



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

**Testimony COMMENTING on HB 795
RELATING TO MEDICAL MARIJUANA**

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 7, 2015

Room Number: 329

1 **Fiscal Implications:** None.

2 **Department Comments:** The Department supports the intent of this bill to clarify the legal
3 status of medical marijuana patient/workers in the work place. Certified medical marijuana
4 patients have the right to use their medication but there is limited research information available
5 to measure or evaluate any possible effects of the medication on an employee in the workplace.
6 This is potentially an important issue for the protection and safety of the patient/worker, the
7 workplace and the public and deserves much more research.

8 Thank you for the opportunity to offer comments.

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TESTIMONY OF THE HAWAI`I POLICE DEPARTMENT

HOUSE BILL 795

RELATING TO MEDICAL MARIJUANA

BEFORE THE COMMITTEE ON HEALTH

And

BEFORE THE COMMITTEE ON JUDICIARY

DATE : Saturday, February 7, 2015

TIME : 10:00 A.M.

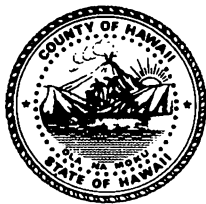
**PLACE : Conference Room 329
State Capitol
415 South Beretania Street**

PERSON TESTIFYING:

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

(Written Testimony)

William P. Kenoi
Mayor



Harry S. Kubojiri
Police Chief

Paul K. Ferreira
Deputy Police Chief

County of Hawai'i

POLICE DEPARTMENT

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

February 5, 2015

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

Re: HOUSE BILL 795 RELATING TO MEDICAL MARIJUANA

Dear Representatives Au Belatti and Rhoads:

The Hawai'i Police Department opposes House Bill 795, with its purpose being to Prohibit an employer from disciplining, suspending, discharging, or discriminating against an employee who is a patient qualified to use medical marijuana solely because the employee tested positive for marijuana use.

The manner in which this Bill is written is ambiguous. Employers conduct drug screens out of concern with matters affecting the overall safety of their organization and their employees. Drug use, to include the use of marijuana as well as a number of other mind-altering drugs, even if the use occurs during non-work hours, is a matter of great concern for employers. Depending on the user's body height/weight, frequency of the marijuana use, how ingested, and the potency of the marijuana, the effects of marijuana use can be felt for several hours after ingestion. So even if the marijuana is used at another location during an employee's off-duty time, the employee could still feel the effects of the marijuana use during the employee's work time. Long-term users of marijuana tend to have decreased energy levels and shorter attention spans which could have a negative impact on any work organization. This could lead to more work-related injuries/accidents and/or lower work production. Employers should be able to retain the authority to discipline and terminate employees who test positive for marijuana use.

We recognize that the Bill as written in Section 3 notes: "Nothing in this section shall be construed to supersede any statute, rule, employment contract, collective bargaining agreement, or workplace regulation or policy prohibiting an employee from being under the influence of marijuana while working in the workplace of the employee's employment." We also note that drug tests are conducted to test if employees have the drugs in their system because it does affect their work maybe at times not to the point of outright intoxicated appearance but certainly in decreased cognitive skills, which will certainly hamper their ability to function as a paid employee is expected to.

Thank you for allowing the Hawai'i Police Department to provide comments relating to House Bill 795.

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 795 - 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 795 because it addresses one of the biggest problems with the current medical cannabis law in Hawaii: the **lack of civil protections**. Many people assume that because medical marijuana use is legal in the state that medical marijuana patients are safe in using their medicine, and this is simply not the case. The medical marijuana law provides protections for patients from criminal prosecution, but not from civil penalties, like eviction, expulsion from school, or the denial of visitation with children.

HB795 does not address many of these concerns, but does provide some basic protections for patients who are employed and who fail a drug test because of their legal medical cannabis use outside of work, and given the very high costs of living in the state, this can often be an insurmountable issue.

Crucially, this bill **does not harm employers**. Employers will still be able to penalize or fire medical cannabis patients if their work suffers as a result of their medical cannabis use, as they would if patients' work were to suffer due to their use of any prescription drug. The bill will not require employers to allow patients to use their medical cannabis at work, or to work while under the influence, and in this way, it is a very small but reasonable step forward. Laws that offer these employment protections (some of which go much further than this bill) are already working in states such as: **Arizona, Colorado, Connecticut, Delaware, Illinois, Maine, Michigan, Minnesota, Nevada, and New Hampshire**. This is an area where we are sorely behind the times.

One amendment that might make the bill more effective at its intent of preventing employment discrimination would be to also protect patients from discipline or termination on the grounds of their status as a medical cannabis patient, especially if it is revealed after a mandatory drug screening test.

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 9:50 PM
To: HLTtestimony
Cc: dciccone@ymail.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

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!!

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov



Committee: Committees on Health and Judiciary
Hearing Date/Time: Saturday, February 7, 2015, 10:00 a.m.
Place: Room 329
Re: Testimony of the ACLU of Hawaii in **Support of H.B. 795**, Relating to Medical Marijuana

Dear Chair Belatti, Chair Rhoads, Members of the Committees on Health and Judiciary:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) writes in **support** of H.B. 795, which provides protections for employees who are medical marijuana patients.

