

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

ON THE FOLLOWING MEASURE:

H.B. NO. 321, H.D. 1, RELATING TO MEDICAL MARIJUANA.

BEFORE THE:

SENATE COMMITTEES ON HEALTH AND ON PUBLIC SAFETY,
INTERGOVERNMENTAL AND MILITARY AFFAIRS

DATE: Friday, March 20, 2015 **TIME:** 2:00 p.m.

LOCATION: State Capitol, Room 414

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

Chairs Green and Espero and Members of the Committees:

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

This bill would (1) create a regulated statewide dispensary system for medical marijuana to assist qualifying patients to gain access to medical marijuana and related products, (2) prohibit the counties from zoning against medical marijuana production centers or dispensaries, (3) establish a sub-account in the medical marijuana registry special fund for moneys derived from licensing fees, (4) create legal protections for owners, employees, and persons in the vicinity of medical marijuana production centers and dispensaries, and (5) appropriate general funds as start-up moneys for the regulated statewide dispensary system.

Concerns with the number of dispensary and production center licenses:

Proposed new section 321-B(c), Hawaii Revised Statutes (HRS), at page 4, line 18, through page 6, line 8, would set a minimum number of dispensary licenses to be offered by the Department of Health (DOH) at twenty-six. Setting a minimum number prejudices the need for dispensaries without knowing what the actual need would be or how many qualified applications would be received. We recommend that the Legislature allow the DOH to determine the appropriate number of dispensaries based on information it gathers as it collects data from the first dispensaries and from qualifying patients. The DOH can most effectively determine the best working model for a medical marijuana dispensary system in Hawaii as it gathers the data it needs to determine the needs of qualifying patients. To accomplish this, we recommended deleting paragraphs (1), (2), and (3) of section 321-B(c), at page 5, lines 1 through 14.

Proposed new section 321-C(d) and (e) at page 8, lines 3-11, charges the DOH with determining the appropriate number of production centers, but also requires the DOH to offer a minimum number of production center licenses by a date certain. As with the proposed language for dispensaries, setting a minimum number of production centers prejudices the production needs without the benefit of knowing how much medical marijuana will be needed to supply the actual demand or how many qualified applications it would receive. The DOH can most effectively determine the number of production centers needed based on information it gathers as it collects data from the dispensaries, patients, and the first licensed production centers. To accomplish this, we recommend deleting "a minimum of thirty" from section 321-C(e), at page 8, line 10.

Concerns with inter-island travel:

Proposed new section 321-B(c)(4), at page 5, line 15, through page 6, line 8, requires the DOH to allow an owner or employee of a dispensary to deliver medical marijuana products inter-island. This essentially mandates a state agency to "permit" a violation of federal law (e.g., possession of marijuana prohibited (21 U.S.C. § 844(a)), possession on board vessels prohibited (21 U.S.C. § 955)). While certain protections and defenses may be available on state land and within the boundaries of Hawaiian waters, state law would not provide an affirmative defense against federal laws within an exclusive federal jurisdiction. Requiring the DOH to grant the petition within sixty days (page 6, lines 6-8) effectively institutes a default approval process that would be problematic if DOH receives a high volume of applications at once, which is foreseeable before there are dispensary locations statewide.

To summarize our position on inter-island travel with marijuana, it is our opinion that such travel over waters outside of state jurisdiction is a violation of Federal laws that could not be protected by any State law. Because there is a default approval and because we cannot recommend that the DOH permit illegal activity, this provision must be deleted from the bill, or it may necessitate a veto recommendation to the Governor.

Similar legal concerns apply to the inter-island travel proposed at page 14, line 18, through page 15, line 13, because state law would not provide an affirmative defense against federal laws within an exclusive federal jurisdiction. This provision would not necessitate a veto

recommendation because it does not require DOH to permit illegal activity; however, an individual traveling inter-island with marijuana may still be subject to federal prosecution.

Concerns with security requirements and law enforcement:

(1) Unauthorized entry. Proposed new section 321-H(4)(B)(i), at page 14, lines 8-11, would require the DOH to adopt a rule to require patients or caregivers to show their identification upon entering the premises of a dispensary. To protect minors and prevent unauthorized persons from obtaining marijuana, we recommend adding a criminal law that would make unauthorized entry into a dispensary or production center illegal. Requiring identification alone is insufficient; there needs to be a strong penalty to deter violations. We recommend criminal liability for both the offending unauthorized persons and for offending licensees and their employees who allow unauthorized entry. We urge these protections in order to protect children and to prevent the unauthorized diversion of marijuana. See the attachment to this testimony for suggested wording for law enforcement provisions to accompany this bill. We also suggest adding a subsection (d) to section 329- in section 5, at pages 31-32, as follows:

"(d) None of the protections or affirmative defenses afforded to persons who are authorized to be on the premises of dispensaries or production centers apply to any persons who are not authorized to be on the premises of dispensaries or production centers."

(2) Licensing or employment of felons. Proposed new section 321-H(6), at page 15, line 14, through page 16, line 2, allows the DOH to adopt rules that would allow certain felons with convictions relating to marijuana to be licensed or employed by dispensaries and production centers. We strongly discourage allowing that because felons include persons who have a history of knowingly and intentionally violating laws; and it is important to the success of a strong regulatory scheme that we not risk that those persons would again violate laws pertaining to marijuana. We anticipate there will be enough qualified non-felon applicants to meet the need for licensees or employees in dispensaries and production centers.

(3) Background checks. As part of the standards for operators and owners of production centers and dispensaries, background checks are required, page 15, line 14, through page 16, line 2. We recommend requiring background checks in accordance with section 846-

2.7, HRS, and amending section 846-2.7 to specifically include the authority to conduct those checks.

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

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

Protection of counties:

To avoid any ambiguity, new section 46-4(f), at page 29, lines 8-11, should add additional wording, as follows:

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

Concerns with product safety and quality:

Section 321-E(c) at page 11, lines 7-11, requires manufacturers to provide product weight and equivalency calculations for manufactured marijuana products. We recommend this be guided by standards, if available. If none are available, the bill should allow the DOH to develop standards as information becomes available. We recommend adding additional wording, as follows:

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

Section 321-F, at page 11, lines 12-21, limits the types of medical marijuana products that can be manufactured and distributed. We recommend allowing the DOH some authority via its rules to modify, define, or further limit these categories with additional product specifications as product information becomes available.

Concerns with definitions:

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

"Dispense" needs to be defined, and its definition should include whatever means of providing medical marijuana to qualifying patients and their primary caregivers the legislature intends to allow. Is this limited to sales? What about free samples? Can purchases be returned or exchanged, or are all sales final? Page 16, line 18, references "sell or provide;" however, a single, well-defined, and consistently used term, such as "dispense," would be clearer.

"Distribute," used at page 11, line 14, needs to be defined for purposes of this part. It is not clear whether it is limited to retail sale or whether it includes some type of transfer from production centers to dispensaries. It is also used at page 31, line 15, and page 32, line 2, in the form of "distribution." If dispense and distribute are intended to be interchangeable for purposes of this measure, then that ought to be specified in a definition. Will it include exchange of funds? Or is it a delivery from a production center to a dispensary?

"Ingestible form," at page 11, line 4, needs to be defined.

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

"Manufactured marijuana product," at page 3, lines 3-5, means "any capsule, lozenge, oil, or pill that has been manufactured using marijuana." (Emphasis added.) It is not clear what "using" means in this process. We suggest instead ". . . manufactured from marijuana."

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

line 14 and instead of "manufactured" at line 16. We also recommend some additional language for clarity, and propose the definition to read as follows:

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

"Production," at page 4, lines 6-8, would benefit by the addition of the verb "produce" as a form of the term. It would read: "'Production" or "produce" means"

Concerns with usage of terms:

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

One of the requirements for a medical marijuana production center, established by section 321-C(d) at page 8, lines 3-9, is that "no single production center shall acquire, cultivate, manufacture, possess, or transport more than one thousand marijuana plants in total at any one time." These functions are inconsistent with the functions listed in the definition of "medical marijuana production center" at page 3, lines 12-19, and with those functions in the definition of "production" at page 4, lines 6-8. We recommend wording that would encompass all of the approved functions but not inadvertently allow others, e.g., "no single production center shall ~~[acquire, cultivate, manufacture,]~~ possess ~~[, or transport]~~ more than one thousand marijuana plants in total for any reason at any one time."

This same concern applies to wording on page 16, lines 8-11, which references the types of medical marijuana products that production centers and dispensaries are authorized to "grow, manufacture, sell, or provide." To be consistent with the definitions and the approved functions of production centers and dispensaries, page 16, lines 8-11 should be replaced with: "The types of medical marijuana products that production centers and dispensaries shall be authorized to ~~[grow, manufacture, sell, or provide]~~ produce or manufacture pursuant to section 321-F;."

This same concern arises at page 23, lines 4-7, in relation to not prohibiting qualifying patients or primary caregivers from "cultivating or possessing" an adequate supply of medical marijuana. To be consistent and avoid ambiguity, that section should read: "Nothing in this part shall be construed as prohibiting a qualifying patient or primary caregiver from [~~cultivating or possessing~~] producing or manufacturing an adequate supply of medical marijuana pursuant to part IX of chapter 329."

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

Attachment to Testimony of the Department of the Attorney General

LAW ENFORCEMENT PROPOSALS AND CONCERNS RELATED TO MEDICAL MARIJUANA DISPENSARIES.

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

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

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

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

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

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

(b) For purposes of this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**GAY LESBIAN
BISEXUAL AND
TRANSGENDER
CAUCUS**



**DEMOCRATIC
PARTY OF
HAWAII**

March 15, 2015

Senate's Committees on Health and Public Safety, Intergovernmental and Military Affairs
Hawaii State Capitol
415 South Beretania Street, Room 414
Honolulu, HI 96813

Hearing: Wednesday, March 20, 2015 – 2:00 p.m.

RE: STRONG SUPPORT for House Bill 321 HD 1 – RELATING TO MEDICAL MARIJUANA

Aloha Chairpersons Green and Espero, Vice Chairs Wakai and Baker and fellow committee members,

I am writing in STRONG SUPPORT to House Bill 321 HD 1 on behalf of the GLBT Caucus of the Democratic Party of Hawaii. HB 321 HD 1 establishes a system of medical marijuana dispensaries and production centers, while prohibiting counties from enacting zoning regulations that discriminate against licensed dispensaries and production centers.

This bill is desperately needed for the thousands of Hawaii's citizens that have prescriptions for medical marijuana that are unable to obtain their medicine in a safe and regular manner. No one should have to worry about not being able to find their prescribed medication. This bill is long over due.

This bill is also a matter of human decency - life is hard enough our government shouldn't make it harder please pass House Bill 321 HD 1 it is the right thing to do.

We look forward to you passing this bill and bring another plank of our Party's into reality.

Mahalo nui loa,

Michael Golojuch, Jr.
Chair

TESTIMONY OF THE HAWAI'I POLICE DEPARTMENT

HOUSE BILL 321, HD1

RELATING TO MEDICAL MARIJUANA

BEFORE THE COMMITTEE ON HEALTH

And

**BEFORE THE COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND
MILITARY AFFAIRS**

DATE : Friday, March 20, 2015

TIME : 2:00 P.M.

PLACE : Conference Room 414
State Capitol
415 South Beretania Street

PERSON TESTIFYING:

Harry S. Kubojiri
Hawai'i Police Department
County of Hawai'i

(Written Testimony Only)

William P. Kenoi
Mayor



Harry S. Kubojiri
Police Chief

Paul K. Ferreira
Deputy Police Chief

County of Hawai'i

POLICE DEPARTMENT

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March 18, 2015

Senator Josh Green
Chair and Committee Members
Committee on Health
Senator Will Espero
Chair and Committee Members
Committee on Public Safety, Intergovernmental and Military Affairs
415 South Beretania Street, Room 414
Honolulu, Hawai`i 96813

Re: HOUSE BILL 321, HD1, RELATING TO MEDICAL MARIJUANA

Dear Senators Green and Espero:

The Hawai`i Police Department opposes House Bill 321, HD1, as written, with its purpose being to establish a system of medical marijuana dispensaries and production centers.

I believe at a minimum consideration of the following should have been included in any dispensary bill:

- No more than one dispensary license per county, covering production, manufacture, and sale of medical marijuana under a single license.
- There should be a Hawaii residency requirement for license holders.
- All dispensary license holders should have an established licensed healthcare provider status within the state of Hawaii.
- License holders should have the demonstrated ability to conduct chemical and pharmaceutical analysis of any and all medical marijuana produced and sold by a dispensary to determine chemical levels of Tetrahydrocannabinol (THC).

If a proposed dispensary program does not meet these basic standards for security and regulation and address them with the specific provisions listed above, it will be impossible for the law enforcement community to monitor and enforce the laws relating to a dispensary system, and the system will be at great risk to rapidly get out of control.

Senators Josh Green and Will Espero

Re: HOUSE BILL 321, HD1, RELATING TO MEDICAL MARIJUANA

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If the legislature determines that a medical marijuana dispensary system is necessary, please make it a tightly controlled and regulated system so that law enforcement can do its job to keep the public safe.

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

Medical Marijuana users in which of the 5,415 only 12 were not growing their own Marijuana, **which is in direct contrast** to one of the reasons "The legislature further finds that many of the State's nearly thirteen thousand qualifying patients lack the ability to grow their own supply of medical marijuana due to a number of factors, including disability and limited space to grow medical marijuana" cited as a need for this legislation.

I am further concerned that users who visit more than one dispensary during a prescribed period of time in order to obtain more than the "Allowable" limit of medical marijuana will be subject to only a petty misdemeanor offense. Marijuana remains a "Controlled" substance by both Hawai'i Revised Statutes as well as federally, through the United States Code and prudence would dictate that to controvert its purported medical use through "Dispensary shopping" and being subject to only a petty misdemeanor is cause for great concern.

I note that there are several provisions for collecting funds relating to an application as well as annual renewal fees. I am further concerned that not one dollar of those fees is earmarked for prevention, treatment, or education with respect to medical marijuana users seeking alternate methods of treatment.

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

Therefore, if indeed persons are to be allowed that amount of Marijuana, we believe they will become highly dependent upon it and will need treatment and other services with costs borne by the Community in general.

Senators Josh Green and Will Espero

Re: HOUSE BILL 321, HD1, RELATING TO MEDICAL MARIJUANA

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Further, we also believe that dispensaries and production centers being placed into counties without the counties having the right to deny these facilities (as long as they are in the appropriate zoning and attendant to the other restrictions set forth within this legislation, i.e. not within 750 feet of a school or park), makes it important to provide Law Enforcement with additional funding to deal with an expected increase in social issues surrounding the dispensaries, production centers and an increase in marijuana usage.

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

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

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

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

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

Further, this legislation lacks sufficient details for the suspension or termination of licenses by dispensaries and/or production centers that violate state criminal statutes in marijuana sales and distribution outside of this prescribed legislation.

Senators Josh Green and Will Espero

Re: HOUSE BILL 321, HD1, RELATING TO MEDICAL MARIJUANA

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

Thank you for allowing the Hawai`i Police Department to provide comments relating to House Bill 321, HD1.

Sincerely,

A handwritten signature in black ink that reads "Harry S. Kubojiri". The signature is written in a cursive style with a large, stylized "H" and "K".

HARRY S. KUBOJIRI
POLICE CHIEF



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March 19, 2015

Senator John Green, M.D., Chair
Senator Will Espero, Chair

Dear Senators Green and Espero:

On behalf of the Epilepsy Foundation and the Epilepsy Foundation of Hawaii we urge you to support House Bill 321, so Hawaii residents living with epilepsy and uncontrolled seizures can have a safe and legal route to obtain medical cannabis with the recommendation of their treating physician.

The Epilepsy Foundation and the Epilepsy Foundation of Hawaii work to foster the wellbeing of the nearly 13,000 Hawaii residents affected by seizures through research programs, educational activities, advocacy, and direct services. Epilepsy is a medical condition that produces seizures affecting a variety of mental and physical functions. Approximately 1 in 26 Americans will develop epilepsy at some point in their lifetime. There is no “one size fits all” treatment option and about one million people living with uncontrolled or intractable seizures, despite available treatments. Some of these people may be helped by surgery or other non-drug treatments, but for many, no answers have been found yet.

The Epilepsy Foundation and the Epilepsy Foundation of Hawaii are committed to supporting physician directed care, and to exploring and advocating for all potential treatment options for epilepsy, including cannabidiol (CBD) oil and medical cannabis. People with uncontrolled seizures live with the continual risk of serious injuries and loss of life. If a patient and their healthcare professionals feel that the potential benefits of medical cannabis for uncontrolled epilepsy outweigh the risks, then families need to have that legal option. Nothing should stand in the way of patients gaining access to this potentially lifesaving treatment.

Hawaii already has a medical cannabis program, but unfortunately, many individuals are unable to cultivate their own cannabis due to a lack of expertise, space, or because of a disability. Furthermore, cultivating cannabis that is rich in CBD and then being able to produce oil that is rich in CBD and has a reliable ratio is extremely complex and time consuming, an endeavor that an average individual cannot take on for their own use. Furthermore, the lack of a dispensary system leaves individuals vulnerable to unscrupulous individuals who may market materials as being rich in CBD, but which, in actuality, have little to no medical value. That is why we believe it is so important to establish a legal dispensary system that would allow residents of Hawaii to safely purchase cannabis at an affordable price.

The mission of the Epilepsy Foundation of Hawaii is to stop seizures and Sudden Unexpected Death in Epilepsy (SUDEP), find a cure and overcome the challenges created by epilepsy through efforts including education, advocacy and research to accelerate ideas into therapies. The Epilepsy Foundation of Hawaii is an affiliate of the Epilepsy Foundation of America. It is a 501 (c)(3) organization incorporated in Hawaii.



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To help ensure that prices remain affordable, we encourage you to explore an amendment to lower the application and renewal fees. The current cost of \$20,000 for an application and \$30,000 to renew each year after would be an incredible burden to many dispensaries who would then have to pass that cost on to vulnerable patient communities. These costs are higher than many other states with similar programs. The District of Columbia charges \$5,000 for an application, \$3,000 for a renewal, and \$10,000 as an annual fee, while Colorado charges between \$7,000 and \$15,000 for an application (depending on the size of a dispensary) and initial license fees are between \$5,200 and \$13,200 with renewals costing between \$5,800 and \$13,800. While costs in other states are not insignificant either, they present a much lower barrier in yearly operating costs that allow these dispensaries to keep prices lower for their patients. Furthermore, high fees add to already substantial costs for starting a dispensary, making it a difficult venture for legitimate businesses to undertake. Many dispensary owners are forced to come up with the initial capital on their own due to banks operating with an abundance of caution. Please amend HB 321 to lower the application and renewal costs to help individuals in Hawaii who are seeking medical cannabis as a treatment option.

The Epilepsy Foundation and the Epilepsy Foundation of Hawaii urge you to support and amend HB 321, to allow Hawaii residents living with epilepsy and uncontrolled seizures to access safe and affordable medical cannabis when recommended as a treatment option by their physician. Please do not hesitate to contact Angela Ostrom, Chief Operating Officer and Vice President Public Policy of the Epilepsy Foundation, at 301-918-3766 or aostrom@efa.org with any questions or concerns.

A handwritten signature in black ink, appearing to read "Samantha West".

Samantha West, MSW
Executive Director
Epilepsy Foundation of Hawaii

The mission of the Epilepsy Foundation of Hawaii is to stop seizures and Sudden Unexpected Death in Epilepsy (SUDEP), find a cure and overcome the challenges created by epilepsy through efforts including education, advocacy and research to accelerate ideas into therapies. The Epilepsy Foundation of Hawaii is an affiliate of the Epilepsy Foundation of America. It is a 501(c)(3) organization incorporated in Hawaii.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: alternativepainmanagementclub@gmail.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Thursday, March 19, 2015 1:44:59 PM

HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

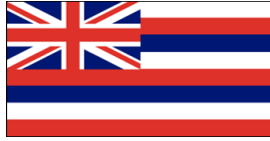
Comments: I agree that a regulated statewide dispensary system that allows qualifying patients to acquire and maintain safe legal access to an adequate supply of medicine is urgently needed. HB 321 HD 1 is an attempt at this, but falls short in many areas. If implemented without major revisions this bill would create a dispensary program that is not viable. For the following reasons I do not support HB 321 HD 1 in its current form. Page 5 lines 15-21 state that "If an island in the state [...] lacks a single licensed dispensary by July 1, 2017, a dispensary that is licensed and established on another island or in another county may petition the department to allow an owner or employee of the licensed dispensary to deliver medical marijuana products to a qualified patient [...]" It seems that a qualifying patient should also have the right to petition the department in the above circumstance, as a licensed dispensary may not take the initiative on their own since they are not being adversely effected by a single qualifying patient's lack of access to medicine. Page 6 lines 6-8 state that "[t]he department shall grant the petition within sixty days unless the department determines that there is good cause to deny the petition." I am concerned that there is no criteria for the department to make this determination. It seems that the lack of access to a dispensary on a qualifying patient's island of residence should be sufficient good cause to have a petition to the department be approved. Page 6 line 19 states "If an application is unsuccessful, the department shall retain the fee of \$2000, and return the payment of \$18,000". It is concerning that the department will profit from denying applications for licensure as a dispensary. This incentive to deny applications should be removed. Page 7 lines 3-6 state "[t]he department shall establish and collect an annual renewal fee of \$30,000 from a medical marijuana dispensary; provided that the amount of the renewal fee shall be subject to review and revision by the department". This is alarming in that \$30,000 is a lot of money and will likely be passed on to the qualifying patients who will then be forced to pay higher prices for access to medicine. High out the door prices will discourage people from participating in the legal medical marijuana market and will force people to continue using the black market to acquire their medicine. Additionally, it is somewhat alarming that the department can review and revise the annual fee. If the fee is raised too high, again it will only motivate qualifying patients

to continue using the black market to access medicine that is more affordable. Page 8 lines 5-9 states “provided that the department shall base this determination on the presumption that no single production center shall acquire, cultivate, manufacture, possess, or transport more than one thousand marijuana plants in total at any one time.” The quantity of usable medicine such as flowers has not been addressed here. Unless this gray area is addressed it will undermine any protection that this bill intends to afford. Page 9 lines 3-5 state “[i]f the application is unsuccessful, the department shall retain the fee of \$1,000, and return the second payment of \$1,000”. Page 9 lines 13-15 state “[i]f the application is unsuccessful, the department shall retain the fee of \$2,000, and return the second payment of \$2,000”. Again, it is concerning that the department will profit from denying applications for licensure as a production center. This incentive to deny applications should be removed. Page 9 lines 18-20 state “the department shall establish and collect an annual renewal fee from medical marijuana production centers sufficient to cover the department's expenses in carrying out this part.” It is concerning that if the renewal fee is set too high it will ultimately lead to high prices of medicine which again will encourage qualifying patients to continue using the black market to obtain their medicine. Furthermore, having a higher renewal fee than application fee creates an incentive to reapply each year rather than to renew each year. Page 11 lines 12-18 state “[t]he types of medical marijuana products that may be manufactured and distributed pursuant to this part shall be limited to: (1) Capsules; (2) Lozenges; (3) Oils; and (4) Pills.” Medical cannabis flower should also be included here. Flower is the usable form of medicine for many qualifying patients and access to it is an imperative component of a successful dispensary program. If flower is not included here, qualifying patients in need of acquiring that form of medicine will be forced to resort to the black market. Page 16 lines 15-21 and page 17 lines 1-6 state “[t]he quantities of manufactured marijuana products that a dispensary may sell or provide to a qualifying patient or primary caregiver; provided that no dispensary or dispensaries shall sell or provide to a qualifying patient or primary caregiver any combination or marijuana and manufactured marijuana products that: (A) During a period of fifteen consecutive days, exceeds the equivalent of four ounces of marijuana, or (B) During a period of thirty consecutive days. Exceeds the equivalent of eight ounces of marijuana.” This restriction should be removed or modified as it does not specify the form of marijuana and may be overly restrictive for some patients that require large amounts of medical cannabis in order to alleviate the debilitating symptoms or effects of the condition for which they qualify. Page 17 lines 14-19 state “[a] computer software tracking system that will allow the department to track all medical marijuana and medical marijuana product inventory from either seed or immature plant stage until the marijuana or marijuana product is sold to a customer or destroyed”. The method by which medical cannabis should be destroyed needs to be specified. Page 20 lines 10-14 state “[i]f the department revokes or suspends a license, the licensee shall not: (1) Dispense, sell, transfer, or otherwise dispose of any marijuana or manufactured marijuana products owned by or in the possession of the licensee”. A suspended or revoked licensee should be allowed to dispose of marijuana or manufactured marijuana products or they will be forced to possess marijuana that they are not legally able to have. Page 22 lines 12-14 state “[a]nnually cause an independent financial audit, at the production center or dispensary operator's own expense”. I am concerned that the cost of an annual audit will be passed on to the

price of medicine and will make it likely that qualifying patients will continue to use the black market to obtain medicine at a more affordable rate. Additionally, an annual audit is redundant if a seed-to-scale software is going to be required. Pages 24-29 covers county zoning and does not seem entirely pertinent to medical marijuana. All non pertinent parts should be removed. For example on page 28 lines 8-10 state “[e]ach county may adopt reasonable standards to allow the construction of two single-family dwelling units on any lot where a residential dwelling unit is permitted.” This section is not pertinent to medical marijuana and should be removed. Furthermore, cannabis related bills should not circumvent county home rule. The zoning laws have nothing to do with this topic and seem like “pork bellying” of the bill. Page 29 lines 11-21 addresses group living, is not pertinent to medical marijuana and should be removed. Page 31 lines 12-19 state “(a) An owner or employee of a medical marijuana production center or a medical marijuana dispensary that is licensed under section 321-B or 321-C may assert the production or distribution of medical marijuana as an affirmative defense to any prosecution involving marijuana under this part or chapter 712; provided that the owner or employee strictly complied with the requirements of chapter 321, part .” An affirmative defense is not a real protection as it cannot be brought up in court when an individual is being charged with an offense under this part or of chapter 712. The affirmative defense should be changed to a bar to prosecution which is an actual protection. Page 32 lines 17-21 and page 33 lines 1-2 state “provided that an “adequate supply” shall not exceed: seven marijuana plants, whether immature or mature, and four ounces of usable marijuana at any given time; or any combination of usable marijuana and marijuana products manufactured pursuant to part of chapter 321 that exceed four ounces of usable marijuana or the equivalent of four ounces of usable marijuana”. This is worded in a confusing manner and implies that if a qualifying patient is growing medical marijuana plants but does not have usable medicine, they cannot use a dispensary to acquire medicine in the interim, until they are ready to harvest. Additionally, the unrefined equivalent of the allowable weight of the medicine should be considered and allowed for. If access to an uninterrupted supply of medicine is the goal, patients should be able to grow plants and still utilize a dispensary to maintain access to an adequate supply of usable medicine. This bill was an attempt at creating a regulated statewide dispensary system that allows qualifying patients to acquire and maintain safe legal access to an adequate supply of medicine, but it does not accomplish this goal as written. There needs to be more balance between the need for safety and regulation with the need to create a financial incentive for qualifying patients to leave the black market. A consultation with an economics expert who can further explain this concept is desperately needed. If dispensaries are made to costly, qualifying patients won't use them. The intent of the original Medical Use of Marijuana law is maintaining an uninterrupted supply of medicine. These dispensary regulations seem to be designed to aid law enforcement in prosecuting qualifying patients rather than following the true spirit of the law. For the reasons stated above I would like to see this bill killed.

