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LEGISLATIVE REFERENCE BUREAU
State of Hawaii
State Capitol, Room 446
415 S. Beretania Street
Honolulu, Hawaii 96813

Written Testimony

SB682, SD2, HD1
RELATING TO MEDICAL MARIJUANA

Testimony by the Legislative Reference Bureau
Charlotte A. Carter-Yamauchi, Acting Director

Presented to the House Committee on Finance

Thursday, April 2, 2015, 3:30 p.m.
Conference Room 308

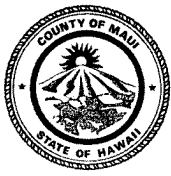
Chair Luke and Members of the Committee:

Good afternoon Chair Luke and members of the Committee, my name is Charlotte Carter-Yamauchi and I am the Acting Director of the Legislative Reference Bureau. Thank you for providing the opportunity to submit written comments in support of S.B. No. 682, S.D. 2, H.D. 1, Relating to Medical Marijuana.

The purpose of this bill is to, among other things, establish a system of medical marijuana dispensaries and production centers in the State and prohibit counties from enacting zoning regulations that discriminate against licensed dispensaries and production centers. The measure also requires the Legislative Reference Bureau to submit proposed legislation to the Legislature, no later than twenty days prior to the convening of the 2018 Regular Session, to conform the medical marijuana dispensary provisions of the measure with the prohibition on primary caregivers growing medical marijuana that is to take effect on July 1, 2018, as established in the measure.

The Bureau takes no position on this measure, but believes that the services requested of the Bureau under this measure, as currently drafted, are manageable and that the Bureau will be able to provide the services in the time allotted.

Thank you again for the opportunity to provide written comments.



ALAN M. ARAKAWA
MAYOR

OUR REFERENCE

YOUR REFERENCE

POLICE DEPARTMENT

COUNTY OF MAUI

55 MAHALANI STREET
WAILUKU, HAWAII 96793
(808) 244-6400
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April 1, 2015



TIVOLI S. FAAUMU
CHIEF OF POLICE

DEAN M. RICKARD
DEPUTY CHIEF OF POLICE

The Honorable Sylvia Luke, Chair
and Members of the Committee on Finance
House of Representatives
State Capitol
Honolulu, HI 96813

Re: Senate Bill No. 682, SD2, HD1, RELATING TO MEDICAL MARIJUANA

Dear Chair Luke and Members of the Committee:

The Maui Police Department OPPOSES the passage of SB 682, SD2, HD1.

The purpose of this bill is to establish a regulated statewide dispensary system for medical marijuana to ensure safe and legal access to medical marijuana for qualifying patients and prohibits counties from enacting zoning regulation that prohibits the use of land for licensed dispensaries.

The Maui Police Department sympathizes with patients approved to use medical marijuana, and understands their issues regarding obtaining it.

The Department is very concerned that loosening current standards regarding medical marijuana permits, particularly those who may issue certifications would open the door to individuals who would abuse this privilege, such as physicians whose sole or primary practice is issuing medical marijuana, regardless of their relationship (or lack thereof) with the patient, and/or regardless of whether the patient truly has a debilitating medical condition.

There is no limit on the amount of marijuana that can be transported any time by a qualifying patient, primary caregiver, or an owner or employee of a medical marijuana production center or dispensary. There should be strict regulations guiding all aspects of handling medical marijuana to insure the potential for abuse and/or illicit activities does not occur.

The Honorable Sylvia Luke, Chair
and Members of the Committee on Finance
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The bill would regulate by weight the amount of marijuana a dispensary can sell to a patient. Because different forms of marijuana can have widely ranging THC levels, weight would not be an adequate unit to use. It would be better if the limits were based on the amount of THC a product has.

With our current system in place, it would be prudent to wait and see what issues arise in Colorado - a state that is dealing with both medical and recreational marijuana use. In a recent interview with Governor John Hickenlooper of Colorado, he stated to other Governors of States wanting to pass legislation of both medical and recreational marijuana to "wait a couple of years" while Colorado navigates the unknowns. He also stated, "We're starting from scratch, and we don't have a federal partner because marijuana is still illegal federally." Governor Hickenlooper said that legalizing marijuana was a bad idea.

A trip to a marijuana growing facility during that same training in Colorado revealed that growers admitted that there is no way that the government can track marijuana plants, processed marijuana or the funds that come from sales on the gray and black market. Growers are simply able to remove tags and processed marijuana from one plant, repackage and renumber it to a plant that had no yield or died in the grow process. They use techniques to grow hybrid plants that can yield up to three pounds of marijuana instead of yielding one pound of marijuana as reported. The other two pounds of marijuana is sold in the gray market as it is untraceable and the money unreported.

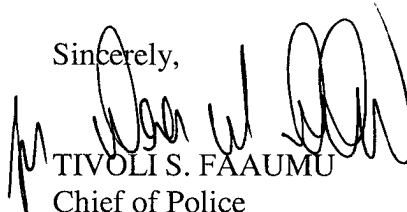
The bill also allows primary caregivers to cultivate medical marijuana for qualifying patients up to June 30, 2018, unless the primary caregiver is a parent, guardian or person having legal custody of a qualifying patient. We suggest that after June 30, 2018, all medical marijuana be obtained only from a licensed Hawaii dispensary.

The power of County governments to self-governed areas in which dispensaries would be placed, has been limited. The bill should also include private residential areas.

The Maui Police Department asks you to OPPOSE the passage of SB 682, SD2, HD1.

Thank you for the opportunity to testify.

Sincerely,



TIVOLI S. FAAUMU
Chief of Police



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

COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair

Thursday, April 2, 2015, 3:30 p.m.

Conference Room 308

State Capitol

415 South Beretania Street

Executive Director Rafael Kennedy in support – SB682 SD2 HD1– Relating to Medical Marijuana

Aloha Chair Luke, Vice Chair Nishimoto, and members of the committee,

We have testified previously before this committee about the importance and urgency of a medical marijuana dispensary system and that has not changed. Many patients are trying very hard to produce the supply of medical cannabis that they need on their own. Some are succeeding with great difficulty and cost, some are failing, and some are always one crop failure away from needing to turn to the black market. We therefore hope that the Department of Health gets all of the resources that it needs in order to get this program going quickly.

The department of public safety has claimed that only a very small number of patients are not cultivating plants on their own and do not have a registered caregiver, but we feel that this claim does not mesh with reality. Many patients who are currently growing for themselves do so only out of legal necessity, and would far rather purchase professional, laboratory tested, high quality cannabis. A patient who cultivates his/her own medicine may also be unable to cultivate enough, or may have to supplement their medicine with medicine from the black market. Likewise, we are concerned about whether patients would have felt comfortable self-reporting to the Narcotics Enforcement Division of the Department of Public Safety about purchasing their medical cannabis on the black market. Finally, there are many people that have contacted our organization that would qualify to use medical cannabis, but are unwilling to do so if they have no safe, legal way of accessing it. We cannot know for sure what the true number of patients is that would use the medical cannabis dispensary system, but we do know that it is far larger than the number offered by the department of public safety.

For this reason, we think that the approach taken by the bill toward setting a number is a reasonable, if somewhat conservative one. Offering the barest minimum number of licenses in the

first year, in order to get the program off the ground, increasing that number in the second year, and allowing the Department of Health to respond to the needs of patients thereafter seems like a sensibly cautious way to balance the need to get a working program off the ground quickly, with the need to develop a robust system that meets the needs of patients.

I would ask however that the initial number of licensees to be issued be increased from six (6) to eight (8). This is because there should not be any circumstance in which there is only one licensee in a jurisdiction for several reasons, the most important of which is that we want a tightly regulated, tightly controlled system. That means that any licensee who violates the rules of the system must be at risk of losing their license. If there is only one dispensary licensed on an island, patients will be at the mercy of that dispensary, and if it violates the rules we establish, those patients will be without any access to medical marijuana. They may, in fact, be in a worse position than they are now, because we expect that many patients will choose not to cultivate their own medicine once dispensaries open. We must not create a dispensary system where any dispensary is too big to fail.

Moreover, competition between dispensaries is a good thing. If there are two dispensaries, those dispensaries will need to compete with one another in price and in quality of service. That is especially important here because dispensaries will play an important role in education and caretaking with a complex medicine that many patients are relatively unfamiliar with. If there are two licensees, each one must compete to be better educated and more reliable than the other because patients will have the option of turning to the other dispensary. If there is only one in a jurisdiction, it will only have to provide better service than a black market drug dealer.

The bill also has some problematic pieces that seem to be the result of a fear that caregivers will evade the regulated structure that this bill seeks to provide, and that may be a valid concern. The bill addresses this concern on page 34, by requiring any group of patients and caregivers who collocate more than an unspecified number of plants to register with the department of health. Moreover, changes in proposed department of health administrative rules for the registry program require all plants grown by patients and caregivers to be tagged with the patient's registration information. These two rules are sufficient to prevent the problem that the bill seeks to prevent by preventing caregivers to grow altogether. The fact is that caregivers are few and far between in the state, with just over 1600 registered caregivers for over 13000 patients. Those patients who have been fortunate enough to find someone they trust to produce medicine for them without financial compensation, as required by the current law, should not be deprived of this relationship. Medical marijuana is not covered by insurance, and can be a significant financial hardship for some people, and we should do whatever can be done to ameliorate this problem. That includes retaining the right of caregivers to grow for patients provided that they do not sell marijuana or violate any other requirements.

Finally, the range of "manufactured products" that are allowed under the bill seems too limited. I urge that the committee consider adding "tinctures, and ointments" to this list, at the very least. Of course, ideally, producers would be able to make edible products, provided that they not be easily mistaken for candy.

Mahalo for the opportunity to speak about this issue, and for your time and consideration. We fully support this measure, as it is a reasonable, and compassionate step, but urge the committee to

make these small changes that would allow the system we establish to be more robust and stable, without sacrificing speed or public safety.

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.



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

HEARING: House Finance Committee hearing on April 2, 2015 @ 3:30 p.m. in room 308

SUBMITTED: April 1, 2015

TO: House Committee on Finance
Representative Sylvia Luke, Chair
Representative Scott Nishimoto, Vice Chair

FROM: Walter Yoshimitsu, Executive Director

RE: Reservations on SB 682 SD2 HD 1 Relating to Medical Marijuana

If passed, this bill allegedly “fixes” 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 Hawaii’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).

Our reservations are strong enough that we feel you should hold this bill in committee.

Mahalo for the opportunity to submit these comments.

HAWAII FAMILY ADVOCATES

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

ONLINE TESTIMONY SUBMITTAL
House Committee on Finance
Hearing on April 2, 2015 @3:30
Conference Room #308

DATE: April 1, 2015

TO: House Committee on Finance
Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

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

RE: Reservations on SB 682 SD2 HD1 Relating to Medical Marijuana

My name is James R. "Duke" Aiona, Jr., and I have been an attorney in Honolulu since 1981. I have also served the people of Hawaii as a Family and Circuit Court Judge of the First Circuit (1990 – 1998) and I also served as the first Administrative Judge of the Hawaii Drug Court Program (1994-1997). 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 this bill.

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,



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

PAGE TWO

-Testimony-

Relating to Medical Marijuana

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

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?

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/>



ONLINE TESTIMONY SUBMITTAL
House Finance Committee Hearing
Hearing on Thursday, April 2, 2015 @ 3:30 p.m.
Conference Room #308

DATE: April 1, 2015

TO: House Committee on Finance
Rep. Sylvia Luke, Chair
Rep. Scott Nishimoto, Vice Chair

FROM: Eva Andrade, President

RE: Reservations on SB 682 SD2 HD1 Relating to Medical Marijuana

Aloha and thank you for the opportunity to provide written comments on why we have serious reservations about creating marijuana dispensaries in Hawai'i. The House Health Committee has put a lot of effort into the current version thereby ensuring that the protection of the wider community is as high a priority as the safe access of medically prescribed marijuana. As an organization that speaks for the faith-based community in Hawai'i, we simply want to ensure that our keiki are protected from any potential misuse and oversight. While we have deep compassion for people who are ill and are staunch supporters of providing better end of life care for people who are in pain and suffering, we have serious concerns about the expansion of access to medical marijuana and its potential ramifications on the wider community – especially with regards to our keiki.

Medical cannabis dispensaries continue to be the subject of considerable debate by officials in the places where they have been established. Many states have gone above and beyond in the creation of medical marijuana dispensaries to not only protect the wider community from potential abuse, but also to provide safe and easy access to medical marijuana. The promise of the positive results reported when using medical marijuana for chronic conditions (like epilepsy) do give parents hope, but negative effects are still very real¹ and extensive testing has not been completed.

Although we will leave the discussion as to the regulatory functions and applicability to the legal and medical experts, we do offer these reasons why we are concerned for the community at large:

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

Although 23 states (and D.C.) have enacted laws to legalize medical marijuana, (including Hawai'i which legalized it for medicinal use in 2000), the bottom line remains that **it is still illegal to possess, use or distribute marijuana according to federal law.** Current federal law does not recognize "medical marijuana" as a legal substance and passage of this bill will create a law that is in direct conflict with state law.

2) Expanded access to marijuana will directly impact our keiki.

Once the bridge is built to widen marijuana access and availability (for medical purposes), 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 and can become a pathway to other drugs. Even though proponents continue to dismiss this argument, clinical studies continue to prove otherwise. Medical marijuana use can also hurt a developing child if their mother uses it during her pregnancy. ⁱⁱ

¹ Scientists and physicians have been quick to warn of the dangers of the marijuana extract because CBD use in people with epilepsy has yet to be clinically evaluated, due in part to the tight restriction the FDA and DEA have placed on marijuana and its compounds. (<http://www.cureepilepsy.org/research/cbd-and-epilepsy.asp>) (04/01/15)



3) Medical marijuana opens the door for passage of recreational use of marijuana.

The discussion surrounding the expansion of medical marijuana is just a way of opening the door to the recreational use of marijuana. Once a state creates a dispensary system to help patients get access to medical marijuana, you can expect the next push to be for legalizing recreational marijuana. Some people of faith may accept the use of drugs for medicinal necessity but we do not understand why we need to flip to the other extreme and treat marijuana like it's a mild, over-the-counter medication.

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.govⁱⁱⁱ, "To date...neither the FDA^{iv} 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.

Even the American Academy of Pediatrics state that, "[t]he AAP opposes medical marijuana outside of the usual process by the Food and Drug Administration to approve pharmaceutical products. Only limited research has been conducted on medical marijuana for adults, and ***there have been no published studies of cannabinoids -- either in the form of marijuana or other preparations -- that involve children.*** The Academy supports further study of cannabinoids, which limited research to date shows can help specific conditions in adults".^v (Emphasis mine)

5) Hawai'i'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. Medical marijuana use is almost impossible to regulate and the burden on Hawaii's law enforcement isn't worth the cost.

Hawaii needs to remain a safe place for families. We have compassion for bona-fide patients who qualify for medicinal use of marijuana and are under their doctor's continued professional care and oversight. Several other states have made the protection of children a priority and we believe Hawai'i would be well served to follow their lead.

