



Testimony by:
FORD N. FUCHIGAMI
DIRECTOR

Deputy Directors
JADE T. BUTAY
ROSS M. HIGASHI
EDWIN H. SNIFFEN
DARRELL T. YOUNG

IN REPLY REFER TO:

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
869 PUNCHBOWL STREET
HONOLULU, HAWAII 96813-5097

February 12, 2016
9:30 a.m.
State Capitol, Room 329

H.B. 2707
RELATING TO MEDICAL MARIJUANA

House Committee(s) on Health & Judiciary

The Hawaii Department of Transportation (HDOT) **opposes** H.B. 2707 relating to medical marijuana. This bill establishes the medical cannabis advisory commission; amends various definitions and provisions relating to medical marijuana dispensary operations, paraphernalia and testing; and allows the interisland transport of medical marijuana for testing purposes; among other provisions.

The HDOT's Airports and Harbors divisions have concerns regarding the interisland transport of medical marijuana and are seeking clarity on the legality issues relating to federal laws.

The HDOT's Highways Division is concerned with the impact medical marijuana will have on the safety of our traveling public.

Reports from Washington State ("Driver Toxicology Testing and the Involvement of Marijuana in Fatal Crashes, 2010-2014") and Colorado ("The Legalization of Marijuana in Colorado: The Impact") indicate that with the commercialization of marijuana in the form of dispensaries and the legalization of marijuana, there have been increases in marijuana-impaired driving arrests and fatalities. In Washington, 84.3 percent of drivers positive for cannabinoids were positive for delta-9-tetrahydrocannabinols (THC) – the psychoactive chemical entering the blood and brain immediately after marijuana smoking/consumption – in 2014, compared to only 44.4 percent of cannabinoid-positive drivers in 2010. In Colorado, marijuana-related traffic deaths increased 92 percent from 2010-2014. In addition, the average number of marijuana-related traffic deaths increased 48 percent during the medical marijuana commercialization years (2009-2012) compared to the pre-commercialization years (2006-2008), when medical marijuana was legal but there were no known dispensaries.

In Hawaii, there was a significant increase in marijuana-impaired driving following the legalization of medical marijuana in our state in December 2000. During the pre-medical marijuana period (1991-2000), 4.89 percent of fatally injured drivers tested

positive for having marijuana in their systems. After the medical marijuana program went into effect, the proportion of fatally injured drivers who tested positive for THC increased to 14.61 percent during the post-medical marijuana period (2001-2011).

In recent years, from 2010-2014, 12 percent of drivers involved in fatal traffic crashes tested positive for having marijuana in their systems.

In light of these statistics and our concerns with the potential federal and international legal issues, we believe that it is vital that HDOT be included in any commissions or committees related to medical marijuana or the legalization of marijuana.

Although this bill establishes a medical marijuana advisory commission, it would not address issues relating to traffic safety or the interisland transport of medical marijuana. Furthermore, the commission would be comprised of 11 members, none of which would be an elected official or governmental official.

According to a November 2015 report from the Canadian Centre on Substance Abuse entitled "Cannabis Regulation: Lessons Learned In Colorado and Washington State," stakeholders in Colorado and Washington recommended that any jurisdiction considering policy change, including commercialization and legalization of marijuana, should create a comprehensive regulatory framework that takes into account legislation and policy; public awareness and prevention; health interventions and treatment; detection; deterrence and enforcement; adjudication and sanctions; evaluation; etc. The Washington and Colorado stakeholders also identified the importance of "taking the time and investing the resources needed to get it right, assessing impacts along the way, and making incremental changes to respond to emerging lessons learned." We strongly believe that the medical marijuana advisory commission in this bill could not effectively accomplish this with the membership composition that is currently proposed.

Thank you for the opportunity to provide testimony.



DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT & TOURISM

DAVID Y. IGE
GOVERNOR

LUIS P. SALAVERIA
DIRECTOR

MARY ALICE EVANS
DEPUTY DIRECTOR

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Statement of
LUIS P. SALAVERIA
Director

Department of Business, Economic Development, and Tourism
before the

HOUSE COMMITTEE ON HEALTH AND JUDICIARY

Friday, February 12, 2016
9:30 am
State Capitol, Conference Room 329

in consideration of
HB 2707
RELATING TO MEDICAL MARIJUANA.

Chairs Belatti and Rhoads, Vice Chairs Creagan and San Buenaventura, and members of the Committees. The Department of Business, Economic Development, and Tourism (DBEDT) offers the following comments on HB 2707.

DBEDT could provide statistical analysis of the medical marijuana industry in Hawaii provided that other government departments, including the Department of Health, supply DBEDT with the necessary data for the analysis. Most of the information regarding location, certification, registration, income, and regulation would be collected by the Department of Health.

Regarding exempting medical marijuana dispensaries from the Enterprise Zone program, the primary mission of DBEDT's Enterprise Zone program is to encourage the development of certain business activities that can thrive and provide long-term, full-time jobs for residents in Hawaii's economically disadvantaged areas. Accordingly, the allowable business activities as designated by the legislature include those that tend to create a relatively higher number of jobs, e.g., manufacturing, or those that need additional assistance, e.g., mainstream agricultural.

Medical marijuana growing and distribution in Hawaii is a protected class of industry and will be highly controlled with limited competition, if any, thus ensuring profitability. This

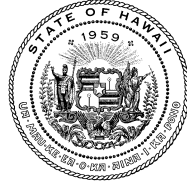
business activity does not appear to need tax incentives to be successful and create jobs for Hawaii.

We defer to the Department of Health and other government departments regarding the collection of data on the medical marijuana industry and defer to the Department of Taxation on the fiscal impact of this recommendation.

Thank you for the opportunity to provide this written testimony.

DAVID Y. IGE
GOVERNOR

SHAN TSUTSUI
LT. GOVERNOR



STATE OF HAWAII
DEPARTMENT OF TAXATION
P.O. BOX 259
HONOLULU, HAWAII 96809
PHONE NO: (808) 587-1540
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MARIA E. ZIELINSKI
DIRECTOR OF TAXATION

JOSEPH K. KIM
DEPUTY DIRECTOR

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

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

Date: February 12, 2016
Time: 9:30 A.M.
Place: Conference Room 329, State Capitol

From: Maria E. Zielinski, Director
Department of Taxation

Re: H.B. 2707, Relating to Medical Marijuana.

The Department of Taxation (Department) appreciates the intent of H.B. 2707, and offers the following comments for your consideration.

H.B. 2707 makes three tax related amendments. It decouples Hawaii income tax law from section 280E of the Internal Revenue Code (section 280E), allowing medical marijuana businesses to deduct their expenses for Hawaii income tax purposes. The bill clarifies that the general excise tax (GET) exemption for prescription drugs does not include medical marijuana. The bill also amends the Hawaii enterprise zone law to deny enterprise zone benefits to medical marijuana businesses. The measure has an effective date is July 1, 2016 and the amendment to section 280E conformity is effective for tax years beginning after December 31, 2015.

First, the Department notes that decoupling from IRC section 280E will allow medical marijuana businesses to calculate and pay Hawaii income tax just as other businesses do. Section 280E was enacted by the federal government in 1982 to disallow deductions to those trafficking in schedule I or II substances. Hawaii has adopted this provision as part of its income tax.

However, if a state legalizes medical marijuana, the operation of this section at the state level becomes contradictory because it disallows all income tax deductions even though the business activity is legal in the state. The Department notes that this bill relaxes section 280E for licensed medical marijuana dispensaries only, and that the section would still apply to others trafficking in schedule I or II substances.

While relaxing conformity to section 280E will promote fairness by putting licensed medical marijuana dispensaries on an equal footing with other businesses, it will cause some complications. Decoupling from section 280E will require separate income tax calculations for the federal return and the State return. The Department generally prefers conformity with the Internal Revenue Code whenever possible so that the Department can rely on Internal Revenue Service examinations and determinations.

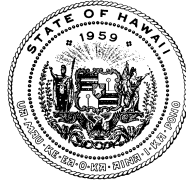
Second, the Department is concerned the amendment as drafted may not include all entities operating under a dispensary licensed under chapter 329D. Chapter 329D allows for each licensed dispensary to have a limited number of subcontractors operating under their license. If it is the intent that the relaxation of section 280E extend to these subcontractors, then the Department recommends that subsection (r) of section 5 of the bill be amended to read as follows:

"(r) Section 280E (with respect to expenditures in connection with the illegal sale of drugs) of the Internal Revenue Code shall be operative for the purposes of this chapter, except section 280E shall not be operative with respect to the production and sale of medical marijuana and manufactured marijuana products by dispensaries licensed under chapter 329D and their subcontractors."

Third, the Department notes that the amendment to the prescription drugs exemption is a very important clarification of law. Both the medical marijuana industry and the Department will benefit if the general excise tax treatment of medical marijuana is clear and beyond dispute.

Finally, the Department will be able to administer the provisions set forth in this measure by the effective dates stated in the measure.

Thank you for the opportunity to provide comments.



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

**Testimony COMMENTING on HB2707
RELATING TO MEDICAL MARIJUANA**

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH
REPRESENTATIVE KARL RHOADS, CHAIR
HOUSE COMMITTEE ON JUDICIARY

Hearing Date: Friday, February 12, 2016

Room Number: 329

1 **Fiscal Implications:** None known.

2 **Department Testimony:** Thank you for the opportunity to provide testimony on this bill. The
3 Department of Health (“Department”) defers to the expertise of the Department of Business,
4 Economic Development, and Tourism (DEBDT) and other relevant departments on sections of
5 this bill under their regulatory respective authorities.

6 Otherwise, the Department supports some sections, opposes some sections, and provides
7 comments on other sections as it relates to portions of the bill under the Department’s regulatory
8 authority.