Patients who are obeying the law should not have to choose between their jobs and their health. This bill makes clear that a patient may still be fired if s/he is under the influence at work, but provides protections for those employees who are otherwise doing their jobs and obeying the law. A drug test alone should not be reason to fire a medical cannabis patient.

Thank you for this opportunity to testify.

Daniel M. Gluck
Legal Director
ACLU of Hawaii

The mission of the ACLU of Hawaii is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawaii fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawaii is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawaii has been serving Hawaii for 50 years.

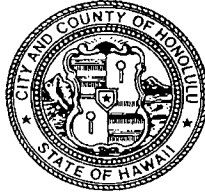
American Civil Liberties Union of Hawaii
P.O. Box 3410
Honolulu, Hawaii'i 96801
T: 808-522-5900
F: 808-522-5909
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DEPARTMENT OF HUMAN RESOURCES

CITY AND COUNTY OF HONOLULU

650 SOUTH KING STREET 10TH FLOOR • HONOLULU, HAWAII 96813
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KIRK CALDWELL
MAYOR



CAROLEE C. KUBO
DIRECTOR

NOEL T. ONO
ASSISTANT DIRECTOR

February 7, 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
The House of Representatives
State Capitol, Room 329
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Chairs Au Belatti and Rhoads, and Members of the Committees:

SUBJECT: House Bill No. 795
Relating to Medical Marijuana

The Department of Human Resources ("DHR"), City and County of Honolulu respectfully opposes HB 795, which would prohibit employers from disciplining, suspending, discharging, or discriminating against employees based on a positive marijuana test result if the employee used medical marijuana in accordance with the law. We respectfully ask that the measure be held in committee.

While the intent of the measure seems reasonable at first glance, the proposed law fails to take into account the realities of the workplace and the role drug-testing plays in enhancing workplace safety. According to the DEA, marijuana is a mind-altering drug.¹ The short-term effects of marijuana include distorted perception, loss of coordination, and problems with memory, learning, and problem-solving.² Long-term use of marijuana is further associated with impairment of judgment, memory, and concentration.³ To help in creating a safer work environment, employers must have a reliable and practical method for identifying employees whose work may be affected by the mind-altering effects of marijuana. This is particularly critical for those employees whose duties include safety-sensitive functions where the effects may not be apparent until an employee is in a life or death, crisis situation. A majority of City positions

1 See U.S. Dept. of Justice Drug Enforcement Administration (DEA) Marijuana Drug Fact Sheet, available at http://www.dea.gov/druginfo/drug_data_sheets/Marijuana.pdf

2 *Id.*

3 *Id.*

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
The House of Representatives
February 7, 2015
Page 2

include an element of public safety or first-responder duties, and because of the nature of our workforce, we have negotiated drug-testing programs which include disciplinary action, as well as drug-testing policies covering employees in safety-sensitive functions who are not subject to collective bargaining agreements.

Section 1 subpart (d)(2) and Section 2 subpart (2) restrict use of marijuana only “in the workplace of the employee’s employment.” The bill does not clearly cover on-duty work outside of the workplace, for example, employees who are drivers.

Section 1 subpart (d)(3) and Section 2 subpart (3) enable employers to restrict employees from being “under the influence of marijuana while working in the workplace.” Unfortunately, current urinalysis testing methods do not allow for a determination of whether employees are “under the influence,” only whether cannabinoid metabolites are present in an individual’s urine. To DHR’s knowledge, there is currently no objective and approved laboratory test available which could reliably determine whether an employee is “under the influence” of marijuana. Public safety could be endangered if only employees who are proven to be “under the influence” of marijuana may be subject to personnel action. Even if supervisors receive training on the signs and symptoms of an employee being “under the influence,” factors such as delayed reaction time and ability to make sound decisions in a crisis will not necessarily present themselves in an observable manner prior to the crisis—at which time it would be too late. This is why random testing and actions taken for positive test results remain valuable tools in enhancing the safety of the workplace.

Finally, DHR has concerns about enacting this proposed law via amendment to Hawaii’s discrimination statute, Hawaii Revised Statutes Chapter 378. DHR does not believe it is appropriate to essentially create a new “protected class” of persons in employees who utilize medical marijuana.

Based on the foregoing, we respectfully request that HB 795 be held. Thank you for the opportunity to testify on this matter.

Sincerely,



Carolee C. Kubo
Director

cc: Mayor’s Office

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

801 SOUTH BERETANIA STREET · HONOLULU, HAWAII 96813
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KIRK CALDWELL
MAYOR



LOUIS M. KEALOHA
CHIEF

DAVE M. KAJIHIRO
MARIE A. McCAULEY
DEPUTY CHIEFS

OUR REFERENCE **RN-JK**

February 7, 2015

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 Au Belatti and Rhoads and Members:

SUBJECT: House Bill No. 795, Relating to Medical Marijuana

I am Ryan Nishibun, Captain of the Human Resources Division of the Honolulu Police Department (HPD), City and County of Honolulu.

The HPD opposes the passage of House Bill No. 795, Relating to Medical Marijuana. It would appear by the current language of the bill that if an employee had a medical marijuana card, he or she could be under the influence of marijuana at any time other than during work.

The HPD tests employees for the presence of marijuana but does not test to see if an employee is "under the influence" of marijuana. Unlike alcohol, marijuana has not been quantified to determine varying levels of impairment and can have impairing effects of up to 30 days. HPD officers and essential civilian employees are expected to report for duty when called upon, perform their duties, and make split-second decisions with a clear and conscious mind. Having marijuana in their system will negatively impact their judgment and performance and could jeopardize their safety as well as the safety of other employees and the public.

