

**ALAN M. ARAKAWA**  
MAYOR

OUR REFERENCE  
YOUR REFERENCE

# **POLICE DEPARTMENT**

## **COUNTY OF MAUI**

**55 MAHALANI STREET**  
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**(808) 244-6400**  
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**GARY A. YABUTA**  
CHIEF OF POLICE

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

February 10, 2014

The Honorable Senator Josh Green, Chair  
and Members of the Committee on  
Health

The Honorable Senator Rosalyn H. Baker, Chair  
and Members of the Committee on  
Commerce and Consumer Protection

Senate  
State Capitol  
Honolulu, Hawaii 96813

RE: Senate Bill No. 2574 RELATING TO MEDICAL MARIJUANA

Dear Chair Green and Members of the Committee on Health and Chair Baker and the  
Members of the Committee on Commerce and Consumer Protection:

The Maui Police Department would like to provide comments on SB No. 2574.

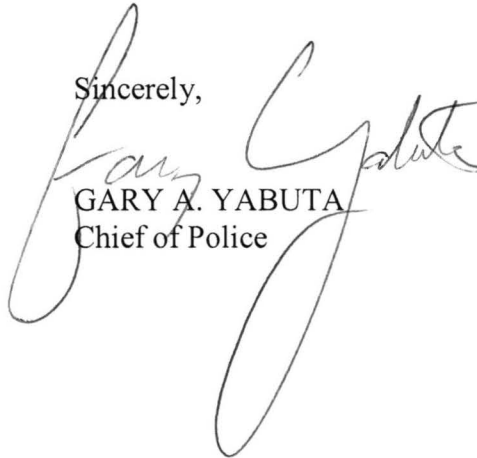
This bill permits board certified pain specialist physicians to prescribe medical marijuana  
beginning January 2, 2015.

The Maui Police Department is in support of the position taken by the State Narcotics  
Enforcement Division, Public Safety Department. This position suggests that a definition  
of "board certified pain specialist physician" be inserted in the bill. It also recommends  
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. 329-1 "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. Act 173 added the requirement that the physician recommending the medical use of marijuana was to be the patients "primary care physician" this was to address abuse of the program by physicians making a living of only recommending medical marijuana to their patients with no physician patient relationship as required with the prescribing of all other controlled substances and address abuse of the program by physicians. It is also recommend that the committee also look at Section 2 of Act 178 that amended the definition of the term "distribute" in the Medical Use definition. In Section 2 of Act 178 that goes into effect on January 1, 2015' amends the definition of distribute is unclear. The original language clarified that the term distribute was only between the patient and caregiver. Act 178 just indicates that distribute means to transfer marijuana and paraphernalia. We recommend the requirement limiting distribution to only mean between patient and caregiver be reinserted. Act 178 Section 2 reads ""Medical use" means the acquisition, possession, cultivation, use, distribution, or transportation of marijuana or paraphernalia relating to the administration of marijuana to alleviate the symptoms or effects of a qualifying patient's debilitating medical condition. For the purposes of "medical use", the term distribution is limited to the transfer of marijuana and paraphernalia [~~from the primary caregiver to the qualifying patient~~]." The deletion of the phrase "from the primary caregiver to the qualifying patient" makes the definition of distribute unclear as to who can distribute or transfer marijuana.

The Maui Police Department thanks you for the opportunity to provide our comments on SB 2574.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Yabuta", written over a printed name and title.

GARY A. YABUTA  
Chief of Police



## HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814  
Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

DATE: Monday, February 10, 2014  
TIME: 2:00PM  
PLACE: Conference Room 229

TO:

COMMITTEE ON HEALTH

Senator Josh Green, Chair

Senator Rosalyn H. Baker, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair

Senator Brian T. Taniguchi, Vice Chair

FROM: Hawaii Medical Association

Dr. Walton Shim, MD, President

Dr. Linda Rasmussen, MD, Legislative Co-Chair

Dr. Ron Keinitz, DO, Legislative Co-Chair

Dr. Christopher Flanders, DO, Executive Director

Lauren Zirbel, Community and Government Relations

Re: SB 2574

Position: Support.

