



STATE OF HAWAII
DEPARTMENT OF HEALTH
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LATE

**Testimony COMMENTING on SB2176
RELATING TO THE HAWAII
MEDICAL MARIJUANA OVERSIGHT COMMISSION**

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Hearing Date: Thursday, February 4, 2016 Room Number: 229

1 **Fiscal Implications:** Minimal costs, mostly to reimburse neighbor island travelers unless video-
2 teleconferencing, Skype, or other electronic conferencing tools can be used.

3 **Department Testimony:** Thank you for the opportunity to provide COMMENTS on this bill.

4 The department believes the idea of a commission has some merit but the department is
5 concerned about the requirement, the timing of the commission, and the administrative impacts
6 this bill will have on the medical marijuana dispensary operations.

7 The medical marijuana dispensary program will still be in its infancy on January 2017,
8 and there are at least thirteen bills impacting the dispensary program being introduced during this
9 current legislative session with a variety of objectives ranging from county zoning jurisdiction, to
10 annual reviews of the dispensary system, to legalization. None of these bills have been heard in
11 public hearing yet, yet their outcome could alter the role or scope of issues to be addressed by the
12 commission.

13 The commission will be an administrative burden on the department during the time
14 when the department's licensing program will be very young and the operational staff will be
15 working on ensuring a highly organized licensing system and carrying out its functions. This bill

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1 would impact the operations by adding another set of specific administrative activities not earlier
2 anticipated or budgeted for. These would include for DOH to identify the community members
3 to serve on the commission and to conduct all the logistics associated with hosting meetings, i.e.,
4 finding and scheduling meeting space, assist the commission and subcommittees with research,
5 issue all public hearing notices, take notes at meetings, transcribe and distribute meeting minutes,
6 prepare the reports to the legislature, and coordinate neighbor island travel and track and pay
7 expenses. Neither the DOH Registry program nor the Dispensary program have the available
8 resources to take on this role.

9 If this committee wishes for the idea behind the bill to move forward, the department
10 respectfully requests to change the requirement of a commission to granting the department the
11 authority to establish an advisory panel, delay the effective date to January 2018 at the earliest
12 instead of January 2017, fund the additional administrative activities with another staff position
13 and moneys or ask the Legislative Reference Bureau (LRB) to serve in a supportive
14 administrative role.

15 Thank you for the opportunity to provide COMMENTS on this bill.

DAVID Y. IGE
GOVERNOR



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TESTIMONY ON SENATE BILL 2176
RELATING TO HAWAII MEDICAL MARIJUANA OVERSIGHT COMMISSION

By
Nolan P. Espinda, Director

Senate Committee on Commerce, Consumer Protection and Health
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani, Vice Chair

Thursday, February 4, 2016; 09:00 a.m.
State Capitol, Conference Room 229

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Chair Baker, Vice Chair Kidani, and Members of the Committee:

The Department of Public Safety (PSD) **opposes** Senate Bill (SB) 2176, which would establish the Hawaii Medical Marijuana Oversight Commission to include the Department of Public Safety Director or designee.

Act 177, Session Laws of Hawaii 2013 transferred the Medical Marijuana Program (MMP) to the Department of Health (DOH) in 2014, and that law, together with Act 178, SLH 2013 and Hawaii Administrative Rules (HAR) Chapter 11-850 divided and defined the roles and responsibilities of both the DOH and PSD Narcotics Enforcement Division (NED), which formerly were the sole province of NED.

NED is now only limited to enforcement of medical marijuana registration and dispensing in two areas: 1) validation of individual registration; and 2) dispensary sites' compliance with the above referenced HRS and HAR. It should also be noted that NED's chief function is the enforcement of Hawaii's Uniform Controlled Substances Act, which is consistent with the federal Controlled Substance Act that continues to list marijuana as a Schedule I illegal substance. For these reasons, we believe that PSD should not be a party to or involved in the Hawaii Medical Marijuana Oversight Commission, as proposed in SB 2176.

Thank you for the opportunity to testify on this measure.