The Honorable Au Belatti, Chair
and Members
The Honorable Karl Rhoads, Chair
and Members
February 7, 2015
Page 2

The HPD and the unions recognize the serious adverse effects illegal drugs can have on the safety and performance of its employees and the potential impact to the public; and, therefore, agree that they will not tolerate their employees using illegal drugs on or off duty. Collective bargaining agreements and departmental policy prohibit the use and presence of any illegal substance.

The HPD urges you to oppose House Bill No. 795.

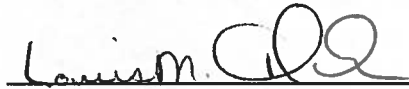
Thank you for the opportunity to testify.

Sincerely,



Ryan Nishibun, Captain
Human Resources Division

APPROVED:



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. 795, 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. 795.

The passage of this bill prohibits an employer from disciplining, suspending, discharging, or discriminating against an employee who is a patient qualified to use medical marijuana solely because the employee tested positive for marijuana use.

The Maui Police Department believes that this bill will set a bad precedent in that it will make our workplaces a more dangerous place for everyone to work in. As this may appear to protect medical marijuana patients, there still needs to be in place responsible protections for the majority of people in the workplace and for the community.

For law enforcement this bill could hinder our current hiring procedures, not to mention cause problems with discipline in the ranks if it was passed. An example of this could be a probationary police officer that may have passed the rigorous employment process to become a recruit, because if this bill became law we were not be able stop him/her from being hired solely for the issue medical marijuana use. Now let us say this recruit tested positive for marijuana during their probationary period and if this bill becomes law he/she could not be disciplined, suspended, discharged, or discriminated against. They could still be allowed to move through the probationary period and could become a police

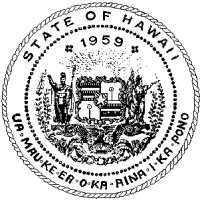
officer. I am sure that the community would not stand for future police officers that are under the influence of a substance like marijuana making life and death decisions. This is just one scenario that could occur.

The Maui Police Department asks that you OPPOSES the passage of H.B. No. 795 and requests that this bill be held in committee.

Thank you for the opportunity to testify.

Sincerely,

TIVOLI S. FAAUMU
Chief of Police



HAWAI‘I CIVIL RIGHTS COMMISSION

830 PUNCHBOWL STREET, ROOM 411 HONOLULU, HI 96813 · PHONE: 586-8636 FAX: 586-8655 TDD: 568-8692

February 7, 2015
Rm. 329, 10:00 a.m.

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

From: Linda Hamilton Krieger, Chair
and Commissioners of the Hawai‘i Civil Rights Commission

Re: H.B. No. 795

The Hawai‘i Civil Rights Commission (HCRC) has enforcement jurisdiction over Hawai‘i’s laws prohibiting discrimination in employment, housing, public accommodations, and access to state and state funded services. The HCRC carries out the Hawai‘i constitutional mandate that no person shall be discriminated against in the exercise of their civil rights. Art. I, Sec. 5.

H.B. No. 795, if enacted, would prohibit an employer from disciplining, suspending, discharging, or discriminating against an employee who is a patient qualified to use medical marijuana solely because the employee tested positive for marijuana use.

The HCRC supports H.B. No. 795, if it is amended to delete Section 2 of the bill, which takes the same statutory language added as a new subsection of HRS § 329-125 in Section 1 of the bill, and pastes it into a new section in HRS chapter 378. It is not necessary to repeat the identical statutory prohibition in Chapter 378, and certainly **not** in Chapter 378, Part I.

Current Medical Marijuana Statute – No Protection for Medical Marijuana Patients in Employment

Hawai‘i, like a number of other states, has enacted its medical marijuana law, HRS chapter 329, permitting physicians to prescribe marijuana for medical purposes for qualifying patients who have been diagnosed as having a debilitating medical condition. The statute allows qualifying patients who have a physician’s certification and have registered with the Department of Health to obtain, cultivate, possess, and use marijuana to alleviate the symptoms or

effects of a debilitating medical condition.

HRS § 329-125 provides protections for qualifying patients and primary caregivers of qualifying patients, including the qualifying medical use of marijuana as an affirmative defense to any criminal prosecution involving marijuana. Chapter 329 currently provides no employment protections for medical marijuana users.

The Hawai‘i medical marijuana law does not provide protection for marijuana use or intoxication at work. Indeed, no state medical marijuana law goes that far, and neither does the new protection created by H.B. No. 795.

HRS § 329-121 defines “debilitating medical condition” to mean three things: 1. Cancer, glaucoma, HIV positive status, AIDS, or the treatment of those conditions; 2. A chronic or debilitating disease or medical condition or its treatment that produces cachexia or wasting syndrome, severe pain, severe nausea, seizures (including those characteristic of epilepsy, or severe and persistent muscle spasms, including those characteristic of MS or Crohn’s disease; or 3. Any other medical condition approved by the Department of Health pursuant to its rules, pursuant to a request from a physician or a potentially qualifying patient.

