

SB174

Measure Title: RELATING TO MEDICAL MARIJUANA.

Report Title: Medical Marijuana; Debilitating Medical Condition

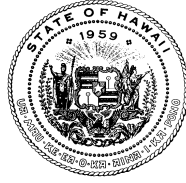
Description: Amends the definition of debilitating medical condition to include lupus, epilepsy, multiple sclerosis, arthritis, autism, anxiety, depression, insomnia, and stress as conditions that qualify for the legal use of medical marijuana.

Companion:

Package: None

Current Referral: CPH, JDL

Introducer(s): ESPERO, ENGLISH, RUDERMAN, S. Chang, Dela Cruz, Gabbard, Galuteria, Kidani



STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony in OPPOSITION to SB174
RELATING TO MEDICAL MARIJUANA**

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date: February 8, 2017

Room Number: 229

1 **Fiscal Implications:** None

2 **Department Testimony:** The purpose of this bill is to amend the list of debilitating conditions
3 for the medical use of marijuana by adding a number of new conditions. The Department
4 opposes the passage of new laws related to marijuana until the medical marijuana dispensaries
5 open and we can gauge the impact upon the State. The Department through its Hawaii
6 Administrative Rules §11-160-7 has already laid out a comprehensive annual process to consider
7 addition or deletion of qualifying conditions for the medical use of marijuana. Physicians or
8 potential medical marijuana patients may petition the Department for new conditions. This
9 process will focus on all available medical evidence and research on efficacy and safety for
10 patients. It will include a public hearing where testimony from the public can be provided. The
11 Department has already queried registering physicians and several plan to petition for a variety
12 of conditions. The first annual petition process will be implemented this year. Decisions will be
13 grounded in science that shows that medical marijuana helps treat or relieve any proposed
14 additional conditions.
15 Thank you for the opportunity to testify.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-NINTH LEGISLATURE, 2017**

ON THE FOLLOWING MEASURE:

S.B. NO. 174, RELATING TO MEDICAL MARIJUANA.

BEFORE THE:

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

DATE: Wednesday, February 8, 2017 **TIME:** 9:00 a.m.

LOCATION: State Capitol, Room 229

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

Chair Baker and Members of the Committee:

The Department of the Attorney General opposes this bill. We generally oppose the passage of new laws related to marijuana until the medical marijuana dispensaries open and we get the chance to gauge the impact on the State.

This bill would expand the list of medical conditions for which a patient can be certified for the medical use of marijuana. It would add lupus, epilepsy, multiple sclerosis, arthritis, autism, anxiety, depression, insomnia, and stress to the list of debilitating medical conditions already approved in section 329-121, Hawaii Revised Statutes.

The Attorney General's specific concern about this bill is that, without a scientific or other basis to indicate that the use of marijuana helps treat or provide relief for the additional proposed conditions, the proposed expansion may appear to move the State closer to deregulation of marijuana, a schedule I controlled substance under federal law. Adding so many new conditions, some of which are common and have multiple traditional treatments, could be viewed by the federal government as contrary to the goal of having a robust regulatory scheme for the medical use of marijuana in Hawaii.

We respectfully ask this Committee to hold this bill.



Dedicated to safe, responsible, humane and effective drug policies since 1993

TO: Senate Committee on Commerce, Consumer Protection and Health
FROM: Carl Bergquist, Executive Director
HEARING DATE: 9 February 2017, 9AM
RE: SB174, Relating to Medical Marijuana, **SUPPORT**

Dear Chair Baker, Vice Chair Nishihara, Committee Members:

The Drug Policy Forum of Hawai'i (DPFHI) supports this measure to add various new medical conditions as qualifying for the legal use of medical cannabis in Hawai'i. Several of these conditions are specifically listed by various other states (lupus, autism, multiple sclerosis, arthritis and epilepsy) while the others (anxiety, depression, insomnia or stress) are broad conditions with symptoms that are arguably better relieved with medical cannabis than with various prescription pharmaceutical products.

While we support the Department of Health's ongoing process to set up a petition process to add further conditions – indeed we are planning to help petition for “opiate use disorder” – we see it as a complement to expeditiously adding specific conditions by statute. Accordingly, we respectfully request your support for this bill that can help relieve the suffering of many patients who otherwise may find no relief or risk becoming addicted to more powerful narcotics.

Mahalo for the opportunity to testify.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 6, 2017 6:53 PM
To: CPH Testimony
Cc: intrepid.goddess@gmail.com
Subject: Submitted testimony for SB174 on Feb 8, 2017 09:00AM

SB174

Submitted on: 2/6/2017

Testimony for CPH on Feb 8, 2017 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Michelle Tippens	Hawaii Veteran's Cannabis Alliance	Support	Yes

Comments: Aloha members of the Senate Committee on Commerce, Consumer Protection, and Health. My name is Michelle Tippens, I am the founder and Executive Director of the Hawaii Veteran's Cannabis Alliance and Legislative Liaison for the Libertarian Party of Hawaii. These comments are regarding measure SB174, heard February 8, 2017 at 9am. As an expert in the field of Criminal Justice (I hold both a BA and MS in the field), specializing in vice and drug crimes, I have a well-documented academic background and demonstrated aptitude in all aspects of the Crime and Justice field, including an extensive knowledge regarding the development of American drug law. Along with this, I am a veteran of the US Army, single mother of 4 and medical marijuana patient. Although I look "healthy" to most people, I not only suffer from PTSD, I also have fibromyalgia, prosthetic neck implants, 5 fractured thoracic vertebrae and several other injuries. I am able to manage all of these conditions with cannabis therapy and was able to discontinue use of a pulmonary walker in 2012, less than two years after beginning cannabis therapy. When examining SB174 it is easy to see this piece of legislation is a positive step toward ensuring patients with severe, debilitating diseases have a full complement of treatment options available to them. Both the HVCA and I feel this legislation reflects the desire of the Hawaiian people to see the medical use of marijuana program expanded to cover more conditions. I personally support this legislation and the HVCA is in support of this legislation, particularly considering many of the conditions mentioned are commonly diagnosed in our veterans.

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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HAWAII EDUCATIONAL ASSOCIATION FOR LICENSED THERAPEUTIC HEALTHCARE

To: Senator Rosalyn Baker, Chair Consumer Protection and Health
Senator Clarence Nishihara, Vice-Chair Consumer Protection and
Health
Members of the Senate Consumer Protection and Health Committee

Fr: Blake Oshiro, Esq. on behalf of the HEALTH Assn.

Re: Testimony in **Support of Senate Bill (SB) 174**

RELATING TO MEDICAL MARIJUANA.

Amends the definition of debilitating medical condition to include lupus, epilepsy, multiple sclerosis, arthritis, autism, anxiety, depression, insomnia, and stress as conditions that qualify for the legal use of medical marijuana.

Dear Chair Baker, Vice-Chair Nishihara, and Members of the Committee:

HEALTH is a recently formed trade association made up of the eight (8) licensed medical marijuana dispensaries under Haw. Rev. Stat. (HRS) Chapter 329D. HEALTH's members are all committed to ensuring the goals of patient safety, product safety and public safety.

We **strongly support** SB174 which adds additional conditions to qualify for the legal use of medical marijuana. Attached, is a list of the state's that allow medical marijuana and the qualifying conditions. See <https://www.leafly.com/news/health/qualifying-conditions-for-medical-marijuana-by-state>

While we note that the range of conditions vary state to state with some more restrictive, some broader, than Hawaii, we think it is important to note that Hawaii was one of the first states to authorize the use of medical marijuana program in 2000. Yet, since that time, the list of conditions remained the same until 2015's Act 241 added "post-traumatic stress disorder."

