



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

**Testimony COMMENTING on HB794
RELATING TO MEDICAL MARIJUANA**

REPRESENTATIVE DELLA BELATTI, CHAIR, HOUSE COMMITTEE ON HEALTH

Hearing Date: February 7, 2015

Room Number: 329

- 1 **Fiscal Implications:** None.
- 2 **Department Comments:** The Department of Health (DOH) has serious reservations regarding
- 3 the conflicting legal standards HB794's proposes with regard to approving new medical
- 4 conditions eligible for medical marijuana therapy.
- 5 The department respects the skill and integrity of Hawaii's physicians in working towards their
- 6 patient's best interest but believes this measure to be premature. The practical effects of HB794
- 7 are to nullify the department's regulatory authority to approve medical conditions eligible for
- 8 medical marijuana treatment.
- 9 Section 329-121, Hawaii Revised Statutes (HRS), establishes a procedure by which physicians
- 10 may request approval for additional medical conditions appropriate for medical marijuana.
- 11 Subsection (3), proposed paragraph (A) requires approval of such requests be made pursuant to
- 12 chapter 91, HRS. Administrative rulemaking encourages transparency, public dialogue, and a
- 13 deliberative public policy approach which may benefit topics of controversy or where rigorous
- 14 scientific or public health research may be incomplete.
- 15 However, subsection (3), proposed paragraph (B) establishes parallel and competing standards
- 16 that, from a public policy perspective, are extremely difficult to reconcile with the existing
- 17 administrative rules process.
- 18 The Department of Health has been the steward of medical marijuana since January 1, 2015 and
- 19 is interested in thorough assessment, policy development, and assurance of public health policy.

- 1 The department looks forward to discussions on constructive and responsible proposals to assure
- 2 appropriate access to medical marijuana.
- 3 Thank you for the opportunity to offer comments.

TESTIMONY OF THE HAWAII POLICE DEPARTMENT

HOUSE BILL 794

RELATING TO MEDICAL MARIJUANA

BEFORE THE COMMITTEE ON HEALTH

And

BEFORE THE COMMITTEE ON JUDICIARY

DATE : Saturday, February 7, 2015

TIME : 10:00 A.M.

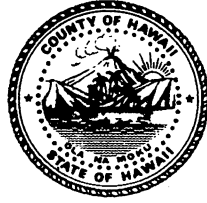
PLACE : Conference Room 329
State Capitol
415 South Beretania Street

PERSON TESTIFYING:

Harry S. Kubojiri
Hawaii Police Department
County of Hawaii

(Written Testimony)

William P. Kenoi
Mayor



Harry S. Kubojiri
Police Chief

Paul K. Ferreira
Deputy Police Chief

County of Hawai'i

POLICE DEPARTMENT

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

February 5, 2015

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

Re: HOUSE BILL 794 RELATING TO MEDICAL MARIJUANA

Dear Representatives Au Belatti and Rhoads:

The Hawai'i Police Department opposes House Bill 794, with its purpose being to provide that a physician may determine what medical condition qualifies a patient to use medical marijuana.

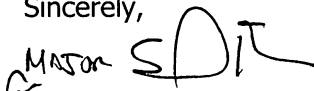
If passed, this measure would allow any physician to recommend medical use of marijuana for any medical condition and seemingly remove the Department of Health (DOH) from oversight. Debilitating medical condition is already clearly and specifically detailed in Hawai'i Revised Statutes 329-121; and upon request from a physician or potentially qualifying patient, the Department of Health may approve any other medical condition.

In the onset of allowing the use of Medical Marijuana, it was based predominantly as a showing of compassion towards those who were suffering from a debilitating medical condition. Allowing a physician to determine what medical conditions would qualify without DOH oversight and despite the fact that such a physician may not have any training as to what conditions would benefit from the use of medical marijuana is a matter of great concern for law enforcement. It is greatly recommended the current practice of having the DOH review requests for any other medical conditions be maintained as a minimum standard and based upon appropriate research.

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

Thank you for allowing the Hawai'i Police Department to provide comments relating to House Bill 794.

Sincerely,


HARRY S. KUBOJIRI
POLICE CHIEF



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

House Committee on Health

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

House Committee on Judiciary

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

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

Conference Room 329
State Capitol
415 South Beretania Street

Executive Director Rafael Kennedy,

Testimony in support of - HB 794 - Relating to Medical Marijuana

Aloha Chairs Belatti and Rhoads, Vice Chairs Creagan and San Buenaventura, and members of the Health and Judiciary committees,
Mahalo for your time and consideration in this matter. We support HB 794 because it reinforces the fact that the medical use of marijuana is ultimately a private, medical decision between a patient and his or her doctor.

Right now, the current law gives a short list of conditions that qualify for the medical use of marijuana, but that list has not changed since the creation of the medical cannabis program in the year 2000. During that time, though the program has not changed, the science regarding the medical use of marijuana has changed dramatically. More and more conditions are showing favorable responses to medical cannabis including, especially, Posttraumatic Stress Disorder, or PTSD.¹ This research is being

¹Greer, George R., Charles S. Grob, and Adam L. Halberstadt. "PTSD Symptom Reports of Patients Evaluated for the New Mexico Medical Cannabis Program." *Journal of Psychoactive Drugs* 46, no. 1 (January 1, 2014): 73-77. doi:10.1080/02791072.2013.873843.

done more rapidly than the legislature can reasonably be expected to keep up with it by changing the statute.