9 Medical Marijuana Advisory Commission: The Department **opposes** this as premature
10 and unnecessary at this time. Instead, the Legislature should allow, rather than mandate, the
11 Department to form an advisory board or counsel of its own choosing and at its own time. This
12 would allow the Department to choose persons with specific expertise for specific purposes
13 rather than relying on a single group of politically appointed members with no medical marijuana

1 or clinical or business or rule-making expertise, or who may not be sufficiently objective for the
2 specific task at hand.

3 Advanced Practice Registered Nurse: It is standard practice and perfectly acceptable to
4 recognize the clinical qualifications of an APRN to accurately diagnose patients and to certify
5 their debilitating medical condition. This item is **supported** by the Department.

6 Definitions:

7 Enclosed Indoor Facility: The Department **support's** this bill's definition of an enclosed
8 indoor facility since it meets the spirit and intent of the Department's definition of the same term
9 in the interim administrative rules Chapter 11-850.

10 Plant: This definition needs clarification. The bill defines a plant as “a marijuana plant
11 having at least three distinguishable and distinct leaves, each leaf being at least three centimeters
12 in diameter, and a readily observable root formation consisting of at least two separate and
13 distinct roots, each being at least two centimeters in length. Multiple stalks emanating from the
14 same root ball or root system is considered part of the same single plant.”

15 This definition appears to have been borrowed from another state's definition of a
16 marijuana plant. However, it is unclear how to determine or observe the plant's root formation
17 unless the plant is removed from its soil either partially or totally. This could endanger the life
18 of the plant or retard its development. As a result, it is unclear how this definition would be
19 applied.

20 Also, the definition of the term “plant” does not provide the Department with guidance
21 on seeds or seedlings. For example, while each medical marijuana production center is limited
22 to 3,000 plants, this bill does not identify or define seeds or seedlings, and as importantly, how

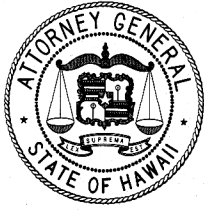
1 many seeds or seedlings each production center is allowed. Without guidance, the Department is
2 unable to write adequate rules. Left silent, this could be a cause for concern among federal or
3 state law enforcement agencies and could endanger the public.

4 Inter-Island Transportation: The Department could **support** this only if a certified
5 medical marijuana testing lab is not available on the island where a licensed dispensary is
6 located.

7 Laboratory Standards: The Department **opposes** codifying the laboratory standards from
8 the interim rules into statute. If the standards need to be revised, it is best to revise them through
9 rule making rather than through the Legislature.

10 Thank you for the opportunity to provide testimony on this bill.

11 **Offered Amendments:** None.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-EIGHTH LEGISLATURE, 2016**

ON THE FOLLOWING MEASURE:

H.B. NO. 2707, RELATING TO MEDICAL MARIJUANA.

BEFORE THE:

HOUSE COMMITTEES ON HEALTH AND ON JUDICIARY

DATE: Friday, February 12, 2016 **TIME:** 9:30 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Douglas S. Chin, Attorney General, or
Tara K.C.S. Molnar, Deputy Attorney General

Chairs Belatti and Rhoads and Members of the Committees:

The Department of the Attorney General has the following comments regarding this bill.

This measure would amend chapter 201, Hawaii Revised Statutes (HRS), to add a new section that would require the Department of Business, Economic Development, and Tourism (DBEDT) to collect de-identified information regarding the medical marijuana registry and dispensary programs and provide this information to the Department of Health (DOH) and medical marijuana advisory commission (page 2, lines 4-21, through page 3, lines 1-4). It also amends chapter 329D, HRS, to add a new section that would establish a medical marijuana advisory commission within DOH (page 3, lines 8-21, through page 4, lines 1-12). The measure amends sections 329-121 and 329D-2, HRS, to allow for the transportation of medical marijuana for testing purposes between counties and islands (page 34, lines 10-12, and page 44, lines 1-3). It also amends section 329D-2, HRS, to allow dispensary licensees to engage one or more subcontracting operators or service contractors (page 42, lines 8-20). It also amends section 329D-10, HRS, to allow licensees to manufacture and distribute transdermal patches and "substances specifically designed to be inhaled," and maintains wording that reads "other products as specified by the department" (page 48, lines 10-12).

The provision that amends chapter 201, HRS, to include a section that would require DBEDT to collect de-identified information regarding the medical marijuana registry and dispensary programs and share the information with DOH and the medical marijuana advisory commission raises several concerns (page 2, lines 4-21, through page 3, lines 1-4). Currently, sections 329D-20 and 329-123, HRS, appear to enable DOH to provide reasonable access to the

registry information to law enforcement agencies for law enforcement purposes only. Also, DOH, and not DBEDT, currently has access to information regarding the medical marijuana registry and dispensary programs, through chapters 329 and 329D, HRS. It is unclear from the proposed wording how DBEDT would gain access to the information that it must collect. This ambiguity could be resolved by instead amending chapters 329 and 329D, HRS, rather than adding a section to chapter 201, HRS, to allow DOH to share de-identified information with DBEDT and the proposed medical marijuana advisory commission.

The wording regarding the proposed medical marijuana advisory commission (page 3, lines 8-21, through page 3, lines 1-4) appears to mirror that of section 26-34, HRS, as it states that "the members appointed pursuant to paragraphs (3) and (4) shall be subject to the advice and consent of the senate." It is unclear whether the proposed advisory commission is intended to function as a commission pursuant to section 26-34, HRS, and this ambiguity could be resolved by clarifying this issue.

The proposed definition of "service contractor" (page 39, lines 10-18) allows a person or entity to engage in any work or service related to product testing, and without further clarification this definition may create a conflict with the proposed definition for "certified laboratory." It is unclear whether a service contractor may test marijuana and manufactured marijuana products, and whether a service contractor may do so without meeting the stringent certification standards set forth in section 329D-8, HRS, and chapter 11-850, Hawaii Administrative Rules (HAR), for laboratories. These inconsistencies may be resolved by either clarifying that a service contractor who performs testing must meet the certification standards in chapter 329D, HRS, and the administrative rules, or deleting the reference to product testing.

The proposed definition of "subcontracting operator" (page 39, line 19, to page 40, line 3) allows a person or entity to "perform any cultivating, dispensing, manufacturing, or selling of marijuana or marijuana products." Section 329D-1, HRS, currently contains definitions for "production," dispensing," and "manufactured marijuana products." It appears that the proposed wording would refer to these existing definitions in section 329D-1, as "production" refers to "planting, cultivating, growing or harvesting of marijuana," and "dispensing" refers to the "act of a licensed dispensary providing marijuana or manufactured marijuana products to a qualifying patient or a primary caregiver for a fee." Likewise, it appears that "marijuana products" would

refer to the existing definition "manufactured marijuana products." These inconsistencies may be resolved by replacing the terms "cultivating," and "marijuana products" with "production" and "manufactured marijuana products," and deleting the term "selling," as the term "dispensing" appears to refer to sales of marijuana and manufactured marijuana products to qualifying patients or primary caregivers.

A proposed definition for "plant" appears at page 39, lines 3-9. A production center is limited to 3000 plants, but the definition of plant excludes from the limitation many other things that would otherwise be considered a "plant" in common usage. The effect of this is that a dispensary could have tens of thousands of seedlings or immature plants that never get tracked. The untracked plants could get diverted out of the system without any record existing. Preventing diversion is one of the elements of a robust regulatory scheme as set out by the U.S. Department of Justice (DOJ) in its Memorandum for All United States Attorneys dated August 29, 2013 (the Cole Memo), providing guidance regarding marijuana enforcement.

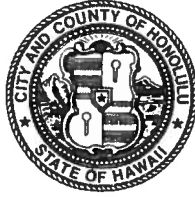
The provision that amends section 329D-10, HRS, to allow licensees to manufacture and distribute "substances specifically designed to be inhaled" and "other products as specified by the department" also raises concerns (page 48, lines 11-12). First, it is unclear whether the wording "substances specifically designed to be inhaled" refers to dried marijuana or whether it refers to manufactured marijuana products such as marijuana cigarettes or vaporizing cartridges. Second, the existing wording "other products as specified by the department" does not indicate the type of products that a licensee would be allowed to manufacture and distribute and has caused much confusion to date, since the definition of the term "manufactured marijuana product" in section 329D-1 is exclusive ("any capsule, lozenge, oil or oil extract, tincture, ointment or skin lotion, or pill that has been manufactured using marijuana"). The ambiguities posed by this wording may be resolved by defining both terms, and possibly amending the term "manufactured marijuana product" to include other products.

Furthermore, the provisions that allow for the transport of marijuana between counties and islands, at page 44, lines 1-3, raise concerns. Interisland travel in most instances involves travel outside the State's jurisdiction and entering federal jurisdiction. State law cannot protect a person from federal prosecution or provide a defense for actions taken outside the state's jurisdiction.

The Department of the Attorney General respectfully recommends that, if the Committees move this measure forward, they amend the bill as suggested.

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

MARIE A. McCAULEY
CARY OKIMOTO
DEPUTY CHIEFS

OUR REFERENCE CT-TA

February 12, 2016

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

Dear Chairs Belatti and Rhoads and Members:

SUBJECT: House Bill No. 2707, Relating to Medical Marijuana

I am Calvin Tong, Major of the Narcotics/Vice Division of the Honolulu Police Department (HPD), City and County of Honolulu.

The Honolulu Police Department opposes House Bill No. 2707, Relating to Medical Marijuana.

This bill seeks, in part, to allow advanced practice registered nurses to qualify a patient for the medical use of marijuana. The medical marijuana program needs to remain tightly regulated to prevent misuse of marijuana. The passage of this bill would increase the potential for abuse of the medical marijuana system.

The Honolulu Police Department urges you to oppose House Bill No. 2707, Relating to Medical Marijuana.

Thank you for the opportunity to testify.