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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March 19, 2015

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health
Senator Will Espero, Chair
Senator Rosalyn H. Baker, Vice Chair
Committee on Public Safety, Intergovernmental and Military Affairs
State Capitol, Conference Room 414
415 South Beretania Street
Honolulu, HI 96813

RE: HB321 HD1, Relating to Medical Marijuana

Dear Chair Green, Chair Espero, Vice Chair Wakai, Vice Chair Baker and Members of the Committee:

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

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

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

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

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

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health
Senator Will Espero, Chair
Senator Rosalyn H. Baker, Vice Chair
Committee on Public Safety, Intergovernmental and Military Affairs
March 19, 2015
Page 2 of 3

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

Let me be clear, medical marijuana should be highly regulated. Medical marijuana dispensaries ought to be under the supervision of medical doctors and there ought to be licensed pharmacists on site. We would also support having a police presence at all dispensaries. Even if that presence is made up of off duty officers, it sets a tone. No licenses ought to be allowed to any business that does have a direct relationship with a university that does active research on medical marijuana, and, finally, the employees of the licensed dispensaries ought to be unionized because, frankly, having a union presence legitimizes a workforce. All of those things ought to be in any bill that is ultimately passed.

So you should do four things in passing this legislation:

1. End the cruel, fifteen year old hoax now being perpetrated on Hawaii patients. They can't realistically get medical marijuana.
2. Make sure that any business that gets a contract to dispense medical marijuana has a research relationship with a university which does such research, and is staffed by medical doctors, trained pharmacists, counselors, and disease navigators—in short, professionals.
3. Provide enough dispensaries to meet the need, but no more than that. And, finally,
4. Allow for the unionization of the employees, as this gives those employees and the public the knowledge that a competent, organized, employee organization stands behind them.

Thank you for the opportunity to testify here today.

Respectfully Submitted,

John H. Radcliffe
President

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Committee on Health
Senator Will Espero, Chair
Senator Rosalyn H. Baker, Vice Chair
Committee on Public Safety, Intergovernmental and Military Affairs
March 19, 2015
Page 3 of 3

Part I: add underscored language:

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

Part II - add the following:

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

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

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

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

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

TESTIMONY OF THE HAWAI'I POLICE DEPARTMENT

HOUSE BILL 321, HD1

RELATING TO MEDICAL MARIJUANA

BEFORE THE COMMITTEE ON HEALTH

And

**BEFORE THE COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND
MILITARY AFFAIRS**

DATE : Friday, March 20, 2015

TIME : 2:00 P.M.

PLACE : Conference Room 414
State Capitol
415 South Beretania Street

PERSON TESTIFYING:

Harry S. Kubojiri
Hawai'i Police Department
County of Hawai'i

(Written Testimony Only)

William P. Kenoi
Mayor



Harry S. Kubojiri
Police Chief

Paul K. Ferreira
Deputy Police Chief

County of Hawai'i

POLICE DEPARTMENT

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

March 18, 2015

Senator Josh Green
Chair and Committee Members
Committee on Health
Senator Will Espero
Chair and Committee Members
Committee on Public Safety, Intergovernmental and Military Affairs
415 South Beretania Street, Room 414
Honolulu, Hawai`i 96813

Re: HOUSE BILL 321, HD1, RELATING TO MEDICAL MARIJUANA

Dear Senators Green and Espero:

The Hawai`i Police Department opposes House Bill 321, HD1, as written, with its purpose being to establish a system of medical marijuana dispensaries and production centers.

I believe at a minimum consideration of the following should have been included in any dispensary bill:

- No more than one dispensary license per county, covering production, manufacture, and sale of medical marijuana under a single license.
- There should be a Hawaii residency requirement for license holders.
- All dispensary license holders should have an established licensed healthcare provider status within the state of Hawaii.
- License holders should have the demonstrated ability to conduct chemical and pharmaceutical analysis of any and all medical marijuana produced and sold by a dispensary to determine chemical levels of Tetrahydrocannabinol (THC).

If a proposed dispensary program does not meet these basic standards for security and regulation and address them with the specific provisions listed above, it will be impossible for the law enforcement community to monitor and enforce the laws relating to a dispensary system, and the system will be at great risk to rapidly get out of control.

Senators Josh Green and Will Espero

Re: HOUSE BILL 321, HD1, RELATING TO MEDICAL MARIJUANA

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If the legislature determines that a medical marijuana dispensary system is necessary, please make it a tightly controlled and regulated system so that law enforcement can do its job to keep the public safe.

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

Medical Marijuana users in which of the 5,415 only 12 were not growing their own Marijuana, **which is in direct contrast** to one of the reasons "The legislature further finds that many of the State's nearly thirteen thousand qualifying patients lack the ability to grow their own supply of medical marijuana due to a number of factors, including disability and limited space to grow medical marijuana" cited as a need for this legislation.

I am further concerned that users who visit more than one dispensary during a prescribed period of time in order to obtain more than the "Allowable" limit of medical marijuana will be subject to only a petty misdemeanor offense. Marijuana remains a "Controlled" substance by both Hawai'i Revised Statutes as well as federally, through the United States Code and prudence would dictate that to controvert its purported medical use through "Dispensary shopping" and being subject to only a petty misdemeanor is cause for great concern.

I note that there are several provisions for collecting funds relating to an application as well as annual renewal fees. I am further concerned that not one dollar of those fees is earmarked for prevention, treatment, or education with respect to medical marijuana users seeking alternate methods of treatment.

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

Therefore, if indeed persons are to be allowed that amount of Marijuana, we believe they will become highly dependent upon it and will need treatment and other services with costs borne by the Community in general.

Senators Josh Green and Will Espero

Re: HOUSE BILL 321, HD1, RELATING TO MEDICAL MARIJUANA

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Further, we also believe that dispensaries and production centers being placed into counties without the counties having the right to deny these facilities (as long as they are in the appropriate zoning and attendant to the other restrictions set forth within this legislation, i.e. not within 750 feet of a school or park), makes it important to provide Law Enforcement with additional funding to deal with an expected increase in social issues surrounding the dispensaries, production centers and an increase in marijuana usage.

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

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

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

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

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

Further, this legislation lacks sufficient details for the suspension or termination of licenses by dispensaries and/or production centers that violate state criminal statutes in marijuana sales and distribution outside of this prescribed legislation.

Senators Josh Green and Will Espero

Re: HOUSE BILL 321, HD1, RELATING TO MEDICAL MARIJUANA

March 18, 2015

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

Thank you for allowing the Hawai`i Police Department to provide comments relating to House Bill 321, HD1.

Sincerely,

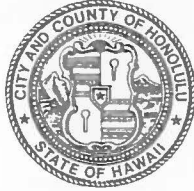
A handwritten signature in black ink that reads "Harry S. Kubojiri". The signature is written in a cursive style with a large, stylized "H" and "K".

HARRY S. KUBOJIRI
POLICE CHIEF

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

801 SOUTH BERETANIA STREET · HONOLULU, HAWAII 96813
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KIRK CALDWELL
MAYOR



LOUIS M. KEALOHA
CHIEF

DAVE M. KAJIHIRO
MARIE A. McCAULEY
DEPUTY CHIEFS

OUR REFERENCE JK-TA

March 20, 2015

The Honorable Josh Green, Chair
and Members
Committee on Health
The Honorable Will Espero, Chair
and Members
Committee on Public Safety,
Intergovernmental and Military Affairs
State Senate
Hawaii State Capitol
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Chairs Green and Espero and Members:

SUBJECT: House Bill No. 321, H.D. 1, Relating to Medical Marijuana

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

The Honolulu Police Department opposes House Bill No. 321, H.D. 1, Relating to Medical Marijuana. This bill seeks to establish a regulated statewide dispensary system for medical marijuana.

Part II, Subsection 321-M, appears to preserve a qualifying patient's right to cultivate an adequate supply of marijuana pursuant to Part IX of Chapter 329. This subsection makes it difficult to regulate compliance with the law regarding limits of the amount of marijuana the patient can possess, particularly in cases where patients grow their own marijuana and obtain it from a dispensary.

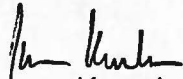
The bill sets limitations on manufactured marijuana products by equating the product with the physical weight of the marijuana used to manufacture it. It is not adequate to use weight as the sole measurement as different strains of marijuana can have widely ranging tetrahydrocannabinol (THC) levels.

The Honorable Josh Green, Chair
and Members
Committee on Health
The Honorable Will Espero, Chair
and Members
Committee on Public Safety,
Intergovernmental and Military Affairs
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The Honolulu Police Department sympathizes with those who have serious illnesses and benefit from using medical marijuana. However, this bill as written would be virtually impossible to regulate for compliance with the law. This could lead to the diversion of large quantities of marijuana for illegal use and distribution.

The Honolulu Police Department urges you to oppose House Bill No. 321, H.D. 1, Relating to Medical Marijuana.

Sincerely,



Jason Kawabata, Acting Major
Narcotics/Vice Division

APPROVED:



Louis M. Kealoha
Chief of Police



HB321 HD1 RELATING TO MEDICAL MARIJUANA

- COMMITTEE ON HEALTH: Senator Josh Green M.D., Chair; Senator Glenn Wakai, Vice Chair
- COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND MILITARY AFFAIRS:
Senator Will Espero, Chair; Senator Rosalyn Baker, Vice Chair
 - Friday, March 20, 2015 at 2:00 p.m.
 - Conference Room 414

HSAC COMMENTS HB321 HD1 SUBJECT TO THESE RECOMMENDATIONS:

Good Morning Chair Green; Chair Espero; Vice Chair Wakai; Vice Chair Baker, and Distinguished Committee Members. My name is Alan Johnson, Chair of the Hawaii Substance Abuse Coalition, an organization of more than thirty treatment and prevention agencies across the State.

The Hawaii Substance Abuse Coalition (HSAC) proposes key recommendations to establish licensed medical marijuana dispensaries and production centers for qualifying patients and primary caregivers to transport medical marijuana.

We have the opportunity to do better than we have before when approving those drugs for consumption that may have benefits, but also can be harmful or addictive. How we regulate medical marijuana will set the tone for any possible future legislation.

HSAC proposes these recommendations:

- 1. Restrict advertising.**
- 2. Place warning label on product, advertisement and website, etc.**
- 3. Increase fees to cover for Regulatory Inspector.**
- 4. Increase fees to cover prevention programs for children.**
- 5. Increase fees to cover for treatment for marijuana abuse and addiction.**
- 6. Encourage other therapeutic forms of THC.**

Restrict Advertising

We note in the YouTube advertisements that a picture of Grandma rolling a marijuana cigarette gives the impression that if Grandma can do it, it must be safe.

We recommend that advertising be restricted to no TV, public media, newspapers, etc. Other states have limited advertising to:

- No licensee can advertise marijuana/infused product in any form or through any medium whatsoever within 1,000 ft. of school grounds, playgrounds, child care, public parks, libraries, or game arcades that allows minors to enter.
- Also, you can't advertise on public transit vehicles/shelters or on any publicly owned or operated property.
- The controls should emulate the restrictions on targeting young people, banning outdoor advertising and product placements that the tobacco industry accepted as part of its settlement with state attorneys general in 1998.
- Retailers are limited to one 1,600 square inch sign bearing their business/trade name.
- Retailers cannot put products on display to the general public such as through window fronts.

Please remember the lesson in the battle between the community vs. the tobacco industry in their advertising's outside role in creating and sustaining an addiction to nicotine, particularly among teenagers and young adults. Though marijuana is far less addictive than tobacco, states must impose limits on the promotional activities of marijuana to not incur another outside role.

Warning Labels

Here are some suggested warning labels from other states as well as federal agencies:

- Warning: In compliance with state law, do not drive and keep out of reach of children.
- Warning: Growing evidence indicates that marijuana may be particularly harmful for young people: It may cause long-term or even permanent impairment in cognitive ability and intelligence when used regularly during adolescence, when the brain is still developing.
- Warning: In some instances, marijuana may trigger acute psychosis or symptoms with other mental illnesses.
- Warning: For medicinal use only
- Warning: Not for resale
- Give information on potency, expiration dates, and a disclaimer that medical marijuana isn't legal outside Hawaii and hasn't been safety-tested.
- Give information to parents and students about the issues surrounding the use of marijuana.
- Warning: The use of marijuana can lead to abuse and addiction.
- Warning: There is no evidence that the use of marijuana is an effective medical solution for any diagnosed illness. Please consult your physician for recommended care.
- Warning: Smoking marijuana elevates your heart rate 20-100% for up to 3 hours and increases your risk of heart attack for at least one hour after smoking. The risk may be greater in older individuals or those with cardiac vulnerabilities.
- Warning: The chronic use of marijuana has been linked with mental illness. High doses of marijuana can produce a temporary psychotic reaction (involving hallucinations and paranoia) In some users, using marijuana can worsen the course of illness in patients with schizophrenia. A series of large studies following users across time also showed a link between marijuana use and later development of psychosis. This relationship was influenced by genetic variables as well as the amount of drug used, drug potency, and

the age at which it was first taken—those who start young are at increased risk for later problems. Associations have also been found between marijuana use and other mental health problems, such as depression, anxiety, suicidal thoughts among adolescents, and personality disturbances, including a lack of motivation to engage in typically rewarding activities.

- Warning: Marijuana use during pregnancy is associated with increased risk of neurobehavioral problems in babies and may alter the developing endocannabinoid system in the brain of the fetus. There is also some evidence that marijuana use during pregnancy may be associated with neurological problems in babies and impaired school performance later in childhood.
- Warning: The use of marijuana may impair judgment and motor coordination. Do not drive vehicles or operate any equipment that could contribute to risk of injury or death.

Federal rules mandate that states must require proper labeling and packaging of products that contain mind-altering substances. A safety concern is that, contrary to common belief, marijuana can be addictive: About 9% of people who try marijuana will become addicted to it. The number goes up to about 1 in 6 among people who start using marijuana as teenagers, and to 25-50% among daily users. <http://www.drugabuse.gov/publications/drugfacts/marijuana-medicine>

Regulatory Oversight

HSAC recommends that the State employ Regulatory Inspectors so that regular inspections occur to ensure product integrity.

- Many illicit marijuana products today are laced with other addictive drugs as well as mold and other impurities.
- Medical marijuana must be inspected frequently to ensure the product is safe for consumption.
- Qualified inspectors would protect consumers from both dangerous and counterfeit products, reducing the physical risk from a psychoactive substance.

Beyond keeping marijuana out of the hands of minors, a good regulatory system has to limit the increase in drug abuse that is likely to accompany lower prices as availability of medical marijuana increases. And a well-regulated system should undermine and eventually deter the black market for marijuana.

As a means to fund regulation, a better approach would be to tax the drug based on its potency — which can be measured in various ways, including by the amount of the component THC in a batch — and increase the rate over time to keep up with inflation. Lawmakers should not repeat the mistakes they made on alcohol in recent years, taxing it too lightly and allowing the industry to become highly concentrated. (Just two companies control about 75 percent of the American beer market today.)

States with an existing medical marijuana market will also have to make sure that users are not abusing it. The problem is that almost anyone can get a card on a doctor's recommendation.

Regulators need to tighten access to cards and penalize doctors who churn out recommendations by the hundreds.

Future policing issues will include how to quantify whether someone is impaired from smoking marijuana before driving. Other complexities that will have to be answered include randomly testing pilots, bus drivers, taxi drivers and others.

Prevention Need for Children

HSAC recommends significant funding be legislated to specifically address prevention for adolescent marijuana use because of the potential permanent loss of brain functions in youth when used heavily. Marijuana affects brain development, and when it is used heavily by young people, its effects on thinking and memory may last a long time or even be permanent. While adults who abuse marijuana tend to recover lost brain functions, significant testing has indicated that young abusers do not. Adolescent abusers incur substantially reduced connectivity among brain areas responsible for learning, memory, attention and problem solving. And a large long-term study showed that people who began smoking marijuana heavily in their teens lost an average of 8 points in IQ between age 13 and age 38. Importantly, the lost cognitive abilities were not fully restored in adolescents who quit smoking marijuana. // www.drugabuse.gov/publications/drugfacts/marijuana. Revised January 2014

Softening attitudes are problematic because research demonstrates that illegal drug use among youth lowers their perception of risk (whether one thinks a drug is dangerous) and social disapproval of use. Studies have substantiated the powerful association between perceived risk and use that cannot be explained away by concurrent shifts in a number of other lifestyle factors.

Universal prevention programs to help build strong families and provide youth with the skills to make good, healthy decisions are necessary components of effective drug prevention. Drug prevention efforts also need to focus specifically on community risk and protective factors explicitly related to the initiation and use of marijuana.

Prevention science in the field of substance abuse has made great progress in recent years, resulting in effective intervention to help children reduce the risk of initiating drug use at every step of the developmental path. Working more broadly with families, schools and communities, scientists have found effective ways to help people gain skills and approaches to stop problem behaviors — such as drug use — before they occur.

Over 51% of students in school-based and community treatment programs report that their primary problem is marijuana. While this increase in marijuana use happened in a cultural shift over several years, it is evident that the use of marijuana under the guise of medicine has affected youth drug use patterns.

Treatment Need for Adults and Adolescents

HSAC recommends that significant resources be allocated to provide treatment for marijuana treatment. Contrary to common belief, marijuana is addictive. Final answer.

Research suggests that about 9% of users become addicted to marijuana; this number increases among those who start young (to about 17 percent, or 1 in 6) and among people who use marijuana daily (to 25-50 percent), according to the National Institutes of Health.

The potency concentrations in marijuana have increased from 4% to about 15%. For frequent users, it means a greater risk for addiction if they are exposing themselves to high doses on a regular basis. Keep in mind that marijuana addiction is a condition in which a person cannot stop using a drug even though it interferes with many aspects of his or her life.

Because marijuana addiction produces a withdrawal syndrome such as anxiety and drug craving, evidence-based marijuana treatment plays a vital role in any discussion of marijuana. For those who have not progressed to full marijuana addiction, an initial drug screen by general primary care physicians or counselors can identify at-risk people. Brief interventions may be performed by physicians. This type of inexpensive care has not yet been developed in Hawaii.

For those people with more chronic conditions, medical practitioners can refer to specialized treatment services (residential or outpatient), case management and follow-up support in the community. Specialized treatment utilizes evidenced-based treatment methods such as cognitive-behavioral therapy (CBT) and motivational approaches to produce rapid, internally motivated change. Although no medications are currently available, recent discoveries about the workings of the endocannabinoid system offer promise for the development of medications to ease withdrawal, block the intoxicating effects of marijuana, and prevent relapse. <http://www.drugabuse.gov/publications/research-reports/marijuana/marijuana-addictive>

Medicinal Forms of THC

HSAC recommends that there be some kind of reference in the bill to develop the use of other methods for receiving the benefits of marijuana than just smoking it. Noting that the highest use of medical marijuana is for some kind of pain, there are some compounds within marijuana that have been shown to help. The whole marijuana plant material, on the other hand, has thousands of unknown and carcinogenic components that have not been accepted by scientific and medical authorities as medicines. While more research is needed, there also has to be other avenues to make those compounds available to those who need them without exposing them to harmful side effects.

More research is needed; however, it is clear that for some people, marijuana helps with chemotherapy-induced nausea, appetite enhancement and pain relief. The National Institutes of Health is currently funding cannabinoid research for the relief of pain, addiction, cancer, diabetic neuropathy, Tourette's syndrome, irritable bowel syndrome, multiple sclerosis, brain damage, depression, glaucoma, Alzheimer's disease, stroke, Autoimmune Hepatitis, ALS, viral infection, liver disease, cardiotoxicity, HIV/AIDS, schizophrenia, sleep, Crohn's Disease,

bipolar disorder, Post Traumatic Stress Disorder, anorexia nervosa, fibromyalgia, and other diseases. Unfortunately, such research is in the early stages of development.

While the term “medical marijuana” is generally used to refer to the whole unprocessed marijuana plant or its crude extracts, the active chemicals in marijuana, called *cannabinoids*, has led to the development of two FDA-approved medications already that harness the therapeutic benefits of cannabinoids while minimizing or eliminating the harmful side effects.

We appreciate the opportunity to testify and are available for questions.



HB321 HD1 RELATING TO MEDICAL MARIJUANA

- COMMITTEE ON HEALTH: Senator Josh Green M.D., Chair; Senator Glenn Wakai, Vice Chair
- COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND MILITARY AFFAIRS: Senator Will Espero, Chair; Senator Rosalyn Baker, Vice Chair
 - Friday, March 20, 2015 at 2:00 p.m.
 - Conference Room 414

HSAC COMMENTS HB321 HD1 SUBJECT TO THESE RECOMMENDATIONS:

Good Morning Chair Green; Chair Espero; Vice Chair Wakai; Vice Chair Baker, and Distinguished Committee Members. My name is Alan Johnson, Chair of the Hawaii Substance Abuse Coalition, an organization of more than thirty treatment and prevention agencies across the State.

The Hawaii Substance Abuse Coalition (HSAC) proposes key recommendations to establish licensed medical marijuana dispensaries and production centers for qualifying patients and primary caregivers to transport medical marijuana.

We have the opportunity to do better than we have before when approving those drugs for consumption that may have benefits, but also can be harmful or addictive. How we regulate medical marijuana will set the tone for any possible future legislation.

HSAC proposes these recommendations:

- 1. Restrict advertising.**
- 2. Place warning label on product, advertisement and website, etc.**
- 3. Increase fees to cover for Regulatory Inspector.**
- 4. Increase fees to cover prevention programs for children.**
- 5. Increase fees to cover for treatment for marijuana abuse and addiction.**
- 6. Encourage other therapeutic forms of THC.**

Restrict Advertising

We note in the YouTube advertisements that a picture of Grandma rolling a marijuana cigarette gives the impression that if Grandma can do it, it must be safe.

We recommend that advertising be restricted to no TV, public media, newspapers, etc. Other states have limited advertising to:

- No licensee can advertise marijuana/infused product in any form or through any medium whatsoever within 1,000 ft. of school grounds, playgrounds, child care, public parks, libraries, or game arcades that allows minors to enter.
- Also, you can't advertise on public transit vehicles/shelters or on any publicly owned or operated property.
- The controls should emulate the restrictions on targeting young people, banning outdoor advertising and product placements that the tobacco industry accepted as part of its settlement with state attorneys general in 1998.
- Retailers are limited to one 1,600 square inch sign bearing their business/trade name.
- Retailers cannot put products on display to the general public such as through window fronts.

Please remember the lesson in the battle between the community vs. the tobacco industry in their advertising's outsize role in creating and sustaining an addiction to nicotine, particularly among teenagers and young adults. Though marijuana is far less addictive than tobacco, states must impose limits on the promotional activities of marijuana to not incur another outsize role.

