

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

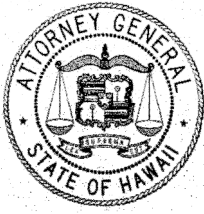
**Testimony COMMENTING on SB682 SD2
RELATING TO MEDICAL MARIJUANA**

REPRESENTATIVE DELLA BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: March 25, 2015

Room Number: 329

- 1 **Fiscal Implications:** None.
- 2 **Department Testimony:** The Department of Health (DOH) acknowledges the intent of this bill
- 3 to provide safe harbor for qualified medical marijuana patients access to their legal medication
- 4 but defers to the Department of the Attorney General for comments on the legal risks and
- 5 implications of establishing state-specific policy.
- 6 Certified medical marijuana patients have the right to use their medication and be treated with
- 7 the same standards applied to other legal medications. Patients meeting the legal and clinical
- 8 standards for eligible disabling medical conditions should not have to face additional stress and
- 9 anxiety related to employment, family status, or education. However, risks and benefits to the
- 10 State of Hawaii need to be thoroughly assessed.
- 11 Thank you for the opportunity to offer comments.



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

ON THE FOLLOWING MEASURE:

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

BEFORE THE:

HOUSE COMMITTEES ON HEALTH AND ON JUDICIARY

DATE: Wednesday, March 25, 2015 **TIME:** 9:30 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Douglas S. Chin, Attorney General, or
Jill T. Nagamine, Deputy Attorney General

Chairs Belatti and Rhoads and Members of the Committees:

The Department of the Attorney General provides the following comments.

S.D. 2 would amend section 329-122, Hawaii Revised Statutes (HRS), to allow qualifying patients, primary caregivers, and owners or employees of licensed medical marijuana production centers or dispensaries to transport medical marijuana in any public place, so long as the medical marijuana is in a sealed container, is not visible to the public, and is not removed from its sealed container or consumed or used in any way while it is in the public place. The bill would also amend section 329-123, HRS, to delete the requirement that the qualifying patient's certifying physician shall be the patient's primary care physician.

The U.S. Department of Justice (DOJ) issued its Memorandum for All United States Attorneys dated August 29, 2013, drafted by Deputy Attorney General James M. Cole (the Cole Memo), providing guidance regarding marijuana enforcement. The DOJ has confirmed its commitment to enforcing the Controlled Substances Act consistent with Congress' determination that "marijuana is a dangerous drug." Notwithstanding this, the Cole Memo sets forth the DOJ's expectation that states with laws authorizing marijuana related conduct must implement strong and effective regulatory and enforcement systems to address threats to public safety, public health, and other law enforcement interests. The DOJ enforcement priorities include preventing marijuana distribution to minors, preventing revenues from marijuana sales going to criminal enterprises, preventing the diversion of marijuana to other states, preventing violence, preventing drugged driving, and the exacerbation of other adverse health consequences.

To ensure a strong regulatory scheme that is consistent with the Federal law enforcement priorities of preventing diversion of marijuana, distribution to minors, and drug trafficking or other illegal activity, we recommend that "transporting" at page 2, line 1, be defined to mean "(1) transport of medical marijuana from a licensed medical marijuana dispensary or a licensed medical marijuana production center to a primary caregiver or a qualifying patient or (2) transport of medical marijuana from a primary caregiver to a qualifying patient." This definition could be added as a new subsection (d) at page 2, line 11.

We note that the proposed amendment to section 329-123, HRS, would delete the requirement that the qualifying patient's certifying physician shall be the primary care physician, at page 2, lines 20-21, and page 3, lines 3-5. Consistent with the Federal law enforcement priority of preventing adverse public health consequences associated with marijuana use, we recommend that the Legislature require the certifying physician to have a bona fide physician-patient relationship with the qualifying patient. The deleted wording at page 3, lines 3-5, could be replaced with "The certifying physician shall be required to have a bona fide physician-patient relationship with the qualifying patient."

We respectfully ask the Committees to pass the bill with the recommended amendments.