However, we believe that there is an abundance of evidence to demonstrate and substantiate the medicinal benefits of medical marijuana for certain conditions, including those in this bill.

As with any other medication, a patient has the opportunity to try the product and see if it produces positive results, and weigh that against any negative side-effects. In close collaboration with their physician who provided the certification,

they can then make their own decision whether to continue or discontinue the use of medical marijuana.

Therefore, we support this bill. Thank you for your consideration.

Alaska

Qualifying conditions to become a medical marijuana patient in Alaska include:

- Cancer
- Glaucoma
- HIV/AIDS
- Cachexia (wasting syndrome)
- Pain
- Nausea
- Seizures
- Muscle spasms
- Multiple sclerosis

For a complete list of qualifying conditions and guidelines, please refer to Alaska's application for medical marijuana registry, or catch up on the latest Alaska cannabis news.

Arizona

Qualifying conditions to become a medical marijuana patient in Arizona include:

- Cancer
- Glaucoma
- HIV/AIDS
- Cachexia (wasting syndrome)
- Pain
- Nausea
- Seizures
- Muscle spasms
- Multiple sclerosis
- PTSD

For a complete list of qualifying conditions and guidelines, please refer to the Arizona state legislature concerning medical marijuana, or catch up on the latest Arizona cannabis news.

Arkansas

Qualifying conditions for the Arkansas Medical Marijuana Amendment include:

- Cancer
- Glaucoma
- HIV/AIDS
- Hepatitis C
- ALS or Lou Gehrig's Disease
- Tourette's Syndrome
- Crohn's disease
- PTSD
- Severe arthritis
- Fibromyalgia
- Alzheimer's disease
- A chronic or debilitating disease that produces:
 - Cachexia or wasting syndrome
 - Peripheral neuropathy
 - Intractable pain
 - Severe nausea
 - Seizures

- Severe or persistent muscle spasms

Arkansas' medical marijuana qualifying conditions are currently effective, but licenses for dispensaries will not be accepted until June 1, 2017.

California

Qualifying conditions to become a medical marijuana patient in California include:

- Cancer
- Anorexia
- AIDS
- Chronic pain
- Cachexia
- Persistent muscle spasms, including those associated with multiple sclerosis
- Seizures, including, but not limited to, those associated with epilepsy
- Severe nausea
- Glaucoma
- Arthritis
- Migraines
- Any other chronic or persistent medical symptom that substantially limits the ability of the person to conduct one or more major life activities (as defined by the Americans with Disabilities Act of 1990) or, if not alleviated, may cause serious harm to the patient's safety or physical or mental health

For a complete list of qualifying conditions and guidelines, please refer to [California Proposition 215](#), with revised [Senate Bill 420](#), or catch up on the latest [California cannabis news](#).

Colorado

Although Colorado has implemented a legal recreational cannabis market, it still operates medical marijuana dispensaries for valid patients. Colorado medical marijuana patients still pay standard sales tax on cannabis but are exempt from the high excise taxes and additional state taxes collected from recreational cannabis sales.

Qualifying conditions to become a medical marijuana patient in Colorado include:

- Cancer
- Glaucoma
- HIV/AIDS
- Cachexia (wasting syndrome)
- Persistent muscle spasms
- Seizures
- Severe nausea
- Severe pain

For a complete list of qualifying conditions and guidelines, please refer to [Colorado's Debilitating Conditions for Medical Marijuana Use](#), or catch up on the latest [Colorado cannabis news](#).

Connecticut

Qualifying conditions to become a medical marijuana patient in Connecticut include:

- Cancer
- Glaucoma
- HIV/AIDS
- Parkinson's disease
- Multiple sclerosis

- Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
- Epilepsy
- Cachexia (wasting syndrome)
- Wasting syndrome
- Crohn's disease
- Post-traumatic stress disorder (PTSD)

For a complete list of qualifying conditions and guidelines, please refer to [Connecticut's medical marijuana qualification requirements](#), or catch up on the latest [Connecticut cannabis news](#).

Delaware

Qualifying conditions to become a medical marijuana patient in Delaware include:

- Cancer
- HIV/AIDS
- Hepatitis C
- Lou Gehrig's disease (amyotrophic lateral sclerosis, or ALS)
- Alzheimer's
- Post-traumatic stress disorder (PTSD)
- Cachexia (wasting syndrome)
- Intractable nausea
- Seizures
- Muscle spasms
- Multiple sclerosis

For a complete list of qualifying conditions and guidelines, please refer to [Delaware's medical marijuana program guidelines](#), or catch up on the latest [Delaware cannabis news](#).

District of Columbia (Washington, D.C.)

Qualifying conditions to become a medical marijuana patient in Washington, D.C. include:

- HIV/AIDS
- Cancer
- Glaucoma
- Muscle spasms
- Multiple sclerosis
- Lou Gehrig's disease (ALS)
- Cachexia (wasting syndrome)
- Decompensated cirrhosis
- Alzheimer's
- Seizure disorders
- Any condition diagnosed as "debilitating" by a licensed physician

For a complete list of qualifying conditions and guidelines, please refer to the [District of Columbia's Medical Marijuana Program Patient FAQ](#), or catch up on the latest [Washington, D.C. cannabis news](#).

Florida

Qualifying conditions to become a medical marijuana patient in Florida include:

- Cancer
- Epilepsy
- Glaucoma
- HIV/AIDS

- PTSD
- ALS or Lou Gehrig's disease
- Crohn's disease
- Parkinson's disease
- Multiple sclerosis

For more information on the Florida Medical Marijuana Legalization, please refer to Amendment 2.

Georgia

Georgia only allows for the use of low THC oil (less than 5% THC by weight).

Qualifying conditions to become a medical marijuana patient in Georgia include:

- Cancer
- Lou Gehrig's disease (ALS)
- Seizure disorders related to diagnosis of epilepsy or trauma-related head injuries
- Multiple sclerosis
- Crohn's disease
- Mitochondrial disease
- Parkinson's disease
- Sickle cell disease

For a complete list of qualifying conditions and guidelines, please refer to House Bill 1 (Haleigh's Hope Act), or catch up on the latest [Georgia cannabis news](#).

Hawaii

Qualifying conditions to become a medical marijuana patient in Hawaii include:

- Cancer
- Glaucoma
- HIV/AIDS
- Cachexia (wasting syndrome)
- Pain
- Nausea
- Seizures
- Muscle spasms
- Multiple sclerosis

For a complete list of qualifying conditions and guidelines, please refer to Hawaii Senate Bill 862, or catch up on the latest [Hawaii cannabis news](#).