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.livescience.com/42853-marijuana-during-pregnancy-baby-brain.html> (02/05/15)

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

^{iv} "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>]

^v <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/American-Academy-of-Pediatrics-Reaffirms-Opposition-to-Legalizing-Marijuana-for-Recreational-or-Medical-Use.aspx>

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, April 01, 2015 3:11 PM
To: FINTestimony
Cc: hawaiicannabiscare@gmail.com
Subject: Submitted testimony for SB682 on Apr 2, 2015 15:30PM

SB682

Submitted on: 4/1/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Hawaii Cannabis Care	Hawaii Cannabis Care	Comments Only	Yes

Comments: I like this bill but taking away the rights to grow as a caregiver is heartless. Some people have been taking care of their patients for years and have dialed in the right medicine for them and now they have to go to dispensary and start over. Also the money issue is not feasible for some who have been working with their caregiver for years and now have to go and pay for their medicine. I would support this bill if we could continue to be caregivers. Mahalo

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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FIN-Jo

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, April 01, 2015 10:33 AM
To: FINTestimony
Cc: hiloprosocial@hotmail.com
Subject: Submitted testimony for SB682 on Apr 2, 2015 15:30PM
Attachments: preview.jpg

SB682

Submitted on: 4/1/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

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

Comments: Matthew Brittain, MA, LCSW, DCSW, DABFSW Diplomate, Clinical Social Work, NASW Diplomate, American College of Forensic Examiners 56 Waiianuenue Ave. Suite #207 Hilo HI 96720-2474 (808) 934-7566 (phone) 934-9442 (Fax) License # LCSW-3048 Date: 04-01-2015 COM MITTEE ON FINANCE- Rep. Sylvia Luke, Chair, Rep. Scott Y. Nishimoto, Vice Chair REGARDING: Support of, and Suggestions for, SB682 SD2 HD1 Relating to Medical Marijuana Dispensaries Thank you for hearing this important bill. Our organization represents approximately 3,800 medical marijuana patients, served by us over the past 12 years. As such, we are the most consistent, long-standing organization serving the medical marijuana community in the State of Hawaii. I submitted the following Financial Projections report to the Working Group that was tasked with the chore of writing the preliminary bill, which was originally submitted to the legislature. I have edited the original document here, to reflect the more refined research that I have tabulated since then. In addition, I have made specific recommendations that are tailored to the Finance Committee, with other appropriate items. The entire tenet of my work here is to improve overall public safety, Public Health, State finance, patient access, reduction of police/judicial workload, and improvement of the overall economy. Summary: Financial projections Allow caregivers Require dispensary owners to be Hawaii residents Eliminate the 750 foot prohibition zone Scale, and make progressive, dispensary licensing fees Eliminate additional regulations relating to number of plants on one property Require verification of out-of-state medical marijuana certificates prior to purchase Eliminate the requirement that the location of the marijuana be printed on the certificate Allow for inter-island transportation of medical marijuana Clarify the definition of Medical Use of Marijuana Eliminate travel restrictions Clarify definition of Marijuana Manufacture ESTIMATED PATIENT POPULATION/FINANCIAL STREAM PROJECTIONS: Currently, about 2.8% of the Big Island population is a MUM patient. This is probably about half to one-third of the eligible population. The reason that this number is a fraction of the potential total populations is because there are no dispensaries. Many patients currently do not choose to legally register their procurement of black-market cannabis because it is folly to sign up with the Narcotics Enforcement Division (NED) the fact that they are doing that. The former NED MUM application form had no method to register as a non-growing patient with no caregiver. Using this logic, it is safe to estimate that the actual MUM population is closer to 8% of the overall population. Based on the population percentage of the general population that have a qualifying diagnosis, and percentage of other states' MUM populations, about 8% of the State of Hawaii (104,000 people) qualifies and would participate in the program. With the average patient consuming about one gram of cannabis per day, the daily consumption would be about 3,700 ounces. With each ounce valued at \$350, the daily value for the medicine alone would be about \$1,295,000. Total

annual consumption would then be estimated at about \$472,675,000. Please note, though, that this does not mean that all patients will be buying from the dispensaries. Many will continue to produce their own. This total does not take into consideration the spin-off benefit to the larger economy through stimuli such as rent/utilities/payroll/ supplies and other services/products paid for/bought by the MUM industry. A fair estimate is that spinoff benefit to the overall economy would be the approximate equivalent of the value of the actual product, making medicinal cannabis a BILLION DOLLAR INDUSTRY in Hawaii, once it is well established. Please see further economic projections related to MUM tourism, below, and also note that the above projections do not include the potential for production of medical-grade cannabis for export to other locations throughout the world. Once the medicinal cannabis industry matures over the next decade, Hawaii will be poised to catapult this billion-dollar industry to become a multi-billion dollar industry, most likely by 2025, if the required infrastructure and policy/legal/resource components are developed in a thoughtful fashion beginning now. O'ahu is very under-represented in the MUM population, by percentage. The most commonly cited reason for this is that most of the people who live on Oahu can not produce their own, as garden space is at a premium. Those who do have space to grow a garden are often wary of neighbors who would steal their crop. Another factor to consider is that there is a large military population on Oahu, and this demographic is prohibited by Federal law from using cannabis. Tourist utilization of medicinal cannabis dispensaries would result in additional benefits to the State through increased tourist visits/spending. According to the Hawaii Tourism Authority, there are about 4,900,000 visitors from the USA Mainland (combined East and West areas) per year to Hawaii. Each visitor stayed for about ten days. Projecting that about 1/3 of the overall US population is now living in a MUM state, there should be about 1,617,000 visitors from those MUM-legal states. Further projections of 8% of those visitors as qualifying and needing medicinal cannabis would be faulty, for other states may not have a similar percentage of approved patients as will be present here. For this reason, a more conservative estimate of 4% of the population will be used. Given this more conservative estimate, there should be about 64,680 annual visitors needing access to medical marijuana, based on current numbers. At ten days per trip, that equates to about 646,800 additional grams that will be needed, or 23,100 ounces worth about \$8,085,000. When Hawaii approves a reciprocity clause for its dispensary system, the number of MUM visitors from other states are projected to quadruple, resulting in an additional \$32,340,000 revenue per year, just on cannabis purchases, not their overall spending for their vacations, bringing the total revenue to about \$505,015,000 per annum. Tourism to Hawaii would most likely increase significantly once there is a reciprocity- based dispensary system. The reason for this increase is based upon tourist decision- making processes leading to their choice of vacation destination. Many MUM patients from other states would definitely prefer to vacation in a state where they can legally procure their medicine. Given that there are tens of millions of tourism-days spent in other locations per year, an estimate of increased tourism to Hawaii would be difficult to calculate in any precise fashion. The supposition, however, is that tourism to Hawaii would increase significantly. I have the following recommendations for the current bill: Allow caregivers. Reasoning: Many patients have skilled and efficient caregivers. Eliminating this capacity will put a major limitation on safe and reliable access to cannabis. This limitation would especially affect poor patients, who do not have adequate money to buy their medicinal cannabis. The average use is one gram per day, which would cost about \$300 to \$400. Given that many poor patients are living on SSI or SSDI, at less than \$1,000 a month, they would not be able to afford their medicinal cannabis. Include language that requires owners of dispensaries to be Hawaii residents. Reasoning: If not, then out-of-state operators will come in, set up the dispensaries, and extract the money from the state. Local ownership of the dispensaries will more likely assure that most of the money generated will remain in the local economy. Eliminate the 750 foot "buffer zone". Reasoning: The current thought about creating a 750 foot "buffer zone" between dispensaries and schools, parks and public housing projects is arbitrary and capricious. Stores that sell tobacco, alcohol, and pharmaceutical drugs like Oxycontin and Morphine have no similar restrictions. Logically considered, if a registered cannabis patient has a choice to walk 750 feet to buy their medicine legally, or go to the park across the street to buy weed

from a drug dealer, the patient will, on occasion, choose to buy from the illegal drug dealer in the park. Also, the same logic goes for restrictions in relationship to potential dispensary locations close to public housing projects; impoverished patients with no car will have a choice to go to the local legal dispensary to get their medicine, so far away, or buy from the illegal drug dealers who live in the housing projects. This way the zoning restrictions actually encourage illegal activity, rather than control it. In addition, it is patently obvious that school children are not going to go into a dispensary on their lunch break or after school to buy illegal dope. In fact, when dispensaries are close to schools then what will actually happen is that the illegal drug dealers that hang out around schools will not have the market share of desperate medical patients who can not walk 750 feet (or more) away to buy their medicine. The actual outcome of this zoning buffer zone would be the actual encouragement of illegal drug dealers closer to the schools. Furthermore, when legal patients visit illegal drug dealers, they are often offered hard drugs by the drug dealers, not just cannabis. Once again, the prohibitionist idea of restricting dispensaries by imposing arbitrary zoning requirements would result in the (apparently unforeseen) impact on continuing the illegal drug market. Contrary to the logic of the prohibitionists, wherever cannabis dispensaries are outlawed, the illegal dealers will thrive. Clearly, the only reasonable conclusion is to do away with this misguided concept. To be fair, the proponents of the buffer zone concept should be questioned as to their motivation for creating this buffer zone. If they have realistic and thoroughly thought-out reasons, other than simply limiting marijuana access, then they should say so. Buffer zones would appear to have, as its sole reason, the purpose of restricting access to medicinal cannabis; this restriction of access is exactly the problem that the dispensary system is being designed to overcome. Scale the licensing fees over the first three years. Reasoning: Given that many qualifying patients will need to register with the Dept. of Health prior to actual purchases of cannabis, and also given that only a percentage of the current patients would buy from the dispensaries, the first two years of dispensary operation will have fewer than the optimum number of patients. For this reason, the licensing fees should not be exorbitant, and should be reasonable enough for local operators to begin operations. Once adequate patients are licensed, then the fees should be raised. Connect licensing fees to actual sales. Reasoning: A flat fee for licensing is regressive, in that it does not allow for the State to realize the amount of money that it could, and also does not allow for start-up businesses to succeed. Tagging licensing fees to gross, or net, sales, would be more fair. However, this could be seen as a "hidden tax". Specific number of plants allowed per production facility. Suggestions: Prior versions of this bill stated that licenses for production of 500 and 1,000 plants would be issued. This is a good number of plants per production facility if many licenses are to be issued, which I suggest. The reason for this higher number of production licenses is to convert the current productive, local caregivers to become licensed producers. In this way the current production capacity will be converted; if large-scale, industrial production is mandated then many of the current growers will simply divert their production to the black market. From a financial and public safety perspective, the existing farmers should be encouraged to integrate into the medical marijuana industry, and should not be alienated from it. Delete language that requires special permission from the Dept. of Health for locations with more than 28 plants. This requirement is arbitrary and pernicious. 28 plants is barely enough to maintain an adequate supply for 4 patients, and many growers collect several certificates together on one location to engage in economy of scale such that efficient production may be maintained on an ongoing basis. Creating limits on this aspect of current production will simply generate another class of criminality, which the dispensary bill is attempting to eliminate. To sum up, adding additional limitation for those who grow more than 28 plants is counter to the intent of the dispensary law itself. Require that dispensaries verify out-of-state patient medical marijuana certificates. Most out-of-state patients get their certificates through systems that have online verification systems. Just as pharmaceutical prescriptions and driver licenses are recognized as valid in all of the USA, so should medicinal cannabis certificates. Eliminate the requirement that the location of the marijuana be printed on the certificate. Reasoning: In case of theft or loss of the card, or phishing by way of unauthorized snooping in a patient's wallet or personal files, criminals do indeed become aware of the location of the marijuana, and that opens up patients and

caregivers to robbery, home invasion, theft, extortion, or other criminal acts. Law enforcement is required to verify the validity of a certificate when they see one, so at that time they can, privately and confidentially, confirm the location of the plants. In this way the privacy of the patients is maintained, public safety improved, and no barrier to police process is created. Allow for inter-island transportation of medical marijuana. Reasoning: There is no reasonable excuse to prohibit inter-island transportation, other than for arbitrary and capricious reasons pursuant to continued prohibition and maintenance of access limitations. All of the airports in Hawaii are located on State owned or controlled land. TSA agents defer to local law enforcement authority. Therefore, State law rules in terms of airport access. There is no similar prohibition on transporting other, much more addicting drugs, such as legally prescribed Oxycontin or morphine. Furthermore, the actual physical properties of cannabis are not dangerous, as bottled oxygen could be. Creation of the inter-island prohibition simply puts an additional burden on patients to buy their medicine on the island that they are going to. Most importantly, some islands may not have a dispensary, such as Niihau and Lanai. In addition, the county of Kalawao is accessed only via airplane, for its aged and disabled population. Imposition of inter-island prohibition would eliminate these patients' access, and is directly contradictory to the purpose of establishing a dispensary system. In addition, legal precedent has been set that protects patient's ability to transport medical marijuana on inter-island flights. That decision is found here: [Hawaii Supreme Court on May 31, 2013 ruled on State of Hawaii v. Woodhall ("Woodhall decision"), overturning the marijuana possession conviction of a Hawaii Island-based medical marijuana program participant, arrested while attempting to travel by air to Oahu with his medicine.] Therefore, enactment of legislative law that is contradictory to judicial law is unfounded. For the reasons of the intent of increasing access, allowing for cohesion between Judicial law and Legislative law, and the simple human compassion, travel restrictions should be not only prevented, but lifted in its current language. Clarify the definition of "Medical Use of Marijuana". Reasoning: Currently, the "Medical Use of Marijuana" is codified in HAR Title 23, Section 23-202-2, "Definitions", as the following: "Medical use" means the acquisition, possession, cultivation, use, distribution, or transportation of marijuana or paraphernalia relating to the administration of marijuana to alleviate the symptoms or effects of a qualifying patient's debilitating medical condition. As per this definition, simply possession of cannabis qualifies as the "use" of it. By projection, then, simple possession of alcohol would mean that the person is using it, and anyone transporting alcohol, even in new, sealed containers, would be guilty of a DUI. Eliminate Travel Restrictions. Reasoning: Patients travel to visit family and friends. Once a patient is in a private location then they should be allowed to use their medicine. There is no current law that prohibits the transportation of any other medication, and the imposition on prohibitions on travel with medical marijuana is arbitrary and capricious. In addition, Precedent has been set in that transportation of medical marijuana has already been protected in terms of patient taking medical marijuana through airports for inter island travel. This is found here: [Hawaii Supreme Court on May 31, 2013 ruled on State of Hawaii v. Woodhall ("Woodhall decision"), overturning the marijuana possession conviction of a Hawaii Island-based medical marijuana program participant, arrested while attempting to travel by air to Oahu with his medicine.] Therefore, travel restrictions should be lifted, otherwise another lawsuit that is based on the precedent found in Woodhall v State of Hawaii would occur, thereby incurring legal expenses, or forcing the Judicial branch to create law that is best enacted here at the Legislative level. Clarify the Definition of "marijuana", "marijuana manufacture", and other references to include all of the cannabinoids found in cannabis. The definition of "manufacture", in this bill, states that "a substance containing marijuana or its principal psychoactive constituent tetrahydrocannabinol" is the sole definition. Science should be allowed the ability to identify, manufacture, refine, and sell compounds that have other cannabinoids without requiring there to be THC as the defining characteristic of said product. According to the University of Washington, Alcohol and Drug Abuse Institute: ["There are over 480 natural components found within the Cannabis sativa plant, of which 66 have been classified as "cannabinoids;" chemicals unique to the plant. The most well known and researched of these, delta-9-tetrahydrocannabinol (Δ 9-THC), is the substance primarily responsible for the psychoactive effects of cannabis. The effects of THC are

believed to be moderated by the influence of the other components of the plant, most particularly the cannabinoids. The cannabinoids are separated into subclasses. These are as follows: • Cannabigerols (CBG); • Cannabichromenes (CBC); • Cannabidiols (CBD); • Tetrahydrocannabinols (THC); • Cannabinol (CBN) and cannabinodiol (CBDL); • Other cannabinoids (such as cannabicyclol (CBL), cannabielsoin (CBE), cannabitriol (CBT) and other miscellaneous types).”] Thank you for the privilege of submitting this testimony. Please have a wonderful day. Sincerely, Matthew Brittain, MA, LCSW, DCSW, DABFSW Clinical Forensic Social Worker

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To: FINTestimony
Cc: alternativepainmanagementclub@gmail.com
Subject: Submitted testimony for SB682 on Apr 2, 2015 15:30PM

SB682

Submitted on: 4/1/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

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

Comments: I do not support SB 682 as it is convoluted in its present form. There are many parts of this bill that are contradictory. With this proposed dispensary layout, medicine may be available to just a select few individuals while others must go without and can no longer have their primary caregiver grow on their behalf. It is unacceptable to prevent a primary caregiver from growing medicine for a qualifying patient. If this bill moves forward as is, medicine may be unavailable to many qualifying patients. A dispensary bill should improve the medical marijuana program and enhance access to medicine, not make it more problematic for patients and further limit their access to medicine. This bill appears to balance the budget on the backs of patients suffering from debilitating medical conditions. Additionally, this bill will force patients in some counties such as Maui, to break Federal law and to transport their medicine home on an airplane. I would like to see this bill drastically revised or killed.

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To: FINTestimony
Cc: tomberg00@yahoo.com
Subject: Submitted testimony for SB682 on Apr 2, 2015 15:30PM

SB682

Submitted on: 4/1/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Tom Berg	Norml Hawaii Chapter	Comments Only	Yes

Comments: On page 39- under Section 7- line 11- (C) (2) (B)- SO YOU ARE AT THE STATE CAPITOL AND A BLUECARD HOLDER- AND YOU ARE AN EMPLOYEE FOR A LEGISLATOR, YOU COME TO WORK SUCKING ON A LOZENGE, ACCORDING TO THIS BILL, THE LOZENGE IN YOUR MOUTH SUBJECTS THE PERSON TO ARREST.....IF ANY LOZENGE IS IN A CAR PARKED AT THE STATE CAPITOL, THE PERSON/OPERATOR OF THE CAR SUBJECT TO ARREST. This is not right- as the bill stands it is flawed and discriminates on the basis of employment---- for the person at work has the legal right to suck on codeine, take what is considered hardcore narcotics while on the job - all legal, all permitted. What is the difference between the person treating their ailment on the job with a cannabis lozenge and the other person popping pills legally on the job? The stigma, the discrimination, the being treated lesser than, the restriction on a lozenge- a lozenge.....sucking on a lozenge subjects one to arrest at any public place and at the workplace..... Certainly, smoking the medicine in the workpl ace and in public venues has prohibitions, but to extend such to a lozenge? Really? Norml Hawaii Chapter cannot condone the treating of medical marijuana patients as criminals at the workplace who are trying to be self sufficient and productive...at the very least, please remove the silly paranoia language regarding lozenges at the workplace- of all things, that is exactly how medical marijuana patients should be treating themselves at the workplace- so to ban it- makes no sense and hurts, no, rather penalizes and seeks to destroy any level of good health obtainable harmlessly of which does not and can not interfere with another on and at the workplace. Mahalo Tom Berg Executive Director Norml Hawaii Chapter

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Cc: rontthi@gmail.com
Subject: *Submitted testimony for SB682 on Apr 2, 2015 15:30PM*

SB682

Submitted on: 3/31/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Ronald Taniguchi, Pharm.D.	Individual	Support	No

Comments:

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To: FINTestimony
Cc: ninja01@hawaii.rr.com
Subject: *Submitted testimony for SB682 on Apr 2, 2015 15:30PM*

SB682

Submitted on: 3/31/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
stuart saito	Individual	Support	No

Comments:

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SB682 SD2

Aloha,

My name is Randal Kobashikawa, and I'm a 100% (service connected) disabled veteran with 30 yrs. of service.

