

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on HB 1455
RELATING TO MEDICAL MARIJUANA**

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 7, 2015 Room Number: 329

1 **Fiscal Implications:** Undetermined expense to reprogram the registry database.

2 **Department Comments:** In the absence of a comprehensive and well-regulated medical
3 marijuana dispensary system in each county, increasing the caregiver to patient ratio may
4 improve patient access to this legal medication especially in an interim period between approval
5 of legislation to establish dispensaries and when they are in actual operation providing services.

6 However, the Department of Health (DOH) opposes any increase in the caregiver to patient ratio
7 unless:

- 8 1. The caregiver to patient ratio is no greater than 1:3, and
- 9 2. A sunset provision to return to the 1:1 caregiver to patient ratio when a dispensary
10 system is available in each county is required.

11 DOH would not support any other provisions of this bill unless a dispensary system fails to be
12 enacted and access to medication would be problematic

13 The medical marijuana application process to the department would remain as it is currently with
14 the qualifying patient designating his/her care giver. A patient would still be permitted to have
15 one caregiver. DOH would be able to use its database to reject any patient applications
16 designating a caregiver who is already serving three patients.

17 Thank you for the opportunity to offer comments.

TESTIMONY OF THE HAWAI`I POLICE DEPARTMENT

HOUSE BILL 1455

RELATING TO MEDICAL MARIJUANA

BEFORE THE COMMITTEE ON HEALTH

And

BEFORE THE COMMITTEE ON JUDICIARY

DATE : Saturday, February 7, 2015

TIME : 10:00 A.M.

PLACE : Conference Room 329
State Capitol
415 South Beretania Street

PERSON TESTIFYING:

Harry S. Kubojiri
Hawai`i Police Department
County of Hawai`i

(Written Testimony)

William P. Kenoi
Mayor



Harry S. Kubojiri
Police Chief

Paul K. Ferreira
Deputy Police Chief

County of Hawai'i

POLICE DEPARTMENT

349 Kapi'olani Street • Hilo, Hawai'i 96720-3998
(808) 935-3311 • Fax (808) 961-2389

February 5, 2015

Representative Della Au Belatti
Chair and Committee Members
Committee on Public Safety, Intergovernmental and Military Affairs
Representative Karl Rhoads
Chair and Committee Members
Committee on Judiciary
415 South Beretania Street, Room 329
Honolulu, Hawai'i 96813

Re: HOUSE BILL 1455 RELATING TO MEDICAL MARIJUANA

Dear Representatives Au Belatti and Rhoads:

The Hawai'i Police Department opposes House Bill 1455 as written, with its purpose being to allow a qualifying patient or a primary caregiver to transfer marijuana plants or plant material to any other qualifying patient or primary caregiver as well as increases the amount of marijuana that constitutes an adequate supply. It also increases the maximum number of qualifying patients that a primary caregiver may care for at any given time.

The Hawai'i Police Department has many concerns with the Bill. Currently as defined in this proposed measure, a primary caregiver or a qualifying patient may provide marijuana to any other qualifying patient or any other primary caregiver who is registered. This is very vague in that it fails to provide oversight as to how such distribution will be documented and fails to detail requirements as to how a primary caregiver is to adequately document the qualifying patient(s) for whom he/she is responsible for. Also, the transfer of marijuana equates to marijuana distribution which are violations of the Hawai'i Revised Statutes 712-1247, 712-1248, 712-1249.5, and 712-1249.5.

There is also a concern if money or other services are being exchanged or bartered in exchange for such primary caregiver services which could also be construed as violations of the Hawai'i Revised Statutes. The distribution of any narcotics cannot be condoned by law enforcement even if the narcotics are being portrayed as "medicine."

We are also concerned that the Bill as proposed indicates the primary caregiver of multiple patients only needs to disclose to DOH the number of qualifying patients the caregiver will be responsible for. With no other information required, this remains vague and lacks much needed control measures necessary to minimize deviation from the intent of the medical marijuana program.

Representative Della Au Belatti
Chair and Committee Members
Committee on Public Safety, Intergovernmental and Military Affairs
Representative Karl Rhoads
Chair and Committee Members
Committee on Judiciary

Re: HOUSE BILL 1455 RELATING TO MEDICAL MARIJUANA

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In terms of increasing the definition of volume of "adequate supply" we are even more concerned. According to the Hawai'i Revised Statutes 329-121, the current definition of adequate supply is "four marijuana plants and four ounces of usable marijuana per each marijuana plant." Effective January 2, 2015, the allowed amounts of marijuana plants was changed to 7 marijuana plants, immature or mature, and the amount of allowable usable marijuana increased from three ounces to four ounces. If you were to consider that one "typical" marijuana plant has the capability to produce one pound of dried marijuana per growing season, a qualifying patient could potentially accumulate up to seven pounds of marijuana – one pound per mature marijuana plant. Assuming there are two growing seasons within a calendar year that is the potential of up to 14 pounds of marijuana per qualifying patient per year.

To further explore what an "adequate supply" of marijuana is, approximately 56 marijuana joints can be made from one ounce (28 grams) of dried marijuana. Of course the amount varies on the size of the joint but they are typically between 0.5 and 0.75 grams in weight. According to the Drug Enforcement Administration publication, Speaking Out Against Drug Legalization (2010), the effects of one smoked marijuana joint can be felt for up to four hours. In a 24-hour time period, allowing for eight hours of rest, it is logical to assume a medicinal marijuana patient could ingest four marijuana joints in order to adequately feel the effects. In a week's time, that would mean a medicinal marijuana patient could ingest 28 marijuana joints. In a month's time, a medicinal marijuana patient could ingest 112 marijuana joints which equates to approximately two ounces of marijuana a month. That further equates to 24 ounces of marijuana a year, a more than sufficient amount of marijuana to sustain a medical marijuana patient. Understandably there is the possibility a crop of marijuana may not turn out the way the patient would like however given that 14 pounds of marijuana is the potential amount of marijuana the allowable marijuana plants can produce annually, seven marijuana plants and eight ounces of dried marijuana per patient is more than sufficient and the amounts should not be increased.

We believe the current allowance of seven marijuana plants and four ounces of dried marijuana is more than sufficient to produce the necessary amount of marijuana to provide for an uninterrupted supply of marijuana. Increasing the allowable amount of marijuana plants to 16 plants and eight ounces of dried marijuana is not necessary to allow for an uninterrupted availability of marijuana. Again, this could have a negative impact on the community by serving as an invitation to criminal activity such as robberies or theft or other violent crimes against persons.

Representative Della Au Belatti
Chair and Committee Members
Committee on Public Safety, Intergovernmental and Military Affairs
Representative Karl Rhoads
Chair and Committee Members
Committee on Judiciary

Re: HOUSE BILL 1455 RELATING TO MEDICAL MARIJUANA


Page 3

Please note that since the implementation of the medicinal marijuana program, law enforcement officials on the Big Island have frequently encountered marijuana plants which are significantly larger than what is portrayed as the average sized marijuana plant. Based on size alone, one could argue that the sheer size of these marijuana plants could change the description from a plant to a tree capable of producing larger quantities of marijuana than the "typical" marijuana plant.

It is for these reasons, we urge these committees to not approve this legislation.

Thank you for allowing the Hawai'i Police Department to provide comments relating to House Bill 1455.

Sincerely,


HARRY S. KUBOJIRI
POLICE CHIEF

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 5:56 PM
To: HLTtestimony
Cc: ncsugano@gmail.com
Subject: *Submitted testimony for HB1455 on Feb 7, 2015 10:00AM*

HB1455

Submitted on: 2/5/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Jari S.K. Sugano	Individual	Support	No

Comments:

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

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 9:16 PM
To: HLTtestimony
Cc: dcicccone@ymail.com
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/5/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Dana Ciccone	Individual	Support	Yes

Comments: Aloha, being a caregiver in the program i think this bill is so important to move the program further. I would be able and willing to help more patients than 1. Its a waste of resources,time and money. PLease consider this bill ASAP as we need some improvements now!! Mahalo

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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Hawaii's voice for sensible, compassionate, and just drug policy

House Committee on Health

Rep. Della Au Belatti, Chair
Rep. Richard P. Creagan, Vice Chair

House Committee on Judiciary

Rep. Karl Rhoads, Chair
Rep. Joy A. San Buenaventura, Vice Chair

Saturday, February 07, 2015
10:00 a.m.

Conference Room 329
State Capitol
415 South Beretania Street

Executive Director Rafael Kennedy,

Testimony in support of HB 1455 - Relating to Medical Marijuana

Aloha Chairs Belatti and Rhoads, Vice Chairs Creagan and San Buenaventura, and members of the Health and Judiciary committees,

We support this bill. HB 1455 makes three significant changes to the medical cannabis law, all of which will benefit patients. The first of these involves increasing the number of patients per caregiver. The current law, as you may know, allows for caregivers, people who will grow and process medical cannabis for a patient who is unable to grow their own. The current law, however, allows each caregiver to provide for only one patient. There are currently about **13,000 patients** and only about **1,600 registered caregivers**. This means that most patients who cannot grow their own medicine are simply out of luck and must turn to the black market.

The legislature is currently considering legislation that would establish a system of dispensaries, and we consider that a better long-term way of ensuring a supply of medical cannabis for patients, but there will be a period of time before dispensaries are operational, and we suggest that **in the short-term** allowing caregivers to pick up some of the slack by taking on more patients would be an effective way to ameliorate this lag.

In the past, Law Enforcement has opposed an increase in the number of patients per caregiver on the grounds that it would make verifying that caregivers were in compliance with the law more difficult, but recent changes to the administrative rules after the transfer from the Department of Public Safety to the Department of Health may make this somewhat easier. The new rules require that plants be tagged with the information of the medical cannabis patient for whom they are being grown.

Another thing that this bill does is to allow patients to transfer cannabis material to one another. This would help ensure that patients have access to a range of different strains and products, and an uninterrupted supply of medicine if their plants die unexpectedly. It also addresses another gap in the law, namely that even patients who are able to grow their own medicine have no legal way to acquire seeds or plants to begin growing.

