

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

**Testimony Commenting on HB 993
RELATING TO MARIJUANA**

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 7, 2015

Room Number: 329

1 **Fiscal Implications:** None.

2 **Department Comment:** The Department respectfully requests this measure be deferred or held.

3 The provisions required by HB993 are currently being proposed in a draft of Hawaii
4 Administrative Rules (HAR), Chapter 11-160, "Medical Use of Marijuana." These proposed
5 rules have had public hearings in each county through January and February 2015 and should be
6 promulgated in the near future.

7 Draft chapter 11-160 proposes to define primary care physician as "the physician who has
8 primary responsibility for the care and treatment of a qualifying patient with respect to the
9 medical use of marijuana to treat the qualifying patient's debilitating condition and who has a
10 bona fide physician-patient relationship with the qualifying patient." DOH's medical marijuana
11 registry application form requires the qualifying patient to identify his/her primary care physician
12 for the medical use of marijuana which must be the same as the certifying physician.

13 Thank you for the opportunity to comment.

TESTIMONY OF THE HAWAII POLICE DEPARTMENT

HOUSE BILL 993

RELATING TO MEDICAL MARIJUANA

BEFORE THE COMMITTEE ON HEALTH

And

BEFORE THE COMMITTEE ON JUDICIARY

DATE : Saturday, February 7, 2015

TIME : 10:00 A.M.

PLACE : Conference Room 329
State Capitol
415 South Beretania Street

PERSON TESTIFYING:

Harry S. Kubojiri
Hawaii Police Department
County of Hawaii

(Written Testimony)

William P. Kenoi
Mayor



Harry S. Kubojiri
Police Chief

Paul K. Ferreira
Deputy Police Chief

County of Hawai'i

POLICE DEPARTMENT

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

February 5, 2015

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

Re: HOUSE BILL 993 RELATING TO MARIJUANA

Dear Representatives Au Belatti and Rhoads:

The Hawai'i Police Department opposes House Bill 993, with its purpose being to clarify that a primary care or specialist physician may make the "written certification" necessary for medical use of marijuana.

The Hawai'i Police Department believes the mind altering effects of the use of marijuana are important enough that it only makes sense to have the physician who is responsible for the primary care and treatment of a patient to be the same physician recommending an individual for the medical marijuana permit.

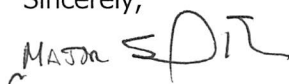
Medical marijuana is often described as medicine and compared with any other prescription medication. Before an individual can be prescribed medication, a physician has to properly diagnose a patient in order to determine the best course of action to take. This shows adequate medical care/diagnosis/treatment for the patient so the proper medicine can be prescribed/recommended versus a physician whose primary patients include those who only come to see the physician once a year for the expressed purpose of being recommended for a marijuana permit. On the surface, this practice seems to be a questionable practice as opposed to involving a bona fide physician/patient relationship.

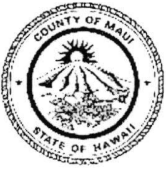
In the onset of allowing the use of Medical Marijuana, it was based predominantly as a showing of compassion towards those who were suffering from a debilitating medical condition. Removing the need for a primary care physician to make the recommendation seemingly serves to remove some of the attendant "legitimacy" for which this program was initially undertaken.

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

Thank you for allowing the Hawai'i Police Department to provide comments relating to House Bill 993.

Sincerely,


HARRY S. KUBOJIRI
POLICE CHIEF



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. 993, 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. 993.

The passage of this bill clarifies that a primary care or specialist physician may make the "written certification" necessary for medical use of marijuana. Requires that a certification form provided by DOH to register a medical marijuana patient and provide the patient's consent for the release of medical information shall specify that the consent applies to information from a primary care or specialist physician.

The Maui Police Department believes wording proposed to amend 329-11, Hawaii Revised Statutes is too broad and will allow "specialist physicians" and not just the primary care physician to give written certification for a patient. Having "specialist physicians" could potentially be doctors that do not have a face-to-face relationship with their patient.

It is suggested that the following wording will be used in Section 1 line 6 and 7:

who is the qualifying patient's primary care physician who meets the definition of "physician" as used in this part.