APPROVED:

Sincerely,


Louis M. Kealoha
Chief of Police


Calvin Tong, Major
Narcotics/Vice Division

DEPARTMENT OF THE PROSECUTING ATTORNEY
CITY AND COUNTY OF HONOLULU

ALII PLACE
1060 RICHARDS STREET • HONOLULU, HAWAII 96813
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KEITH M. KANESHIRO
PROSECUTING ATTORNEY

ARMINA A. CHING
FIRST DEPUTY PROSECUTING ATTORNEY



**THE HONORABLE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH**

**THE HONORABLE KARL RHOADS, CHAIR
HOUSE COMMITTEE ON JUDICIARY
Twenty-Eighth State Legislature
Regular Session of 2016
State of Hawai`i**

February 12, 2016

RE: H.B. 2707; RELATING TO MEDICAL MARIJUANA.

Chair Au Belatti, Chair Rhoads, Vice Chair Creagan, Vice Chair San Buenaventura, and members of the House Committee on Health and the House Committee on Judiciary, the Department of the Prosecuting Attorney of the City and County of Honolulu submits the following testimony in opposition to H.B. 2707.

The purpose of H.B. 2707 is (1) to clarify and amend statutes to conform to the medical marijuana dispensary system, (2) ensure an efficient and responsible operation of medical marijuana dispensaries and (3) to ensure access to any and all qualifying patients. Our Department has always taken the position that strict regulations should be maintained to facilitate effective enforcement and control of medical marijuana. In regards to H.B. 2707, our Department specifically opposes the amendments to section 8 and section 9 regarding health care professionals.

Section 8 of H.B. 2707 addresses the creation of a new definition relating to a "health care professional". Under H.B. 2707, "health care professional" would include not just licensed physicians, but would now also include advanced practice registered nurses (hereinafter referred to as APRN) who have prescriptive authority. Our Department would stress the importance of limiting the term "health care professional" to licensed physicians to ensure not just consistency, but accountability as well. Certification to serve as an APRN requires an individual to complete a rigorous amount of education and training with a minimum requirement of a Master's Degree in Nursing. However, the fields of practice for APRNs is not limited to a traditional hospital

setting, but spans a wide range of healthcare settings that includes but is not limited to nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, and clinical nurse specialists. This diversity for APRNs makes the implementation of other sections difficult and ensuring consistency and accountability troublesome.

With the addition of APRNs to the definition of “health care professional”, section 9 of H.B. 2707 would allow APRNs to now clinically diagnose a qualifying patient with a debilitating medical condition which could necessitate the issuance of a medical marijuana certificate. H.B. 2707 appears to loosen standards governing health care professionals, such that the door would be opened to APRNs who may abuse the privilege, focusing their practice solely on issuing medical marijuana certificates to patients regardless of whether there is a debilitating medical condition.

For the foregoing reasons, the Department of the Prosecuting Attorney of the City and County of Honolulu opposes H.B. 2707. Thank you for this opportunity to testify on this matter.

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 07, 2016 7:11 PM
To: HLTtestimony
Cc: wailua@aya.yale.edu
Subject: Submitted testimony for HB2707 on Feb 12, 2016 09:30AM

HB2707

Submitted on: 2/7/2016

Testimony for HLT/JUD on Feb 12, 2016 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Wailua Brandman	Hawaii Assoc. of Professional Nurses	Support	No

Comments: Aloha Chair Au Belatti, Vice Chair Creagan and members of the House Committee on Health, Representative Karl Rhoads, Chair, Representative Joy A. San Buenaventura, Vice Chair, and members of the House Committee on Judiciary. Mahalo for this opportunity to testify in Support of HB2707. Improving access to medical cannabis is a smart position. HAPN is in support of authorizing APRNs to certify their patients' diagnoses that are eligible to receive medical cannabis. As you are most likely aware, APRNs in Hawai'i have Full Practice Authority and currently assess, diagnose, plan and provide treatment for their patients. They also have the authority to prescribe controlled substances scheduled II-V. APRNs also have the authority to recommend medical cannabis in 5 states - California, Maine, New Mexico, New York and Washington, where medical cannabis is legal. APRNs in Hawai'i are also recognized as Primary Care Providers, so many of their patients are not in the care of a physician. Changing the definition of "physician" in the statute to "health care provider," and including APRNs in that definition is a benefit to patients, increasing their access to health care. Mahalo for your attention to this detail of HB2707, for your support of nursing and for the protection of the health care rights of our state's population. Warmest Aloha, Wailua Brandman APRN FAANP, HAPN Legislative Committee Chair

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 11, 2016 6:25 AM
To: HLTtestimony
Cc: milesw@hawaii.edu
Subject: *Submitted testimony for HB2707 on Feb 12, 2016 09:30AM*

HB2707

Submitted on: 2/11/2016

Testimony for HLT/JUD on Feb 12, 2016 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Miles W. Tuttle	Kush Bottles Hawaii	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 10, 2016 11:51 PM
To: HLTtestimony
Cc: carl@dpfhi.org
Subject: *Submitted testimony for HB2707 on Feb 12, 2016 09:30AM*

HB2707

Submitted on: 2/10/2016

Testimony for HLT/JUD on Feb 12, 2016 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Carl Bergquist	Drug Policy Forum of Hawaii	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 10, 2016 5:51 PM
To: HLTtestimony
Cc: andreatischler@yahoo.com
Subject: Submitted testimony for HB2707 on Feb 12, 2016 09:30AM

HB2707

Submitted on: 2/10/2016

Testimony for HLT/JUD on Feb 12, 2016 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Andrea Tischler	Americans for Safe Access Big Island Chapter	Support	No

Comments: Big Island Chapter of Americans for Safe Access support this bill exempting certified patients from use and paraphernalia offenses. Sunday openings are good for patients who may not be able to reach a dispensary during the weekdays or Saturday. Greater access and convenience for patients should be the goal.

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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ON THE FOLLOWING MEASURE:
H.B. NO. 2707, RELATING TO MEDICAL MARIJUANA

BEFORE THE:
HOUSE COMMITTEES ON HEALTH AND ON JUDICIARY

DATE: Friday, February 12, 2016 TIME: 9:30 a.m.

LOCATION: State Capitol, Conference Room 329

TESTIFIER(S): Antoinette Lilley, President, or Christopher Garth, Executive Director

Honorable Chairs Belatti and Rhoads and Members of the Committees:

On behalf of the members and stakeholders of the medical marijuana industry that we represent, the Hawai'i Dispensary Alliance (HDA) is writing in SUPPORT of HB 2707. We support this bill with very few reservations because it offers common sense changes that will allow Hawai'i's medical marijuana industry to function. Our testimony clarifies our support of the following areas: the Laboratory specifications in HB 2707, the Subcontractor language in HB 2707, the Paraphernalia changes in HB 2707, and the PRN Certifications for patients in HB 2707.

The Laboratory specifications in HB 2707

HDA supports the revised lab testing standards because they are in line with the experience of current marijuana testing laboratories and the white papers of the Cannabis Safety Institute¹ (CSI). Although the Department of Health had good intentions in basing their testing standards on the regulations of other states, laboratory testing is one of the areas where it is actually unhelpful to rely on the groundwork laid by other state regulators. As CSI notes, "Each of these states has had to struggle individually with the logistics and policy issues involved in implementing these programs, and [m]ost states simply don't have the scientific resources necessary to ensure the safety of a major agricultural crop that is used both medically and recreationally and that very little is known about." Unfortunately, this has resulted in regulations with "required tests that are inappropriate or meaningless for this type of plant." Even more concerning, many states "have failed to require tests for organisms or contaminants that could actually lead to extraordinarily serious public health consequences." The following changes to the interim rules' testing standards are supported by the scientific evidence:

- Removal of heavy metal testing
- Removal of mycotoxin testing
- Addition of aspergillus terreus testing
- Substitution of "E. coli (generic)" for "E. coli (pathogenic strains)"

¹ "The Cannabis Safety Institute is run by an Advisory Board of scientists, doctors, and regulatory experts committed to providing the rigorous scientific data and expertise necessary to ensure the safety of the legal Cannabis industry." CANNABIS SAFETY INSTITUTE, "Mission" (last visited Feb. 10, 2016) available at <http://cannabissafetyinstitute.org/mission/>.

- Changing E. coli limit to 100 CFU/gram
- Removal of Bile-tolerant Gram Negative Bacteria testing
- Narrowing the list of target pesticides
- Changing pesticide limit from 1ppm to 1ppb

These changes, to be discussed in the following paragraphs, will ensure that laboratories are not forced to employ outdated, ineffective tests, overlook harmful impurities, or purchase expensive, unnecessary equipment.

Heavy Metals

The industry consensus is that heavy metal testing is expensive and unnecessary for the medical marijuana industry, particularly batch testing as required by the Department's interim rules. According to Dr. Robert Martin,² "the scientific evidence indicates what little heavy metal is allowed into the plant is sequestered below ground in root systems. Further, the great majority of medical marijuana is grown in fresh growth media and never in waste or high spoil areas." CSI agrees that "[a]s of now, there is no evidence that the common toxic heavy metals – arsenic, chromium, cadmium, and several others – are found in Cannabis at significant levels." Even a study performed at the request of the Washington Liquor Control Board determined that because it is so "costly to detect heavy metals in the finished product, due to the nature of highly sensitive spectroscopic techniques[] [a] suitable approach might involve a quality control inspection program that instead focuses on production process and intermediary outcomes."

Microbiological Impurities

We support all the changes made to the substance of the microbiological testing section, but it appears that the formatting is slightly off. The final numbers of the CFU measurements in HRS § 329D-8(E)(i-vi) should be typed as an exponent. For example, the allowable amount of total viable aerobic bacteria in processed and unprocessed materials would be 10⁵ CFU/gram, and the allowable amount of total viable aerobic bacteria in carbon dioxide and solvent based extracts would be 10⁴ CFU/gram. Beginning with §329D-8(E)(vii), the numbers should be read as is. Other than that minor typographical error, HDA supports the microbiological testing requirements of HB 2707 because they are in line with the scientific evidence regarding cannabis as documented by CSI.³

Pesticides

As written, the Department's pesticide testing standard would require a laboratory to test for hundreds of pesticides per sample submitted, which is both cost prohibitive and scientifically invalid. According to Dr. Martin, this would require "at least three separate analytical instruments and standards for each pesticide tested would be required." Rather than taking this overly-broad approach, CSI recommends that state agriculture departments create a list of testable pesticides that are likely to be used on marijuana.⁴ The only CSI-recommended change not currently codified in HB2707 is that the unit of measurement be "parts per billion" rather than "parts per million" as HB 2707 currently states. We are recommending that the Legislature change that portion of HB2707 to avoid allowing unsafe levels of pesticides in marijuana flowers and extracts.