Illinois

Qualifying conditions to become a medical marijuana patient in Illinois include:

- Acquired Immunodeficiency Syndrome (AIDS)
- Alzheimer's disease
- Lou Gehrig's disease (ALS)
- Arnold-Chiari malformation and syringomyelia
- Cachexia/wasting syndrome
- Cancer
- Causalgia
- Chronic inflammatory demyelinating polyneuropathy
- Crohn's disease
- CRPS (Complex Regional Pain Syndrome Type I)
- CRPS (Complex Regional Pain Syndrome Type II)

- Dystonia
- Fibromyalgia (severe)
- Fibrous dysplasia
- Glaucoma
- Hepatitis C
- Human Immunodeficiency Virus (HIV)
- Hydrocephalus
- Hydromyelia
- Interstitial cystitis
- Lupus
- Multiple sclerosis
- Muscular dystrophy
- Myasthenia gravis
- Myoclonus
- Nail-patella syndrome
- Neurofibromatosis
- Parkinson's disease
- Post-concussion syndrome
- Post-Traumatic Stress Disorder (PTSD)
- Reflex sympathetic dystrophy
- Residual limb pain
- Rheumatoid arthritis (RA)
- Seizures
- Sjogren's syndrome
- Spinal cord disease (including but not limited to arachnoiditis, Tarlov cysts, hydromyelia & syringomyelia)
- Spinal cord injury
- Spinocerebellar ataxia (SCA)
- Syringomyelia
- Tarlov cysts
- Tourette syndrome
- Traumatic brain injury (TBI)

For a complete list of qualifying conditions and guidelines, please refer to the [Illinois Medical Cannabis Pilot Program's FAQ](#), or catch up on the [latest Illinois cannabis news](#).

Iowa

Iowa allows for the use of high-CBD cannabis extracts with less than .3% THC.

Qualifying conditions to become a medical marijuana patient in Iowa include:

- Intractable epilepsy

For a complete list of guidelines, please refer to [Iowa Medical Cannabidiol Act Quick Facts](#), or catch up on the [latest Iowa cannabis news](#).

Kentucky

Kentucky allows for the use of low-THC cannabis or industrial hemp-derived CBD oil. Only those who are participating in a clinical trial or expanded access program are legally allowed to possess CBD oil.

For more information on accessing CBD in Kentucky, please refer to [Senate Bill 124](#), or catch up on the [latest Kentucky cannabis news](#).

Louisiana

Qualifying conditions to become a medical marijuana patient in Louisiana include:

- Symptoms related to cancer
- Glaucoma
- Spastic quadriplegia

For more information on Louisiana's medical marijuana law, please refer to [Senate Bill 143](#), or catch up on the latest [Louisiana cannabis news](#).

Maine

Qualifying conditions to become a medical marijuana patient in Maine include:

- Chronic pain that has not responded to conventional therapy for more than six months
- Post-traumatic stress disorder (PTSD)
- Lou Gehrig's disease (ALS)
- Alzheimer's
- Cachexia (wasting syndrome)
- Cancer
- Crohn's disease
- Glaucoma
- Hepatitis C (active form)
- HIV
- Inflammatory bowel disease (IBS)
- Seizure disorders
- Severe muscle spasms (including multiple sclerosis and other diseases causing severe and persistent muscle spasms)
- Severe nausea

For a complete list of qualifying conditions and guidelines, please refer to [Maine's medical use of marijuana guidelines](#), or catch up on the latest [Maine cannabis news](#).

Maryland

Qualifying conditions to become a medical marijuana patient in Maryland include:

- Cachexia (wasting syndrome)
- Severe, debilitating, or chronic pain
- Severe nausea
- Seizures, including those characteristic of epilepsy
- Severe and persistent muscle spasms
- Multiple sclerosis
- Crohn's disease
- Alzheimer's
- Cancer
- Glaucoma
- HIV/AIDS
- Hepatitis C

For a complete list of qualifying conditions and guidelines, please refer to [Maryland Senate Bill 757](#), or catch up on the latest [Maryland cannabis news](#).

Massachusetts

Qualifying conditions to become a medical marijuana patient in Massachusetts include:

- Cancer

- Glaucoma
 - AIDS
 - Hepatitis C
 - Lou Gehrig's disease (ALS)
 - Crohn's disease
 - Parkinson's disease
 - Multiple sclerosis
 - Other debilitating conditions as determined in writing by a qualifying patient's certifying physician.
- For a complete list of qualifying conditions and guidelines, please refer to the [Massachusetts medical use of marijuana overview](#), or catch up on the latest [Massachusetts cannabis news](#).

Michigan

Qualifying conditions to become a medical marijuana patient in Michigan include:

- Cancer
- Glaucoma
- HIV/AIDS
- Hepatitis C
- Lou Gehrig's disease (Amyotrophic lateral sclerosis, or ALS)
- Alzheimer's
- Nail-patella syndrome
- Cachexia (wasting disease)
- Severe and chronic pain
- Severe nausea
- Seizures
- Epilepsy
- Muscle spasms
- Multiple sclerosis

For a complete list of qualifying conditions and guidelines, please refer to the [Michigan Medical Marihuana Registry Program FAQ](#), or catch up on the latest [Michigan cannabis news](#).

Minnesota

Minnesota does not allow for smokeable cannabis, only a 30-day supply of oils, edibles, and concentrates. Qualifying conditions to become a medical marijuana patient in Minnesota include:

- Lou Gehrig's disease (Amyotrophic lateral sclerosis, or ALS)
- Cancer
- Cachexia
- Crohn's disease
- Glaucoma
- HIV/AIDS
- Seizures
- Severe and persistent muscle spasms
- Terminal illness
- Tourette syndrome
- Intractable pain*

*Recently recommended qualifying condition soon to be available for Minnesota patients.

For more information, please visit the [Minnesota Department of Health – Medical Cannabis](#), or catch up on the latest [Minnesota cannabis news](#).

Mississippi

Mississippi allows access to CBD oil only. Qualifying conditions to become a medical marijuana patient in Mississippi include:

- Debilitating epileptic seizure disorders

Patients must receive medical recommendations by a physician from the University of Mississippi Medical Center to participate in the clinical trial. For more information, please refer to [House Bill 1231](#) or [Harper Grace's Law](#), or catch up on the latest [Mississippi cannabis news](#).

Missouri

Missouri allows access to CBD oil only. Qualifying conditions to become a medical marijuana patient in Missouri include:

- Intractable epilepsy

For more information, please refer to [House Bill 2238](#), or catch up on the latest [Missouri cannabis news](#).

Montana

Qualifying conditions to become a medical marijuana patient in Montana include:

- Cancer
- Glaucoma
- HIV/AIDS
- Cachexia (wasting syndrome)
- Chronic pain
- Intractable nausea or vomiting
- Epilepsy or an intractable seizure disorder
- Multiple sclerosis
- Crohn's disease
- Painful peripheral neuropathy
- A central nervous system disorder resulting in chronic, painful spasticity or muscle spasms

For a complete list of qualifying conditions and guidelines, please refer to [Montana Code Annotated 2013](#), or catch up on the latest [Montana cannabis news](#).

Nevada

Qualifying conditions to become a medical marijuana patient in Nevada include:

- AIDS
- Cancer
- Glaucoma
- Condition or treatment for a medical condition that produces cachexia (general physical wasting and malnutrition)
- Persistent muscle spasms (including multiple sclerosis)
- Seizures (including epilepsy)
- Severe nausea
- Severe pain

For a complete list of qualifying conditions and guidelines, please refer to the [Nevada Medical Marijuana Program](#), or catch up on the latest [Nevada cannabis news](#).

New Hampshire

Qualifying conditions to become a medical marijuana patient in New Hampshire include:

- A chronic or terminal disease
- Cachexia (wasting syndrome)

- Severe pain
- Severe nausea/vomiting
- Seizures
- Severe, persistent muscle spasms

For a complete list of qualifying conditions and guidelines, please refer to [New Hampshire House Bill 573](#), or catch up on the latest [New Hampshire cannabis news](#).