The HMA is in support of this measure.

HMA would like to ask for clarification on the definition of primary care. HMA would also like to suggest the possible inclusion of oncologists and ophthalmologists.

Thanks you for the opportunity to testify.

*Officers*

*President - Walton Shim, MD President-Elect – Robert Sloan  
Secretary - Thomas Kosasa, MD Immediate Past President – Stephen Kemble, MD  
Treasurer – Brandon Lee, MD Executive Director – Christopher Flanders, DO*

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**Date:** Sunday, February 09, 2014 1:59:05 PM

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**SB2574**

Submitted on: 2/9/2014

Testimony for HTH/CPN on Feb 10, 2014 14:00PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Brent Neal	Individual	Oppose	No

Comments: To require physicians who prescribe medical cannabis to be board certified pain specialist physicians is costly and burdensome, and undermines the intent of Act 228 to compassionately provide patients access to medical cannabis for the relief of debilitating medical conditions. Board certified pain specialist physicians are not readily available in Hawaii and many work for institutions with policies contrary to the intent of Act 228. Furthermore, to require physicians who prescribe medical cannabis to be primary care physicians is problematic for many qualifying patients who go to Kaiser or the VA. I do not support this bill as it is currently written. I am in support of the following change being made to this bill, making it less restrictive to patients and physicians, rather than more restrictive: All physicians licensed to practice in the state of Hawaii shall be permitted to prescribe medical cannabis to qualifying patients.

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**Subject:** Submitted testimony for SB2574 on Feb 10, 2014 14:00PM  
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**SB2574**

Submitted on: 2/9/2014

Testimony for HTH/CPN on Feb 10, 2014 14:00PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kenneth P. Peeler	Individual	Comments Only	No

Comments: This is deplorable. I am planning a civil disobedience action that will be televised in Hawaii and California, associated press release that will make dispensaries required in Hawaii. You guys are dragging in the mud. Pass real bills, not skeleton bills that change nothing for the better to give the people access. Thank you kindly. Aloha!

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

Rosalyn H. Baker, Chair  
Brian T. Taniguchi, Vice Chair  
Committee on Commerce and Consumer Protection

Date: Monday, February 10<sup>th</sup>  
Time: 2:00PM  
Place: Conference room 229, State Capitol

From: Craig R. Ellenwood

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

Thank you for hearing my testimony in strong support of SB 2574. In 2007 I suffered a scuba diving accident that forced me to undergo surgery to remove part of my lung that was in immediate danger of pressing on my heart and potential death. As a result of the surgery I was left with severe chronic pain and intercostal neuralgia from the VAT surgery in my left side. I've gone through physical therapy, many drug trials, and nearly fifteen subsequent surgeries in attempt to relieve my chronic pain. I am under the care of my primary care physician who treats me when I'm simply generally ill, and two pain management physicians

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

I have been a medical cannabis patient in Hawaii for five years now. Cannabis is less likely to cause me problems with dependence, as with opiod painkillers. Since I've used medical cannabis I've been able to quit one prescription drug I was dependent upon and it felt extremely liberating to find a more natural and effective method to help alleviate my pain. My second pain management doctor understands this. He is board certified in pain management and has practiced many of the procedures I've had done. He is against the use of opiods and recommended I try cannabis before opiods and the spinal implant.

