijuana Program. As a private entity they have made a business decision. We MUST NOT ABANDON THESE LOCAL PATIENTS by preventing them from consulting other licensed local physicians who DO participate.

We invited people to try this medication under a physician's guidance, now we will arbitrarily deny them medication they have used prudently and effectively for years legally?!

Thank You for your wise, compassionate consideration in this matter. Malama Pono

(Rev) Cloudia Charters, Honolulu



**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.

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<<http://www.amazon.com/dp/B00AZ62OXU>>

<[www.comfortspiral.blogspot.com](http://www.comfortspiral.blogspot.com)>

**LATE**

HB2092 SD1

Aloha

Pleae do not pass this bill its language regarding primary care physicians is harmfull to me a long time patienr and to all other med pot patients

Aloha

Rev. Dennis Shields

The Religion of Jesus Church

**LATE**

**HB2092**

Submitted on: 3/24/2014

Testimony for CPN on Mar 25, 2014 10:30AM in Conference Room 229

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

Comments: I do not support putting such severe restriction on an affordable herbal remedy that has been used safely and effectively for thousands of years. Try to bring nature back to being free and leave the profit hoarding to the pill manufacturers.

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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# LATE

Esteemed Representatives...

I am opposed to the passage of HB2092 as it is currently written. The provisions requiring the recommending physician to be the insurance company designated PCP are exclusive of a large patient group, which is not fair nor is it equal protection. I feel that any physician, whether PCP or not, should be allowed to recommend cannabis as medicine. For example, I am a regular patient with a psychiatrist, who recommends cannabis treatment for me. But my PCP is a GP who has not been willing to recommend cannabis therapy.

It is very difficult, if not impossible, here in Hilo, to change PCP's. We have a critical shortage of MD's here. If a PCP refuses to recommend needed cannabis therapy to a patient for any reason, then, due to a simple lack of other PCP's to switch to, that patient would be excluded from access. Is this fair? I think not.

Please either amend this bill, or refuse it.

Thanks and aloha,  
Pa Temple

**LATE**

**Senate Committee on Commerce and Consumer Protection**

Senator Rosalyn H. Baker, Chair

Senator Brian T. Taniguchi, Vice Chair

I write in OPPOSITION to HB2092 SD 1.

"If this bill is passed un-amended, 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."

Sincerely,

Joseph A. Bobich, Ph.D.

Professor of Chemistry, Emeritus

**LATE**

Opposing bill HB2092 SD1

Aloha,

This provision that *The certifying physician shall be required to be the qualifying patient's primary care physician* 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. This would exclude anyone without insurance or with PPO insurance from the program entirely. On the Big Island many people can not find a doctor that will take new patients. This requiring a certain kind of physician is especially unjust and impossible for many of our residents. Please vote against this bill.

*Mahalo,*

*Mary Marvin Porter*

*Island Eyes Video*

*Keaau, Hawaii, 96749*

**LATE**

HB2092 SD1

Dear Chair Baker and Vice Chair,

The provision in this bill of designating a "primary care physician" is unacceptable because it excludes many patients access to medical cannabis. It also disqualifies bonafide Hawaii doctors from certifying their patients with much needed medicine.

Legislators should not get in between a patient and their doctor. Certifiable doctors must include all licensed Hawaii doctors regardless of specialty. It must be all inclusive and not limited to specific doctors or patients.

Please do not include the term "primary care physician" especially since it has no definition.

Respectfully,

Michael Attocknie

# LATE

**From:** [dana.ciccione](#)  
**To:** [CPN Testimony](#)  
**Subject:** Medical marijuana- pcp tarnishing reputation?not referring to programs  
**Date:** Tuesday, March 25, 2014 7:38:41 AM

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Aloha,

I am very appreciative that the state has medical marijuana and is considering to better the program. However, putting the stipulations on hb2092 sd1 referring to the pcp needing to be your doctor is a huge blow to the program!!!! Please put yourself in the situation and imagine having this medicine that has been helping you for years possibly being taken away.

Yes, some people abuse the current process but in real life this is common practice. Who is to say my pcp will wanna "tarnish" his reputation in the medical field by being a doctor who refers for marijuana?? I believe this will be pcp crossroads for many.....respectfully, Please revise

This bill!! Let's not go backwards but forward!! Mahalo for your time and consideration!!!!

Sent from Yahoo Mail for iPad



**LATE**

I am a Hawaii resident living on Kauai.

I strongly oppose Bill HB2092 SD1, because of the definition of the patient doctor relationship, this arbitrary definition of the patient doctor relationship excludes many people who may need the value of medical cannabis treatment. Please instead substitute the language used in Bill SB2574 HD1.

Thank you,

Daniel Uppendahl

808 631 6033

**LATE**

Aloha,

HB2092 SD1 is a mess and needs to be rewritten.

Please do not pass this bill as is.

Mahalo,

Alan Gorg

<http://alangorg.wordpress.com>

Winner of the Neptune Award at the MoonDance International Film Festival,  
EARTH SPIRIT supports indigenous peoples against oil & mining:

<https://www.facebook.com/EarthSpiritmovie>

Winner of the FilmTrax Award at the International Festival of Music in Film,  
LIVING THE BLUES preserves music of R&B Hall of Fame legend Sam Taylor.

<https://www.facebook.com/LivingTheBluesMovie>