Warning Labels

Here are some suggested warning labels from other states as well as federal agencies:

- Warning: In compliance with state law, do not drive and keep out of reach of children.
- Warning: Growing evidence indicates that marijuana may be particularly harmful for young people: It may cause long-term or even permanent impairment in cognitive ability and intelligence when used regularly during adolescence, when the brain is still developing.
- Warning: In some instances, marijuana may trigger acute psychosis or symptoms with other mental illnesses.
- Warning: For medicinal use only
- Warning: Not for resale
- Give information on potency, expiration dates, and a disclaimer that medical marijuana isn't legal outside Hawaii and hasn't been safety-tested.
- Give information to parents and students about the issues surrounding the use of marijuana.
- Warning: The use of marijuana can lead to abuse and addiction.
- Warning: There is no evidence that the use of marijuana is an effective medical solution for any diagnosed illness. Please consult your physician for recommended care.
- Warning: Smoking marijuana elevates your heart rate 20-100% for up to 3 hours and increases your risk of heart attack for at least one hour after smoking. The risk may be greater in older individuals or those with cardiac vulnerabilities.
- Warning: The chronic use of marijuana has been linked with mental illness. High doses of marijuana can produce a temporary psychotic reaction (involving hallucinations and paranoia) In some users, using marijuana can worsen the course of illness in patients with schizophrenia. A series of large studies following users across time also showed a link between marijuana use and later development of psychosis. This relationship was influenced by genetic variables as well as the amount of drug used, drug potency, and

the age at which it was first taken—those who start young are at increased risk for later problems. Associations have also been found between marijuana use and other mental health problems, such as depression, anxiety, suicidal thoughts among adolescents, and personality disturbances, including a lack of motivation to engage in typically rewarding activities.

- Warning: Marijuana use during pregnancy is associated with increased risk of neurobehavioral problems in babies and may alter the developing endocannabinoid system in the brain of the fetus. There is also some evidence that marijuana use during pregnancy may be associated with neurological problems in babies and impaired school performance later in childhood.
- Warning: The use of marijuana may impair judgment and motor coordination. Do not drive vehicles or operate any equipment that could contribute to risk of injury or death.

Federal rules mandate that states must require proper labeling and packaging of products that contain mind-altering substances. A safety concern is that, contrary to common belief, marijuana can be addictive: About 9% of people who try marijuana will become addicted to it. The number goes up to about 1 in 6 among people who start using marijuana as teenagers, and to 25-50% among daily users. <http://www.drugabuse.gov/publications/drugfacts/marijuana-medicine>

Regulatory Oversight

HSAC recommends that the State employ Regulatory Inspectors so that regular inspections occur to ensure product integrity.

- Many illicit marijuana products today are laced with other addictive drugs as well as mold and other impurities.
- Medical marijuana must be inspected frequently to ensure the product is safe for consumption.
- Qualified inspectors would protect consumers from both dangerous and counterfeit products, reducing the physical risk from a psychoactive substance.

Beyond keeping marijuana out of the hands of minors, a good regulatory system has to limit the increase in drug abuse that is likely to accompany lower prices as availability of medical marijuana increases. And a well-regulated system should undermine and eventually deter the black market for marijuana.

As a means to fund regulation, a better approach would be to tax the drug based on its potency — which can be measured in various ways, including by the amount of the component THC in a batch — and increase the rate over time to keep up with inflation. Lawmakers should not repeat the mistakes they made on alcohol in recent years, taxing it too lightly and allowing the industry to become highly concentrated. (Just two companies control about 75 percent of the American beer market today.)

States with an existing medical marijuana market will also have to make sure that users are not abusing it. The problem is that almost anyone can get a card on a doctor's recommendation.

Regulators need to tighten access to cards and penalize doctors who churn out recommendations by the hundreds.

Future policing issues will include how to quantify whether someone is impaired from smoking marijuana before driving. Other complexities that will have to be answered include randomly testing pilots, bus drivers, taxi drivers and others.

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We appreciate the opportunity to testify and are available for questions.



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

TO: SENATE COMMITTEES ON HEALTH & PUBLIC SAFETY,
INTERGOVERNMENTAL & MILITARY AFFAIRS

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

DATE: MARCH 20, 2 p.m., ROOM 414

RE: H.B. 321, HD1 RELATING TO MEDICAL MARIJUANA – **IN STRONG SUPPORT**

Good afternoon Chair Green, Chair Espero 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 Hawai'i.

First, I'd like to thank the Committees very much for scheduling HB 321, H.D.1 - which DPAG strongly supports - today.

We have closely followed the working of the Task Force, mandated by last session's HCR 48, to make recommendations for a medical cannabis dispensary system for Hawai'i. Our sister organization, the Drug Policy Forum of Hawai'i, was an active participant.

We believe that HB 321, H.D.1 accurately reflects the recommendations of the Task Force, which as you know, were the results of many hours of research, digesting testimony from patients, physicians, and others affected by the current medical marijuana program, and consultation with medical cannabis experts in other jurisdictions.

We know the members are well aware by now of the crying need for a dispensary system, so I will not restate it here.

We do have some comments specific to the draft before you today. The first is about the very narrow definition of "manufactured marijuana product" which excludes virtually every kind of edible. We fear that this narrow definition is due to various news reports from Colorado about the problems with these products.

In response, Colorado is changing the way these products are regulated to include more stringent requirements about packaging including childproof containers, opaque packaging, and other measures to make any edible products less appealing to children. They are NOT eliminating their production and sale.

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

I recently had an office visit with a physician in Colorado. She told me that by using edibles, her partner who is suffering from cancer, was able to cut his intake of narcotics by half. Edibles do have uniquely helpful uses such as providing a steady release of cannabinoids to relieve pain without resorting to an every four-hour regimen with all the side effects of heavy narcotics.

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

We have been deeply impressed by DOH's very hard work on the Task Force and on the transition of the medical marijuana program from Public Safety. They are committed to establishing a dispensary system that's the best of its kind. We respectfully suggest that this Committee re-visit some of the time constraints in this measure about how soon licenses can be issued, when dispensaries and production centers can be up and running, and so forth. As patient advocates, we urge you to give DOH more leeway in setting these time frames.

Having said this, we want to see this system in operation ASAP. The sooner it is, the sooner the special fund will begin to collect monies and the sooner the program will become revenue neutral. And the sooner patients can begin to receive the services they need.

We support the DOH requests for sufficient funding and staffing to make the program a success and to move Hawaii from being last among medical cannabis states in terms of modernization and moving to the front.

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

In closing, I'd like to remind the committees that there is extremely strong support statewide for establishing dispensaries. Last January's Honolulu-based QMark Research survey found that a stunning 85% of registered voters support a dispensary system in Hawai'i nei. We ardently hope that 2015 will be the year in which legislation to establish such a system will finally be enacted.

DPAG urges the Committees to pass out HB 321, H.D.1 to Judiciary and Ways and Means with a strong recommendation for passage. Thank you for very much for listening and for giving us the opportunity to testify.



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

HEARING: Senate PSM/HTH on March 20, 2015 @ 2:00 p.m. in #414

SUBMITTED: March 16, 2015

TO: Senate Committee on Health Senate Committee on PSM
Sen. Josh Green, Chair Sen. Will Espero, Chair
Sen. Glenn Wakai, Vice Chair Sen. Rosalyn Baker, Vice Chair

FROM: Walter Yoshimitsu, Executive Director

RE: Comments (reservations) HB 321 HD1 Relating to Medical Marijuana

If passed, this bill allegedly “fixes” the problem of medical marijuana distribution and the need for dispensaries and/or regulation. **We understand that medicinal marijuana is already legal in the State of Hawaii.; however, we maintain that promoting the use of marijuana (even for medical reasons) will translate for many, especially young people, as permissiveness, with little or no consideration of its ultimate effect on one’s body.** According to the American Medical Association, marijuana is considered a “dangerous drug” and a “powerful intoxicant” that harms one’s mental, physical, academic, and spiritual well-being, promotes irresponsible sexual behavior, encourages disrespect for traditional values, and threatens Hawaii’s youth. This is not what we want for Hawaii’s keiki.

At the federal level, marijuana remains classified as a Schedule I substance under the Controlled Substances Act, where Schedule I substances are considered to have a high potential for dependency, making distribution of marijuana a federal offense.

Many prescribing physicians for medicinal use of marijuana are arbitrary as to what counts as an authentic medical need so there is no real way for this legislature to make a truly informed decision. Even the American Medical Association’s 527-member House of Delegates decided during its interim meeting in 2013 (National Harbor, Md.), to retain the long-standing position that “cannabis is a dangerous drug and as such is a public health concern.”

Long-term health effects of chronic use, and marijuana’s role as a gateway to the use of other illegal drugs, are serious issues surrounding its use and decriminalization. The Catholic Church cares too much about the family to support this endeavor. Priority legislation should include efforts that strengthen and promote the family, not provide tools to ultimately destroy it.

The Catechism offers useful guidance: “The use of drugs inflicts very grave damage on human health and life” (no. 2291). In 2001, the Vatican’s Pontifical Council for Health Care Ministry issued a pastoral handbook entitled “Church, Drugs, and Drug Addiction.” It extols the virtue of temperance which “disposes us to avoid every kind of excess: the abuse of food, alcohol, tobacco, or medicine” (no. 2290).

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

Mahalo for the opportunity to submit these comments.



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

COMMITTEE ON HEALTH
Senator Josh Green, Chair,
Senator Glenn Wakai, Vice Chair.

COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND MILITARY AFFAIRS
Senator Will Espero, Chair,
Senator Rosalyn H. Baker, Vice Chair

Friday, March 20 2015,

2:00PM

Conference Room 414
State Capitol
415 South Beretania Street

**Executive Director Rafael Kennedy,
Testimony in strong support of HB 321 - Relating to Medical
Marijuana**

Aloha Chairs Green and Espero, Vice Chairs Wakai and Baker, and members of the committees.

Thank you for your time and consideration in hearing this bill. The Drug Policy Forum has long considered the establishment of a working, well regulated dispensary system for the medical cannabis program to be one of our **top priorities**. Last year, the legislature passed HCR 48, which formed a task force to look at some of the finer grain details of what a dispensary program would look like in Hawaii.

That Task Force did a tremendous amount of work, met for a total of **22 hours** of official meeting time (not counting sub-committee meetings) over the course of **six months**, held **two** dedicated public input hearings, and heard from a number of subject matter experts in conference calls and in person. Throughout, while we did not agree on every aspect of the issue, there was a broad recognition of the fact that a dispensary system is

urgently needed. The Task Force looked closely at questions of security, diversion, and quality control, to ensure that the system recommended would meet patient needs, while at the same time ensuring that public safety is protected through rigorous and proven inventory control systems, security measures, and a dedication to education of patients and the wider community. The task force has taken a great many lessons from other states experience implementing these systems, and has **agreed upon a framework that will work for Hawaii.**

This is an urgent need for the state. Hawaii was at the vanguard of this issue in 2000, when it was the first state to pass a medical cannabis law through the state legislature. Now though, we are the last remaining state with a medical marijuana program that has neither operational dispensaries nor a law to create them.¹ This “gap in the law” is urgent, and for the first time, the state has a workable framework to finally address it. Not only this, but the Department of Public Safety, the Department of Taxation, and the Department of Health among many other stakeholders have agreed that the Task Force Recommendations **will be a successful program.**

One of the many virtues of the approach taken by HB321 is that the bill consistently puts patients first. This bill ensures that patients are safe by **requiring laboratory screening** for contaminants and for its component cannabinoids. This is something that has been sorely lacking for far too long. Likewise, the bill provides **resources for education.** This is important for patients who until now have had no one who can help inform them about the differences between strains, and the indications of their particular conditions. It is also important because educating the public about medical cannabis is a hugely important part of insuring that medical cannabis is not used accidentally by unauthorized people or diverted for use by people without a qualifying condition.

Another key part of this bill is that it creates two classes of license, one for dispensaries and one for producers of medical cannabis. This will help ensure that people can **specialize** in the part of the process that they do best. People with skills and knowledge in growing medical cannabis won't need to worry about taking on the role of running a dispensary, and people with the business skills to operate a dispensary won't need to develop the capacity to become growers and processors of medical marijuana. In the HD1, there is a certain amount of confusion about the various deadlines for licensing these entities, such that dispensaries are not allowed to begin operating until a full year after production centers have been licensed. We think this may be an unnecessarily long window for production centers to

¹ See the appended Document from the Marijuana Policy Project.

begin producing, and dispensaries ought to be allowed to open as soon as they are able to after receiving a license.

There are certain areas of concern in the bill for us. One issue that may be of especial interest to the finance committee is the *very* long time frame that is proposed for getting this program up and running. As we have said in the past, patients have been desperate for dispensaries for a long time, and it must be a priority for the state to fix this issue soon. We understand that the process of drafting administrative rules and building the capacity to run the program is not a trivial matter for the Department of Health that will be taking on a large and important new responsibility. That said, the time-frame proposed in the bill is **simply too long**. To the extent that the legislature can give them the **resources** and **authority** to do this more quickly, we entreat it to do so. The HD1 contains a provision to allow the Department of Health to adopt interim rules, and if this is helpful in getting the system up and running, we support that change.

It is worth noting that the program is designed **not only to be budget-neutral**, recouping the costs of operation through fees, but in fact will **bring in money in G.E.T. revenue**, and is required to **pay back the initial appropriation**. For these reasons, an upfront investment of resources into shortening the implementation time will be more than returned to tax-payers.

We are similarly concerned with the limitations that the HD1 places on the types of products that may be produced. We understand the desire to avoid allowing products that could be consumed accidentally, but feel that there are compelling reasons to offer edible products as long as these aren't in the form of candies and are packaged and labeled in such a way as to prevent diversion. Even if edible products cannot be allowed, there are other products, such as tinctures and ointments, that should be included in the law.

Again, mahalo for your time and consideration in hearing this bill, and other measures to improve the medical cannabis law. Creating dispensaries is an important step that we need to take, let's take it **this year**.

Rafael Kennedy
Executive Director
The 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.



ONLINE TESTIMONY SUBMITTAL
Senate Committee(s) on Health & Public Safety, Intergovernmental and Military Affairs
Hearing on Friday, March 20, 2015 @ 2:00 p.m.
Conference Room #414

DATE: March 16, 2015

TO: Senate Committee on Health
Sen. Josh Green, Chair
Sen Glenn Wakai, Vice Chair

Senate Committee on PSM
Sen. Will Espero, Chair
Sen. Rosalyn Baker, Vice Chair

FROM: Eva Andrade, Executive Director

RE: Serious Reservations HB 321 HD 1 Relating to Medical Marijuana

Aloha and thank you for the opportunity to provide comments on why we have serious reservations about creating marijuana dispensaries. Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii, representing a network of various Christian Churches and denominations. While we have compassion for people who are ill and are staunch supporters of providing better end of life care for people who are in pain and suffering, we have serious concerns about the expansion of access to medical marijuana and their potential ramifications on the wider community – especially with regards to our keiki.

Medical cannabis dispensing dispensaries continue to be the subject of considerable debate by officials in the places where they have been established. Although we will leave the discussion as to the regulatory functions and applicability to the legal and medical experts, we do offer these five reasons why we are concerned:

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

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

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

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

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

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



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

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

Even the American Medical Association maintains its position that it [AMA] "shall encourage model legislation that would require placing the following warning on all cannabis products not approved by the U.S. Food and Drug Administration: "*Marijuana has a high potential for abuse. It has no scientifically proven, currently accepted medical use for preventing or treating any disease process in the United States.*" (Res 213, I-14)^{vi}

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

Marijuana use affects driving. It is the most prevalent illegal drug detected in impaired drivers, fatally injured drivers and motor vehicle crash victims. It is not difficult to conclude that drivers who test positive for marijuana can cause serious automobile accidents. Medical marijuana use is almost impossible to regulate and the burden on Hawaii's law enforcement isn't worth the cost.

Hawaii needs to remain a safe place for families. We have compassion for patients who qualify for its use and are under strict doctor's care and oversight. HB 321 HD1 does not provide the oversight and protection we think our keiki deserve.

Mahalo for the opportunity to submit our concerns.

ⁱ Senate Bill 862 passed in 2000, (VOTE IN THE HOUSE: 30 yes-and 20 no (Auwae, Cachola, Halford, Kanoho, Kawakami, Lee, Leong, Marumoto, McDermott, Menor, Meyer, Morihara, Moses, Nakasone, Pendleton, Rath, Stegmaier, Takai, Whalen, Yonamine); (VOTE IN THE SENATE) 15 yes-and 10 no (Buen, Chun, D. Ige, M. Ige, Inouye, Iwase, Kawamoto, Matsuura, Sakamoto, Tam) [Source: http://www.capitol.hawaii.gov/session2000/status/SB862_his_.htm]

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

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

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

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

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



Aloha Senator Green, Senator Espero and Committee Members,

I am writing you today in strong support of HB 321, with suggested amendments, relating to Medicinal Cannabis and Dispensaries. With 23 states and Washington D.C. now implementing some type of medical cannabis programs we are seeing many of the positive outcomes of these policies. Patients now have access to a natural plant medicine that is being proven helpful for a long list of conditions and symptoms. In addition, the local economies of these states are seeing a boom of green industry.

Hawaii, being the first medical cannabis state to enact policy by legislative action, again has the opportunity to be a leader in this field. We have the opportunity to draw from many of the success in other dispensary states and create a safe, effective, and proven system that will work for Hawaii. It will behoove this legislature to think beyond just patient access to consider the agriculture impacts of this legislation and the implication of this policy on our local economy. We have the opportunity through this legislation to boost local dollars spent and create the multiplier effect which shows a seven fold dollar impact for these local dollars created.

To take advantage of this local economic benefit, ensure patient safety and create an agriculture boost, there must be some amendments added to this bill. The suggested amendments are as follows.

Affordable Medical Grade Cannabis for all qualifying patients

We request that all cannabis grown and dispensed in Hawaii be tested and certified free of chemical residues, pesticides and fungus.

We request the legislature to set the amount of plants allowed with a grow permit to 200/400.

These numbers would have many benefits to Hawaii and it's residents. Firstly, it would disperse the economic benefits of the growing cannabis among a greater share of Hawaiian citizens. Secondly, it would reduce the potential for large scale growing operations that would use growing methods that are not in the best interest of the land or the patients. Lower numbers would also reduce the risk of safety issues that would come with growing, processing, storing, and transporting larger amounts of cannabis. In requesting lower numbers of plants for each permit we also ask that the number of initial permits be raised so adequate supply can be produced at the onset of the program.

Add Reciprocity with other medical marijuana states

This would ensure that visitors to Hawaii would be able to access safe medicine during their stay. Presently, Hawaii is one of 23 states that recognizes medicinal cannabis use plus four states that are completely legal. Thousands of medical card holds from other states may need access to their prescribed medicine during their stay. An amendment such as this would enable visitors to access their medicine during their stay and it would also bring further needed revenues to the local economy.

We would like to ask that dispensaries permits and grow permits be given to established Hawaii residents.

We support the idea that would require permits be given to residents that have lived in Hawaii at least 3-5 years prior to 2015 legislation passing. This would partly ensure that local dollars spent, stay local. We also feel local residents would be more likely to open a medical business for the right reasons and not just profit driven. Thus patients would have more trust in the dispensary system to provide quality and not just quantity. This would also help alleviate the possibility of growers moving to Hawaii to cash in and reward those that have been stable care-givers for many years here in Hawaii building trust in the community.

Consideration be taken when awarding permits and preference given to cooperatives and/or B corporations.

By definition B corporations have been certified to have the triple bottom line interests of people, profits and environment as a part of their corporate charter. This would be an excellent way to balance the need for medical grade cannabis products, the sensitive nature of the Hawaiian environment and income potential for the local economy. Cooperatives would also be a way to bring the medicinal cannabis community together in a way that builds trust, benefits the economy and creates security.

Consider allowing each County in the state to adjust grow permit numbers.

This would allow each county to adjust grow permit numbers depending on lot size or agriculture zone designation.

In conclusion, Medicinal Cannabis Dispensaries have the potential to be a very positive step for Hawaii and its residents but it must be done RIGHT. Please consider all of the above suggestions which have been carefully crafted so that patients have the best access to quality medicine, farmers have right livelihood, the land is cared for properly and the local economy benefits.

Mahalo,

Steve Sakala
President, Hawaii Farmers Union United, Kona Chapter
Founder, Honaunau Farm

COMMUNITY ALLIANCE ON PRISONS

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

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



COMMITTEE ON HEALTH

Sen. Josh Green, Chair

Sen. Glenn Wakai, Vice Chair

COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL & MILITARY AFFAIRS

Sen. Will Espero, Chair

Sen. Rosalyn Baker, Vice Chair

Friday, March 20, 2015

2:00 p.m.

Room 414

SUPPORT for HB 321 HD1 - Statewide Medical Marijuana Dispensary System

Aloha Chairs Green and Espero and Members of the Committees!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies for almost two decades. This testimony is respectfully offered on behalf of the 5,600 Hawai`i individuals living behind bars, always mindful that more than 1,600, and soon to be rising number of Hawai`i individuals who are serving their sentences abroad, thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Native Hawaiians, far from their ancestral lands.

HB 321 establishes a system of medical marijuana dispensaries and production centers; prohibits counties from enacting zoning regulations that discriminate against licensed dispensaries and production centers; and clarifies the right of qualifying patients and primary caregivers to transport medical marijuana.

Community Alliance on Prisons is in strong support of this measure. Hawai`i sick and dying patients have waited 14 years for a system where they could purchase the strain of cannabis that would relieve their suffering.

On behalf of Community Alliance on Prisons, I attended all of the task force meetings

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

The Task Force held statewide meetings and the Maui News¹ reported:

Kihei resident Janine Ehlis said marijuana is so expensive in Hawaii she tried to get it mailed to her from the mainland so she could treat her asbestos cancer. She was unsuccessful.

"Trying to get medical marijuana is pretty much ridiculous (on Maui)," Ehlis said at the meeting Tuesday. "And the amount you're allowing us to grow is not nearly enough to produce the oil I need."

She implored law enforcement officials to "go after the ice (methamphetamine) dealers and leave the marijuana (users) alone."

The sentiment expressed by Ms. Ehlis is one heard statewide and validated by a 2014 poll showing that 85% of Hawai'i voters support a statewide dispensary system.

An article that appeared on AlterNet last fall² reported:

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

Marijuana Use Is Associated With Decreased Mortality in TBI Patients

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

CBG Administration Halts Cancer Progression

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

Parkinson's Patients Respond Favorably to Cannabis Therapy

¹ Maui medical marijuana users say the program has problems, By Associated Press, Feb 05, 2015.

http://www.staradvertiser.com/news/breaking/20150205_Maui_medical_marijuana_users_say_the_program_has_problems.html?id=291013501

² **The Latest Cannabis Science The Mainstream Media Doesn't Want You to Know**, Five new cannabis-centric studies that warrant major attention, AlterNet / By Paul Armentano, October 4, 2014 |

<http://www.alternet.org/drugs/latest-cannabis-science-mainstream-media-doesnt-want-you-know>

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

Marijuana Use Mitigates Symptoms of Opiate Withdrawal

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

Inhaled Cannabis Facilitates Disease Remission in Patients with Crohn's Disease

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

A statewide dispensary system is long overdue and we respectfully ask the committees to pass this important legislation. Please support our patients.

Mahalo for this opportunity to testify.



PO Box 99
Wailuku, Hawaii 96793

March 18, 2015

The Honorable Chairman Will Espero
Chairman Senate Committee for Public Safety, Intergovernmental and Military Affairs
senespero@capitol.hawaii.gov

Hawaii State Capitol
415 South Beretania Street
Honolulu, Hawaii 96813

Letter of Support for HB 321

Vincent Mina
President

Aloha Kākou Honorable Chair Espero, Vice Chair Baker, Esteemed PSM Committee,

Simon Russell
Vice-President

As HB 321 HD1 and SB 1029 (Cannabis dispensaries) move forward in the legislative process, Hawaii Farmers Union United recognizes that this issue has the potential to make a large impact on Hawaii's small scale farmers. HFUU would like to offer some suggested amendments that would lead to beneficial outcomes for Hawaii Farmers.

Kai Hinson
Secretary

Ray Maki
Treasurer

We request the legislature to lower the amount of plants allowed with a grow permit to 100/200.

Pamela Boyar
O'ahu

This reduction in numbers would have many benefits to Hawaii and its residents. Firstly, it would disperse the economic benefits of the growing cannabis among a greater share of Hawaiian citizens. Secondly, it would reduce the potential for large scale growing operations that would use growing methods that are not in the best interest of the land or the patients. Lower numbers would also reduce the risk of safety issues that would come with growing, processing, storing, and transporting larger amounts of cannabis.

Phyllis Robinson
Haleakalā

Alika Atay
Mauna Kahalawai

Medical Grade Cannabis for all qualifying patients

Steve Sakala
Kona

It is our recommendation that all Cannabis sold in Hawaii, as medical grade, is tested for residues pesticides and other potential contaminates. This insures that patients are getting medical grade cannabis that won't further complicate health issues. This also ensures toxic agriculture chemicals won't be used in the growing of cannabis in Hawaii.

Dashiel Kuhr
Kohala

Greg Smith
Ka'u

We would like to ask that dispensaries permits and grow permits be given to established Hawaii residents.

Kyle Studer
East Hawai'i

We support the idea that would require permits be given to residents that have lived in Hawaii at least 3 years prior to 2015 legislation passing. This would partly ensure that local dollars spent, stay local. We also feel local residents would be more likely to open a medical business for the right reasons and not just profitdriven. Thus patients would have more trust in the dispensary system to provide quality and not just quantity. This would also help alleviate the possibility of growers moving to Hawaii to cash in and reward those that have been stable care-givers for many years, who treat the 'aina with respect and have strong community ties.