Residual Solvents

HDA supports raising the hexane limit in order to conform with the practical realities of the extract-making process. This problem was brought to our attention through the testimony of two former Illinois regulators at the joint health committee hearing on October 23, 2015. Illinois ran into issues when they set the residual solvent limit at 10ppm because the hexane in cleaning agents typically used on

² Dr. Martin runs an International Standardized lab, CW Analytical, and has been testing in the industry for over five years.

³ Mowgli Holmes, PhD, Jatin M. Vyas, MD, PhD, William Steinbach, MD, John McPartland, MD, *Microbiological Safety Testing of Cannabis*, Cannabis Safety Institute (May 2015).

⁴ Roger Voelker, PhD, Mowgli Holmes, PhD, *Pesticide Use on Cannabis*, Cannabis Safety Institute (May 2015) available at <http://cannabissafetyinstitute.org/wp-content/uploads/2015/06/CSI-Pesticides-White-Paper.pdf>.

closed-loop extraction equipment could attach themselves to processed product, even though no solvents (hexane or otherwise) were used in the actual extraction process itself. The US Pharmacopoeia (USP) establishes the residual solvent limit for hexane at 29 times higher than Hawai‘i’s current standard (10ppm vs. 290ppm), so HB2707’s limit of 150ppm should be sufficient to avoid the residual cleaning agent issue when testing extracts.

The Subcontractor language in HB 2707

HDA supports HB2707’s changes to the subcontractor language in so far as it removes the confusion created by the restrictive language of the interim rules. By referring to subcontractors with such a narrow definition and restricting contracting with all subcontractors, the Interim Rules provoked confusion and consternation amongst dispensary applicants who read the rules as preventing all service providers from contracting with more than a single licensee. HB 2707 adopts the Department of Health’s new approach to the issue of subcontractors by explicitly creating a set of services whose providers may contract with *more than one* dispensary licensee and a set of services whose providers can contract with *at most one* dispensary licensee. HB 2707 is on the right track by explicitly delineating the types of services which may contract with one dispensary and those that may contract with more than one dispensary. To that end, HDA has the following recommendations:

- The lists of services providers in HB 2707 are written as if they were exhaustive. This makes sense for the list of service providers who may only contract with a single dispensary licensee, but it should be left open-ended to include types of service providers who are not explicitly mentioned. The Legislature’s intent is well served simply by limiting those that can only contract with one dispensary licensee, not by excluding service providers who are not listed at all from contracting with any dispensary licensee.
- The goal should be to limit only those activities which might create an absolute monopoly and lead to diversion and rule breaking between dispensaries.
- Additionally, it is important to note that most states have moved away from this schema (if they ever had it) – for instance, Nevada in late 2015 allowed subcontractors to obtain a separate registration to provide production and manufacturing services and did not limit them to serving only a single dispensary licensee as a way to incentivize their struggling industry. Bill 70, 2015, Section 30: NRS 453A.117, and Sec. 31. NRS 453A.332.
-

The Paraphernalia changes in HB 2707

HDA supports the proposed change to HRS §329-43.5 because there is currently no affirmative defense afforded to ancillary businesses of this industry. Under the broad wording of the current statute, manufacturers of testing equipment, hydroponic systems, etc. all face potential criminal liability because their business model requires possession and delivery of paraphernalia that they know will be used to “plant, propagate, cultivate, grow, harvest . . . a controlled substance.” By providing this affirmative defense to all individuals who are lawfully participating in Hawai‘i’s medical marijuana industry, we reduce stigma and the threat of unfair persecution for the program as a whole.

The PRN Certifications for patients in HB 2707

HDA supports broadening the category of certifying healthcare providers under Chapter 329D because there should be greater opportunity and resources afforded to patients who seek medicinal certification to use medical marijuana. The Department of Health has stated on several occasions that the majority of certifications in Hawai‘i are issued by a handful of doctors, and HDA has been approached by many potential patients who have been unable to find a primary care physician willing to certify their condition. Some states have provided greater leniency and access to their state regulated program. In the cases of both Washington and Oregon, patients are legally provided the right to seek an MMJ certification from health care providers “other” than their primary physician. In Washington, the following healthcare professionals may authorize medical marijuana: Medical doctors (MDs), Physician assistants (PAs),

Osteopathic physicians (DOs), Osteopathic physician assistants (OAs), Naturopathic physicians (NDs), and Advanced registered nurse practitioners (ARNPs).⁵

⁵ This information was extracted from the Washington State Department of Health on their FAQ page: <http://www.doh.wa.gov/YouandYourFamily/Marijuana/MedicalMarijuana/HealthcareProviders/HealthcareProvidersFrequentlyAskedQuestions#1>



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

TO: HOUSE COMMITTEES ON HEALTH & JUDICIARY

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

DATE: FEBRUARY 12, 2016, 9:30 a.m., ROOM 329

RE: H.B. 2707 RELATING TO MEDICAL MARIJUANA – **IN SUPPORT**

Good morning, Chairs Belatti, Chair Rhoads; Vice Chairs Creagan and San Buenaventura, and members of the Committees. My name is Pam Lichty and I'm President of the Drug Policy Action Group (DPAG), the government affairs arm of the Drug Policy Forum of Hawaii.

DPAG is in strong general support of this measure, although it is very lengthy and there are some parts of it that raise questions for us.

We are very pleased to see a system of data collection included as well as the description and requirements of a lab system for the dispensary program. This has been only vaguely referenced before and it is a critical part of a responsible, well-regulated system. We applaud the use of interisland transportation for testing samples since clearly not every island can support a full-on laboratory.

We were glad to see the hours opened up to include Sundays since that may be the only time some patients can access them. And the addition of advance practice nurse practitioners with prescriptive authority to the list of those who can certify patients will further enhance access. This should prove particularly useful in rural areas where there may be a shortage of physicians. We wonder if the committee might consider adding language to permit certification by telemedicine. It is my understanding that this is now generally considered to constitute a "bona fide relationship" in the medical field.

In Section 17 we were happy to see that a couple of additional modalities for taking medicinal cannabis are included, specifically transdermal patches, very effective for pain, and "substances specifically designed to be inhaled." I don't know if this is meant to reference pre-rolled cigarettes or vaporizing instruments, but both of these methods of ingestion are particularly useful because of their rapid onset for people with nausea for example. We fervently wish the Committees would add edibles to the available

products, as they are uniquely helpful for chronic pain due to the steady supply of medicine they provide over many hours.

And now please allow me to enumerate **some shortcomings** we see. In Section 3, which would establish a medical marijuana advisory commission, all the appointing of members is done by the President and Speaker, the Governor, and the mayors of each county. And the Governor selects the chairperson. We believe a far better approach is that embodied in SB 2176 in which representation is required to include physicians, patients and representatives from relevant departments. And the members themselves choose the Chair.

In Section 7 (p.26 ff) the drug paraphernalia law is amended to protect patients, dispensary employees, and others from fines and other penalties which could normally apply to them. This is excellent as far as it goes, but we believe the entire drug paraphernalia law is outdated and results in unnecessary additional jail time when the drug possession itself is what is usually targeted. There are other vehicles this session intended to address this issue in a more comprehensive way. Of course if none of the more comprehensive bills are moving, we would be happy to see this carve-out in statute.

In Section 13 (p.38) thirteen new definitions are added. To our surprise there is a new definition of "enclosed indoor facilities" which explicitly excludes greenhouses or shade houses. I was under the impression following the joint Health briefing in December, that this chamber was favorable to the inclusion of greenhouses as delineated in H.B. 1808 at the top of today's agenda.

In sum, we heartily endorse the majority of the provisions of this measure and we urge this committee to move HB 2707 on to FIN. Mahalo for hearing this measure today and for giving us the opportunity to testify.

TAX FOUNDATION OF HAWAII

126 Queen Street, Suite 304

Honolulu, Hawaii 96813 Tel. 536-4587

SUBJECT: GENERAL EXCISE, INCOME, MISCELLANEOUS, Taxation of Medical Marijuana Dispensaries

BILL NUMBER: HB 2707

INTRODUCED BY: BELATTI, LUKE, MCKELVEY, MORIKAWA, NAKASHIMA, NISHIMOTO, SAN BUENAVENTURA, SOUKI, Rhoads

EXECUTIVE SUMMARY: This bill provides that medical marijuana dispensary businesses (1) are not eligible for enterprise zone program incentives; (2) are eligible for business deductions for income tax purposes despite federal provisions disallowing them; and (3) are not eligible for the GET exemption for sales of prescription medicine. It is unclear why this type of business should be singled out for special treatment under the tax laws.

BRIEF SUMMARY: Amends HRS section 209E-2 to provide that medical marijuana dispensary activities pursuant to chapter 329D shall not be considered an eligible business activity for purposes of the enterprise zone incentive program.

Amends HRS section 235-2.4 to provide that IRC section 280E (with respect to expenditures in connection with the illegal sale of drugs), although generally operative for Hawaii income tax purposes, shall not be operative with respect to the production and sale of medical marijuana and manufactured marijuana products by licensed dispensaries.

Amends HRS section 237-24.3(6) to provide that “prescription drugs” eligible for the GET exemption for prescription drugs sold to an individual, do not include the medical use of marijuana pursuant to chapters 329 and 329D.

There are also numerous nontax provisions.

EFFECTIVE DATE: July 1, 2016; provided that the income tax provision applies to tax years beginning after December 31, 2015.

STAFF COMMENTS: Act 241, Session Laws of Hawaii 2015, established a licensing scheme for a statewide system of medical marijuana dispensaries to ensure access to medical marijuana for qualifying patients.