Finally, this bill increases the number of plants per patient. While many patients are able to produce enough cannabis to meet their needs with seven plants, its important to understand that **patients and plants are not all the same**. A growing number of patients rely on the **raw juice** of the cannabis plant, as it is higher in certain cannabinoids than the dried flower of the plant. This requires many more plants than someone who uses dried flowers does. Similarly, certain preparations, especially a high-dose oil called "**phoenix tears**" that is used by some cancer patients, require far more than seven plants to be produced reliably. On another note, not all plants have the same yields, and patients who find they need some strains that have lower yields would be more successful if they could grow a larger number of smaller plants. Even under recent changes to the law, a patient is likely unable to grow seven fully productive plants at once because patients generally require a few small clones or seedlings, as not all of them will be viable.

For these reasons, even though these issues will be mitigated somewhat if the legislature is able to pass a dispensary bill this year, HB1455 will still be a useful stop-gap until the dispensaries are fully operational. Mahalo for your time and consideration in this matter.

Rafael Kennedy
Executive Director
Drug Policy Forum of Hawaii

The Drug Policy Forum of Hawaii works to educate policymakers and the public about effective ways of addressing drug issues in Hawai'i with sensible and humane policies that reduce harm, expand treatment options, and adopt evidence-based practices while optimizing the use of scarce resources.

DEPARTMENT OF THE PROSECUTING ATTORNEY
CITY AND COUNTY OF HONOLULU

ALII PLACE
1060 RICHARDS STREET • HONOLULU, HAWAII 96813
PHONE: (808) 547-7400 • FAX: (808) 547-7515

KEITH M. KANESHIRO
PROSECUTING ATTORNEY



ARMINA A. CHING
FIRST DEPUTY PROSECUTING ATTORNEY

THE HONORABLE DELLA AU BELLATI, CHAIR
HOUSE COMMITTEE ON HEALTH
Twenty-Eighth State Legislature
Regular Session of 2015
State of Hawai'i

February 7, 2014

RE: H.B. 1455; RELATING TO MEDICAL MARIJUANA.

Chair Bellati, Vice Chair Creagan and members of the House Committee on Health, the Department of the Prosecuting Attorney of the City and County of Honolulu ("Department") submits the following testimony in opposition of House Bill 1455.

Currently, pursuant to section 329-121, H.R.S., the Adequate Supply for a Qualifying Patient or Primary Caregiver cannot exceed seven marijuana plants, whether immature or mature, and four ounces of usable marijuana at any given time. H.B. 1455 would allow a Qualifying Patient or Primary Caregiver to have a supply of up to sixteen marijuana plants, whether immature or mature, and eight ounces of usable marijuana at any given time, which is more than is needed for a single patient. One Primary Caregiver who has five Qualifying Patients would be able to have up to eighty marijuana plants and 40 ounces/2.5 pounds of Usable Marijuana.

H.B. 1455 also allows a Qualifying Patient or Primary Caregiver to transfer marijuana plants or plant materials. Keep in mind, that no other law allows Qualifying Patients or Primary Caregivers to manufacture or transfer prescriptive drugs. Further, there is no mechanism to track the amount of marijuana being transferred.

For the above mentioned reasons, the Department of the Prosecuting Attorney strongly opposes the passage of H.B. 1455. Thank you for the opportunity to testify on this matter.

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

801 SOUTH BERETANIA STREET · HONOLULU, HAWAII 96813
TELEPHONE: (808) 529-3111 · INTERNET: www.honolulu-pd.org



KIRK CALDWELL
MAYOR

LOUIS M. KEALOHA
CHIEF

DAVE M. KAJIHIRO
MARIE A. McCAULEY
DEPUTY CHIEFS

OUR REFERENCE JI-TA

February 7, 2015

The Honorable Della Au Belatti, Chair
and Members
Committee on Health
State House of Representatives
Hawaii State Capitol
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Chair Belatti and Members:

SUBJECT: House Bill No. 1455, Relating to Medical Marijuana

I am Jason Kawabata, Captain of the Narcotics/Vice Division of the Honolulu Police Department, City and County of Honolulu.

The Honolulu Police Department opposes House Bill No. 1455, Relating to Medical Marijuana.

This bill seeks, in part, to increase the maximum number of qualifying patients that a primary caregiver may care for at any given time. If passed, this bill would exponentially increase the allowable supply of marijuana under the control of the primary caregiver. This increased supply will increase the chance that the marijuana will be diverted for illegal use or distribution.

The Honolulu Police Department urges you to oppose House Bill No. 1455, Relating to Medical Marijuana.

Thank you for the opportunity to testify.

Sincerely,

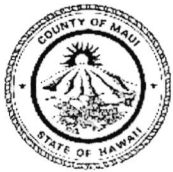
Handwritten signature of Jason Kawabata in black ink.

JASON KAWABATA, Captain
Narcotics/Vice Division

APPROVED:

Handwritten signature of Louis M. Kealoa in black ink.

LOUIS M. KEALOHA
Chief of Police



ALAN M. ARAKAWA
MAYOR

OUR REFERENCE
YOUR REFERENCE

POLICE DEPARTMENT COUNTY OF MAUI

55 MAHALANI STREET
WAILUKU, HAWAII 96793
(808) 244-6400
FAX (808) 244-6411



TIVOLI S. FAAUMU
CHIEF OF POLICE

DEAN M. RICKARD
DEPUTY CHIEF OF POLICE

February 10, 2015

The Honorable Della Au Belatti, Chair
and Members of the Committee on
Health

The Honorable Karl Rhoads, Chair
and Members of the Committee on
Judiciary

House of Representative
State Capitol
Honolulu, Hawaii 96813

RE: House Bill No. 1455, RELATING TO MEDICAL MARIJUANA

Dear Chair Della Au Belatti and Members of the Committee on Health and Chair Karl Rhoads and Members of the Committee on Judiciary:

The Maui Police Department OPPOSES the passage of H.B. No. 1455.

The passage of this bill allows a qualifying patient or a primary caregiver to transfer marijuana plants or plant material to any other qualifying patient or primary caregiver. Increases the amount of marijuana that constitutes an adequate supply. Increases the maximum number of qualifying patients that a primary caregiver may care for at any given time.

HB1455 proposes to increase the amount of marijuana that constitutes an adequate supply from 7 plants to 16 plants and from 4 ounces of usable marijuana to 8 ounces. HB 1455 would also increase the maximum number of qualifying patients that a primary caregiver may care for at any given time from 1 patient to 5 patients.

The State of Hawaii has been praised by many other states for keeping its one patient per caregiver ratio and how they are having avoided problems with their caregiver provisions that allow for multiple patients to be disguised as illegal growing facilities due to the lack of regulations and the inability to inspect patient and caregiver "homegrows" for compliance.

The language being proposed in Section 2 of HB1455 would allow a registered patient or caregiver to grow and provide usable marijuana or any part of the marijuana plant including seeds, seedlings, or clones to any other qualifying patient or any other caregiver, provided that the total number of marijuana plants possessed by **the recipient** does not exceed the adequate supply amount. As an example, if HB1455 were enacted today, a patient or caregiver could provide plants and other marijuana materials to an unlimited number of patients as long as he/she stayed below the recipient's 16 plants and 8 ounces (or if that patient was also a caregiver for 5 patients, 96 plants and 48 ounces) of usable marijuana. Nowhere in Section 2 of this bill does it address the issue that this bill would allow patients and caregivers to become suppliers of marijuana with no cultivation or production, regulations or limits. HB1455 also does not preclude the patient or caregiver providing the service from charging some type of service fee, in essence, making that person a legal drug dealer.

Passage of House Bill 1455 as written will create difficulties for law enforcement as well as the neighbors of patients and caregivers who may possibly abuse the provisions of the program. Imagine the following scenario:

A home in which three medical marijuana patients reside (and this is not uncommon) - currently each patient is allowed to possess 7 plants and 4 ounces of usable marijuana. So at that residence there could be 21 plants and 12 ounces of usable marijuana. If HB1455 passes it would allow each patient to possess 16 plants and 8 ounces of usable marijuana. HB1455 also increases the patient/caregiver ratio so that a caregiver could provide marijuana for 5 patients. This would potentially allow each patient/caregiver to grow up to 96 plants and possess up to 48 ounces of usable marijuana. If each of the three patients was also a caregiver to 5 other patients, then the one house could legally grow up to 288 plants and possess up to 144 ounces of marijuana. Such a situation would draw the attention of law enforcement officials as well.

On January 25, 2013 then - Governor Neil Abercrombie signed Act 178 into law which increased the number of mature marijuana plants that a qualifying patient or that patient's caregiver can possess in Hawaii's medical use of marijuana program from 3 to 7. Act 178 also increased the usable amount that a qualifying patient may possess from 3 ounces to 4 ounces. These changes took effect on January 2, 2015 just over a month ago and it is too early to see any results.

The Maui Police Department asks that you for these reasons to OPPOSE the passage of H.B. No. 1455 and requests that this bill be held in committee.

Thank you for the opportunity to testify.

Sincerely,

TIVOLI S. FAAUMU
Chief of Police



The Public Policy Voice for the Roman Catholic Church in the State of Hawaii

HEARING: House Committee(s) on HLT/JUD, hearing on 02/07/15 @ 10:00 a.m. #329.

SUBMITTED: February 3, 2015

TO: House Committee on Health & House Committee on Judiciary
Rep. Della Au Belatti, Chair Rep. Karl Rhoads, Chair
Sen. Maile Shimabukuro, Vice Chair Rep. Joy San Buenaventura, Vice Chair

FROM: Walter Yoshimitsu, Executive Director

RE: Comments and serious reservations on Medical Marijuana Bills
HB 321, HB 788, HB 1455, HB 794 and HB 795

If passed, these bills would allegedly “fix” the problem of medical marijuana distribution and the need for dispensaries and/or regulation. **We understand that medicinal marijuana is already legal in the State of Hawaii.; however, we maintain that promoting the use of marijuana (even for medical reasons) will translate for many, especially young people, as permissiveness, with little or no consideration of its ultimate effect on one’s body.** According to the American Medical Association, marijuana is considered a “dangerous drug” and a “powerful intoxicant” that harms one’s mental, physical, academic, and spiritual well-being, promotes irresponsible sexual behavior, encourages disrespect for traditional values, and threatens Hawaii’s youth. This is not what we want for Hawai’i’s keiki.