Consider allowing each County in the state to adjust grow permit numbers depending on local on ground reality.

This would allow each county to adjust grow permit numbers depending on lot size or agriculture designation. For example, in Oahu in may be a good idea to have a lower plant limit where average lot size is smaller than other counties. In contrast Hawaii Island has much bigger agriculture operations and could potential have larger permit numbers.

In conclusion

We thank you for taking into consideration the agriculture impacts these bills may have on Hawaii farmers, our agriculture lands and our local economy. Medicinal Cannabis has the potential to have a very positive outcome for Hawaii but careful consideration must be taken in its implementation. We also support our local chapters input on this issue.

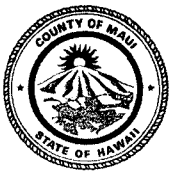
With Aloha,

Simon Russell

Vice-President & Legislative Committee Chairman

Hawaii Farmers Union United

The Hawaii Farmers Union and its Chapters is a nonprofit corporation formed under Hawaii law. It advocates for the sovereign right of farmers to create and sustain vibrant and prosperous agricultural communities for the benefit of all Hawaii through cooperation, education and legislation.



ALAN M. ARAKAWA
MAYOR

OUR REFERENCE

YOUR REFERENCE

POLICE DEPARTMENT
COUNTY OF MAUI

55 MAHALANI STREET
WAILUKU, HAWAII 96793
(808) 244-6400
FAX (808) 244-6411



TIVOLI S. FAAUMU
CHIEF OF POLICE

DEAN M. RICKARD
DEPUTY CHIEF OF POLICE

March 17, 2015

The Honorable Senator Josh Green, Chair
and Members of the Committee on Health

The Honorable Senator Will Espero, Chair
and Members of the Committee on Public Safety,
Intergovernmental and Military Affairs
The Senate
State Capitol
Honolulu, HI 96813

RE: House Bill No. 321, HD1, RELATING TO MEDICAL MARIJUANA

Dear Chairs Green and Espero, and Members of the Committees:

The Maui Police Department OPPOSES the passage of H.B. No. 321, HD1:

This bill allows the establishment of medical marijuana dispensaries and production center; prohibits counties from enacting zoning regulations that discriminate against license dispensaries and production centers; and clarifies the right of qualifying patients and primary caregivers to transport medical marijuana.

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

However, this bill requires a minimum of 26 dispensary licenses to be offered. This number is based on the formula of one dispensary for every 500 registered patients. As of the end of 2014, 318 registered patients stated they or their caregiver were not able to grow their own marijuana. There is no analysis done to predict how many patients who grow their own would opt to obtain their marijuana from a dispensary instead.

The Honorable Senator Josh Green, Chair
and Members of the Committee on Health

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and Members of the Committee on Public Safety,
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Page 2

Also, each person seeking licensure as a dispensary will be required to submit a fee of \$20,000 with the application. Given regulations that the dispensaries will have to comply with, an enforcement unit would have to be created within the Department of Health. The cost of maintaining an enforcement unit would be greater than the amount collected in fees. All taxpayers would have to shoulder the burden of the cost.

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

A recent training with the Colorado Association of Chiefs of Police in January 2015, both law enforcement and people in the industry of selling recreational marijuana both agreed that, the present laws governing medical marijuana in Colorado are failing. Colorado did not have the legislative infrastructure to handle the issues arising from medical marijuana and the recreational markets.

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

A trip to a marijuana growing facility during that same training in Colorado revealed that growers admitted that there is no way that the government can track marijuana plants, processed marijuana or the funds that come from sales on the gray and black market. Growers are simply able to remove tags and processed marijuana from one plant, repackage and re-number it to a plant that had no yield or died in the grow process. They use techniques to grow hybrid plants that can yield up to 3 pounds of marijuana instead of yielding 1 pound of marijuana as reported. The other 2 pounds of marijuana is sold in the gray market as it is untraceable and the money unreported.

The bill also allows patients to grow their own marijuana and obtain it from a dispensary. This will lead to regulatory problems as there will be no way to track how much marijuana a person has at a given time. It also allows for the manufacturing of marijuana

The Honorable Senator Josh Green, Chair
and Members of the Committee on Health

The Honorable Senator Will Espero, Chair
and Members of the Committee on Public Safety,
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products. During the process of extracting BOH, flammables are used which is very dangerous. There is nothing in the bill that prohibits the use of flammables.

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

As a recent robbery on Maui has shown, people are willing to commit violent crime with the use of firearms for legal medication. That puts families at risk when dispensaries not only have marijuana on hand, they will have large amounts of currency because banks will not accept accounts from the marijuana industry. This bill does not provide safeguards to prevent this type of crime happening near a residential area and putting families at risk. In the State of Colorado, each County has the power to choose whether or not to have dispensaries or marijuana producers.

This bill does not take into account that the Department of Health inspectors will be overwhelmed by the task of inspecting medical marijuana dispensaries and marijuana producers. As a clear example the Department of Health food inspectors cannot even inspect all of the eateries on every island. How can we expect Department of Health inspectors to regulate the medical marijuana dispensaries and marijuana producers in addition to their present duties. The State of Colorado had to create a separate regulatory agency to try and handle the industry with approximately 35 inspectors and they still cannot regulate it efficiently.

It is an industry because with the number of projected and required "minimal" amount of dispensaries proposed by this bill, it seems that it is a money making venture rather than an effort to provide services to the medical marijuana patients. Why hasn't the idea of a not-for-profit co-op to produce medical marijuana been thought up? Why are we pushing for profit producers of marijuana and why are we not requiring dispensaries to produce their own marijuana? This would limit the number of facilities and grows that we have to inspect and control.

The Honorable Senator Josh Green, Chair
and Members of the Committee on Health

The Honorable Senator Will Espero, Chair
and Members of the Committee on Public Safety,
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Page 4

With these points that we have brought today, we feel that there are too many variables that have not been covered by this bill. It is our duty not only to protect the rights of the medical marijuana patients, we have to protect the rights of citizens and visitors that do not use medical marijuana. As always we have to be vigilant against people who are out to exploit the needs of the patients, so they can obtain medical marijuana for recreational use for claiming false medical ailments and for those who are out to steal and sell marijuana for illegal profits.

The Maui Police Department asks for you to oppose H.B. No. 321, HD1.

Thank you for the opportunity to testify.

Sincerely,

A handwritten signature in black ink, appearing to read "Tivoli S. Faaumu", with a long horizontal flourish extending to the right.

TIVOLI S. FAAUMU
Chief of Police

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: andreatischler@yahoo.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Thursday, March 19, 2015 4:18:14 AM

HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

Comments: Big Island Americans for Safe Access strongly support HB321 and request that two provisions be included in the bill: 1. Dispensaries should be able to sell seeds and clones to patients and their caregivers. They need to have the strains they require to alleviate their conditions and help with individual illnesses best suited for different genetic varieties. 2. Shorten the time that dispensaries would open. Patients have waited long enough. Please place dispensaries on a fast track. Big Island Americans for Safe Access have advocated for dispensaries for the past seven years and we are on the threshold for a statewide well regulated dispensary system. We can do it right from the start. Mahalo for your help in making this a reality in Hawai'i.

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 FAMILY ADVOCATES

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

ONLINE TESTIMONY SUBMITTAL
Senate Committee HTH & PSM
Hearing on March 20, 2015 @2:00
Conference Room #414

DATE: March 18, 2015

TO: Senate Committee on Health
Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

Senate Committee on Public Safety, Intergovernmental & Military Affairs
Senator Will Espero, Chair
Senator Rosalyn H. Baker, Vice Chair

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

RE: Reservations on HB 321 Relating to Medical Marijuana Dispensaries

My name is James R. "Duke" Aiona, Jr., and I have been an attorney in Honolulu since 1981. I have also served the people of Hawaii as a Family and Circuit Court Judge of the First Circuit (1990 – 1998) and I also served as the first Administrative Judge of the Hawaii Drug Court Program (1994-1997). Currently I am also the interim president of Hawaii Family Advocates, a 501(c)(4) independent expenditure, non-candidate organization. Along with our community associate Hawaii Family Forum, we have serious reservations about this bill.

Although 23 states have enacted laws to legalize medical marijuana, (including Hawai'i which legalized it for medicinal use in 2000)ⁱ, the bottom line remains that **it is still illegal to possess, use or distribute marijuana according to federal law**. People who use marijuana, even for medical purposes, could end up in jail. This seems like a very ambiguous place to leave our community residents who feel that medical marijuana is the best answer to their quality of life.

In a 2013 article published by the American Psychiatric Association, they quote the American Medical Association who maintains their current policy that asserts "cannabis is a dangerous drug and as such is a public health concern, [that] sale and possession of marijuana should not be legalized, [and that] public health-based strategies, rather than incarceration, should be utilized in the handling of individuals possessing cannabis for personal use."ⁱⁱ

It's important to note the impact of medicinal marijuana usage on important functions of the body; normal brain function and concentration, learning, memory, and judgment. These problems can continue

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E-mail: info@hffaction.org | Website: www.hffaction.org

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for days or weeks after the immediate effects of the drug have worn off. In addition, research has linked marijuana use with poor overall job performance, which includes increased tardiness, absenteeism,

PAGE TWO

-Testimony-

Relating to Medical Marijuana

accidents, and workers' compensation claims. The Oregon States Sheriff's Department reported that "Toxicology reports with positive marijuana results for driving under the influence have increased 16 percent from 2011 to 2013 in Colorado."ⁱⁱⁱ

It may seem compassionate to support medical marijuana; however, usage impairs an individual's ability to make deep and meaningful attachments and robs them of the ability to be intimate with other people. This promotes isolation, which feeds the need to smoke pot, which strains more relationships. This cycle causes increased conflict in relationships. Heavy, long-term use of marijuana stunts emotional and social development. It kills motivation and prevents people from moving forward in their lives. Is this really what we want for Hawai'i's sick and infirmed?

Authorities nationwide point to states that have approved its medical use of cannabis, such as California and Colorado. Overall crime in Denver increased 6.7 percent from the first six months of 2013 to the first six months of 2014^{iv}. Storefront marijuana shops in Los Angeles and Colorado, for instance, have drawn frequent complaints and a crackdown from federal drug agents, while local law enforcement report that some shops have been taken over by illegal drug dealers. These real-life examples give rise to doubts that legislation can effectively regulate the sale and production of medical marijuana. The door, already opened and expanded by these bills, will provide criminals who produce and distribute them the opportunity to destroy our local communities. Is this really what we want for Hawai'i?

Finally, regulating dispensaries is going to be a very tough job! Of the 23 states that have legalized medical marijuana only 17 of them have dispensaries. One factor is that in states where medicinal marijuana is legal, dispensary owners have had problems finding banks to take the money, since federal law still prohibits the sale of marijuana. In addition, the Oregon Health Department reported problems with labeling, testing and tracking inventory as common violations found by medical marijuana dispensary inspectors.^v

Mahalo for the opportunity to submit our concerns.

ⁱ Senate Bill 862 passed in 2000, (VOTE IN THE HOUSE) 30 yes-and 20 no (Auwae, Cachola, Halford, Kanoho, Kawakami, Lee, Leong, Marumoto, McDermott, Menor, Meyer, Morihara, Moses, Nakasone, Pendleton, Rath, Stegmaier, Takai, Whalen, Yonamine); (VOTE IN THE SENATE) 15 yes-and 10 no (Buen, Chun, D. Ige, M. Ige, Inouye, Iwase, Kawamoto, Matsuura, Sakamoto, Tam)

ⁱⁱ <http://psychnews.psychiatryonline.org/doi/full/10.1176%2Fappi.pn.2013.12b20>

ⁱⁱⁱ <http://www.oregonsheriffs.org/pdfs/Marijuana.pdf> (2014 report)

HAWAII FAMILY ADVOCATES

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

^{iv} ibid

^v <http://www.statesmanjournal.com/story/news/politics/2014/08/14/state-releases-first-medical-marijuana-dispensary-inspections/14074265/>

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: cbisnow@gmail.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Thursday, March 19, 2015 6:53:08 AM

HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Chris Bisnow	Individual	Support	No

Comments: It is time for Hawaii residents to have a safe way to acquire their medicine. We can not continue to prescribe medicine that is grown plentifully on these islands yet not provide a way for patients to receive it. The most severe conditions that medical cannabis treats do not allow patients to grow their own medicine nor should they have that obligation to begin with. Imagine having to cultivate your own Penicillium in order to process it into penicillin? That would be unheard of. This is equally alarming to the many patients with debilitating conditions that are benefited from medical cannabis. Multiple Sclerosis, AIDS and Parkinson's patients (which my father suffers from), and many more DESERVE easy access to their doctor prescribed medicine. Please vote in favor of allowing dispensaries to serve our community. You never know if YOU might need this medicine in the future. Mahalo for your consideration, Chris Bisnow Caregiver

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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JOINT SENATE COMMITTEES ON HEALTH AND PUBLIC SAFETY

Sen. Green and Sen. Espero, Chairs
Sen. Wakai and Sen. Baker, Vice-Chairs
Friday, March 20, 2014, 2:00 PM
Conference Room 414

HB 321, Relating to Medical Marijuana - Testimony in STRONG SUPPORT

Chairs Green and Espero, Vice-Chairs Wakai and Baker and Members,

My name is Jason Kamalu-Gruppen and I would like to submit testimony in STRONG SUPPORT of legislation establishing Medical Marijuana Dispensaries in the State of Hawaii. Safe access for our MMJ Patients is long overdue.

Over the last 5 years I, along with my cousin Jarrett Machado, have worked within the Medical Marijuana programs in both Hawai'i and California. Our experiences have led us to become as involved as possible in the process to create a system for safe access in Hawai'i.

Let me start by saying that California's Dispensary System is broken and is not the method by which we should model our own. California failed to create a comprehensive, statewide system to regulate the sale and production of medical marijuana and, as a result, was left with the semi-regulated mess that you hear about today. Hawai'i can absolutely learn from this mistake.

Having spent some time as registered Caregiver under Hawaii's current Laws, I can say that the current medical marijuana system also has its share of issues, but those issues can be remedied with the proper legislation. Most importantly, safe access must be established for our Patients. As it currently stands, there is no way for Patients in Hawaii to acquire their medicine. They are forced into the Black Market in order to acquire the medicine they need to help treat their chronic, often debilitating, conditions.

Not everyone has the skills or time necessary to grow their own medical grade marijuana. Also, the current legal limits in Hawaii are, in many cases, not enough to cover a Patient's needs. Both of these issues can be remedied by the establishment of a dispensary system. I should stress though, that a Patient's ability to grow his or her own medicine should be protected in any legislation drafted.

Finally, I should mention my concerns with the lack of language regarding edible products. In my experience as a caregiver in Hawaii, and as a producer of medical cannabis products in California, I can say with certainty that, beside inhalation, edible products are the most commonly used methods of ingestion amongst cannabis patients. The possible exclusion of this form of cannabis medicine in the current legislation would be detrimental to the patient community meant to utilize these facilities and services.

Thank you for the opportunity to provide this testimony. If there are any questions or clarification needed, please don't hesitate to email me at jasonkamalu@gmail.com or call at 808-636-4972.

Mahalo Nui Loa,
Jason Kamalu-Gruppen

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: liskane73@yahoo.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Thursday, March 19, 2015 12:32:52 AM

HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Ann Kaneshiro	Individual	Support	No

Comments: I strongly urge you to support this bill. Patients are allowed to use medicinal cannabis to treat their ailment, but do not have any means for a safe and legal way to obtain marijuana. Hawaii is in desperate need of a medical marijuana dispensary, and we are 14 years overdue. How can we expect patients and/or their caregivers to be an expert in cultivating their own plants, making the perfect balance of cannabis oil, and finding the right dosage to administer? With the establishment of a medical marijuana dispensary, patients will finally be able to obtain their products without feeling the need to be a farmer, chemist and doctor, all while trying to fight their health issues. My 6-year-old niece was diagnosed with Dravet Syndrome, a rare and catastrophic form of epilepsy. I have seen the positive effects that medicinal cannabis has done for her. I am optimistic that a medical marijuana dispensary will be a great accomplishment in her current fight against this incredibly cruel disease. I respectfully ask you to please support this bill, which will help patients in Hawaii, such as my niece, to have safe and legal access to their necessary medicinal marijuana. Thank you for your consideration.

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March 19, 2015

To: COMMITTEE ON HEALTH: Senator Josh Green, Chair, Senator Glenn Wakai, Vice Chair

To: COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND MILITARY AFFAIRS: Senator Will Espero, Chair, Senator Rosalyn H. Baker, Vice Chair

FROM: Wendy Gibson R.N.

RE: HB321 HD1 **Hearing Scheduled for:** Friday March 20, 2015, 2:00 p.m. Conference Room 414 State Capitol, 415 South Beretania Street.

Position: Strong Support of HB 321 HD1– Relating to Medical Marijuana: Dispensaries and Production Centers

Aloha Committee Chairs Green and Espero, Vice Committee Chairs Wakai and Baker, and Committee Members,

I'm Wendy Gibson, a nurse (R.N.) and a medical cannabis patient advocate. I **STRONGLY** support HB 321.

I have seen patients benefit from using medical marijuana (cannabis) when other treatments have failed. I've also watched patients struggle when trying to figure out how to legally navigate the current medical marijuana program. These patients--who are usually law-abiding citizens--have to decide **NOT IF** but **WHEN** they should break the law to obtain their medicine.

If they choose to grow-their own they must illegally buy seeds or plants, then learn how to differentiate a female plant from a male plant and carefully tend the plants for MONTHS to see what they get. I learned that female plants produce the medicines in the flowers. Having one male plant pollinate the females can ruin the whole crop.

So, if patients cannot grow their-own, they must break the law by seeking products on the black market. This is dangerous for many reasons. Because street drugs are not tested and labeled, the product purchased may be the wrong strain or strength for the patient's condition. Products may have contaminants such as pesticides, molds or extraction residues. This is especially dangerous if the patient is a child.

HB321 HD1 will provide the much needed, missing piece in our current medical marijuana law. Providing Hawaii's thousands of patients with a **LEGAL** way to obtain their medicine (or plants) will help solve many issues—for both patients and health care professionals-- without causing public safety issues.

Having a dispensary system in Hawaii would mean that health care professionals could **LEGALLY** assist a patient with obtaining the right medicine for the medical disorder, in the right strength and form. It means having a **SAFE** place to send patients to get a **VARIETY** of **QUALITY** products. Being able to

purchase the right plant variety for the health condition—especially a product that is TESTED and LABELED with the strength and content-- is NOT currently an option on the black market.

And, in a dispensary the patient will be provided with some **education** about how to use the product(s) safely. Products will be packaged in child-proof containers to avoid mishaps. All of these are improvements in SAFETY for the patient and the PUBLIC.

To those who are concerned about **diversion to youth**, please consider this: According to the State Auditor's Sunrise Review, based on contacts with medical marijuana program administrators in other states: " . . . We did not receive any indication that abuses by dispensaries have occurred. Nationwide data is also supporting the statement that youth groups are not penetrating secured dispensary systems." (Reference: The State of Hawaii Auditor's Sunrise review at the UHM Public Policy Center website: <http://www.publicpolicycenter.hawaii.edu/projects-programs/hcr48/nov-14/HCR48-Auditors-Report-Sunrise-Analysis.pdf>).

Patient safety is always a primary concern for me and that is why I would like to see a well-regulated dispensary system put into place **as SOON AS POSSIBLE**. Our more than 13,000 patients have waited about 15 years for this to happen.

Asking patients to wait any longer (for example, until a prescription medication can be developed) is not a reasonable request. Only two new medications are in production AND neither of them is allowed for use INSIDE the United States. One is useful for seizure disorders, the other for multiple sclerosis. Only patients with either of those disorders could benefit from these--but not for many more years.

Asking patients to wait any longer is like asking patients to "WAIT TO GET SICK". No one has ever asked me to "Wait" to get my medicine---possibly for years. I can't imagine that any patient, caregiver or parent thinks this is a reasonable request.

I am confident that **HB321**, based on the dispensary task force's recommendations is the bill that will lead to the creation of a well-regulated system, one that provides for patients health care needs while vigilantly attending to public safety concerns. I hope you will support passage of HB321, the "missing piece" of our medical marijuana program.

Thank you for your consideration of this important matter,

Wendy Gibson P.T.A., R.N.,BSN.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: aiea67@hotmail.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Wednesday, March 18, 2015 10:17:47 PM

HB321

Submitted on: 3/18/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
k maile	Individual	Support	No

Comments: Please support this life saving bill!

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HB321

Submitted on: 3/18/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Jensen Uyeda	Individual	Support	No

Comments:

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Cc: davidsher@juno.com
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Date: Wednesday, March 18, 2015 8:49:06 PM

HB321

Submitted on: 3/18/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Sherry Pollack	Individual	Support	No

Comments: I support HB 321 which establishes a system of medical marijuana dispensaries and production centers; prohibits counties from enacting zoning regulations that discriminate against licensed dispensaries and production centers; and clarifies the right of qualifying patients and primary caregivers to transport medical marijuana. There are many seriously ill patients in Hawaii that have waited 14 years for a system where they could purchase the strain of cannabis that would relieve their suffering. Law-abiding patients and caregivers want to remain law-abiding but the way the current medical cannabis law is worded, patients and caregivers are forced to turn to the black market or other illegal avenues to obtain the medicine that they have a legal right to use. Please help these patients receive their medicine from a safe and legal access point by passing this bill. Mahalo, Sherry Pollack Ahuimanu

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Date: Wednesday, March 18, 2015 8:09:24 PM

HB321

Submitted on: 3/18/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

Comments: This bill should be passed for a multitude of reason, one being its just time to have medical users a place to get what they need. there would be a lot more cardholders if they had somewhere to get it from in the first place, a lot of people don't even feel a use to get a card when they cant get anything, when they don't know anyone, when they don't know or cant grow for themselves, and have no one to caregive for them, at that point why even bother spending money for a card. when I have caregiven for my father one of the questions I asked when Kaiser signed us up for the card so where can I get something? how do I go about this? and the only answer they could give was you need to know someone or figure it out on your own we cant help you or tell you where to go what to do. if I weren't able to figure it out on my own he would have suffered more for it. theres too much people who can benefit from it but have no where to get anything and no one to help them, enough time has passed the research is out there, and ill say even for the religious people who are against it to read their bible carefully, god placed fruit bearing trees herb bearing seeds and saw that it was good. peoples free will is what makes things bad peoples choices make things look bad, big money helps spread bad propaganda because of fear from the money they will lose, the plant isn't the bad one.

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HB321

Submitted on: 3/18/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

Comments: We support HB 321!! Patients have waited long enough for safe and legal access to their medicine. Let's try and fix this flawed program!! Do the right thing and make the changes needed!!

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HB321

Submitted on: 3/18/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
meredith murphy	Individual	Support	No

Comments: it is probably a really good idea.....

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HB 321 Medical Marijuana Dispensaries

Necessary amendments:

Add:

Nothing within this chapter is meant to limit the practice any school of medicine, medical doctors, osteopathic physicians, naturopathic physicians, oriental and Ayurvedic medicine.

Nothing within this chapter is meant to limit the practice of pharmacy.

Nothing within this chapter is meant to limit or prevent the cordial preparation and administration of medical marijuana for oneself by oneself or through care givers and assistants.

Change:

“Manufactured marijuana product” means any capsule, tablet, lozenge, oil, pill, fluid extract, tincture, sprays or vapor that has been manufactured using marijuana.

USP Cannabis prior to the prohibition in 1939 was used pharmaceutically as tinctures and fluid extracts. Many medical marijuana patients have been recommended the use of vaporizers to avoid the toxic chemicals and particulate matter from smoking, combustion. Modern pharmaceutical extracts approved in Europe and Canada use oral spray for the administration of the essential medicines.

The traditional and modern means of pharmaceutical administration should be included in the language of law

“Physician” section 329-121.

Add, insert, Naturopathic Physicians, Acupuncturists.

USP Cannabis is traditionally used by Physicians who are specifically trained and educated in the use of herbal medicines; this tradition of medicine is now held, trained, taught and practiced in Schools of Naturopathic Medicine. Cannabis seeds are also used in Traditional Chinese Herbal Formulas. Medical doctors are the “new kids on the block” in terms of any education or training in the use of herbal medicine and traditional medicine. Many medical doctors are completely untrained and uneducated on the current or traditional use of medical marijuana; many believe the medical hoax instead of the medical and scientific facts. Naturopathic Physicians are the Specialists in this medical field.

All dates should be moved to 2015, there is no valid excuse or law enforcement power to deprive seriously ill patients in the State of Hawaii immediate access to health care services and medicines. The Hawaii Chief Justice has already declared that the lack of access to medical

marijuana is an ABSURDITY. [I am not aware where in the State Constitution there is language for “absurdity” within the law.]

Medical marijuana, as of the December 2014 Budget Law, was recognized and protected as medical marijuana. The budget law cuts off all funds for the Department of Justice to in anyway interfere or go against State law permitting the use of medical marijuana. Since the Law means what is understood in plain English, the use of the adjective “medical” with the noun “marijuana” means that medical marijuana is a medicine; and, is now recognized and protected as a medicine under federal law. This conflicts with the statutory requirement that Federal Schedule 1 controlled substances be “NOT a medicine”. Isn’t it is unconstitutional to restrict access to health care in the United States of America? Congress has not rescheduled medical marijuana; therefore medical marijuana currently is not scheduled under the Federal Controlled Substance Act.