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

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

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

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**Date:** Sunday, February 09, 2014 1:10:28 PM

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**SB2574**

Submitted on: 2/9/2014

Testimony for HTH/CPN on Feb 10, 2014 14:00PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Daryl Matthews	Individual	Support	No

Comments: I am a psychiatrist, practicing in Hawaii since 1982. Because of its Federal status as a Schedule I drug (i.e. cannot be prescribed), a great many primary care physicians in Hawaii are unwilling to recommend cannabis even when they believe it would benefit their patient. Thus It was a mistake to amend Hawaii's medical marijuana law to limit recommendations to one's primary care physician; individuals who are benefiting from medical marijuana will now find it difficult to continue to receive a medical recommendation, as will untreated individuals who also may benefit. This bill would be a step in correcting this problem and I support it for this reason. Thank you for the opportunity to provide this testimony. Respectfully submitted, Daryl Matthews, M.D., Ph.D.

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**SB2574**

Submitted on: 2/9/2014

Testimony for HTH/CPN on Feb 10, 2014 14:00PM in Conference Room 229

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

Comments: There is 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. Adding "board certified pain specialist physicians" is a step in the right direction but does not go far enough. 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. The DEA's Judge Francis Young clearly states that marijuana is safer than most of the foods we commonly eat. He is right, so treat marijuana appropriately, since it is safer for people than most of the foods you eat, everyday.

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**Date:** Sunday, February 09, 2014 11:23:58 AM

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**SB2574**

Submitted on: 2/9/2014

Testimony for HTH/CPN on Feb 10, 2014 14:00PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tom Berg	Individual	Support	No

Comments: There is strong evidence to prove cannabis in many forms, can treat, and even cure numerous ailments including certain types of cancer. So many are needlessly suffering of which could be alleviated if only cannabis were made available through a dispensary - or in this bill, prescribed. Once a prescription can be filled, the patient then need not locate their medicine illegally, but legally from a controlled environment/source. I understand this bill would permit a patient to acquire their medicine legally. I am in support of that. Here is a locally produced video regarding the subject at hand:<https://www.youtube.com/watch?v=GCJ9h0atfyI>

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COMMITTEE ON HEALTH

Senator Josh Green, Chair  
Senator Rosalyn H. Baker, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair  
Senator Brian T. Taniguchi, Vice Chair

DATE: Monday, February 10, 2014  
TIME: 2:00PM  
PLACE: Conference Room 229

Recommend SB2574 Relating to Medical Marijuana (Cannabis)

Greetings to the Chairs, Vice-chairs and members of these 2 committees;

My name is Karl Malivuk. I am a registered voter, property owner, and retiree living in Mo'ili'ili. I am also a registered Medical Cannabis patient here in the state of Hawai'i. I recommend this bill with reservations, because it does not provide adequate access to all qualified patients. Certain health care programs, including the VA, forbid physicians from prescribing medical cannabis. This leaves a significant portion of the qualified population without option for relief from pain, nausea, or other health problems.

If this legislation were more inclusive of all medical cannabis patients it would have provisions to allow any and all licensed physicians the legal right to prescribe to a patient.

Thank you for your time.

Karl Malivuk  
2474 Kapiolani Blvd. #2001  
Honolulu, Hawai'i  
96826

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**Subject:** Submitted testimony for SB2574 on Feb 10, 2014 14:00PM  
**Date:** Saturday, February 08, 2014 12:55:37 PM  
**Attachments:** [Senate Committee on Health.docx](#)

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**SB2574**

Submitted on: 2/8/2014

Testimony for HTH/CPN on Feb 10, 2014 14:00PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Frank Lopez	Individual	Support	No