It is also suggested that the following wording will be used in Section 2 (b) line 12:

patient's primary care physician' provided that

The Maui Police Department asks that you OPPOSES the passage of H.B. No. 993 and requests that this bill be held in committee.

Thank you for the opportunity to testify.

Sincerely,

TIVOLI S. FAAUMU
Chief of Police

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

Re: HB 993 – Relating to Marijuana

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

From: Clifton Otto, MD

Position: Support (with changes)

A patient has the right to designate any number of Primary Care Physicians (PCPs) for the treatment of his/her various medical conditions.

For example, a female patient may designate her Oncologist as the PCP for the treatment of her breast cancer, and her Gastro-enterologist as the PCP for the treatment of her Crohn's disease, as well as any Physician of her choosing as the PCP for the certification and supervision of her medical use of Marijuana.

DOH has recognized this within their new application, in which there is a section that allows the patient to designate the certifying Physician as his/her PCP for this purpose. Therefore, it is not necessary to make any changes to the current use of the term "Primary Care Physician" within Hawaii's Medical Marijuana statute.

However, what does need to change is the consent for release of medical records that DOH is requiring on their new application. DOH does not have the authority to require release of such medical information for enrollment in a state-administered program. They only have the authority to ask for the name of the debilitating illness that is required in order to verify that a patient meets criteria for enrollment.

The proper wording on Page 2, Line 7 should therefore be: "The patient must designate on the Department of Health application form that the certifying Physician is the Primary Care Provider for the supervision of the patient's medical use of Marijuana, and the Department of Health may only require consent for release of the name of the qualifying debilitating illness that is required to verify that the patient is eligible for enrollment in Hawaii's Medical Marijuana Program."

Testimony in Opposition to HB 993 – Relating to Marijuana

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

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

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

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

Please accept this testimony in opposition to **HB 993 – Relating to Marijuana**, that attempts to make it easier for individuals to qualify for medical marijuana use via a written certification, similar to the intent of HB 794.

The provisions of HB 993 are vague and leave too much discretion to the attending physician to determine whether the patient would benefit from the use of marijuana. It could lead to unqualified individuals obtaining marijuana.

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

Thank you for the opportunity to provide testimony.



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. 993 RELATING TO MARIJUANA – **IN SUPPORT OF INTENT**

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.

While DPAG supports the intent of this measure and understands the motivation behind it of clarifying the "primary care physician" requirement in the current medical marijuana law, we do not feel it is necessary at this time.

We are convinced that the Department of Health's proposed administrative rules for the program, which have just completed their public hearings, address the issue in a thoughtful and comprehensive way. We recognize that there are still patients who are concerned by the provision, but we believe that the interpretation of the language, as laid out in the draft rules, addresses any lingering concerns.

In sum, we believe that this measure is unnecessary and that no action is needed at this time.

Thank you for the opportunity to testify today.

creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 10:05 AM
To: HLTtestimony
Cc: mminn811@gmail.com
Subject: Submitted testimony for HB993 on Feb 7, 2015 10:00AM

HB993

Submitted on: 2/6/2015

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

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

Comments: Bill language is very confusing and lacks an introduction to provide context. Please clarify. Please also add reference to Health Insurance Portability and Accountability Act of 1996.

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



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: Eva Andrade, Executive Director

RE: Serious Reservations on HB 321;HB 1455; HB794; HB 795, HB 993 Relating to Medical Marijuana

Aloha and thank you for the opportunity to provide comments on medical marijuana and why we have serious concerns about the bills referenced above. Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii, representing a network of various Christian Churches and denominations. As such, we have serious concerns about these bills and their ramifications on the wider community – especially with regards to our keiki. Although we leave the discussion as to the legality of these bills and all regulatory functions and applicability to the experts, we do offer these five reasons why we are concerned:

- 1) Marijuana use, cultivation and dispensing goes against federal law.**
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.**