The Federal Government’s plan, under the Justice Department, is to “capture the revenue stream from the Black Market that steals money from government coffers”. Justice Department has promulgated an 8 point guideline for the Commercial Sales of Recreational Marijuana for the State of Colorado which is applicable to all 50 States. Any State that wants to end crime and capture the revenue stream from the Black Market can promulgate law to provide for the Commercial Sale of Marijuana providing they follow the 8 point plan of the Obama Justice Department. Prior to the recognition that marijuana was a medicine under the Federal Budget Law of December 2014, the Justice Department applied these same 8 points to the Commercial Sale of Medical Marijuana.

There isn’t the need for the State to go limit itself or over regulate or prohibit recreational or medical marijuana as long as the State follows the 8 point plan.

Fees

All fees are passed onto and paid for by the consumer.

Marijuana is safer than either tobacco or alcohol; neither tobacco nor alcohol has any medical use. Both alcohol and tobacco are dangerous drugs that have associated with high medical cost, chronic disease, disabilities, and early death. The regulations and restrictions that are satisfactory for the regulation of alcohol or tobacco are sufficient to protect against a less harmful more beneficial medicine, marijuana.

Excessive regulation and unnecessary bureaucracy and oversight are not beneficial to the consumer, to the health, safety and welfare of the public, to the public health or to the economy.

Regulation and government oversight that is sufficient to protect the public from alcohol and tobacco, the more dangerous drugs, are clearly more than sufficient to protect the public from

less harmful essential medicines. We also need to avoid the corruption common in the Honolulu Liquor Commission with a more open economy and greater economic opportunity.

Hawaii State Law Enforcement influences the Legislature under the old model based upon a medical and scientific hoax that promotes crime and corruption. The Obama Administration and the Justice Department is pushing the States to the new model of economic opportunity and appropriate regulations instead of the Black market that steals money from Government Coiffers.

Prohibition of Marijuana is all but over on a Federal Level. Justice has an 8 point guideline for capturing the revenue flow from the Black Market.

The Medical Benefits of medical marijuana are also benefit consumers that enjoy recreational marijuana, recreational users as well as medical users both benefit from the same stress reduction and cancer prevention.

§321-D Public education.

Public Education should be directed at telling the TRUTH. The current medical and scientific HOAX and Fraud which began the prohibition of marijuana must be RECTIFIED, the harm must be undone.

I find the word “target” in the phrase “The program shall target” very objectionable. “Target” should be changed to “educate”. Since the language of the bill includes the general public, who exactly are you targeting when you include everyone? Since you are including everyone then no one is being specifically targeted. And why use word “target”, do you need to shoot somebody? Educate is more appropriate.

Weights and Measures are important and must be accurate and informative.

The Laws in the various States have been using the “plant” as a term for weights and measures. But the word “plant” must include all plants of various sizes, shapes, potencies, qualities etc. In other words using the weight and measure “plant” has not specific meaning. It could be a small plant with 7 grams of useable medicine or a huge Christmas tree plant with 250 to 500 grams of useable marijuana. Many users want to eat or juice the leaves which are a non-psychedelic cure for prostate cancer [per the NIH PubMed] and provide none to minimal THC. I think that it is impossible to avoid the use of the word plant although language could permit the combining of small plants to an accumulated dry weight of 4 to 8 ounces to be considered one plant. I had a flowering plant that was less than an inch high.

§321-F Types of manufactured marijuana products should include any capsule, tablet, lozenge, oil, pill, fluid extract, tincture, sprays or vapor that has been manufactured using marijuana.

USP Cannabis prior to the prohibition in 1939 was used pharmaceutically as tinctures and fluid extracts. Many medical marijuana patients have been recommended the use of vaporizers to avoid the toxic chemicals and particulate matter from smoking, combustion. Modern pharmaceutical extracts approved in Europe and Canada use oral spray for the administration of the essential medicines. Pills includes both capsules and tablets so if you are using capsule then linguistically you should also use tablets you may also include the word pills.

The traditional and modern means of pharmaceutical administration should be included in the language of law.

§321-C Advertising and packaging.

The requirement (1) Is child-resistant and opaque so that the product 7 cannot be seen from outside the packaging; is very BAD FOR THE CONSUMER. THIS DOESN'T ALLOW CONSUMERS TO INSPECT THE HERBAL MEDICINE FOR QUALITY, FLAVOR, COLOR, OR ANY OTHER DEFINING CHARASTIC. THIS IS A WIDE OPEN DOOR FOR BAD MEDICINE, COUNTERFIET PRODUCTS AND FRAUD.

The intent of being child proof is understandable although Black Market marijuana is currently available to middle school children as it is. So to harm consumers will not protect children. Medical marijuana may be recommended to children under the supervision of their parent or guardian so what is with the child proof container language. Children are more able to open child proof containers than adults and especially seriously ill patients. Since I don't have any children, Longs pharmacy often dispenses medicine in non-child proof containers. Testosterone gel a controlled substance is not in a childproof container.

Page 15

...provided that the department may adapt rules exempting from this paragraph a person who was convicted of a felony that was specifically related to marijuana, if the conviction was at least ten years prior to the licensure or employment;

Unfortunately, The State has been actively targeting medical marijuana patients under prior administrations for political gain. Terrorizing patients for their own political agenda. Where is the "equal protection under the law" with a 10 year closed door policy? It is completely illogical to harm persons again that have already been harmed by prior bad public policy and law enforcement's medical hoax. Especially, since the political crimes have become more intense as the medical understanding and public demand has been improving.

Page 25--zoning

The areas in which residential uses may be regulated or prohibited;--This is overreaching by the Legislature to not permit access to medicine within one's own home or residence. In any area where alcohol, tobacco or opiates are permitted then the safer medicine should also be permitted. In areas where smoking is prohibited the use of other means of cordial administration of medical marijuana should still be permitted and approved.

In multiple parts of the bill the use of medical marijuana is prohibited in various public places, language needs to be clear that the use of medical marijuana in clinics, hospitals, group homes, hospice facilities and in other public places where health care is delivered shall be exempt from these prohibitions.

Much of the bill reflects the 1939 HOAX AND FRAUD committed against health care and the Health and Safety of the American People. Regulations that are sufficient for alcohol, tobacco or opiates are clearly more than sufficient to protect the public from a much less harmful medicine. Understanding that marijuana, medical and recreational, protects against the harms associated with alcohol, tobacco and opiates, the overregulation of marijuana is a disservice to the health, safety and welfare of the consuming public and the State.

Keeping medical marijuana only half legal and half illegal is lagging behind the Justice Department's authorization for the Commercial Sales of Recreational Marijuana. Funding of the marijuana programs should be coming from the recreational side not the medical side. Medical Marijuana is currently recognized and protected under federal law including the Federal Right of Privacy in health care.

This bill is not sufficient to capture the revenue flow from the Black Market. Although a small step in the right direction this bill over taxes health care delivery with excessive bureaucracy and unreasonable fees which will be passed onto the patients. Law enforcement finds it necessary to continue the prohibition of recreational marijuana, which based solely upon its own medical HOAX. The goal of capturing the revenue stream from the Black Market that steals money from government coffers is only accomplished with sensible regulation of recreational marijuana. No one is benefited by excessive regulation on medical marijuana, a medicine that is safer than aspirin, Tylenol, opiates and mostly all other psychiatric medicines.

Testimony of
Kylie Matsuda-Lum
HB 321, HD1
Establishment of Marijuana Dispensaries

Committee on Health
Committee on Public Safety, Intergovernmental & Military Affairs

Friday, March 20, 2015
2:00pm
Conference Room 414

Chair Green, Vice Chair Wakai, and members of the Senate Committee on Health & Chair Espero, Vice Chair Baker and members of the Senate Committee on Public Safety, Intergovernmental and Military Affairs, Thank you for this opportunity to provide personal testimony in **Strong Support** of HB321, HD1 relating to the establishment of marijuana dispensaries.

My name is Kylie Matsuda-Lum of Kahuku, Oahu.

Establishment of dispensaries in Hawaii based on the HCR48, Multi-Agency Task Force recommendations would provide patients with timely access to medical grade marijuana products which could greatly benefit the lives of patients like Maile Kaneshiro, as well as other kama'aina living with a qualifying, medical condition in Hawaii.

Task force recommendations addressed many of the concerns brought forth by law enforcement and drug free activists with safeguards which may heighten security and restrict minor access to medical marijuana dispensary & production facilities. These safeguards in combination with a trace back mechanisms may minimize additional risk and public safety concerns regarding unauthorized access and reckless misuse.

Regulated dispensaries will help to ensure services are in place for patients and their caregiving families at a time when they desperately need them. I ask you to embrace the opening session words of House of Representatives' speaker, Joe Souki when he said, "“I am speaking of those who need better access to medical marijuana. Yes, it is legal in Hawai'i. But there is no legal access to it. The time has come to fix this contradiction.”"

Thank you for the opportunity to express our strong support of HB321, HD1.

Kylie Matsuda-Lum

From: mailinglist@capitol.hawaii.gov
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Cc: valko808@hotmail.com
Subject: *Submitted testimony for HB321 on Mar 20, 2015 14:00PM*
Date: Wednesday, March 18, 2015 2:44:56 PM

HB321

Submitted on: 3/18/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Lani valko	Individual	Support	No

Comments:

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HB321

Submitted on: 3/18/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Paula Rubin	Individual	Support	No

Comments: This bill will allow patients a safe and legal way to get their medicine from licensed, controlled, and regulated dispensaries. It will spare sick patients from having to go to the black market to get their medicine. This bill comes straight out of the Task Force's recommendations. It's thorough and comprehensive, and strikes the right balance between patients' needs and public safety.

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HB321

Submitted on: 3/18/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

Comments: To: COMMITTEE ON HEALTH- Senator Josh Green, Chair, Senator Glenn Wakai, Vice Chair. To: COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND MILITARY AFFAIRS-Senator Will Espero, Chair, Senator Rosalyn H. Baker, Vice Chair From: Ed Bendor] RE: Hearing Friday, March 20, 2015, 2:00PM- Conference Room 414, State Capitol,415 South Beretania Street POSITION: Strong Support of HB 321, HD1, Dear Senate Chairs Green and Espero, Vice-Chairs Wakai and Baker and Members of the Committees, This bill will allow patients a safe and legal way to get their medicine from licensed, controlled, and regulated dispensaries. It will spare sick patients from having to go to the black market to get their medicine. Since many patients do not leave their home and we want to discourage people to drive while medicated I suggest home delivery as the preferred way to get the medicine to the patients. I have some suggestions for amendements regarding where to locate the dispensaries as well as where to grow the marijuana. There will be have to be a method for deciding who will get the right to grow the marijuana and where as there will be many applicants including those form other states. I think you should only allow farms owned by Hawaii residents for at least 5 years with no mortgage at the time of applying. Those farms should also have an approved Conservation Plan and receive Farm tax rates from their County. Those persons who have the land unencumbered by a mortgage, a commercial kitchen, a secure location, not near schools and within 2 miles of a police department should be the first in line to receive the license to grow and dispense. If you use these criteria it will easier to find the best candidates. There is no reason to allow shops on ground floors in shopping centers where their goods are openly displayed when we can do that more effectively and with more sanitary precautions on a web site. I prefer home delivery as opposed to stores where the product is exhibited , the jars opened and the product sniiffed. With home delivery credit cards would be the ONLY mode of payment as cash would not be needed. This will assure accurate records and accurate tax payments. Please approve this bill as soon as possible.. Mahalo for allowing me to testify. Aloha, ed

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HB321

Submitted on: 3/18/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Jasmine Bento	Individual	Support	No

Comments: I support the bill to bring dispensaries to Hawaii, there is such a wide variety of citizens that can benefit from this. I Think it's the right thing to do for all the people too ill to grow their own medicine, and for the people who don't have a yard or connections to caregivers.

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To: [HTHTestimony](#)
Cc: nshishido1@yahoo.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Wednesday, March 18, 2015 6:39:20 AM

HB321

Submitted on: 3/18/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Nina Shishido	Individual	Support	No

Comments: As parent of a disabled child with seizures, I totally support this bill so our children may have access to the plant that may help them.

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Subject: *Submitted testimony for HB321 on Mar 20, 2015 14:00PM*
Date: Tuesday, March 17, 2015 9:50:00 PM

HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Taylor Watanabe	Individual	Support	No

Comments:

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Cc: galeb@me.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Tuesday, March 17, 2015 6:47:38 PM

HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

Comments: Chair, Vice Chair, and committee members, I respectfully ask for your support for the legislation to allow Medical Marijuana Dispensaries. I am writing from the perspective of a medical doctor who has been practicing in Hawaii for 36 years. Initially, I was skeptical about medical marijuana when it was legalized many years ago. Over the years I have become increasingly supportive. I have had many patients who relayed how they clearly benefited from using medical marijuana. The benefits have been ongoing for them. Persistent pain is certainly one such disease that can benefit. This bill to create medical marijuana dispensaries is absolutely necessary. The current arrangement seems to force patients to behave illegally. If they are to grow marijuana they have to become fairly sophisticated farmers. How do they legally get seeds when they first start? I have listened to many patients who have difficulty with the current state of affairs. There are many other reasons to create the dispensaries as I expect you are hearing in other testimony. Sincerely, Gale Beardsley, MD

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Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
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HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Earl Maeda	Individual	Support	Yes

Comments: HB 321 H1 Relating to Medical Marijuana My name is Earl Maeda, and I'm a student at UH Manoa in the Myron B. Thompson School of Social Work, and I support Bill HB 321 H1, medical marijuana, because I feel that this is a remedy and that this medical marijuana can alleviate pain, physical ailments, and other medical conditions. It is the case to establish dispensaries where medical patients will be able to purchase their prescriptions in a legal and safe way. Why would the State allow people to hold medical marijuana cards if they have no place to purchase their prescriptions. Dispensaries will allow medical marijuana patients to also get away from purchasing marijuana on the streets, illegally.

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HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
C Ogata	Individual	Support	No

Comments: I am writing in support of HB321. Please provide the dispensaries needed for safe, available treatment for children, patients and aid for their caregivers. Maile, Jari, Reid, and Austin have lived with many challenges and are an example of why this bill is so important to their family and others like them. Thank you.

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Subject: *Submitted testimony for HB321 on Mar 20, 2015 14:00PM*
Date: Tuesday, March 17, 2015 4:38:13 PM

HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Jyrell Barrientos	Individual	Support	No

Comments:

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Testimony on Bill HB321 HD1

Hello, my name is Justin Tanaka. I was born and raised on the island of Maui. Currently I work as an English teacher in southern Japan. Next year I look forward to returning home and attending law school at UH Richardson.

The reason I am submitting testimony in support of Bill HB321 is that its legislation directly affects my family and I. You see, my younger brother Jordan is one of 13,000+ prospective patients in Hawaii that qualify for medical marijuana treatment. It is imperative for our family that this bill passes, as medical marijuana is the last hope we have to cure my brother of his affliction.

My brother was diagnosed with Dravet's Syndrome, a rare and severe form of epilepsy, when he was only two years old. He suffers daily from full-body grand-mal seizures, often several times a day and at night. This condition has severely impacted his physical and mental development and over the years his condition has only worsened.

Over the years my family has tried countless medicines, treatments, surgeries, operations and diets to try to curb the effects of his condition but so far nothing has worked. Recently we discovered a study done by nationally renowned Dr. Sanjay Gupta that has shown how CBD, a chemical component found in marijuana, has produced some pretty amazing results in people who suffer from Dravet's syndrome.

CBD oil is available at medical marijuana dispensaries in places like California and Colorado and some families out of desperation have actually moved there to legally access treatment. Here in Hawaii however, such treatments are still considered illegal by the state. My family believes that if medical marijuana dispensaries were allowed to practice within the state, our family would be able to legally obtain the CBD oil that my brother desperately needs.

To be brutally honest, I know that there is not much hope left for my brother. This past year he celebrated his 25th birthday on Maui with my parents, his skills trainers, nurses and friends. Even if CBD oil is able to curb the severity of his seizures, the damage has already been done. My brother will never have a normal life. He will never be able to live on his own. He will never regain the health that Dravet's Syndrome has stripped from him.

However, there are many other youths in Hawaii who suffer from various diseases and afflictions that still have a chance at beating their conditions. They still have a chance of growing up and living a normal life. I ask the lawmakers of Hawaii not just to consider the plight of my brother when deliberating on this piece of legislation, but to also keep in mind all the children of Hawaii. Please remember the potential lives that can be changed for the better if access to necessary medical treatments become available. Thank you.

Legalizing Marijuana: Why Citizens Should Just Say No

By [Charles "Cully" Stimson](#)

The scientific literature is clear that marijuana is addictive and that its use significantly impairs bodily and mental functions. Marijuana use is associated with memory loss, cancer, immune system deficiencies, heart disease, and birth defects, among other conditions. Even where decriminalized, marijuana trafficking remains a source of violence, crime, and social disintegration.^[1]

Nonetheless, this November, California voters will consider a ballot initiative, the Regulate, Control and Tax Cannabis Act of 2010 (RCTCA),^[2] that would legalize most marijuana distribution and use under state law. (These activities would remain federal crimes.) This vote is the culmination of an organized campaign by pro-marijuana activists stretching back decades.

The current campaign, like previous efforts, downplays the well-documented harms of marijuana trafficking and use while promising benefits ranging from reduced crime to additional tax revenue. In particular, supporters of the initiative make five bold claims:

1. “Marijuana is safe and non-addictive.”
2. “Marijuana prohibition makes no more sense than alcohol prohibition did in the early 1900s.”
3. “The government’s efforts to combat illegal drugs have been a total failure.”
4. “The money spent on government efforts to combat the illegal drug trade can be better spent on substance abuse and treatment for the allegedly few marijuana users who abuse the drug.”
5. “Tax revenue collected from marijuana sales would substantially outweigh the social costs of legalization.”^[3]

As this paper details, all five claims are demonstrably false or, based on the best evidence, highly dubious.

Further, supporters of the initiative simply ignore the mechanics of decriminalization—that is, how it would directly affect law enforcement, crime, and communities. Among the important questions left unanswered are:

- How would the state law fit into a federal regime that prohibits marijuana production, distribution, and possession?
- Would decriminalization, especially if combined with taxation, expand market opportunities for the gangs and cartels that currently dominate drug distribution?
- Would existing zoning laws prohibit marijuana cultivation in residential neighborhoods, and if not, what measures would growers have to undertake to keep children from the plants?
- Would transportation providers be prohibited from firing bus drivers because they smoke marijuana?

No one knows the specifics of how marijuana decriminalization would work in practice or what measures would be necessary to prevent children, teenagers, criminals, and addicts from obtaining the drug.

The federal government shares these concerns. Gil Kerlikowske, Director of the White House Office of National Drug Control Policy (ONDCP), recently stated, “Marijuana legalization, for any purpose, is a non-starter in the Obama Administration.”^[4] The Administration—widely viewed as more liberal than any other in recent memory and, for a time, as embodying the hopes of pro-legalization activists^[5]—has weighed the costs and benefits and concluded that marijuana legalization would compromise public health and safety.

California’s voters, if they take a fair-minded look at the evidence and the practical problems of legalization, should reach the same conclusion: Marijuana is a dangerous substance that should remain illegal under state law.

The Initiative

The RCTCA’s purpose, as defined by advocates of legalization, is to regulate marijuana just as the government regulates alcohol. The law would allow anyone 21 years of age or older to possess, process, share, or transport up to one full ounce of marijuana “for personal consumption.” Individuals could possess an unlimited number of living and harvested marijuana plants on the premises where they were grown. Individual landowners or lawful occupants of private property could cultivate marijuana plants “for personal consumption” in an area of not more than 25 square feet per private residence or parcel.

The RCTCA would legalize drug-related paraphernalia and tools and would license establishments for on-site smoking and other consumption of marijuana. Supporters have included some alcohol-like restrictions against, for example, smoking marijuana while operating a vehicle.^[6] Finally, the act authorizes the imposition and collection of taxes and fees associated with legalization of marijuana.

Unsafe in Any Amount: How Marijuana Is Not Like Alcohol

Marijuana advocates have had some success peddling the notion that marijuana is a “soft” drug, similar to alcohol, and fundamentally different from “hard” drugs like cocaine or heroin. It is true that marijuana is not the most dangerous of the commonly abused drugs, but that is not to say that it is safe. Indeed, marijuana shares more in common with the “hard” drugs than it does with alcohol.

A common argument for legalization is that smoking marijuana is no more dangerous than drinking alcohol and that prohibiting the use of marijuana is therefore no more justified than the prohibition of alcohol. As Jacob Sullum, author of *Saying Yes: In Defense of Drug Use*, writes:

Americans understood the problems associated with alcohol abuse, but they also understood the problems associated with Prohibition, which included violence, organized crime, official corruption, the erosion of civil liberties, disrespect for the law, and injuries and deaths caused by

tainted black-market booze. They decided that these unintended side effects far outweighed whatever harms Prohibition prevented by discouraging drinking. The same sort of analysis today would show that the harm caused by drug prohibition far outweighs the harm it prevents, even without taking into account the value to each individual of being sovereign over his own body and mind.[\[7\]](#)

At first blush, this argument is appealing, especially to those wary of over-regulation by government. But it overlooks the enormous difference between alcohol and marijuana.

Legalization advocates claim that marijuana and alcohol are mild intoxicants and so should be regulated similarly; but as the experience of nearly every culture, over the thousands of years of human history, demonstrates, alcohol is different. Nearly every culture has its own alcoholic preparations, and nearly all have successfully regulated alcohol consumption through cultural norms. The same cannot be said of marijuana. There are several possible explanations for alcohol's unique status: For most people, it is not addictive; it is rarely consumed to the point of intoxication; low-level consumption is consistent with most manual and intellectual tasks; it has several positive health benefits; and it is formed by the fermentation of many common substances and easily metabolized by the body.

To be sure, there are costs associated with alcohol abuse, such as drunk driving and disease associated with excessive consumption. A few cultures—and this nation for a short while during Prohibition—have concluded that the benefits of alcohol consumption are not worth the costs. But they are the exception; most cultures have concluded that it is acceptable in moderation. No other intoxicant shares that status.

Alcohol differs from marijuana in several crucial respects. First, marijuana is far more likely to cause addiction. Second, it is usually consumed to the point of intoxication. Third, it has no known general healthful properties, though it may have some palliative effects. Fourth, it is toxic and deleterious to health. Thus, while it is true that both alcohol and marijuana are less intoxicating than other mood-altering drugs, that is not to say that marijuana is especially similar to alcohol or that its use is healthy or even safe.

In fact, compared to alcohol, marijuana is not safe. Long-term, moderate consumption of alcohol carries few health risks and even offers some significant benefits. For example, a glass of wine (or other alcoholic drink) with dinner actually improves health.[\[8\]](#) Dozens of peer-reviewed medical studies suggest that drinking moderate amounts of alcohol reduces the risk of heart disease, strokes, gallstones, diabetes, and death from a heart attack.[\[9\]](#) According to the Mayo Clinic, among many others, moderate use of alcohol (defined as two drinks a day) “seems to offer some health benefits, particularly for the heart.”[\[10\]](#) Countless articles in medical journals and other scientific literature confirm the positive health effects of moderate alcohol consumption.

The effects of regular marijuana consumption are quite different. For example, the National Institute on Drug Abuse (a division of the National Institutes of Health) has released studies showing that use of marijuana has wide-ranging negative health effects. Long-term marijuana consumption “impairs the ability of T-cells in the lungs’ immune system to fight off some

infections.”[\[11\]](#) These studies have also found that marijuana consumption impairs short-term memory, making it difficult to learn and retain information or perform complex tasks; slows reaction time and impairs motor coordination; increases heart rate by 20 percent to 100 percent, thus elevating the risk of heart attack; and alters moods, resulting in artificial euphoria, calmness, or (in high doses) anxiety or paranoia.[\[12\]](#) And it gets worse: Marijuana has toxic properties that can result in birth defects, pain, respiratory system damage, brain damage, and stroke.[\[13\]](#)

Further, prolonged use of marijuana may cause cognitive degradation and is “associated with lower test scores and lower educational attainment because during periods of intoxication the drug affects the ability to learn and process information, thus influencing attention, concentration, and short-term memory.”[\[14\]](#) Unlike alcohol, marijuana has been shown to have a residual effect on cognitive ability that persists beyond the period of intoxication.[\[15\]](#) According to the National Institute on Drug Abuse, whereas alcohol is broken down relatively quickly in the human body, THC (tetrahydrocannabinol, the main active chemical in marijuana) is stored in organs and fatty tissues, allowing it to remain in a user’s body for days or even weeks after consumption.[\[16\]](#) Research has shown that marijuana consumption may also cause “psychotic symptoms.”[\[17\]](#)

Marijuana’s effects on the body are profound. According to the British Lung Foundation, “smoking three or four marijuana joints is as bad for your lungs as smoking twenty tobacco cigarettes.”[\[18\]](#) Researchers in Canada found that marijuana smoke contains significantly higher levels of numerous toxic compounds, like ammonia and hydrogen cyanide, than regular tobacco smoke.[\[19\]](#) In fact, the study determined that ammonia was found in marijuana smoke at levels of up to 20 times the levels found in tobacco.[\[20\]](#) Similarly, hydrogen cyanide was found in marijuana smoke at concentrations three to five times greater than those found in tobacco smoke.[\[21\]](#)

Marijuana, like tobacco, is addictive. One study found that more than 30 percent of adults who used marijuana in the course of a year were dependent on the drug.[\[22\]](#) These individuals often show signs of withdrawal and compulsive behavior.[\[23\]](#) Marijuana dependence is also responsible for a large proportion of calls to drug abuse help lines and treatment centers.