New Jersey

Qualifying conditions to become a medical marijuana patient in New Jersey include:

- Lou Gehrig's disease (amyotrophic lateral sclerosis, or ALS)
- Multiple sclerosis
- Terminal cancer
- Muscular dystrophy
- Inflammatory bowel disease (IBS)
- Crohn's disease
- Terminal illness if the physician has determined a prognosis of less than 12 months of life
- Seizure disorder, including epilepsy
- Intractable skeletal muscular spasticity
- Glaucoma
- HIV/AIDS
- Cancer

For a complete list of qualifying conditions and guidelines, please refer to the [New Jersey Medicinal Marijuana Program](#), or catch up on the latest [New Jersey cannabis news](#).

New Mexico

Qualifying conditions to become a medical marijuana patient in New Mexico include:

- Severe chronic pain
- Painful peripheral neuropathy
- Intractable nausea/vomiting
- Severe anorexia
- Cachexia (wasting syndrome)
- Hepatitis C infection currently receiving antiviral treatment
- Crohn's disease
- Post-traumatic stress disorder (PTSD)
- Lou Gehrig's disease (amyotrophic lateral sclerosis, or ALS)
- Cancer
- Glaucoma
- Multiple sclerosis
- Damage to the nervous tissue of the spinal cord with intractable spasticity
- Epilepsy
- HIV/AIDS
- Inflammatory autoimmune-mediated arthritis
- Hospice patients

For a complete list of qualifying conditions and guidelines, please refer to the [New Mexico Medical Cannabis Program FAQ](#), or catch up on the latest [New Mexico cannabis news](#).

New York

Qualifying conditions to become a medical marijuana patient in New York include:

- Cancer
- Epilepsy
- HIV/AIDS
- Huntington's disease
- Inflammatory Bowel Disease (IBS)
- Lou Gehrig's disease (ALS)
- Parkinson's disease
- Multiple sclerosis (MS)
- Neuropathies
- Spinal cord damage

For a complete list of qualifying conditions and guidelines, please refer to the [New York State Medical Marijuana Program FAQ](#), or catch up on the [latest New York cannabis news](#).

North Carolina

North Carolina allows for the use of CBD oil only. Qualifying conditions to become a medical marijuana patient in North Carolina include:

- Intractable epilepsy

For more information, please refer to [House Bill 1220](#), or catch up on the [latest North Carolina cannabis news](#).

North Dakota

North Dakota's qualifying conditions for the North Dakota Compassionate Care Act include:

- Cancer and its treatments
- HIV/AIDS
- Hepatitis C
- ALS or Lou Gehrig's disease
- PTSD
- Alzheimer's disease, dementia, or treatment of these conditions
- Crohn's disease
- Fibromyalgia
- Spinal stenosis
- Chronic back pain, including:
 - Neuropathy or damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
- Glaucoma
- Epilepsy
- A chronic or debilitating disease, medical condition, or its treatment that produces one or more of the following:
 - Cachexia or wasting syndrome
 - Severe, debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects
 - Intractable nausea
 - Seizures
 - Severe or persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis.

For more information, please refer to the [North Dakota Compassionate Care Act](#).

Oklahoma

Oklahoma allows for the use of CBD oil only. Qualifying conditions to become a medical marijuana patient in Oklahoma include:

- Must be under the age of 18 suffering from:
 - Lennox-Gastaut syndrome
 - Dravet syndrome
 - Severe myoclonic epilepsy of infancy
 - Any form of refractory epilepsy not treatable by traditional medical therapies

For more information, please refer to [Katie and Cayman's Law \(House Bill 2154\)](#), or catch up on the latest [Oklahoma cannabis news](#).

Oregon

Qualifying conditions to become a medical marijuana patient in Oregon include:

- Cancer
- Glaucoma
- Alzheimer's
- HIV/AIDS
- Cachexia (wasting syndrome)
- Severe pain
- Severe nausea
- Seizures, including but not limited to seizures caused by epilepsy
- Persistent muscle spasms
- Multiple sclerosis

For a complete list of qualifying conditions and guidelines, please refer to the [Oregon Medical Marijuana Act](#), or catch up on the latest [Oregon cannabis news](#).

Pennsylvania

Qualifying conditions to become a medical marijuana patient in Pennsylvania include:

- Cancer
- HIV/AIDS
- Amyotrophic Lateral Sclerosis (ALS)
- Parkinson's Disease
- Multiple sclerosis
- Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
- Epilepsy
- Inflammatory bowel disease (IBS)
- Neuropathies
- Huntington's disease
- Post-traumatic stress disorder (PTSD)
- Intractable seizures
- Glaucoma
- Sickle cell anemia
- Severe, chronic or intractable pain of neuropathic origin or severe chronic or intractable pain in which conventional therapeutic intervention and opiate therapy is contraindicated or ineffective
- Autism
- "Terminally ill" – a medical prognosis or life expectancy of approximately one year or less if the illness runs its normal course.

For more information, please refer to [Senate Bill 3](#).

Rhode Island

Qualifying conditions to become a medical marijuana patient in Rhode Island include:

- Cancer
- Glaucoma
- HIV/AIDS
- Hepatitis C
- Cachexia (wasting syndrome)
- Chronic pain
- Severe nausea
- Seizures, including but not limited to those characteristic of epilepsy
- Severe and persistent muscle spasms
- Multiple sclerosis
- Crohn's disease
- Alzheimer's

For a complete list of qualifying conditions and guidelines, please refer to Rhode Island's medical marijuana approved qualifying debilitating medical conditions, or catch up on the latest Rhode Island cannabis news.

South Carolina

South Carolina allows for the use of CBD oil only. Qualifying conditions to become a medical marijuana patient in South Carolina include:

- Certain forms of epilepsy as part of a state-run clinical trial

For more information, please refer to the Medical Cannabis Therapeutic Treatment Research Act, or catch up on the latest South Carolina cannabis news.

Tennessee

Tennessee allows for the use of CBD oil only. Qualifying conditions to become a medical marijuana patient in Tennessee include:

- Intractable seizures (as part of a clinical research study)

For more information, please refer to Senate Bill 280, or catch up on the latest Tennessee cannabis news.

Texas

Texas allows for the use of CBD oil only. Qualifying conditions to become a medical marijuana patient in Texas include:

- Intractable epilepsy

For more information, please refer to Senate Bill 339, or catch up on the latest Texas cannabis news.

Utah

Utah allows for the use of CBD oil only. Qualifying conditions to become a medical marijuana patient in Utah include:

- Intractable epilepsy

For more information, please refer to House Bill 105, or catch up on the latest Utah cannabis news.

Vermont

Qualifying conditions to become a medical marijuana patient in Vermont include:

- Cancer
- AIDS/HIV
- Multiple sclerosis

- Cachexia (wasting syndrome)
- Severe pain
- Nausea
- Seizures

For a complete list of qualifying conditions and guidelines, please refer to the [Vermont patient marijuana registry FAQ](#), or catch up on the latest [Vermont cannabis news](#).

Washington

Changes to Washington state's marijuana laws via Senate Bill 5052 will result in the state's medical marijuana industry being absorbed by its recreational cannabis market. These changes will go into full effect July 1, 2016. Until then, medical marijuana dispensaries will still be operational but are ultimately expected to close or incorporate themselves into an existing licensed retail cannabis shop.