At the federal level, marijuana remains classified as a Schedule I substance under the Controlled Substances Act, where Schedule I substances are considered to have a high potential for dependency, making distribution of marijuana a federal offense.

Many prescribing physicians for medicinal use of marijuana are arbitrary as to what counts as an authentic medical need so there is no real way for this legislature to make a truly informed decision. Even the American Medical Association’s 527-member House of Delegates decided during its interim meeting in 2013 (National Harbor, Md.), to retain the long-standing position that "cannabis is a dangerous drug and as such is a public health concern."

Long-term health effects of chronic use, and marijuana’s role as a gateway to the use of other illegal drugs, are serious issues surrounding its use and decriminalization. The Catholic Church cares too much about the family to support this endeavor. Priority legislation should include efforts that strengthen and promote the family, not provide tools to ultimately destroy it.

The Catechism offers useful guidance: “The use of drugs inflicts very grave damage on human health and life” (no. 2291). In 2001, the Vatican’s Pontifical Council for Health Care Ministry issued a pastoral handbook entitled “Church, Drugs, and Drug Addiction.” It extols the virtue of temperance which “disposes us to avoid every kind of excess: the abuse of food, alcohol, tobacco, or medicine” (no. 2290).

Mahalo for the opportunity to submit these comments.

HAWAII FAMILY ADVOCATES

A 501(C) (4) organization associated with Hawaii Family Forum

ONLINE TESTIMONY SUBMITTAL
House Committee on Health & House Committee on Judiciary
Hearing on February 7, 2015 @ 10:00
Conference Room #329

DATE: February 3, 2015

TO: House Committee on Health House Committee on Judiciary
Rep. Della Au Belatti, Chair Rep. Karl Rhoads, Chair
Rep. Richard Creagan, Vice Chair Rep. Joy San Buenaventura, Vice Chair

FROM: James R. "Duke" Aiona, Jr. Interim President & CEO

RE: Serious Reservations on HB 321; HB 1455; HB794; HB 795 Relating to Medical Marijuana
Comments on HB 788 Relating to Marijuana (cultivation clarification)

My name is James R. "Duke" Aiona, Jr., and I have been an attorney in Honolulu since 1981. Currently I am also the interim president of Hawaii Family Advocates, a 501(c)(4) independent expenditure, non-candidate organization. Along with our community associate Hawaii Family Forum, we have serious reservations about these bills.

Although 23 states have enacted laws to legalize medical marijuana, (including Hawai'i which legalized it for medicinal use in 2000)ⁱ, the bottom line remains that **it is still illegal to possess, use or distribute marijuana according to federal law**. People who use marijuana, even for medical purposes, could end up in jail. This seems like a very ambiguous place to leave our community residents who feel that medical marijuana is the best answer to their quality of life.

In a 2013 article published by the American Psychiatric Association, they quote the American Medical Association who maintains their current policy that asserts "cannabis is a dangerous drug and as such is a public health concern, [that] sale and possession of marijuana should not be legalized, [and that] public health-based strategies, rather than incarceration, should be utilized in the handling of individuals possessing cannabis for personal use."ⁱⁱ

It's important to note the impact of medicinal marijuana usage on important functions of the body; normal brain function and concentration, learning, memory, and judgment. These problems can continue for days or weeks after the immediate effects of the drug have worn off. In addition, research has linked marijuana use with poor overall job performance, which includes increased tardiness, absenteeism, accidents, and workers' compensation claims. The Oregon States Sheriff's Department reported that "Toxicology reports with positive marijuana results for driving under the influence have increased 16 percent from 2011 to 2013 in Colorado."ⁱⁱⁱ

P.O. Box 2757 • Honolulu, HI 96803 • Phone: 808-429-4872

E-mail: info@hffaction.org | Website: www.hffaction.org

HAWAII FAMILY ADVOCATES

A 501(C) (4) organization associated with Hawaii Family Forum

PAGE TWO

-Testimony-

Relating to Medical Marijuana

It may seem compassionate to support medical marijuana; however, usage impairs an individual's ability to make deep and meaningful attachments and robs them of the ability to be intimate with other people. This promotes isolation, which feeds the need to smoke pot, which strains more relationships. This cycle causes increased conflict in relationships. Heavy, long-term use of marijuana stunts emotional and social development. It kills motivation and prevents people from moving forward in their lives. Is this really what we want for Hawai'i's sick and infirmed?

Authorities nationwide point to states that have approved its medical use of cannabis, such as California and Colorado. Overall crime in Denver increased 6.7 percent from the first six months of 2013 to the first six months of 2014^{iv}. Storefront marijuana shops in Los Angeles and Colorado, for instance, have drawn frequent complaints and a crackdown from federal drug agents, while local law enforcement report that some shops have been taken over by illegal drug dealers. These real-life examples give rise to doubts that legislation can effectively regulate the sale and production of medical marijuana. The door, already opened and expanded by these bills, will provide criminals who produce and distribute them the opportunity to destroy our local communities. Is this really what we want for Hawai'i?

Finally, regulating dispensaries is going to be a very tough job! Of the 23 states that have legalized medical marijuana only 17 of them have dispensaries. One factor is that in states where medicinal marijuana is legal, dispensary owners have had problems finding banks to take the money, since federal law still prohibits the sale of marijuana. In addition, the Oregon Health Department reported problems with labeling, testing and tracking inventory as common violations found by medical marijuana dispensary inspectors.^v

Mahalo for the opportunity to submit our concerns.

ⁱ Senate Bill 862 passed in 2000, (VOTE IN THE HOUSE) 30 yes-and 20 no (Auwae, Cachola, Halford, Kanoho, Kawakami, Lee, Leong, Marumoto, McDermott, Menor, Meyer, Morihara, Moses, Nakasone, Pendleton, Rath, Stegmaier, Takai, Whalen, Yonamine); (VOTE IN THE SENATE) 15 yes-and 10 no (Buen, Chun, D. Ige, M. Ige, Inouye, Iwase, Kawamoto, Matsuura, Sakamoto, Tam)

ⁱⁱ <http://psychnews.psychiatryonline.org/doi/full/10.1176%2Fappi.pn.2013.12b20>

ⁱⁱⁱ <http://www.oregonsheriffs.org/pdfs/Marijuana.pdf> (2014 report)

^{iv} ibid

^v <http://www.statesmanjournal.com/story/news/politics/2014/08/14/state-releases-first-medical-marijuana-dispensary-inspections/14074265/>

COMMUNITY ALLIANCE ON PRISONS

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

Phone/E-Mail: (808) 927-1214 / kat.caphi@gmail.com



COMMITTEE ON HEALTH

Rep. Della Au Belatti, Chair

Rep. Richard Creagan, Vice Chair

COMMITTEE ON JUDICIARY

Rep. Karl Rhoads, Chair

Rep. Joy Sanbuenaventura, Vice Chair

Saturday, February 7, 2015

10:00 a.m.

Room 329

SUPPORT for HB 1455 - MEDICAL MARIJUANA

Aloha Chairs Belatti and Rhoads and Members of the Committees!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies for almost two decades. This testimony is respectfully offered on behalf of the 5,600 Hawai'i individuals living behind bars, always mindful that more than 1,600, and soon to be rising number of Hawai'i individuals who 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 1455 allows a qualifying patient or a primary caregiver to transfer marijuana plants or plant material to any other qualifying patient or primary caregiver. Increases the amount of marijuana that constitutes an adequate supply. Increases the maximum number of qualifying patients that a primary caregiver may care for at any given time.

Community Alliance on Prisons supports this compassionate measure that acknowledges that patients have different needs and varying methods of taking their medicine. It is good for patients to share information on what works with fellow patients. The knowledge on different strains of medical marijuana is increasing daily. Allowing patients to share plants and other plant materials is aloha.

Increasing the supply is an important amendment since many of our patients juice their medicine, which requires more product.

And lastly, it is difficult for someone with a debilitating disease to try to find a caregiver. Increasing the ratio of patient/caregiver is vital to serve the needs of our suffering citizens. Please pass this compassionate measure.

Mahalo for this opportunity to testify.

THE LIBERTARIAN PARTY of HAWAII
C/O 1658 Liholiho St #205
Honolulu, HI 96822

TESTIMONY

February 4, 2014

RE: HB 1455 to be heard Saturday February 7, 2015 in Conference Room 329

To the members of the House Committees on Judiciary and on Health

SUPPORT

The Libertarian Party strongly supports this bill. It is far simpler than the complicated HB 321.

The legislature would be far better served to adopt HB 841 which will provide a broad based legalization and by implication provide for better medical access and usage.

Tracy Ryan
Chair

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 04, 2015 4:18 PM
To: HLTtestimony
Cc: alternativepainmanagementclub@gmail.com
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/4/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Ruggles	Alternative Pain Management Pu`uhona	Support	No

Comments: I support HB 1455 and would like to see it passed in its current form.

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To: HLTtestimony
Cc: mminn811@gmail.com
Subject: *Submitted testimony for HB1455 on Feb 7, 2015 10:00AM*

HB1455

Submitted on: 2/6/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
M. Minn	Hawaiian Standard	Support	No

Comments:

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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 03, 2015 12:28 PM
To: HLTtestimony
Cc: bacher.robert@gmail.com
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/3/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

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

Comments: This bill will help patients be able to help other patients, legally, finally.