Perhaps more important is that at the heart of this issue is the relationship between patients and doctors. A doctor who understands the unique needs of a patient and the research surrounding the treatment options available to them is in a much better position to decide what treatments are reasonable than the statute is.

Doctors are able to use their judgment in prescribing what is called “off-label use” of all other drugs, including drugs with a much greater potential for abuse and for accidental harm than medical cannabis. The limited list of qualifying conditions for medical marijuana is not justified on those grounds. Doctors have the most thorough understanding of the potential risks and benefits of medical cannabis for a given patient. The more flexibility that the state can give them in determining what conditions warrant the use of cannabis and which do not, the more we can ensure that patients get whatever treatment is right for them.

Mahalo for your time and consideration in this matter,

Rafael Kennedy
Executive Director,
Drug Policy Forum of Hawaii

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

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 5:58 PM
To: HLTtestimony
Cc: ncsugano@gmail.com
Subject: *Submitted testimony for HB794 on Feb 7, 2015 10:00AM*

HB794

Submitted on: 2/5/2015

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

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

Comments:

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

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To: Committee on Health
Representative Della Au Belatti, Chair
Representative Richard Creagan, Vice Chair

Re: HB 794 – Relating to Medical Marijuana

Hearing: Saturday, February 7, 2015, 10:00 am, Room 329

From: Clifton Otto, MD

Position: Support (with changes)

While this bill addresses the important issue of the right of Physicians to supervise the medical use of whatever treatment modality a patient chooses to employ, the manner in which this issue is being addressed needs some modification.

In Hawaii, Physicians are not recommending the medical use of Marijuana when they certify a patient for inclusion in the State's Medical Marijuana Program. This would only be possible if a standardized formulation of dried Marijuana flowers was commercially available to back up such a recommendation. Physicians in Hawaii who are certifying patients for the medical use of Marijuana are simply certifying that a patient meets the eligibility criteria set by the State.

Therefore, to use the language "for which medical use of marijuana has been recommended by a physician who has determined that a patient's health would benefit from the use of marijuana" is inaccurate. The proper way to word this addition would be "for which the certifying Physician has determined that the benefits of the medical use of marijuana outweigh the risks".

If Physicians will be allowed to decide for which illness a patient can be certified for the medical use of Marijuana, then there also needs to be medical standards in place that provide guidance for the supervision of such medical use. The appropriate State agency to create such medical standards would be the Hawaii Medical Board of Examiners, which should be directed by this bill to immediately adopt Standards of Medical Care for the Supervision of the Medical Use of Marijuana.

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 9:49 PM
To: HLTtestimony
Cc: dciccone@ymail.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/5/2015

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

Submitted By	Organization	Testifier Position	Present at Hearing
Dana Ciccone	Hawaii Cannabis Care	Support	No

Comments: PLEASE SUPPORT!!

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DEPARTMENT OF THE PROSECUTING ATTORNEY
CITY AND COUNTY OF HONOLULU

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

KEITH M. KANESHIRO
PROSECUTING ATTORNEY



ARMINA A. CHING
FIRST DEPUTY PROSECUTING ATTORNEY

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

February 7, 2014

RE: H.B. 794; RELATING TO MEDICAL MARIJUANA.

Chair Bellati, Vice Chair Creagan and members of the House Committee on Health, the Department of the Prosecuting Attorney of the City and County of Honolulu ("Department") submits the following testimony in opposition of House Bill 794.

Currently, pursuant to section 329-121, H.R.S., a Qualifying Patient can get marijuana if he or she is diagnosed by a Physician to be having a Debilitating Medical Condition. A Qualifying Patient can also get marijuana if the Department of Health approves pursuant to administrative rules in response to a request by a Physician or potentially Qualifying Patient.

H.B. 794 would allow a Physician to prescribe marijuana for a patient if he determines that the patient's health would benefit from marijuana. "Benefit" is not defined, thus, it can mean so many things and open the door in allowing more people to get marijuana with no Debilitating Medical Condition.

For the above reasons, the Department of the Prosecuting Attorney strongly opposes the passage of H.B. 794. Thank you for the opportunity to testify on this matter.

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

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



KIRK CALDWELL
MAYOR

LOUIS M. KEALOHA
CHIEF

DAVE M. KAJIHIRO
MARIE A. McCAULEY
DEPUTY CHIEFS

OUR REFERENCE JI-TA

February 7, 2015

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

Dear Chairs Belatti and Members:

SUBJECT: House Bill No. 794, Relating to Medical Marijuana

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

The Honolulu Police Department opposes House Bill No. 794, Relating to Medical Marijuana.

As it is, the current definition of "debilitating medical condition" is very broad. Allowing individual physicians to prescribe marijuana merely as a "health benefit" would allow people without a valid medical need to obtain a recommendation for marijuana.

The Honolulu Police Department urges you to oppose House Bill No. 794, Relating to Medical Marijuana.

Thank you for the opportunity to testify.