Comments: 8 February 2014 Senate Committee on Health Sen. Joshua Green, Chair Sen. Rosalyn H. Baker, Vice Chair Senate Committee on Commerce and Consumer Protection Sen. Rosalyn H. Baker, Chair Sen. Brian T. Taniguchi, Vice Chair Monday, February 10, 2014 2:00PM Conference Room 229 State Capitol 415 South Beretania Street Strong Support for – SB2574 – Relating to Medical Marijuana Aloha Sen. Joshua Green, Chair, Sen. Rosalyn H. Baker, Chair/Vice Chair, Sen. Brian T. Taniguchi, Vice Chair and Members of the Committee, I'm writing in strong support for SB2574 in relation to Medical Marijuana. As I understand, there are provisions which may hinder myself or others from receiving/ having access to medical cannabis. I'm a veteran with dual health insurance companies. These companies currently do not assist in in providing medical cannabis for my specific diagnosis. The insurance companies have their own internal policies which block certain medications and/or procedures. These policies are not always in the patient's best interest. Being a patient advocate, I fight for my patient's best interest. The provision "certifying physician shall be required to be the qualifying patient's primary care physician" leads me to be my own advocate. Though the intent of the Legislators may not be to interfere with Doctor patient relationship, this current provision, as written, does that. My support for SB2574 changes the wording allowing me find physicians which practice evidence based medicine. Mahalo for your time. Aloha, Frank Ely Lopez R.N., E.M.T.

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8 February 2014

**Senate Committee on Health**

Sen. Joshua Green, Chair

Sen. Rosalyn H. Baker, Vice Chair

**Senate Committee on Commerce and Consumer Protection**

Sen. Rosalyn H. Baker, Chair

Sen. Brian T. Taniguchi, Vice Chair

**Monday, February 10, 2014**

**2:00PM**

Conference Room 229

State Capitol

415 South Beretania Street

**Strong Support for – SB2574 – Relating to Medical Marijuana**

Aloha Sen. Joshua Green, Chair, Sen. Rosalyn H. Baker, Chair/Vice Chair, Sen. Brian T. Taniguchi, Vice Chair and Members of the Committee,

I'm writing in strong support for SB2574 in relation to Medical Marijuana. As I understand, there are provisions which may hinder myself or others from receiving/ having access to medical cannabis. I'm a veteran with dual health insurance companies. These companies currently do not assist in providing medical cannabis for my specific diagnosis. The insurance companies have their own internal policies which block certain medications and/or procedures. These policies are not always in the patient's best interest.

Being a patient advocate, I fight for my patient's best interest. The provision "*certifying physician shall be required to be the qualifying patient's primary care physician*" leads me to be my own advocate. Though the intent of the Legislators may not be to interfere with Doctor patient relationship, this current provision, as written, does that. My support for SB2574 changes the wording allowing me find physicians which practice evidence based medicine. Mahalo for your time.

Aloha,

Frank Ely Lopez R.N., E.M.T.

FrankElyLopez@Aol.com

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**SB2574**

Submitted on: 2/8/2014

Testimony for HTH/CPN on Feb 10, 2014 14:00PM in Conference Room 229

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

Comments: I have been a Medical Marijuana patient for 3 years and have had difficulty finding a Dr each time to renew my license.I strongly believe that all Dr 's should be allowed to prescribe Medical Marijuana.Why should I have to find a special Dr to get my prescription ?Also we need a dispensary most of all

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**Date:** Saturday, February 08, 2014 3:37:15 PM

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**SB2574**

Submitted on: 2/8/2014

Testimony for HTH/CPN on Feb 10, 2014 14:00PM in Conference Room 229

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

Comments: At 59 years old aches and pains are cropping up all over my body, besides the verified neck injury that qualifies me for a medical marijuana permit; my lower back and leg being the next in line. I detest dangerous pharmaceutical drugs, but without medical marijuana I would now most definitely be a hopeless alcoholic. Please make it easier for me to get my medicine. Thank you!

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**Subject:** Submitted testimony for SB2574 on Feb 10, 2014 14:00PM  
**Date:** Sunday, February 09, 2014 12:44:15 PM

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**SB2574**

Submitted on: 2/9/2014

Testimony for HTH/CPN on Feb 10, 2014 14:00PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Steve Sakala	Individual	Support	No

Comments: Aloha Chairman Green and Committee Members, Thank you for hearing this SB2574. I write you today in support of SB2574. I have seen first hand the positive effects of Medical Cannabis for pain relief in my community. I see this as a need step for our state and for those that need it most. Respectfully Submitted, Steve Sakala