Federal and State Law Protections for Persons with Disabilities in Employment – Treatment of Medical Marijuana Users

Both the federal Americans with Disabilities Act and state HRS Chapter 378, part I, prohibit discrimination based on disability in employment, and require an employer provide reasonable accommodation to the known physical or mental limitations of an employee with a disability, unless the employer can show that the accommodation would impose an undue hardship on the business. A reasonable accommodation is any modification or adjustment that makes it possible for a person with a disability to enjoy equal employment opportunity.

Reasonable accommodations might include: making existing facilities accessible; job restructuring; part-time or modified work schedules; acquiring or modifying equipment; **changing** tests, training materials, or **policies**; providing qualified readers or interpreters; or reassignment to a vacant position.

Under both federal and state law, in the reasonable accommodation context, a person with a “disability” means a person who has a physical or mental impairment which substantially limits one or more major life activities. Major life activities include: 1. Basic activities that most people in the general population can perform with little or no difficulty, including, but not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, reading, sitting, standing, lifting, reaching, eating, sleeping, bending, concentrating,

thinking, communicating, interacting with others, and working; the operation of a major bodily function, including, but not limited to, functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genito-urinary, bowel, bladder, neurological, brain respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions, including the operation of an individual organ in the body.

The Ninth Circuit Court of Appeals has held that **the federal ADA does not protect individuals who use marijuana for medical use or require employer accommodation of such use**, because the ADA expressly excludes current users of illegal drugs from its definition of “qualified individuals with a disability,” and marijuana remains an illegal drug under federal law, even when such use is legal under state law. *James v. Costa Mesa*, 700 F.3d 394, 397 (9th Cir. 2012).

In addition there are federal drug-free workplace laws that apply to federal contractors and, in the transportation industry, U.S. Department of Transportation (DOT) regulations that employees in safety sensitive positions, such as truck drivers, must be removed from those positions if they test positive for drugs, until certain return-to-duty requirements are met. Non-compliance with these DOT regulations can result in fines and loss of federal funding. Some state medical marijuana statutes expressly permit the discipline of a qualifying patient for violating a workplace drug policy or failing a drug test where that failure would place the employer in violation of federal law or cause the employer to lose a federal contract or funding.

While there is an apparent conflict between federal and state laws, it is worth noting that no court has ruled that federal law preempts the Hawai‘i state medical marijuana law. And, our state laws can provide broader and stronger protections than the federal law.

Which brings us to the question: ***Under Hawai‘i disability law, must an employer consider and provide a reasonable accommodation for an employee with a disability who is a medical marijuana user by making an exception to a policy imposing discipline for a positive marijuana drug test?***

Under current law, the answer is likely no. We have found no jurisdiction that has a medical marijuana law that requires employers to make a reasonable accommodation for use of medical marijuana for persons with disabilities, without express inclusion of employment-related protections in their medical marijuana statutes.

Based on cursory research, of some twenty-four states that have medical marijuana laws, it appears that four state statutes include protections for employees: Delaware, Arizona, Maine, and Rhode Island. The Delaware and Arizona statutes expressly protect employees who are registered medical marijuana users from discriminatory action in

hiring, termination, terms and conditions, or other penalty based on a positive drug test.

If Hawai'i follows suit with the enactment of H.B. No. 795, employers must consider and provide a reasonable accommodation for a person with a disability who tests positive for marijuana, if that person is a registered qualifying medical marijuana patient.

It is important to note that the HRS § 329-121 definition of "debilitating medical condition" is not identical to the HRS § 378-1 and HAR 12-46-182 definition of "disability," so not every registered qualifying medical marijuana patient will necessarily be a person with a disability entitled to a reasonable accommodation.

CONCLUSION

The HCRC's interest in H.B. No. 795 is focused on how it affects the right of a person with a disability to a reasonable accommodation in employment. Section 1 of the bill, amending HRS § 329-125, addresses the HCRC concern by expressly protecting the employment rights of registered medical marijuana users, and should be sufficient basis to trigger a state reasonable accommodation requirement, especially if that is expressed as the intent of the legislature. It is not appropriate or desirable to assign the HCRC enforcement jurisdiction over the broader protection for all medical marijuana users, not limited to persons with disabilities, for wrongful termination, unlawful suspension, discharge, or discriminatory action, especially in light of the HCRC's limited resources and lost capacity to enforce civil rights protections already under HCRC jurisdiction.

The HCRC urges the committee to amend H.B. No. 795, by deleting Section 2 of the bill, or amending Section 2 to expressly state that it be placed somewhere other than Part I of chapter 378. With that change, the HCRC supports the bill.

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/>



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

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

SUBMITTED: February 3, 2015

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

FROM: Walter Yoshimitsu, Executive Director

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

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

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

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

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

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

Mahalo for the opportunity to submit these comments.

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 795 - 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 795 prohibits an employer from disciplining, suspending, discharging, or discriminating against an employee who is a patient qualified to use medical marijuana solely because the employee tested positive for marijuana use.

Community Alliance on Prisons supports this measure that protects qualified medical marijuana patients from employment discrimination if they fail a drug test. Other states (Arizona, Colorado, Connecticut, Delaware, Illinois, Maine, Michigan, Minnesota, Nevada, and New Hampshire) have enacted similar legislation.

Patients who are complying with the law should not be punished for a decision between physician and patient as long as the law is followed.