- 2) Access to marijuana will hurt our keiki.**
Once the door is widened to its access and availability, our keiki will be caught in the crossfire. There's a reason marijuana is the most widely used illegal drug in the world – it becomes an addiction. The bottom line is that people can't stop using it once they startⁱⁱ. And once they start, it can become a pathway to other drugs. Even though proponents have tried to dismiss this argument, clinical studies continue to otherwise. Medical marijuana use can also hurt a child during his or her mother's pregnancy.ⁱⁱⁱ

- 3) Medical marijuana opens the door for passage of recreational use of marijuana.**
The argument for medical marijuana usually is just a way of opening the door to the recreational use of marijuana. When a state legalizes smoking marijuana for medical purposes, you can expect the next push to be for legalizing recreational marijuana. People of faith may accept the use of drugs for medicinal necessity but we do not understand why we to flip to the other extreme and treat marijuana like it's a mild, over-the-counter medication. Even the American Medical Association maintains it position that it [AMA] "shall encourage model legislation that would



require placing the following warning on all cannabis products not approved by the U.S. Food and Drug Administration: "Marijuana has a high potential for abuse. It has no scientifically proven, currently accepted medical use for preventing or treating any disease process in the United States." (Res 213, I-14) ^{iv}

4) Benefit of smoking marijuana for medical purposes still not proven

The fact remains that there is not enough scientific data to support marijuana's medical benefits. According to the Whitehouse website, Whitehouse.gov^v, "To date...neither the FDA^{vi} nor the Institute of Medicine have found *smoked* marijuana to meet the modern standard for safe or effective medicine for any condition." It's highly unlikely that anyone will be able to prove the substance is entirely safe, because science shows that it is not. As with all drugs, there is always a long list of side effects, warnings, and disclaimers.

5) Hawaii's roads could become a testing ground for legal limits

Marijuana use affects driving. It is the most prevalent illegal drug detected in impaired drivers, fatally injured drivers and motor vehicle crash victims. It is not difficult to conclude that drivers who test positive for marijuana can cause serious automobile accidents. Five years after establishing a "medical" marijuana program, California saw an increase in fatal crashes. The California Office of Traffic Safety (OTS) completed a survey in 2012 that reported more drivers tested positive for drugs that can impair driving (14%) than did for alcohol (7.3%). Of the drugs, marijuana was most prevalent at 7.4%.^{vii} According to the Colorado Department of Transportation, drivers testing positive for marijuana doubled between 2006-2010, following an influx of pot shops and significant increases in registered "medical" marijuana users.^{viii}

Hawaii needs to remain a safe place for families. We hope that you keep these things in mind and not rush into anything until all the problems reported around the country with respect to marijuana are worked out. 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) [Source: http://www.capitol.hawaii.gov/session2000/status/SB862_his_.htm]

ⁱⁱ <http://www.drugabuse.gov/publications/drugfacts/marijuana> (02/05/15)

ⁱⁱⁱ <http://www.livescience.com/42853-marijuana-during-pregnancy-baby-brain.html> (02/05/15)

^{iv} AMA Policy: D-95.976 Cannabis - Expanded AMA Advocacy #4

^v <https://petitions.whitehouse.gov/response/what-we-have-say-about-legalizing-marijuana> (02/05/15)

^{vi} "A growing number of states have passed voter referenda (or legislative actions) making smoked marijuana available for a variety of medical conditions upon a doctor's recommendation. These measures are inconsistent with efforts to ensure that medications undergo the rigorous scientific scrutiny of the FDA approval process and are proven safe and effective under the standards of the FD&C Act. Accordingly, FDA, as the federal agency responsible for reviewing the safety and efficacy of drugs, DEA as the federal agency charged with enforcing the CSA, and the Office of National Drug Control Policy, as the federal coordinator of drug control policy, do not support the use of smoked marijuana for medical purposes." [Source: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2006/ucm108643.htm>]

^{vii} http://unmaskingmarijuana.org/Public_Safety.html (February 6, 2015)

^{viii} <http://kdvr.com/2014/05/15/study-more-marijuana-positive-drivers-involved-in-fatal-car-accidents-in-colorado/>

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 993

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 allows doctors to practice medicine freely and to care for the patients based on their specialized knowledge.

