



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

In reply, please refer to:
File:

SENATE COMMITTEE ON HEALTH

HB2092, RELATING TO MEDICAL MARIJUANA

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

March 17, 2014

1 **Department's Position:** Comments

2 **Fiscal Implications:** None

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

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

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

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

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

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

17 The costs of administering the program are substantial. The Department currently recommends a
18 \$35 annual fee for processing medical marijuana registrations and managing the medical marijuana
19 program.

20 Thank you for the opportunity to provide comments.



Committee: Committee on Health
Hearing Date/Time: Monday, March 17, 2014, 1:45 p.m.
Place: Conference Room 229
Re: Testimony of the ACLU of Hawaii in Support of H.B. 2092, Relating to Medical Marijuana

Dear Chair Green and Members of the Committee on Health:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) writes in support of H.B. 2092, which seeks to improve Hawaii’s medical marijuana program.

This bill allows a patient’s treating physician – including pain specialists, oncologists, and other specialists – to recommend medical marijuana, and removes an unnecessary requirement that the recommending physician be a patient’s “primary care physician.” In so doing, this bill puts control of marijuana recommendations back in the hands of a patient’s treating physician.

Thank you for the 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.

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COMMITTEE ON HEALTH

Sen. Josh Green, Chair

Sen. Rosalyn Baker, Vice Chair

Monday, March 17, 2014

1:45 p.m.

Room 229

SUPPORT FOR HB 2092 - MEDICAL MARIJUANA

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

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies for more than a decade. This testimony is respectfully offered on behalf of the 5,800 Hawai'i individuals living behind bars, always mindful that approximately 1,500 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 makes clarifying housekeeping amendments to the registration requirements regarding the medical use of marijuana. Effective January 2, 2015.

Mahalo nui for hearing this important measure.

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

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

http://www.salon.com/2013/08/17/science_for_stoners_heres_how_pot_works/

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

Mahalo for this opportunity to testify.

Science for stoners: Here's how pot works

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

K.M. CHOLEWA

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: hiloprosocial@hotmail.com
Subject: Submitted testimony for HB2092 on Mar 17, 2014 13:45PM
Date: Saturday, March 15, 2014 7:00:47 PM

HB2092

Submitted on: 3/15/2014

Testimony for HTH on Mar 17, 2014 13:45PM in Conference Room 229

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

Comments: I represent myself and hundreds of medical marijuana patients. If 90% of the existing patients are excluded from the existing marijuana program then about \$48,000,000 worth of marijuana will revert to the black market. This is based on one ounce used per patient per month, valued at \$400 per ounce, with 10,000 patients. Law enforcement and lawmakers should work hard to keep that \$48,000,000 in the legal system and out of the criminal element. Further, once dispensaries are allowed then the number will increase to 30,000 patients, resulting in about \$150,000,000 total sales, and when there is reciprocity with other states' programs then the amount of total sales could easily hit \$300,000,000. The people want this. Please support the will of the people.

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

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To: [HTHTestimony](#)
Cc: lawinski@gmail.com
Subject: Submitted testimony for HB2092 on Mar 17, 2014 13:45PM
Date: Saturday, March 15, 2014 7:18:28 PM

HB2092

Submitted on: 3/15/2014

Testimony for HTH on Mar 17, 2014 13:45PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Christopher Lawinski	Hawaii Whole Person Healing Collective	Support	No

Comments: I am testifying in support of HB2092, which removes the primary care physician provision from previous laws specifying that a patient can only be certified for medical marijuana by his or her primary care physician. By removing this language, this bill makes it easier for patients to get certifications for medical marijuana. Many patients would be excluded from getting certified for medical marijuana under the previous law since many organizations and insurance carriers forbid physicians from certifying marijuana patients. IN addition, the definition of a primary care physician is debatable, and so the primary care physician stipulation in previous versions of this law would be difficult to enforce and define. HB2092 makes the medical marijuana law much easier to enforce and allows much improved access to the program for potential patients.

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: bacher.robert@gmail.com
Subject: Submitted testimony for HB2092 on Mar 17, 2014 13:45PM
Date: Saturday, March 15, 2014 10:14:55 AM

HB2092

Submitted on: 3/15/2014

Testimony for HTH on Mar 17, 2014 13:45PM in Conference Room 229

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

Comments: Please remove all unnecessary and overly restrictive language that limited who may make a medical cannabis recommendation more than who may write a prescription for opioids like oxycontin.