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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 10:12 PM
To: HLTtestimony
Cc: hawaiicannabiscare@gmail.com
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/5/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Hawaii Cannabis Care	Individual	Comments Only	Yes

Comments: Aloha, being a caregiver in the program I think this bill is important to move the program further. I would be willing and able to help more patients than 1. Its a waste of resources,time and money. PLease consider this bill ASAP as we need some improvements now. Mahalo

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Testimony in Opposition to HB 1455 – Relating to Medical Marijuana

Hearing on February 07, 2015 at 10:00 am
Conference Room 329 of the State Capitol

TO: Committee on Health
Rep Della Au Belatti, Chair
Rep Richard Creagan, Vice Chair

Committee on Judiciary
Rep Karl Rhoades, Chair
Rep Joy San Buenaventura, Vice Chair

FR: Alan Shinn, Executive Director
Coalition for a Drug-Free Hawaii
1130 N. Nimitz Hwy., Suite A259
Honolulu, HI 96817
(808) 545-3228 x29

Please accept this testimony in opposition to **HB 1455 – Relating to Medical Marijuana.**

As the representative for the Coalition for a Drug-Free Hawaii, I sat on the Medical Marijuana Dispensary System Task Force and participated in formulating recommendations for legislation.

While the task force worked diligently and identified many important issues in establishing a compassionate and well regulated medical marijuana dispensary system, it was unable to adequately address all those issues. There were many critical issues that were left unresolved for the Department of Health (DOH) to figure out.

The recommended time frame of up to two years for implementation of a medical marijuana dispensary system is reasonable given the complexity of the task by DOH.

HB 1455's more permissive requirements would place an undue burden on the Department of Health to regulate and monitor the Hawaii Medical Marijuana Program while planning for the establishment of a dispensary system in 2017 as proposed by HB 321.

Should the DOH fail to properly regulate and monitor the existing medical marijuana program, it could result in unintended consequences and social harms to our youth, non-medical marijuana adults, and communities. It would create doubt about DOH's ability to manage a much more complex medical marijuana dispensary and production system.

Thank you for the opportunity to provide testimony.



Hawaii's Voice for Sensible, Compassionate, and Just Drug Policy

TO: HOUSE COMMITTEE ON HEALTH

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

DATE: FEBRUARY 7, 10 A.M., ROOM 329

RE: H.B. 1455 RELATING TO MEDICAL MARIJUANA – **IN SUPPORT**

Good morning Chair Belatti, Vice Chair Creagan, 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 Hawai'i.

DPAG is in strong support of the provisions of HB 1455. As noted in the findings section, this bill would provide for "immediate measures [which] are necessary to improve access to medical marijuana for qualifying patients who are unable to grow their own supply."

Even in the best-case scenario for establishment of a dispensary system, it would not be implemented until 2016 or 2017. This bill would assist patients with some of the issues that have been plaguing the medical marijuana program for years.

There has always been a grey area about how registered patients are able to begin to grow their supply since there is no legal access to seeds or seedling (aka "clones.") Permitting patients and caregivers to transfer plants or plant materials among themselves address that issue.

It would also increase the amount of cannabis that a patient and/or caregiver is permitted to have on hand. There has been a great deal of research and much has changed since 2000. Back then, most of the plant material was smoked. These days there are many different modes of ingestion, which are preferred by many patients. Importantly, most of these methods, e.g. vaporizing, cooking with or juicing the whole plant -especially the latter – require far more materials than

just smoking the cannabis. And of even greater importance, these methods carry far fewer negative health effects, especially among people who are already ill.

Having said this, juicing raw cannabis in particular (which incidentally has little or no psychoactive effect since the material is not heated) is being studied for its purported effects on the reduction of tumors.

Finally, increasing the patient to caregiver ratio would be extremely useful. As you are all aware, not every patient is capable of growing their own supply and yet there are very few people willing to serve as caregivers. There are approximately 1,600 caregivers registered with the program while there are more than 13,000 patients. There are many scenarios, for example, a husband and wife living together with an elderly parent and all three are registered patients. Currently they would require three separate caregivers to provide medicine for them, which is clearly absurd. Almost every state that provides for a caregiver system permits more patients per caregiver than Hawai'i.

In closing, I'd like to thank the committee very much for hearing this measure today, and we thank you for the opportunity to testify.

JATAC
JAMES ANTHONY TECHNICAL ASSISTANCE CONSULTING
3542 Fruitvale Avenue, 224
Oakland, CA 94602
(510) 842-3553 *off*
(510) 207-6243 *cell*
(510) 283-0187 *fax*
MCDLawyer@gmail.com

Testimony to House Committees on Health and Judiciary sitting jointly, 2/7/15

From: James Anthony for Hui Kahu Malama Puhipono

Re: HB 1455

I am a California land use attorney and former City of Oakland nuisance property prosecutor, also licensed in the State of Hawaii, my one hanau. I have spent the last nine years advising medical cannabis dispensaries and local and state governments on dispensary regulation. I appeared before your Health Committee at the Chair's invitation last year, and I also appeared before your HCR 48 Task Force last year during its deliberations at the members' request. I am fortunate to be working informally with Hui Kahu Malama Puhipono, a Medical Cannabis Caregivers Association. The group is comprised of patients and caregivers already in the existing program and their activist supporters.

While a dispensary system would be preferable, this bill is supportable because it improves the current situation by increasing safe access to quality medical cannabis for the many patients now denied.

Respectfully submitted,

James Anthony, Jr.

James Anthony, Jr.

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 3:02 PM
To: HLTtestimony
Cc: angelavideotron@gmail.com
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/6/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Angela Breene	Waihuena Farm	Support	No

Comments: I strongly urge you to support HB1455. Increasing the patient to caregiver ration allows fastest access for patients to get their medicine since we do not have enough existing caregivers for patients. Transferring clones and seeds is pretty standard for growers of all other plants and food crops, and helps patients find the best specialized medicine for their conditions. Increasing the allowed number of plants per patient is absolutely necessary as doctor recommended cannabis preparations for pain management include juicing entire plants, infusions, etc. which require more plant material. My doctor recommended juicing cannabis, but there's no way I can do that with a limit of 7 mature plants.

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Marijuana Effect on the Youth Brain: The Damaging Dozen

"The human brain has over 100 billion neurons each neuron connected to 10 thousand other neurons. Sitting on your shoulders is the most complicated object known to the universe.

Micho Kay

At the onset of marijuana abuse by underage youth there is an increase likelihood of children becoming addicted to this drug.

At the onset of marijuana abuse by underage youth the pathology is irreversible even with complete cessation.

At the onset of marijuana abuse by underage youth there is impaired cognitive loss, memory, muscle coordination, alertness, response time delay, reward and unmotivated syndrome.

At the onset of marijuana abuse by underage youth there is an increase in mental illness

At the onset of marijuana abuse by underage youth there is a correlation between marijuana and psychosis.

At the onset of marijuana abuse by underage youth there is strong correlation between marijuana and schizophrenia

At the onset of marijuana abuse by underage youth there is a strong correlation between marijuana and depression and anxiety

At the onset of marijuana abuse by underage youth there is a significant disruption on fetus across placenta and blood brain bearers

At the onset of marijuana abuse by underage youth that are addicted to marijuana can lose from six IQ point by adulthood

At the onset of marijuana abuse by underage youth that are much more likely to drop out of school

At the onset of marijuana abuse by underage youth that 16% risk of becoming addicted

At the onset of marijuana abuse by underage youth cannabinoid receptive disruption by 95%

Dr Nora Volkow , National Institute of Drug Abuse since 2003

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 8:03 AM
To: HLTtestimony
Cc: theede@hawaii.rr.com
Subject: *Submitted testimony for HB1455 on Feb 7, 2015 10:00AM*

HB1455

Submitted on: 2/5/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Teri Heede	Individual	Support	No

Comments:

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creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 04, 2015 4:08 PM
To: HLTtestimony
Cc: brentneal@live.com
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/4/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Brent Neal	Individual	Support	No

Comments: I support HB 1455 and would like to see it passed in its current form.

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creagan3 - Karina

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Sent: Wednesday, February 04, 2015 3:47 PM
To: HLTtestimony
Cc: britneal@live.com
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/4/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Brittany Neal	Individual	Support	No

Comments: I support HB 1455 and would like to see it passed in its current form.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 04, 2015 9:22 PM
To: HLTtestimony
Cc: marilynwick@pobox.com
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/4/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Marilyn Mick	Individual	Support	No

Comments: Position: I Support this bill This bill attempts to fix several key problems with the medical marijuana program, and though some of these problems will be addressed by the creation of dispensaries, these fixes may be especially helpful while before the dispensaries are up and running. Aloha, Marilyn Mick, Honolulu

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Sent: Thursday, February 05, 2015 1:00 AM
To: HLTtestimony
Cc: georgina808@gmail.com
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/5/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

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

Comments: I strongly support HB1455. At this time, there are approximately 1,600 registered caregivers in the state of Hawaii. There are nearly 14,000 legal, registered, medical cannabis patients. For patients who are unable to grow their own medicine, it can be very difficult to find a caregiver. Increasing the number of patients each caregiver is allowed to grow for may help alleviate this problem and more patients will be able to secure legal access to their medication.