Respectfully submitted,

James Anthony, Jr.

James Anthony, Jr.

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 1:13 PM
To: HLTtestimony
Cc: hiloprosocial@hotmail.com
Subject: Submitted testimony for HB993 on Feb 7, 2015 10:00AM

HB993

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	Comments Only	No

Comments: Language that involves a "primary care physician" as a requirement for participation in the medical marijuana program is superfluous and unnecessary. I recommend that any reference to "primary care physician" be stricken. The reason for this deletions because it simply adds confusion and additional material that patients, doctors, and Department of Health must deal with. The overall concept of consent to release information, as embodied in the medical use of marijuana application forms, does remain valid. Please delete any reference or requirement related to "primary care physician". Respectfully submitted, Matthew Brittain, LCSW, DCSW 808 938-8930

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

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2015 8:36 PM
To: HLTtestimony
Cc: geesey@hawaii.edu
Subject: Submitted testimony for HB993 on Feb 7, 2015 10:00AM

HB993

Submitted on: 2/5/2015

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

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

Comments: Aloha Legislators; Patients that have Advanced Practice Registered Nurses as primary care providers will need to have their APRN be able to certify their need for medical marijuana. Mahalo for your consideration, Yvonne Geesey Nurse Practitioner

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

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

CHAIRMAN RHOADES and CHAIRPERSON BELATTI

Thank you for hearing my testimony.

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

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

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

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

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

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

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

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

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

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

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

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

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

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 10:21 AM
To: HLTtestimony
Cc: hrhsf@me.com
Subject: Submitted testimony for HB993 on Feb 7, 2015 10:00AM

HB993

Submitted on: 2/6/2015

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

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

Comments: Alohas Chair & Committee Members I, Hector R. Hoyos & My Partner, Grant W. Larson Support HB993 I & my partner are both medicinal patients now a few years. To have seen the fear in a Doctors face because he fears his license or any other repercussion from his network they represent. I remember having to get y card the first time, but no real clue of what type of dr to see and asking my own PCP, Haha thats was all wrong & would not even tell me how to find one. I know now things are relaxing but this bill wi ll address these issues also right for our PCP doctors? I think it is the smartest choice to have your own PCP as your Marijuana Doc because more then the specialist Marijuana doctor that you pay a fortune to see just 1 time a year. My PCP knows my history, has studied me, knows me, my conditions like no other. I am in full support for this great progress and the restructuring of the systems flaws, the hand over to DOH. Alohas Committee & Blessings In Your Progress Minister Hector Hoyos & Grant Larson 2499 Kapiolani Blvd. #3303 Honolulu, HI. 96826

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

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 2:14 PM
To: HLTtestimony
Cc: bacher.robert@gmail.com
Subject: Submitted testimony for HB993 on Feb 7, 2015 10:00AM

HB993

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
Robert Bacher	Green Futures	Support	Yes

Comments: This bill will help doctors to be able to help patients.

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

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

creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 12:20 PM
To: HLTtestimony
Cc: theede@hawaii.rr.com
Subject: Submitted testimony for HB993 on Feb 7, 2015 10:00AM

HB993

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
Teri Heede	Individual	Support	No

Comments: Enough of this already. How much more clarification do you need? Let's stop putzing around and get this SHOW on the road. If this bill further clarifies the issue..THEN PASS IT and let's move on!!

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

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 07, 2015 11:52 AM
To: HLTtestimony
Cc: saralegal@live.com
Subject: Submitted testimony for HB993 on Feb 7, 2015 10:00AM

HB993

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
Sara Steiner	Individual	Support	No