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To: [HTHTestimony](#)
Cc: duvallnaturopath@hotmail.com
Subject: Submitted testimony for HB2092 on Mar 17, 2014 13:45PM
Date: Saturday, March 15, 2014 1:57:51 PM

HB2092

Submitted on: 3/15/2014

Testimony for HTH on Mar 17, 2014 13:45PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Peter Dodge ND	Individual	Support	No

Comments: This bill is in line with the understanding that all physician categories are able to diagnose and treat disease, including the recommending of cannabis where expedient, after a doctor and a patient make such a choice. Not all doctors are on insurance plans, specifically Naturopathic Doctors, most of whom do not have insurance parity under the law here in Hawaii, through no fault of their own (unless dual licensed under another medical license). Despite this handicap, which should be addressed separately, many naturopathic physicians understand the advantages of offering natural medicines to their patients, in fact there may be no equal to an N.D. when it comes to understanding the effects and risks of natural medicines. N.D.'s are uniquely qualified to work with patients that seek treatment for their conditions with cannabis, and need to be afforded that status before the law. Peter Dodge, N.D.

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Subject: Submitted testimony for HB2092 on Mar 17, 2014 13:45PM
Date: Saturday, March 15, 2014 10:08:24 AM

HB2092

Submitted on: 3/15/2014

Testimony for HTH on Mar 17, 2014 13:45PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Georgina Mckinley	Individual	Support	No

Comments: If a person is likely to receive therapeutic or palliative benefit from the medicinal use of cannabis to treat or alleviate a medical condition, or symptoms associated with a medical condition, ANY licensed doctor should be allowed to provide that certification. ANY licensed doctor who determines that cannabis may be effective should be able to recommend, advise, or suggest it. If this provision is not amended it may force some patients to decide between staying with a doctor they know and trust, and a medicine that is safe and effective.

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Subject: Submitted testimony for HB2092 on Mar 17, 2014 13:45PM
Date: Saturday, March 15, 2014 10:07:05 AM

HB2092

Submitted on: 3/15/2014

Testimony for HTH on Mar 17, 2014 13:45PM in Conference Room 229

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

Comments: Aloha, Strong support for HB2092. Aloha, Lee

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Subject: Submitted testimony for HB2092 on Mar 17, 2014 13:45PM
Date: Saturday, March 15, 2014 10:05:09 AM

HB2092

Submitted on: 3/15/2014

Testimony for HTH on Mar 17, 2014 13:45PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Bonnie Marsh	Individual	Support	No

Comments: I am in support of HB 2092 as a Naturopathic Physician. It is so important to leave the door open for all patients who want access to a medical marijuana card without the added requirement to have to go through a primary care physician within their insurance system. The main problem with this is that the insurance system and the primary care physician gate keepers may not be supportive of medical marijuana and also the time it takes to navigate through that system can be very laborious and timely. Please leave the system as it is for it is working, allowing patients to freely choose the doctor of their choice to acquire a card with ease and without being governed by their insurance companies. Mahalo, Dr. Bonnie Marsh

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Cc: mattbinder@earthlink.net
Subject: Submitted testimony for HB2092 on Mar 17, 2014 13:45PM
Date: Saturday, March 15, 2014 8:14:29 PM

HB2092

Submitted on: 3/15/2014

Testimony for HTH on Mar 17, 2014 13:45PM in Conference Room 229

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

Comments: The state legislature should not start down the road of micromanaging doctors. For the government to try to specify which doctors can and cannot recommend marijuana to their patients is an affront to their professional abilities and integrities. Please let doctors be doctors. If there are any doctors who abuse this privilege, that is a matter for the Medical Board, not the Legislature.

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March 16, 2014

Testimony for Medical Marijuana

My name is Tony Jamieson, and I am submitting this testimony in favor of legalizing marijuana. First of all, I was introduced to the laws of Hawaii concerning medical marijuana and, I might add, it is a very lame law. My son, Joseph D. Jamieson was diagnosed having a brain tumor. Towards the end the pain and paralysis of his condition was relieved only by the usage of marijuana. Months before we went to apply for a blue card and of course we obtained it. But there were serious problems and holes in getting the necessary plant. Sure it was legal to grow it. What care giver has the time to take care of a seriously ill family member and the time to grow the needed plant? It was still illegal to buy it and if you are someone who hasn't used it or smoked it before, who do you go to buy it? There was a network of growers, but again, time consuming.