To equate marijuana use with alcohol consumption is, at best, uninformed and, at worst, actively misleading. Only in the most superficial ways are the two substances alike, and they differ in every way that counts: addictiveness, toxicity, health effects, and risk of intoxication.

Unintended Consequences

Today, marijuana trafficking is linked to a variety of crimes, from assault and murder to money laundering and smuggling. Legalization of marijuana would increase demand for the drug and almost certainly exacerbate drug-related crime, as well as cause a myriad of unintended but predictable consequences.

To begin with, an astonishingly high percentage of criminals are marijuana users. According to a study by the RAND Corporation, approximately 60 percent of arrestees test positive for

marijuana use in the United States, England, and Australia. Further, marijuana metabolites are found in arrestees' urine more frequently than those of any other drug.[\[24\]](#)

Although some studies have shown marijuana to inhibit aggressive behavior and violence, the National Research Council concluded that the “long-term use of marijuana may alter the nervous system in ways that do promote violence.”[\[25\]](#) No place serves as a better example than Amsterdam.

Marijuana advocates often point to the Netherlands as a well-functioning society with a relaxed attitude toward drugs, but they rarely mention that Amsterdam is one of Europe's most violent cities. In Amsterdam, officials are in the process of closing marijuana dispensaries, or “coffee shops,” because of the crime associated with their operation.[\[26\]](#) Furthermore, the Dutch Ministry of Health, Welfare and Sport has expressed “concern about drug and alcohol use among young people and the social consequences, which range from poor school performance and truancy to serious impairment, including brain damage.”[\[27\]](#)

Amsterdam's experience is already being duplicated in California under the current medical marijuana statute. In Los Angeles, police report that areas surrounding cannabis clubs have experienced a 200 percent increase in robberies, a 52.2 percent increase in burglaries, a 57.1 percent increase in aggravated assault, and a 130.8 percent increase in burglaries from automobiles. Current law requires a doctor's prescription to procure marijuana; full legalization would likely spark an even more acute increase in crime.

Legalization of marijuana would also inflict a series of negative consequences on neighborhoods and communities. The nuisance caused by the powerful odor of mature marijuana plants is already striking California municipalities. The City Council of Chico, California, has released a report detailing the situation and describing how citizens living near marijuana cultivators are disturbed by the incredible stink emanating from the plants.[\[28\]](#)

Perhaps worse than the smell, crime near growers is increasing, associated with “the theft of marijuana from yards where it is being grown.”[\[29\]](#) As a result, housing prices near growers are sinking.

Theoretical arguments in favor of marijuana legalization usually overlook the practical matter of how the drug would be regulated and sold. It is the details of implementation, of course, that will determine the effect of legalization on families, schools, and communities. Most basically, how and where would marijuana be sold?

- Would neighborhoods become neon red-light districts like Amsterdam's, accompanied by the same crime and social disorder?
- If so, who decides what neighborhoods will be so afflicted—residents and landowners or far-off government officials?
- Or would marijuana sales be so widespread that users could add it to their grocery lists?
- If so, how would stores sell it, how would they store it, and how would they prevent it from being diverted into the gray market?

- Would stores dealing in marijuana have to fortify their facilities to reduce the risk of theft and assault?[30]

The most likely result is that the drug will not be sold in legitimate stores at all, because while the federal government is currently tolerating medical marijuana dispensaries, it will not tolerate wide-scale sales under general legalizational statutes. So marijuana will continue to be sold on the gray or black market.

The act does not answer these or other practical questions regarding implementation. Rather, it leaves those issues to localities. No doubt, those entities will pass a variety of laws in an attempt to deal with the many problems caused by legalization, unless the local laws are struck down by California courts as inconsistent with the underlying initiative, which would be even worse. At best, that patchwork of laws, differing from one locality to another, will be yet another unintended and predictable problem arising from legalization as envisioned under this act.

Citizens also should not overlook what may be the greatest harms of marijuana legalization: increased addiction to and use of harder drugs. In addition to marijuana's harmful effects on the body and relationship to criminal conduct, it is a gateway drug that can lead users to more dangerous drugs. Prosecutors, judges, police officers, detectives, parole or probation officers, and even defense attorneys know that the vast majority of defendants arrested for violent crimes test positive for illegal drugs, including marijuana. They also know that marijuana is the starter drug of choice for most criminals. Whereas millions of Americans consume moderate amounts of alcohol without ever "moving on" to dangerous drugs, marijuana use and cocaine use are strongly correlated.

While correlation does not necessarily reflect causation, and while the science is admittedly mixed as to whether it is the drug itself or the people the new user associates with who cause the move on to cocaine, heroin, LSD, or other drugs, the RAND Corporation reports that marijuana prices and cocaine use are directly linked, suggesting a substitution effect between the two drugs.[31] Moreover, according to RAND, legalization will cause marijuana prices to fall as much as 80 percent.[32] That can lead to significant consequences because "a 10-percent decrease in the price of marijuana would increase the prevalence of cocaine use by 4.4 to 4.9 percent." [33] As cheap marijuana floods the market both in and outside of California, use of many different types of drugs will increase, as will marijuana use.

It is impossible to predict the precise consequences of legalization, but the experiences of places that have eased restrictions on marijuana are not positive. Already, California is suffering crime, dislocation, and increased drug use under its current regulatory scheme. Further liberalizing the law will only make matters worse.

Flouting Federal Law

Another area of great uncertainty is how a state law legalizing marijuana would fit in with federal law to the contrary. Congress has enacted a comprehensive regulatory scheme for restricting access to illicit drugs and other controlled substances. The Controlled Substances Act of 1970 prohibits the manufacture, distribution, and possession of all substances deemed to be

Schedule I drugs—drugs like heroin, PCP, and cocaine. Because marijuana has no “currently accepted medical use in treatment in the United States,” it is a Schedule I drug that cannot be bought, sold, possessed, or used without violating federal law.

Under the Supremacy Clause of the Constitution of the United States, the Controlled Substances Act is the supreme law of the land and cannot be superseded by state laws that purport to contradict or abrogate its terms. The RCTCA proposes to “reform California’s cannabis laws in a way that will benefit our state” and “[r]egulate cannabis like we do alcohol.”^[34] But the act does not even purport to address the fundamental constitutional infirmity that it would be in direct conflict with federal law. If enacted and unchallenged by the federal government, it would call into question the government’s ability to regulate all controlled substances, including drugs such as Oxycontin, methamphetamine, heroin, and powder and crack cocaine. More likely, however, the feds would challenge the law in court, and the courts would have no choice but to strike it down.

Congress has the power to change the Controlled Substances Act and remove marijuana from Schedule I. Yet after decades of lobbying, it has not, largely because of the paucity of scientific evidence in support of a delisting.

California, in fact, is already in direct violation of federal law. Today, its laws allow the use of marijuana as a treatment for a range of vaguely defined conditions, including chronic pain, nausea, and lack of appetite, depression, anxiety, and glaucoma. “Marijuana doctors” are listed in the classified advertising sections of newspapers, and many are conveniently located adjacent to “dispensaries.” At least one “doctor” writes prescriptions from a tiny hut beside the Venice Beach Boardwalk.

This “medical marijuana” law and similar ones in other states are premised on circumvention of the Food and Drug Administration (FDA) approval process. “FDA’s drug approval process requires well-controlled clinical trials that provide the necessary scientific data upon which FDA makes its approval and labeling decisions.”^[35] Marijuana, even that supposedly used for medicinal purposes, has been rejected by the FDA because, among other reasons, it “has no currently accepted or proven medical use.”^[36]

The lack of FDA approval means that marijuana may come from unknown sources, may be adulterated with foreign substances, or may not even be marijuana at all. Pot buyers have no way to know what they are getting, and there is no regulatory authority with the ability to go after bogus manufacturers and dealers. Even if one overlooks its inherently harmful properties, marijuana that is commonly sold is likely to be far less safe than that studied in the lab or elsewhere.

Marijuana advocates claim that federal enforcement of drug laws, particularly in jurisdictions that allow the use of medical marijuana, violates states’ rights. The Supreme Court, however, has held otherwise. In 2002, California resident Angel Raich produced and consumed marijuana, purportedly for medical purposes. Her actions, while in accordance with California’s “medical marijuana” law,^[37] clearly violated the Controlled Substances Act, and the local sheriff’s department destroyed Raich’s plants. Raich claimed that she needed to use marijuana, prescribed

by her doctor, for medical purposes. She sued the federal government, asking the court to stop the government from interfering with her right to produce and use marijuana.

In 2006, the Supreme Court held in *Gonzales vs. Raich*^[38] that the Commerce Clause confers on Congress the authority to ban the use of marijuana, even when a state approves it for “medical purposes” and it is produced in small quantities for personal consumption. Many legal scholars criticize the Court’s extremely broad reading of the Commerce Clause as inconsistent with its original meaning, but the Court’s decision nonetheless stands.

If the RCTCA were enacted, it would conflict with the provisions of the Controlled Substances Act and invite extensive litigation that would almost certainly result in its being struck down. Until that happened, state law enforcement officers would be forced into a position of uncertainty regarding their conflicting obligations under federal and state law and cooperation with federal authorities.

Bogus Economics

An innovation of the campaign in support of RCTCA is its touting of the potential benefit of legalization to the government, in terms of additional revenues from taxing marijuana and savings from backing down in the “war on drugs.” The National Organization for the Reform of Marijuana Laws (NORML), for example, claims that legalization “could yield California taxpayers over \$1.2 billion per year” in tax benefits.^[39] According to a California NORML Report updated in October 2009, an excise tax of \$50 per ounce would raise about \$770 million to \$900 million per year and save over \$200 million in law enforcement costs per year.^[40] It is worth noting that \$900 million equates to 18 million ounces—enough marijuana for Californians to smoke one billion marijuana cigarettes each year.

But these projections are highly speculative and riddled with unfounded assumptions. Dr. Rosalie Liccardo Pacula, an expert with the RAND Corporation who has studied the economics of drug policy for over 15 years, has explained that the California “Board of Equalization’s estimate of \$1.4 billion [in] potential revenue for the state is based on a series of assumptions that are in some instances subject to tremendous uncertainty and in other cases not validated.”^[41] She urged the California Committee on Public Safety to conduct an honest and thorough cost-benefit analysis of the potential revenues and costs associated with legalizing marijuana. To date, no such realistic cost-benefit analysis has been done.

In her testimony before the committee, Dr. Pacula stated that prohibition raises the cost of production by at least 400 percent and that legalizing marijuana would cause the price of marijuana to fall considerably—much more than the 50 percent price reduction incorporated into the state’s revenue model. Furthermore, she noted that a \$50-per-ounce marijuana tax was not realistic, because it would represent a 100 percent tax on the cost of the product.

Under the state scheme, she testified, there would be “tremendous profit motive for the existing black market providers to stay in the market.”^[42] The only way California could effectively eliminate the black market for marijuana, according to Dr. Pacula, “is to take away the substantial profits in the market and allow the price of marijuana to fall to an amount close to the

cost of production. Doing so, however, will mean substantially smaller tax revenue than currently anticipated from this change in policy.”

The RCTCA, in fact, allows for so much individual production of marijuana that even the Board of Equalization’s \$1.4 billion per year revenue estimate seems unlikely. Under the law, any resident could grow marijuana for “personal use” in a plot at home up to 25 square feet in size. One ounce of marijuana is enough for 60 to 120 marijuana cigarettes. One plant produces one to five pounds, or 16 to 80 ounces, of marijuana each year, and 25 square feet of land can sustain about 25 plants. Therefore, an individual will be able to produce 24,000 to 240,000 joints legally each year.

Not only is this more than any individual could possibly consume; it is also enough to encourage individuals to grow and sell pot under the individual allowance. Who would buy marijuana from a state-regulated store and pay the \$50 tax per ounce in addition to the sale price when they can either grow it themselves or buy it at a much lower price from a friend or neighbor? In this way, the RCTCA undermines its supporters’ lavish revenue claims.

Other Negative Social Costs

In addition to its direct effects on individual health, even moderate marijuana use imposes significant long-term costs through the ways that it affects individual users. Marijuana use is associated with cognitive difficulties and influences attention, concentration, and short-term memory. This damage affects drug users’ ability to work and can put others at risk. Even if critical workers—for example, police officers, airline pilots, and machine operators—used marijuana recreationally but remained sober on the job, the long-term cognitive deficiency that remained from regular drug use would sap productivity and place countless people in danger. Increased use would also send health care costs skyrocketing—costs borne not just by individual users, but also by the entire society.

For that reason, among others, the Obama Administration also rejects supporters’ economic arguments. In his speech, Kerlikowske explained that tax revenue from cigarettes is far outweighed by their social costs: “Tobacco also does not carry its economic weight when we tax it; each year we spend more than \$200 billion and collect only about \$25 billion in taxes.” If the heavy taxation of cigarettes is unable even to come close to making up for the health and other costs associated with their use, it seems doubtful at best that marijuana taxes would be sufficient to cover the costs of legalized marijuana—especially considering that, in addition to the other dangers of smoking marijuana, the physical health effects of just three to four joints are equivalent to those of an entire pack of cigarettes.

Other claims also do not measure up. One of the express purposes of the California initiative is to “put dangerous, underground street dealers out of business, so their influence in our communities will fade.”^[43] But as explained above, many black-market dealers would rationally choose to remain in the black market to avoid taxation and regulation. Vibrant gray markets have developed throughout the world for many products that are legal, regulated, and heavily taxed. Cigarettes in Eastern Europe, alcohol in Scandinavia, luxury automobiles in Russia, and DVDs in the Middle East are all legal goods traded in gray markets that are wracked with violence. In

Canada, an attempt at a \$3 per pack tax on cigarettes was greeted with the creation of a black market that “accounted for perhaps 30 percent of sales.”[\[44\]](#)

Further, even if the RCTCA were to pass, marijuana would remain illegal in the entire United States under federal law while taxed only in California, a situation that would strengthen both California’s gray market and the nationwide black market in illegal drugs. Fueled by generous growing allowances and an enormous supply in California, criminal sales operations would flourish as excess California marijuana was sold outside the state and, at the same time, out-of-state growers attempted to access the more permissive market inside the state.

In sum, legalization would put additional strain on an already faltering economy. In 2008, marijuana alone was involved in 375,000 emergency room visits.[\[45\]](#) Drug overdoses already outnumber gunshot deaths in America and are approaching motor vehicle crashes as the nation’s leading cause of accidental death.[\[46\]](#) It is true that taxing marijuana sales would generate some tax revenue, but the cost of handling the influx of problems resulting from increased use would far outweigh any gain made by marijuana’s taxation. Legalizing marijuana would serve only to compound the problems already associated with drug use.

Social Dislocation and Organized Crime

The final two arguments of those favoring legalization are intertwined. According to advocates of legalization, the government’s efforts to combat the illegal drug trade have been an expensive failure. Consequently, they argue, focusing on substance abuse and treatment would be a more effective means of combating drug abuse while reducing the violence and social ills stemming from anti-drug enforcement efforts.

There is no doubt that if marijuana were legalized, more people, including juveniles, would consume it. Consider cigarettes: While their purchase by people under 18 is illegal, 20 percent of high school students admit to having smoked cigarettes in the past 30 days.[\[47\]](#) Marijuana’s illegal status “keeps potential drug users from using” marijuana in a way that no legalization scheme can replicate “by virtue of the fear of arrest and the embarrassment of being caught.”[\[48\]](#) With increased use comes increased abuse, as the fear of arrest and embarrassment will decrease.

Legalization advocates attempt to create in the minds of the public an image of a typical “responsible” user of marijuana: a person who is reasonable and accountable even when under the influence of marijuana. And for those few that don’t fit that image? Society will treat them and restore them to full health. The facts, however, are much uglier.

The RAND Corporation projects a 50 percent increase in marijuana-related traffic fatalities under the RCTCA.[\[49\]](#) That alone should weigh heavily on California voters this fall. In a 2008 national survey, approximately 3 million Americans 12 years old or older started using illicit drugs in the past year— almost 8,000 new users per day. The most commonly used illicit drug is marijuana, especially among the 20 million Americans over 12 who were users in 2008. In California, 62 percent of all marijuana treatment cases are already individuals under 21.[\[50\]](#) Legalization will increase the number of underage users.

Keeping marijuana illegal will undoubtedly keep many young people from using it.[\[51\]](#) Eliminate that criminal sanction (and moral disapprobation), and more youth will use the drug, harming their potential and ratcheting up treatment costs.

Educators know that students using marijuana underperform when compared to their non-using peers. Teachers, coaches, guidance counselors, and school principals have seen the negative effect of marijuana on their students. The Rev. Dr. D. Stuart Dunnan, Headmaster of Saint James School in St. James, Maryland, says of marijuana use by students:

The chemical effect of marijuana is to take away ambition. The social effect is to provide an escape from challenges and responsibilities with a like-minded group of teenagers who are doing the same thing. Using marijuana creates losers. At a time when we're concerned about our lack of academic achievement relative to other countries, legalizing marijuana will be disastrous.[\[52\]](#)

Additionally, making marijuana legal in California will fuel drug cartels and violence, particularly because the drug will still be illegal at the national level. The local demand will increase in California, but reputable growers, manufacturers, and retailers will still be unwilling—as they should be—to produce and distribute marijuana. Even without the federal prohibition, most reputable producers would not survive the tort liability from such a dangerous product. Thus, the vacuum will be filled by illegal drug cartels.

According to the Department of Justice's National Drug Threat Assessment for 2010, Mexican drug trafficking organizations (DTOs) "have expanded their cultivation operations in the United States, an ongoing trend for the past decade.... Well-organized criminal groups and DTOs that produce domestic marijuana do so because of the high profitability of and demand for marijuana in the United States."[\[53\]](#)

Legalize marijuana, and the demand for marijuana goes up substantially as the deterrence effect of law enforcement disappears. Yet not many suppliers will operate legally, refusing to subject themselves to the established state regulatory scheme—not to mention taxation—while still risking federal prosecution, conviction, and prison time. So who will fill the void?

Violent, brutal, and ruthless, Mexican DTOs will work to maintain their black-market profits at the expense of American citizens' safety. Every week, there are news articles cataloguing the murders, kidnappings, robberies, and other thuggish brutality employed by Mexican drug gangs along the border. It is nonsensical to argue that these gangs will simply give up producing marijuana when it is legalized; indeed, their profits might soar, depending on the actual tax in California and the economics of the interstate trade. While such profits might not be possible if marijuana was legalized at the national level and these gangs were undercut by mass production, that is unlikely ever to happen. Nor does anyone really believe that the gangs will subject themselves to state and local regulation, including taxation. And since the California ballot does nothing to eliminate the black market for marijuana—quite the opposite, in fact—legalizing marijuana will only incentivize Mexican DTOs to grow more marijuana to feed the demand and exploit the black market.

Furthermore, should California legalize marijuana, other entrepreneurs will inevitably attempt to enter the marketplace and game the system. In doing so, they will compete with Mexican DTOs and other criminal organizations. Inevitably, violence will follow, and unlike now, that violence will not be confined to the border as large-scale growers seek to protect their turf—turf that will necessarily include anywhere they grow, harvest, process, or sell marijuana. While this may sound far-fetched, Californians in Alameda County are already experiencing the reality of cartel-run marijuana farms on sometimes stolen land,^[54] protected by “guys [who] are pretty heavily armed and willing to protect their merchandise.”^[55]

It is not uncommon for drugs with large illegal markets to be controlled by cartels despite attempts to roll them into the normal medical control scheme. For instance, cocaine has a medical purpose and can be prescribed by doctors as *Erythroxylum coca*, yet its true production and distribution are controlled by drug cartels and organized crime.^[56] As competition from growers and dispensaries authorized by the RCTCA cuts further into the Mexican DTOs’ business, Californians will face a real possibility of bloodshed on their own soil as the cartels’ profit-protection measures turn from defensive to offensive.

Thus, marijuana legalization will increase crime, drug use, and social dislocation across the state of California—the exact opposite of what pro-legalization advocates promise.

Conclusion

Pro-marijuana advocates promoting the Regulate, Control and Tax Cannabis Act of 2010 invite Californians to imagine a hypothetical and idyllic “pot market,” but America’s national approach to drug use, addiction, and crime must be serious, based on sound policy and solid evidence.

In 1982, President Ronald Reagan adopted a national drug strategy that took a comprehensive approach consisting of five components: international cooperation, research, strengthened law enforcement, treatment and rehabilitation, and prevention and education. It was remarkably successful: Illegal drug use by young adults dropped more than 50 percent.

Reagan was right to make drug control a major issue of his presidency. Illegal drugs such as marijuana are responsible for a disproportionate share of violence and social decline in America. Accordingly, federal law, representing the considered judgment of medical science and the nation’s two political branches of government, takes the unequivocal position that marijuana is dangerous and has no significant beneficial uses.

California cannot repeal that law or somehow allow its citizens to contravene it. Thus, it has two options. By far the best option is to commit itself seriously to the federal approach and pursue a strategy that attempts to prevent illegal drug use in the first place and reduce the number of drug users. This may require changes in drug policy, and perhaps in sentencing guidelines for marijuana users charged with simple possession, but simply legalizing a harmful drug—that is, giving up—is not a responsible option.

The other option is to follow the above path in the short term while conducting further research and possibly working with other states in Congress to consider changes in federal law. Although

those who oppose the legalization of marijuana have every reason to believe that further, legitimate scientific research will confirm the dangers of its use, no side should try to thwart the sober judgment of the national legislature and sister states.

In short, no state will likely be allowed to legalize marijuana on its own, with such serious, negative cross-state spillover effects. Yet even if California could act as if it were an island, the legalization route would still end very badly for the Golden State. There is strong evidence to suggest that legalizing marijuana would serve little purpose other than to worsen the state's drug problems— addiction, violence, disorder, and death. While long on rhetoric, the legalization movement, by contrast, is short on facts.

—Charles D. “Cully” Stimson is a Senior Legal Fellow in the Center for Legal & Judicial Studies at The Heritage Foundation. Before joining The Heritage Foundation, he served as Deputy Assistant Secretary of Defense; as a local, state, federal, and military prosecutor; and as a defense attorney and law professor. Special thanks to Heritage Intern Anthony Napolitano for his invaluable efforts in the researching, writing, and editing of this report.

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HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

Comments:

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HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Jordan Molina	Individual	Support	No

Comments: My friend suffers from Dravet Syndrome, a severe and debilitating seizure disorder. It is known that CBD oil, which is manufactured from the marijuana plant, is an effective treatment for his disorder. However, Hawaii law provides no legal means for acquiring medical marijuana products, thus preventing patients with access to this critical medicine. Please support passage of HB321 to establish a legal process for accessing a legal medicine. Thank you.

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HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

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HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Mariko Nagata	Individual	Support	No

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Dear Committee members,

I am in strong support of HB321 HD1 relating to the establishment of marijuana dispensaries. Currently it is so difficult to obtain medical marijuana and this has affected the quality of life for these individuals. Many individuals and families would greatly benefit by having access to medical marijuana with heightened safeguards to help minimize diversion to at risk groups of concern.

I have witnessed how the Kaneshiro's have faced many obstacles to help their daughter MJ. Establishing dispensaries would greatly benefit families like theirs. Please support HB321 HD1!

Respectfully submitted,

Clyde Fukuyama

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Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
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HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Frederick M. Mencher	Individual	Support	No

Comments: Dear Chairs Green and Espero, Vice Chairs Wakai and Baker, and Members of the Committees: I am sending this testimony to express my strong support for HB 321 HD1, "Relating to Medical Marijuana," which would establish a system of medical marijuana dispensaries and production centers. This issue affects me because I know a woman whose small child suffers from Dravet's syndrome, which causes frequent and potentially life-threatening epileptic seizures. Standard treatments have failed, and only cannabidiol – a component of marijuana – has proven effective in helping to control her seizures. At present, there is no legal means for her to obtain a secure supply of consistent potency. Regulated dispensaries would satisfy this need, and almost every state that has legalized medical marijuana has also permitted such dispensaries. Patients with a legitimate need for medical marijuana products deserve a safe and legal means of obtaining their medication. Please support HB 321 HD1. Thank you for the opportunity to support this important bill. Sincerely, Frederick Mencher Nuuanu

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HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Angela Breene	Individual	Support	No

Comments:

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Cc: joan@talkinghearts.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Tuesday, March 17, 2015 9:50:44 AM

HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Joan Heartfield PhD	Individual	Support	No

Comments: POSITION: Strong Support of HB 321, HD1, Dear Senate Chairs Green and Espero, Vice-Chairs Wakai and Baker and Members of the Committees, This bill will allow patients a safe and legal way to get their medicine from licensed, controlled, and regulated dispensaries. It will spare sick patients from having to go to the black market to get their medicine. This bill comes straight out of the Task Force's recommendations. It's thorough and comprehensive, and strikes the right balance between patients' needs and public safety. More specifically: This bill takes the right approach by putting patients first. It correctly limits the taxation of medical cannabis to the general excise tax so that medicine will be affordable to patients. It requires rigorous quality control to protect patients' health, and promotes the education of doctors, patients, dispensary workers, and the general public, The bill has strong protections to protect public safety, including requiring strict security measures for dispensaries and producers and proven inventory control safeguards. However, we recommend that the bill be amended to allow for – and require – the dispensary system to begin operating more quickly. The bill should allow the Department of Health to begin operating dispensaries as soon as possible, and should require that the Department begin issuing licenses no later than 2016. While we understand that creating a dispensary program is not a simple process, we ask that the legislature take into account that patients have been waiting for a dispensary system for fifteen years. The HD1 limits the types of products that can be produced to: capsules, pills, lozenges and oils. Ideally edibles would be included in this list, provided that they are not “candies”.