Community Alliance on Prisons respectfully asks the committee to pass this anti-discrimination bill that supports our ailing citizens.

Mahalo for this opportunity to testify.

creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 03, 2015 12:35 PM
To: HLTtestimony
Cc: bacher.robert@gmail.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

Submitted on: 2/3/2015

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

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

Comments: This bill will help prevent discrimination and the expensive possible lawsuits that could come from discrimination.

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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 10:18 PM
To: HLTtestimony
Cc: hawaiicannabiscare@gmail.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

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 3:24 AM
To: HLTtestimony
Cc: hiloprosocial@hotmail.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

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: This bill solves issues where qualified employees are harmed by rules/laws. Cannabis use is necessary for some patients, as is the case for patients who must use other medications such as pain prescription drugs in order to maintain their functional status. As with any medication, under this bill employers would still maintain their right to terminate an employee if he or she were to arrive at work in a clearly intoxicated fashion such that they could not safely discharge the functions of their employment duties. I recommend that the wording on this bill be changed such that laboratories that test for cannabis must verify a patient's current and valid status on the medical marijuana registry program website, and, if present, the testing results must be read as negative if THC is detected. This is the same procedure that is now used when other controlled substances (such as opioid pain medications) are detected in a test sample. This methodological change will relieve the actual employers from facing the decision as to terminate an employee or not, based on the presence of THC in a sample. This method, as proposed here, also protects the confidential medical information that the employees hold, and for which the testing lab is responsible for safeguarding. In the case of clear intoxication, though, and the employee is reckless or inappropriate, and the employer suspects excessive cannabis use, then normal employee disciplinary actions should be allowed. It is important to note, though, that employer presumptive testing for cannabis use by patients is stymied by the fact that there is no established level of functional impairment caused by THC. Current levels that are detected and cause alleged impairment, of greater than 35 nannograms per milliliter, are clearly inaccurate. For this reason, this bill could be changed, either completely in its wording, or language added, to require that an appropriate agency, such as the Dept of Health, establish a realistic test result level that establishes reasonable presumption of impairment, similar to the blood alcohol level now in use. Once this level is formally established then other safety considerations, such as impaired driving, will be easily established. Respectfully submitted, Matthew Brittain, LCSW, DCSW Clinical Forensic Social Worker Effective Change, LLC 808 934-7566

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Testimony to the House Committee on Health
Saturday, February 7, 2015
10:00 A.M.
State Capitol - Conference Room 329

RE: HOUSE BILL 795; RELATING TO MEDICAL MARIJUANA

Aloha Chair Au Belatti, Vice Chair Creagan, and members of the committee:

We are Melissa Pannell and John Knorek, the Legislative Committee co-chairs for the Society for Human Resource Management – Hawaii Chapter (“SHRM Hawaii”). SHRM Hawaii represents nearly 1,000 human resource professionals in the State of Hawaii.

We are writing to respectfully oppose HB 795, which prohibits an employer from disciplining, suspending, discharging, or discriminating against an employee who is a patient qualified to use medical marijuana; solely because the employee tested positive for marijuana use.

Human resource professionals are keenly attuned to the needs of employers and employees. We are the frontline professionals responsible for businesses’ most valuable asset: human capital. We truly have our employers’ and employees’ interests at heart. We respectfully oppose this measure

Employers are responsible under federal and state laws and regulations for the safety of their employees in the workplace and for ensuring the safety of the workplace itself. While provisions in this bill appear to recognize that being “under the influence” is a preeminent workplace safety concern, we believe that employers and HR professionals need the maximum amount of flexibility currently available under existing laws to protect the safety of all workers and those with whom those workers’ come into contact.

We will continue to review this bill and, if it advances, request to be a part of the dialogue concerning it. Thank you for the opportunity to testify.



Testimony before the House Committee on Health

By Wanya Ogata, MPH
Director, Corporate Health & Wellness
Hawaiian Electric Company, Inc.

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

House Bill 795 – Relating to Medical Marijuana

Chair Bellati, Vice Chair Creagan, and Members of the Committees:

My name is Wanya Ogata and I am testifying on behalf of Hawaiian Electric Company in opposition of HB 795.

Hawaiian Electric Company is a drug free workplace and urges you to oppose HB 795. Studies have shown that marijuana is a mind altering drug that contains more than 400 chemicals. One of those chemicals, THC, is believed to be the main cause of psychoactive effects as it travels from the bloodstream to the brain. According to the Drug Enforcement Agency, short term effects of marijuana also include distorted perception, loss of coordination, problems with memory, learning and problem solving.

The drug can pose dangers in the workplace and can increase the risk of injuries or accidents especially for employees who work in safety sensitive positions, as many Hawaiian Electric employees do. For these reasons, medical marijuana has no place within the workplace and the substance should be limited to bring relief only for the seriously ill or terminally ill patients.

Thank you for time and consideration on this matter.



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. 795 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.

We strongly support this measure that would emulate other states which prohibit an employer from firing an employee who is a registered medical marijuana patient user based solely on the results of a drug test.

Since there is no test for "current impairment" of a person who uses marijuana, but rather it is the lingering metabolites in the person's blood that show up on a test, it is imperative that any discipline - including dismissal - be based on the actual job performance of the person in question.

Whether or not patient uses medical cannabis is between them and their physician, and it is not the business of the employer, assuming again that their job performance meets expectations.