DEPARTMENT OF THE PROSECUTING ATTORNEY
CITY AND COUNTY OF HONOLULU

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

KEITH M. KANESHIRO
PROSECUTING ATTORNEY



ARMINA A. CHING
FIRST DEPUTY PROSECUTING ATTORNEY

**THE HONORABLE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH**

**THE HONORABLE KARL RHOADS, CHAIR
HOUSE COMMITTEE ON JUDICIARY**

**Twenty-Eighth State Legislature
Regular Session of 2015
State of Hawai'i**

March 25, 2015

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

Chair Au Belatti, Chair Rhoads, Vice-Chair Creagan, Vice-Chair San Buenaventura, members of the House Committee on Health, and members of the Health Committee on Judiciary, the Department of the Prosecuting Attorney, City and County of Honolulu, submits the following testimony in opposition to Senate Bill 682, S.D. 2. The purpose of S.B. 682, S.D. 2, is to allow medical marijuana patients and caregivers—plus owners and employees of any future medical marijuana production centers and dispensaries—to transport medical marijuana in any public place. It would also allow any physician in Hawaii to issue written certifications for medical marijuana.

The Department is very concerned that loosening current standards regarding medical marijuana permits—particularly those regarding 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 certifications, regardless of their relationship (or lack thereof) with the patient, and/or regardless of whether the patient truly has a debilitating medical condition. Notably, S.B. 682, S.D. 2, does not require the issuing physician to have any specialized knowledge or expertise in the patient's qualifying condition, nor does it require any face-to-face visits, physical examinations, or ongoing treatment by the issuing physician.

With regards to transportation, S.B. 682, S.D. 2, appears to give the listed categories of individuals an unrestricted ability to transport any amount of marijuana at any time, presumably up to an "adequate supply." If such an open, unrestricted allowance is made—with no limit on transported amounts and no knowledge of how much marijuana is being held at which location

or on which person—it will be virtually impossible for law enforcement to determine how much marijuana is being possessed under a particular medical marijuana permit at any given time.

With regards to transportation of marijuana by owners and employees of future medical marijuana production centers and/or dispensaries, the Department notes that S.B. 682, S.B. 2, does not limit the amount of marijuana that can be transported at any given time, nor are there any time or purpose restrictions. Given the huge potential for this type of provision to facilitate abuse and/or outright illicit activity, the Department strongly believes that strict regulations and enforcement must be imposed on all aspects of handling medical marijuana, and especially so when addressing those other than qualifying patients and caregivers.

Although the Department understands that individuals with certain debilitating conditions do rely on medical marijuana for some modicum of respite at this stage in their life, the Department continues to be concerned for the overall safety and welfare of the general public; this includes the effective enforcement of all controlled substances, such as marijuana. In light of this, the Department strongly believes that strict limitations and standards must be imposed on medical marijuana permits and the handling of all medical marijuana, in order for law enforcement to continue to enforce relevant laws and minimize abuse of these laws. Simply put, the changes proposed in S.B. 682, S.D. 2, would go much too far in removing such limitations and controls, and in doing so, prevent effective law enforcement in this regard.

For all of the foregoing reasons, and given the significant risk of abuse posed by S.B. 682, S.D. 2, the Department respectfully opposes this measure. Thank you for the opportunity to submit written testimony.

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CITY AND COUNTY OF HONOLULU

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

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HOUSE COMMITTEE ON HEALTH**

**THE HONORABLE KARL RHOADS, CHAIR
HOUSE COMMITTEE ON JUDICIARY**

**Twenty-Eighth State Legislature
Regular Session of 2015
State of Hawai'i**

March 25, 2015

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

Chair Au Belatti, Chair Rhoads, Vice-Chair Creagan, Vice-Chair San Buenaventura, members of the House Committee on Health, and members of the Health Committee on Judiciary, the Department of the Prosecuting Attorney, City and County of Honolulu, submits the following testimony in opposition to Senate Bill 682, S.D. 2. The purpose of S.B. 682, S.D. 2, is to allow medical marijuana patients and caregivers—plus owners and employees of any future medical marijuana production centers and dispensaries—to transport medical marijuana in any public place. It would also allow any physician in Hawaii to issue written certifications for medical marijuana.