Sincerely,

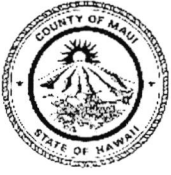
A handwritten signature in black ink, appearing to read "Jason Kawabata".

JASON KAWABATA, Captain
Narcotics/Vice Division

APPROVED:

A handwritten signature in black ink, appearing to read "Louis M. Kealoa".

LOUIS M. KEALOHA
Chief of Police



ALAN M. ARAKAWA
MAYOR

OUR REFERENCE
YOUR REFERENCE

POLICE DEPARTMENT
COUNTY OF MAUI

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



TIVOLI S. FAAUMU
CHIEF OF POLICE
DEAN M. RICKARD
DEPUTY CHIEF OF POLICE

February 10, 2015

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

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

House of Representative
State Capitol
Honolulu, Hawaii 96813

RE: House Bill No. 794, RELATING TO MEDICAL MARIJUANA

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

The Maui Police Department OPPOSES the passage of H.B. No. 794.

The passage of this bill provides that a physician may determine what medical condition qualifies a patient to use medical marijuana.

The Maui Police Department believes that the additional amendment proposed by this bill will circumvent the process currently in place for identifying what debilitating medical conditions qualify for medical marijuana. As the Department of Health is still in the process of seeking input on Administrative Rules this change could open up the flood gates on who could be allowed to be given medical marijuana. We request that the Department of Health be allowed to continue their process before moving to change section 329-121, Hawaii Revised Statutes.

The Maui Police Department asks that you OPPOSES the passage of H.B. No. 794 and requests that this bill be held in committee.

Thank you for the opportunity to testify.

Sincerely,

TIVOLI S. FAAUMU
Chief of Police

HAWAII FAMILY ADVOCATES

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

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

DATE: February 3, 2015

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

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

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

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

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

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

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

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

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

HAWAII FAMILY ADVOCATES

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

PAGE TWO

-Testimony-

Relating to Medical Marijuana

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

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

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

Mahalo for the opportunity to submit our concerns.

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

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

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

^{iv} ibid

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

COMMUNITY ALLIANCE ON PRISONS

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

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



COMMITTEE ON HEALTH

Rep. Della Au Belatti, Chair

Rep. Richard Creagan, Vice Chair

COMMITTEE ON JUDICIARY

Rep. Karl Rhoads, Chair

Rep. Joy Sanbuenaventura, Vice Chair

Saturday, February 7, 2015

10:00 a.m.

Room 329

SUPPORT for HB 794 - MEDICAL MARIJUANA

Aloha Chairs Belatti and Rhoads and Members of the Committees!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies for almost two decades. This testimony is respectfully offered on behalf of the 5,600 Hawai'i individuals living behind bars, always mindful that more than 1,600, and soon to be rising number of Hawai'i individuals who are serving their sentences abroad, thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Native Hawaiians, far from their ancestral lands.

HB 794 provides that a physician may determine what medical condition qualifies a patient to use medical marijuana.

Community Alliance on Prisons supports this important medical measure.

The 2000 law authorized DOH to add conditions for which medical marijuana would be helpful, yet that was never done. This bill is a common sense measure that puts the recommendations for debilitating conditions where it belongs - with the physician.

We urge the community to pass this important measure.

Mahalo for this opportunity to testify.

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

TESTIMONY

February 4, 2014

RE: HB 794 to be heard Saturday February 7, 2015 in Conference Room 329

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

SUPPORT

The Libertarian Party strongly supports this bill. We are concerned that the legislature has taken upon itself the responsibility for deciding what medical conditions a drug may be used for. This should be left to science and medicine and not politicians.

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

Tracy Ryan
Chair

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 03, 2015 12:32 PM
To: HLTtestimony
Cc: bacher.robert@gmail.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/3/2015

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

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

Comments: This bill treats medical cannabis more like other medicines. It will allow doctors to help patients, without a lengthy bureaucratic and under-informed political process that makes patients like those with PTSD to wait years for their particular condition to be added.

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From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 3:02 AM
To: HLTtestimony
Cc: hiloprosocial@hotmail.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/6/2015

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

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

Comments: As a licensed mental health and drug abuse treatment professional, I believe that Marijuana should be treated as all other prescription medications, with physician control as to it's applicable efficacy given a specified medical condition as found in any specified patient. Legislative control and limitation as per diagnoses is misplaced, and was the result of capricious interpretations of the efficacy of marijuana when the original law was enacted. Those outdated values are now obsolete, as modern science, public policy, ethical considerations, and citizen support indicate that marijuana is now a mainstream topic. As such, the legislature needs to correct the outdated language that prevents appropriate physician application of medical knowledge and practices. Respectfully Submitted, Matthew Brittain, LCSW, DCSW Clinical Forensic Social Worker Effective Change, LLC 808 934-7566

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creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 04, 2015 4:20 PM
To: HLTtestimony
Cc: alternativepainmanagementclub@gmail.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/4/2015

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

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

Comments: I support HB 794 and would like to see it passed in its current form.