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Sent: Thursday, February 05, 2015 11:59 AM
To: HLTtestimony
Cc: drkturnbull@gmail.com
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/5/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Dr Kimberly Turnbull, DC	Individual	Support	No

Comments: This bill will save law enforcement time and resources, as there will not be wasted enforcement involving legal cannabis patients transporting their legal medication. I strongly support. Dr Kimberly Turnbull, DC

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creagan3 - Karina

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Sent: Thursday, February 05, 2015 10:56 AM
To: HLTtestimony
Cc: rtemple@hotmail.com
Subject: *Submitted testimony for HB1455 on Feb 7, 2015 10:00AM*

HB1455

Submitted on: 2/5/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Robin Temple	Individual	Support	No

Comments:

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To: HLTtestimony
Cc: outofthebox808@gmail.com
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/5/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Aaron K	Individual	Support	No

Comments: I am a 26 year old Medical Cannabis patient/UH graduate with Cerebral Palsey. I need safe access to ORGANIC medicine(Cannabis) from a source I can trust to ensure the quality. If a grower I can trust to produce this for me already has a current patient they are growing and caregiving for, I am totally out of luck with the current patient-caregiver ratio. This ratio must be changed as in HB1455 to allow a person like myself with limited capabilities the choice to trust a certain grower to produce my medicine. I am so grateful to live in a state where my medicinal needs are taken into consideration. Thank you everyone

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creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 3:29 PM
To: HLTtestimony
Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for HB1455 on Feb 7, 2015 10:00AM*

HB1455

Submitted on: 2/5/2015

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Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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Sent: Thursday, February 05, 2015 7:05 PM
To: HLTtestimony
Cc: j.bobich@tcu.edu
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/5/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

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

Comments: To Whom It May Concern: I support this measure. Sincerely, Joseph A. Bobich, Ph. D. Professor of Chemistry, Emeritus

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To: HLTtestimony
Cc: mwu808@gmail.com
Subject: *Submitted testimony for HB1455 on Feb 7, 2015 10:00AM*

HB1455

Submitted on: 2/6/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Mark	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 7:06 PM
To: HLTtestimony
Cc: hrhsf@me.com
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/5/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Minister, Hector Hoyos (aka) Minister SisterFace	Individual	Support	No

Comments: Alohas Committee Me & My Partner Grant W. Larson Are In Support Of Bill HB1455 2499 Kapiolani Blvd. #3303 Honolulu, HI. The Iolani Court Plaza Thank you for your time & consideration, we both are medical marijuana card holders now 3 yrs. We know countless amounts of patients who need more crop, more supply for making. Edible oils & butters, tinctures, kief powder, hashish, waxes & countless other natural medicine remedies, recipes, salves, infused drinks etc. I think you all have come to understand now besides the black market all around us. You all know as us 2 know, patients do not have the clones, seeds, many strains to pick from. Many patients, being in smaller places or not have adequate sun or areas for proper bud producing cycles. Many also do not have any space or place with the high cost of electricity to grow in doors & lets not forget still. Medicinal patients are all in danger from possible eviction etc from using and growing in there homes until you all pass a few of these other related bills to marijuana. Even with our 2 patient person crop, we still have no room in a big 2 bedroom apt. to grow our adequate supply to make tinctures, cooking butters & oils, it takes much good trim & leave, without mildew or any disease to make the best most potent good medicinal grade oils we have learned. As a grower or supplier you never know when your crops could fall ill to disease or Hawaii's air is notorious as we have learned for ruining a whole budded crop with white powdery mildew very hard to restore your group once hits hard & comes out of know where. This bill is great as are others relating to marijuana & its protections in all directions. To be able to start a supply chain & help patients that can not grow, many have not a green thumb in them, thats the truth, nor the amounts of money you need to buy all your plant supplies and vitamins, minerals, tonics etc. Many can grow & have room or can just divide up crops & many can barter or make various products to trade so any bill that protects & extends the amounts of plants, transporting to other patients you grow for & or relating products is awesome & of course much needed & long over due now. We must ensure that even people that can not grow and have bad luck at it that are state prescribed patients. Be able to get there medicine whether they grow or not, this is a major obstacle right now even though you all are working to change all of this. I hope and also think anyone transporting plants, seeds, materials, marijuana & that where stopped by police would be free to leave from police without any issue, question if card holder or threat of citation or anything. We both appreciate how much you all have gone thru to make this all come to this point & hope you keep going forward, working out the kinks, but always protecting your state medical patients & there rights first & foremost. Alohas & Blessings

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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 11:05 PM
To: HLTtestimony
Cc: mjkane46@gmail.com
Subject: *Submitted testimony for HB1455 on Feb 7, 2015 10:00AM*

HB1455

Submitted on: 2/5/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Reid A. Kaneshiro	Individual	Support	No

Comments:

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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 8:34 AM
To: HLTtestimony
Cc: victoriahokulani@gmail.com
Subject: *Submitted testimony for HB1455 on Feb 7, 2015 10:00AM*

HB1455

Submitted on: 2/6/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Victoria Latenser	Individual	Support	No

Comments:

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Sent: Friday, February 06, 2015 10:00 AM
To: HLTtestimony
Cc: wendygibson9@gmail.com
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/6/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

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

Comments: The patient to caregiver ratio is woefully small. Please allow caregivers to service more patients. This bill would help fix that gap.

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From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 9:39 AM
To: HLTtestimony
Cc: enyawrellim@gmail.com
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/6/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Wayne Miller	Individual	Support	No

Comments: Please allow me to provide medicine to as many patients whom receive benefit. My intention is to focus on Crohn's Disease. To date I cannot legally acquire the specialized strains to help. Would Charlotte's Web help? Currently I am limited to locally available strains of who knows genetics.

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Dr. Myron Berney, ND Lac

908 16th Ave, Honolulu, HI 96816-4126

Support

HB1455 Allows a qualifying patient or primary caregiver to transfer plants or plant materials to another qualifying patient/caregiver. Increases the allowable amount of marijuana and the patient to caregiver ratio.

The adequate supply for a care giver [grower] must be adequate to provide for the medical needs of the dependent patients. Therefore the number of plants for a care giver, grower, must be at least 5 times that of his 5 dependent patients.

But having the same limitation on number of plants and pharmaceutical products means that the caregiver cannot provide for the medical needs of the patients under their care.

There is many a slip between the cup and the lip.

Don't count your chickens before they hatch.

You are putting the cart in front of the horse by requiring care givers to commit to providing necessary pharmaceutical quality medicine prior to it being planted, grown or harvested.

That is a little bit fraudulent and clearly unethical to promise the availability of life saving medicine that hasn't been grown or harvested.

Eliminate the need for preregistration and the assignment or registration of a care giver patient relationship. Currently patients can go to any legal pharmacy to pick up their prescription medicines. Non-prescription medicines are distributed OTC at convenient stores like ABC.

Medical Marijuana should be included within the structure of law based upon its actual medical use instead of medical hoax and disinformation promoted by non-medical law enforcement, organized crime and competitive industries [alcohol and opium].

The State of Hawaii needs to COME UP TO SPEED with the rapid changes in the Elimination of the BLACK MARKET IN MARIJUANA.

The Department of Justice has testified concerning the Legalization of Marijuana in Colorado that the Courts would not support the Prohibition of Marijuana and that Regulation of Sales would benefit Society and stop the illegal sales that STEALS MONEY FROM GOVERNMENT COFFERS.

The Federal Department of Justice as promulgated 8 criteria for the LEGAL COMMERCIAL SALES OF RECREATIONAL MARIJUANA. These criteria promulgated for Colorado apply to all 50 States.

MEDICAL MARIJUANA now recognized and protected under the new federal Budget Bill in the various States. Medical Marijuana in the State of Hawaii is protected and recognized as a medicine; the State of Hawaii is specifically named although this applies to all 50 States.

Not only is the Department of Justice, including the FBI, DEA and US Attorney's Office are all prohibited from interfering with State Medical Marijuana Programs.

Having recognized and protected the medical use of Marijuana under Federal Law, Medical Marijuana does not fit the Federal Schedule 1 definition. Marijuana does not fit into DEA Schedule 1. Since Marijuana has not been rescheduled by Congress, medical marijuana is not currently scheduled under Federal Law. Under State Law Marijuana is a necessary, medically appropriated and reasonably safe medicine.

Bloating the Size and Expense of Government for the distribution of a non-controlled medicine at the expense of seriously ill patients is
INAPPROPRIATE WASTE OF MONEY and BURDENS Seriously Ill Patients while wasting law enforcement resources.

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 7:29 AM
To: HLTtestimony
Cc: ngannora@gmail.com
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/6/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Annora Ng	Individual	Oppose	Yes

Comments: I oppose HB1455. In 2013, the Legislature (via SB642) more than doubled the number of plants (three to seven) and increased the amount of usable marijuana four-fold (from one ounce to four ounces). Despite this increase, marijuana advocates continue to come back and ask to have more and more plants on hand for their "personal" use. Now advocates are asking for the amount to double again to sixteen plants and eight usable ounces. Yet as the Legislature continues to raise the limit for medical users, the illicit use of marijuana is also on the rise.

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Mr. Rojelio Herrera Jr
94-368 Hakamoia St, Mililani HI
Judiciary and Health Committees
February 7, 2015
HB 321, HB 788, HB 1455, HB 794, HB 795, HB 993

CHAIRMAN RHOADES and CHAIRPERSON BELATTI

Thank you for hearing my testimony.

I am a father of 11 children who have all attended public schools. Eight of them have graduated or will graduate from Hawaii's public high schools. We decided to remain in Hawaii after my military career because the environment, we strongly believe, is one of the very best in the United States to raise children. However, in the issue of medical marijuana, as validated by numerous studies, poses a dangerous threat to our children. Respectfully, we can do better for the children of Hawaii.

The following studies point to a serious health risk that CANNOT be ignored.

1. The Substance Abuse and Mental Health Services Administration (SAMHSA) has over 40 years of drug use data that shows lower perceived risk of harm by youth often results in increased use.
2. The recent 2014 Monitoring the Future (MTF) national school survey of drug use shows marijuana use by youth is still significantly higher than in 2008 and 2012. It also found that, of the youth surveyed, more youth (40%) in medical marijuana states had used an edible marijuana product in the last year than youth (26%) in non-medical marijuana states.
3. States with medical marijuana that allow both home cultivation and legal dispensaries show increases in marijuana use.ⁱ The increases in marijuana use are a concern as marijuana THC content and potency have also increased significantly. See for example:
http://news.olemiss.edu/index.php?option=com_content&view=article&id=4545%3Acanna-bispotency051409&Itemid=10
4. 1 in 6 minors who chronically use high-THC content marijuana become addicted and require intervention and/or treatment.ⁱⁱ In Hawaii, marijuana was identified as the primary substance used by a majority of adolescents, seventeen years of age and younger (62.4% in 2012), being admitted for drug treatment.ⁱⁱⁱ In Colorado, the Arapahoe House treatment network reported that teen admissions to treatment for marijuana use increased by 66% between 2011 and 2014.
5. Studies have linked marijuana use with mental illness, especially schizophrenia and psychosis. Marijuana use has also been linked with depression and anxiety.^{iv}
6. One of the most well designed studies on marijuana and intelligence,

released in 2012, found that persistent, heavy use of marijuana by adolescents reduces IQ by as much as eight points, when tested well into adulthood.^v

7. In the 2014 MTF survey, twelfth graders reported that driving after marijuana use has become more common than drinking and driving.
8. The Children's Hospital of Colorado Emergency Department reported that between 2008 and 2011, an average of four children (between the ages of 3 and 7) were sent to the emergency room for unintentional marijuana ingestion, and in just the first half of 2014, that number increased to 14 children.