The Department is very concerned that loosening current standards regarding medical marijuana permits—particularly those regarding 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 certifications, regardless of their relationship (or lack thereof) with the patient, and/or regardless of whether the patient truly has a debilitating medical condition. Notably, S.B. 682, S.D. 2, does not require the issuing physician to have any specialized knowledge or expertise in the patient's qualifying condition, nor does it require any face-to-face visits, physical examinations, or ongoing treatment by the issuing physician.

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Although the Department understands that individuals with certain debilitating conditions do rely on medical marijuana for some modicum of respite at this stage in their life, the Department continues to be concerned for the overall safety and welfare of the general public; this includes the effective enforcement of all controlled substances, such as marijuana. In light of this, the Department strongly believes that strict limitations and standards must be imposed on medical marijuana permits and the handling of all medical marijuana, in order for law enforcement to continue to enforce relevant laws and minimize abuse of these laws. Simply put, the changes proposed in S.B. 682, S.D. 2, would go much too far in removing such limitations and controls, and in doing so, prevent effective law enforcement in this regard.

For all of the foregoing reasons, and given the significant risk of abuse posed by S.B. 682, S.D. 2, the Department respectfully opposes this measure. Thank you for the opportunity to submit written testimony.



Committee: Committees on Health and Judiciary
Hearing Date/Time: Wednesday, March 25, 2015, 9:30 a.m.
Place: Room 329
Re: Testimony of the ACLU of Hawaii in **Support of S.B. 682, S.D. 2,**
Relating to Medical Marijuana

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

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) writes in **support of S.B. 682, S.D. 2**, which clarifies that medical marijuana patients and caregivers may transport medical marijuana through public places, subject to certain restrictions.

This bill would clarify permissible activities under Hawaii’s medical marijuana law. In *State v. Woodhall*, the Hawai‘i Supreme Court ruled that there is “an irreconcilable inconsistency between the authorized transportation of medical marijuana under HRS § 329-121, and the prohibition on transport of medical marijuana through ‘any . . . place open to the public’ under HRS § 329-122(c)(E).”¹ SB 682, S.D. 2 provides a remedy for this inconsistency.

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.

¹ See *State v. Woodhall*, 129 Hawai‘i 397, 301 P.3d 607 (2013).



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

COMMITTEE ON HEALTH

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

COMMITTEE ON JUDICIARY

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

Wednesday, March 25, 2015, 9:30 a.m.

Conference Room 329
State Capitol
415 South Beretania Street

Executive Director Rafael Kennedy in support – SB682 SD2 – Relating to the the Medical Use of Marijuana

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

We support any effort to clarify that patients do indeed have the right to transport medical marijuana through public spaces. It is our understanding that since the Woodhall decision, this has not been a problem of primary importance, but making this somewhat foggy area more clear is in the best interests of patients and the general public alike.

Similarly, the provision removing the language stating that a certifying physician must be a patients primary care provider is a generally positive step, but may not be strictly necessary in the light of the Department of Health's rules on that matter. Removing that language, though, will make clear to patients and to physicians that the widespread misconception that a certifying physician must be the primary care provider as designated by their HMO is in fact untrue.

We sincerely thank the committee for its time and consideration in this matter, Mahalo.

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.

creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 23, 2015 4:44 PM
To: HLTtestimony
Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for SB682 on Mar 25, 2015 09:30AM*

SB682

Submitted on: 3/23/2015

Testimony for HLT/JUD on Mar 25, 2015 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	UH Biology Alumni Association	Support	No

Comments:

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COMMUNITY ALLIANCE ON PRISONS

76 North King Street, Honolulu, HI 96817

Phone/E-Mail: (808) 533-3454 / kat.caphi@gmail.com



COMMITTEE ON HEALTH

Chair: Rep. Della Au Belatti

Vice Chair: Rep. Richard Creagan

COMMITTEE ON JUDICIARY

Chair: Rep. Karl Rhoads

Vice Chair: Rep. Joy Sanbuenaventura

Wednesday, March 25, 2015

9:30 a.m.

Room 329

SUPPORT for SB 682 SD2 – MEDICAL AMNESTY/GOOD SAMARITAN BILL

Aloha Chairs Belatti and Rhoads and Members of the Committees!