First of all I'm glad to see this bill is moving forward (it's been a long time in coming), because getting my medicine off the black market is very uncomfortable for me getting ripped-off, or beaten are among a few of my worries. And the safety of the product is another big issue I have. I would have choices of varying strengths, and pain relieving properties, and knowing it was grown without the use of harmful chemicals.

However, taking away the ability for a friend to grow my medicine for me is a huge mistake! As a disabled person, it's not easy getting around (regardless of the pain levels). With only 6 dispensaries in the first year, and 6 more the following. You would be forcing me to make some very difficult choices. I.E. Where do I have to go to get my medicine (as I live on the Waianae coast), When do I go to get my medicine, it's already challenging enough getting to my medical appointments, let alone going for meds. As you know traffic is getting worse with the rail construction, as well as DOT ongoing maintenance projects. Currently it takes me a min. of 2 hrs. just to get from Waianae, to Tripler for my appointments.

It's a quality of life issue for me at this point. Either I take opioids (that can shorten my life), and be "Doped-up" all day, and possibly losing my ability to drive, or smoke some cannabis to help manage the pain. I live alone, and would hate to have that privilege taken away from me.

Aloha and Mahalo

Randal Kobashikawa

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, April 01, 2015 9:11 AM
To: FINTestimony
Cc: galeb@me.com
Subject: Submitted testimony for SB682 on Apr 2, 2015 15:30PM

SB682

Submitted on: 4/1/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Gale Beardsley, MD	Individual	Support	No

Comments: Committee On Finance Chair Luke, Vice Chair Nishimoto, committee members, I am writing as a medical doctor practicing in Hawaii since 1979. I support this legislation to establish medical marijuana (cannabis) dispensaries. I see many patients who find the current law very difficult to comply with. I also know of many patients who benefit from using medical cannabis or marijuana. With the proper safety measures in this bill I believe it is safe and wise to move it forward toward enactment. Sincerely, Gale Beardsley, MD

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Cc: theede@hawaii.rr.com
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SB682

Submitted on: 4/1/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

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

Comments: I strongly OPPOSE this bill. To think that dispensaries open, then people who have been growing their own will NO LONGER grow is ridiculous. We have been providing ourselves with our own medicine and now...MAGIC!!! Some dispensary is going to provide EVERYTHING!! This is a bill that is not designed to benefit patients.

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COMMITTEE ON FINANCE- Rep. Sylvia Luke, Chair, Rep. Scott Y. Nishimoto, Vice Chair

Testimony SB682SD2 HD 1 Committee on Finance Rep. Sylvia Luke, chair, Rep. Scott Y. Nishimoto, vice chair

Hearing date: Thursday April 2, 2015

From: Jane Sezak, consultant, small farmer (fruit trees, tropical hardwood trees)

Aloha Rep. Luke and Rep. Nishimoto,

I have not submitted a testimony before. I support a dispensary system in the state of Hawaii, but I am concerned about one aspect of bill SB682SD2 HD1. The part that will remove the ability of caregivers to grow cannabis for patients once the dispensaries are operating. I have been growing medical marijuana since 2010 for myself and am a caregiver for one other person. I do not have many plants and would like to continue growing for myself and one or two other people. I am an organic grower and am not sure the dispensaries will have organic growing standards for cannabis. I realize the plants must be mold and mildew free but am not certain growing standards will exclude chemical fertilizers and insect sprays. It is vital to me to have access to organic medicine. Currently the state of farming in Hawaii does not really concern itself with chemical fertilizers and insect sprays, other than DDT and the really extreme chemicals.

Allowing individuals to grow for themselves and a few others will allow many people to obtain 100% organic medicine, I think this is very important. Please include a provision for individuals to continue growing medicine for themselves and at least on other patient.

Thank you for considering my concerns,

Jane Sezak

3/1/2015

Dear Chair Luke,
Vice Chair Nishimoto,
and Committee Members,

My sincerest apologies at being unable to submit my written testimony earlier. Below you will find my suggestions for alterations to the proposed bill SB 682 SD2 HD1 and issues which I believe need to be taken under consideration prior to passing the measure.

- Please include a subsection to the measure to provide HPD officers the ability to detain/arrest/prosecute operators of heavy equipment or automobiles for marijuana "intoxication".
 - I realize this would require a certain amount of latitude on the part of the officers, but there must be a way to prevent such activities.
- In addition, I suggest including a subsection which would double all penalties and fines for employees, owners, and workers of marijuana dispensaries and production centers.
 - As a *strong* deterrent to those working in the industry from breaking the law.

In addition to the above mentioned items:

(1) What will be the liability to the City and State in regards to this measure? That is, what if some of the produced marijuana gets out to the population and is consumed by a child, or some other such issue, and the parents file lawsuit?

(2) Dispensaries ought to be unmarked buildings. If no one but the patients who are licensed and their caregivers need to be accessing the locations, then there is no reason to advertise. The DHHS or whomever is in charge of the program could merely provide a list to users and HPD.

(3) Lastly, but most importantly, include mandatory monthly marijuana drug testing for all owners, operators, and employees of dispensaries and production centers (who are not licensed patients) to ensure that they are not consuming the product and that those who test positive are prosecuted.

Thank you for your time, patience, and consideration. Also thank you for holding a hearing on a Saturday to enable the public to attend.

Sincerely,
Mr. Bryn Villers

FIN-Jo

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, April 01, 2015 6:44 AM
To: FINTestimony
Cc: jarronn@hotmail.com
Subject: Submitted testimony for SB682 on Apr 2, 2015 15:30PM

SB682

Submitted on: 4/1/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Elijah Ariel	Individual	Comments Only	No

Comments: I recently turned 60 years old and aches and pains from my youth just keep getting worse. PLEASE HELP US medical marijuana patients by making dispensaries legal in Hawaii. (((PLEASE)))

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Subject: Submitted testimony for SB682 on Apr 2, 2015 15:30PM

SB682

Submitted on: 4/1/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

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

Comments: I do not support SB 682 as it is convoluted in its present form. There are many parts of this bill that are contradictory. With this proposed dispensary layout, medicine may be available to just a select few individuals while others must go without and can no longer have their primary caregiver grow on their behalf. It is unacceptable to prevent a primary caregiver from growing medicine for a qualifying patient. If this bill moves forward as is, medicine may be unavailable to many qualifying patients. A dispensary bill should improve the medical marijuana program and enhance access to medicine, not make it more problematic for patients and further limit their access to medicine. This bill appears to balance the budget on the backs of patients suffering from debilitating medical conditions. Additionally, this bill will force patients in some counties such as Maui, to break Federal law and to transport their medicine home on an airplane. I would like to see this bill drastically revised or killed.

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SB682

Submitted on: 4/1/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

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

Comments: I do not support SB 682 as it is convoluted in its present form. There are many parts of this bill that are contradictory. With this proposed dispensary layout, medicine may be available to just a select few individuals while others must go without and can no longer have their primary caregiver grow on their behalf. It is unacceptable to prevent a primary caregiver from growing medicine for a qualifying patient. If this bill moves forward as is, medicine may be unavailable to many qualifying patients. A dispensary bill should improve the medical marijuana program and enhance access to medicine, not make it more problematic for patients and further limit their access to medicine. This bill appears to balance the budget on the backs of patients suffering from debilitating medical conditions. Additionally, this bill will force patients in some counties such as Maui, to break Federal law and to transport their medicine home on an airplane. I would like to see this bill drastically revised or killed.

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To: FINTestimony
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Subject: Submitted testimony for SB682 on Apr 2, 2015 15:30PM

SB682

Submitted on: 4/1/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Rev. Nancy Harris	Individual	Oppose	No

Comments: Regretfully, I cannot support SB682 at this time. The current version, while purporting to help medical marijuana patients, is in fact challenging and even punitive for patients, who by definition already must contend with serious medical conditions. Fulfilling requirements of this bill would force dispensaries to charge enormous amounts for medicine to succeed as businesses. This labyrinthian measure also has built-in discrimination, for while patients with developmental disabilities may retain caregivers to cultivate for them after June 30, 2018, while those patients with physical disabilities may not. Compassion for patients mandates that this legislation not be enacted in its current form. Mahalo for taking the time to consider input from citizens and patients.

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Subject: Submitted testimony for SB682 on Apr 2, 2015 15:30PM

SB682

Submitted on: 4/1/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

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

Comments: I do not support SB 682 as it is convoluted in its present form. There are many parts of this bill that are contradictory. With this proposed dispensary layout, medicine may be available to just a select few individuals while others must go without and can no longer have their primary caregiver grow on their behalf. It is unacceptable to prevent a primary caregiver from growing medicine for a qualifying patient. If this bill moves forward as is, medicine may be unavailable to many qualifying patients. A dispensary bill should improve the medical marijuana program and enhance access to medicine, not make it more problematic for patients and further limit their access to medicine. This bill appears to balance the budget on the backs of patients suffering from debilitating medical conditions. Additionally, this bill will force patients in some counties such as Maui, to break Federal law and to transport their medicine home on an airplane. I would like to see this bill drastically revised or killed.

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3/1/2015

Dear Chair Luke,
Vice Chair Nishimoto,
and Committee Members,

My sincerest apologies at being unable to submit my written testimony earlier. Below you will find my suggestions for alterations to the proposed bill SB 682 SD2 HD1 and issues which I believe need to be taken under consideration prior to passing the measure.

- Please include a subsection to the measure to provide HPD officers the ability to detain/arrest/prosecute operators of heavy equipment or automobiles for marijuana "intoxication".
 - I realize this would require a certain amount of latitude on the part of the officers, but there must be a way to prevent such activities.
- In addition, I suggest including a subsection which would double all penalties and fines for employees, owners, and workers of marijuana dispensaries and production centers.
 - As a *strong* deterrent to those working in the industry from breaking the law.

In addition to the above mentioned items:

(1) What will be the liability to the City and State in regards to this measure? That is, what if some of the produced marijuana gets out to the population and is consumed by a child, or some other such issue, and the parents file lawsuit?

(2) Dispensaries ought to be unmarked buildings. If no one but the patients who are licensed and their caregivers need to be accessing the locations, then there is no reason to advertise. The DHHS or whomever is in charge of the program could merely provide a list to users and HPD.

(3) Lastly, but most importantly, include mandatory monthly marijuana drug testing for all owners, operators, and employees of dispensaries and production centers (who are not licensed patients) to ensure that they are not consuming the product and that those who test positive are prosecuted.

Thank you for your time, patience, and consideration. Also thank you for holding a hearing on a Saturday to enable the public to attend.

Sincerely,
Mr. Bryn Villers

finance1-Kim

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, April 01, 2015 2:55 PM
To: FINTestimony
Cc: kawikav123@gmail.com
Subject: Submitted testimony for SB682 on Apr 2, 2015 15:30PM

SB682

Submitted on: 4/1/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Kawika Victoria	Individual	Support	No

Comments: 6 dispensaries for all the medical cannabis patients on oahu isn't enough... Give the people what they want. More dispensaries!

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Dr. Myron Berney, ND Lac

908 16th Ave, Honolulu, HI 96816-4126

SB682 SD2 SUPPORT

It is difficult or nearly impossible to make any rational progress on Medical Marijuana Health Care so long as many of the Legislatures hold onto a medical HOAX as being legitimate Science. The Prohibition of Marijuana was and continues to be totally based upon a deceptive, fraudulent medical hoax that a relatively safe and highly effective herbal medicine requires the highest level of law enforcement and complete prohibition.

Clearly alcohol, tobacco, opiate pain medicine, the entire class of psychiatric drugs that carry a BLACK BOX WARNING about inducing suicide and mass murder, and many other prescription medicines are medically and socially much more dangerous drugs compared to either medical or recreational marijuana.

The health and safety regulations and commercial restrictions that are satisfactory and sufficient to protect society and individuals from the more harmful substances will also be satisfactory and sufficient to protect society and the individual form less harmful, non-toxic herbal medicine that is actually readily available to recreational black market users but unavailable to seriously ill patients in need of immediate access to essential, medically appropriate and relatively safe medicine.

The State of Hawaii which was a leader in stepping forward on the Medical Use of Marijuana under Part IX of the Controlled Substance Act, HRS 329, is now LAGGING FAR BEHIND FEDERAL LAW AND FEDERAL POLICY.

Medical or Recreational Marijuana could be sold side by side under the same or similar regulatory guidelines as Alcohol or Tobacco with none to minimal social or individual harm. The FDA approved medical products are currently being sold side by side as other prescription medicines with none to minimal social or individual harm. The FDA approved medical products are also currently covered under private insurance drug plans on one of the lowest tiers.

The same Federal regulations and guidelines that permit the Commercial Sales of Recreational Marijuana for the State of Colorado and Washington State are universally applicable to all 50 States including the State of Hawaii.

The Federal Justice Department opposes the current Marijuana Prohibition stating that it is not constitutional. Justice prefers reasonable regulations for the legitimate commercial sales of recreational marijuana to “CAPTURE THE REVENUE STREAM from the black market that steals revenues from government coffers.”

Justice wants changes in the banking laws that prohibit legitimate Marijuana Businesses from having a commercial Bank Account. Banking prohibitions force the Marijuana Industry to be run as a CASH business which increases thief of these cash resources and a lack of banking accountability for taxation revenues.

Justice wants to reduce the mandatory minimal sentencing guidelines for Marijuana.

In December 2014 Congress passed legislation, signed by the President, which cuts off all funds for the Department of Justice to go against or hamper in any way State Medical Marijuana Laws.

This new Federal Legislation protects both:

1. The State Law authorizing the Medical Use of Marijuana, HRS 329 Part IX, and thereby also
2. Recognizes and protects the Medical Use of Marijuana in the various States, and

The immediate result of the recognition and protection of the Medical Use of Marijuana in the various States is that this bumps marijuana out of DEA Schedule 1 which requires that controlled substances in Schedule 1 have no medical use.

Hawaii State Controlled Substance Act is tied directly to the Federal Controlled Substance Act. Modernization to the Federal Law is supposed to trickle down to the State and guide the Legislative process.

The Legislative Auditor in their review of this issue FAILED to review the current medical marijuana market to determine if more regulations were necessary to protect the health, safety, and welfare of the consuming public. The Legislative Auditor did review the proposed legislation but not the current economic environment to determine the need of more or less regulations.

The Federal Government has already spoken stating that prohibition is bad and reasonable regulation of commercial recreational sales is appropriate. Health Care is constitutionally protected, especially now, since federal law recognizes and protects the medical use of marijuana in the various States.

Currently the Black Market serves the health care needs of seriously ill patients in Hawaii. The standard public health measures of accessibility, availability and affordability of health care are not being well served by the Black Market. This is due to prohibition and over-regulation by the Legislature. Two or three years ago the Supreme Court declared that the lack of availability of essential medicine to seriously ill patients was an ABSURDITY. The Supreme Court having recognized the conflict between law enforcement prohibition of

medicine and the patients' rights and needs to access health care declared that any such conflict in the statutes would be resolved in favor of the defendant.

The legislature requiring over regulation and prohibition of medical marijuana is harming the standard public health measures of accessibility, availability and affordability of health care.

The health and safety regulations and commercial restrictions that are satisfactory and sufficient to protect society and individuals from the more harmful substances like alcohol, tobacco and prescription drugs will also be satisfactory and sufficient to protect society and the individual form less harmful, non-toxic herbal medicine.

Although the State is concerned about DIVERSION of medical marijuana into the Black Market recreational use, the situation is actually the REVERSE. Diversion of recreational black market marijuana serves the health, safety and welfare needs of seriously ill patients, the consuming public. However the black market is unable to meet the public health needs of accessibility, availability and affordability of health care.

The legislature is having a controversial and difficult time with marijuana legislation due to the basic conflicting deceptive and fraudulent information from law enforcement that is directed against health care. We now know that this medical and social hoax from 1939 era politics is a medical mistake and harmful to the public health.

The current bill should encourage more competition and greater access to medical marijuana. Restricting access to medical marijuana to limit diversion to recreational needs is backwards, upside down, not based upon current market needs or conditions. Limiting access to health care and limiting competition in the marketplace is counterproductive to establishing accessibility, availability and affordability of health care.

Consumers need to be able to inspect the herbal medicine for quality, aroma and flavor. Is there any need for marijuana to be sold in an opaque container with a child proof lid? Most marijuana is sold in Ziploc baggies. If patients cannot inspect the herbal medicine then they will get RIPPED OFF with poor quality or counterfeit medicine. We all know from experience that child proof lids are adult proof not child proof; kids can open the child proof lids easier than many adults. Again this seems to some kind of diversion issue that really doesn't exist in the real world market place to any substantial extent.

Limiting the number of dispensaries reduces competition and drives up prices while working against accessibility, availability and affordability of health care. Again the issue of Diversion is upside down, backwards.

The medical controversy, the conflicts in the Legislature and legislation, only exists in the minds of those that haven't updated themselves on the medical truth. People that know the medical truth, applaud the Medical Use of Marijuana for a wide range of illnesses. Marijuana not only

improves appetite and reduces nausea; Marijuana has also CURED many CANCERS. Wouldn't it be nice if Cancer Care made you healthy and happy instead of sick and near dead?