In addition there are some key issues that remain unresolved in this legislation:

1. **Regulation and enforcement.** If home cultivation and dispensaries are allowed to operate side-by-side, how will both systems be regulated?
2. **Marijuana-related products.** The issue of marijuana-related products (e.g., candies, baked goods, drinks, or highly concentrated marijuana oils) has not been thoroughly studied and addressed. The manufacture of these products will greatly commercialize marijuana, which is supposed to only be allowed for debilitating medical conditions. These products will inevitably target our youth--no matter how they are required to be packaged. They will end up in our schools.
5. **Regulation of the number and location of dispensaries and grow sites. Cultivation and dispensary inventory limits.** Many issues are still unresolved, including how dispensary applications are even approved. Excess amounts may lead to distribution and use outside of the medical marijuana program.

Finally, I would like to propose that we provide our children the same protection from this drug as we do from alcohol. That is, we should make it a felony offense for promoting marijuana to minors, just as it is a felony offense to promote intoxicating liquor to a person under the age of twenty-one.

ⁱ Pacula, R.L., Powell, D., Heaton, P. Sevingy, E.L. (2013), Assessing the effects of medical marijuana laws on marijuana and alcohol use: The devil is in the details. Available: <http://www.nber.org/papers/w19302>

ⁱⁱ National Institutes of Health, National Institute on Drug Abuse. 2011. Topics in Brief: Marijuana. Available: <http://www.drugabuse.gov/publications/topics-in-brief/marijuana>

ⁱⁱⁱ Alcohol and Drug Treatment Services Report, Hawaii, 10-Year Trends (2003-2012)

^{iv} Moore TH, Zammit S, Lingford-Hughes A, et al. Cannabis use and risk of psychotic or affective mental health outcomes: A systematic review. *Lancet* 370(9584):319–328, 2007. Also Large, M., Sharma S, Compton M., Slade, T. & O., N. (2011). Cannabis use and earlier onset of psychosis: a systematic meta-analysis. *Archives of General Psychiatry*. 68. Also see Arseneault L, et al. (2002). Cannabis use in adolescence and risk for adult psychosis: longitudinal prospective study. *British Medical Journal*. 325, 1212-1213.

^v Meier et al. (2012). Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proceedings of the National Academy of Sciences*.

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 07, 2015 9:17 AM
To: HLTtestimony
Cc: thirr33@gmail.com
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/7/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Arvid Tadao Youngquist	Individual	Support	Yes

Comments: Chairs, House Health and Judiciary Committees Vice Chair, & Honorable Joint Hearing Committee Members I support 1455 Relating to Medical Marijuna: Allows a qualifying patient or a primary caregiver to transfer marijuana plants or plant material to any other qualifying patient or primary caregiver. Increases the amount of marijuana that constitutes an adequate supply. Increases the maximum number of qualifying patients that a primary caregiver may care for at any given time. I thank the sponsor of this measure for introducing this legislation. I do not know whether the CPC Committee has heard this already, but if it does not, recommend that it be done so with your support with minimal amendments. Please save your reservations in the commentary of the Joint Hearing Reports. Mahalo, Arvid Tadao Youngquist Oahu Resident & Voter (Downtown, Wahiawa, University, Liliha, Makiki, Kaimuki, Salt Lake, Kalihi Valley, Kalihi-Palama, & Aiea)

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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 8:33 PM
To: HLTtestimony
Cc: begoniabarry@gmail.com
Subject: *Submitted testimony for HB1455 on Feb 7, 2015 10:00AM*

HB1455

Submitted on: 2/6/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara Barry	Individual	Support	No

Comments:

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To: The Hawai'i Legislature
February 6, 2015

Bill: HB 1455 **Medical Marijuana; Transfer; Adequate Supply; Primary Caregivers**

From: Brenda L. Cloutier, private individual.

I'm Brenda Cloutier, a medical marijuana patient since 2006 in Oregon, 2009 in Hawai'i. I live a few miles outside of Hilo-town. I'm disabled and unable to work due to Fibromyalgia, a neurological disorder which includes wide-spread chronic pain; all symptoms are greatly relieved by medical marijuana (MMJ).

I am strongly in favor of this bill, as the correction of these issues is long overdue.

When Oregon improved their MMJ laws, effective January 1, 2007, the feds said that any one caregiver/care-grower cannot have more than 99 plants. That change in the law allowed for 6 "mature" plants (in or ready to flower) and 12 immature plants under 12"x12" with no flowers. Though arbitrary, it allowed for improved production of more than one beneficial medical strain of cannabis.

Though the increase in amount of medicine a patient/care-grower can possess, it is still inadequate for cancer and epilepsy patients who need access to concentrated cannabis oil, which requires a full pound (16 ounces) of top quality plant material to produce 2 to 3 ounces (3 11-gram syringes of concentrate), which is barely a three month supply for those fighting cancer. The recommended amount does not take into consideration for those who grow out of doors. Even in Hawai'i it still boils down to 1 crop per year. If a patient needs 2 ounces per month, that's a minimum of 24 ounces per year for "adequate" supply, for an outdoor grower..

I would also like to see provision for a care-grower to charge the patient for the cost to grow their medicine. When I grew for myself in Oregon, I calculated the cost to grow 1 of the 5 plants I could put into flower at \$99 per plant, each plant provided 1 to 2 ounces – I kept my plants small and manageable. This included soil, nutrients, and the cost of electricity to run the lights (at 11 cents per KWH). Here in Hawai'i, it costs me \$150 per month in electricity alone because our outdoor growing conditions are not conducive to quality production, and I've had my medical garden stolen just a few days before harvest, from a fenced and locked backyard.

Brenda L. Cloutier
blcloutier@yahoo.com

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 1:03 PM
To: HLTtestimony
Cc: info@courtneybruch.com
Subject: *Submitted testimony for HB1455 on Feb 7, 2015 10:00AM*

HB1455

Submitted on: 2/6/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Courtney Bruch	Individual	Support	No

Comments:

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Dr. Berney

Supplemental Testimony HB1455

Aloha,

Below is the language from H.R. 83, the Omnibus Spending bill for Fiscal Year 2015. P.L. 113-235.

SEC 538. None of the funds made available in this Act to the Department of Justice may be used, with respect to the States of Alabama, Alaska, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Illinois, Iowa, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, Oregon, Rhode Island, South Carolina, Tennessee, Utah, Vermont, Washington, and Wisconsin, to prevent such States from implementing their own State laws that authorize the use, distribution, possession, or cultivation of medical marijuana.

The above language in current Federal Law both recognizes and protects the medical use of Marijuana in the various States including specifically Hawaii which is named in the Law.

Under current Federal Law Marijuana is both recognized and protected as a medicine.

The Federal Controlled Substance Act Schedule 1 requires substances to be NOT a medicine and UNSAFE under the strictest medical supervision. Since under current law the medical use of marijuana is recognized and protected, then marijuana being a recognized medicine does not fit into the definition of Schedule 1.

To date, Congress has not rescheduled medical marijuana and since it is NOT NOT a medicine by Law, medical marijuana is not a currently Scheduled under Federal Law.

When the Department of Justice promulgated rules for the Commercial Distribution of Recreational Marijuana for the State of Colorado, these rules and guidelines are apply to all 50 states under Equality.

Currently medical marijuana is protected under Federal Law and hasn't been re scheduled.

Being a medicine, there is not any valid legal reason why the all legal and Constitutional Protections that protect and apply to abortions, birth control and all of healthcare should not be

applied in the protection of medical marijuana. Medical marijuana should be given equal protection under the Constitution as all other medicines.

The Commercial Distribution of Recreational Marijuana is legal under federal guidelines.

Taxing seriously ill patients so they can access a necessary, medically appropriate and reasonably safe medicine is unconscionable, cruel, socially and medically unnecessary.

Now that the medical use of marijuana is recognized and protected under Federal Law, now that medical marijuana is not Schedule 1 due to the conflict created by the new Federal Law, medical marijuana should be mainstreamed.

The current marketplace suffers from over regulation, prohibition, and now inappropriate criminal laws. The Black market serves the health, safety and welfare of seriously ill patients but suffers from the above over regulation. The consequences of this overregulation are the lack of accessibility, availability and affordability of medical marijuana for these seriously ill patients.

The Department of Justice has testified to Congress that the prohibition of recreational marijuana would not be supported by the Courts. Justice further testified that Government should permit the distribution of recreational marijuana under their 8 point guidelines so as to CAPTURE THE REVENUE STREAM from the Black Market.

Taxing recreational marijuana is reasonable and appropriate and supported by the Federal Government.

TESTIMONY to

House Committee on Health (HLT) and House Committee on Judiciary (JUD Human Services and Housing
HB 321 Relating to Medical Marijuana; Appropriation **HB795: Workplace Marijuana Testing**
HB1455: Increasing Medical Marijuana Limits **HB794: Doctor Recommendations for Medical Marijuana**

Saturday, February 7, 2015 10:00 AM - State Capitol Conference Room 329

Submitted in **OPPOSITION** by: Fern Mossman, HI 96734

Chair Della Au Belatti and Vice Chair Richard P. Creagan (HLT)
Chair Karl Rhoads and Vice Chair Joy A. San Buenaventura

Despite popular belief, marijuana is dangerous. It has the potential to negatively affect the general welfare of the people of Hawaii.