When I talked to the doctor he recommended using it in a food, like cookies or something. Again, where could I get the oil or butter to fix the food? Why was everything here in Hawaii always done half-way? Yes, it's ok to use it for medical reasons, but we are not going to make it legal to get it. Just add an extra hardship of watching your child suffer while you grow it. Worse yet while tending to the plants I couldn't hear my son when he had to go to the bathroom, since the tumor was inhibiting his ability to talk or walk. My poor dear son in trying to hold it in while I tended to the plants (could only grow two and one was dying I had no idea what I was doing) peed and messed on his self. And so I gave up trying to grow it. Looking and finding someone who sold it was my next task and I might add, was less time consuming. And so I entered into the illegal world of obtaining marijuana for my sick son. Your law MADE me a criminal. I thank God I was never caught buying it, but still if I was caught, I would have been in jail because of my sons need and Hawaii's half way law.

Now, I am looking and observing the miracle in Colorado, and around our nation. The realization that the public has been duped into thinking that this plant is a sin and now the necessary adjustments are being made. Each State is slowly realizing that its legal system has been overtaxed in trying to squash the usage of this plant. A waste in money and manpower on a substance that is not as evil or destructive as liquor. And yet liquor is legal. I say take the first step. Fully legalize the usage, selling and obtaining marijuana on a medical basis. Open the door so that the next step can be total legalization. Hawaii needs the money. Tourism is not the complete answer for Hawaii's financial woes.

I see the Educational System is in need here in Hawaii. Not to mention a host of other things. The parks are not being kept well, the roads need constant fixing and repair. The Hawaiian environmental office need more funds to keep Hawaii from invasive species. I went to the Quest office on Dillingham a week ago, and they didn't have a copy machine to take a copy of my medicare card. I had to walk to the nearest 7-11 to use their copy machine. A STATE OFFICE that didn't have a functioning copy machine. I could go on and on about the suffering finances here in Hawaii. And since Hawaii does not want to have a State Lottery system to bring in more money for infra-structure and education, why not the money making of taxing marijuana? My friend said it is because of the religious factor that so many

financial problems exist here in Hawaii. I thought she was talking silly, but after careful research I was shocked to see she was right. I don't want to get into this kind of mud throwing, but please, keep God and the State separate. The founding Fathers of this great nation knew what they were doing when they made that stipulation. Render to Cesar what is Cesar's , God can take care of things just fine without our judgments and meddling.

Thank you for this opportunity to address a problem that is not a problem, but one created from our own misunderstandings.

Tony V. Jamieson
444 Niu Street
Honolulu, Hi 96815

Senate Committee on Health

Sen. Josh Green, Chair

Sen. Rosalyn H. Baker, Vice Chair

Monday, March 17, 2014

1:45 PM

Conference Room 229

State Capitol

415 South Beretania Street

Support - HB2092 - Relating to Medical Marijuana

I am a registered Hawai'i Medical Cannabis patient who was previously registered in the state of New Mexico. Having lived under two different medical cannabis systems, I can say from personal experience that HB2092 will help current and future patients. This bill removes some troublesome language from previous legislative measures and thereby removes unnecessary obstacles to patients' lives.

Many cannabis patients, myself included, have life-threatening diseases. As you can imagine, our lives are already complicated by serious illness. HB2092 will remove (and therefore make less-complicated) unwieldy definitions that prevent some patients access to medicine. The whole notion of "Primary Care Physician" is so ill-defined that it cannot presume to fit for all patients.

But in a larger sense, HB2092, in removing ambiguities, will help make the transition of the medical cannabis program to the Department of Health that much easier next year. Many of these issues now before the State Legislature would be better addressed with the assistance and input of the DoH and its trained medical staff.

Additionally, states such as New Mexico (Director Ken Groggel) offer assistance to other state Departments of Health in designing and implementing medical cannabis programs. This assistance is direct and to the point. Passing HB2092 will help keep medical decisions between a patient and her/his doctor, as it should always be.