We urge the committee to pass this far-sighted measure and we thank you for the opportunity to testify today.



Chamber of Commerce HAWAII
The Voice of Business

**Testimony to the House Committee on Health and Committee on Judiciary
Saturday, February 7, 2015 at 10:00 A.M.
Conference Room 329, State Capitol**

RE: HOUSE BILL 795 RELATING TO MEDICAL MARIJUANA

Chairs Belatti and Rhoads, Vice Chairs Creagan and San Buenaventura, and Members of the Committees:

The Chamber of Commerce of Hawaii ("The Chamber") **opposes** HB 795, which prohibits an employer from disciplining, suspending, discharging, or discriminating against an employee who is a patient qualified to use medical marijuana solely because the employee tested positive for marijuana use.

The Chamber is the largest business organization in Hawaii, representing over 1,000 businesses. Approximately 80% of our members are small businesses with less than 20 employees. As the "Voice of Business" in Hawaii, the organization works on behalf of members and the entire business community to improve the state's economic climate and to foster positive action on issues of common concern.

The Chamber is opposed to HB 795 as it may create an unsafe workplace environment for employees as well as clients. The bill ties the hands of employers in addressing the aforementioned issue and could create more administrative burden and legal actions against employers.

Thank you for the opportunity to testify.

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 10:45 AM
To: HLTtestimony
Cc: andreatischler@yahoo.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

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: Medical patients should not be punished or disciplined because they test positive for cannabis. They have a recommendation from their physician and are not breaking any law. Americans for Safe Access support this measure.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 04, 2015 4:22 PM
To: HLTtestimony
Cc: alternativepainmanagementclub@gmail.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

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	Oppose	No

Comments: I do not support HB 795. I appreciate the concept that is being introduced, however the way it was written does not actually offer any real protection from discrimination in the work place based on debilitating medical condition and individual choice of medicine.

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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 795

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 is an excellent bill because it frees medical cannabis patients from unjustified employment discrimination.

Respectfully submitted,

James Anthony, Jr.

James Anthony, Jr.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 04, 2015 4:10 PM
To: HLTtestimony
Cc: brentneal@live.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

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 do not support HB 795. I appreciate the concept that is being introduced, however the way it was written does not actually offer any real protection from discrimination in the work place based on debilitating medical condition and individual choice of medicine.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 04, 2015 3:51 PM
To: HLTtestimony
Cc: britneal@live.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

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 do not support HB 795. I appreciate the concept that is being introduced, however the way it was written it is not strong enough to actually offer any real protection from discrimination in the work place based on debilitating medical condition and choice of medicine.

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 12:40 AM
To: HLTtestimony
Cc: georgina808@gmail.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

Submitted on: 2/5/2015

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

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

Comments: I strongly support HB795. If an employee is using cannabis in accordance with state laws, and is not impaired while they are at work, they should not be punished for what is a private medical decision they've made with their physician regarding their treatment. I believe it's necessary to have some form of protection in place, for employees to not arbitrarily face disciplinary action, suspension, discharge, or discrimination based solely on the result of a drug test ordered by an employer. Cannabis can often control pain without the debilitating side effects of more dangerous prescription narcotics. A patient should not be forced to choose between the pain relief they need to live a normal life and the employment they need to support themselves and their families.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 04, 2015 9:25 PM
To: HLTtestimony
Cc: marilynwick@pobox.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

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 Strongly Support this bill Medical cannabis patients are obeying the law, and should not have to fear for their jobs if they are able to work. A drug test alone should not be reason to fire a medical cannabis patient from their job. Aloha, Marilyn Mick, Honolulu

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creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 8:00 AM
To: HLTtestimony
Cc: theede@hawaii.rr.com
Subject: *Submitted testimony for HB795 on Feb 7, 2015 10:00AM*

HB795

Submitted on: 2/5/2015

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

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

Comments:

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creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 04, 2015 10:24 PM
To: HLTtestimony
Cc: wailua@aya.yale.edu
Subject: *Submitted testimony for HB795 on Feb 7, 2015 10:00AM*

HB795

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:

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creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 10:57 AM
To: HLTtestimony
Cc: rtemple@hotmail.com
Subject: *Submitted testimony for HB795 on Feb 7, 2015 10:00AM*

HB795

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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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 4:09 PM
To: HLTtestimony
Cc: drkturnbull@gmail.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

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 am strongly in support of this legislation that will help to prevent discrimination against medical cannabis patients. No one should have to risk losing their job for taking their prescribed medication. No one should have to choose between debilitating pain and unemployment. Please support this legislation. Dr Kimberly Turnbull, DC

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creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 3:30 PM
To: HLTtestimony
Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for HB795 on Feb 7, 2015 10:00AM*

HB795

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 7:09 PM
To: HLTtestimony
Cc: j.bobich@tcu.edu
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

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

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 3:07 AM
To: HLTtestimony
Cc: mwu808@gmail.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

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: Patients should be treated fairly.

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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 11:06 PM
To: HLTtestimony
Cc: mjkane46@gmail.com
Subject: *Submitted testimony for HB795 on Feb 7, 2015 10:00AM*

HB795

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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Dr. Myron Berney, ND Lac

908 16th Ave, Honolulu, HI 96816-4126

HB795 Support

HB795 Prohibits an employer from disciplining, suspending, discharging or discriminating against an employee who is a qualified medical marijuana patient--based solely on a positive marijuana drug test.