The bill proposes differing tax treatment for marijuana businesses in three respects.

Enterprise Zone Program: The enterprise zone program was enacted as a cooperative program between the state and the counties to promote jobs in areas of high unemployment. Certain areas are designated as enterprise zones through joint action of the state and counties. In a zone, the state offers an income tax credit for the tax attributable to the eligible business conducted in the zone, which is normally applied on a sliding scale – 80% for the first year, 70% for the second, and so on until the credit is 20% for the seventh and last year in the program. It also offers an

unemployment tax credit for the tax attributable to employees doing the eligible business in the zone, on the same sliding scale. Finally, the state offers a general excise tax exemption for the eligible business attributed to the zone. The counties also offer incentives, which vary by county. In return, the business commits to either maintain or increase the number of employees in the zone doing the eligible activity, depending on whether it was already in the zone upon designation or moved to the zone.

As business incentives go, the enterprise zone program is better than most. The incentive applies to a specific activity (here, creating and maintaining employment) targeted to the problem the program seeks to address. The incentive tapers off over time and then stops. It requires accountability, namely required reports to DBEDT, for a business to retain its eligibility. The business itself may need a different kind of assistance, such as financing, but the state is here focusing on creating and maintaining jobs in areas that need them.

One criticism of the program is that the designated eligible activities do not seem to have a common thread running through them except that the various activities seem to have been the Flavor of the Month at one time or other. Eligible activities at present are:

- Agricultural production or processing
- Manufacturing
- Wholesaling/Distribution
- Aviation or maritime repair or maintenance
- Telecommunications switching and delivery systems
- Information technology design and production
- Medical research, clinical trials, and telemedicine
- For-profit training programs in international business management or environmental remediation
- Biotechnology research, development, production, or sales
- Repair or maintenance of assisted technology equipment
- Certain types of call centers
- Wind energy producers

The bill proposes to exclude medical marijuana dispensaries from the program. It is unclear, however, whether such businesses would qualify for the program in the first place because the current category of agricultural production or processing is supposed to exclude retail sales. If the bill is merely clarifying the program's application to this type of business, it is justifiable as a technical fix; if not, lawmakers must ask what is different about this business type that requires exclusion from this program while similar businesses are eligible.

Income Tax: Section 280E of the Internal Revenue Code now provides that no deductions are allowed in connection with the illegal sale of drugs. This provision applies to medical marijuana businesses because distribution and sale of marijuana are still prohibited at the federal level. The federal provision was enacted as part of the Tax Equity and Fiscal Responsibility Act of 1982, Pub. L. No. 97-248. The Senate committee report explains the reason for the provision: “There is a sharply defined public policy against drug dealing to allow drug dealers the benefit of business expense deductions at the same time that the U.S. and its citizens are losing billions of dollars per year to such persons is not compelled by the fact that such deductions are allowed to other, legal, enterprises. Such deductions must be disallowed on public policy grounds.” Federal case law has applied this provision to medical marijuana businesses. *Californians Helping to Alleviate Medical Problems., Inc. v. Commissioner*, 128 T.C. 173 (2007).

It is questionable why differing tax treatment is being proposed. Those planning to embark on a medical marijuana business probably understood the federal tax ramifications and expected the state tax treatment to be the same. This provision may be a windfall for such businesses at a cost to the state treasury.

General Excise Tax: Act 306, SLH 1986, provided that sales of prescription drugs and prosthetic devices are exempt from the Hawaii general excise tax. It provides an exemption from the GET for those amounts received by a hospital, infirmary medical clinic, health care facility, pharmacy, or a practitioner licensed to administer the drug to an individual for selling prescription drugs or prosthetic devices to an individual. This exemption does not apply to any amounts received for services provided in selling prescription drugs or prosthetic devices.

A study prepared for the 2005-2007 Tax Review Commission examined the need for this exemption:

Hawaii and all other sales taxing states except Illinois exempt prescription drugs from the sales tax. Illinois levies a 1 percent rate on the sales of prescription drugs. A comprehensive list is not available of sales tax treatment for prosthetic devices, but they are likely exempt in essentially every state as well. Hawaii could choose to eliminate exemptions for these transactions, in keeping with the generally broad tax base imposed in the state. Expanding the base to drugs and prosthetics would allow additional revenue or a lower tax rate. The potential tax base from drugs and prosthetics is estimated to be at least \$845 billion in 2006, which would generate \$33.8 million if fully taxable. Taxation of these transactions would allow the GET rate to be reduced to 3.94 percent and still raise the same revenue.

As with other exemptions, taxation would eliminate the incentive to purchase these goods rather than other currently taxed items. However, the distortion in consumption is probably very small because people are likely to buy nearly the same quantities of drugs and prosthetic devices even with reasonable levels of taxation because of the limited degree of substitutes and the view that many of these are necessities. On the other hand, there are opportunities to purchase some drugs remotely, and taxation could encourage some additional remote purchases.

The argument for exemption lies mainly in equity, with many people believing that it is unfair to sales tax necessities such as drugs and prosthetics. The perception is that a tax on drugs and prosthetics is a tax on suffering. Of course, some other necessities, such as food, are sales taxed in Hawaii and in many states, and all prescriptions may not be viewed as necessities depending on one's perception. Thus, the case for exemption presumes that drugs and prosthetics devices are more worthy of exemption than many other possible candidates.

Fox, William, "Hawaii's General Excise Tax: Should the Base Be Changed?" (2006) (footnotes omitted) (Appendix C to the Report of the 2005-2007 Hawaii Tax Review Commission).

If it is considered desirable on policy grounds to remove the entire exemption, that can be done; if not, policymakers need to ask why medical marijuana needs to be treated differently from all other prescription drugs, including such substances as Viagra and Cialis.

In any event, a technical amendment may be in order. Consideration should be given to amending the bill to provide that prescription drugs do not include marijuana. That would be less awkward than the present language excluding "the medical use of marijuana pursuant to chapters 329 and 329D," which is an action rather than a substance, from the definition of prescription drugs.

Digested 2/6/16

Testimony in Opposition to HB 2707 – Relating to Medical Marijuana
Hearing on February 12, 2016 at 9:30 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 with comments to HB 2707 – Relating to Medical Marijuana, that attempts to do a lot of things. Some of the items, we support, such as setting up a medical marijuana advisory committee, which might be helpful in establishing a well-regulated medical marijuana dispensary system. We also support with reservations, collecting data on dispensary operations and the demographics of cardholders, etc. We recommend that the data also be shared with the public as well as the legislature, law enforcement, and other state and local government departments.

Oppose allowing advance practice registered nurses from recommending medical use of marijuana. Use of APRN as surrogate physicians is still a controversial issue in many states. More discussion should go into this recommendation to determine their exact scope of practice and training with this specific population.

Oppose changes in Section 9 which would allow “health care professionals” to recommend medical use of marijuana without specifically defining this group of professionals. Unclear whether this could include LPNs, midwives, chiropractors, school nurses, etc.

Thank you for the opportunity to provide comment on HB 2707.

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 07, 2016 11:47 AM
To: HLTtestimony
Cc: tampaltin@gmail.com
Subject: *Submitted testimony for HB2707 on Feb 12, 2016 09:30AM*

HB2707

Submitted on: 2/7/2016

Testimony for HLT/JUD on Feb 12, 2016 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Tamara Paltin	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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Medical Marijuana is Good for the Public Health Recreational Marijuana is Good for the Public Safety

The War on Drugs turned out to be:

- a War on Marijuana,
- a War on Healthcare and
- a War on Public Safety

Fortunately not so much Hawaii, but on the mainland our Nation is plagued by pill popping culture of pharmaceutical abuse and flooded with waves of off shore cheap Heroin. The current Governor of NJ, a former Federal Prosecuting Attorney emptied out and shut down the jail turned it into a medical drug rehabilitation clinic and turned the Heroin epidemic around.

The Facts and the Stats:

(Total Annual Arrests by Year and Category) Although the intent of a 'War on Drugs' may have been to target drug smugglers and 'King Pins,' according to the FBI's annual Uniform Crime Reports, of the 1,561,231 arrests for drug law violations in 2014, 83.1% (1,297,383) were for mere possession of a controlled substance. Only 16.9% (263,848) were for the sale or manufacturing of a drug. Further, the majority (44.9%) of drug arrests in 2014 were for marijuana -- a total of 700,992. Of those, an estimated 619,809 arrests (39.7% of all drug arrests) were for marijuana possession alone. By contrast in 2000, a total of 734,497 Americans were arrested for marijuana offenses, of which 646,042 (40.9%) were for possession alone. –

(Effect of Medical Marijuana Legalization On Crime Rates) "In sum, these findings run counter to arguments suggesting the legalization of marijuana for medical purposes poses a danger to public health in terms of exposure to violent crime and property crimes. To be sure, medical marijuana laws were not found to have a crime exacerbating effect on any of the seven crime types. On the contrary, our findings indicated that MML precedes a reduction in homicide and assault. While it is important to remain cautious when interpreting these findings as evidence that MML reduces crime, these results do fall in line with recent evidence [29] and they conform to the longstanding notion that marijuana legalization may lead to a reduction in alcohol use due to individuals substituting marijuana for alcohol [see generally 29, 30]. Given the relationship between alcohol and violent crime [31], it may turn out that substituting marijuana for alcohol leads to minor reductions in violent crimes that can be detected at the state level. That said, it also remains possible that these associations are statistical artifacts (recall that only the homicide effect holds up when a Bonferroni correction is made)."