Although too late for this year, State revenues should be coming from the Recreational Sales not the medical sales of marijuana. Patients should not be funding a bureaucracy in the Department of Health merely for the medical sales of essential and reasonably safe herbal medicine. This is still over regulation. This dispensary bill may or may not bring some improvement to the current public health problems. The Black Market may still be the best resource for both medical as well as recreational marijuana.

TO: Rep. Sylvia Luke, Chair, House Committee on Finance
Members, House Committee on Finance

FROM: Marti Tom

RE: SB 682, SD2 Medical Marijuana Dispensaries

HEARING: Thursday, April 2, 2015, 3:30pm
Conference Room 308

I am strongly opposed to this bill for the following reasons:

- 1) Hawaii does not need the added and unnecessary financial and social burden this will place upon law enforcement, the Department of Health and medical services. The Department of the Prosecuting Attorney of the city and county opposes this measure; that, in itself, should cause you to consider the serious ramifications should this bill pass.

I call your attention to The Star/Advertiser (3.29.15) article, "Big Cuts in War on Drugs", a front page story about losing funds to fight and control the spiraling growth of the illegal marijuana "industry". In 2010, the Hawaii National Guard Counterdrug Support Office had a \$4.6 million budget. It has since been cut to \$797,000 for the 2015 fiscal year. I would like to suggest that your committee apply the \$750,000 in this bill to the budget of the above mentioned Counterdrug Support Office. And keep adding to this until they have a sufficient budget.

- 2) There is no control over the growth or quality of "medical" marijuana. I don't believe that a law mandating that a special "tag" be attached to each plant is a realistic expectation to control a product. These tags can be duplicated and forged by anyone.
- 3) The law would allow an increase in the number of dispensaries and the appropriation amount would continue to grow. Furthermore, the amount of marijuana one is allowed to grow and consume will also continue to increase in future legislation. How many dispensaries are enough? How much money is enough? This opens an endless money pit.

The priorities should be funding the serious concerns which continue grow worse every day: homelessness, dwindling affordable housing, and public school maintenance are just three of many more concerns.

Thank you for your consideration of my testimony.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, April 01, 2015 3:37 PM
To: FINTestimony
Cc: mwu808@gmail.com
Subject: Submitted testimony for SB682 on Apr 2, 2015 15:30PM

SB682

Submitted on: 4/1/2015

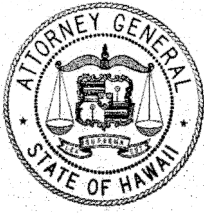
Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

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

Comments: The amount of dispensaries should be higher. Although there are only 13,000 patients currently registered, like Colorado and other states the number of patients increased dramatically that first year. The application process should be clear and fair for all qualifying applicants.

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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**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-EIGHTH LEGISLATURE, 2015**

ON THE FOLLOWING MEASURE:

S.B. NO. 682, S.D. 2, H.D. 1, RELATING TO MEDICAL MARIJUANA.

BEFORE THE:

HOUSE COMMITTEE ON FINANCE

LATE

DATE: Thursday, April 2, 2015

TIME: 3:30 p.m.

LOCATION: State Capitol, Room 308

TESTIFIER(S): Douglas S. Chin, Attorney General, or
Jill T. Nagamine and Lance M. Goto, Deputy Attorneys General

Chair Luke and Members of the Committee:

The Department of the Attorney General raises the following concerns with this bill.

This bill would create a statewide dispensary system for medical marijuana to assist qualifying patients to gain access to medical marijuana and related products.

Concerns with security requirements and law enforcement:

(1) Unauthorized entry. Proposed new section 321-H(4)(B)(i), at page 15, lines 1-4, would require the DOH to adopt a rule to require patients or caregivers to show their identification upon entering the premises of a dispensary. To protect minors and prevent unauthorized persons from obtaining marijuana, we recommend adding a criminal law that would make unauthorized entry into a dispensary or production center illegal. Requiring identification alone is insufficient; there needs to be a strong penalty to deter violations. We recommend criminal liability for both the offending unauthorized persons and for offending licensees and their employees who allow unauthorized entry. We urge these protections in order to protect children and to prevent the unauthorized diversion of marijuana. See the attachment to this testimony for suggested wording for law enforcement provisions to accompany this bill. We also suggest adding a subsection (d) to section 329-A in section 5, at pages 33-34, as follows:

"(d) None of the protections or affirmative defenses afforded to persons who are authorized to be on the premises of dispensaries or production centers shall apply to any persons who are not authorized by this part or by rules adopted by the department to be on the premises of dispensaries or production centers."

(2) Licensing or employment of felons. Proposed new section 321-H(6), at page 15, lines 13-21, allows the DOH to adopt rules that would allow certain felons with convictions relating to marijuana to be licensed or employed by dispensaries and production centers. Because felons include persons who have a history of knowingly and intentionally violating laws, we strongly discourage allowing them to be so licensed or so employed. It is vital to the success of a strong regulatory scheme that persons with a propensity to violate laws pertaining to marijuana not be part of that system. We believe that there are sufficient non-felon applicants to meet the needs of dispensaries and production centers.

(3) Background checks. As part of the standards for operators and owners of production centers and dispensaries, background checks are required, page 15, line 13. We recommend adding a new section to the new part of chapter 321 that is added by part II of the bill and amending section 846-2.7 to include specific authority to conduct those checks. We recommend wording as follows:

"§321-Q Background checks. All licensees, operators, and employees of medical marijuana dispensaries and production centers shall be subject to background checks in accordance with section 846-2.7."

and

"Section 846-2.7, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

(b) Criminal history record checks may be conducted by:

...¹

(42) The department of health or its designee on licensees, operators, and employees of medical marijuana dispensaries and production centers, as provided by section 321-H."

(4) Law enforcement. Proposed new section 321-H(12), at page 18, lines 4-9, would charge the DOH with enforcing prohibitions against the sale or provision of medical marijuana products to unauthorized persons, but that enforcement ought to remain within the jurisdiction of law enforcement.

¹ Paragraphs (1) through (41) of section 846-2.7(b) are omitted here for brevity but would be required to be included in the actual amendment.

(5) Criminal sanctions. Proposed new section 321-I, at page 18, line 17, through page 19, line 5, enhances the State's ability to prevent activity that would be inconsistent with federal law enforcement objectives, but we recommend additional criminal prohibitions as well, including prohibitions against theft or diversion of marijuana from a production center or dispensary and against the alteration or falsification of medical marijuana records of a production center or dispensary. See Attachment 1 to this testimony for suggested language for law enforcement provisions to accompany this bill.

Concerns with product safety and quality:

Section 321-E(c) at page 12, lines 1-5, requires manufacturers to provide product weight and equivalency calculations for manufactured marijuana products. We recommend this be guided by standards, if available. If none are available, the bill should allow the DOH to develop standards as information becomes available. We recommend adding additional wording, as follows:

"(c) A manufacturer of a manufactured marijuana product shall calculate the equivalent physical weight of the marijuana that is used to manufacture the product using calculation standards approved or established by the department and shall make the equivalency calculations available to the department and to a consumer of the manufactured marijuana product."

Section 321-F, at page 12, lines 6-15, limits the types of medical marijuana products that can be manufactured and dispensed. We recommend authorizing the DOH, via its rules, to modify, define, or limit these categories with additional product specifications as product information becomes available.

Concerns with joint possession of marijuana in proposed section 329-B:

Proposed section 329-B at page 34, line 15, through page 35, line 20, would allow qualifying patients and primary caregivers to cultivate more than twenty-eight marijuana plants but fewer than an unspecified maximum number of plants in one location without obtaining a production center license, so long as they register with the DOH. If a combination of qualifying patients or caregivers cultivates more than the maximum number of plants, then it would require a production center license. We strongly recommend deleting this section from the bill because (1) it is inconsistent with current requirements in chapter 329 regarding adequate supply, (2) it is

internally inconsistent with the licensing requirements for production centers, specifically, production centers are prohibited from supplying marijuana to anyone other than other production centers or dispensaries, so these caregivers could no longer provide medical marijuana to their designated qualifying patients, and (3) it would diminish the State's ability to enforce laws against illegal production, diversion, and use of marijuana. If this section is kept within the bill, we recommend replacing the word "cultivate" at page 34, line 18, and page 35, line 12, with the word "produce."

Concerns with section 329-122:

To ensure that qualifying patients are able to transport their own medical marijuana from one location to another, we recommend additional amendments to section 329-122(c), in section 7 at page 37, line 15, through page 40, line 20. See Attachment 2 to this testimony for suggested wording for an amended section 7.

Protection of counties:

To avoid any ambiguity, new section 46-4(f), at page 31, lines 15-18, should have additional wording, as follows:

"(f) Neither this section nor any other law, county ordinance, or rule shall prohibit the use of land for medical marijuana production centers or dispensaries established and licensed pursuant to part of chapter 321[-], so long as that land is otherwise zoned for agriculture, manufacturing, or retail purposes."

Concerns with definitions:

Our general concern with definitions is that the usage of some terms within the bill is not always consistent with the definitions given, and some terms are not defined, but need to be. It is necessary to define additional terms and be consistent to avoid the problems of ambiguity.

"Dispense" needs to be defined, and its definition should include whatever means of providing medical marijuana to qualifying patients and their primary caregivers the Legislature intends to allow. Is this limited to sales? What about free samples? Can purchases be returned or exchanged, or are all sales final? Page 16, lines 14 and 16, reference "sell or provide;" however, a single, well-defined, and consistently used term, such as "dispense," would be clearer.

"Distribute," used at page 8, lines 1 and 4, should be deleted from the bill. In the context of page 8, lines 1 and 4, it is not clear whether it is limited to retail sale or whether it includes some type of transfer from production centers to dispensaries, but it seems that "distribute" means "provide," so we suggest that word be used instead in those places. "Distributed" is also used at page 12, line 8, and in that use it seems intended to mean "dispensed." "Distribution" is used at page 33, line 21, and page 34, line 8; in those instances, "dispensing" would be a better word. Because "distribute" is already defined in the criminal code at section 712-1240, and because actions within that definition may be elements of crimes, we recommend deleting "distribute" and its derivatives within this bill and replacing it with either "provide" or "dispense" and their derivatives. That assumes that, as discussed above, "dispense" is defined.

"Ingestible form," at page 11, line 18, needs to be defined.

"Manufacture," at page 2, lines 12-21, should be clarified. The current definition is not explicit that the definition of "manufacture" excludes growing. We recommend that the Legislature add a sentence to this definition that reads: "Manufacture does not include planting, cultivation, growing, or harvesting." Or, if the Legislature intends for "manufacture" to include growing, make that clear in this definition.

"Manufactured marijuana product," at page 3, lines 1-3, means "any capsule, lozenge, oil, or pill that has been manufactured using marijuana." (Emphasis added.) It is not clear what "using" means in this definition. We suggest instead ". . . manufactured from marijuana."

The definition of "medical marijuana dispensary" or "dispensary," at page 3, lines 6-11, does not allow for marijuana products to be manufactured in dispensaries. If that is the intent of the Legislature, then section 321-E, at page 11, line 8, through page 12, line 5, is inconsistent in permitting dispensaries to manufacture medical marijuana. If that is not the intent of the Legislature, the definition of "medical marijuana dispensary" or "dispensary" needs to be clarified. There are other sections in this draft of the bill that would allow dispensaries to manufacture marijuana products, and without clarification, those sections are also inconsistent with the definition.

"Medical marijuana production center," at page 3, lines 12-19, includes the words "cultivated" at line 14 and "manufactured" at line 16. Based on the definition of "production" at page 4, lines 6-8, "produced" should be used instead of "cultivated" at page 3, line 14, and

instead of "manufactured" at page 3, line 16. We also recommend some additional language for clarity, and propose the definition to read as follows:

"Medical marijuana production center" or "production center" means a farm or facility operated by a person licensed by the State pursuant to this part where marijuana is ~~[cultivated]~~ produced with the limited and express intent that all of the marijuana or medical marijuana products ~~[manufactured]~~ produced by the medical marijuana production center pursuant to this part be supplied to medical marijuana dispensaries or other medical marijuana production centers, pursuant to this part and to section 329-122.

"Production," at page 4, lines 6-8, would benefit by the addition of the verb "produce" as a form of the term. Additionally, if it is the intent of the Legislature that production centers are authorized to produce (plant, cultivate, grow, or harvest) and manufacture (prepare, propagate, compound, convert, or process) marijuana, but dispensaries are authorized only to manufacture and dispense marijuana but not produce it, then the second sentence of the definition of produce, i.e., "'production" includes the manufacture of medical marijuana products pursuant to this part," is misleading and should be deleted. We suggest the limiting the definition as follows:

"Production" or "produce" means the planting, cultivating, growing, or harvesting of marijuana."

Concerns with usage of terms:

Some of the terms, even when consistently defined, are used inconsistently or in an ambiguous manner. We recommend the following changes for clarity and consistency.

One of the requirements for a medical marijuana production center, established by section 321-C at page 7, line 15, through page 10, line 18, is that "no single production center shall acquire, cultivate, manufacture, possess, or transport more than [an unspecified number of] marijuana plants in total at any one time." These functions are inconsistent with the functions listed in the definition of "medical marijuana production center" at page 3, lines 12-19, and with those functions in the definition of "production" at page 4, lines 6-8. We recommend wording that would encompass all of the approved functions but not inadvertently allow others, e.g., "no single production center shall ~~[acquire, cultivate, manufacture,]~~ possess ~~[, or transport]~~ more than [an unspecified number of] marijuana plants in total for any reason at any one time."

This same concern applies to wording on page 16, lines 6-9, which references the types of medical marijuana products that production centers and dispensaries are authorized to "grow, manufacture, sell, or provide." To be consistent with the definitions and the approved functions of production centers and dispensaries, page 16, lines 6-9, should be replaced with: "The types of medical marijuana products that production centers and dispensaries shall be authorized to [~~grow, manufacture, sell, or provide~~] produce or manufacture pursuant to section 321-F;"

This same concern arises in section 321-M, at page 23, lines 3-7, in relation to not prohibiting qualifying patients or primary caregivers from "cultivating or possessing" an adequate supply of medical marijuana. To be consistent and avoid ambiguity, that section should read: "Nothing in this part shall be construed as prohibiting a qualifying patient or primary caregiver from [~~cultivating or possessing~~] producing or manufacturing an adequate supply of medical marijuana pursuant to part IX of chapter 329."

Suggestions for technical and other improvements:

At page 8, lines, 8, 9, and 12, we recommend adding "production center" before the word "licenses" to distinguish this type of license from the dispensary license.

At page 8, lines 16-17, and page 8, line 20, through page 9, line 1, we recommend replacing "acquire, cultivate, manufacture, possess, or transport" with "produce or manufacture."

At page 12, line 14, we recommend specifying a dimension to define "small tablet," e.g. "As used in this section, "lozenge" means a small tablet, no larger than _____ in diameter and _____ in height, manufactured in a manner to allow for the dissolving of its medicinal or therapeutic component slowly in the mouth."

At page 13, lines 3-4, we recommend requiring labeling similar to prescriptions pharmaceuticals, as follows: "(2) Is clearly labeled with the phrase "For medical use only" in black letters on a plain white background, with no pictures or images allowed on the packaging;"

At page 13, line 11, add "oil" after "lozenge" to ensure the packaging requirements apply to all allowable forms of manufactured marijuana products.

At page 15, line 1, add "government-issued photo identification" as well as valid identification issued by the department pursuant to section 329-123.

At page 16, line 8, replace "grow, manufacture, sell, or provide" with "produce or manufacture."

At page 16, lines 14 and 16, replace "sell or provide" with "dispense."

Clarify at page 19, line 15 which profession is being monitored for "professional misconduct."

Clarify at page 20, line 1, what "department order" means.

Add a comma at page 22, line 4, between middle and secondary.

At page 23, line 6, replace "cultivating or possessing" with "producing or manufacturing."

At page 23, line 15, add "and chapter 201M," to allow the DOH to adopt interim rules without the normal determination of small business impact.

At page 37, line 11, "exceed" should be "exceeds" to agree with the subject "combination."

At page 37, line 17, the subsection designation "(a)" was omitted from the text of section 329-122.

Thank you for the opportunity to share our concerns. We respectfully request the Committees to consider our comments.

Attachment 1 to Testimony of the Department of the Attorney General

LAW ENFORCEMENT PROPOSALS AND CONCERNS RELATED TO MEDICAL MARIJUANA DISPENSARIES.

1. Diversion from dispensary or production center. (New section to Ch 321)

(a) A person commits the offense of diversion from a dispensary or production center if the person is a licensee, operator, or employee of a dispensary or production center and intentionally or knowingly diverts to the person's own use or other unauthorized or illegal use, or takes, makes away with, or secretes, with intent to divert to the person's own use or other unauthorized or illegal use, any marijuana, marijuana product, or marijuana concentrate under the person's possession, care, or custody, as a licensee, operator, or employee of a medical marijuana dispensary or production center licensed by the department of health.

(b) Diversion from a dispensary or production center is a class B felony.

2. Alteration or falsification of medical marijuana records. (New section to Ch 321)

(a) A person commits the offense of alteration or falsification of medical marijuana records if the person, intentionally, knowingly, or recklessly:

- (1) Makes or causes a false entry in medical marijuana records;
- (2) Alters, erases, obliterates, deletes, removes, or destroys a true entry in medical marijuana records;
- (3) Omits to make a true entry in medical marijuana records in violation of a duty to do so which the person knows to be imposed upon the person by law, or by the nature of the person's position; or
- (4) Prevents the making of a true entry or causes the omission thereof in medical marijuana records.