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creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 10:02 AM
To: HLTtestimony
Cc: mminn811@gmail.com
Subject: *Submitted testimony for HB794 on Feb 7, 2015 10:00AM*

HB794

Submitted on: 2/6/2015

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

Submitted By	Organization	Testifier Position	Present at Hearing
M. Minn	Hawaiian Standard	Support	Yes

Comments:

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

TO: HOUSE COMMITTEE ON HEALTH

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

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

RE: H.B. 794 RELATING TO MEDICAL MARIJUANA – **IN SUPPORT**

Good morning Chair Belatti, Vice Chair Creagan, and members of the Committee. My name is Pam Lichty and I'm President of the Drug Policy Action Group (DPAG), the government affairs arm of the Drug Policy Forum of Hawai'i.

DPAG is in strong support of HB 794 which recognizes that the relationship of doctor and patient is of pivotal importance in Hawaii's medical cannabis program, Just like with any more conventional medication, a patient must and should rely on the expertise of the physician and their knowledge of available healing agents to determine what's best for the patient they are treating and with whom they have an ongoing therapeutic relationship.

The science of medical cannabis is evolving very rapidly and an increasing number of physicians in the state keep abreast of the latest research. They should have the capability and the responsibility of certifying the patient for any medical condition for which they believe it might help. This is similar to the "off-label use" that physicians utilize all the time for their patient based on the unique issues and medical history of the patient.

We urge the Committee to pass this measure which should go a long ways towards improving the efficacy of Hawaii's medical marijuana program. Thank you for the opportunity to testify today.

Testimony in Opposition to HB 794 – Relating to Medical Marijuana

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

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

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

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

Please accept this testimony in opposition to **HB 794 – Relating to Medical Marijuana**, which attempts to make it easier for individuals to qualify for medical marijuana use. Section 1. sub section (2) clearly states the chronic and/or debilitating disease or medical conditions that qualify for marijuana use. Sub section (3) leaves too much discretion to the attending physician (and not necessarily the primary care physician) to determine whether the patient would benefit from the use of marijuana. It could lead to unqualified individuals obtaining marijuana.

Recommend that the Department of Health convene an on-going panel of at least five physicians with expertise in chronic pain treatment and management and other severe and debilitating conditions to review and recommend approval of those requests that fall outside of Section 1, sub section (2). Approval would be granted by the DOH only after a complete review of the patient's medical and treatment history and determination that patient's medical condition would benefit from the use of marijuana. The physicians' panel could also recommend new, specific medical conditions to be added to the approved list of chronic or debilitating conditions that would benefit from the use of marijuana based on current research.

Thank you for the opportunity to provide testimony.

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 10:17 PM
To: HLTtestimony
Cc: hawaiicannabiscare@gmail.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/5/2015

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

Submitted By	Organization	Testifier Position	Present at Hearing
Hawaii Cannabis Care	Hawaii Cannabis Care	Support	No

Comments: PLease Support

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From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 10:36 AM
To: HLTtestimony
Cc: andreatischler@yahoo.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/6/2015

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

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

Comments: The decision to use medical cannabis is made between the physician and the patient. Americans for Safe Access strongly support this measure.

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

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

From: James Anthony for Hui Kahu Malama Puhipono

Re: HB 794

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

This an excellent bill because it empowers doctors to be doctors. Cannabis is an medicine with a wide variety of efficacies and doctors must be allowed to exercise their professional judgment and practice medicine. They should not be artificially constrained. They are not restricted from "off-label" prescription of pharmaceuticals many of which are harmful and addictive, unlike cannabis.

Respectfully submitted,

James Anthony, Jr.

James Anthony, Jr.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 04, 2015 4:09 PM
To: HLTtestimony
Cc: brentneal@live.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/4/2015

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

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

Comments: I support HB 794 and would like to see it passed in its current form.

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creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 04, 2015 3:49 PM
To: HLTtestimony
Cc: britneal@live.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/4/2015

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

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

Comments: I support HB 794 and would like to see it passed in its current form.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 04, 2015 9:23 PM
To: HLTtestimony
Cc: marilynwick@pobox.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/4/2015

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

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

Comments: Position: I Support this bill This is a common-sense step to take. Doctors are able to prescribe all other drugs for any condition which their training and experience suggest will benefit from them. The decision about whether or not to use medical marijuana should be made by a patient and their doctor, not by the legislature. Aloha, Marilyn Mick, Honolulu

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 04, 2015 10:22 PM
To: HLTtestimony
Cc: wailua@aya.yale.edu
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/4/2015

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

Submitted By	Organization	Testifier Position	Present at Hearing
Wailua Brandman	Individual	Support	No

Comments: Aloha Rep. Della Au Belatti, Chair, and Rep. Richard P. Creagan, Vice Chair, and Honorable members of the House Committee on Health. Rep. Karl Rhoads, Chair, Rep. Joy A. San Buenaventura, Vice Chair, and Honorable members of the House Committee on Judiciary. Mahalo for this opportunity to submit testimony in support of SB794. I take this opportunity to remind all that APRNs are recognized as Primary Care Providers in Hawaii, many of whom are authorized to prescribe controlled substances, schedules II - V. As written, this bill would discriminate against patients of APRN providers. I don't believe that fits within the intent of the current movement to facilitate access to medical marijuana. With this in mind, I suggest that "or APRN" be inserted after "Physician" in the following text: "For which medical use of marijuana has been 10 recommended by a physician who has determined that a patient's health would benefit from the use of marijuana." Mahalo for your consideration and for your enduring concern for the health and safety of the citizens of this great state. Warmest Aloha, Wailua Brandman APRN FAANP Ke`ena Mauiola Nele Paia, LLC 615 Piikoi Street, Suite 511 Honolulu, HI 96814 wailua@aya.yale.edu 808-255-4442