Qualifying conditions to become a medical marijuana patient in Washington include:

- Cancer
- HIV/AIDS
- Multiple sclerosis
- Epilepsy or other seizure disorder
- Spasticity disorders
- Intractable pain
- Glaucoma
- Crohn's disease
- Hepatitis C
- Diseases, including anorexia, which result in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms, or spasticity

For a complete list of qualifying conditions and guidelines, please refer to the [Washington state legislature regarding medical cannabis](#), or catch up on the latest [Washington state cannabis news](#).

Wisconsin

Wisconsin allows for the use of non-psychoactive CBD oil only. Qualifying conditions to become a medical marijuana patient in Wisconsin include:

- Seizure disorders

For more information, please refer to [Lydia's Law \(Act 267\)](#), or catch up on the latest [Wisconsin cannabis news](#).

Wyoming

Wyoming allows for the use of CBD oil only. Qualifying conditions include:

- Intractable epilepsy

For more information, please refer to [House Bill 32](#), or catch up on the latest [Wyoming cannabis news](#).



ON THE FOLLOWING MEASURE:

SB174, RELATING TO MEDICAL MARIJUANA

BEFORE THE:

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION,
AND HEALTH

DATE: Wednesday, February 8, 2017

TIME: 9:00 a.m.

LOCATION: State Capitol, Conference Room 229

TESTIFIER: Christopher Garth, Executive Director

Honorable Chair Baker and Members of the Committee:

The Hawai'i Dispensary Alliance submits the following testimony in **SUPPORT of SB174 RELATING TO MEDICAL MARIJUANA**, which amends the definition of debilitating medical condition to include lupus, epilepsy, multiple sclerosis, arthritis, autism, anxiety, depression, insomnia, and stress as conditions that qualify for the legal use of medical marijuana.

The Hawaii Dispensary Alliance is a patient-centric organization that aims to appropriately introduce the legitimate cannabis industry to the state of Hawaii. Our membership is drawn from patients and caregivers, ancillary businesses related to and involved in the physical and intellectual cannabis space, and those who generally support the value of a legal right to cannabis-based medicine. The Alliance has established itself as a consistent voice in the conversation for greater patient access to safe and quality cannabis resources; and it is from this perspective that we support SB174.

Our board and membership find that the language of this measure will provide greater access to less invasive medical solutions, by expanding the applicability of cannabis-based medicine. If passed, this measure will place Hawaii on the list of states as one of the more inclusive state regulated medical cannabis programs in the nation. Including these qualifying conditions on our roster would benefit future medical cannabis studies conducted by the University of Hawaii system as well as those conducted in private by local firms. This is an opportunity to help more patients and to conduct the sound medical research the international medical cannabis industry desperately needs.

For all of the foregoing reasons, the Hawai'i Dispensary Alliance **SUPPORTS** the language of this measure and recommends that **SB174** be moved forward for further discussion.

A 2016 version of a state-by-state list of qualifying conditions has been attached for your review and comparison. This list has been vetted and approved by the State of Hawaii Department of Health.

Thank you very much for the opportunity to provide testimony on this measure.

Qualifying Ailments by State*

	Alaska	Arizona	California	Colorado	Connecticut	Delaware	Hawaii	Illinois	Maine	Maryland	Massachusetts	Michigan	Minnesota	Montana	Nevada	New Hampshire	New Jersey	New Mexico	New York	Oregon	Rhode Island	Vermont	Washington DC	Washington State
ALS	+				+		+	+		+	+	+			+	+	+	+						
Alzheimer's	+				+		+	+		+	+	+			+	+	+	+		+	+			
Anorexia		+							+						+	+								
Arnold Chiari Malformation							+																	
Arthritis		+					+									+								
Brain Injury/Concussion							+								+									+
Cachexia	+	+	+	+	+		+	+	+	+	+	+	+		+	+		+	+	+	+	+	+	+
Cancer	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Causalgia							+																	
Cervical Dystonia																+								
Chronic Spasticity												+												
Chronic Pancreatitis															+									
Crohn's	+			+		+	+	+	+	+	+	+	+		+	+	+						+	
CRPS							+																	
Dystonia							+																	
Epilepsy			+		+		+			+	+				+	+	+	+						+
Fibromyalgia							+																	
Fibrous Dysplasia							+																	
Glaucoma	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hepatitis C		+			+		+	+	+	+	+	+	+		+	+		+	+	+	+	+	+	+
HIV/AIDS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hospice Patients								+				+				+								
Huntington's																+	+							
Hydrocephalus							+																	
Hydromyelia							+																	
Inclusion Body Myositis																+								
Inflammatory Bowel																+		+						
Interstitial Cystitis							+																	
Intractable Pain											+					+	+	+						+
Lupus							+								+									
Migraines		+																						
Multiple Sclerosis				+	+	+	+		+			+	+	+	+	+	+	+		+	+	+	+	+
Muscular Dystrophy							+								+									
Myasthenia Gravis							+																	
Myoclonus							+																	
Nail Patella Syndrome							+	+		+														
Neurofibromatosis							+																	
Neuropathy							+					+				+	+							
Palliative Care																								
Parkinson's				+			+		+						+	+	+							
PTSD				+	+	+		+	+		+			+		+		+						+
Residual Limb Pain							+																	
RSD							+																	
Sjogren's Syndrome							+																	
Seizures	+	+	+	+		+	+		+	+	+	+	+	+	+	+		+	+	+	+	+	+	+
Severe Nausea	+	+	+	+		+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Severe Muscle Spasms	+	+	+	+			+	+		+	+	+	+	+	+			+	+	+	+	+	+	+
Severe & Chronic Pain	+	+	+	+		+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Severe Vomiting											+	+			+									+
Spinal Cord Injury				+			+								+		+	+						
Spinocerebellar Ataxia							+																	
Syringomyelia							+																	
Tarlov Cysts							+																	
Terminal Patients											+				+									
Treatments: Chemotherapy, Radiotherapy, Azidothymidine, Protease Inhibitors																							+	
Tourette's Syndrome							+				+													
Ulcerative Colitis																+								
Weakness									+								+							
Wasting Syndrome	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

*Last updated Nov. 2016. Check with your local doctor to see if your medical condition qualifies. In some states, a patient must exhibit more than one of the listed conditions to qualify.

PO Box 893900
Mililani, HI 96789
(808) 397-0241



SB174

RELATING TO MEDICAL MARIJUANA

Senate Committee on Commerce, Consumer Protection, and Health

Wednesday February 8, 2017

9:00 AM

State Capitol, Conference Room 229

Aloha Chair Baker, Vice Chair Nishihara, and Members of the Committee,

Pakalōlō Suite, a Hawai'i based community organization of qualified medical marijuana patients, STRONGLY SUPPORTS SB174. SB174 would amend the definition of “debilitating medical condition” to include lupus, epilepsy, multiple sclerosis, arthritis, autism, anxiety, depression, insomnia, and stress.”

The medical use of marijuana has provided comfort and relief to countless individuals suffering from medical conditions that they would undoubtedly define as “debilitating.” However, state laws have narrowly defined, or left ambiguous, those qualifying medical conditions necessary to become a qualified medical marijuana patient. Cannabidiol, or CBD, a non-psychoactive compound of marijuana (cannabis), has gained momentum in its positive treatment of the debilitating symptoms of neurodevelopmental disorders like autism or neurological disorders like epilepsy – two medical conditions enumerated in SB174’s expanded definition of “debilitating medical condition.”