(b) For purposes of this section:

- (1) "Electronic" means relating to technology having electrical, digital, magnetic, wireless, optical, electromagnetic, or similar capabilities.
- (2) "Information" includes data, text, images, sounds, codes, computer programs, software, or databases.
- (3) "Medical marijuana records" means any inventory tracking records and other records of a licensed medical marijuana dispensary or production center that are required by law to be created and retained or provided to the department.
- (4) "Record" means information that is written or printed, or that is stored in an electronic or other medium and is retrievable in a perceivable form.

(c) Alteration or falsification of medical marijuana records is a class C felony.

3. Law enforcement access to dispensaries and production center records. (New section to Ch. 321)

The department shall disclose information, documents, and other records regarding medical marijuana dispensaries and production centers to police departments, prosecutors'

offices, the attorney general's office, or any other state, county, or federal agency engaged in the detection, investigation, or prosecution of violations of applicable state, county, and federal laws, or regulations, related to the operations or activities of a medical marijuana dispensary or production center.

4. Add provisions to proposed section 321-H, starting on page 13, that require the Department to adopt rules:

- Regulating the disposal of unwanted or unused marijuana, marijuana products and concentrates.
- Prohibiting the use or consumption of marijuana and marijuana products within dispensaries and production centers.
- Prohibiting the distribution of any marijuana and marijuana products within dispensaries for free. (No free samples.)

5. Place a duty upon DOH inspectors to report possible criminal violations to law enforcement, and authorize them to provide necessary records of the violations to law enforcement.

6. Unauthorized entry upon medical marijuana dispensary premises. (New section to Ch. 321)

(a) A person commits the offense of unauthorized entry upon medical marijuana dispensary premises if that person intentionally or knowingly enters or remains upon a licensed medical marijuana dispensary premises and is not one of the following:

- (1) An operator or employee of the dispensary registered with the department's medical marijuana dispensary program;
- (2) An adult qualifying patient or primary caregiver registered with the department's medical marijuana program;
- (3) A government employee or official acting in the person's official capacity; or
- (4) A person who has obtained written authorization from the department to be upon the premises.

(b) Unauthorized entry upon medical marijuana dispensary premises is a class C felony.

7. Failure to control access to medical marijuana dispensary premises. (New section to Ch. 321)

(a) A person commits the offense of failure to control access to medical marijuana dispensary premises if that person is an operator or employee of a medical marijuana dispensary and intentionally, knowingly, or recklessly allows another to enter or remain upon the dispensary premises when that other person is not one of the following:

- (1) An authorized operator or employee of the dispensary registered with the department's medical marijuana dispensary program;
 - (2) An adult qualifying patient or primary caregiver registered with the department's medical marijuana program;
 - (3) A government employee or official acting in the person's official capacity; or (4) a person who has obtained written authorization from the department to be upon the premises.
- (b) Failure to control access to medical marijuana dispensary premises is a class C felony.

8. Unauthorized entry upon medical marijuana production center premises. (New section to Ch. 321)

- (a) A person commits the offense of unauthorized entry upon medical marijuana production center premises if the person intentionally or knowingly enters or remains upon a licensed medical marijuana production center premises and is not one of the following:
- (1) An authorized operator or employee of the production center registered with the department's medical marijuana dispensary program;
 - (2) A government employee or official acting in the person's official capacity; or
 - (3) A person who has obtained written authorization from the department to be upon the premises.
- (b) Unauthorized entry upon medical marijuana production center premises is a class C felony.

9. Failure to control access to medical marijuana production center premises. (New section to Ch. 321)

- (a) A person commits the offense of failure to control access to medical marijuana production center premises if that person is an operator or employee of a medical marijuana production center and intentionally, knowingly, or recklessly allows another to enter or remain upon the production center premises when that other person is not one of the following:
- (1) An authorized operator or employee of the production center registered with the department's medical marijuana dispensary program;
 - (2) A government employee or official acting in the person's official capacity; or
 - (3) A person who has obtained written authorization from the department to be upon the premises.
- (b) Failure to control access to medical marijuana production center premises is a class C felony.

(The DOH will need to set up a system for employees to confirm the written authorizations of the Department).

Attachment 2 to Testimony of the Department of the Attorney General

PROPOSAL FOR AMENDMENTS TO SECTION 7 OF THE BILL.

SECTION 7. Section 329-122, Hawaii Revised Statutes, is amended to read as follows:

"§329-122 Medical use of marijuana; conditions of use. (a) Notwithstanding any law to the contrary, the medical use of marijuana by a qualifying patient shall be permitted only if:

- (1) The qualifying patient has been diagnosed by a physician as having a debilitating medical condition;
- (2) The qualifying patient's physician has certified in writing that, in the physician's professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for the particular qualifying patient; and
- (3) The amount of marijuana possessed by the qualifying patient does not exceed an adequate supply.

(b) Subsection (a) shall not apply to a qualifying patient under the age of eighteen years, unless:

- (1) The qualifying patient's physician has explained the potential risks and benefits of the medical use of marijuana to the qualifying patient and to a parent, guardian, or person having legal custody of the qualifying patient; and
- (2) A parent, guardian, or person having legal custody consents in writing to:
 - (A) Allow the qualifying patient's medical use of marijuana;
 - (B) Serve as the qualifying patient's primary caregiver; and
 - (C) Control the acquisition of the marijuana, the dosage, and the frequency of the medical use of marijuana by the qualifying patient.

(c) The authorization for the medical use of marijuana in this section shall not apply to:

- (1) The medical use of marijuana that endangers the health or well-being of another person;
- (2) The medical use of marijuana:
 - (A) In a school bus, public bus, or any moving vehicle;
 - (B) In the workplace of one's employment;
 - (C) On any school grounds;
 - (D) At any public park, public beach, public recreation center, recreation or youth center; or
 - (E) ~~[Other]~~ At any other place open to the public; [and] provided that a qualifying patient, primary caregiver, or an owner or employee of a medical marijuana production center or dispensary licensed under sections 321-B and 321-C shall not be prohibited from transporting medical marijuana in any public place; provided further that the medical marijuana shall be transported in a sealed container, not be visible to the public, and shall not be removed from its sealed container or consumed or used in any way while it is in the public place; and provided further that the medical marijuana is being transported:
 - (i) By a qualifying patient for the qualifying patient's own use;
 - (ii) Between a qualifying patient and the qualifying patient's primary caregiver;

- (iii) Between a licensed medical marijuana production center and a licensed medical marijuana dispensary; or
- (iv) Between a licensed medical marijuana production center and another licensed medical marijuana production center;
- (3) The use of medical marijuana obtained from a source other than that permitted by section 329-C; and
- ~~(3)~~ (4) The use of marijuana by a qualifying patient, parent, or primary caregiver for purposes other than medical use permitted by this part.
- (d) Medical marijuana shall not be transported interisland."

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, April 02, 2015 12:00 PM
To: FINTestimony
Cc: kalawaiag@hotmail.com
Subject: *Submitted testimony for SB682 on Apr 2, 2015 15:30PM*

SB682

Submitted on: 4/2/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Kalawai'a Goo	Individual	Support	No

Comments:

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Sent: Thursday, April 02, 2015 11:50 AM
To: FINTestimony
Cc: mark@solights.com
Subject: Submitted testimony for SB682 on Apr 2, 2015 15:30PM

SB682

Submitted on: 4/2/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

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

Comments: As a 30 year + resident of Hawai'i island and a 12 year MMJ Patient / Caregiver I oppose this bill, by not allowing a Caregiver of the patients choice, is wrong. I do not want a large commercial operation using herbicides and pesticides on my medical cannabis or my patients.

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LATE

Testimony of
Malama Minn
Vice President, Hawaiian Standard

Before the House Committee on
FINANCE

Thursday, April 2, 2015
3:30 pm
State Capitol, Room 308

In consideration of
Senate Bill 682, HD1
RELATING TO MEDICAL MARIJUANA

Good afternoon Chair Luke and members of the committee. Thank you for the opportunity to testify.

A medical cannabis dispensary system is badly needed in our state, so thank you for recognizing the need. We support this bill, but we much prefer the language this House created in HB 321 HD1 SD1, with guidance from the Task Force created by this Legislature. Patients and caregivers have been waiting and working for this for over a decade and we are hopeful that we may not have to suffer much longer.

I have a few comments to provide:

- Six (6) dispensaries are far too few to meet the demand statewide. One dispensary in all of Maui County is just ridiculous! There are about 13,000 existing patients statewide, therefore limiting the dispensaries to 6 is a 1:2,166 dispensary-to-patient ratio statewide and since most of the patients are on our most populous island, that ratio is even larger for Oahu. Dispensaries will be overwhelmed and this will lead to shortages which will behoove patients to continue getting their medicine via the black market. This is exactly the situation we are trying to remedy, not perpetuate.
- Allow DOH to determine the appropriate number of dispensaries and production centers. They are tasked with administering and managing the program - SO LET THEM.
- The language and program parameters provided in HB 321 HD1 SD1 are reasonable for patients and dispensary operators to follow while still providing protection from fraud and abuse. REPLACE THE LANGUAGE IN THIS BILL WITH THE LANGUAGE IN HB 321. Please.

Thank you again for your time.



From: mailinglist@capitol.hawaii.gov
 Sent: Wednesday, April 01, 2015 4:20 PM
 To: FINTestimony
 Cc: enyawrellim@gmail.com
 Subject: Submitted testimony for SB682 on Apr 2, 2015 15:30PM

SB682

Submitted on: 4/1/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

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

Comments: 6 dispensaries? No caregiver? I'd ask if you guys are crazy but you know exactly what you are doing. You have gone from making it impossible for a qualified patient to get medicine, to making it next to impossible.... How would people respond if you said there can be only one Long's on an island? How would people respond if you said you have to drive from Hilo to Kona, or vice versa, to get your prescription. Everyone says be polite, we're making progress. I say we've taken a step backwards. Six dispensaries and No more caregiver? Who is the genius who came up with that? There is no reason to provide input. You won't even listen to your own task force. You could be making a huge difference in so many lives but you want to continue more of the same old stuff. Keep that DEA money coming in. Keep forcing people to the blackmarket. Keep extra funds coming in all the while you take care of a selected few. I think Hawaii should remove itself from the list of states that have a medical marijuana program. Wayne Miller 96778

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TESTIMONY OF THE HAWAII POLICE DEPARTMENT

SENATE BILL 682, SD 2, HD1

RELATING TO MEDICAL MARIJUANA

BEFORE THE COMMITTEE ON FINANCE

LATE

DATE : Thursday, April 2, 2015

TIME : 3:30 P.M.

PLACE : Conference Room 308
State Capitol
415 South Beretania Street

PERSON TESTIFYING:

Harry S. Kubojiri
Hawaii Police Department
County of Hawaii

(Written Testimony Only)

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

April 1, 2015

Representative Sylvia Luke
Chair and Committee Members
Committee on Finance
415 South Beretania Street, Room 308
Honolulu, Hawai'i 96813

RE: SENATE BILL 682, SD2, HD1, RELATING TO MEDICAL MARIJUANA

Dear Representative Luke:

The Hawai'i Police Department opposes Senate Bill 682, SD 2, HD1, as written, with its purpose being to establish a system of medical marijuana dispensaries and production centers.

The Hawai'i Police Department is concerned that this Bill while recognizing there are over 13,000 Medical Marijuana users, appears to assume that all will acquire their Marijuana from dispensaries while at the same time seemingly allowing users to continue to cultivate their Marijuana. There does not seem to be a means or desire to ensure users are not going to continue cultivation of their Marijuana while also seeking to purchase Marijuana from a dispensary. This also fails to take into account the December 2014 statistics for Hawai'i Island Medical Marijuana users in which of the 5,415, only 12 were not growing their own Marijuana.

In that this particular Bill is being heard by the Finance Committee, we note that there are several provisions for collecting funds relating to an application as well as annual renewal fees. It is of notable concern that not one dollar of those fees is earmarked for prevention, treatment, or education with respect to medical marijuana users seeking alternate methods of treatment.

In that the dispensary bill will allow up to eight (8) ounces of marijuana over a 30-day period per person, we believe it will lead to severe addiction given that 8 ounces of marijuana equates to 448 marijuana cigarettes. In order to ingest 448 marijuana cigarettes over a 30-day period of time, the user will be smoking approximately 15 marijuana cigarettes per day. We are hard-pressed to imagine how someone utilizing that much marijuana will be able to function in society except in extreme cases where they are homebound and the disease they suffer from is anything other than terminal in nature.

Therefore, if indeed persons are to be allowed that amount of Marijuana, we believe they will become highly dependent upon it and will need treatment and other services. Further, we also believe that dispensaries and production centers being placed into counties without the counties having the right to deny these facilities (as long as they are in the appropriate zoning and attendant to the other restrictions set forth within this legislation, i.e. not within 750 feet of a school or park), makes it important to **provide Law Enforcement with additional funding** to deal with an

Representative Sylvia Luke

RE: SENATE BILL 682, SD2, HD1, RELATING TO MEDICAL MARIJUANA

Page 2

April 1, 2015

expected increase in social issues surrounding the dispensaries, production centers and an increase in marijuana usage. The draft's language inclusion that Counties may not deny these facilities without additional funding to deal with expected issues amounts to an **unfunded mandate**.

This Bill fails to clearly indicate where the transporting of Marijuana originating from the Marijuana production centers by employees should be limited to. In other words, transportation of Marijuana from a production center should be limited to the most direct route possible to a dispensary with no stops in-between.

In regards to the rules governing the medical marijuana dispensaries and production centers, we believe it is imperative that video monitoring and recording of the premises should be required to include the exterior of all entry/exit points and the interior sales areas to include the areas used to conduct the transactions; we further believe a designated Department of Health (DOH) employee should have online 24/7 access to view the video monitoring program and that further, a minimum amount of time should be designated in which video surveillance tapes must remain available for viewing.

Further, we believe any individual who grows medicinal marijuana should be subject to registering as a production center and be subject to attendant compliance checks.

In regards to criminal background checks for operators and employees of dispensaries and production centers, we believe they should be subject to refresher trainings and re-certifications on an annual basis as well as subject to criminal background checks every 3 years. We further and most strenuously believe that convicted felons of a felony related to marijuana should not be exempted from the rules in this measure. In that these people have already displayed a disdain for the law, to allow them to handle a "Controlled" substance is a portent for disaster.

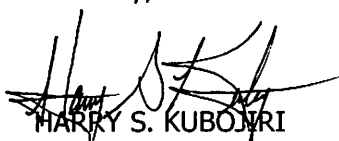
The Hawai'i Police Department is also concerned as to how the destruction of medical marijuana will be documented and verified. Medical marijuana should be tracked from the point of acquisition to the point of sale or destruction with a strict verification process in place subject to both criminal and civil penalties for failure to abide by appropriate policies and/or procedures.

In regards to the required annual financial audit, we believe the auditor to be hired and paid for by the dispensaries and production centers must be an independent auditor who has no financial interest in the dispensaries or production centers.

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 Senate Bill 682, SD2, HD1.

Sincerely,


HARRY S. KUBOJIRI
POLICE CHIEF



LATE

Committee: Committee on Finance
Hearing Date/Time: Thursday, April 2, 2015, 3:30 p.m.
Place: Room 308
Re: Testimony of the ACLU of Hawaii in **Support of S.B. 682, S.D. 2, H.D. 1**, Relating to Medical Marijuana

Dear Chair Luke and Members of the Committee on Finance:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) writes in **support** of S.B. 682, S.D. 2, H.D. 1, which establishes a system of dispensaries for medical marijuana.

The ACLU of Hawaii participated in the Medical Marijuana Task Force (“Task Force”) at the request of the Legislature (via House Concurrent Resolution 48, 2014). The Task Force engaged in a thorough and comprehensive review of policy options relating to the establishment of a medical marijuana dispensary system in Hawaii, and has developed a reasonable, thoughtful, and practical framework to allow patients to obtain their medicine legally and safely.

A. The Task Force Was Thorough

The Task Force itself held approximately twenty-two hours of in-person meetings over the course of nearly seven months; the Task Force also had multiple subcommittees (one of which, the policy subcommittee, met for an additional twelve hours at eight different meetings). Every member of the Task Force was invited to participate in the subcommittee meetings, and every member of the Task Force had an equal opportunity to provide policy recommendations and feedback to the group as a whole. The Task Force analyzed every issue presented by the Legislature – and many related issues the Legislature had not specifically addressed in HCR 48 – providing the Legislature with thirty-eight recommendations for a dispensary system in Hawaii. S.B. 682, S.D. 2, H.D. 1 is a well-drafted bill that contains most of the Task Force recommendations.

American Civil Liberties Union of Hawai'i
P.O. Box 3410
Honolulu, Hawai'i 96801
T: 808-522-5900
F: 808-522-5909
E: office@acluhawaii.org
www.acluhawaii.org

B. Dispensaries are Long Overdue

Currently, patients have no lawful way to obtain their medicine, and no way to be sure that their medicine is free from contaminants that might impair their health. Patients have been waiting for a safe and legal way to obtain their medicine for fifteen years, and dispensaries are long overdue. S.B. 682, S.D. 2, H.D. 1 establishes a system of highly regulated dispensaries that will provide laboratory-tested medicine to patients in a secure environment.