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 1:18 AM
To: HLTtestimony
Cc: georgina808@gmail.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/5/2015

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

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

Comments: I support HB794. A decision about which medication to use should be between a patient and their doctor. If a doctor determines that cannabis may be of benefit to a particular patient's health he or she should be able to recommend it, as is the case with any other form of medication.

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creagan3 - Karina

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To: HLTtestimony
Cc: theede@hawaii.rr.com
Subject: *Submitted testimony for HB794 on Feb 7, 2015 10:00AM*

HB794

Submitted on: 2/5/2015

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

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

Comments:

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creagan3 - Karina

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Sent: Thursday, February 05, 2015 10:56 AM
To: HLTtestimony
Cc: rtemple@hotmail.com
Subject: *Submitted testimony for HB794 on Feb 7, 2015 10:00AM*

HB794

Submitted on: 2/5/2015

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

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

Comments:

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Sent: Thursday, February 05, 2015 1:54 PM
To: HLTtestimony
Cc: outofthebox808@gmail.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/5/2015

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

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

Comments: I am a 26 year old Medical Cannabis patient/UH graduate with Cerebral Palsey. I need safe access to ORGANIC medicine(Cannabis) from a source I can trust to ensure the quality. If a grower I can trust to produce this for me already has a current patient they are growing and caregiving for, I am totally out of luck with the current patient-caregiver ratio. This ratio must be changed as in HB1455 to allow a person like myself with limited capabilities the choice to trust a certain grower to produce my medicine. A condition helped by Cannabis can be literally any condition that is constant and debilitating with the patient as in HB794. I am so grateful to live in a state where my medicinal needs are taken into consideration. Thank you everyone

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 4:00 PM
To: HLTtestimony
Cc: drkturnbull@gmail.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/5/2015

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

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

Comments: I strongly support the right of a physician to determine how to best treat their patient. Cannabis has current medical research supporting it's therapeutic value for a long list of clinical indications. Far more than are currently allowed under the present law. As research continues the clinical applications of cannabis will continue to change and develop. Physicians are far better placed and more invested in keeping abreast of current research. The legislature is not optimally educated or informed to determine therapeutic indications. These are medical decisions, and should be made by trained medical practitioners. Sincerely, Dr Kimberly Turnbull, DC

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 3:30 PM
To: HLTtestimony
Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for HB794 on Feb 7, 2015 10:00AM*

HB794

Submitted on: 2/5/2015

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

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

Comments:

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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 7:07 PM
To: HLTtestimony
Cc: j.bobich@tcu.edu
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/5/2015

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

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

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

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creagan1 - Dannah

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Sent: Friday, February 06, 2015 3:06 AM
To: HLTtestimony
Cc: mwu808@gmail.com
Subject: *Submitted testimony for HB794 on Feb 7, 2015 10:00AM*

HB794

Submitted on: 2/6/2015

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

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

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 11:05 PM
To: HLTtestimony
Cc: mjkane46@gmail.com
Subject: *Submitted testimony for HB794 on Feb 7, 2015 10:00AM*

HB794

Submitted on: 2/5/2015

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

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

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 8:38 PM
To: HLTtestimony
Cc: geesey@hawaii.edu
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/5/2015

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

Submitted By	Organization	Testifier Position	Present at Hearing
Yvonne Geesey	Individual	Support	No

Comments: Aloha Legislators; Please include Advanced Practice Registered Nurses in this bill, as primary care providers this will be necessary to care for our patients. Mahalo for your consideration, Yvonne Geesey Nurse Practitioner

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Dr Myron Berney

HB794 Support

Provides that a physician may determine what medical conditions qualify a patient to use medical marijuana.

This is in harmony with existing law.

Existing Law already provides for “off label” use. Current law permits physicians to prescribe medicine for “off label use” what is the problem with complying with existing medical standards enshrined in law?

House Committee on Health

Rep. Della Au Belatti, Chair

Rep. Richard P. Creagan, Vice Chair

House Committee on Judiciary

Rep. Karl Rhoads, Chair

Rep. Joy A. San Buenaventura, Vice Chair

From: Wendy Gibson R.N.

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

Conference Room 329 State Capitol 415 South Beretania Street

Position: Support – HB 794 – Relating to Medical Marijuana

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

As a health care professional, I am writing in SUPPORT of HB 794. I feel this will make a needed improvement to the current medical marijuana law and relieve the Department of Health of the burden of deciding which qualifying conditions may be added to the current list.

All Hawaii state licensed physicians are qualified to prescribe medications and make the decision about which medications are appropriate for each patient. These decisions **should be made by a patient and their doctor**. It is not appropriate that these decisions are still being dictated by outdated laws.