Thank you

Karl Malivuk (retiree, home-owner, tax-payer, registered voter)

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TESTIMONY ON HOUSE BILL 2092
A BILL FOR AN ACT RELATING TO MEDICAL MARIJUANA

By
Keith Kamita

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

Monday, March 17, 2014, 1:45 p.m.
State Capitol, Conference Room 229

Chair Green, Vice Chair Baker and Members of the Committee:

I am testifying as a private citizen however I have 27 years of experience in the regulation and enforcement of controlled substance laws in the State of Hawaii. I cannot support House Bill 2902 which attempts to amend changes made by Act 178 Session Laws of Hawaii 2013 to address the need for tighter regulations on physicians participating in Hawaii's medical use of marijuana program starting January 1, 2015. In Hawaii there are presently 12,982 patients in Hawaii's medical use of marijuana program and 103 physicians issuing permits out of a possible 4756 physicians that could. Of these 103 physicians there were 10 physicians that issued 90% or 11,740 of the 12,982 medical use of marijuana permits. Bringing to light the need for better laws relating to requirements for physicians participating in Hawaii's medical use of marijuana program to give better patient care instead of just a revolving door for permits.

Physician Ranked #	# Patients
1	2793
2	2013
3	1614
4	1390
5	1177
6	978
7	675
8	520
9	365
10	215

ISLANDS	PATIENTS	CAREGIVERS	DOCTORS issuing permits
HAWAII	5270	632	52
KAUAI	1822	282	27
LANAI	0	0	0
MAUI	2947	360	36
MOLOKAI	206	28	10
NIIHAU	1	0	1
OAHU	2736	297	57
TOTALS:	12982	1599	183

NOTE: These physicians travel between islands issuing permits.

The requirement in Act 178 SLH 2013 that the physician recommending that the patient utilize marijuana for medical purposes be that patient's primary care physician was to address the need for physicians participating in the medical use of marijuana program to provide better patient care. Nothing has changed since the passage of Act 178, SLH 2013 since it does not take effect till 1-1-2015. We still need physicians to take better patient care similar to the requirements we place on physicians that prescribe controlled substances to their patients. I would also even recommend that stronger language be inserted into the bill requiring that physicians participating in the program have an actual "physician patient relationship" as defined in Section 329-1 HRS the definition of "Physician-patient relationship" means the collaborative relationship between physicians and their patients. To establish this relationship, the treating physician or the physician's designated member of the health care team, at a minimum shall: (1) Personally perform a face-to-face history and physical examination of the patient that is appropriate to the specialty training and experience of the physician or the designated member of the physician's health care team, make a diagnosis and formulate a therapeutic plan, or personally treat a specific injury or condition; (2) Discuss with the patient the diagnosis or treatment, including the benefits of other treatment options; and (3) Ensure the availability of appropriate follow-up care. This language could be added into House Bill 2092 to stress the need for physicians to have a physician patient relationship prior to recommending the medical use of marijuana.

Thank you for the opportunity to testify on this matter.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: wendygibson9@gmail.com
Subject: Submitted testimony for HB2092 on Mar 17, 2014 13:45PM
Date: Sunday, March 16, 2014 12:24:32 PM

HB2092

Submitted on: 3/16/2014

Testimony for HTH on Mar 17, 2014 13:45PM in Conference Room 229

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

Comments: To: SENATE COMMITTEE ON HEALTH. Senator Josh Green, Chair, Senator Rosalyn H. Baker, Vice Chair. Hearing: March 17, 2014 1:45 P.M. in Conference Room 229 RE: SUPPORT OF HB 2092—Related to Medical Marijuana Aloha Chair Green, Vice-Chair Baker and Members of the Committee, My name is Wendy Gibson and I am an R.N. who supports HB 2092. This bill will help qualified patients get recommendations from physicians who are not the patient's Primary Care physician. The current law excludes many patients who may benefit from medical marijuana. As a former Kaiser Medical/Surgical nurse, I saw many patients who may have benefited from medical marijuana (cannabis) for their nausea, pain and chronic musculoskeletal diseases. Kaiser patients who wish to obtain a recommendation for medical marijuana must go outside of Kaiser to get those recommendations—because Kaiser's policy prohibits these Primary Care Physicians from doing so. Kaiser is one of the largest health care providers in Hawaii. Physicians and patients at Tripler and other military facilities are also limited by the same type of policies. It is unfair for sick patients to have to choose between keeping their primary care physicians or establishing with a new physician (outside of their Kaiser plan) if they wish to try medical marijuana. Please strike the language in the current Medical Marijuana law that limits recommendations of medical marijuana to the patient's Primary Care physician. Patients who wish to pursue using legally obtained, medical marijuana- a safe and likely effective medication—should be allowed to do so. Thank you for your consideration in this matter. Wendy Gibson P.T.A./ R.N./B.S.N.

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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