C. S.B. 682, S.D. 2, H.D. 1 Properly Addresses Public Safety Concerns

The Task Force exhaustively examined public safety concerns. To address concerns about diversion, the Task Force has recommended a robust list of required security measures (such as alarm systems) and inventory tracking measures. To address concerns about potential impact on non-patient children, the Task Force has recommended strict packaging regulations, advertising restrictions, and a prohibition on candy containing marijuana. To address concerns about potential contamination of medical marijuana, the Task Force has recommended laboratory testing standards to be established by the Department of Health. And to address concerns about potential overdoses by patients, the Task Force has recommended that marijuana products be labeled and packaged in a way to control the dosage a patient consumes.

D. Concern Regarding Elimination of Caregiver Cultivation

The ACLU of Hawaii does have concerns about § 329-C. Eliminating the ability of a caregiver to cultivate on behalf of a patient severely limits patient autonomy. Many patients who benefit from a specific (often carefully bred) strain of medical marijuana do not have the physical ability to cultivate their medication. Prohibiting caregiver cultivation places an unfair burden on these individuals compared to physically able patients who will continue to be able to cultivate under S.B. 682 S.D. 2, H.D. 1. In order to preserve access to the most appropriate medication for all patients, we strongly recommend deleting the prohibition on caregiver cultivation in § 329-C.

In sum, the ACLU of Hawaii respectfully requests that the Committee make this amendment and pass the measure.

Chair Luke and Members of the Committee on Finance
April 2, 2015

Thank you for this opportunity to testify.

Lois K. Perrin
Of Counsel
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 Hawai'i
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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, April 01, 2015 4:21 PM
To: FINTestimony
Cc: bacher.robert@gmail.com
Subject: Submitted testimony for SB682 on Apr 2, 2015 15:30PM

SB682

Submitted on: 4/1/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Bacher	Green Futures	Support	Yes

Comments: According to Arcview Market Research 2014 Report, Hawaii still has the chance to lead the nation in creating or otherwise enabling a Cannabis Reference Lab to set a national standard for the laboratory analysis of cannabis so that patients can actually compare data in an apples to apples way. I also prefer the interim regulations implementation timeline as worded in HB321 HD1SD1, except the addition of institutions of higher learner, because a National Cannabis Reference Standard Lab School might be prohibited from operating near an institution of higher learning which would be more convenient for the undergraduate and graduate students who would be interested in such a school and the traffic that can get pretty frustrating more and more often.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, April 01, 2015 5:42 PM
To: FINTestimony
Cc: ninja01@hawaii.rr.com
Subject: Submitted testimony for SB682 on Apr 2, 2015 15:30PM

SB682

Submitted on: 4/1/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
stuart saito	Individual	Support	No

Comments: This bill preserves the separate license for growers and for dispensaries, and as such it is a step toward creating a stable, reliable system, where a crop failure does not mean system failure. This separation of growers from dispensaries means that people will be able to specialize, and that businessmen will not need to suddenly become farmers and vice-versa. Unfortunately, the bill also removes the ability of caregivers to grow cannabis for patients after the dispensaries begin operating, and we have heard from several members of the community that these changes will cause financial hardship for some members of the community who might not be able to afford to buy from a dispensary. please don't make it harder for it to work for everyone , the other propose d bill hd 321 has become ludicrous as it doesn't separate dispensaries from production and lumps everything into dispensaries making it hard for someone to open unless they are big business why are we going to create a system that makes it hard for the normal person to do something to help people, I would rather support this bill as long as there are amendments don't make it impossible for people who cant afford to go to a dispensary, don't make the system so that everything is lumped into a dispensary as it will only create more problems

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 Sent: Wednesday, April 01, 2015 10:47 PM
 To: FINTestimony
 Cc: rgonzo611@aol.com
 Subject: Submitted testimony for SB682 on Apr 2, 2015 15:30PM

SB682

Submitted on: 4/1/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Rebecca Gonzalez	Individual	Support	No

Comments: I support this measure with strong objection to removing "the ability of caregivers to grow cannabis for patients after the dispensaries begin operating." Dispensaries should not take away the right of individuals to grow marijuana for themselves or for clients. Regulations can be put in place as needed. But growing your own medicine or choosing your own grower should always be permitted.

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 Sent: Wednesday, April 01, 2015 9:12 PM
 To: FINTestimony
 Cc: koonce Leah@gmail.com
 Subject: Submitted testimony for SB682 on Apr 2, 2015 15:30PM

SB682

Submitted on: 4/1/2015
 Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Leah M. Koonce	Individual	Support	No

Comments: I am submitting testimony in support of this bill because a well regulated dispensary system is long overdue. Diversion continues to be brought up as an excuse to not get functioning dispensaries in Hawaii, however, an example of how to have security in place can be found at the University of Mississippi where the federal government grows and distributes medical marijuana to a select few medical marijuana patients. A more well known system can be found in Colorado where I was a resident for a time. While living in Colorado I was a medical marijuana patient and was impressed with the professionalism of the state dispensaries. They were well regulated with a database in place that prevented patients from doctor shopping or obtaining more medicine than was legally allowed. I also got a veterans discount as I am a service connected disabled Navy veteran. I am also a former substance abuse counselor at a Honolulu methadone clinic where the medicine and program was also well regulated. I can use the methadone clinic as an example of how to avoid violating federal air space because we had guest dosing for patients traveling from other states. Meaning, patients could pick up their medicine and not have to worry about being without. With dispensaries on every island it would eliminate the need for traveling with prohibited medicine (on the federal level) because it will be readily available just like other medications. Another consideration should be keeping this medicine affordable for those on fixed incomes which are generally way below accepted poverty levels. Dispensaries can make a profit without gouging patients in need. Colorado again can be looked at for product pricing guidelines (e.g., \$10 per gram, \$45 per quarter ounce, etc.)..Please support this practical humane bill. Thank You. Leah M Koonce 85-638 Farrington hwy Waianae, Hawaii 96792 (808)561-9521

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Testimony in Opposition to SB 682 SD2 HD1 - Relating to Medical Marijuana

Hearing on April 2, 2015, 3:30 pm
Conference Room 308 of the State Capitol

TO: Committee on Finance
Rep. Sylvia Luke, Chair
Rep. Scott Nishimoto, Vice Chair

FR: Alan Shinn, Executive Director
Coalition for a Drug-Free Hawaii
1130 N. Nimitz Hwy, Suite A-259
Honolulu, HI 96817
(808) 545-3228 x29

Please accept this testimony in opposition to **SB 682 SD2 HD1 – Relating to Medical Marijuana**, that is linked to SB 1302 Proposed SD2, establishes medical marijuana dispensaries and production centers; appropriates funds among other things. As the representative from the Coalition for a Drug-Free Hawaii, I sat on the Medical Marijuana Dispensary System Task Force and participated in formulating some of the recommendations that were incorporated into SB 1302.

While the task force worked diligently and identified many important issues in establishing medical marijuana dispensaries and production centers in Hawaii, it was unable to adequately address all those issues. A *Minority Report to the HCR 48 Medical Marijuana Dispensary System Task Force* was distributed on 1/23/15 detailing those critical issues. These included the administration and regulation of medical marijuana dispensary and production system and enforcement of regulations and laws.

From a substance abuse prevention point of view, here are the primary concerns with establishing a medical marijuana dispensary system in Hawaii :

- Harm to youth
- Big Marijuana commercialization
- Need to define, “Is marijuana medicine?”

Harm to Youth

Allowing the production and distribution of marijuana for even medical use in Hawaii, sends a conflicting message to our youth and effectively helps to lower the perceived risk of harm. From 40 years of national SAMHSA alcohol and other drug use data, we know that when perceived risk of harm goes down, substance use will likely increase. It follows that States with medical marijuana that allows both home cultivation and legal dispensaries, show increases in marijuana use.

Without a strong regulatory system in place it will be extremely difficult to prevent the diversion of smoked marijuana, edibles, and related products outside of the dispensary

system. That could mean more availability and access to marijuana products and potential harm to our children and youth.

New brain research and studies have shown that regular use of high THC content marijuana can cause brain impairment, loss of IQ points, and addiction, especially among youth. Marijuana use has also been linked to mental illness, especially schizophrenia and psychosis.

Parents, especially those who are immigrant, are ill-equipped to discuss marijuana use prevention with their children because of the rhetoric and mixed messages surrounding medical marijuana, decriminalization and legalization.

Big Marijuana

Establishing a medical marijuana dispensary system that is not well regulated, could help set the stage for the establishment of a new Big Marijuana industry, much like alcohol and tobacco, with many unintended consequences and huge social costs.

Historically, we know that the social costs of alcohol and tobacco far exceed the tax revenues by more than tenfold. Alcohol and tobacco industries have not contributed to the overall health of our people and rely on attracting heavy and chronic users as a way to maintain sales and profit.

The environmental costs of cultivating tens of thousands of marijuana plants for distribution to dispensaries was not discussed or calculated. Use of natural resources of land and water, as well as use of electricity, flammable gases for producing by products, and proper waste disposal of contaminants are critical issues for our island communities.

Is Marijuana Medicine?

Marijuana legalization and wide-scale medical marijuana are not endorsed by the major medical and health organizations including the American Academy of Pediatrics, American Psychiatric Association, and the American Medical Association.

There is no evidence that marijuana is beneficial for the treatment of any psychiatric disorders. More research on non-smoked components of marijuana is recommended for potential treatment of epilepsy and other specific medical conditions. Several CBD based medicines are being fast tracked by the FDA and should be on the market as prescribed medicines in the next few years. These may have a positive effect on how marijuana as medicine is viewed.

Other health related marijuana issues that need research include the long term health effects of marijuana second hand smoke and just emerging studies on the in utero effects of marijuana use on unborn babies.

While SB 682 attempts to limit the size and scope of the medical marijuana dispensary system, there are still unanswered issues and concerns for the House Finance Committee:

- It is unclear in the bill how the State will be able to tax and regulate medical marijuana dispensaries, production centers, and other related vendors when these are cash only businesses. It is unlikely that any banking institution in Hawaii will do business with marijuana related entities as marijuana is still classified as a Schedule I drug by the federal government.
- It is unclear whether the Department of Health will use any of its requested medical marijuana dispensary system staff positions for enforcement of regulations to prevent diversion of marijuana products into the community that might harm children and youth. If not, then recommend additional funding for State and local law enforcement positions to assist DOH with enforcement.
- CDFH does support the provision in SB 682 that eliminates home grow in 2018 which would assist enforcement and limit the diversion of marijuana product especially to youth and non-medical marijuana people.
- Unclear how much marijuana product an eligible medical marijuana patient may purchase from dispensaries in a specific time period. Recommend following the current law of 4 oz. of marijuana product per individual at any time.
- Not support the elimination of provision that requires the primary care physician from issuing written recommendation for medical marijuana use by patient.
- The bill does not include a complete public health approach to medical marijuana use. If it did, it would acknowledge some medical marijuana users, both youth and adults, will likely develop dependency and will require treatment services. In addition, further normalizing the use of marijuana in the community will likely increase use among youth resulting in more referrals for intervention and treatment. Recommend additional funding for substance abuse prevention and treatment services.
- It is unclear how the State will mandate that all marijuana products be lab tested for contaminants, mold, CBD, and THC levels when facilities do not exist in Hawaii. Recommend appropriation of funding to set up lab testing facilities for marijuana dispensaries, production centers, and home cultivation users.

Thank you for the opportunity to testify on SB 682 SD2 HD1.



From: mailinglist@capitol.hawaii.gov
 Sent: Wednesday, April 01, 2015 8:28 PM
 To: FINTestimony
 Cc: andreatischler@yahoo.com
 Subject: Submitted testimony for SB682 on Apr 2, 2015 15:30PM

SB682

Submitted on: 4/1/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

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

Comments: Americans for Safe Access Big Island Chapter have advocated for a statewide dispensary system for the past seven years and we are hopeful that a bill creating one will be passed this year. However, although there are many good provisions in the bill before you, we cannot support the bill in its current form as it does not serve the best interests of medical cannabis patients in general. 1. The provision to phase out caregivers from the program once it gets started is definitely not in the patient's interest as caregivers provide low cost or no cost medicine to many patients. To require patients to obtain their medicine only from a dispensary places a huge financial burden on the patient to pay the high cost of medicine from a dispensary. This provision needs to be deleted. 2. Starting the program with only six dispensaries and later adding six more is absurd. The already 13,000 patients in Hawai'i which will continue to increase rapidly will not be well served by only six dispensaries statewide. That would most likely mean that there would be one dispensary per island. On the Big Island with 5,000 patients one dispensary would mean that a patient might have to drive for a couple hours only to find that the strain of cannabis that they need has been sold out. How can one or even two dispensaries provide for the medicine for so large a patient number? We need to remember that we are trying to create a system that benefits (not hinders) the patient. Another detriment to having very few dispensaries is that it creates a monopoly environment where the dispensary can charge a higher price for the medicine. Competition between a number of dispensaries will lower the price and give the patient more choices and a better quality. We need to have a larger number of dispensaries based on how the patient can be best served. Logically, the number of dispensaries should be based on the number of patients, where they live and how they can be most efficiently served. That is not to have to wait in long lines, deal with product shortages or pay exorbitant prices. Absent of these amendments patients will continue to buy from the black market. 3. As we testified in the past medical cannabis patients have waited for 15 years for dispensaries and we can no longer wait another two or three to have them begin. Please ensure that dispensaries be placed on a fast track. There is no reason for such a long delay. 4. ASA would encourage a provision in this bill to allow delivery service for home bound patients who are unable to travel to a dispensary. This concept is fast becoming popular in medical cannabis states and would alleviate the hardship patients endure in getting around. Please carefully consider these suggestions which have come and are coming from Hawai'i's medical cannabis patients. We look forward to an excellent dispensary bill. Mahalo nui loa.

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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LATE

TESTIMONY ON SENATE BILL 682 SD2 HD1
RELATING TO HEALTH

By
Keith Kamita

House Committee on Finance
Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

Thursday, April 2, 2015, 3:30 PM
State Capitol, Conference Room 308

Chair Luke, Vice Chair Nishimoto, and Members of the Committee:

I am testifying today as a private citizen commenting on Senate Bill 682 SD2 HD1 which proposes to establish a system of medical marijuana dispensaries and production centers. There are numerous other issues with this bill that have been addressed by the testimony of the Honolulu prosecutor's office and County Police Departments.

In 2000 Hawaii legislated marijuana for medical use and now in 2015 is attempting to pass legislation to allow for marijuana dispensaries in an attempt to address the issue of providing marijuana for those patients that cannot obtain it through growing it themselves. Law enforcement on the whole supports the medical model of dispensing controlled substances to patients. Senate Bill 682 SD2 HD1 in its current form does not go far enough to restrict the production of marijuana in a "home grow system" if the State is serious about utilizing marijuana as medicine then I recommend the following amendments to SB682, SD2 HD1:

Senate Bill 682 SD2 HD1 SECTION 5 proposes new sections §329-B Joint possession of medical marijuana; registration; security requirements; medical marijuana production center license and §329-C Authorized sources of medical marijuana. These sections attempt to address the issue of "home grow" production problems. I would recommend the following language that would alleviate some of law enforcement's problem with questionable medical use of marijuana "home grows" and treat the program in a medical model where all medical marijuana would be only dispensed out of a regulated dispensary. This

would protect the public by treating the dispensing of medical marijuana like any other drug, by requiring accountability, labeling, testing and quality control of all products produced at these dispensaries while making all other marijuana illegal and regulated by the laws of the State.

I would recommend the following amendment to Section 329-1 to phase out home grows and encourage only the use of dispensaries (pharmacy model).

Amendment to Section 329-1 (*Definition effective June 30, 2017*)

"Medical use" means the acquisition, possession, cultivation, use, distribution, or transportation of marijuana or paraphernalia relating to the administration of marijuana to alleviate the symptoms or effects of a qualifying patient's debilitating medical condition by the qualifying patient. [For the purposes of "medical use", the term distribution is limited to the transfer of marijuana and paraphernalia.]

"Assisted Medical use" means the acquisition from a dispensary, possession, distribution, or transportation of marijuana, marijuana product or paraphernalia relating to the administration of marijuana to alleviate the symptoms or effects of a qualifying patient's debilitating medical condition by a patient's primary caregiver. For the purposes of "medical use", the term distribution is limited to the transfer of marijuana and paraphernalia to the primary caregiver's qualifying patient.

"Primary caregiver" means a person eighteen years of age or older, other than the qualifying patient and the qualifying patient's physician, who has agreed to undertake responsibility for managing the well-being of the qualifying patient with respect to the assisted medical use of marijuana. In the case of a minor or an adult lacking legal capacity, the primary caregiver shall be a parent, guardian, or person having legal custody.

"Adequate supply" means an amount of marijuana jointly possessed between the qualifying patient and the primary caregiver that is not more than is reasonably necessary to assure the uninterrupted availability of marijuana for the

purpose of alleviating the symptoms or effects of a qualifying patient's debilitating medical condition; provided that an "adequate supply" shall not exceed seven marijuana plants, whether immature or mature and four ounces of usable marijuana at any given time and that no qualifying patient or primary caregiver shall grow more than 21 plants per registered grow location.

"Adequate supply" [*Definition effective January 1, 2019*]. means an amount of marijuana jointly possessed between the qualifying patient and the primary caregiver that is not more than is reasonably necessary to assure the uninterrupted availability of marijuana for the purpose of alleviating the symptoms or effects of a qualifying patient's debilitating medical condition; provided that an "adequate supply" shall not exceed [seven marijuana plants, whether immature or mature, and] four ounces of usable marijuana at any given time.