My name is Kat Brady and I am the Coordinator Community Alliance on Prisons, a community initiative promoting smart justice policies for more than a decade. This testimony is respectfully offered always mindful that 6,000 Hawai'i individuals are living behind bars, including 1,800 men who are serving their sentences abroad, thousands of miles from their loved ones, their homes and, for the disproportionate number of incarcerated Native Hawaiians, far from their ancestral lands.

SB 682 SD2 allows a qualifying patient, primary caregiver, or an owner or employee of a medical marijuana production center or dispensary to transport medical marijuana in any public place, under certain conditions. It also repeals the requirement that a certifying physician be the qualifying patient's primary care physician. Effective 7/1/2050 and contingent upon passage of S.B. No. 1302 (2015). (SD2)

Community Alliance on Prisons supports this measure that would allow patients, caregivers, and potentially dispensary owners and employees would be able to transport medical cannabis through public spaces. While a recent court decision signals that patients already have this right, codifying it in statute will make patients and caregivers more secure in their rights. The bill also contains a provision to remove the requirement that certifying physicians be a patient's primary care physician, and while this may not be necessary given the Department of Health's administrative rules, its inclusion will assure doctors that they are not misunderstanding the law.

Community Alliance on Prisons respectfully asks the committee to pass this measure.

Mahalo for this opportunity to testify.



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

TO: HOUSE COMMITTEES ON HEALTH & JUDICIARY

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

DATE: MARCH 25, 2015, 9:30 a.m., ROOM 329

RE: S.B. 682, S.D. 2 RELATING TO MEDICAL MARIJUANA – **IN SUPPORT**

Good morning, Chair Belatti, Chair Rhoads, and members of the Committees. 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 Hawaii.

We strongly support S.D. 2 of S.B. 682.

We are pleased to see that the S.D.2 of this measure eliminates the requirement that only a "patient's primary care physician" is able to certify the patient for medical cannabis use. This provision, while it may arguably be rendered moot by the proposed Department of Health administrative rules, nonetheless is a requirement that continues to cause confusion and great concern among patients. This is especially true on the neighbor islands and on rural areas of Oahu where there is a demonstrated shortage of primary care physicians.

We are also glad to see the language added about the transport of medical cannabis. While the Hawaii Supreme Court Woodhall decision has ruled generally in favor of patients' and caregivers' right to transport their medicine, this measure would help clarify this somewhat grey area.

We do have a concern about the requirement in Section 6 of this measure. It reads "This Act shall take effect on July 1, 2050, *only if S.B. 1302, in any form passed by the legislature during the regular session of 2015, becomes an Act.*" [emphasis added.]

S.B. 1302 is a measure to establish a medical marijuana dispensary system for the state of Hawaii. It has received one hearing on the Senate side thus far & is essentially dead. There is a similar bill, H.B. 321, H.D. 1, which has passed the

House - as your Committees know - which is now moving on the Senate side and in fact is scheduled for decision-making in Senate Health this afternoon.

We do not understand how the laudable provisions of the proposed S.D. 2 of S.B. 682 should require the passage and signing of a dispensary bill. It appears to us that the transportation and the primary care physician language have great relevance and would help clarify the law as it exists at present.

If this Committee decides that enactment of a dispensary law is a prerequisite for activating the provisions here, then we ask whether or not passage of some version of the House measure would satisfy that requirement? We hope the Committee can clarify the rationale behind this provision.

With that issue addressed, possibly in the committee report, we urge your committees to move this measure to the Finance Committee with a strong recommendation. Mahalo for hearing this important bill today and for giving us the opportunity to testify.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 24, 2015 3:43 PM
To: HLTtestimony
Cc: bacher.robert@gmail.com
Subject: Submitted testimony for SB682 on Mar 25, 2015 09:30AM

SB682

Submitted on: 3/24/2015

Testimony for HLT/JUD on Mar 25, 2015 09:30AM in Conference Room 329

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

Comments: This bill will help patients and the community by fixing a previously undefined area of the law concerning patients having to transport their medicine. Currently law enforcement decided individually on a case by case basis if a medical cannabis patients transporting their medicine is in their opinion subject to criminal penalties, including but not limited to arrest and seizure/forfeiture of their vehicles, both of which could precipitate a patient losing their job as well.