Many dementia care programs are using cannabis to successfully manage patients with many types of dementia. You may be aware that the U.S. government has patented cannabis as a neuroprotective agent and that researchers are finding it to be useful in treating PTSD. Allowing physicians to recommend cannabis for dementia and PTSD are just two examples of the many new uses.

The Department of Health has offered to review petitions to add more conditions to the list of qualifying conditions. That burdens the patients and physicians with proving their case. This will be a time-consuming and costly burden for all parties involved. Passing HB794 could circumvent this process, allowing physicians to exercise their practice of customized medicine and allow patients access to medicine sooner. Physicians are in the best position to assess their patient's needs and need to control this process.

Thank you for your consideration of this important matter,

Wendy Gibson R.N., B.S.N.

February 6, 2015

creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 9:41 AM
To: HLTtestimony
Cc: enyawrellim@gmail.com
Subject: *Submitted testimony for HB794 on Feb 7, 2015 10:00AM*

HB794

Submitted on: 2/6/2015

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

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

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 7:31 AM
To: HLTtestimony
Cc: ngannora@gmail.com
Subject: *Submitted testimony for HB794 on Feb 7, 2015 10:00AM*

HB794

Submitted on: 2/6/2015

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

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

Comments:

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

CHAIRMAN RHOADES and CHAIRPERSON BELATTI

Thank you for hearing my testimony.

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

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

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

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

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

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

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

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

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

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

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

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

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

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 07, 2015 9:10 AM
To: HLTtestimony
Cc: gr8tr8@gmail.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/7/2015

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

Submitted By	Organization	Testifier Position	Present at Hearing
Alan Yoshimoto	Individual	Support	No

Comments: I support HB794. It rightly assigns medical doctors the responsibility of prescribing medical marijuana. Several conditions such as PTSD and Alzheimer's which are increasingly shown to benefit from medical cannabis, but which are not yet qualifying conditions., deserve treatment from MDs. Patients with these conditions should not have to wait for the legislature to catch up.

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Sent: Friday, February 06, 2015 3:04 PM
To: HLTtestimony
Cc: angelavideotron@gmail.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/6/2015

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

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

Comments: HB794 Support The current program does not recognize enough conditions that are effectively and safely treated with cannabis like PTSD, Alzheimers, Menopause, etc. Physicians are the most qualified to decide what medicine their patients will benefit from and understand the pros and cons - not the State Legislature. It makes absolutely no sense that highly addictive and potentially lethal medications like Oxycontin are much easier to get a prescription for than cannabis. Please pass HB794 out of your committees! Mahalo

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creagan1 - Dannah

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Sent: Saturday, February 07, 2015 9:19 AM
To: HLTtestimony
Cc: thirr33@gmail.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/7/2015

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

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

Comments: Chairs, Judiciary & Health Committees State of Hawaii House of Representatives Honorable Committee Members Jointly Hearing Measures I support HB 794 Relating to Medical Marijuana and thanks the sponsor. Mahalo, Arvid Tadao Youngquist Oahu Voter and Resident

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From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 07, 2015 9:19 AM
To: HLTtestimony
Cc: thirr33@gmail.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/7/2015

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

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

Comments: Chairs, Judiciary & Health Committees State of Hawaii House of Representatives Honorable Committee Members Jointly Hearing Measures I support HB 794 Relating to Medical Marijuana and thanks the sponsor. Mahalo, Arvid Tadao Youngquist Oahu Voter and Resident

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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 8:35 PM
To: HLTtestimony
Cc: begoniabarry@gmail.com
Subject: *Submitted testimony for HB794 on Feb 7, 2015 10:00AM*

HB794

Submitted on: 2/6/2015

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

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

Comments:

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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 1:45 PM
To: HLTtestimony
Cc: blcloutier@yahoo.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/6/2015

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

Submitted By	Organization	Testifier Position	Present at Hearing
Brenda L. Cloutier	Individual	Support	No

Comments: I strongly support this bill.

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From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 1:05 PM
To: HLTtestimony
Cc: info@courtneybruch.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/6/2015

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

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

Comments: The science on medical marijuana is progressing rapidly. There are several conditions such as PTSD and Alzheimer's which are increasingly shown to benefit from medical cannabis, but which are not yet qualifying conditions. Patients with these conditions should not have to wait for the legislature to catch up. The decision about what medication to use and how is ultimately one that should be between a patient and their doctor. They are in the best position to understand the risks and benefits of each individual case.

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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 2:57 PM
To: HLTtestimony
Cc: breaking-the-silence@hotmail.com
Subject: *Submitted testimony for HB794 on Feb 7, 2015 10:00AM*

HB794

Submitted on: 2/6/2015

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

Submitted By	Organization	Testifier Position	Present at Hearing
Dara Carlin, M.A.	Individual	Support	No

Comments:

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TESTIMONY to

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

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

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

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

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

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

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

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

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

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

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

Health issues:

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

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

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

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

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

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

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

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

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

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

HB795: Workplace Marijuana Testing

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

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

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

HB1455: Increasing Medical Marijuana Limits

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

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

HB794: Doctor Recommendations for Medical Marijuana

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

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

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

Please oppose.