Thank you for the opportunity to testify on this bill.

COMMUNITY ALLIANCE ON PRISONS

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

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



COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair

Rep. Scott Nishimoto, Vice Chair

Thursday, April 2, 2015

3:30 p.m.

Room 308



STRONG SUPPORT for HB SB 682 SD2 HD1 - REGULATED STATEWIDE MEDICAL MARIJUANA DISPENSARY SISTEM

Aloha Chair Luke, Vice Chair Nishimoto and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies in Hawai'i for almost two decades. This testimony is respectfully offered on behalf of the 6,000 Hawai'i individuals under the "care and custody" of the Department of Public Safety, always mindful that more than 1,600 of whom are serving their sentences abroad, thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Kanaka Maoli, far from their ancestral lands.

Community Alliance on Prisons is in strong support of a regulated statewide medical cannabis/marijuana dispensary system. Hawai'i's sick and dying patients have waited 14 years for a system where they could purchase the strain of cannabis that would help to relieve their suffering. Since most states with medical marijuana programs have dispensary systems, some that have been up and running for years, Hawai'i has had the advantage of tapping into this wide range of experience.

On behalf of Community Alliance on Prisons, I attended all of the task force meetings and some of the committee meetings to which the community was invited. I personally visited two dispensaries in California, one in a rural setting and the other in a densely populated urban area to see how they operate, how they interact with law enforcement, and how they sourced the product and tested it for purity managed. I was really impressed by the knowledgeable people who worked at the dispensaries. I then toured a cultivation center to observe how they tracked the plants and developed the different strains to treat specific ailments.

A big discussion at the task force meetings was the fear of cannabis/marijuana being 'diverted' to the black market. We find this fear kind of ironic since the state has been responsible for diverting patients to the black market by not providing legal access to medical cannabis!

There is widespread support for a regulated statewide dispensary system. A recent poll showed an 85% favorable response by Hawai'i voters and Resolution # 14-18, STRONGLY SUPPORTING THE ESTABLISHMENT OF A STATEWIDE REGULATED DISPENSARY SYSTEM FOR MEDICAL MARIJUANA PATIENTS AND CAREGIVERS was adopted at the Association of Hawaiian Civic Clubs convention at Waikoloa Hawai'i on November 1, 2014.

Part II of the bill proposes a phased-in system starting with 6 licenses being offered on July 1, 2016: 2 in Honolulu; 2 on Hawai'i Island; 1 on Maui; and 1 on Kaua'i. Six more licenses can be offered on July 1, 2017, provided that at least one dispensary license shall be offered in each county (except Kalawao). After 2017, the DOH can issue licenses based on patient density.

The Department of Health is also tasked with developing a public education and training program. This is especially important in light of the dis-information that is currently being circulated about dispensaries increasing youth use of marijuana.

An article from the Washington Post¹ addresses this issue:

"...the notion that medical marijuana leads to increased use among teenagers is flat-out wrong. A new study² by economists Daniel Rees, Benjamin Hansen and D. Mark Anderson is the latest in a growing body of research showing no connection -- none, zero, zilch -- between the enactment of medical marijuana laws and underage use of the drug.

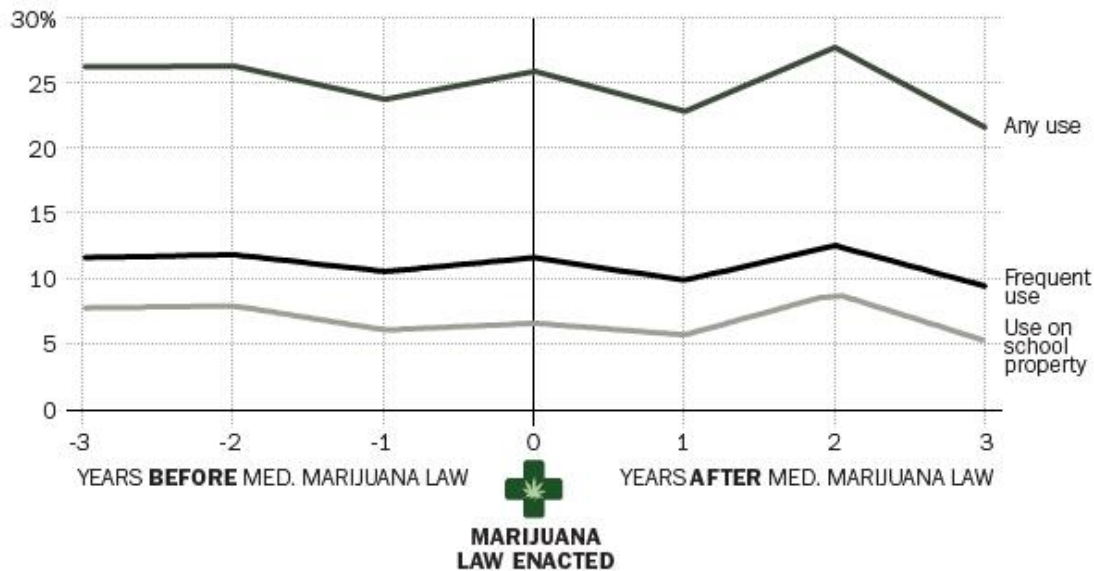
The authors examined marijuana trends in states that passed medical marijuana laws. They tracked self-reported pot use by high school students in the years leading up to and following the enactment of these laws. They conclude that the effects of medical marijuana on teen use are "small, consistently negative, and never statistically distinguishable from zero."

¹ ***Medical marijuana opponents' most powerful argument is at odds with a mountain of research***, By Christopher Ingraham July 29, 2014. <http://www.washingtonpost.com/blogs/wonkblog/wp/2014/07/29/medical-marijuana-opponents-most-powerful-argument-is-at-odds-with-a-mountain-of-research/>

² ***Medical Marijuana Laws and Teen Marijuana Use***. D. Mark Anderson, Benjamin Hansen, Daniel I. Rees. NBER Working Paper No. 20332, Issued in July 2014. <http://www.nber.org/papers/w20332>

No change in teen use after passage of medical marijuana laws

Share of high school students using marijuana in the past 30 days, in states passing a medical marijuana law



WASHINGTONPOST.COM/WONKBLOG Source: Medical Marijuana Laws and Teen Marijuana Use

The chart above shows the trend in teen marijuana use, as measured by state Youth Risky Behavior Surveys, in Alaska, Arizona, Colorado, Delaware, Maine, Mississippi, Montana, Nevada, New Mexico and Vermont. The x-axis is standardized to track the three-year periods before and after each state passed its medical marijuana law. The lines are essentially flat.

I asked study co-author Daniel Rees if there were any significant changes within individual states. He told me that **"no single state stood out -- the effect of passing a medical marijuana law on youth consumption appears to be zero across the board."** These results are consistent with earlier research showing little change in youth pot consumption in Los Angeles after marijuana dispensaries opened there.

The authors verified their work by running a number of regression tests and examining youth drug use data from other sources, too. **They found that, if anything, passage of medical marijuana laws had a slight negative effect on teen use.** In a forthcoming paper, Rees and Anderson hypothesize that this might be because "legalization allows suppliers to sell to adults with some assurance of not being prosecuted, while selling marijuana to a minor is still a risky proposition even with the legalization of medical marijuana."

There's little doubt that, like alcohol or tobacco, marijuana use can potentially be harmful to teens, particularly to heavy users. **But this paper, like others before it, provides**

straightforward evidence that there is no link between medical marijuana laws and teen marijuana use."

An article that appeared on AlterNet last fall³ reported:

"Scientific revelations are published almost daily in regard to the healing properties of the cannabis. But most of these findings appear solely in obscure, peer-reviewed journals and go largely unnoticed by the major media. Here are five new cannabis-centric studies that warrant mainstream attention.

Marijuana Use Is Associated With Decreased Mortality In TBI Patients

<http://medicalxpress.com/news/2014-10-marijuana-death-patients-traumatic-brain.html>

CBG Administration Halts Cancer Progression

<http://www.ncbi.nlm.nih.gov/pubmed/25269802>

Parkinson's Patients Respond Favorably to Cannabis Therapy

<http://www.ncbi.nlm.nih.gov/pubmed/24614667>

Marijuana Use Mitigates Symptoms of Opiate Withdrawal

"[I]ncreased cannabis use was found to be associated with lower severity of [opiate] withdrawal in a subset of the sample with available chart data," authors concluded. "These results suggested a potential role for cannabis in the reduction of withdrawal severity during methadone induction."

Inhaled Cannabis Facilitates Disease Remission In Patients With Crohn's Disease

"Our data show that 8-weeks treatment with THC-rich cannabis, but not placebo, was associated with a significant decrease of 100 points in CDAI (Crohn's Disease and activity index) scores." Five of the eleven patients in the study group also reported achieving disease remission (defined as a reduction in patient's CDAI score by more than 150 points). Overall, inhaled cannabis treatment was associated with "no significant side effects."

A regulated statewide dispensary system is long overdue and we respectfully ask the committees to pass this compassionate bill with the initial funding that DOH needs to get the system up and running. Please support our sick and dying patients.

Mahalo for this opportunity to testify.

³ ***The Latest Cannabis Science The Mainstream Media Doesn't Want You to Know***, Five new cannabis-centric studies that warrant major attention, AlterNet / By Paul Armentano, October 4, 2014 | <http://www.alternet.org/drugs/latest-cannabis-science-mainstream-media-doesnt-want-you-know>

LATE



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

TO: HOUSE COMMITTEE ON FINANCE

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

DATE: APRIL 2, 2015, 3:30 p.m., ROOM 308

RE: S.B. 682, S.D.2, H.D. 1 HD1 RELATING TO MEDICAL MARIJUANA –
IN STRONG SUPPORT

Good afternoon Chair Luke, Vice Chair Nishimoto 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.

First, I'd like to thank the Committee very much for scheduling S.B. 682, H.D. 1 - which DPAG strongly supports - today.

There's a sense of déjà vu to this hearing since we testified on a very similar bill before you in late February. Besides the original content of this measure which we support (i.e., clarifying the conditions for the transport of medical marijuana, and eliminating a requirement that the patient's certifying physician be their primary care physician), much of the substantive language of H.B. 321, H.D. 1 has now been added to this measure.

As you recall, that language was derived from the recommendations of the Medical Marijuana Dispensary Task Force. Our sister organization, the Drug Policy Forum of Hawai'i was an active participant. We know the members are well aware by now of the crying need for a dispensary system, so I will not restate it here.

We do have some comments specific to the draft before you today.

The first is about the very narrow definition of "manufactured marijuana product" which excludes virtually every kind of edible. We fear that this narrow definition is due to various news reports from Colorado about the problems with these products. Even as we speak, Colorado is changing the way these products are regulated to include more stringent requirements about packaging including

childproof containers, opaque packaging, and other measures to make any edible products less appealing to children. They are NOT eliminating their production and sale.

The good thing about being one of the last medical marijuana states to establish dispensaries is that we can learn from the experiences of other places and adopt only the best practices and procedures as we design our program.

Edible cannabis-infused products are uniquely helpful for certain situations as are tinctures, ointments and other formulations not permitted in this measure. I recently had an office visit with a physician in Colorado. She told me that by using edibles, her cancer-stricken partner was able to cut his intake of narcotics by half.

Edibles do have uniquely helpful uses such as providing a steady release of cannabinoids to relieve pain without resorting to an every four-hour regimen with all the side effects of heavy narcotics. Bear in mind too that some of the products not enumerated in this draft have no psychoactive component, but rather depend for their effect on Cannabinoids in the whole plant that do not contain THC.

The bottom line is that most of the responsibility for ensuring child safety can and should be parents' responsibilities. Just as you would not leave a bottle of liquor within easy reach of children, nor put caustic cleaning products or prescriptions in an easy-to-reach, unsecured place, so cannabis products should be stored safely. This is why education to the public, to providers, and to all parties, as called for in this draft, is a necessity.

Our second concern is about the 750' rule in this draft specifying that any dispensary or production center be this distance from a school, playground, public housing, etc. It is important to realize than in a dense urban setting such as many on Oahu, it is almost impossible to find a properly zoned location that fulfills this requirement.

We also have concerns about the whole issue of inter-island transport of medical marijuana. We can understand why there are concerns about state-licensed entities carrying this medicine between islands, but we don't see why, in light of the Hawaii Supreme Court's Woodhall decision, patients should be constrained from doing so.

We are worried about the provision that caregivers, with a few exceptions, will be phased out after some dispensaries are in place. The proposed rule that each plant be tagged and monitored by "seed to sale" software should eliminate any concern about diversion from caregivers and there will be many situations when a patient is simply too ill to visit a dispensary. The limit of 28 plants being grown together should also provide a constraint against diversion.

We have been deeply impressed by DOH's very hard work on the Task Force and on the transition of the medical marijuana program from PSD. They are committed to establishing a dispensary system that's the best of its kind.

We have no objection to the phased-in approach to establishing dispensaries since it seems to be a prerequisite to a timely start up of the program. But we respectfully suggest that the legislature re-visit the number of dispensaries per county in the first phase. It seems to us that having only one dispensary license on Kauai and Maui is a dangerous proposition. In the event of a business or crop failure there would be no back up for the patients looking to them for their medicine. We believe two dispensaries per county would be a still-modest yet safer number for the start-up phase.

We do applaud the provision that after July of 2017, DOH be given autonomy to offer additional licenses as they assess the need.

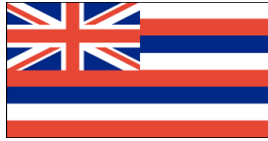
We strongly support the DOH requests for sufficient funding and staffing to make the program a success at the level specifically recommended in the House Health and Judiciary Committees Standing Committee Report No. 1233, i.e. a \$750,000 appropriation and five FTE positions.

With the hard work of the Task Force and the multiple models of dispensaries available, we are confident that the Hawai'i state legislature can craft an excellent, state-of-the-art system that provides for the needs of the patients while safeguarding the community.

We'd like to remind the committee that there is extremely strong support statewide for establishing dispensaries. Last January's Honolulu-based QMark Research survey found that a stunning 85% of registered voters support a dispensary system in Hawai'i nei.

We ardently hope that 2015 will be the year in which legislation to establish such a system will finally be enacted and when the promise of our 15-year-old program will finally be fulfilled.

DPAG urges the Committee to pass out S.B. 682, H.D.1 to the full House with a strong recommendation for passage. Thank you for very much listening and for giving us the opportunity to testify.



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April 2, 2015

Representative Sylvia Luke
Representative Scott Y. Nishimoto, Vice Chair
Committee on Finance
State Capitol, Conference Room 308
415 South Beretania Street
Honolulu, HI 96813

LATE

RE: SB682 SD2 HD1, Relating to Medical Marijuana

Dear Chair Luke, Vice Chair Nishimoto and Members of the Committee:

My name is John Radcliffe and I am the President of Capitol Consultants of Hawaii a lobbying company and we represent the United Food and Commercial Workers Union in seeking legislation to professionalize and enhance the sale, usage, and quality of medical marijuana in Hawaii.

I am also a stage IV liver and colon cancer patient who has undergone 16 three---day bouts of chemotherapy since June. I have suffered through eight trips to the Emergency Room so far, and have had two extended hospital stays numbering 15 days.

So my interest in getting a medical marijuana law is both professional and personal. Several weeks ago when I was at Kaiser Hospital to get my chemo pump removed, I casually asked the oncology nurse about how many Kaiser cancer patients were being prescribed medical marijuana for pain relief. She had an exact number. None.

Why not? I asked. "Because it is nonsense. The patients simply find it too hard to get. It makes no sense to try."

Kaiser is a huge HMO system. There are thousands of cancer patients. Medical marijuana works, is working in nearly one half the states right now. The Legislature passed Senate Bill 862, legalizing medical marijuana in 2000, 15 years ago. The vote then was 32 to 18 in the House and the Senate barely passed it, 13 to 12. Since then

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair
Committee on Finance
April 2, 2015
Page 2 of 3

22 more states have passed better legislation. Legislation that works in other states because it is sold professionally under strict oversight of State Departments of Health.

Let me be clear: Medical marijuana should be highly regulated. Medical marijuana patients should be under the supervision of medical doctors, and experienced operators should run dispensaries. Dispensaries should have 24-hour security. Even if that presence is made up of off duty officers, it sets a tone. Companies whom are conducting medical research with universities should be granted a medical marijuana business license. Finally, the employees of the licensed dispensaries ought to be unionized because, frankly, having a union presence legitimizes a workforce. All of those things ought to be in any bill that is ultimately passed.

So you should do four things in passing this legislation:

1. End the cruel, fifteen year old, hoax now being perpetrated on Hawaii patients. They can't realistically get medical marijuana.
2. Make sure that any business that has a clinical research relationship with a university is granted a medical marijuana business license. Marijuana business should be highly professionalized and have medical professionals advising them to insure patient safety.
3. Provide enough dispensaries to meet the need, but no more than that. And, finally,
4. Allow for the unionization of the employees, as this gives those employees and the public the knowledge that a competent, organized, employee organization stands behind them.

Thank you for the opportunity to testify here today.