At present, the value of medical marijuana is limited. Quality control issues make its use very unpredictable and thus dangerous to both debilitated patients and recreational users. Because of problems with dosing and the variable amounts that any one compound that might be delivered. Scientific evidence does not support smoking marijuana as a medicine.

Marijuana temporarily impairs driving skills, thus endangering the general population with increased risk of motor vehicle accidents and injuries. Driving, operating machinery, or hazardous activities that require clear thinking and good coordination are not recommended until the effects of THC-based drugs are known. People taking these drugs should be under the supervision of a responsible adult at all times when they start taking the medicine and after any dose changes.

The present liberality of these bills border on reckless endangerment. To tout marijuana's major effectiveness on one hand and on the other hand to say that it is mild and won't hurt anyone, is a bit dishonest. The gray area between great affect and no affect are what need to be studied before it is released and possibly hurt people.

These bills will increase availability to the general population. Marijuana has too long been looked on as harmless. For the sick people to obtain true benefits from this herb (as any other natural substance), the self-indulgent recreational users must forego their self-serving trifling's so that serious research can go forward.

Institute of Medicine (affiliated with the National Academy of Sciences and commissioned by the Office of National Drug Control Policy) found that scientific data indicate that that some of the effects of cannabinoids, such as reduced anxiety, sedation, and euphoria, **may be helpful for certain patients and situations and distressing for others. Smoking marijuana delivers harmful substances and may be an important risk factor in the development of lung diseases and certain types of cancer.** The Institute of Medicine also stated that because marijuana contains a number of active compounds, **it cannot be expected to provide precise effects** unless the individual components are isolated.

Too many people's lives and well-being are at risk to push these bills forward.

Health issues:

Inhaling or ingesting marijuana can cause a number of mental and emotional effects, including feelings of euphoria, short-term memory loss, difficulty in completing complex tasks, changes in the

perception of time and space, sleepiness, anxiety, confusion, and inability to concentrate. Some people find the emotional and mental effects to be frightening, and a significant few have had problems like depression, paranoia, and hallucinations from marijuana or cannabinoid medicines. People who are prone to mental illness may have more serious mental and emotional effects from marijuana use.

One long term study suggests that chronic marijuana affects intelligence. Researchers tested brain function in over 1,000 13 year-olds and then followed up on them with interviews for 25 years, retesting them again at age 38. They found that those who used marijuana often had a decline in brain function, even after they controlled for education levels. People who started using marijuana as teens had the most notable effects, and those who used it chronically had greater declines in function. Stopping marijuana use did not fully restore brain function

Marijuana temporarily impairs driving skills, leading to an increased risk of motor vehicle accidents and injuries.

People who are susceptible to psychosis are more likely to use marijuana and there is concern that their illness may be accelerated or worsened by marijuana use.

Heavy marijuana use over a long time can cause lung problems (chronic bronchitis), alter brain development, and worsen educational outcomes.

.Marijuana addictiveness? Evidence suggests that some people do develop unhealthy dependence on marijuana, meaning that they continue to use it even in the face of unwanted consequences in their lives. This happens more often in people who started as teens, and in those who use marijuana daily. Frequent users may have withdrawal symptoms if they stop it suddenly. Restlessness, irritability, mild agitation, sleep disturbances, nausea and cramping have been observed. Withdrawal symptoms have also been demonstrated in animal studies.

Marijuana should not be used during pregnancy. Women who use marijuana in pregnancy are more likely to have a stillbirth. In addition, children born to women who used marijuana in pregnancy have an increase in problems with development. THC crosses into breast milk, so women who are breastfeeding should not use marijuana.

Marijuana overdoses are not thought to directly cause death, but may cause mental impairment and distressing emotional states, such as paranoia, hallucinations, panic, and disconnection from reality. Overdose can also cause fast or disturbed heart rhythm, sleepiness, clumsiness, dry mouth, dizziness, and low blood pressure.

Accidental poisonings have become more of a problem since marijuana has become readily available in many states. Doctors report that more children have been finding and eating the candies, sweet drinks, and baked goods that it's often put into. Medical marijuana preparations are the biggest problem, since they are typically much more concentrated than non-medical preparations. It's easy for children who find medical marijuana-laced treats to take in far more than a typical adult dose. Children who overdose on marijuana can have hallucinations, trouble breathing, and other symptoms that require hospitalization.

HB795: Workplace Marijuana Testing

Strongly Oppose This bill prevents employers from protecting the health and safety of their workers and the people they serve. Imagine if an air traffic controller or a crane operator were impaired by marijuana use – even though they tested positive, that test could not be used as grounds for their suspension.

This bill contradiction itself, It states that it is not intended to permit use of marijuana in the workplace, but it prohibits employers from using the one tool that they have for determining whether an employee is impaired --a drug test. Despite a clause that indicates the contrary, there is only one way to determine whether an employee is impaired by medical marijuana.

The fact is that marijuana temporarily impairs driving skills, thus endangering the general population with increased risk of motor vehicle accidents and injuries . Driving, operating machinery, or hazardous activities that require clear thinking and good coordination are not recommended until the effects of THC-based drugs are known. People taking these drugs should be under the supervision of a responsible adult at all times when they start taking the medicine and after any dose changes

HB1455: Increasing Medical Marijuana Limits

Oppose. This bill increases the available supply, increases access and will adversely impact our communities, our families and especially our vulnerable keiki.

The intent of restricting supply was to prevent excess marijuana from being sold on the streets. It is reckless and selfish for marijuana advocates to request yet another increase

HB794: Doctor Recommendations for Medical Marijuana

Oppose. This poorly worded bill would give doctors the ability to recommend medical marijuana in any situation that they see fit which includes a range of conditions beyond those enshrined in statute and those permitted by the Department of Health (DOH).

There are doctors that specialize in giving patients the medical marijuana “prescription” that they want. Among recreational users, these doctors are known and utilized.

Both legislators (who wrote the existing statute) and the DOH have an obligation to balance the health and safety of the broader public against the needs of a medical marijuana patient. A patient’s doctor has no such obligation and prescribes marijuana based purely on the patient, without responsibility for the misuse and proliferation of the drug throughout the broader population.

Please oppose.

HB 321 Relating to Medical Marijuana; Appropriation **HB795: Workplace Marijuana Testing**
HB1455: Increasing Medical Marijuana Limits **HB794: Doctor Recommendations for Medical Marijuana**

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 2:44 PM
To: HLTtestimony
Cc: gene_dollar@yahoo.com
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/6/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Gene Dollar	Individual	Support	No

Comments: If you have a card and can grow then you should be able to grow the amount you need. Also different strains have different medicinal properties. It takes time to find a strain that is good for your certain condition. Having access to seeds and clones will help. Plus you keep money here on the islands instead of ordering seeds illegally. If you can trade then you don't spend money ordering. You can spend the money locally on other products. Don't make us live in the shadows. Let us have access to different strains on the island.

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creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 12:47 PM
To: HLTtestimony
Cc: joan@talkinghearts.com
Subject: *Submitted testimony for HB1455 on Feb 7, 2015 10:00AM*

HB1455

Submitted on: 2/6/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Joan Heartfield PhD	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 12:26 PM
To: HLTtestimony
Cc: images@stankoga.com
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/6/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Stanley koga	Individual	Support	No

Comments: Please do the right thing and support this logical bill. Mahalo.

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Mr. Rojelio Herrera Jr
94-368 Hakamoia St, Mililani HI
Judiciary and Health Committees
February 7, 2015
HB 321, HB 788, HB 1455, HB 794, HB 795, HB 993

CHAIRMAN RHOADES and CHAIRPERSON BELATTI

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http://news.olemiss.edu/index.php?option=com_content&view=article&id=4545%3Acannabispotency051409&Itemid=10
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ⁱ Pacula, R.L., Powell, D., Heaton, P. Sevingy, E.L. (2013), Assessing the effects of medical marijuana laws on marijuana and alcohol use: The devil is in the details. Available: <http://www.nber.org/papers/w19302>

ⁱⁱ National Institutes of Health, National Institute on Drug Abuse. 2011. Topics in Brief: Marijuana. Available: <http://www.drugabuse.gov/publications/topics-in-brief/marijuana>

ⁱⁱⁱ Alcohol and Drug Treatment Services Report, Hawaii, 10-Year Trends (2003-2012)

^{iv} Moore TH, Zammit S, Lingford-Hughes A, et al. Cannabis use and risk of psychotic or affective mental health outcomes: A systematic review. *Lancet* 370(9584):319–328, 2007. Also Large, M., Sharma S, Compton M., Slade, T. & O., N. (2011). Cannabis use and earlier onset of psychosis: a systematic meta-analysis. *Archives of General Psychiatry*. 68. Also see Arseneault L, et al. (2002). Cannabis use in adolescence and risk for adult psychosis: longitudinal prospective study. *British Medical Journal*. 325, 1212-1213.

^v Meier et al. (2012). Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proceedings of the National Academy of Sciences*.

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 1:05 PM
To: HLTtestimony
Cc: cloudia.charters@gmail.com
Subject: Submitted testimony for HB1455 on Feb 7, 2015 10:00AM

HB1455

Submitted on: 2/6/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
(Rev.) Cloudia Charters	Individual	Support	No

Comments: Mahalo for moving forward with these sensible, and much needed measures. God Bless You

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Testimony Offered for Saturday February 7, 2015, 10am
Heard by the Committee on Health and Committee on Judiciary
House of Representatives, The Twenty-Eighth Legislature, Regular Session of 2015
Measure number 1455
Testimony offered by:
Michelle Tippens
aka TheGoddessM
Staff Writer
Kaulana Na Pua Magazine

Good morning, of the Judiciary and Health committees, my name is Michelle Tippens and I am a resident and active voter in Makiki, within the boundaries of the Ahupua'a of Honolulu, on the Island of O'ahu. I am a disabled veteran of the US Army, a single mother, a full time student (at Kapi'olani Community College, obtaining my third upper level degree), a journalist with a staff position at the Kaulana Na Pua Magazine and a medical marijuana patient. I have an extensive list of medical conditions and injuries, the highlights of which are composed of multiple traumatic brain injuries, a degenerative condition in my cerebellum and spine, fibromyalgia, multiple fractured vertebrae, PTSD and a ribcage so damaged I had to undergo surgery in order to have it wired back together and bone grafted in to facilitate healing. Medical marijuana has allowed me to manage my symptoms so effectively I have been able to discontinue the use of over 25 prescription medications, many of which I had been given for over a decade. Further, I have been able to recover my well-being and a significant portion of my lost mobility, as I had at one point been confined to the use of a walker for over 2 years having progressed from using a cane as my condition deteriorated. All of my conditions still affect me daily; however, therapeutic marijuana use has allowed me to engage in my life at a level beyond that dictated by my injuries and illnesses. That said, I would like to address the bill before the committee today regarding medical marijuana in the state of Hawaii, namely House Bill 1455.