Comments: Dear Legislators, We absolutely need these protections offered in HB993. The Department of Health is voting soon, but hasn't yet, on changes to the Hawaii Administrative Rules, and we just don't know yet if they are going to recognize the need for cannabis specialist doctors. Also, inappropriately, they are trying to set the rules for what they deem is a "bonafide doctor-patient relationship" which they have no business doing. I am a bonafide medical marijuana patient on the Big Island. Pahoehoe Family Health Center (Bay Clinic) has been my "primary care provider" for the last 30 years if I needed one. I began experiencing back pain about 12 years ago and increasing, finally diagnosed as degenerative disc disease through an MRI in 2010. At that time I asked my doctor to recommend cannabis, as I did not want to be exposed to side effects from the hydrocodone and other codeine type pain killers. I was informed that they were not allowed to recommend because they accept federal funding. Fast forward to December 2014, blue card renewal time in another month, and I again requested a recommendation at my pcp visit last month, and was told again negative, but I requested a referral to a cannabis specialist, and after a few squeeks and groans (from person who couldn't find my doctor of choice in her computer) was given my referral. Just so you know, I get sick to my stomach when I take prescription painkillers, the effect last for hours even after I stop heaving, and as aspirin and other over the counters are ineffective, I have no option but to obtain the services of a cannabis doctor, who could recommend cannabis, and knows how to instruct me in different preparations such as tinctures and oils that may be rubbed on the skin, in addition to inhalation. I personally love and thank Hawaii's cannabis doctors who put their whole efforts into helping patients, despite the best efforts of the Narcotics Enforcement Division, and prior legislatures inability (since 2000) to come up with a real compassionate medical marijuana program. . Thank you for this opportunity to be heard, and I know you will take my comments into consideration. I will be happy to answer any questions you may have by phone or email. Sara Steiner P.O. Box 2011 Pahoehoe, Hawaii 96778 808-936-9546

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

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

CHAIRMAN RHOADES and CHAIRPERSON BELATTI

Thank you for hearing my testimony.

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

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

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

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

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

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

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

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

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

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

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

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

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

Dr. Myron Berney, ND Lac

908 16th Ave, Honolulu, HI 96816-4126

HB 993 support

Clarifies that a primary care or specialist physician may make the "written certification" necessary for medical use of marijuana. Requires that a certification form provided by DOH to register a medical marijuana patient and provide the patient's consent for the release of medical information shall specify that the consent applies to information from a primary care or specialist physician.

IF IN FACT MARIJUANA WERE A DANGEROUS DRUG THEN IT WOULD BE BEST PRESCRIBED AND MANAGED BY A SPECIALIST PHYSICIAN NOT BY THE PRIMARY CARE PHYSICIAN. [Actually marijuana is relatively one of the safer medicines for experienced users, much safer than many of the drugs that it would replace.]

Primary Care Physicians are first line providers refer difficult cases or cases that require expert medical management to specialists in their field. Primary Care Physicians don't have the time and skill to manage the ongoing use of dangerous drugs.

For example, when I had cancer my PCP refused or was unable to prescribe Marinol ® and told me to get the Rx from my Oncologist. She said that she didn't want problems by Narcotics Enforcement. My orthopedic surgeon will not write for controlled pain medicine [opiates] and refers his patients to a psychiatrist or pain specialist for medical management of controlled substances.

Currently most MD physicians are not trained in the medical use of marijuana and are not up-to-date on the pharmacology of Cannabis. If physicians [and politicians] were properly trained and educated we wouldn't be having these medical management problems. All Physicians should be required to update their education with Continuing Education requirements in the current pharmacology and medical use of marijuana.

Naturopathic Physicians are specialists in the use of herbal medicine including medical marijuana but are not included in the definition of "physician" in this chapter. That is actually rather upside down that MD who are untrained can certify patients but trained medical specialists are not included by law to serve the health, safety and welfare of seriously ill patients. The

definition of “physician” in for the recommendation and management of medical marijuana patients should include Naturopathic Physicians.

Currently under the new Federal Budget Law Medical Marijuana is recognized and protected under Federal Law. This clearly displaces medical marijuana from the Federal DEA Schedule 1 requirement of “no medical use”. The medical use of marijuana by patients in the State of Hawaii is specifically named in this law.

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 protected 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.