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HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

Comments: Please it's time to do the right thing

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Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
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HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
john kerns	Individual	Support	No

Comments: Please finish the system to provide a safe predictable way for the many Hawaiian medical marijuana patients to have there prescriptions filled.

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HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

Comments: I support HB 321 for the following reasons: This bill will allow patients a safe and legal way to get their medicine from licensed, controlled, and regulated dispensaries. It will spare sick patients from having to go to the black market to get their medicine. This bill comes straight out of the Task Force's recommendations. It's thorough and comprehensive, and strikes the right balance between patients' needs and public safety. More specifically: This bill takes the right approach by putting patients first. It correctly limits the taxation of medical cannabis to the general excise tax so that medicine will be affordable to patients. It requires rigorous quality control to protect patients' health, and promotes the education of doctors, patients, dispensary workers, and the general public, The bill has strong protections to protect public safety, including requiring strict security measures for dispensaries and producers and proven inventory control safeguards. Please amend the bill to allow for – and require – the dispensary system to begin operating more quickly. The bill should allow the Department of Health to begin operating dispensaries as soon as possible, and should require that the Department begin issuing licenses no later than 2016. Also please amend the bill to include "edibles" (not candies) in the list of acceptable products. The HD1 limits the types of products that can be produced to: capsules, pills, lozenges and oils.

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HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Roxanne Jim	Individual	Oppose	No

Comments: Thank you for the opportunity to communicate strong opposition of bill HB321. Although the purpose of this bill is “to establish a safe and legal system of dispensing medical marijuana to qualifying patients”, I don’t see how this bill is sufficiently addressing these two key areas. The greater concern is whether the program is justified. I don’t think the information provided in the bill is adequate or sufficient to justify the program nor achieve the purpose of a safe and legal system due to the following questions/concerns: 1) The bill states “that many of the State's nearly thirteen thousand qualifying patients lack the ability to grow their own supply of medical marijuana”, however, the written testimony submitted by the office of City Prosecutor Keith Kaneshiro cites that 318 state registered patients of the 13,000 do not have access. I don’t think “many” is an appropriate description for 2% of the 13,000. That noted, the magnitude of this endeavor is not warranted or justified. For those that do have access I would suggest that they and/or their caregivers meet to discuss ways they may be able to help their 318 fellow patients. I believe a focused, reasonable and safe solution is attainable. 2) The definition to key terminology is unclear or non-existent, such as, what is “medical marijuana”? 3) To consider licensing or employment of felons in this process is not responsible, prudent or safe. If one had no regard for the law earlier what would make them law abiding when they are dealing with a drug, even if we add the word “medical” to marijuana. That is too much temptation for a felon. In the healthcare industry, felons are not qualified to be employed and that is regulated by the Federal Government. 4) The Department of Health (DOH) is not qualified or equipped to do what basically the Federal Food & Drug Administration (FDA) or what pharmaceutical companies do. If we are calling it “medical” marijuana and seemingly want to treat it like a prescription drug it should be managed as such and be subject to all the regulations and monitoring that come with a prescription drug. 5) Expecting DOH to also be the enforcement agency is asking for failure because they do not have experience in this to be a reliable and effective safeguard. Enforcement needs to be under the jurisdiction of law enforcement. Again, DOH is not qualified to do this. 6) This program will negatively impact the safety of our children. There will be leaks in the chain of dispensing, no different like how minors “somehow” have access to tobacco and liquor. Children will be exploited as users, sellers and buyers and it will be added as another substance to our list of substance abuse and addiction along with general criminal activity

related to drugs. This ties into the related decriminalization bills, everyone will be using marijuana everywhere (schools, parks/beaches, recreational centers, neighborhoods, shopping centers, etc.,) – is that the intent of all these bills? In summary, I do not think that 2% of the medical marijuana population encountering access problems justifies the dispensing of “medical marijuana” as outlined in the bill. The bill does not satisfy the stated goal of providing a safe and legal manner of dispense. There must be a more practical and safe manner to meet the needs of the 318 patients. It is not worth the negative exposure the general public and our children will have to this drug. The safety and quality of life in Hawaii will be jeopardized if this bill passes. It is for these reasons that I am in strong opposition to HB321.

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HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

Comments: Please have compassion and move forward with the bill.

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HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Max Davis	Individual	Support	No

Comments: Passage of this bill will allow an alternative treatment for epileptics suffering severe seizures. Families should have the discretion to treat their children with medical marijuana if it may be effective for easing debilitating conditions.

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Subject: *Submitted testimony for HB321 on Mar 20, 2015 14:00PM*
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HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Masayuki Sonnyu	Individual	Support	No

Comments:

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Date: Thursday, March 19, 2015 11:19:00 AM

HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

Comments: Thank for reading my testimony. I strongly support HB321 for personal reasons and also for the good of those people whom would benefit from having access to medical cannabis. I was diagnosed with non-Hogkin's Lymphoma in May 2013. The cancer had consumed part of my pelvic bone and the top of my left femur along with a massive growth in my lower abdomen. During the fifteen months between two surgeries, I underwent chemotherapy and radiation treatments. I am so thankful that I had and still have the medicine to help with nausea, pain and nervous tension. I have maintenance chemo treatments for another year and physical therapy to regain the use of my left leg. The discomfort of the headaches and nausea of chemo and the pain that goes along with the surgeries and the rebuilding muscle and nerve healing is alleviated with the medicine. I want this for everyone ... to have safe and secure dispensaries, to have access to this powerful alternative medicine. Let's not put this action in slow motion. The hospitals are full of people like me. There are so many people that I talked to that could reap the benefits of medical cannabis now. Please speed the development of dispensaries and the production centers. We have waited long enough. Thank you very much.

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To: COMMITTEE ON HEALTH- Senator Josh Green, Chair, Senator Glenn Wakai, Vice Chair.

To: COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND MILITARY AFFAIRS-Senator Will Espero, Chair, Senator Rosalyn H. Baker, Vice Chair

From: Marla Ben-Dor

RE: Hearing Friday, March 20, 2015, 2:00PM- Conference Room 414, State Capitol,415 South Beretania Street

POSITION: Strong Support of HB 321, HD1,

Dear Senate Chairs Green and Espero, Vice-Chairs Wakai and Baker and Members of the Committees,

I am in very strong support of HB321 AND HDI. By having this bill instated the medical marijuana dispensary system will allow patients a safe and legal way to get their medicine from licensed, controlled, and regulated dispensaries. This bill will put patients first. It will be beneficial to have dispensaries that can cater to the needs of the sick. Natural medicine is also a very great way to support our beautiful aloha state's economy, tourism and local agricultural industry.

Aloha,

Marla Ben-Dor

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: mattbinder@earthlink.net
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Thursday, March 19, 2015 9:56:51 AM

HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Matt Binder	Individual	Support	No

Comments: Aloha Committee Members, This bill is long overdue. I look forward to the day when patients don't have to become criminals to get their medicine. Thank you, Matt Binder Kamuela

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Cannabis Dispensaries White Paper

In 2000 Hawaii set a precedent by being the first state to vote by legislative action to legalize medical cannabis. Fifteen years later it is time to make medicinal cannabis a legitimate industry here in Hawaii that has the health of the patients, the empowerment of our farmers and the delicate ecosystems in balance.

Below are requested Amendments to current legislation.

Affordable Medical Grade Cannabis for all qualifying patients

In some medical states dispensaries are required to test medicinal cannabis for residues, pesticides and fungus. This insures that patients are getting medical grade cannabis that won't further complicate health issues. This also ensures toxic agriculture chemicals won't be used in the growing of cannabis in Hawaii.

We request that all cannabis grown and dispensed in Hawaii be tested and free of chemical residues, pesticides and fungus.

We request the legislature to lower the amount of plants allowed with a grow permit to 100/200.

This reduction in numbers would have many benefits to Hawaii and it's residents. Firstly, it would disperse the economic benefits of the growing cannabis instead of concentrating them. Secondly, it would reduce the potential for large scale growing operations that would use growing methods that are not in the best interest of the land or the patients. Lower numbers would also reduce the risk of safety issues that would come with growing, processing, storing, and transporting larger amounts of cannabis.

Add Reciprocity with other medical marijuana states.

This would ensure that visitors to Hawaii would be able to access safe medicine during their stay. It would also bring further needed revenues to the local economy.

We would like to ask that dispensaries permits and grow permits be given to established Hawaii residents.

We support the idea that would require permits be given to residents that have lived in Hawaii at least 3 years prior to 2015 legislation passing. This would partly ensure that local dollars spent, stay local. We the undersigned also feel local residents would be more likely to open a medical business for the right reasons and not just profit driven. Thus patients would have more trust in the dispensary system to provide quality and not just quantity. This would also help alleviate the possibility of growers moving to Hawaii to cash in and reward those that have been stable care-givers for many years here in Hawaii building trust in the community.

Consideration be taken when awarding permits and preference given to cooperatives and/or B corporations.

By definition B corporations have been certified to have the triple bottom line interests of people, profits and environment as a part of their corporate charter. This would be an excellent way to balance the need for medical grade cannabis products, the sensitive nature of the Hawaiian environment and income potential for the local economy. Cooperatives would also be a way to bring the medicinal cannabis community together in a way that builds trust, benefits the economy and creates security.

Consider allowing each County in the state to adjust grow permit numbers depending on local on ground reality.

This would allow each county to adjust grow permit numbers depending on lot size or agriculture designation. For example, in Oahu in may be a good idea to have a lower plant limit where average lot size is smaller than other counties.

Medicinal Cannabis Dispensaries have the potential to be a very positive step for Hawaii and its residents but it must be done RIGHT. Please consider all of the above suggestions which have been carefully crafted so that patients have the best access to quality medicine, farmers have right livelihood, the land is cared for properly and the local economy benefits.

Ideas for signers.....

President of Kona HFUU
Honaunau Farm

President of Kau HFUU
Earth Matters

President of Kohala HFUU
Hip Ag

President of Hilo HFUU
President of State HFUU

Kohala Center
Michael Krammer –Natural Investments
Ken Love- Tropical Fruit Growers
Ulu pono

Rep Creagan
Senator Green

Rep Lowen
Rep Evans
Rep from Puna (joy....
Senator Ruderman

COMMITTEE ON HEALTH
Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND MILITARY AFFAIRS
Senator Will Espero, Chair
Senator Rosalyn H. Baker, Vice Chair

HB 321 RELATING TO MEDICAL MARIJUANA

Notice of Hearing: Friday, March 20, 2015 2:00PM
Conference Room 414 State Capitol

Submitted in **OPPOSITION** by: Fern Mossman, HD 50 HI 96734

Despite popular belief, marijuana is dangerous. It has the potential to negatively affect the general welfare of the people of Hawaii.

Marijuana use is **NOT** a “victimless crime” where the only person being effected is the person making the choice. Do not ignore the research that proves marijuana impaires brain development in adolescents and young adults (up to age twenty-five), while also impairing socioeconomic opportunity later in life. This is not to suggest that all marijuana addicts will become burdens on the welfare state, but that impaired brain development can severely hamstring getting a job, maintaining stable employment or even properly raising a family. This legislature must take into account what is best for the society as a whole.

Government has a proven interest in public health – and exercises that interest frequently in the establishment of laws. This is also why smoking cessation programs are a government-funded activity - here in Hawaii you can get everything you need to quit smoking for free. The effects of smoking (tobacco or marijuana) are well-established, and generally speaking, the individuals afflicted by smoking-related medical conditions are most frequently the ones who cannot cope with the costs of treatment and recovery. This is how a single person’s individual choice becomes a burden on the welfare state and society as a whole. Whether through enhanced health insurance premiums or through emergency room visits by the uninsured, one person’s marijuana choice becomes a burden on everyone.

At present, the value of medical marijuana is limited. Quality control issues make its use very unpredictable and thus dangerous to both debilitated patients and recreational users. Because of problems with dosing and the variable amounts that any one compound that might be delivered. Scientific evidence does not support smoking marijuana as a medicine.

Marijuana temporarily impairs driving skills, thus endangering the general population with increased risk of motor vehicle accidents and injuries. Driving, operating

machinery, or hazardous activities that require clear thinking and good coordination are not recommended until the effects of THC-based drugs are known. People taking these drugs should be under the supervision of a responsible adult at all times when they start taking the medicine and after any dose changes.

This bills present liberality borders on reckless endangerment. To tout marijuana's major effectiveness on one hand and on the other hand to say that it is mild and won't hurt anyone, is a bit dishonest. The gray area between great affect and no affect are what need to be studied before it is released and possibly hurt people.

These bills will increase availability to the general population. Marijuana has too long been looked on as harmless. For the sick people to obtain true benefits from this herb (as any other natural substance), the self-indulgent recreational users must forego their self-serving trifling's so that serious research can go forward.

Institute of Medicine (affiliated with the National Academy of Sciences and commissioned by the Office of National Drug Control Policy) found that scientific data indicate that that some of the effects of cannabinoids, such as reduced anxiety, sedation, and euphoria, **may be helpful for certain patients and situations and distressing for others. Smoking marijuana delivers harmful substances and may be an important risk factor in the development of lung diseases and certain types of cancer.** The Institute of Medicine also stated that because marijuana contains a number of active compounds, **it cannot be expected to provide precise effects** unless the individual components are isolated.

Too many people's lives and well-being are at risk to push these bills forward.

Health issues:

Inhaling or ingesting marijuana can cause a number of mental and emotional effects, including feelings of euphoria, short-term memory loss, difficulty in completing complex tasks, changes in the perception of time and space, sleepiness, anxiety, confusion, and inability to concentrate. Some people find the emotional and mental effects to be frightening, and a significant few have had problems like depression, paranoia, and hallucinations from marijuana or cannabinoid medicines. People who are prone to mental illness may have more serious mental and emotional effects from marijuana use.

One long term study suggests that chronic marijuana affects intelligence. Researchers tested brain function in over 1,000 13 year-olds and then followed up on them with interviews for 25 years, retesting them again at age 38. They found that those who used marijuana often had a decline in brain function, even after they controlled for education levels. People who started using marijuana as teens had the most notable effects, and those who used it chronically had greater declines in function. Stopping marijuana use did not fully restore brain function

Marijuana temporarily impairs driving skills, leading to an increased risk of motor vehicle accidents and injuries.

People who are susceptible to psychosis are more likely to use marijuana and there is concern that their illness may be accelerated or worsened by marijuana use.

Heavy marijuana use over a long time can cause lung problems (chronic bronchitis), alter brain development, and worsen educational outcomes.

.Marijuana addictiveness? Evidence suggests that some people do develop unhealthy dependence on marijuana, meaning that they continue to use it even in the face of unwanted consequences in their lives. This happens more often in people who started as teens, and in those who use marijuana daily. Frequent users may have withdrawal symptoms if they stop it suddenly. Restlessness, irritability, mild agitation, sleep disturbances, nausea and cramping have been observed. Withdrawal symptoms have also been demonstrated in animal studies.

Marijuana should not be used during pregnancy. Women who use marijuana in pregnancy are more likely to have a stillbirth. In addition, children born to women who used marijuana in pregnancy have an increase in problems with development. THC crosses into breast milk, so women who are breastfeeding should not use marijuana.

Marijuana overdoses are not thought to directly cause death, but may cause mental impairment and distressing emotional states, such as paranoia, hallucinations, panic, and disconnection from reality. Overdose can also cause fast or disturbed heart rhythm, sleepiness, clumsiness, dry mouth, dizziness, and low blood pressure.

Accidental poisonings have become more of a problem since marijuana has become readily available in many states. Doctors report that more children have been finding and eating the candies, sweet drinks, and baked goods that it's often put into. Medical marijuana preparations are the biggest problem, since they are typically much more concentrated than non-medical preparations. It's easy for children who find medical marijuana-laced treats to take in far more than a typical adult dose. Children who overdose on marijuana can have hallucinations, trouble breathing, and other symptoms that require hospitalization.

Please restore sanity to our legislature and vote

NO to HB321

Submitted in **OPPOSITION** by: Fern Mossman, HD 50 HI 96734

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: jsehydr@hotmai.com
Subject: *Submitted testimony for HB321 on Mar 20, 2015 14:00PM*
Date: Thursday, March 19, 2015 9:42:36 AM

HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Joy Silver	Individual	Support	No

Comments:

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Cc: theede@hawaii.rr.com
Subject: *Submitted testimony for HB321 on Mar 20, 2015 14:00PM*
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HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

Comments:

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From: mailinglist@capitol.hawaii.gov
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Cc: LYNNERONDERKO@GMAIL.COM
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Thursday, March 19, 2015 11:55:07 AM

HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Lynn Onderko	Individual	Support	No

Comments: My name is Lynn Robinson-Onderko, I am a 12 year resident of Ewa Beach. I am a mother of two, proud military spouse and a full time student at UH West Oahu. I am writing in strong support for HB321. It is time for us to to the right thing and give patients access their medicine we legalized over a decade ago. This issue is not going away and this is your opportunity to be on the right side of history. Thank you for your compassion consideration!

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: mztee22@hotmail.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Thursday, March 19, 2015 9:19:03 AM

HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Terri Yoshinaga	Individual	Oppose	No

Comments: Burdensome oversight and monitoring, marijuana in Hawaii is not regulated in potency or even guaranteed to produce medicinal properties sought by patients, anti-discrimination clause for using private property to cultivate, produce, or sell could result in operations in any neighborhood or community with the only exception of being a minimal distance from a school, and regulatory and financial burden on the Department of Health

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To: COMMITTEE ON HEALTH- Senator Josh Green, Chair, Senator Glenn Wakai, Vice Chair.

To: COMMITTEE ON PUBLIC SAFETY,
INTERGOVERNMENTAL AND MILITARY AFFAIRS-Senator Will Espero, Chair, Senator Rosalyn H. Baker, Vice Chair

From: Maile Ben-dor

RE: Hearing Friday, March 20, 2015, 2:00PM- Conference Room 414,
State Capitol, 415 South Beretania Street

POSITION: Strong Support of HB 321, HD1,

Dear Senate Chairs Green and Espero, Vice-Chairs Wakai and Baker
and Members of the Committees,

I strongly support HB 321 and HD1. I think it is very important for patients to have a safe and discreet way to get their medicine. I would love to see dispensaries in Hawaii that deliver product to people's homes. This way we will not have storefronts in our towns. This will be positive for Hawaii's economy, tourism, local farmers and for sick people who desire natural medicine.

Thank you!
Maile Ben-Dor

JOINT SENATE COMMITTEES ON HEALTH AND PUBLIC SAFETY

Sen. Green and Sen. Espero, Chairs
Sen. Wakai and Sen. Baker, Vice-Chairs
Friday, March 20, 2014, 2:00 PM
Conference Room 414

HB 321, Relating to Medical Marijuana - Testimony in STRONG SUPPORT

Chairs Green and Espero, Vice-Chairs Wakai and Baker and Members,

My name is Jarrett K. Machado and I would like to submit testimony in STRONG SUPPORT of legislation establishing Medical Marijuana Dispensaries in the State of Hawaii. Safe access for our MMJ Patients is long overdue.

Over the last 5 years I, along with my cousin Jason Kamalu-Gruppen, have worked within the Medical Marijuana programs in both Hawai'i and California. Our experiences have led us to become as involved as possible in the process to create a system for safe access in Hawai'i.

Let me start by saying that California's Dispensary System is broken and is not the method by which we should model our own. California failed to create a comprehensive, statewide system to regulate the sale and production of medical marijuana and, as a result, was left with the semi-regulated mess that you hear about today. Hawai'i can absolutely learn from this mistake.

Having spent some time as registered Caregiver under Hawaii's current Laws, I can say that the current medical marijuana system also has its share of issues, but those issues can be remedied with the proper legislation. Most importantly, safe access must be established for our Patients. As it currently stands, there is no way for Patients in Hawaii to acquire their medicine. They are forced into the Black Market in order to acquire the medicine they need to help treat their chronic, often debilitating, conditions.

Not everyone has the skills or time necessary to grow their own medical grade marijuana. Also, the current legal limits in Hawaii are, in many cases, not enough to cover a Patient's needs. Both of these issues can be remedied by the establishment of a dispensary system. I should stress though, that a Patient's ability to grow his or her own medicine should be protected in any legislation drafted.

Finally, I should mention my concerns with the lack of language regarding edible products. In my experience as a caregiver in Hawaii, and as a producer of medical cannabis products in California, I can say with certainty that, beside inhalation, edible products are the most commonly used methods of ingestion amongst cannabis patients. The possible exclusion of this form of cannabis medicine in the current legislation would be detrimental to the patient community meant to utilize these facilities and services.

Thank you for the opportunity to provide this testimony. If there are any questions or clarification needed, please don't hesitate to email me at hawaiihomegrown@live.com or call at 808-389-3859.

Mahalo Nui Loa,
Jarrett K. Machado

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: joshforde@gmail.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Thursday, March 19, 2015 8:59:18 AM

HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Joshua E. Forde	Individual	Support	No

Comments: I support HB321. This bill will allow patients a safe and legal way to get their medicine from licensed, controlled, and regulated dispensaries. It will spare sick patients from having to go to the black market to get their medicine. This bill strikes the right balance between patients' needs and public safety. Thank you.

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: georgina808@gmail.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Thursday, March 19, 2015 8:52:30 AM

HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Georgina Mckinley	Individual	Support	No

Comments: To: COMMITTEE ON HEALTH- Senator Josh Green, Chair, Senator Glenn Wakai, Vice Chair. To: COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND MILITARY AFFAIRS-Senator Will Espero, Chair, Senator Rosalyn H. Baker, Vice Chair From: Georgina McKinley RE: Hearing Friday, March 20, 2015, 2:00PM- Conference Room 414, State Capitol, 415 South Beretania Street POSITION: Strong Support of HB 321, HD1 Dear Senate Chairs Green and Espero, Vice-Chairs Wakai and Baker and Members of the Committees, Nearly fifteen years ago, when the Legislature of the State of Hawaii enacted the Medical Use of Marijuana Law, Hawaii was seen as a very progressive state. The law showed concern and compassion for the people of Hawaii, whose health might benefit from the use of cannabis. Sadly, for whatever reasons, the promise went largely unfulfilled. Despite the law having great potential, thousands of qualifying patients still, to this day, do not have safe and legal access to this medicine. There's no way to legally obtain the seed needed to grow the plant. If a patient breaks the law and is somehow able to procure a seed, it is assumed that they have the time, ability, and resources needed to successfully tend to and grow the plant to produce usable medicine. Or that they will somehow be able to find, and convince, another person to do that for them - to become their 'caregiver.' This is not always the case. In reality, the current law is inadvertently helping to promote and sustain Hawaii's flourishing underground market. Because there is no dispensary system, many patients who are medically and legally qualified to possess and use cannabis are forced to purchase their medicine from any available source. It may not be the correct strain to best treat their specific health needs. It may be of inferior quality. It may be priced too high. It may be contaminated with toxins. The circumstances of the transaction itself may jeopardize their safety and well-being. Hawaii's nearly 14,000 registered cannabis patients deserve better. Patients should be treated with compassion, not as criminals. Patients deserve to have safe access to quality, affordable, cannabis medicine. This will not happen without a regulated statewide dispensary system. This needs to happen as soon as possible, as the wait has been far too long already. For these reasons, I strongly support HB321. I hope that you will, too. Thank you, for your time and attention to this very important matter and for allowing me this opportunity to provide testimony. Sincerely, Georgina McKinley

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: brad@solcleanmaui.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Thursday, March 19, 2015 12:33:27 PM

HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

Comments: I support the need for a medicinal cannabis dispensary system in the state of Hawai'i. A dispensary system is long overdue (14 yrs) and will allow patients to obtain safe and effective medicine in a safe environment. I feel that we cannot wait till 2017; we need a dispensary now, or as soon as physically possible. Please create a dispensary system so patients in need can enjoy a better quality of life. Mahalo, Brad

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SUPPORT FOR HB321 HD1 Establishment of Marijuana Dispensaries

Chair Green and Espero, Vice Chair Wakai and Baker, and members of the Committee on Health and Committee on Public Safety, Intergovernmental and Military Affairs

Thank you for this opportunity to provide personal testimony in strong support of HB321 HD1 relating to the establishment of marijuana dispensaries.

My name is Maria Eloisa Reyes. My only child, Nathaniel Kalani Reyes, has intractable seizures. He was diagnosed with an idiopathic seizure disorder when he was 11 months old; he will be 20 years old in a couple of months. He has traits of Lennox-Gastaut Syndrome, a rare and severe form of epilepsy that is characterized by frequent seizures, multiple seizure types, resistance to medication and therapies, and eventually results in some degree of impaired intellectual functioning and/or information processing. He has been on multiple medications that have failed to get his seizures under control. Except for one medication, Felbatol, where deaths have been reported, we have tried all other medications that were prescribed by his doctors.