Source:

Robert G. Morris, Michael TenEyck, JC Barnes, and Tomislav V. Kovandzic, "The Effect of Medical Marijuana Laws On Crime: Evidence From State Panel Data, 1990-2006," *PLoS ONE* 9(3): e92816. March 2014. doi: 10.1371/journal.pone.0092816
<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.00928...>

(*Marijuana Use and Violent Behavior*) "Laboratory studies also find no link between THC intoxication and violence. Most people who ingest THC before performing a competitive task in the laboratory do not show more aggression than people who receive placebos; occasionally they show decreased hostility. Numerous scientific panels sponsored by various governments invariably report that marijuana does not lead to violence.(751)"

Source:

Carter, Gregory T.; Earleywine, Mitchell; McGill, Jason T., "Exhibit B: Statement of Grounds," Rulemaking petition to reclassify cannabis for medical use from a Schedule I controlled substance to a Schedule II (Office of Lincoln D. Chafee, Governor Rhode Island and Office of Christine O. Gregoire, Governor of Washington: Letter to Michelle Leonhard, Administrator of the Drug Enforcement Administration, November 30, 2011), p. 38.
<http://big.assets.huffingtonpost.com/chafee.pdf>

Sociopolitical Research

(1972 National Commission on Marihuana and Drug Abuse) "Rather than inducing violent or aggressive behavior through its purported effects of lowering inhibitions, weakening impulse control and heightening aggressive tendencies, marihuana was usually found to inhibit the expression of aggressive impulses by pacifying the user, interfering with muscular coordination, reducing psychomotor activities and generally producing states of drowsiness lethargy, timidity and passivity."

Source:

Shafer, Raymond P., et al, *Marihuana: A Signal of Misunderstanding*, Ch. III, (Washington DC: National Commission on Marihuana and Drug Abuse, 1972).
<http://druglibrary.net/schaffer/Library/studies/nc/ncc3.htm>

Not only Studies and Reports

**But also REAL WROLD CRIME STATISTICS
Demonstrate a REDUCTION in Violent Crimes following
the Legalization of Recreational Marijuana.**

Status Report:

Marijuana Legalization in Colorado After One Year of Retail Sales and Two Years of Decriminalization



Since the first retail marijuana stores opened on January 1st, 2014, the state of Colorado has benefitted from a decrease in crime rates, a decrease in traffic fatalities, an increase in tax revenue and economic output from retail marijuana sales, and an increase in jobs.

Arrests and Judicial Savings

According to data from the Colorado Court System, marijuana possession arrests have dropped 84% since 2010. In 2010, 9,011 people were arrested for marijuana possession. Using the same data we are projecting 1,464 possession arrests for 2014. Given that arrests such as these cost roughly \$300 to adjudicate, it is reasonable to infer that the state is saving millions in adjudicatory costs for possession cases alone in 2014 compared to 2010. Over the same period, arrests for cultivating and distributing marijuana have also dropped by more than 90%.

Decrease in Crime Rates

According to data released by the city of Denver, violent crime and property crime in Denver decreased in 2014.ⁱ Violent crime in Denver went down by 2.2% in the first 11 months of 2014, compared with the first 11 months of 2013. In the same period, burglaries in Denver decreased by 9.5% and overall property crime decreased by 8.9%.

Tax Revenue

Data released by the state Department of Revenue reveal that tax revenue from retail marijuana sales amounted to \$40.9 million between January 2014 and October 2014, not including revenue from medical marijuana and licenses and fees.ⁱⁱ

Of the marijuana tax revenue already collected, the Colorado joint budget committee set aside \$2.5 million to increase the number of health professionals in Colorado public schools.ⁱⁱⁱ In November 2014, the state awarded the first \$975,000 in grants to Colorado schools to be used to hire health professionals.^{iv} The funds help fill a critical gap in Colorado school districts, which suffer from a shortage of school health workers due to 2011 budget cuts.^v Many of the newly hired health workers, including nurses and social workers, will focus on mental health support and on programs to educate students about drug use.^{vi}

Decrease in Traffic Fatalities

Traffic fatalities went down in 2014, according to data released by the Colorado Department of Transportation,^{vii} challenging claims that the legalization of marijuana would lead to an increase in traffic fatalities.

In the first 11 months of 2014, the state had 436 traffic fatalities, a 3% drop from the 449 fatalities in the first 11 months of 2013. The decline in fatalities in 2014 marks a continuation of a 12-year long downward trend in traffic fatalities in the state of Colorado.^{viii}

Economic Benefits

Colorado has the fastest growing economy in the United States,^{ix} and Colorado's unemployment rate is at a six-year low.^x

According to the Department of Revenue, 16,000 people were licensed to work in the marijuana industry as of December 31, 2014,^{xi} though not all those with licenses may be actively working in the industry.

Jack Strauss, an economist at the University of Denver, assessed the economic impact of two dispensaries in Denver, Evergreen Apothecary and Colorado Harvest Company.^{xii} Workers at the two dispensaries receive an average wage of \$17 per hour. Strauss found that the economic impact of the two dispensaries amounted to 280 jobs and \$30 million in total economic output between January 1, 2014 and June 30, 2014, and that the two dispensaries contribute 10 times the tax revenue of either a typical restaurant or retail store.

Youth Prevention Efforts

The state has allocated more than \$8 million in retail marijuana tax revenue for youth prevention and education, mental health and community-based developmental programs.^{xiii} In addition to the \$2.5 million allocated to fund health workers in Colorado schools, \$2 million of marijuana tax revenue has been allocated to help fund community-based youth services programs that offer mentoring and focus on drug prevention and school retention, and over \$4.3 million will fund school-based outreach programs for students using marijuana.

ⁱhttp://www.denvergov.org/Portals/720/documents/statistics/2014/UCR_Citywide_Reported%20_Offenses_2014.pdf

ⁱⁱ<https://www.colorado.gov/pacific/revenue/colorado-marijuana-tax-data>

ⁱⁱⁱ<http://www.colorado.gov/ccjdir/Resources/Resources/Leg/2014/SB14-215.pdf>

^{iv}http://www.denverpost.com/news/ci_26926069/colorado-hands-out-975-000-pot-funds-schools

^vhttp://www.denverpost.com/news/ci_25044133/student-counselor-ratios-bring-challenges-mental-health-support

^{vi}http://www.denverpost.com/news/ci_26926069/colorado-hands-out-975-000-pot-funds-schools

^{vii}<http://www.coloradodot.info/library/traffic/traffic-manuals-guidelines/safety-crash-data/fatal-crash-data-city-county>

^{viii}http://www.coloradodot.info/library/traffic/traffic-manuals-guidelines/safety-crash-data/fatal-crash-data-city-county/Colorado_Historical_Fatalities_Graphs.pdf/view

^{ix} <http://www.businessinsider.com/state-economic-growth-rankings-2014-8>

^x<https://www.colorado.gov/pacific/cdle/news/november-2014-colorado-employment-situation>

^{xi}Email communication from Natriece Bryant, Communications Specialist, Colorado Department of Revenue, Executive Director's Office, January 5, 2014.

^{xii}http://static.squarespace.com/static/53af57cfe4b07bdcd67a25e/t/53eaaae7e4b07639494363e7/1407888103203/CHC-EA_EconomicImpactStudy_080814+%281%29.pdf

^{xiii}http://www.leg.state.co.us/clics/clics2014a/csl.nsf/fsbillcont3/A9002841A8B1E5A087257CB4007E3F99?Open&file=215_e nr.pdf

Support HB1808 with modifications

Delete:

12 ... shall not be visible from any street or
13 road used by the public nor visible to adjoining landowners.

This limitation does not serve any legitimate purpose and merely limits suitable locations for no good reason.

Better to require the Oath of Office and Apply the Rule of Lenity.

A few years ago the Supreme Court of the State of Hawaii ordered broad based medical marijuana reform. The minority opinion was that the lack of access to medical marijuana was an ABSURDITY. And last session the Legislature moved forward the first legislation giving patients access to medical marijuana through dispensaries.

The Constitution empowers the State to protect and promote the public health. The 3 A's of "availability, accessibility and affordability" of health care set the public health standards. The dispensaries provide for the availability of some kind of product but may fall short of availability, accessibility and affordability of Pharmaceutical Quality medicine. The lack of an effective competition and stifling the free market will harm consumers in all aspects

However the majority opinion on Medical Marijuana Reform has not been addressed. The Majority Opinion of the Court found that the Medical Marijuana Laws were IRRECONSIABLY CONFLICTED. The Court ruled that conflicts in the statutes would be resolved under THE RULE OF LENITY. [The Rule of Lenity: in construing an ambiguous criminal statute, a court should resolve the ambiguity in favor of the defendant.] The Court declared that any conflict in the law would be resolved in favor of the defendant ordering an acquittal.

The Rule of Lenity: in construing an ambiguous criminal statute, a court should resolve the ambiguity in favor of the defendant. A court may also look at: the common usage of a word, case law, dictionaries, parallel reasoning, and punctuation.

In a similar fashion the Legislature should avoid wasting Judiciary Resources, Police Resources and Individual Lives and due their due diligence and apply the Rule of Lenity.

The first conflict to look at is HRS 329-14 Schedule 1 (20) marijuana and HRS 329 Part IX Medical Marijuana beginning at HRS 329-121.

HRS 329 part IX holds that medical marijuana is a necessary, appropriate and relatively safe medicine whereas Schedule 1 is for the most dangerous substances.

Clearly one medicine cannot be both a necessary, appropriate and relatively safe medicine and one of most dangerous substances. The irreconcilable conflict created in the statutes under the

Rule of Lenity the courts should resolve this ambiguity in favor of the defendant and order an acquittal. The Legislature should avoid irreconcilable conflicts and absurdity in making law.

HRS 329-14 Schedule 1 (20) marijuana under the Rule of Lenity is **inferior** to the Medical use of marijuana where marijuana is declared as being a necessary, appropriate and relatively safe medicine

HRS 329-14 Schedule 1 (20) marijuana should be deleted from the books-

Then like a house of cards all the criminal code on marijuana falls again without the support of Schedule 1.

The Legislature should not waste judicial and police resources by maintaining irreconcilable conflicts in the statutes. The responsible act is to streamline the law and eliminate irreconcilable conflicts.

If we examine these irreconcilable conflicts we see that there are two sides,

1. the law enforcement side and
2. The medical need patient side.