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**SB2574**

Submitted on: 2/8/2014

Testimony for HTH/CPN on Feb 10, 2014 14:00PM in Conference Room 229

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

Comments: Senate Committee on Health Sen. Joshua Green, Chair Sen. Rosalyn H. Baker, Vice Chair Senate Committee on Commerce and Consumer Protection Sen. Rosalyn H. Baker, Chair Sen. Brian T. Taniguchi, Vice Chair Monday, February 10, 2014 2:00PM Conference Room 229 State Capitol 415 South Beretania Street Support For SB 2574 – Relating to Medical Marijuana Aloha All, My name is Georgina McKinley and I offer this written testimony, on behalf of myself as an individual citizen, in support of Senate Bill 2574. Medical marijuana has demonstrated efficacy in treating symptoms of a wide range of diseases. It has been legal in the state of Hawaii for nearly fourteen years already (though most might not know it, due to the lack of dispensaries here). Despite a growing body of scientific data which demonstrates marijuana's vast therapeutic and beneficial properties, there aren't many physicians who find the time to study and familiarize themselves with current marijuana research and data. Pharmaceutical drug company representatives schedule appointments to sell their wares, giving brief but flashy presentations and leaving nicely packaged samples for busy, time-pressed doctors to share with their patients. Many of those patients, in fact, arrive at their appointments telling their doctor what they need, based solely on magazine advertisements or television commercials they've seen that promise to relieve the symptoms they've been, up until now, living with. They've seen the commercials often enough but if they haven't put on their glasses to read the not small but tiny print, they may not be aware of the long list of possible adverse reactions, including death, which by law needs to be disclosed but which certainly isn't emphasized. The doctor will discuss, fully and candidly we hope, the risks and benefits of a particular drug. By the time a doctor has heard the sales rep's presentation and read all the fine print, they're often pretty well-versed. Since the doc likely has a few of those free samples readily available, it's easy enough to give some to the patient and see how or if it works. At the other end of the spectrum, many physicians are unfamiliar with the most current research that supports the recommendation of medical marijuana as part of a comprehensive treatment plan for many medical conditions and their treatments. There are no visits from the local marijuana grower to discuss which strains are best suited to which symptoms. There are no flashy Powerpoint presentations to highlight proper dosages or alternative routes of administration for patients who might prefer not to smoke. Fortunately, there is also no need for fine print with a long list of

adverse reactions, including death, as there is no known lethal dose of marijuana or any documented case of anyone ever dying from marijuana overdose or allergic reaction. Of course, there are also no samples like the pharmaceutical companies distribute and, in fact, a doctor is not allowed to even tell a patient where they can get the medicine. Some physicians seem to still not be aware that it is both legal and ethical for them to recommend marijuana as a treatment option for qualifying patients. Although the law states that doctors need not fear losing their federal license to dispense controlled substances, some physicians, including those who work at the VA and at Kaiser, have their hands tied and are unable to recommend medical marijuana to their patients who might benefit from it - solely because of internal, organization-wide policies of their employers. One benefit of those pharmaceutical drug ads I mentioned is that they've helped to open a door for dialogue between patients and their doctors. For example, the middle-aged guy struggling with erectile dysfunction might not have told anyone about his little problem before but once he saw the commercials and heard about the magical blue pill, he probably figured it might help save his failing marriage so he better go see his doctor to get some of that magic! Unfortunately there are no similar commercials for medical marijuana, so it can still be somewhat intimidating to speak with one's primary care physician about how marijuana might be an effective part of one's overall treatment plan. Fortunately, there are some doctors who have taken it upon themselves to learn about the medical benefits of marijuana, its various clinical applications, the different routes of ingestion, etc.. Personally, that's who I would choose to discuss this matter with - a physician who is actually knowledgeable about the most recent research and data on cannabinoids. If a patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana 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 marijuana may be an effective treatment for a qualified patient should be able to recommend, advise, or suggest it - not just a patient's primary care physician or a board certified pain specialist. This provision may very well prevent many qualified patients from even having access to medical marijuana. I strongly support SB 2574. This bill is a step in the right direction, but it really should be expanded to include ALL licensed doctors. Thank you very much for your time and consideration of this matter. Sincerely, Georgina McKinley