The state’s progression toward a compassionate approach to the medical use of marijuana has authorized the licensing and establishment of medical marijuana dispensaries. Individuals suffering from debilitating medical conditions now have greater access to proven medical treatment. By expanding the definition of “debilitating medical condition,” the state would provide greater access to medical treatment for a much larger group of people in need.

Mahalo nui loa for this opportunity to share our testimony,

Māhealani Traub
Pakalōlō Suite Prime Advocate

February 6, 2017

Senator Rosalyn H. Baker
Chair, Senate Committee on
Commerce, Consumer Protection,
and Health
Hawaii State Senate
Hawaii State Capitol, Room 230

Senator Clarence K. Nishihara
Vice Chair, Senate Committee on
Commerce, Consumer Protection, and
Health
Hawaii State Senate
Hawaii State Capitol, Room 214

RE: **SB174 – Support**

Senator Baker and Senator Nishihara,

My name is Robert Wiedmeyer, and I have been a resident of Waikoloa, Hawaii for two and a half years. My legislators are Representative Cindy Evans and Senator Lorraine Inouye.

I am writing to express my support for SB174, which amends the definition of debilitating medical conditions to include lupus, epilepsy, multiple sclerosis, arthritis, autism, anxiety, depression, insomnia, and stress as conditions that qualify for the legal use of medical marijuana.

SB174 takes positive steps toward updating Hawaii law to enhance access to a safe, effective medication for a number of serious and sometimes chronic medical conditions. When used under the supervision of a qualified medical professional, cannabis has been shown to help relieve these conditions and potentially allow patients to reduce reliance on opiates and other medicines that have potentially serious, harmful side effects.

With the state's dispensaries set to open in the near future, this is the time to expand legal access to more patients who stand to benefit from cannabis-based medicine.

I appreciate your thoughtful consideration of this legislation.

Sincerely,
Robert Wiedmeyer

PATIENTS WITHOUT TIME

February 7, 2017

TO: HAWAII STATE LEGISLATURE

TESTIMONY

Aloha Legislators,

LEGALIZE MARIJUANA NOW!

SAVE LIVES! 90,000 Americans die from alcohol every year, yet Hawaii celebrates the success of Hawaii's wineries and microbreweries. Tourists are encouraged to visit production centers and tasting rooms. Meanwhile, requiring cannabis production centers to have 24/7 video surveillance, and concealment from the public view. This is unfounded prejudice and paranoia. The CDC states marijuana kills ZERO Americans, so why the prejudice against it?

For 16 years, Hawaii has practiced **SELECTIVE PROSECUTION** against marijuana consumers. Protecting some folks with "329 cards" from prosecution (stating that marijuana is medicine), while sending others to jail for "marijuana crimes," (stating marijuana has no medical value). There exists a clear, facial contradiction between marijuana's classification as a schedule I drug and its allowable use by qualifying patients for medical conditions.

The only just solution is to legalize marijuana. Tax and regulate Hawaii's estimated \$billion-plus dollar-a-year illegal marijuana industry, and raise a \$100-million-plus dollars-a-year in revenue, decrease expenses fighting the failed prohibition, clear court dockets, save families broken by incarceration, and create thousands of new legal jobs and business. WIN- WIN -WIN

Mahalo for your kind consideration,

PATIENTS WITHOUT TIME, Maui, HI, submitted by Brian Murphy, Director

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 6, 2017 1:08 PM
To: CPH Testimony
Cc: wao-hsl@WeAreOne.cc
Subject: *Submitted testimony for SB174 on Feb 8, 2017 09:00AM*

SB174

Submitted on: 2/6/2017

Testimony for CPH on Feb 8, 2017 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph Kohn MD	Individual	Support	No

Comments:

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

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 6, 2017 6:49 AM
To: CPH Testimony
Cc: mary@mauivortex.com
Subject: Submitted testimony for SB174 on Feb 8, 2017 09:00AM

SB174

Submitted on: 2/6/2017

Testimony for CPH on Feb 8, 2017 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Overbay	Individual	Oppose	No

Comments: Aloha Senators, LEGALIZE MARIJUANA NOW! 90,000 Americans die from alcohol every year, yet Hawaii celebrates the success of microbreweries, and allows tourists access to production centers, and tasting rooms! Marijuana consumers demand equal rights! Since Marijuana kills ZERO Americans, why the prejudice against it, in favor of highly addictive and deadly alcohol? LEGALIZE MARIJUANA NOW! For 16 years, Hawaii has practiced SELECTIVE PROSECUTION against marijuana consumers. Protecting some folks from prosecuting, while sending others to jail for "marijuana crimes." LEGALIZE MARIJUANA and SAVE LIVES!

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 2, 2017 8:20 PM
To: CPH Testimony
Cc: ncsugano@gmail.com
Subject: *Submitted testimony for SB174 on Feb 8, 2017 09:00AM*

SB174

Submitted on: 2/2/2017

Testimony for CPH on Feb 8, 2017 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jari S.K. Sugano	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 2, 2017 5:18 PM
To: CPH Testimony
Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for SB174 on Feb 8, 2017 09:00AM*

SB174

Submitted on: 2/2/2017

Testimony for CPH on Feb 8, 2017 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 7, 2017 3:24 AM
To: CPH Testimony
Cc: dsusott@gmail.com
Subject: Submitted testimony for SB174 on Feb 8, 2017 09:00AM

SB174

Submitted on: 2/7/2017

Testimony for CPH on Feb 8, 2017 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
daniel susott, md, mph	Individual	Support	Yes

Comments: Mahalo for doing the right thing here. If that is still unclear to you, please get informed. It's time, it's important, and it's your job. Aloha and blessings

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 7, 2017 1:17 AM
To: CPH Testimony
Cc: joe.kelsoe@gmail.com
Subject: Submitted testimony for SB174 on Feb 8, 2017 09:00AM

SB174

Submitted on: 2/7/2017

Testimony for CPH on Feb 8, 2017 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Joe Bradley Kelsoe II	Individual	Support	Yes

Comments: I will be showing support for this bill, and encourage the session to progress on and forward as we press into the future of Medical Marijuana in Hawaii.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 7, 2017 12:05 AM
To: CPH Testimony
Cc: fehren.jones@gmail.com
Subject: Submitted testimony for SB174 on Feb 8, 2017 09:00AM

SB174

Submitted on: 2/7/2017

Testimony for CPH on Feb 8, 2017 09:00AM in Conference Room 229

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

Comments: Aloha. My name is Fehren Jones, I reside in the Honolulu area. I am in full support of SB174 which states that "Amends the definition of debilitating medical condition to include lupus, epilepsy, multiple sclerosis, arthritis, autism, anxiety, depression, insomnia, and stress as conditions that qualify for the legal use of medical marijuana." At the moment, no, I do not have any of these serious health conditions, but, I am starting to feel the arthritis, it comes with age. I do come across anxiety from time to time and the daily stress, but who doesn't come across stress and anxiety from time to time? I am a medical marijuana card holder and, yes, I do use my medical marijuana medicine when these symptoms arrive and IT DOES HELP. As for the lupus, epilepsy, and multiple sclerosis I do not know what it feels like to go through those uncomfortable diseases/sickness but I have read numerous of articles and I have watched many shows on how medical marijuana have helped countless of individuals get through the day, and to just getting through the day is a milestone for many of these ones. Mahalo for your time and patients. I'm sure its not easy to read every single testimony that's submitted. I appreciate the time that you spend on going through it all.