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

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 11:00 AM
To: HLTtestimony
Cc: hrhsf@me.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/6/2015

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

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

Comments: Alohas Chair & Committee I, Minister Hector R. Hoyos & My Partner, Grant W. Larson - Support HB794 - This bill is very important & is honestly one that makes complete sense instead of some list of conditions. With the science spinning faster then our heads & even minds can wrap around all that Marijuana can & could be used for is changing weekly & sure to now more & more with funding & studies being done. I believe your own PCP is best to not only figure out, but study you, test, run test, talk it over with you & make the best choices for your body, everybody & conditions are different. This enables our PCP to have great freedom & flexibility without discrimination on them also. We both as medical patients & having a special doctors not being able to use our PCP's till next renewal. We completely Support HB794 Alohas & Many Blessings For Furthering Protections & Policy In Marijuana. Minister Hector R. Hoyos & Grant W. Larson 2499 Kapiolani Blvd. #3303 Honolulu, HI. 96826 The Iolani Court Plaza

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creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 12:48 PM
To: HLTtestimony
Cc: joan@talkinghearts.com
Subject: *Submitted testimony for HB794 on Feb 7, 2015 10:00AM*

HB794

Submitted on: 2/6/2015

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

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

Comments:

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creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 10:52 AM
To: HLTtestimony
Cc: karibenes@gmail.com
Subject: *Submitted testimony for HB794 on Feb 7, 2015 10:00AM*

HB794

Submitted on: 2/6/2015

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

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

Comments:

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Representative Della Au Belatti, Chair, House Committee on Health

Saturday, February 7th, 2015 - 10:00am Hearing

Subject: Oppose HB 794

Dear Chair Belatti and members of the Committee on Health:

My name is Karla, and I am a resident of Nuuanu in House District 25. I am a substance abuse prevention professional with more than six years of experience working to prevent substance abuse among youth and young adults. I **oppose HB 794** for the following reasons:

- **It would allow virtually anyone to obtain marijuana.** HB 794 lists some conditions for which marijuana can be obtained, but then opens it up to “any other medical condition for which medical use of marijuana has been recommended by a physician who has determined that a patient’s health would benefit from the use of marijuana.”
- **Chronically ill are not using existing state medical marijuana programs.**
 - Studies have shown that in California, more than 95% of medical marijuana users were not suffering from life-threatening illnesses. In one sample of more than 4,000 users, 74% of people had used cocaine in their lifetime.
 - The average user in California was a 32-year old white male with a history of alcohol and substance abuse and no history of life-threatening illness.
 - In Colorado, according to the state’s department of health, only 2% of users reported cancer, and less than 1% reported HIV/AIDS as their reason for marijuana use. The vast majority (94%) reported “severe pain.”
 - In Oregon, there are reports that only 10 physicians made the majority of all recommendations for medical marijuana. Agitation, seizures, cancer, HIV/AIDS, cachexia, and glaucoma were the last six reasons people utilized marijuana for “medical” purposes.
- **Marijuana is addictive.** Estimates from research suggest that about 9 percent of users become addicted to marijuana. This number increases among those who start young (to about 17 percent, or 1 in 6) and among people who use marijuana daily (to 25-50 percent).

The risks and costs associated with HB 794 outweigh any potential benefit. **Please oppose HB 794.**

Thank you for the opportunity to submit testimony.

Karla Filibeck, MURP
House District 25

creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 11:33 AM
To: HLTtestimony
Cc: lcaldwell12@live.com
Subject: *Submitted testimony for HB794 on Feb 7, 2015 10:00AM*

HB794

Submitted on: 2/6/2015

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

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

Comments:

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

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

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

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

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

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

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 1:20 PM
To: HLTtestimony
Cc: mattbinder@earthlink.net
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/6/2015

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

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

Comments: Aloha Committee Members, This is a correction. When I submitted my testimony a minute ago I forgot to click on the SUPPORT button. Here is my testimony: Aloha Committee Members, I strongly support this measure. I trust doctors, more than the legislature, to know what is best for their patients. Research on the uses of marijuana is progressing rapidly and the list of approved diagnoses currently in the law is woefully out of date. Marijuana is not a dangerous drug and I believe there will be no serious repercussions in trusting doctors to recommend marijuana to their patients when they think it is appropriate. Thank you, Matt Binder Kamuela

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Testimony Offered for Saturday February 7, 2015, 10am
Heard by the Committee on Health and Committee on Judiciary
House of Representatives, The Twenty-Eighth Legislature, Regular Session of 2015
Measure number 794
Testimony offered by:
Michelle Tippens
aka TheGoddessM
Staff Writer
Kaulana Na Pua Magazine

Good morning, of the Judiciary and Health committees, my name is Michelle Tippens and I am a resident and active voter in Makiki, within the boundaries of the Ahupua'a of Honolulu, on the Island of O'ahu. I am a disabled veteran of the US Army, a single mother, a full time student (at Kapi'olani Community College, obtaining my third upper level degree), a journalist with a staff position at the Kaulana Na Pua Magazine and a medical marijuana patient. I have an extensive list of medical conditions and injuries, the highlights of which are composed of multiple traumatic brain injuries, a degenerative condition in my cerebellum and spine, fibromyalgia, multiple fractured vertebrae, PTSD and a ribcage so damaged I had to undergo surgery in order to have it wired back together and bone grafted in to facilitate healing. Medical marijuana has allowed me to manage my symptoms so effectively I have been able to discontinue the use of over 25 prescription medications, many of which I had been given for over a decade. Further, I have been able to recover my well-being and a significant portion of my lost mobility, as I had at one point been confined to the use of a walker for over 2 years having progressed from using a cane as my condition deteriorated. All of my conditions still affect me daily; however, therapeutic marijuana use has allowed me to engage in my life at a level beyond that dictated by my injuries and illnesses. That said, I would like to address the bill before the committee today regarding medical marijuana in the state of Hawaii, namely House Bill 794.