Although some users may suffer from significant disability or impairment associated with the use of a wide range of psychoactive drugs, medical marijuana actually is associated with minimal impairment in experienced users.

Texting while driving is associated with MVA. Marijuana use by experienced users has not been linked to MVA or significant impairment.

The Law should deal with Reality not medical and law enforcement hoax and unsubstantiated fears.

Inexperienced users given a deliberate overdose do demonstrate impairment however this is deliberately induced experimental impairment and very uncommon in reality.

Do people get fired for use other prescription medicine? Why get fired for the use of a safer less medicine that has less impairment?

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

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

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

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

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

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

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

creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 10:06 AM
To: HLTtestimony
Cc: mminn811@gmail.com
Subject: *Submitted testimony for HB795 on Feb 7, 2015 10:00AM*

HB795

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	Individual	Support	No

Comments:

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creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 9:42 AM
To: HLTtestimony
Cc: enyawrellim@gmail.com
Subject: *Submitted testimony for HB795 on Feb 7, 2015 10:00AM*

HB795

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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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 7:32 AM
To: HLTtestimony
Cc: ngannora@gmail.com
Subject: *Submitted testimony for HB795 on Feb 7, 2015 10:00AM*

HB795

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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From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 9:23 AM
To: HLTtestimony
Cc: laulimahi@hawaii.rr.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

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
Gary Shimabukuro	Individual	Oppose	No

Comments: I strongly oppose this bill. This bill will open the door to widespread marijuana use by workers who are in fact not severely debilitated to use marijuana and still continue to use marijuana and be under the influence at work. There is already a lot of fraud going on with Hawaii's medical marijuana program, this will open the floodgates for increased marijuana use by workers who are only interested in getting stoned.

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From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 9:54 AM
To: HLTtestimony
Cc: mountainswap@aol.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

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
Lisa LeBrun	Individual	Oppose	No

Comments: Aloha Chair and Vice Chair, I am submitting written testimony in strong opposition to HB795 regarding workplace marijuana testing. We are already dealing with issues of decreased productivity, safety, and morale in the workplace. Why on earth would we allow narcotics in the workplace that will only add to this situation? Hawaii is already one of the worst states for small business owners. Are we really wanting to "handcuff" business owners all the more by allowing this kind of behavior in the workplace? I will never forget visiting Amsterdam several times as a teen with my family. I was not raised in an overly-sheltered environment; but even I was disturbed by how "out of it" so many there seemed. I saw large groups just sitting outside, smoking marijuana and stoned, like zombies. Do we want this here? Do we want this in our workplaces? Do we want tourists and locals to be served by people that are this out of it? There is undeniable evidence that marijuana is a "gateway drug" for people to use harder, more dangerous and life-threatening drugs. We already have a huge problem with ICE here in our islands, what on earth would justify adding to this cancer in our society by making marijuana even more easily available than it already is? This is a nightmare just waiting to happen. I beg of you, do not open this Pandora's box. Pay attention to how the Colorado governor himself – just one year after marijuana was legalized in his state - is now saying that it was a mistake. Please, let us learn from others' mistakes so that we do not make the same ones. Thank you. Lisa LeBrun

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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*.

creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 9:58 AM
To: HLTtestimony
Cc: wendygibson9@gmail.com
Subject: *Submitted testimony for HB795 on Feb 7, 2015 10:00AM*

HB795

Submitted on: 2/6/2015

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

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

Comments:

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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 3:05 PM
To: HLTtestimony
Cc: angelavideotron@gmail.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

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: Please support HB795 It protects the rights of patients while not infringing on employers rights to prohibit employees being under the influence at work. Mahalo

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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 07, 2015 9:24 AM
To: HLTtestimony
Cc: thirr33@gmail.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

Submitted on: 2/7/2015

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

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

Comments: Chairs, House Judiciary & Health Committees State of Hawaii House of Representatives Honorable Members of the Joint Hearing Committees I support this measure and thank the co-sponsors: Rep. Mark Nakashima & Rep. Richard P. Creagan, M.D. Mahalo for this opportunity to speak up for the unintended consequence of unannounced drug tests for patients who are taking medicinal marijuana under provisions of HRS. Thank you, Arvid Tadao Youngquist Oahu Resident & Voter

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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 8:49 PM
To: HLTtestimony
Cc: begoniabarry@gmail.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

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: This is very important to pass because many medical marijuana patients can hold down jobs and need to work. I strongly support this! Mahalo, Ms. Barbara Barry

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To: The Hawai'i Legislature
February 6, 2015

Bill: HB795 **RELATING TO MEDICAL MARIJUANA -- Prohibits an employer from disciplining, etc.**

From: Brenda L. Cloutier, private individual.

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

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

However, I'm concerned that if an employer does not allow for a patient to be under the influence on the job, and the most common test is urinalysis, and marijuana titers remain in the body for thirty or more days without the patient actually being under the influence, that employees will still be disciplined unless a more accurate test is used. The human body processes cannabis quickly and this "influence" is gone within 6 to 8 hours, often much less. Fair consideration is needed based on other pharmaceutical drugs the employer allow an employee under the influence, such as prescribed opioids.

Brenda L. Cloutier
blcloutier@yahoo.com

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 1:06 PM
To: HLTtestimony
Cc: info@courtneybruch.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

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: Strong support!