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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D. DOUGLAS SMITH, M.D.
229 Aiokoa Street
KAILUA, HAWAII 96734

February 7, 2016 at 9:00 AM

Room 229

To: COMMITTEE ON COMMERCE, CONSUMER PROTECTION & HEALTH
Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair

From: D. Douglas Smith, M.D.

Re: SB 174, Relating to Medical Marijuana

IN OPPOSE

I would like to thank Chair Baker, Vice Chair Nishihara, and members of the Senate Committee on Commerce, Consumer Protection and Health for the opportunity to submit comments on SB174.

I am a physician who specializes in psychiatry and have spent my career practicing in Hawaii. For 11 years I was on the faculty of the JABSOM department of psychiatry and I treated patients and supervised residents at the Hawaii State Hospital and Queens Medical Center. I have also worked in private practice and with the Adult Mental Health Division's Assertive Community Treatment Program.

I oppose this bill, and urge you to reconsider some of its important health implications for access to mental health care in Hawaii.

SB174 would expand the definition of "debilitating medical conditions" that qualify for the legal use of medical marijuana to include "autism, anxiety, depression, insomnia, and stress as conditions." This is reckless expansion of qualifying diagnoses flies in the face of clinical experience and available medical literature. It would be a regrettable health policy that promises to add to the burdens on our strained mental health system.

The 2013 position statement of the American Psychiatric Association (APA) is clear in this regard. It states, "There is no current scientific evidence that marijuana is in any way

beneficial for the treatment of any psychiatric disorder. In contrast, current evidence supports, at minimum, a strong association of cannabis use with the onset of psychiatric disorders. Adolescents are particularly vulnerable to harm, given the effects of cannabis on neurological development.” (see attachment)

Before authorizing this legislation, committee members should consider the evidence of limited benefit and serious mental health risks posed by high-potency medical cannabis, including its association with an increased incidence and worse outcomes for Depression, Bipolar disorder, Schizophrenia and other psychotic conditions. As the referenced APA resource document concludes:

There is currently no scientific evidence to support the use of marijuana as an effective treatment for any psychiatric illness. Several studies have shown that cannabis use may in fact exacerbate or hasten the onset of psychiatric illnesses, as evidenced by both international trials and meta-analyses. This includes the contribution of marijuana to symptoms of mood disorders, anxiety and psychosis, particularly in young adulthood. Cannabis use is associated with the emergence of mood disorders, particularly symptoms of bipolar disorder, among those with a family history of mood disorder. Among those with major depressive disorder, co-morbid cannabis use is associated with increased rates of both suicidal ideation and attempts, raising grave safety concerns. Among those with a predisposition to psychotic disorders, cannabis may hasten the emergence of both positive and negative psychotic symptoms. The use of higher potency cannabis, for longer periods of time and with more frequency, is also associated with increased risk of psychosis.

Several studies have demonstrated the link between marijuana use and mood, anxiety and psychotic disorders among adolescents. Cannabis use is associated with increased depression, suicidal ideation, use of other substances and risky behavior among adolescents. Regular adolescent cannabis use is also associated with increased incidence of anxiety disorders. Cannabis use significantly increases the risk of psychotic disorders

among young adults. Additionally, younger age of cannabis use is associated with an earlier onset of psychosis among those at risk. Adolescents with a history of cannabis use tend to have higher severity of illness, lower psychosocial functioning, less insight, and longer courses of untreated psychosis compared to those without a history of cannabis use. These findings are of particular concern as symptoms often persist into adulthood, and therefore cannabis use may increase the risk of lifelong symptoms and disability due to mental illness. (see attachment)

While there exist the future possibility that certain varieties of cannabis, administered at certain predictable dosages and schedules will be proven to benefit certain mental health conditions while avoiding the risks of toxicity or withdrawal symptoms, this is not yet the case. As with any potent psychotropic drug, unpredictable composition and strengths will inevitably lead to inconsistent effects with problems from excessive dose (i.e. intoxication) and inadequate dose (withdrawal).

In my medical opinion, the one area of expanded indication for medical cannabis, where the benefits are likely to outweigh the risks, would be as an alternative to the management of chronic pain with harmful and ineffective opioids.

There are several other Medical Marijuana bills that have been scheduled for hearing (SB1159, SB173, SB716, SB319, SB970), indicating that expanding access to high-potency cannabis has a higher priority for the legislature, than doing the work necessary to ensure that health plan members have access to the safe and effective medical care they are paying for and are legally entitled to. With all the oversight and attention being paid to expanded use of high potency cannabis, a marginal issue for most people, why has there been so little legislative oversight of the health plan provider networks that nearly all of our people depend on for access to proven care?

Most worrisome is the foreseeable worsening of the shortage of psychiatric physicians likely due to this bill. By expanding the numbers of individuals with qualifying diagnoses, particularly to those most vulnerable to adverse effects of high-potency medical cannabis, SB174 would predictably increase the burden of mental illness on Hawaii's

health system. In addition to the triggering of episodes of Anxiety, Depression, Mania or Psychosis, the likelihood of toxicity from excessive dosing or of withdrawal from reduced dose will add to the burden on our strained mental health system. This is the opposite of the preventive approach needed to reduce unnecessary demands on our healthcare system. From the perspective of consumer protection and public health, this makes no sense.

Please, committee members, defer SB174, or amend qualifying conditions to include treatment for chronic pain and to remove the list of mental health problems it is known to cause or worsen (autism, anxiety, depression, insomnia, and stress).

Thank you for allowing me to testify on SB174, and your consideration of these concerns is appreciated.

Sincerely,

A handwritten signature in cursive script that reads "D. Douglas Smith".

D. Douglas Smith, M.D.

Position Statement on Marijuana as Medicine

Approved by the Board of Trustees, December 2013
Approved by the Assembly, November 2013

"Policy documents are approved by the APA Assembly and Board of Trustees...These are...position statements that define APA official policy on specific subjects..." – *APA Operations Manual*.

- There is no current scientific evidence that marijuana is in any way beneficial for the treatment of any psychiatric disorder. In contrast, current evidence supports, at minimum, a strong association of cannabis use with the onset of psychiatric disorders. Adolescents are particularly vulnerable to harm, given the effects of cannabis on neurological development.
- Further research on the use of cannabis-derived substances as medicine should be encouraged and facilitated by the federal government. The adverse effects of marijuana, including, but not limited to, the likelihood of addiction, must be simultaneously studied.
- Policy and practice surrounding cannabis-derived substances should not be altered until sufficient clinical evidence supports such changes.
- If scientific evidence supports the use of cannabis-derived substances to treat specific conditions, the medication should be subject to the approval process of the FDA.

Regarding state initiatives to authorize the use of marijuana for medical purposes:

- Medical treatment should be evidence-based and determined by professional standards of care; it should not be authorized by ballot initiatives.
- No medication approved by the FDA is smoked. Marijuana that is dispensed under a state-authorized program is not a specific product with controlled dosages. The buyer has no way of knowing the strength or purity of the product, as cannabis lacks the quality control of FDA-approved medicines.
- Prescribers and patients should be aware that the dosage administered by smoking is related to the depth and duration of the inhalation, and therefore difficult to standardize. The content and potency of various cannabinoids contained in marijuana can also vary, making dose standardization a challenging task.
- Physicians who recommend use of smoked marijuana for "medical" purposes should be fully aware of the risks and liabilities inherent in doing so.

AUTHORS:

Tauheed Zaman, M.D.
Richard N. Rosenthal, M.D.
John A. Renner, Jr., M.D.
Herbert D. Kleber, M.D.
Robert Milin, M.D.