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 8:23 PM
To: HLTtestimony
Cc: drkturnbull@gmail.com
Subject: *Submitted testimony for HB993 on Feb 7, 2015 10:00AM*

HB993

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
Dr Kimberly Turnbull, DC	Individual	Support	No

Comments:

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

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

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 2:59 PM
To: HLTtestimony
Cc: breaking-the-silence@hotmail.com
Subject: *Submitted testimony for HB993 on Feb 7, 2015 10:00AM*

HB993

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:

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

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 2:57 PM
To: HLTtestimony
Cc: gene_dollar@yahoo.com
Subject: Submitted testimony for HB993 on Feb 7, 2015 10:00AM

HB993

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: We need to protect patients and specialist. Many doctors are scared of the federal government cracking down on them so they don't issue cards to deserving patients. This is a problem. If I have my regular doctor and I need to go see a specialist for my back and he prescribes me pain killers then it is no problem but if it is cannabis then it is a problem. Lets stop the double standards.

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

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 3:28 PM
To: HLTtestimony
Cc: panther_dave@yahoo.com
Subject: Submitted testimony for HB993 on Feb 7, 2015 10:00AM

HB993

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
Dave Kisor	Individual	Support	No

Comments: After watching my parents disintegrate from pharmaceuticals, I am very much against them the way they are prescribed. After reading what medical marijuana can do, I have a few parts of me that can hurt that the Veterans Abyss likes to ignore that this might do some good. I also support hemp.

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

To: The Hawai'i Legislature
February 6, 2015

Bill: HB993 **RELATING TO MEDICAL MARIJUANA – and Primary Care Physicians**

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, especially because of the critical lack of primary care physicians in the state, and that prior recommended legislation requiring a PCP to be the recommending physician and no other, bypassing Oncologists, Rheumatologists, and other specialists who would be more familiar with a patient's medical need. Also note that the term Primary Care Physician is a health insurance requirement for an HMO plan, not required by a PPO health plan.

Brenda L. Cloutier
blcloutier@yahoo.com

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 1:58 PM
To: HLTtestimony
Cc: naturadoc@gmail.com
Subject: Submitted testimony for HB993 on Feb 7, 2015 10:00AM

HB993

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
Bonnie Marsh	Individual	Support	No

Comments: Please protect Medical Cannabis patients easy access route to be certified by a physician of their choice. Mahalo for supporting and considering this basic request and support for HB993. Dr.Bonnie Marsh

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

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 06, 2015 8:51 PM
To: HLTtestimony
Cc: begoniabarry@gmail.com
Subject: *Submitted testimony for HB993 on Feb 7, 2015 10:00AM*

HB993

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:

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

Hawaii State 28th Legislative Session
Public Testimony HB 993, Room 329
Saturday, February 7, 2015

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

At the end of the day, the goals are simple: safety and security.

Jodi Rell

I stand in opposition to HB 993 for it lacks safety security equal to the level that would prevent forms and data from being compromised. This bill clarifies that a primary care or specialist physician may make the "written certification" necessary for medical use of marijuana. Requires that a certification form provided by DOH to register a medical marijuana patient and provide the patient's consent for the release of medical information shall specify that the consent applies to information from a primary care or specialist physician.

My concerns are that written certification may be lost, duplicated, & or forged. Preferred method should be finger printing verification/registry of care givers & patients. Followed by FBI Interpol tracked & plant sampled DNA registry, to prevent synthetic manufacturing of Marijuana which is more potent than plant grown.

Respectfully Submitted

PM Azinga

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 07, 2015 9:28 AM
To: HLTtestimony
Cc: thirr33@gmail.com
Subject: Submitted testimony for HB993 on Feb 7, 2015 10:00AM

HB993

Submitted on: 2/7/2015

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

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

Comments: Chairs, Judiciary & Health Committees State of Hawaii House of Representatives
Honorable Committee Members I support HB 993 Relating to Marijuana-Clarifies that a primary care or specialist physician may make the "written certification" necessary for medical use of marijuana. Requires that a certification form provided by DOH to register a medical marijuana patient and provide the patient's consent for the release of medical information shall specify that the consent applies to information from a primary care or specialist physician. However, this support is provisional to the extent that such measures do not make the life and procedures for the patients and the care givers more hoops to jump through. Red tape is the last thing these individuals need in their time of need for relief and for the family to get necessary respite. Mahalo, Arvid Tadao Youngquist Oahu Resident & Voter

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