The Rule of Lenity favors the medical need patient side. Therefore the law enforcement side must be deleted under the Rule of Lenity.

In addition the Oath of Office requires Legislators and others to support and defend the Constitution of the United States, and the Constitution of the State of Hawaii, and that I will faithfully discharge my duties as to best of my ability.

The Constitution of the United States, and the Constitution of the State of Hawaii, both support and protect health care. The Right of Privacy has a purpose in this situation. Add to support and protection for the Public Health and Public Safety and the way or Marijuana reform is clear.

Three other States already have Legalized Recreational Marijuana; we need equal protection under the Law.

Law Enforcement testimony must comply with the Oath of Office and protect and promote medical marijuana and health care delivery or they should be sanctioned by the legislature.

Under the court ordered marijuana reform, the State should get busy promulgating law for the legalization and regulation of marijuana and the development of Hawaii in this multi-Billion dollar business.

Complaint against Oath of Office Holders

The Legislature has conveniently exempted themselves from criminal acts while performing their duties as a Legislator. It is not surprising that there isn't any Law that citizens can rely upon to have the Oath of Office enforced and Oath violators removed. We are a Nation of Laws except for Oath holders. Although this Constitutional requirement is for the protection of the People, the Oath holders themselves have been derelict in their duties so as to protect bad people in Government including police officers and prominent government officials.

The Marijuana Laws are for the protection and promotion of Organized Crime and fail to meet the health care needs of the State.

Hawaii Supreme Court has opined that marijuana is a medicine and that lack of access to medical marijuana was an Absurdity. The Court also opined that any conflict in Law would be resolved in favor of the defendant. Any conflict with the Constitution would also be resolved in favor of the Constitution and the defendant's rights to health care.

1. The Right of Privacy is established; we do not need to establish it again.
2. Medical Marijuana is a medicine under HRS 329 Part IX as established by law; we do not need to establish it again.
3. All medicine, all health care, is protected by law and is protected under the Constitution by the Right of Privacy.
4. Due to bad Jurisprudence the Right of Privacy has been by law enforcement and the courts by establishing the Commerce Clause as superior to the Right of Privacy, not in harmony with the Rule of Lenity and subsequently caused the various states to lose their Commerce Clause.
5. The Right of Privacy is absolute; no power is no power.
6. Any and all restrictions on health care delivery by government are violations of the Right of Privacy and a violation of the Oath.
7. Violating the Oath shall result in sanctions.

The State is required to protect and promote the public health including medical marijuana health care. The State is required to apply the Right of Privacy not just with abortions but with all medical care. The State of Hawaii lacks a Commerce clause. The State of Hawaii has failed to provide any scientific or medical evidence that suggests that marijuana is a dangerous drug. We get nothing but a law enforcement web of lies and bad law.

The Rule of Lenity: in construing an ambiguous criminal statute, a court should resolve the ambiguity in favor of the defendant. A court may also look at: the common usage of a word, case law, dictionaries, parallel reasoning, and punctuation.

Although the law states in part under HRS § 329-125, which requires that "the qualifying patient . . . strictly complied with the requirements of [Chapter 329, Part IX].", it should also be known that the law must also strictly comply with both Constitutions and the Right of Privacy.

At the time of my arrest it was Federal Department of Justice policy was to NOT ARREST CANCER PATIENTS GROWING MARIJUANA IN THEIR BACK YARD AS MEDICINE. Arresting and prosecuting a Cancer patient in violation of Department of Justice policy and protocols is not being a person of good moral character. IMHO all violations of Naturopathic Medicine is a Color of Law Crime and a Crime against Humanity for profiteering by corporate America, Big Pharma, AMA and the Insurance industry.

A person of good moral character would protect and promote the public health including Medical Marijuana healthcare.

Currently under Federal Law the State's Rights to promulgate Medical Marijuana laws are recognized and protected under the Budget Law. This is endorsed and supported by the Justice Department. However this law must comply with both the State and Federal Constitution.

A person of good moral character would respect and protect our State and Federal Constitutions and my Right of Privacy. A person of good moral character would respect and protect my right to take care of my own medical needs in harmony with Traditional Naturopathic Medical principles and practices.

Now that the Federal law both recognizes and protects the Right of the various States to promulgate law that for the medical use of Marijuana as a medicine, a clear conflict is established in law concerning medical marijuana not being a medicine.

Again under The Rule of Lenity: in construing an ambiguous criminal statute, a court should resolve the ambiguity in favor of the defendant.

In the past despite the State of Hawaii breaking away from the now illegal federal prohibition of marijuana, law enforcement has demanded violations of the Right of Privacy due to Federal "color of law" crimes against the medical use of marijuana. Now, under the new Budget Law, those days are done. Marijuana as a medicine in the various States is recognized and protected under Federal Law. This is accepted by the Department of Justice policy although not by all of law enforcement. There isn't any reason why medical marijuana shouldn't be protected as a medicine under the Right of Privacy. There isn't any reason why the State of Hawaii should fail to protect and promote the public health including medical marijuana.

In the State of Hawaii, by law, medical marijuana is relatively safe non-prescription drug, although currently grow your own, although soon to be OTC for registered users. The therapeutic benefit of medical marijuana is not based upon the recommendation to use medical marijuana but the medicinal qualities of the herb. The recreational use of marijuana is still therapeutic; there is no reason to deny the general public the public health and public safety benefits of marijuana.

Merely requiring a patient to register with the State is a violation of the Right of Privacy.

Isn't the State requiring strict compliance with an absurd law and unconstitutional law even more absurd?

Bottom line neither the State nor the Federal Government has demonstrated any relative risk concerning marijuana compared to other medicines. Currently the new drug craze is to vape OTC DM cough medicine for out of body experiences. Aspirin is more medically hazardous than medical marijuana on a relative basis.

Bottom line by law Marijuana is a necessary, appropriate and reasonably safe medicine.

Respect it and protect it.

Mr. President



Pardon Me

Honestly, I am a
Very Good Medicine

Oath of Office enforced by FBI on State and Federal Level.

Members of the Legislature, Government the police departments that have taken an Oath of Office must not advocate commission of acts of force or violence to prevent others from exercising their rights under the Constitution or laws of the United States or of any State.

Medical Marijuana is a legal medicine under the Laws of the State of Hawaii.

The Federal Budget Law 2015 and 2016 has recognized and protected the State Right to promulgate Medical Marijuana Laws.

Although DEA still classifies marijuana as having no medical use, these new law recognizing and protecting the State Right to declare marijuana is a medicine and provide for its medical use for patients means that Federal Law also recognizes and protects marijuana as a medicine. The Rule of Lenity requires resolution of this conflict to find that in fact marijuana is a medicine and subject to Constitutional Protections. Persons advocating acts of force or violence to prevent others from exercising their rights under the Constitution or laws of the United States or of any State are in violation of Executive Order 10450.

Advocating violations of the Right of Privacy by

- prohibiting, restricting medical marijuana health care delivery or
- advocating criminal penalties for persons accessing medical marijuana healthcare or
- restricting availability, accessibility or affordability of medical marijuana healthcare or
- not protecting and promoting the public health [Article IX of the Hawaii State Constitution] by not providing availability, accessibility or affordability of medical marijuana healthcare or
- not actively protecting the Constitutional Rights to access affordable health care on a timely basis

Are all violations of the Oath of Office which shall be enforced by the FBI on both a Federal and State level.

Executive Order 10450--Security requirements for Government employment

Source: The provisions of Executive Order 10450 of Apr. 27, 1953, appear at 18 FR 2489, 3 CFR, 1949-1953 Comp., p. 936, unless otherwise noted.

<http://www.archives.gov/federal-register/codification/executive-order/10450.html>

WHEREAS the interests of the national security require that all persons privileged to be employed in the departments and agencies of the Government, shall be reliable, trustworthy, of good conduct and character, and of complete and unswerving loyalty to the United States; and

WHEREAS the American tradition that all persons should receive fair, impartial, and equitable treatment at the hands of the Government requires that all persons seeking the privilege of employment or privileged to be employed in the departments and agencies of the Government be adjudged by mutually consistent and no less than minimum standards and procedures among the departments and agencies governing the employment and retention in employment of persons in the Federal service:

NOW, THEREFORE,...

Sec. 8. (a)

(5) Knowing membership with the specific intent of furthering the aims of, or adherence to and active participation in, any foreign or domestic organization, association, movement, group, or combination of persons (hereinafter referred to as organizations) which unlawfully advocates or practices the commission of acts of force or violence to prevent others from exercising their rights under the Constitution or laws of the United States or of any State, or which seeks to overthrow the Government of the United States or any State or subdivision thereof by unlawful means.

(d) There shall be referred promptly to the Federal Bureau of Investigation all investigations being conducted by any other agencies which develop information indicating that an individual may have been subjected to coercion, influence, or pressure to act contrary to the interests of the national security, or information relating to any of the matters described in subdivisions (2) through (8) of subsection (a) of this section. In cases so referred to it, the Federal Bureau of Investigation shall make a full field investigation.

Sec. 8. (a) 5 (d) by the use of the word "shall" requires the FBI to make a full field investigation...of any Oath Holder... which unlawfully advocates or practices the commission of acts of force or violence to prevent others from exercising their rights under the Constitution or laws of the United States or of any State.

Since Marijuana has been declared **KOSHER** under Jewish Law, as a minimum, we would greatly appreciate inserting a **RELIGIOUS EXEMPTION** that would provide for the free exercise of the Jewish Faith in healthcare and keeping kosher.

Rabbi Menachem Genack, said:

“Judaism prioritizes health and encourages the use of medicine designed to improve one’s health or reduce pain.

Using medical cannabis products recommended by a physician should not be regarded as a chet, a sinful act, but rather as a **mitzvah, an imperative, a commandment.**”

Medical Marijuana is a **MITZVAH**. Medical Marijuana is both **KOSHER** and a **COMMANDMENT FROM GOD**, a religious duty, an act of human kindness and the fulfillment of that religious duty.