Respectfully Submitted,

John H. Radcliffe
President

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair
Committee on Finance
April 2, 2015
Page 3 of 3

Part I: add underscored language:

Accordingly, the purpose of this Act is to establish a regulated statewide dispensary system for medical marijuana to ensure safe and legal access to medical marijuana for qualifying patients, and to facilitate research of medical uses of marijuana.

Part II - add the following:

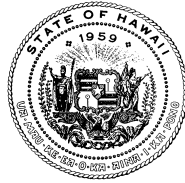
321- . Licenses for qualified research company. (a)
As used this section:

"Accredited college or university" means a college, university or other post-secondary educational institution that is accredited by an accrediting agency recognized by the United States Department of Education.

"Qualified research company" means a person that has an agreement with an accredited college or university to conduct research on the medical uses of marijuana.

(b) The department shall issue a dispensary license to each qualified research company that submits an application for a dispensary license, together with proof of qualification as a qualified research company.

(c) The department shall issue a production center license under section 321- (f) () to each qualified research company that submits an application for a production center license, together with proof of qualification as a qualified research company.



STATE OF HAWAII
DEPARTMENT OF HEALTH
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LATE

**Testimony COMMENTING on SB682 SD2 HD1
RELATING TO MEDICAL MARIJUANA**

REPRESENTATIVE SYLVIA LUKE, CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date: April 2, 2015

Room Number: 308

1 **Fiscal Implications:** 5.0 permanent FTE and between \$500,000 and \$750,000 in each of FY16
2 and FY17 to implement a regulatory program. Estimates will vary depending on the scope of the
3 implementation and whether a "seed-to-sale" inventory management tracking system is procured
4 and operated by the State.

5 **Department Testimony:** The Department of Health (DOH) supports the intent of SB682 SD2
6 HD1 to provide safe and legal access to medical marijuana to qualified patients and caregivers,
7 for which a dispensary system is a viable solution.

8 The department looks forward to a statewide dispensaries framework that prioritizes 1) health
9 and safety, 2) patient access, and 3) security. To achieve this, DOH recommends a limited
10 number of licensees to start with, but flexibility in the future to expand availability to meet
11 patient needs.

12 In order to implement and manage a dispensaries program, the department specifically
13 requests the following:

- 14 • Temporary exemptions – In addition to sufficient start up resources, DOH requires
15 exemptions from:
- 16 ○ Chapter 76, subject to future civil service conversation and,
 - 17 ○ Chapter 103D, procurement of goods and services

- 1 • Limited implementation – At least initially, DOH recommends licensing a small and
2 manageable number of entities, and authority in the future to adjust to assure patient
3 access, based on criteria to be established in rules.
- 4 • Detailed criteria and procedures – Either in the enabling statute or through authorization
5 for the department to adopt expedited administrative rules, and consistent with the intent
6 of the Legislature, specific criteria for licensees to apply for and operate medical
7 marijuana dispensaries and production centers.
- 8 • Laboratory certification or licensing – DOH requests explicit authority to establish and
9 enforce standards for laboratory-based testing (chemical and microbiological) of medical
10 marijuana sold by licensees or maintained by registered patients or caregivers.
- 11 • Seeds and clones – The department recommends that licensees sell medical marijuana
12 seeds, seedlings, and clones to registered patients and caregivers to help ensure they can
13 grow the most appropriate strains for patient health and safety.
- 14 • Inter-island transport – DOH emphasizes the unresolved issue of inter-island transport of
15 medical marijuana but defers to the Department of the Attorney General on the
16 contention between federal law enforcement expectations and state-sanctioned patient
17 access. No other state or jurisdiction faces the same geographical barriers among and
18 within Hawaii’s counties.
- 19 • Cost of government – DOH respectfully requests the repeal of Section 11 in SB682 SD2
20 HD1, calling for the repayment of startup funds. Implementation and maintenance of a
21 dispensaries system should be considered a cost of government.

22 Unlike several states that implemented both a medical marijuana program and a medical
23 marijuana dispensaries program simultaneously, Hawaii’s medical marijuana registry is about 15
24 years old. Transferred from the Department of Public Safety on January 1, 2015, DOH has
25 approximately 13,000 registrants in the medical marijuana program, many of whom have
26 established needs or preferences relating to medical marijuana, e.g., potency, strain, method of
27 consumption, etc. Furthermore, the availability of legally acquired retail medical marijuana will
28 likely see the number of registrants increase.

LATE

DEPARTMENT OF THE PROSECUTING ATTORNEY
CITY AND COUNTY OF HONOLULU

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KEITH M. KANESHIRO
PROSECUTING ATTORNEY



ARMINA A. CHING
FIRST DEPUTY PROSECUTING ATTORNEY

**THE HONORABLE SYLVIA LUKE, CHAIR
HOUSE COMMITTEE ON FINANCE
Twenty-Eighth State Legislature
Regular Session of 2015
State of Hawai`i**

April 2, 2015

RE: S.B. 682, S.D. 2, H.D. 1; RELATING TO MEDICAL MARIJUANA.

Chair Luke, Vice-Chair Nishimoto and members of the House Committee on Finance, the Department of the Prosecuting Attorney of the City and County of Honolulu (“Department”) submits the following testimony in opposition to S.B. 682, S.D. 2, H.D. 1.

Although the Department understands that individuals with certain debilitating conditions rely on medical marijuana for some modicum of respite at this stage in their life, the medical marijuana dispensary-system proposed by S.B. 682, S.D. 2, H.D. 1, lacks sufficient limitations, controls, standards and regulations to prevent large-scale abuse by others who would attempt to abuse such a system for the illicit use and/or diversion of marijuana. In addition to preventing law enforcement from being able to enforce Hawaii’s ongoing controlled substance laws, such a system may even open the door to the involvement of organized crime and/or “big marijuana” corporations already well-established on the Mainland.

As in prior testimony submitted by this Department, regarding all versions of S.B. 682, S.B. 1302, H.B. 321, and other bills seeking to commercialize production or loosen restrictions on medical marijuana, the Department maintains that strict regulations and standards must be imposed on the handling of all medical marijuana and medical marijuana permits, to minimize abuse and ensure public safety. The public, social and economic risks associated with establishing a dispensary system cannot be underestimated, particularly when we see the potential effects in other states. After Colorado began permitting medical marijuana dispensaries in 2010, the annual number of hospitalizations and Emergency Room visits for possible marijuana exposure, for children under 9 years old, increased 5-fold in years 2010-2013, as compared to the nine years prior.ⁱ In the same time period, the average number of calls to the Rocky Mountain Poison and Drug Center for marijuana exposure nearly doubled.ⁱⁱ Rather than rushing a system into place that has not been duly examined, the Department feels very strongly that Hawaii must learn from the hard-learned lessons of Colorado and others, by approaching the concept of a medical marijuana dispensary system with utmost restraint, thorough consideration,

and comprehensive standards, controls and mechanisms to regulate the flow of marijuana through these businesses and into the public.

That said, if the Department of Health is ultimately mandated to issue licenses for medical marijuana dispensaries and/or production centers across the State, the Department believes that public safety calls for the lowest possible number of licenses—preferably only one per county—even if this requires more than one dispensary and production center to be controlled under the same licensee. Increasing numbers of licensees will make oversight and enforcement increasingly difficult.

Also, if the Legislature is intent on moving forward with a dispensary system, a total of six dispensary locations statewide (page 6, line 7)—each partnered with one or two production centers under a shared license—could be sufficient to supply the **318** (of approximately thirteen-thousand) registered medical marijuana patients who are reportedly unable to grow their own medical marijuana (and have no caregiver who can grow it for them).ⁱⁱⁱ Nevertheless, there is no indication that an automatic increase to twelve locations is warranted or could be adequately monitored and regulated. As S.B. 682, S.D. 2, H.D. 1, expressly allows qualifying patients and caregivers to continue growing their own marijuana, in addition to purchasing from dispensaries, no assumptions should be made about how many marijuana patients will switch to purchasing marijuana from a dispensary, particularly where the costs of growing one’s own supply are very nominal. New problems will undoubtedly arise if/when the supply of marijuana from any dispensary system greatly outweighs demand, with nowhere for the excess marijuana to go.

To ensure greater accountability and stability of any proposed dispensary system, licensees should not only be a “faceless” entity with hundreds or potentially thousands of owners, but also include a single individual who will ultimately be tied-to and responsible for that license. Given the medical nature of the proposed dispensary system, this individual should have to be licensed professional in the health care industry, such as a physician, and should also be well-established in Hawaii, with at least five years of professional experience here. Similarly, each entity tied-to and responsible for a license should be a recognized health care provider entity based in Hawaii, which has operated here for at least five years prior to application, to maintain the highest level of accountability to the local community. If anything ever “went wrong” with a licensee’s operations—particularly if administrative, civil and/or criminal action were commenced—it would be substantially more difficult for anyone to work with and/or to secure the appearance of corporations, owners, officers, board members, or others involved, if they who do not have such strong ties and longstanding presence in Hawaii; thus, it would ultimately be much more difficult to identify and hold the appropriate parties accountable.

In its current form, we note that S.B. 682, S.D. 2, H.D. 1, would allow people with prior felony convictions (involving marijuana) to own and/or staff medical marijuana dispensaries and production centers, and these individuals would also have the unfettered ability to transport vast quantities of marijuana at any time. No one with prior felony convictions should be permitted to own or staff a medical marijuana dispensary or production center, as the Department is greatly concerned that the commercial transportation of marijuana will pose extremely high safety risks and risks of potential diversion. While S.B. 682, S.D. 2, H.D. 1, limits such transport to movement between a dispensary and production center, or between two production centers (page 40)—and does not permit transport between islands—there are otherwise no restrictions on the allowable times, purposes or amounts transported. If commercial businesses are to be legally permitted to transport marijuana, the absolute strictest standards and regulations must be upheld.

With regards to limiting the commercial distribution of medical marijuana to patients (and caregivers, until June 30, 2018), S.B. 682, S.D. 1, H.D. 1, limits the amount of medical marijuana that a patient/caregiver may purchase from dispensaries in a given time frame, yet it appears to rely on the patient/caregiver to self-report purchases made from other dispensaries. A more reliable means of enforcing these limits would be to implement a statewide real-time tracking system that could automatically prevent any sales from going over the allotted amount.

Even if such a system were in place, however, it is important to recognize that a dispensary system would make it virtually impossible to determine whether a patient (and caregiver, until June 30, 2018) possesses more than an “adequate supply” at any given time. This problem is only compounded if patients/caregivers are still permitted to grow their own separate supply of marijuana, while also purchasing from dispensary locations. On top of that, more moving pieces are added if patients/caregivers are allowed to transport unrestricted amounts of marijuana—with patient and caregiver potentially travelling separately and simultaneously—in addition to growing a separate supply at their home or grow site, in addition to purchasing from dispensaries. While S.B. 682, S.D. 1, H.D. 1, would establish some logical restrictions on how patients and caregivers could transport marijuana (page 39-40), it provides no limits on, nor means for tracking or recording, the amounts transported.

To provide some perspective, one ounce of usable marijuana equals 28 grams, and (for marijuana that is smoked) an average joint contains $\frac{1}{2}$ - $\frac{3}{4}$ grams; thus, one ounce of marijuana will generally produce between 37 – 56 joints; four ounces will produce 149 – 224 joints. Considering these figures, not only would it be very unsafe for ordinary citizens to carry around such large amounts of an otherwise-Schedule I controlled substance, but this would also create an easy way for criminals to “legally” transport marijuana for illicit distribution.

To help deter those who would attempt to abuse any proposed dispensary-system and/or transportation privileges to further illicit activity, the Department strongly believes that specialized offenses pertaining to the dispensary-system must be established in statute, subject to strict penalties and enforcement. In addition to deterrence, specialized offenses would ensure that offenders are held accountable for—and utmost vigilance is maintained by everyone involved with—the very unique and serious circumstances under which any medical marijuana dispensary locations and/or production centers would be operating. We note that the Attorney General’s prior testimony regarding House Bill 321, H.D. 1, before the Senate Committee on Health and Senate Committee on Public Safety, Intergovernmental and Military Affairs, provided language for a number of specialized offenses that would be appropriate here.

In addition to all of the foregoing, the following aspects of S.B. 682, S.D. 2, H.D. 1, also raise serious concerns, and/or make it nearly impossible to enforce existing laws:

- There are no provisions about who would handle the disposal of controlled substance waste and excess or ‘unusable’ marijuana, and how.
- The Department is not aware of any laboratories, personnel and/or resources in Hawaii capable of analyzing the THC potency of marijuana or manufactured marijuana products, in a manner and magnitude necessary to facilitate adequate law enforcement.

- According to various sources, medical marijuana dispensaries would not be permitted to deposit their revenues at federally-recognized banks, presenting major concerns as to how these funds would be secured, transported or otherwise handled.

Thus, if S.B. 682, S.D. 2, H.D. 1, were to pass in its current form, we could potentially be opening the door to businesses dealing exclusively in cash, owned or staffed by people with prior felony convictions, transporting extremely large amounts of marijuana with no time or purpose restrictions, and no known methods for disposing of their excess or ‘unusable’ marijuana. Without strict standards and regulations to prevent these types of activities, this continues to be a prime opportunity for organized crime and/or “big marijuana” corporations already operating on the Mainland.

Given the numerous and very serious risks raised by S.B. 682, S.D. 2, H.D. 1—and given that nearly all (except 318) patients/caregivers are already able to grow their own medical marijuana—the Department maintains that a dispensary-system of this nature would simply come at too high of a cost for Hawaii, particularly if patients/caregivers continue to grow their own supplies of marijuana in addition. While we do appreciate attempts to include some reasonable restrictions, such as phase-out of the primary caregiver program, and registration requirements for multiple patients/caregivers who choose to pool and grow their marijuana plants at a single location, the Department strongly believes that significantly more time and collaboration are needed to design a medical marijuana dispensary system that sufficiently accounts for all public safety concerns.

With regards to which physicians may issue medical marijuana certifications, the Department believes S.B. 682, S.D. 2, H.D. 1, goes too far in loosening current standards, to the extent that the door would then be opened to individuals who would abuse this privilege, such as physicians whose sole or primary practice is issuing medical marijuana certifications, regardless of whether the patient truly has a debilitating medical condition. If any further allowances are made, beyond primary care physicians, this should be done in a very careful and measured way, expanding perhaps to board-certified oncologists and/or pain medicine specialists, who have specialized knowledge of and expertise in the patient’s qualifying condition, and who provide ongoing treatment to that patient.

Without sufficient safeguards, standards, limitations or tools to enforce Hawaii’s ongoing controlled substance laws, the doors will be opened for, and arguably invite, increased public safety issues, abuse and/or illicit distribution. For all the foregoing reasons, the Department of the Prosecuting Attorney of the City and County of Honolulu strongly opposes the passage of S.B. 682, S.D. 2, H.D. 1. Thank you for the opportunity to testify on this matter.

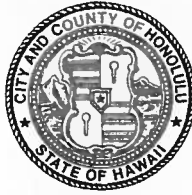
ⁱ Colorado Department of Public Health and Environment, *Monitoring Health Concerns Related to Marijuana in Colorado: 2014: Changes in Marijuana Use Patterns, Systematic Literature Review, and Possible Marijuana-Related Health Effects*, Jan. 30, 2015, at 170, available at https://www.colorado.gov/pacific/sites/default/files/DC_MJ-Monitoring-Health-Concerns-Related-to-Marijuana-in-CO-2014.pdf.

ⁱⁱ *Id.*, at 162.

ⁱⁱⁱ As indicated by the State’s medical marijuana database in December 2014: 221 of these patients are registered on O’ahu, 78 on Maui, 12 on the Big Island, 6 on Kaua’i, and 1 on Moloka’i.

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April 2, 2015

LATE

The Honorable Sylvia Luke, Chair
and Members
Committee on Finance
House of Representatives
Hawaii State Capitol
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Chair Luke and Members:

Senate Bill No. 682, S.D. 2, H.D. 1, Relating to Medical Marijuana

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


The HPD opposes Senate Bill No. 682, S.D. 2, H.D. 1, Relating to Medical Marijuana.

This bill removes the requirement that the certifying physician be the qualifying patient's primary care physician. The bill only requires that the physician to have a "bona fide" physician-patient relationship with the qualifying patient. The term "bona fide" is ambiguous, and it is not defined in the bill. This could lead to people shopping for doctors until one is found who is willing to make the recommendation for medical marijuana.


The HPD urges you to oppose Senate Bill No. 682, S.D. 2, H.D. 1, Relating to Medical Marijuana.

Thank you for the opportunity to testify.

Sincerely,


Jason Kawabata, Acting Major
Narcotics/Vice Division

APPROVED:


Louis M. Kealoha
Chief of Police

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, April 02, 2015 3:39 PM
To: FINTestimony
Cc: fehren.jones@gmail.com
Subject: Submitted testimony for SB682 on Apr 2, 2015 15:30PM

LATE

SB682

Submitted on: 4/2/2015

Testimony for FIN on Apr 2, 2015 15:30PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
fehren	Individual	Comments Only	No

Comments: Aloha.. I know I am little late. But I wanted to make a quick mention that I don't understand why so little of dispensaries. To have a little more will help. Not everyone in hawaii has a vehicle to get to their medicine. I do understand that we have an incredible bus system but we must keep in mind of others who are short on time, some individuals may come from way country like makaha or Kahuku and those are quite a drive and/or wait for transportation. Mahalo nui for your time

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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