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creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 2:56 PM
To: HLTtestimony
Cc: breaking-the-silence@hotmail.com
Subject: *Submitted testimony for HB795 on Feb 7, 2015 10:00AM*

HB795

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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Dr. Berney

Supplemental Testimony HB795

Aloha,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TESTIMONY to

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

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

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

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

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

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

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

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

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

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

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

Health issues:

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

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

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

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

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

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

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

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

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

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

HB795: Workplace Marijuana Testing

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

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

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

HB1455: Increasing Medical Marijuana Limits

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

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

HB794: Doctor Recommendations for Medical Marijuana

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

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

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

Please oppose.

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

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 2:54 PM
To: HLTtestimony
Cc: gene_dollar@yahoo.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

Submitted on: 2/6/2015

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

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

Comments: Ok this is a big one. If you are prescribed a medication you should not be discriminated against at work. If you have migraines and you have to take pain killers then you should not be fired or hired for it. Cocaine and Meth are out of your system n 48 hours. Many people who do drugs do hard drugs to avoid piss tests. This is not a fair system. Hard core drug users can get away with using but a patient can get fired because marijuana stays in the system for 30 days. This is so hypocritical. Have some compassion for people. Someone with a medical condition losing their job or livelihood because of their prescribed medication.

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From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 10:44 AM
To: HLTtestimony
Cc: hrhsf@me.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

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) SisterFace	Individual	Support	No

Comments: Alohas Chair & Committee I, Minister Hector R. Hoyos & My Partner, Grant W. Larson Support HB795 My shortest testimony in a long time here. I believe it is of most importance that the State of Hawaii protects every single one of its Marijuana card holding patients in there home, on the streets & most absolutely there jobs & livelihood should always be free from discrimination & employers that actually hunt for marijuana users & patients, they could care less, your fired & as a past manager here in state & out of state. I myself have seen many college students or medical users loose there jobs, funding, careers with out regards of there health & condition thru simple marijuana accusations, usage & such. Please pass this bill, me & my partner believe its a huge step in the right direction completely. Many Blessings Committee, Alohas. Minister Hector R. Hoyos & Grant W. Larson 2499 Kapiolani Blvd. #3303 Honolulu, HI. 96826

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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 HB795 on Feb 7, 2015 10:00AM*

HB795

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 10:53 AM
To: HLTtestimony
Cc: karibenes@gmail.com
Subject: *Submitted testimony for HB795 on Feb 7, 2015 10:00AM*

HB795

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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creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 11:34 AM
To: HLTtestimony
Cc: lcaldwell12@live.com
Subject: *Submitted testimony for HB795 on Feb 7, 2015 10:00AM*

HB795

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.

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 1:27 PM
To: HLTtestimony
Cc: mattbinder@earthlink.net
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

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, I have always been appalled by the stories of people getting fired from their jobs (or not hired in the first place) because of a positive test for marijuana. Marijuana stays in the body for a long time and a positive test is no indication of impairment. Now that the demonization of marijuana is being shown to be the fraud that it is, it is now time for the legislature to stop the discrimination against medical marijuana patients who are otherwise in complete compliance with the law. 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 795
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 795.

This bill seeks to protect patient rights under the current program by ensuring people are able to continue to work within their job position despite the choice to become a certified medical marijuana patient and to use cannabis therapeutically. Many people use medical marijuana therapeutically to allow them to continue to work despite their medical conditions. It is not uncommon for a medical marijuana patient to use 4-6 ounces monthly, if not more, to manage their symptoms; I personally utilize approximately 6 ounces monthly while maintaining a B average attending KCC full-time. Simply using medical marijuana does not make a person dangerous or unable to conduct their job obligations and this bill protects patients by requiring employers to establish grounds for termination beyond the patient's use of their medically authorized marijuana.

I would like to conclude by stating that I support HB795. 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 HB795, and mahalo again for your attention during my testimony.

Hawaii State 28th Legislative Session
Public Testimony HB 795, Room 329
Saturday, February 7, 2015

Aloha, Honorable Chair and Member of the Committee, Honored Guest, Member of the Public

The safety of the people shall be the highest law.

Marcus Tullius Cicero

I stand in opposition to HB 795 which prohibits an employer from disciplining, suspending, discharging, or discriminating against an employee who is a patient qualified to use medical marijuana solely because the employee tested positive for marijuana use. My reservations are that there are no specific requirements for THC level of marijuana strength. Theoretically one could have one ounce of marijuana at THC levels of 1,2,3,4, however strength 12, 13, 14, 15 although meet your ounce level don't meet potency. Are the effects of 1, 2, 3, 4, same for all persons? Does someone who has never used marijuana have the same reaction as someone who has been consuming marijuana for years?

There should be a list of exceptions to insure public safety they should include but not limited to city bus operators, school bus operators, rail operators, police cars, fire trucks, EMT vehicles, tractor trailers, eighteen wheelers, beauticians, barbers, teachers, school principals, IRS, President of Universities & soccer mom carpoolers.

Respectfully Submitted

PM Azinga

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 1:04 PM
To: HLTtestimony
Cc: cloudia.charters@gmail.com
Subject: Submitted testimony for HB795 on Feb 7, 2015 10:00AM

HB795

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 Hakamoa 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*.