The Primary meaning of mitzvah is "**commandment**", referring to precepts and commandments commanded by God. In its secondary meaning, Hebrew mitzvah, as with English "commandment", refers to **a moral deed performed as a religious duty**. As such, the term mitzvah has also come to express an **act of human kindness**. The tertiary meaning of mitzvah also **refers to the fulfillment of a mitzvah**.

Medical Marijuana is proven to be Good for the Public Health
Medical Marijuana is a safe and effective natural medicine that treats many diseases safer, more effectively and cheaper than standard prescription drugs. Side effects are minimal and easily treated. Marijuana feeds the endocannabinol system that maintains health and balance of the cells, tissues, organs and glands.

Recreational Marijuana is proven to be Good for the Public Safety.
After the Legalization of Recreational Marijuana is the State of Colorado the violent crime rate dropped for homicide and assault.

1. **Protect the Public Health and Public Safety!**
2. **Increase the General Fund by tens of millions of dollars!**
3. **Put the Black Mark out of business by Capturing the Revenue Stream!**
4. **Provide for a Blanket Religious Exemption for Jewish People from religious persecution and criminal prosecution under the marijuana laws.**

Honorable Hawaii State Legislators

PLEASE INCLUDE LANGUAGE THAT SUPPORTS AND PROTECTS RELIGIOUS FREEDOMS IN HEALTHCARE



The largest Orthodox Jewish Kosher union has certified a variety of commercial medical marijuana products as Kosher to be sold in the State of NY.

Please inform yourself and your staff that Medical Marijuana is considered Kosher in the Jewish Religion. The Rabbi tells me that in the Bible God says essentially that you should take good care of yourself. The Rabbi says that some people should be encouraged to use medical marijuana and some people should be discouraged from using marijuana. Hopefully something as easy as this should be easy to understand. The difficult part which is not the State's responsibility is to advise individual patients on their health care needs. Individual health care decisions are protected under the Right of Privacy. The State responsibility is to protect and promote the public health by doing their best to make Medical Marijuana health care available, accessible and affordable.

In addition to the Right of Privacy, since medical marijuana is Kosher, please apply both the Right of Privacy and the Freedom of Religion to all HRS laws and rules. After reviewing the HRS and applying the Rule of Lenity as ordered by the Hawaii Supreme Court, submit your findings for approval to the Governor and then to both the Supreme Court for a declaratory

decision and to the Legislature to repair the irreconcilably conflicted law. This will avoid wasting Police, Judicial, and Health Care Resources and tax payer money while protecting both the public health and public safety.

Please Do Not Allow any further violations of the Oath of Office concerning Medical Marijuana.

Medical Marijuana has always been Kosher in the Jewish Religion. Israel is one of the world leaders in Medical Marijuana research, development and application because it is both Kosher and an Adaptogen and Polycrest. As an Adaptogen, Cannabis balances the cells, tissues and organ functions. Cannabis protects the brain and nervous system from injury, trauma and cell death. As a Polycrest, Cannabis treats many diseases. Because it is Kosher, Marijuana is Holy.

Of course there is Kosher Marijuana in Israel. Kosher marijuana is also sold in Colorado. Now the largest Orthodox Jewish Kosher union has certified a variety of commercial medical marijuana products as Kosher to be sold in the State of NY.

Medical Marijuana is not only **KOSHER** it is a **COMMANDMENT FROM GOD**

Mitzvah

In its primary meaning, the Hebrew word *mitzvah* (/ˈmɪtsvə/^[1] meaning "commandment", מִצְוָה, [*mits'va*], Biblical: *mišwah*; plural מצוות *mitzvot* [*mits'vot*], Biblical: *mišwoth*; from צָוָה *šivvah* "command") refers to precepts and commandments commanded by God.

It is used in rabbinical Judaism to refer to the **613 commandments** given in the Torah at biblical Mount Sinai and the seven rabbinic commandments instituted later for a total of 620. The 613 commandments are divided into two categories: 365 negative commandments and 248 positive commandments. According to the Talmud, all moral laws are, or are derived from, divine commandments.

In its secondary meaning, Hebrew *mitzvah*, as with English "commandment", refers to a moral deed performed as a religious duty. As such, the term *mitzvah* has also come to express an act of human kindness. The tertiary meaning of *mitzvah* also refers to the fulfillment of a *mitzvah*.

<https://en.wikipedia.org/wiki/Mitzvah>

In Vireo's announcement, the CEO of [OU Kosher](#),

Rabbi Menachem Genack, said:

“Judaism prioritizes health and encourages the use of medicine designed to improve one’s health or reduce pain.

Using medical cannabis products recommended by a physician should not be regarded as a chet, a sinful act, but rather as a mitzvah, an imperative, a commandment.”

A first in kosher pain relief

By [Jonathan Zalman](#)

Tablet

ORTHODOX UNION CERTIFIES MEDICAL MARIJUANA PRODUCTS, DEEM THEIR USE A 'MITZVAH'

A first in kosher pain relief

By [Jonathan Zalman](#)

December 30, 2015

In July 2014, [five companies were awarded licenses by the New York State Health Department](#) to grow and sell marijuana in the state, and in New York City. One of them, a Minneapolis-based company called [Vireo Health](#), which produces “pharmaceutical-grade cannabis-derived medicine,” announced Wednesday that all of its products had received kosher certification from the Orthodox Union. Vireo’s pot products—intended [by law](#) for use by patients who suffer from a variety of serious illnesses, including cancer, Parkinson’s disease, epilepsy, and HIV/AIDS, among [many others](#)—are apparently the first to have the “OU” trademark attached to it.

That kief, intended to alleviate pain and suffering? It’s kosher. Apparently it’s a mitzvah, too:

In Vireo’s announcement, the CEO of [OU Kosher](#), Rabbi Menachem Genack, said: “Judaism prioritizes health and encourages the use of medicine designed to improve one’s health or reduce pain. Using medical cannabis products recommended by a physician should not be regarded as a *chet*, a sinful act, but rather as a mitzvah, an imperative, a commandment.”

Vireo will operate four dispensaries in New York—in White Plains, Queens, Binghamton, and Albany—all of which are scheduled to open in January 2016. (New York will be [taxing](#) it, of course.)

Previous: [Wake and Bake With Us Is Your Marijuana Ethically Grown?](#)

Related: [A Flourishing \\$40 Million Medical Marijuana Industry Helps Israelis Forget D.C.’s Marijuana Reform Rabbi](#)

[Colorado Activist Mason Tvert Looking for National Impact in Marijuana Legalization](#)

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KOSHER



**MARIJUANA IS KOSHER
IN THE JEWISH BIBLE**

KOSHER



כשר



THANK GOD



**MARIJUANA IS
KOSHER**



פּשֵׁד

**לְאַחַת
עֵסֶז**

Recognizing Religious Freedoms
Freedom of Religion

Please insert the following language:

Notwithstanding any law to the contrary, the religious use of Cannabis, Marijuana, is hereby recognized and protected from seed to salvation, including but not limited to, the cultivation, storage, possession, possession of paraphernalia, manufacture, compounding, augmentation, distribution and sales. The religious use of Cannabis shall not be infringed.



From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 09, 2016 4:43 PM
To: HLTtestimony
Cc: lady.flach@gmail.com
Subject: Submitted testimony for HB2707 on Feb 12, 2016 09:30AM

HB2707

Submitted on: 2/9/2016

Testimony for HLT/JUD on Feb 12, 2016 09:30AM in Conference Room 329

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

Comments: Please change the Class C felony for people that are not patients.

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: Tuesday, February 09, 2016 4:20 PM
To: HLTtestimony
Cc: Alana.Ross@hotmail.com
Subject: *Submitted testimony for HB2707 on Feb 12, 2016 09:30AM*

HB2707

Submitted on: 2/9/2016

Testimony for HLT/JUD on Feb 12, 2016 09:30AM in Conference Room 329

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

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 09, 2016 3:48 PM
To: HLTtestimony
Cc: j.bobich@tcu.edu
Subject: *Submitted testimony for HB2707 on Feb 12, 2016 09:30AM*

HB2707

Submitted on: 2/9/2016

Testimony for HLT/JUD on Feb 12, 2016 09:30AM in Conference Room 329

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

Comments:

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HLTtestimony

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 12, 2016 6:40 AM
To: HLTtestimony
Cc: OccupyHiloMedia@yahoo.com
Subject: Submitted testimony for HB2707 on Feb 12, 2016 09:30AM

HB2707

Submitted on: 2/12/2016

Testimony for HLT/JUD on Feb 12, 2016 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Kerri Marks	Individual	Support	No

Comments: Strong support. I would also support allowing any medical professional with prescribing privileges be qualified to certify medical marijuana patients. Thanks you for introducing and hearing this bill, and please give it your support as well.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 10, 2016 7:40 PM
To: HLTtestimony
Cc: leeh4u@hotmail.com
Subject: *Submitted testimony for HB2707 on Feb 12, 2016 09:30AM*

HB2707

Submitted on: 2/10/2016

Testimony for HLT/JUD on Feb 12, 2016 09:30AM in Conference Room 329

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

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 09, 2016 9:25 PM
To: HLTtestimony
Cc: mark.gordon333@gmail.com
Subject: Submitted testimony for HB2707 on Feb 12, 2016 09:30AM

HB2707

Submitted on: 2/9/2016

Testimony for HLT/JUD on Feb 12, 2016 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Mark Gordon	Individual	Oppose	No

Comments: Aloha I oppose the parts of Section 329-43.5 of HB 2707 which states that anyone who violates this Section is guilty of a Class C Felony. Medical marijuana is used in many states and as you know, is very beneficial, not harmful and needed by many patients. In addition, many States have now legalized the use of marijuana. Penalizing with a Class C, Felony is extreme and totally unwarranted. In many instances, it is putting those who violate this section in the same category as those who are in possession of heroin, meth and other harmful drugs. Those who violate this Section if penalized at all, should only be for a misdemeanor, if anything. Respectively submitted Mark Gordon Waikoloa HI

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