Testimony by:
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IN REPLY REFER TO:

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February 4, 2016
9:00 a.m.
State Capitol, Room 229

LATE

S.B. 2176
RELATING TO THE HAWAII MEDICAL MARIJUANA OVERSIGHT COMMISSION

Senate Committee on Commerce, Consumer Protection, and Health:

The Department of Transportation (DOT) **supports** the intent of S.B. 2176, Relating to the Hawaii Medical Marijuana Oversight Commission. This bill establishes the Hawaii medical marijuana oversight committee and requires the committee to evaluate the implementation of medical marijuana, including the impact on patients, the effectiveness of regulatory safeguards and possible areas of expansion for the medical marijuana program.

The DOT is recommending that the oversight committee membership also include DOT and law enforcement from each county. The intent of this recommendation is to have those involved in the Highway Safety Program, a mission that will be impacted by the implementation of Medical Marijuana in Hawaii, involved in discussions. As the bill is currently written, there is no representation from these agencies.

The DOT also recommends that the effective date of the Act be amended so the committee is convened immediately, rather than the January 1, 2017 effective date in the bill.

According to a November 2015 report from the Canadian Centre on Substance Abuse entitled "Cannabis Regulation: Lessons Learned In Colorado and Washington State," stakeholders in Colorado and Washington recommended that any jurisdiction considering policy change, including commercialization and legalization of marijuana, should:

- "Promote collaboration to bring diverse partners to the table from the beginning and to promote open, consistent communication and collaborative problem-solving;"
- "Develop a clear, comprehensive communication strategy to convey details of the regulations prior to implementation, so that the public and other stakeholders understand what is permitted, as well as the risks and harms associated with use, so that individuals can make informed choices;" as well as

- “Ensure consistent enforcement of regulations by investing in training and tools for those responsible for enforcement, particularly to prevent and address impaired driving”

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

In Hawaii, there was a significant increase in marijuana-impaired driving following the legalization of medical marijuana in our state in December 2000. During the pre-medical marijuana period (1991-2000), 4.89 percent of fatally injured drivers tested positive for having marijuana in their systems. After the medical marijuana program went into effect, the proportion of fatally injured drivers who tested positive for THC increased to 14.61 percent during the post-medical marijuana period (2001-2011).

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

In light of these statistics and recommendations, we believe that it is vital that HDOT and law enforcement agencies be included in any commissions or committees related to medical marijuana or the legalization of marijuana as it will have an impact on drug-impaired driving and the safety of our traveling public.

In lieu of S.B. 2176, we recommend S.B. 2627, which establishes a medical marijuana commission and includes representation from the four county police departments and the Sheriff Division. We further recommend that S.B. 2627 be amended to include in the commission’s membership a representative from the DOT.

Thank you for the opportunity to provide testimony.

baker3 - James

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 03, 2016 1:15 PM
To: CPH Testimony
Cc: saralegal@live.com
Subject: Submitted testimony for SB2176 on Feb 4, 2016 09:00AM

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Categories: Late

SB2176

Submitted on: 2/3/2016

Testimony for CPH on Feb 4, 2016 09:00AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------|--------------|--------------------|--------------------|
| Sara Steiner | Individual | Support | No |

Comments: Dear Legislators, As a medical marijuana patient on the Big Island, I absolutely opposed the changes which ruined our Dispensary Bill, mainly that they removed all hope and possibility for small local run grows, manufacturing and distribution shops in favor of rewarding pharmaceutical and tobacco companies and rich mainland growers. Medical Marijuana legislation so far is geared to keeping as much criminality as possible for every aspect of the plant, entire prison industries are supported by cannabis offenses alone - now that is the crime! Not only are medical marijuana rules in general paranoid and offensive to reasonable humans who have been using cannabis for tens of thousands of years, they are discriminatory against a certain group of people. While all others can go and get their pharmaceutical prescriptions for whatever ails them from their doctor, cannabis users must pay hundreds of dollars a year, spend inordinate amounts of time applying, re-applying, waiting months for cards, worrying if the police will compliance check, and so on - all to use a simple life-giving, life-saving herb. Once Hawaii dispensaries open with the over-restrictive, redundant recordkeeping requirements, expensive technological equipment, huge indoor-fake-sun-electric bills, barbed wire and fancy shops, there will be no way to afford the product. Plus they want to take away the caregiver and homegrown options all together, removing our right to grow medicine for pennies compared to dispensary prices. We need this Oversight Committee and we need it to have actual authority to correct unnecessary laws.

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

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