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**SB2574**

Submitted on: 2/8/2014

Testimony for HTH/CPN on Feb 10, 2014 14:00PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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**SB2574**

Submitted on: 2/9/2014

Testimony for HTH/CPN on Feb 10, 2014 14:00PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Brittany Neal	Individual	Oppose	No

Comments: To require physicians who prescribe medical cannabis to be board certified pain specialist physicians is costly and burdensome, and undermines the intent of Act 228 to compassionately provide patients access to medical cannabis for the relief of debilitating medical conditions. Board certified pain specialist physicians are not readily available in Hawaii and many work for institutions with policies contrary to the intent of Act 228. Furthermore, to require physicians who prescribe medical cannabis to be primary care physicians is problematic for many qualifying patients who go to Kaiser or the VA. I do not support this bill as it is currently written. I am in support of the following change being made to this bill, making it less restrictive to patients and physicians, rather than more restrictive: All physicians licensed to practice in the state of Hawaii shall be permitted to prescribe medical cannabis to qualifying patients.

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To: **Senate Committee on Health**

Sen. Joshua Green, MD, Chair

Sen. Rosalyn Baker, Vice Chair

**Senate Committee on Commerce and Consumer Protection**

Sen. Rosalyn Baker, Chair

Sen. Brian T. Taniguchi, Vice Chair

From: Clifton Otto, MD

RE: SB2574 – Relating to Medical Marijuana

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.

Putting this legal bombshell aside for a moment, let's say you do away with the "board certification" requirement, and instead allow Physicians to be either "board certified or board eligible", why would you want to single out Pain Management Specialists ?

Just because the Chronic Pain category is felt by some to be the most abused in Hawaii's program, singling out this specialty would be unfairly discriminating against all the other specialties that deal with Hawaii's qualifying medical conditions. In order not to discriminate, you would have to include all those specialties that also deal with these qualifying conditions:

Board certified or board eligible Oncologist

Board certified or board eligible Infectious disease specialist

Board certified or board eligible Ophthalmologist

Board certified or board eligible Neurologist

Board certified or board eligible Gastro-enterologist

Board certified or board eligible Palliative care specialist

Please keep in mind that Physicians are doing nothing more than providing a "certification", 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.

This whole thing would be so much easier if the Legislature would address the current Federal mis-classification of Marijuana as a Schedule I controlled substance, stand up for the State's authority to accept the medical use of controlled substances, and make it possible for Medical Marijuana to be available by prescription in a pharmacy as our Governor is recommending.

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**SB2574**

Submitted on: 2/8/2014

Testimony for HTH/CPN on Feb 10, 2014 14:00PM in Conference Room 229

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

Comments: Chairs Green, Baker and members of the committees I am testifying as a private citizen today, however I have a great deal of experience with Hawaii' medical use of marijuana program. I support the proposed amendments to SB2574 but may suggest that a definition of "board certified pain specialist physician" be inserted in the bill. I would also 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. 329-1 "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. Act 173 added the requirement that the physician recommending the medical use of marijuana was to be the patients "primary care physician" this was to address abuse of the program by physicians making a living of only recommending medical marijuana to there patients with no physician patient relationship as required with the prescribing of all other controlled substances and address abuse of the program by physicians. I would like to recommend that the committee also look at Section 2 of Act 178 that amended the definition of the term " distribute" in the Medical Use definition. In section Section 2 of Act 178 that goes into affect on January 1, 2015' amends the definition of distribute is unclear. The original language clarified that the term distribute was only between the patient and caregiver. Act 178 just indicates that distribute means to transfer marijuana and paraphernalia. We recommend the the requirement limiting distribution to only mean between patient and caregiver be reinserted. Act 178 Section 2 reads ""Medical use" means the acquisition, possession, cultivation, use, distribution, or transportation of marijuana or paraphernalia relating to the administration of marijuana to alleviate the symptoms or effects of a qualifying patient's debilitating medical condition. For the purposes of "medical use", the term distribution is limited to the transfer of marijuana and