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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creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 23, 2015 4:34 PM
To: HLTtestimony
Cc: breaking-the-silence@hotmail.com
Subject: *Submitted testimony for SB682 on Mar 25, 2015 09:30AM*

SB682

Submitted on: 3/23/2015

Testimony for HLT/JUD on Mar 25, 2015 09:30AM in Conference Room 329

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

Comments:

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creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Friday, March 20, 2015 10:24 PM
To: HLTtestimony
Cc: tasymons56@gmail.com
Subject: *Submitted testimony for SB682 on Mar 25, 2015 09:30AM*

SB682

Submitted on: 3/20/2015

Testimony for HLT/JUD on Mar 25, 2015 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Toni Symons	Individual	Support	No

Comments:

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creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 23, 2015 9:25 PM
To: HLTtestimony
Cc: ninja01@hawaii.rr.com
Subject: Submitted testimony for SB682 on Mar 25, 2015 09:30AM

SB682

Submitted on: 3/23/2015

Testimony for HLT/JUD on Mar 25, 2015 09:30AM in Conference Room 329

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

Comments: this needs to pass for obvious reasons production centers need to get it dispensaries and as far as physicians are concerned a lot of personal physicians aren't comfortable prescribing medical cannabis for obvious reasons

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 24, 2015 9:52 AM
To: HLTtestimony
Cc: hulafeet@hotmail.com
Subject: Submitted testimony for SB682 on Mar 25, 2015 09:30AM

SB682

Submitted on: 3/24/2015

Testimony for HLT/JUD on Mar 25, 2015 09:30AM in Conference Room 329

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

Comments: Kaiser's motto is 'Thrive', yet they will not help me. They refuse to intercede on my behalf so that I can live. New ideas take time to assimilate: that the world was round took a few years to agree upon. I cannot wait for Kaiser to become educated. Please remove the stipulation which prevents me from getting the help I need. Sincerely, Robin Reith Lahaina, HI 96761

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 23, 2015 10:22 PM
To: HLTtestimony
Cc: gr8tr8@gmail.com
Subject: Submitted testimony for SB682 on Mar 25, 2015 09:30AM

SB682

Submitted on: 3/23/2015

Testimony for HLT/JUD on Mar 25, 2015 09:30AM in Conference Room 329

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

Comments: To all Senators, I support this bill because it fulfills/respects patients' state legalized right to handle this medicine. Now this bill correctly addresses the right to transport medical cannabis for the patients, their caregivers, and dispensary workers. The bill makes sure supply of medicine reaches it's intended patients. I also support the repeal of the requirement that he certifying physician be the patient's primary care doctor, which adds an unnecessary layer of medical expense and time loss.

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From: Ann Turner <anny@me.com>
Sent: Tuesday, March 24, 2015 2:24 PM
To: HLTtestimony
Subject: Re: SB682 SD2

Dear Senator Espero,

I am writing in support of this and any bill which might resolve an egregious inconsistency in how this (and most) states are dealing with the distribution of medical marijuana. My Internist is E. Deboard. I am a 70 year old patient of who has suffered from continuous neuropathic pain in my feet following fusion surgery on my back over two years ago. I will probably have this pain the rest of my life. To date I have found nothing that ameliorates the pain totally despite being a regular patient of a licensed pain medicine specialist here in Honolulu during that entire period. One thing that does seem to help is marijuana — particularly, it seems, the GBD component of the marijuana plant. As a person who has been approved by the state to use medical marijuana, I can tell you it is definitely a help.

Unfortunately there is no good way for me to acquire the products I need here. I am not an accomplished grower and certainly not a skilled processor of vegetation for the purpose of turning plant matter into high-quality medications. So, even though I'm "licensed" to do so, I have no good resources in terms of finding relief.

Please cast your vote in favor of whatever legislation you encounter that might help people, like myself, who are caught between two systems of authority that defy a solution. Thank you.