This bill seeks to adjust the current program standards in a way that places diagnostic and treatment decisions back into the hands of physicians. The current program outlines a restrictive set of medical conditions that qualify a patient for the use of medical marijuana. The reality is there are a myriad of conditions for which medical marijuana is effective in treating. Physicians are far more capable of establishing whether a specific patient will benefit from a therapeutic option than a piece of legislation. The truth of the matter is that while illness can be classified in broad terms like cancer or Parkinson's, the qualitative effect of these illnesses and conditions upon individual patients (and the effects of the treatments of same) is as different and varied as the patients themselves. Physicians are able to look their patients in the eyes, speak to them, touch them, listen to them; all necessary to make a well-informed decision within the cooperative relationship of a physician and patient. Additionally, this change would restore the cooperative nature of this relationship, something that has started to disappear in our current society.

The fact is, many people like myself have injuries or medical conditions that aren't easily recognizable to people not familiar with my massive medical history. Just as others cannot empirically see that I have many injuries, a simple list cannot encompass all the conditions for which patients may need to utilize medical marijuana. Passing HB794 would allow those most adept at making medical decisions, the team of physician and patient, to make the decisions best suited to the needs of the individual patient. It allows patients to choose to receive the medication they have decided is best for them. In reality, this bill simply looks to give the freedom to choose back to the people within the arena of medical marijuana and their own health and well-being.

Testimony Offered for Saturday February 7, 2015, 10am
Heard by the Committee on Health and Committee on Judiciary
House of Representatives, The Twenty-Eighth Legislature, Regular Session of 2015
Measure number 794
Testimony offered by:
Michelle Tippens
aka TheGoddessM
Staff Writer
Kaulana Na Pua Magazine

I would like to conclude by stating that I support HB794. While I may not believe this bill is flawless or the final solution to a rapidly shifting area within our society and culture, I believe this bill is an essential step toward indemnifying the people of the suffering they have endured using less natural methods to treat illnesses and chronic conditions. The beauty of a democratic legislative system is its plasticity, its ability to evolve with the demands of the people for freedom and the needs of the community for safety. As issues with the bill's implementation are isolated, amendments can be voted upon and enacted. I count myself blessed to live within a society that facilitates our ability as a community to create legislation and continue to adjust it as the need arises. I encourage the 2015 Legislature of Hawaii to enact HB794, and mahalo again for your attention during my testimony.

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 1:01 PM
To: HLTtestimony
Cc: cloudia.charters@gmail.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/6/2015

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

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

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

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

CHAIRMAN RHOADES and CHAIRPERSON BELATTI

Thank you for hearing my testimony.

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

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

1. The Substance Abuse and Mental Health Services Administration (SAMHSA) has over 40 years of drug use data that shows lower perceived risk of harm by youth often results in increased use.
2. The recent 2014 Monitoring the Future (MTF) national school survey of drug use shows marijuana use by youth is still significantly higher than in 2008 and 2012. It also found that, of the youth surveyed, more youth (40%) in medical marijuana states had used an edible marijuana product in the last year than youth (26%) in non-medical marijuana states.
3. States with medical marijuana that allow both home cultivation and legal dispensaries show increases in marijuana use.ⁱ The increases in marijuana use are a concern as marijuana THC content and potency have also increased significantly. See for example:
http://news.olemiss.edu/index.php?option=com_content&view=article&id=4545%3Acannabispotency051409&Itemid=10
4. 1 in 6 minors who chronically use high-THC content marijuana become addicted and require intervention and/or treatment.ⁱⁱ In Hawaii, marijuana was identified as the primary substance used by a majority of adolescents, seventeen years of age and younger (62.4% in 2012), being admitted for drug treatment.ⁱⁱⁱ In Colorado, the Arapahoe House treatment network reported that teen admissions to treatment for marijuana use increased by 66% between 2011 and 2014.
5. Studies have linked marijuana use with mental illness, especially schizophrenia and psychosis. Marijuana use has also been linked with depression and anxiety.^{iv}
6. One of the most well designed studies on marijuana and intelligence,

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

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

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

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

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

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

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

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

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

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

creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 12:27 PM
To: HLTtestimony
Cc: images@stankoga.com
Subject: Submitted testimony for HB794 on Feb 7, 2015 10:00AM

HB794

Submitted on: 2/6/2015

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

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

Comments: Being that it is a matter of health, it follows logically that physicians should have the say in this matter. I support this and so should you.

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