See the related APA resource document [HERE](#).

Resource Document on Marijuana as Medicine

Approved by the Joint Reference Committee, October 2013

The findings, opinions, and conclusions of this report do not necessarily represent the views of the officers, trustees, or all members of the American Psychiatric Association. Views expressed are those of the authors." -- *APA Operations Manual*.

Tauheed Zaman, M.D.
Richard N. Rosenthal, M.D.
John A. Renner, Jr., M.D.
Herbert D. Kleber, M.D.
Robert Milin, M.D.

Abstract

The medical use of marijuana has received considerable attention as several states have voted to remove civil and criminal penalties for patients with qualifying conditions. Yet, on a national level, marijuana remains a schedule I substance under the Controlled Substances Act (CSA), the most restrictive schedule enforced by the Drug Enforcement Administration (DEA) (1). The Food and Drug Administration (FDA), responsible for approving treatments after appropriate and rigorous study, additionally does not support the use of marijuana for medical purposes. This juxtaposition of practice and policy has prompted many professional medical organizations to issue official positions on the topic. This statement reflects the position of the American Psychiatric Association (APA) on the use of marijuana for psychiatric indications. It does not cover the use of synthetic cannabis-derived medications such as Dronabinol (Marinol), which has been studied and approved by the FDA for specific indications.

Medical Indications for Marijuana as Medicine

Much of the evidence supporting marijuana use for non-psychiatric medical diagnoses remains anecdotal. The indications with the most evidence include: severe nausea and vomiting associated with cancer chemotherapy (2), cachexia associated with Acquired Immune Deficiency Syndrome (AIDS) (3), spasticity secondary to neurological diseases such as muscular sclerosis (4), management of neuropathic pain (5), and rheumatoid arthritis (6). Several medical organizations have issued statements regarding indications for marijuana as medicine based on scientific evidence.

Contribution of Marijuana to Psychiatric Illness

There is currently no scientific evidence to support the use of marijuana as an effective treatment for any psychiatric illness. Several studies have shown that cannabis use may in fact exacerbate or hasten the onset of psychiatric illnesses, as evidenced by both international trials and meta-analyses (7-9). This includes the contribution of marijuana to symptoms of mood disorders, anxiety and psychosis, particularly in young adulthood^{10, 11}. Cannabis use is associated with the emergence of mood disorders,

particularly symptoms of bipolar disorder, among those with a family history of mood disorder (12). Among those with major depressive disorder, co-morbid cannabis use is associated with increased rates of both suicidal ideation and attempts, raising grave safety concerns (13). Among those with a predisposition to psychotic disorders, cannabis may hasten the emergence of both positive and negative psychotic symptoms (14). The use of higher potency cannabis, for longer periods of time and with more frequency, is also associated with increased risk of psychosis (15).

Several studies have demonstrated the link between marijuana use and mood, anxiety and psychotic disorders among adolescents. Cannabis use is associated with increased depression, suicidal ideation, use of other substances and risky behavior among adolescents¹⁶. Regular adolescent cannabis use is also associated with increased incidence of anxiety disorders (17). Cannabis use significantly increases the risk of psychotic disorders among young adults (18). Additionally, younger age of cannabis use is associated with an earlier onset of psychosis among those at risk (19). Adolescents with a history of cannabis use tend to have higher severity of illness, lower psychosocial functioning, less insight, and longer courses of untreated psychosis compared to those without a history of cannabis use²⁰. These findings are of particular concern as symptoms often persist into adulthood, and therefore cannabis use may increase the risk of lifelong symptoms and disability due to mental illness.

Serious Adverse Effects of Marijuana Use

Cognitive and Functional

Marijuana use is associated with serious cognitive problems such as short-term memory deficits, poor concentration, attention, and information processing (21). These impairments might be caused by neurotoxic effects of cannabis on the developing brain, the effects of which can lead to long-term cognitive problems well into adulthood (22, 23). Adolescents with daily cannabis use show deficits in learning up to six weeks after stopping marijuana use (24). This may contribute to significantly decreased academic achievement, including increased rates of school dropout, failure to enter higher education or attain higher degrees (25). Among both adolescents and adults, cannabis significantly impairs driving, particularly as the drug affects automatic driving functions in a highly dose-dependent fashion (26). Cannabis use, particularly in combination with alcohol, greatly increases the risk of motor vehicle crashes due to effects on cognition and coordination (27). Addiction and burden of psychiatric illness:

Cannabis use is associated with an increased risk of developing a cannabis use disorder. Studies indicate that 9% of users become dependent on cannabis, and this number increases to 25-50% among daily users and to 1 in 6 among adolescents (28). Adolescents remain at particular risk for cannabis use disorder, and can experience significant withdrawal symptoms including appetite changes, restlessness, irritability, depression, twitches and shakes, perspiration, and thoughts/cravings of cannabis (29). Marijuana use is also associated with poorer outcomes among those with mental illness. Among individuals with schizophrenia, cannabis use is associated with poorer long-term clinical outcomes (30). Individuals with psychotic illness may be more sensitive to both the psychosis-inducing and mood-altering effects of cannabis (31). This may explain why even among those taking medications for psychotic disorders, cannabis use is associated with an increased risk of relapse into psychotic symptoms (32).

Legalization of medical marijuana may reduce the perceived risks of use, the perception of societal disapproval, or the barriers to access, and potentially increase the incidence of the adverse events noted above.

Summary

Given the gravity of concerns regarding marijuana as medicine, professionals in both neurology and psychiatry have emphasized the importance of prospective studies to understand the mechanisms by which cannabis functions, and its impact on mental health and behavior before instituting changes in practice and policy (33, 34).

Organizations with Position Statements on Marijuana as Medicine as of April 2013

- American Academy of Child and Adolescent Psychiatry (AACAP)
- American Academy of Pediatrics (AAP)
- American Medical Association (AMA)
- American Society of Addiction Medicine (ASAM)
- American Cancer Society
- National Multiple Sclerosis Society

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To: Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn Baker, Chair
Senator Clarence Nishihara, Vice Chair

Re: SB174 – Relating to Marijuana

Hearing: Wednesday, February 8, 2017, 9:00 am, Room 229

From: Clifton Otto, MD

Position: Support

Please consider also adding Amyotrophic Lateral Sclerosis (ALS) to this list of debilitating conditions.

Stress can certainly lead to worsening of symptoms in Autism, Anxiety, Depression, Epilepsy, Insomnia, Lupus, and Multiple Sclerosis, but may be difficult to justify as a stand-alone qualifying condition.

Please don't give in to the myth that only FDA approval justifies medical use. The intent of our Medical Use of Marijuana Program is to reduce the suffering of our patients by respecting the right of patients to choose the type of medical treatment that works best for them. Tens of thousands of patient years of use in Hawaii have already shown that marijuana is safe for medical use under supervision of a healthcare professional.

Thank you.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 6, 2017 5:35 PM
To: CPH Testimony
Cc: naturadoc@gmail.com
Subject: Submitted testimony for SB174 on Feb 8, 2017 09:00AM

SB174

Submitted on: 2/6/2017

Testimony for CPH on Feb 8, 2017 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Bonnie Marsh	Individual	Support	No

Comments: Please support to include a wider ranger of medical conditions to qualify for a medical permit. Mahalo

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SB174

Submitted on: 2/6/2017

Testimony for CPH on Feb 8, 2017 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph Kohn MD	Individual	Support	No

Comments:

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

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