paraphernalia [from the primary caregiver to the qualifying patient]." The deletion of the phrase "from the primary caregiver to the qualifying patient" makes the definition of distribute unclear as to who can distribute or transfer marijuana. Thank you for allowing me to testify on this matter Keith Kamita

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**SB2574**

Submitted on: 2/7/2014

Testimony for HTH/CPN on Feb 10, 2014 14:00PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Brad Parsons	Individual	Support	No

Comments:

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To: The Hawaii State Legislature  
From: Dorothy Kulik, Kauai.  
Re: SB2574  
Date: February 9, 2014

Board certified physicians are clearly incapable of treating many illnesses with pharmaceutical drugs and surgery alone, which is evidenced by the pandemic illness that plagues our nation despite the fact that we spend more money on healthcare than any other nation in the world. This alone is proof that conventional medical schools not enough. It is a place to start. It is also invaluable in the emergency room. However, conventional use of pharmaceuticals and surgery apparently is not sufficient when children suffer severe seizures with no available cure other than the use of cannabis, which radically reduces the child's suffering where pharmaceuticals have proven themselves to be utterly ineffective.

That is just one example of MANY illnesses that allopathic medicine is clearly unable to treat effectively, but which can be treated, and often completely cured, through use of the natural, non-lethal herb called cannabis. Zero people in all of history have died from the effects of cannabis and yet it is treated like a lethal drug while the products of the pharmaceutical industry maim and kill thousands daily because of their "side effects." Cannabis has no such lethal side effects.

It is insane to keep board certified physicians from prescribing cannabis. It's time to set aside the lies that were manufactured for the sake of politics in favor of allowing patients to access the medication that is best able to treat or cure their illnesses.

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**SB2574**

Submitted on: 2/8/2014

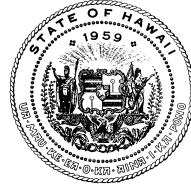
Testimony for HTH/CPN on Feb 10, 2014 14:00PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mae Fuimaono	Individual	Support	Yes

Comments: Marijuana has long been used to treat pain. There is so much research about Marijuana and it's effect on pain. I strongly support this bill, I would also ask if it could include Nurse Practitioners who have a pain management speciality as well. Thank you here is a link to the latest research from the Cancer Institute.  
<http://www.cancer.gov/cancertopics/pdq/cam/cannabis/patient/page2>

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

In reply, please refer to:  
File:

**SENATE COMMITTEE ON HEALTH & COMMITTEE ON COMMERCE AND  
CONSUMER PROTECTION**

**SB2574, RELATING TO MEDICAL MARIJUANA**

**Testimony of David Sakamoto, MD, MBA  
Deputy Director, Health Resources Administration**

**February 10, 2014**

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

2 **Fiscal Implications:** None

3 **Purpose and Justification:** Bill amends Section 329-125, HRS, to allow a board certified pain  
4 specialist physician, in addition to the qualifying patient's primary care physician, to issue written  
5 certification for the use of medical marijuana. Measure to take effect upon approval.

6 The Department suggests that the bill's terminology "board certified pain specialist physician"  
7 may require further clarification or definition. The American Board of Medical Specialties (ABMS)  
8 has subspecialty board certification for pain management in Psychiatry, Physical Medicine and  
9 Rehabilitation, and Anesthesiology. The American Board of Pain Medicine and potentially other  
10 certifying agencies are not part of the ABMS. California and Florida<sup>1</sup> recognize ABPM certification as  
11 equivalent to an American Board of Medical Specialties certification for advertising purposes, thereby  
12 permitting ABPM diplomats to represent themselves as "Board Certified" in pain medicine. However,  
13 most other states do not.