Ann Turner

Napualani Young

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 24, 2015 10:37 PM
To: HLTtestimony
Cc: myberney@hotmail.com
Subject: Submitted testimony for SB682 on Mar 25, 2015 09:30AM
Attachments: SB 682 SD2 SUPPORT.docx

Categories: Red Category

SB682

Submitted on: 3/24/2015

Testimony for HLT/JUD on Mar 25, 2015 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Myron Berney	Individual	Support	No

Comments:

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SB 682 SD2 SUPPORT

It is difficult in the face of Law Enforcement concerns for the Legislature to get a handle on medical marijuana, or recreational marijuana, regulation and enforcement. However, in our system, government regulates commercial sales of medicine and products based upon relative risk to the consuming public.

We all agree and know that both tobacco and alcohol pose a much greater public, social and individual risk compared to medical marijuana. The same Laws, rules and regulations that have evolved and are sufficient to protect the public from the more dangerous substances, tobacco and alcohol, are clearly sufficient to protect the public from the less harmful medicines that are necessary for health and wellness. Data from Colorado also demonstrates that recreational marijuana protects the public safety by reducing anger and alcohol related crimes.

Federal Budget law now recognizes and protects State Medical Marijuana Laws. Recognizing and protecting marijuana as a medicine means that marijuana is NOT “not a medicine” and therefore not schedule 1 anymore.

In these matters, The Hawaii State Supreme Court has already declared that qualifying patients can transport medical marijuana.

The second part of this section was not part of, or included at all, or considered in the Court’s Decision or Findings.

Delete:

~~**provided further that the medical marijuana shall be transported in a sealed container, not be visible to the public, and not be removed from its sealed container or consumed or used in any way while it is in the public place;**~~

I am guessing that this bill is intended to prevent smoking medical marijuana in public places due to the smell, side stream smoke, exposing others to marijuana smoke, contact high or other similar reasons.

Insert language that would prohibit smoking in public places or releasing fumes, vapor or smoke into public places [with the exception of ventilation equipment as required by code or law.]

However, there are other cordial medical delivery systems that are not pervasive as is smoke or vapor. For example, Canada and Europe have a delivery system for medical marijuana that is pharmaceutically produced and uses a liquid mouth spray to deliver the medicine. Pills, tablets, capsules and tinctures can be delivered medically without any risk to others in public places.

If you wish to prohibit Smoking in Public there is already existing law preventing and regulating smoking tobacco in public places. The Same law can contain “marijuana”. The Same law can prohibit smoking anything at all in public places, which is also appropriate and well supported by the public.

Banning smoking or other delivery systems that pose a possible risk to others in public places is necessary and appropriate. The Bill and the Law should say this. A total ban is inappropriate medically. Doctor’s offices, clinics and hospitals are public places where seriously ill patients may need to access medical marijuana health care services. Certain modern methods of delivering the medicine pose no risk to the general public in public places.

SECTION 2. Section 329-123

We support the deletion of language requiring the recommending physician to be the PCP.

If medical marijuana was in fact a dangerous drug like opiates then, of course, it should be recommended, monitored, and evaluated by a SPECIALIST. To avoid regulatory problems and concerns with the State Narcotics Control, many physicians prefer to refer patients out that require long term use of controlled substances. This is especially true with medical marijuana; Physicians don’t want the hassle.

However, marijuana is not medically or socially a dangerous drug; marijuana is safer than most prescription and many OTC drugs. Glue and solvents from City Mill or Home Depot are more toxic, more abused and more dangerous.

Please also consider new language that would include Naturopathic Physicians, specialists in herbal medicine and the treatment of chronic disease, that they shall be able to recommend this essential herbal medicine to their seriously ill patients. This is cost effective and medically appropriate. **Include Naturopathic Physicians in the section defining physician in HRS 329-121.**

ANNUAL REGISTRATION IS MEDICALLY INAPPROPRIATE, a waste of patient funds and a high risk situation for seriously ill patients.

Many of the seriously ill chronically ill patients are NOT expected to recover and will need care from now until the grave. Annual Registration is not medically necessary or appropriate.

Registration should be annual or permanent.

What happens if they forget to get their annual registration??? OMG, then they are looking at a 40 year jail sentence. Isn’t that a bit too extreme! A strict interpretation and enforcement of the law is also a bit too extreme!

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Cc: theede@hawaii.rr.com
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Submitted By	Organization	Testifier Position	Present at Hearing
Teri Heede	Individual	Support	No

Comments:

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