This bill seeks to expand patient rights under the current program to allow people to exchange medical marijuana with other licensed patients as well as makes increases to the current program in the areas of patient to caregiver ratio and plants allowable per certified patient. I am in support of this bill for several reasons, not the least of which is the simple mathematics that must accompany attempts to supply medical marijuana to a patient in amounts that are substantial enough to be therapeutic. This algebra, while simple, oftentimes escapes us when we are not dealing firsthand with the growth of medical marijuana. Put simply, medical marijuana grows over a period of 4-6 months, dependent upon the specific strain. On average, an amateur grower can yield 1-2 ounces per plant if growing indoors (a rather expensive endeavor). Therefore, under the current program standards, 7 plants, gleaned 2 ounces over the period of 4 months (this is the most favorable situation) will result in the patient having approximately 14 ounces of medicine every 4 months, or 3.5 ounces per month. It is not uncommon for a medical marijuana patient to use 4-6 ounces monthly, if not more, to manage their symptoms. I personally utilize approximately 6 ounces monthly while maintaining a B average at KCC. The current parameters for the medical marijuana are, simply put, inadequate for the needs of medical patients.

The fact is, many people like myself have injuries or medical conditions that make the sheer physical labor of growing marijuana a rather arduous task and many would prefer to be able to go to a store or a farmer to purchase their medication. Additionally, growers are often familiar with the strain selection and can offer guidance to patients. I am presented with questions daily regarding strain selection and oftentimes patients do not understand what they are looking for simply because the only information they are able to draw from comes from mass media, which is a poor place from which to draw an

Testimony Offered for Saturday February 7, 2015, 10am
Heard by the Committee on Health and Committee on Judiciary
House of Representatives, The Twenty-Eighth Legislature, Regular Session of 2015
Measure number 1455
Testimony offered by:
Michelle Tippens
aka TheGoddessM
Staff Writer
Kaulana Na Pua Magazine

education, in particular an education regarding one's health. Passing HB1455 would allow those most adept at growing medical marijuana to do so as caregivers for more than one person, allowing them to provide safe, effective medicine to several patients while also allowing patients to have better access to these more adept growers. This bill continues to allow people who prefer to grow their own medicine at home to do so, while allowing others who choose to go to a caregiver and receive the medication they have decided is best for them as well. In reality, this bill simply looks to give the freedom to choose back to the people within the arena of medical marijuana.

An increase to the patient caregiver ratio under the current medical marijuana program would allow patients to obtain their doctor's recommendation and select a caregiver who has already demonstrated their ability to cultivate quality medicine from whom to purchase medical marijuana to address their specific needs and medicative demands. This would also allow patients to enter into the patient-caregiver relationship with a realistic expectation regarding the quality of medical marijuana they will receive. This increase also allows for the price of medical marijuana to decrease, reducing the burden placed upon patients under the current system. This cost reduction results from the disproportionate increase to supply expense in relation to the number of plants grown.

I would like to conclude by stating that I support HB1455. While I may not believe this bill is flawless or the final solution to a rapidly shifting area within our society and culture, I believe this bill is an essential step toward indemnifying the people of the suffering they have endured using less natural methods to treat illnesses and chronic conditions. The beauty of a democratic legislative system is its plasticity, its ability to evolve with the demands of the people for freedom and the needs of the community for safety. As issues with the bill's implementation are isolated, amendments can be voted upon and enacted. I count myself blessed to live within a society that facilitates our ability as a community to create legislation and continue to adjust it as the need arises. I encourage the 2015 Legislature of Hawaii to enact HB1455, and mahalo again for your attention during my testimony.

To	Chair Della Belatti, House Committee on Health Members of the House Committee on Health
From:	Marti Tom
RE:	HB1455
Hearing:	Saturday, 2/7/15, 10:00am State Capitol, Rm. 329

I am opposed to HB1455 (Increasing Medical Marijuana Limits) for the following reasons:

- 1) The increase to eight ounces allows for more than is medically necessary and creates the tendency for users to a) use more than prescribed (which leads to new set of problems physically and mentally) and b) to sell to give to others.
- 2) This increase is a step towards increasing limits incrementally. At what point does it stop? I ask: how bad does the drug problem here in Hawaii have to be before you as lawmakers see the damage it does to our society?

This type of legislation tells your constituents that the safety and well-being of our families and neighborhoods do not matter to you. You, who are tasked with protecting our communities are, in reality, are telling us loudly and clearly, that you do not care about the social, mental and physical ramifications that the passage of this bill will bring to pass.

I urge you not to pass HB 1455.

Medical marijuana is an emotive issue. The major American pain societies do NOT support medical marijuana for the treatment of pain. I am AGAINST medical marijuana as proposed.

In the United States, *Cannabis* is a controlled substance and has been classified as a Schedule I agent (a drug with increased potential for abuse and no known medical use). By federal law, the use, sale, and possession of *Cannabis* (marijuana) is illegal in the United States.

In the US, we account for 4.8% of the world's population and we use 95% of the world's oral opioid medications. Other countries are looking at our narcotic dispensing policies to shape how they will enact policy regarding pain management so as to avoid the societal problems that we face .

The main active cannabinoid in *Cannabis* is delta-9-THC. Another active cannabinoid is cannabidiol (CBD). It is believed that marijuana's cannabidiol (CBD) may relieve pain and lower inflammation . To clarify this, marijuana that has high cannabidiol content do have therapeutic benefit if it is EATEN. The active ingredient remains in the body for ~10 hours. When marijuana is smoked or used in a vapor form, the therapeutic benefit is minimal because the active ingredient of the medication is eliminated from the body within 90 minutes.

In Hawaii, marijuana has a high THC content and low cannabidiol content. The elevated THC has a euphoric and dysphoric affect. This will cause impaired function and will affect a person's ability to operate machinery safely.

There are case reports which have reported that medical marijuana has helped children with refractory seizures when medications have failed, but the majority of epilepsy neurologists do NOT support marijuana for treatment for seizures.

The medical conditions that are allowed for prescriptive marijuana should be restricted to possibly the following medical conditions:

- Glaucoma (refractory to conventional medications only)
- Terminal cancer (pain, cachexia)
- Multiple sclerosis (painful spasms)
- Certain cancers if prescribed by patient's oncologist (tumor suppression?)

I recommend reviewing these medical journal articles and URL sites.

Medline: <http://www.nlm.nih.gov/medlineplus/marijuana.html>

<http://www.pharmacytimes.com/news/Keeping-an-Eye-on>

<http://www.ncbi.nlm.nih.gov/pubmed/25413126>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3381870/>

We need more solid medical research regarding the short and long term use of marijuana on various medical conditions before we allow marijuana dispensaries and easy availability to the general public.

Also, Colorado has noticed an increase of homelessness by 25% since marijuana dispensaries were opened. Hawaii has the most homeless population in the nation. Do we want more homeless transplants relocating here and killing the tourism industry, which is our main source of jobs?

Your time is greatly appreciated.
Louis Pau, MIPP, DABPM

creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 11:30 AM
To: HLTtestimony
Cc: lcaldwell12@live.com
Subject: *Submitted testimony for HB1455 on Feb 7, 2015 10:00AM*

HB1455

Submitted on: 2/6/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Larry Caldwell	Individual	Support	No

Comments:

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

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Testimony to the Joint House Committee on Health and Judiciary
Saturday, February 7, 2015; 10:00 a.m.
State Capitol, Conf. Room 329

RE: TESTIMONY IN OPPOSITION TO HOUSE BILL NOS. 321, 788, 1455, 794, 795, AND 993

Chair Belatti, Chair Rhoads, and Members of the Joint Committee on Health and Judiciary:

My name is Lei Learmont, and I am a resident of Wahiawa. I am testifying in strong OPPOSITION to all of the measures on today's agenda pertaining to medical marijuana and marijuana for the following reasons:

1. There should be enough time to educate physicians about marijuana and their uses. What they can use marijuana for, including the dosage, and if it would conflict with other medications taken by the patient. They should also be aware of side effects and any precautions (like other medications).
2. There should be educational courses for the growers, manufacturers, and dispensers ending with certification, and a continuing education program. If marijuana is to be used as a medical prescription, it should be treated the same as any prescribed drug.
3. The state monitors need to be experts about marijuana to be able to monitor the dispensaries, pharmacies, growers and manufacturers, so they can adequately monitor all those involved with marijuana.
4. For number of dispensaries, what percentage of the population is on medical marijuana that we need so many dispensaries? If the patients have not been registered, how do you know how many are on marijuana for medical reasons versus for comfort and recreation?
5. There needs to be strict policies regarding when a person should not be on marijuana if they may endanger their lives or others. I would hate to have a surgeon operate on me under the influence. If I were an employer, I would worry about workers who drive, operate machinery, having to have a very alert mind in their jobs.

Can all of the above be accomplished by January 1, 2017? These bills pose serious questions that should be addressed before enacting any legislation this year. For these reasons, I respectfully ask that you hold all these measures.

creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 10:42 AM
To: HLTtestimony
Cc: karibenes@gmail.com
Subject: *Submitted testimony for HB1455 on Feb 7, 2015 10:00AM*

HB1455

Submitted on: 2/6/2015

Testimony for HLT on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Kari Benes	Individual	Oppose	No

Comments:

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