14 In Hawaii, particularly on the Neighbor Islands it can be difficult for individuals to obtain a  
15 primary care physician. Finding a primary care physician to certify a patient for use of medical

1 marijuana can be additionally challenging. Major health provider organizations including Veterans  
2 Administration, Kaiser Permanente and possibly federally funded community health centers may not  
3 permit their physicians to certify patients for the medical use of marijuana.

4 Thank you for the opportunity to provide comments.

**Senate Committee on Health:**

Sen. Joshua Green, Chair

Sen. Rosalyn H. Baker, Vice Chair

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

Sen. Rosalyn H. Baker, Chair

Sen. Brian T. Taniguchi, Vice Chair

Monday, February 10, 2014 at 2:00PM

Conference Room 229

State Capitol

415 South Beretania Street

**Support – SB2574 – Relating to Medical Marijuana**

Dear Honorable Committee Chairs and Vice Chairs,

I am not a medical marijuana patient or a doctor. In my work as a field organizer for the Drug Policy Action Group of Hawaii I speak with and write to many patients every day. They use marijuana to treat many awful conditions, from Multiple sclerosis to Hepatitis to chronic pain. I hear from patients who are worried, dismayed, or furious about developments in the legislature because they rely on marijuana, the best medicine that is available to them, and I dread having to be the bearer of bad news.

SB 2574 is not a perfect bill. There is a debate among patients and doctors as to whether we should even support the bill, because it does so little. In my opinion, it is a step in the right direction, but too small a step. The bill attempts to fix a glaring problem with the current marijuana legislation, a provision that limits which doctors can recommend medical cannabis to only a patient's primary care physician. This is a huge problem, as it will deny access to legal medicine to many people, or force them to change their insurance or doctors. People whose health care is managed by either the VA or Kaiser, both of which have organization-wide policies against recommending medical marijuana due to its federal status, will be forced to choose between a doctor they know and trust, and a medicine they know and trust. This is a cruel way to treat the very sick.

This bill adds "board certified pain management specialist physicians," to the list. That is **not enough**. There are **five** diplomates of the American Board of Pain Medicine in Hawaii. Three of them are on O'ahu. The other two are both on Hawaii island. This does not help the problem of access. Furthermore, there is no reason to add only pain management to the list. Marijuana is an important accepted legal treatment for many conditions other than pain, such as nausea, seizures, wasting diseases etc. One of our doctors recommended that we also support the addition of:

Board certified or board eligible Oncologist, Board certified or board eligible Infectious disease specialist, Board certified or board eligible Ophthalmologist, Board certified or board eligible Neurologist, Board certified or board eligible Gastro-enterologist, and Board certified or board eligible Palliative care specialist.

Adding these to the list is also a step in the right direction. Please consider as we move forward, how important it is that we give the very sick the best possible treatment. I understand that there are fears that the program is or will be misused by people seeking recreational marijuana. That said, in an imperfect world we should err on the side of giving too much access to treatment, rather than too little.

Rafael Kennedy  
91-1018 Kaiu Ave.  
Kapolei, HI 96707

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**SB2574**

Submitted on: 2/8/2014

Testimony for HTH/CPN on Feb 10, 2014 14:00PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
sherrian witt	Individual	Support	No

Comments: I support qualified physicians to prescribe medical marijuana as needed for pain

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**SB2574**

Submitted on: 2/8/2014

Testimony for HTH/CPN on Feb 10, 2014 14:00PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Teri Heede	Individual	Comments Only	Yes

Comments: There is 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. Adding "board certified pain specialist physicians" is a step in the right direction but does not go far enough. At anytime in treatment of my illnesses, my physician may be a specialist in orthopedics, neurology, gynecology, gastroenterology, and YES, it might even be pain. Please correct this and stop making life even harder for patients that see life as plenty hard enough. Mahalo ahead of time for your compassion!

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