Kalani's seizures last anywhere from a few seconds to 30 minutes.

In case Kalani has prolonged seizures, those that do not stop at 5 minutes, we are instructed to administer Diastat (Diazepam Rectal Gel), a Schedule IV controlled drug substance. Diastat is administered via a syringe via the rectum. My husband and I used to carry this syringe all the time. Now that my son is older, it is more challenging to give him privacy in public when we need to administer Diastat. Now we carry Lorazepam - a tablet that we crush and put in his mouth, in the area between his teeth and cheeks.

In March 2012, Kalani was in the Epilepsy Monitoring Unit of Queens Medical Center when it was discovered that he has a widely abnormal electroencephalogram (EEG). It showed that he has frequent abnormal electrical discharges in his brain that were not strong enough to cause seizures that we can see. His doctor was concerned that this activity would result in loss of function. Kalani was on Keppra and Lamictal before the EEG; his doctor added two more medications. He is currently taking Keppra, Lamictal, Onfi, and Vimpat. He continues to have seizures.

Soon after the stay at Queens Medical Center, my husband and I decided to consider the Ketogenic Diet for better management of Kalani's seizures. It is a very strict, medically-prescribed, special, high-fat, low-carbohydrate diet that has been shown to help control seizures in some patients with epilepsy. Kalani was admitted to Queens Medical Center in October 2013 to start this diet. A Ketogenic Diet (KD) ratio is prescribed. The KD ratio is the ratio of fat to protein and carbohydrate grams combined. Each meal is created on an online Ketocalculator and has to be verified by a dietitian before we can prepare it at home. Meals are prepared individually (cannot be prepared in batches) by carefully weighing each ingredient to the 0.1 gram. Calories are restricted. Kalani has to use a small spatula to be able to scrape all the fat/oils from a

plate his food is served on. We measure his blood ketones and blood sugar at home. We measured his urine ketones and urine specific gravity twice daily at home. Hypoglycemia and excess ketosis may happen, so we always carry with us meters and strips to measure his blood sugar and blood ketones. In addition to the meter and strips, we carry some form of fruit juice to give to him in case he is hypoglycemic or is in excess ketosis.

On the diet, Kalani's body burns fat for energy, unlike most people where we burn carbohydrates for energy. In the process, Kalani's body produces ketones. High ketone levels often lead to improved seizure control. The KD ratio is adjusted based on how Kalani tolerates the diet or on the levels of the blood ketones. Kalani's blood ketones haven't reached the target level yet, so we are still adjusting the ratio. We just adjusted his KD ratio today, with breakfast. He is now on the strictest form of the diet on a 4:1 ratio. We had also adjusted the diet to add more protein since we observed that Kalani was losing hair.

Despite being on this very restrictive diet, we have not achieved seizure freedom yet. Kalani continues to have seizures.

Kalani is not a candidate for brain surgery.

My husband and I are out of options. We are desperate to get our son's seizures under control. With Kalani's condition, he has a higher risk for SUDEP (Sudden Unexpected Death in Epilepsy). We are ready to explore the use of medical marijuana to control Kalani's seizures.

My educational background is in agriculture and horticulture. I am willing to learn how to grow marijuana, extract the oil, and administer it to Kalani. However, the problem is that our State's medical marijuana program doesn't have anything in place for me to legally obtain the right strain of marijuana that would provide the desired cannabinoids/active ingredients to control seizures. There is no guidance on how to cultivate the plants, extract the desired cannabinoids/active ingredients, no laboratories to test the product for strength of cannabinoids/active ingredients and contaminants, and therefore, there is no way for me to know how much I am giving Kalani.

I strongly support the establishment of a system of medical marijuana dispensaries and production centers. Hawaii has a lot of families like us who will benefit from these dispensaries and production centers.

Thank you for the opportunity to express my **strong support** of HB321 HD1.

Maria Eloisa Q. Reyes, Ph.D.
Kaimuki, Oahu

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: dcouch40@yahoo.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Thursday, March 19, 2015 12:17:02 PM

HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

Comments: To all Senate committee member's: Regulating the cultivation and sale of medical marijuana would ensure patients' have safe and reliable access to medical marijuana. Hawaii patients' should not be forced into obtaining their medicine on the black market, which has been set into law for fifteen years. Growing cannabis is not an easy task, especially for people with physical limitations. By regulating medical marijuana, we can ensure it's free of pesticides, molds, and other impurities, and patients' know exactly what they are getting.

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Cc: josrano@gmail.com
Subject: *Submitted testimony for HB321 on Mar 20, 2015 14:00PM*
Date: Tuesday, March 17, 2015 12:56:42 AM

HB321

Submitted on: 3/17/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
josua medrano	Individual	Support	No

Comments:

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Subject: *Submitted testimony for HB321 on Mar 20, 2015 14:00PM*
Date: Monday, March 16, 2015 11:50:18 PM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Sarah Terry	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: maymay648@gmail.com
Subject: *Submitted testimony for HB321 on Mar 20, 2015 14:00PM*
Date: Monday, March 16, 2015 10:57:06 PM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Nozomi Tani	Individual	Support	No

Comments:

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To: [HTHTestimony](#)
Cc: casey.nagata@gmail.com
Subject: *Submitted testimony for HB321 on Mar 20, 2015 14:00PM*
Date: Monday, March 16, 2015 9:48:45 PM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Casey Nagata	Individual	Support	No

Comments:

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To: Chairs Green and Espero, Vice Chairs Wakai and Baker and members of the Health & Public Safety Committee.

HB321 Establishment of marijuana dispensaries

Thank you for this opportunity to provide personal testimony in strong support of HB321 HD1 relating to the establishment of marijuana dispensaries.

My name is Vincent Kimura of Honolulu.

Establishment of dispensaries in Hawaii based on the HCR48, Multi-Agency Task Force recommendations would provide patients with timely access to medical grade marijuana products which could greatly benefit the lives of patients like Maile Kaneshiro, as well as other kama'aina living with a qualifying, medical condition in Hawaii.

Task force recommendations addressed many of the concerns brought forth by law enforcement and drug free activists with safeguards which may heighten security and restrict minor access to medical marijuana dispensary & production facilities. These safeguards in combination with a trace back mechanisms may minimize additional risk and public safety concerns regarding unauthorized access and reckless misuse.

Regulated dispensaries will help to ensure services are in place for patients and their caregiving families at a time when they desperately need them. I ask you to embrace the opening session words of House of Representatives' speaker, Joe Souki when he said, ""I am speaking of those who need better access to medical marijuana. Yes, it is legal in Hawai'i. But there is no legal access to it. The time has come to fix this contradiction."

Thank you for the opportunity to express our strong support of HB 321.

Best Regards,

Vincent Kimura

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: jarronn@hotmail.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Monday, March 16, 2015 9:31:52 PM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

Comments: As I grow older more and more aches and pains are becoming a normal part of every day life. Please give us medical marijuana patients the dispensaries we need! Don't make things more difficult for us older people than it already is. Thanks!

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To: [HTHTestimony](#)
Cc: eublalock@hotmail.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Monday, March 16, 2015 8:52:42 PM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
elizabeth blalock	Individual	Support	No

Comments: Marijuana had been redognized at medicine in Hawaii and has been used by 15,000 citizens to enhance their health and wellbeing yet patients are made to purchase seeds or plants illegally, grow and manufacture their medicine without any guidance, security, or any quality assurance. None of us on digoxin is made to grow foxglove. It is past time to provide approveriate support systems so that citizens suffering diseases or symptoms found to be responsive to elements of the marijuana plant can avail themselves of appropriate resources to be assured they are taking the best, safest medicine possible. It is time to stop treating them like secsnd class citizens who do not deserve our supportt.

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: angella.watterson@gmail.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Monday, March 16, 2015 8:02:56 PM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Angella Watterson	Individual	Support	No

Comments: I wish to show my support for the legalization of marijuana by submitting my testimony on the Hawaii State legislature site. Not only am an advocate for marijuana usage on an ethical and philosophical level, but I have a close friend whose brother could greatly benefit from the medical use of marijuana. My friend's brother was diagnosed with Dravet's Syndrome since he was a child. As a result, Jordan's physical and mental development have been stifled his entire life. He suffers daily from full-body grand-mal seizures, often several times a day and at night. None of the treatments his family has tried over the years worked; they are desperate and want to find him help. Over the years studies have come out and shown that a chemical component of marijuana known as CBD has produced some amazing results in people who suffer from Dravet's syndrome. I'm confident that Jordan can benefit from its use (at this point he has nothing left to lose) so I strongly encourage others and especially those who have the power to pass this bill to please seriously consider supporting this. Thank you very much.

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To: [HTHTestimony](#)
Cc: benjamin.cochrane89@gmail.com
Subject: *Submitted testimony for HB321 on Mar 20, 2015 14:00PM*
Date: Monday, March 16, 2015 7:43:41 PM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
ben cochrane	Individual	Support	No

Comments:

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To: [HTHTestimony](#)
Cc: aloreneg@yahoo.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Monday, March 16, 2015 7:32:04 PM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Lorene Godfrey	Individual	Oppose	No

Comments: we should not allow marijuana to be sold like cigarettes. They should be controlled by prescriptions at a pharmacy. I oppose this bill.

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: tanaka004@hawaii.rr.com
Subject: *Submitted testimony for HB321 on Mar 20, 2015 14:00PM*
Date: Monday, March 16, 2015 7:17:40 PM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
lowell tanaka	Individual	Support	No

Comments:

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Testimony for HB 321

Aloha All

Thank you for the opportunity to submit testimony on HB 321, the Medical Marijuana Dispensary Bill.

Please Vote in FAVOR of HB321, the Medical Marijuana Dispensary System Bill, when it goes to the Senate floor for a vote.

As you may be aware, 85% of Hawaii's voters support the creation of a well-regulated dispensary system. The majority of medical marijuana users live on the Big Island. Approval of this Bill would allow these people who urgently need marijuana to have ready access to dispensaries.

As you know, the House has Passed the Bill and the Committees on FIN recommend that the measure be PASSED, UNAMENDED.

Your Vote in Favor of HB 321 is appreciated.

Respectively submitted,

Mark Gordon
Waikoloa, Hawaii

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: ahuntemer@aol.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Monday, March 16, 2015 5:34:48 PM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Angela Huntemer	Individual	Support	No

Comments: Aloha Kakou, Please support HB321. We really need marijuana dispensaries in Hawaii so that sick people can properly access their medication. Some mechanism for allowing caregivers to pick up and transport it is also needed. Mahalo. Support HB321!

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HB321

To: COMMITTEE ON HEALTH- Senator Josh Green, Chair, Senator Glenn Wakai, Vice Chair.

To: COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND MILITARY AFFAIRS-Senator Will Espero, Chair, Senator Rosalyn H. Baker, Vice Chair

From: Randal Kobashikawa

RE: Hearing Friday, March 20, 2015, 2:00PM- Conference Room 414, State Capitol, 415 South Beretania Street

POSITION: Strong Support of HB 321, HD1,

Dear Senate Chairs Green and Espero, Vice-Chairs Wakai and Baker and Members of the Committees,

As a 30 year, service connected 100% disabled veteran a dispensary would provide a safe place in which safe medication can be purchased.

As you know living with chronic pain isn't easy, and I hope when we do have a dispensary I'd have a choice of medicines to choose from (I.E. Oils, pills, lozenges). To include High CBD strains of Cannabis.

I would like to add that the proposed time line is too long, I'd expect by the years end we could have something up and running.

Aloha and mahalo,

Randy Kobashikawa

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: prisonofages@yahoo.com
Subject: *Submitted testimony for HB321 on Mar 20, 2015 14:00PM*
Date: Monday, March 16, 2015 4:45:24 PM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Melson Varsovia	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: raeceenueki@gmail.com
Subject: *Submitted testimony for HB321 on Mar 20, 2015 14:00PM*
Date: Monday, March 16, 2015 4:19:57 PM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
raeceen bailey	Individual	Support	No

Comments:

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Cc: Roxy13Anela@aol.com
Subject: *Submitted testimony for HB321 on Mar 20, 2015 14:00PM*
Date: Monday, March 16, 2015 4:13:47 PM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Kelly Nihipali	Individual	Support	No

Comments:

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To: [HTHTestimony](#)
Cc: cloudia.charters@gmail.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Monday, March 16, 2015 3:26:09 PM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
(Rev.) Cloudia Charters	Individual	Support	No

Comments: We are deeply grateful to our wise legislators that you are establishing a safe and legal means for disabled seniors to obtain medical cannabis which we use in consultation with our licensed Hawaii physicians. God Bless you ALL for your caring!

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To: [HTHTestimony](#)
Cc: willis@wpcphoto.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Monday, March 16, 2015 1:31:13 PM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Willis Campbell	Individual	Oppose	No

Comments: Dear Sirs I am against opening the gates to more drug use. Hawaii has a serious drug problem. Legalizing marijuana would add to lawlessness and increase of other drugs used. Check the out come in other states that tried this. Say no to legalizing marijuana. Willis Campbell

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: dgluck@acluhawaii.org
Subject: *Submitted testimony for HB321 on Mar 20, 2015 14:00PM*
Date: Monday, March 16, 2015 1:12:06 PM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Daniel Gluck	ACLU	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: stevenogata@yahoo.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Monday, March 16, 2015 12:30:39 PM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Steven Ogata	Individual	Support	No

Comments: Dear Senators, It is scientifically proven that some components in marijuana are beneficial to people who have epilepsy. The National Academy of Science published research of these benefits. Having dispensaries in Hawaii will greatly benefit our citizens that need a safe and quality product as medication. Please pass this bill. Sincerely Steven Ogata

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Cc: dlynnea@gmail.com
Subject: *Submitted testimony for HB321 on Mar 20, 2015 14:00PM*
Date: Monday, March 16, 2015 9:26:03 AM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Dana Acosta	Individual	Support	No

Comments:

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To: [HTHTestimony](#)
Cc: irisiwami@yahoo.com
Subject: *Submitted testimony for HB321 on Mar 20, 2015 14:00PM*
Date: Monday, March 16, 2015 8:05:46 AM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Iris Iwami	Individual	Support	No

Comments:

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OFFICE OF REPRESENTATIVE MARCUS R. OSHIRO

State Capitol, Room 424, Honolulu, Hawaii 96813

Phone: (808) 586-6700 • Fax: (808) 586-6702 • E-Mail: repmoshiro@capitol.hawaii.gov

**Testimony to the Joint Senate Committee on Health and Public Safety,
Intergovernmental and Military Affairs
Friday, March 20, 2015; 2:00 p.m.
State Capitol, Conf. Room 414**

RE: OPPOSING HOUSE BILL NO. 321, HOUSE DRAFT 1, RELATING TO MEDICAL MARIJUANA.

Chair Green, Chair Espero, and Members of the Joint Committee:

My name is Marcus Oshiro and I am the State Representative of the 46th District (Wahiawa, Whitmore Village, Launani Valley) of the Hawaii State House of Representatives. **I OPPOSE House Bill No. 321, House Draft 1, RELATING TO MEDICAL MARIJUANA.**

Let me preface my remarks by stating that in 2000, I voted in support of Senate Bill No. 862, House Draft 2, which was enacted as Act 228 and codified as Hawaii's Medical Marijuana Law. Back then, I believed this was needed to ensure that seriously ill people would not be penalized by the State when the patient's treating physician provides a professional medical opinion that the benefits of marijuana would outweigh the health risks. I still believe that today. But the bill before you does much more than help sick people gain access to medical marijuana. That is why I have grave concerns that under the guise of helping seriously ill people, this bill will open a Pandora's box and unleash a host of problems that will plague our State for generations to come.

I. FAULTY PREMISE

SECTION 1 of the bill, from page 1 line 10 to page 2 line 4, states:

*“. . . The legislature further finds that **many of the State’s nearly thirteen thousand qualifying patients lack the ability to grow their own supply of medical marijuana due to a number of factors**, including disability and limited space to grow medical marijuana. As a result, a regulated statewide dispensary system for medical marijuana is urgently needed by qualifying patients in the State.*

Accordingly, the purpose of this Act is to establish a regulated statewide dispensary system for medical marijuana to ensure safe and legal access to medical marijuana for qualifying patients. . .” [Emphasis added.]

How many of Hawaii’s permitted medical marijuana patients are not able to obtain marijuana? According to the Department of Public Safety (PSD), the administrative agency in charge of implementing the Medical Marijuana Law prior to 2015, there were 13,937 registered medical marijuana patients in the State. Permittees were surveyed by PSD to determine whether:

- (1) They grew it themselves;
- (2) They obtained it from a caregiver; or
- (3) They did not grow it themselves nor obtain it from a caregiver.

Their findings are as follows:

<u>Island</u>	<u>Patients</u>	<u>Caregivers</u>	<u>Physicians</u>	<u>Not Growing</u>
Hawaii	5,415	674	54	12
Kauai	1,940	298	29	6
Lanai	28	10	7	0
Maui	3,183	397	37	78
Molokai	222	26	10	1
Niihau	3	1	2	0
Oahu	3,146	325	55	221
TOTAL	13,937	1,731	194	318

According to PSD, only 318, or less than 3% of permitted users were NOT able to obtain medical marijuana. . . LESS THAN 3%. And yet, this bill would require the Department of Health to offer twenty-six dispensary licenses to qualified applicants by January 1, 2019. For those 318 patients who are not able to obtain medical marijuana, this bill would create at least twenty-six dispensaries, or one dispensary for every twelve patients.

In comparison, according to the Department of Commerce and Consumer Affairs, there are 287 pharmacies licensed to do business in the State of Hawaii. They serve a population of approximately 1.42 million people. In other words, there is one pharmacy for every 4,947 people in the State.

One medical marijuana dispensary for every twelve patients. . . as compared to one pharmacy for every 4,947 people.

And even if twenty-six dispensaries provided service to all 13,937 permitted users, there would be one dispensary for every 536 card-carrying users.

Put another way, this bill would establish more than NINE times more medical marijuana dispensaries for medical marijuana users than there are pharmacies for citizens.

If the twenty-six dispensaries were to service medical marijuana users in the same ratio as pharmacies service citizens in Hawaii, there would be more than 128,622 card-carrying users registered in the program.

Is this what the Legislature envisions or desires -- a more than 900% increase in the number of card-caring medical marijuana users in the State? This bill would provide the infrastructure to support such an increase.

II. AGRICULTURE AND LAND USE

House Bill No. 321, House Draft 1, contains the following language on page 29, lines 8 through 11:

“ . . . (f) Neither this section nor any other law, county ordinance, or rule shall prohibit the use of land for medical marijuana production centers or dispensaries established and licensed pursuant to part of chapter 321.”

This language apparently ensures that once a medical marijuana dispensary or production center is authorized and licensed by the Department of Health, no county government could prohibit the establishment of the medical marijuana production center or dispensary through the enactment of zoning ordinances. In addition, the foregoing language could be interpreted to mean that no state law, including statutes pertaining to the regulation of agriculture, land use, and environmental protection

could be used to restrict the establishment and operation of a medical marijuana production center or dispensary once it is authorized and licensed by the Department of Health.

It should be noted that this bill was NOT referred to a subject matter committee with jurisdiction on agriculture, water and land use, or environmental protection in either the House nor the Senate.

The establishment of medical marijuana production centers and dispensaries has the potential to dramatically change Hawaii's agricultural industry. From a public policy perspective, the Hawaii State Legislature has attempted to transition the agricultural industry from one that was dominated by sugar and pineapple to crops that would promote food self-sufficiency in the State. Through direct appropriations, tax credits, preferential procurement practices for "locally-grown" crops, and state-sponsored promotions, the State has worked tirelessly to diversify and sustain agriculture during the downsizing and closure of sugar and pineapple plantations throughout the islands.

However, should this bill be enacted with these exclusionary controls in place, marijuana could likely become the next cash crop to dominate the islands. What other crop can be sold at approximately \$1,500 to \$5,000 per pound? Macadamia Nuts? Coffee? Tomatoes? I don't think so.

And let's not forget that marijuana is a non-native, modified plant that is constantly cross-bred to increase its potency and yield.

Since county zoning agencies, the Department of Agriculture, the State Land Use Commission, and the State Commission on Water Resource Management all might not have any say whatsoever on where the medical marijuana production centers or distribution centers would be situated, potentially, there would be no way of controlling their impacts to other farms or commercial entities that would be affected.

Particularly troubling would be the usage of water and its impacts to watersheds and other locations that share aquifers. As we have seen through the water usage by sugar and pineapple plantations on the Ewa Plain, large water users on the Leeward side of Oahu may potentially disrupt the flow of water across the Koolau Mountains to the Waiahole and Waikane Valleys.

What do we tell those farmers on the Windward side of Oahu when fields of marijuana grow unfettered and unchallenged on the Leeward side?

The same can be said for the Island of Maui, where Maui Land and Pine is currently looking at biofuel crops to transition its operations from sugar. Why would anyone really look at a crop to burn for energy when you can grow and sell medical marijuana at \$1,600 to \$5,000 per pound?

Again, because this bill was not referred to any subject matter committee with expertise in agriculture, water and land use, or environmental protection, none of these impacts are being considered when reviewing this bill.

III. BANKING LAWS

Perhaps one of the most profound and well-documented consequence of marijuana's prohibited status at the federal level is the unavailability of even the most rudimentary banking services for those engaged in marijuana commerce. The threat of money laundering prosecutions – often made explicit – has made banks unwilling to engage in any transactions with marijuana businesses. As a result, marijuana businesses complying with state laws are forced to operate solely in cash. The lack of commercial banking is more than a dignitary harm for those operating in the marijuana industry; for many it is a sincere safety concern. Marijuana businesses present an easy target for thieves who are aware that these businesses often have no choice but to keep large quantities of cash on hand.

Regulators in Colorado and Washington State grasped early on that resolution of this problem would be one of the key concerns of the administrative process – marijuana businesses are much more difficult to regulate and tax if they are operating on a cash basis. But lawmakers in both states also realized fairly quickly that given the predominantly federal nature of banking regulations, there was little that could be done at the state level alone. Although the Obama administration announced in early 2014 that marijuana businesses should have access to banking services and promulgated a pair of memorandums purporting to loosen banking restrictions on the marijuana industry, there is little that the executive branch can do unitarily; the core of the banking problem is the continuing illegality of marijuana at the federal level.

For example, even if the federal government were to promise never to pursue money laundering charges against those banks doing business with the marijuana industry, it is not at all clear that banks would actually begin to treat marijuana businesses the way they treat other businesses. Because the federal Controlled Substances Act and its forfeiture provisions remain good law, the assets of a marijuana business remain subject to forfeiture even in the face of a federal promise not to pursue such actions, and it is difficult to see how those assets could be seen by a bank as sufficiently secure against government seizure to be worth the risk. It was for this reason that the reaction of the marijuana industry to the new banking guidelines was decidedly tepid.

IV. TAX COLLECTION

The State's ability to deter tax evasion rests, in large part, on its powers of observation – namely, its ability to detect evasion. But detecting tax evasion is easier said than done. Among other things, it requires knowing the identity (location, and so on) of firms that sell marijuana and how much they sell. Without this information, the government cannot discern which firms have satisfied their tax obligations. Simply put, in order to detect tax evasion, the State needs to monitor the activity being taxed.

In situations where most transactions will be done in cash, it will be very difficult for the State to observe and tax all transactions. Just ask our Department of Taxation how difficult it is to collect the general excise tax through cash transactions (i.e., the stadium swap meet, open markets, food trucks, etc.).

Supposing, *arguendo*, that the State could find a way to observe marijuana distribution (for example, via licensing, video camera, tracking technology, etc.), federal law enforcement could use Hawaii's monitoring system to track down and sanction marijuana distributors who obey state law.¹

Monitoring marijuana distribution creates a long paper trail. If successful, a state licensing or tax administration system would reveal the name, place of business, and sales of every marijuana distributor in the State. Such data may be needed for enforcing a state tax, but it could also be used to help enforce the federal ban. Federal law enforcement agents could seize the data and there is little the states can do to stop them.²

First, the states cannot shield distributors from federal sanctions. Although states may "legalize" marijuana distribution for purposes of state law, they cannot eliminate federal sanctions. Second, states cannot necessarily conceal data from federal authorities, even when that data is privileged under state law. As a consequence, marijuana distributors could be made worse off by obeying state law. To be sure, distributors could be prosecuted by federal authorities regardless of whether they pay the state tax; however, the probability they would be detected by federal authorities goes up dramatically if they do so – the federal government simply would not have the resources to track down any but the largest marijuana distributors without using a state database.³

Of course, evading state taxes carries a risk as well; a distributor who does so faces state punishment if caught. But a drug distributor might still find it worthwhile to face this risk (it is only a risk) rather than face near certain (and very large) sanctions that could be imposed by the federal government upon paying the state tax.

Simply put, to the extent expected federal sanctions increase by paying the state tax, distributors are given added business and legal incentive to evade the tax. Ironically, the better information states gather, the worse off they (or drug distributors) become. Even if marijuana distributors would rationally choose to pay the state tax in the absence of the federal regime, they may opt to evade the tax in the presence of the federal regime.⁴

¹ Mikos, Robert A., Vanderbilt Law School, "State Taxation of Marijuana Distribution and Other Federal Crimes", University of Chicago Legal Forum, Public Law & Legal Theory, Working Paper Number 10-04, 2010, at 256.

² *Id.*

³ *Id.*, at 256-257.

⁴ *Id.*, at 257.

V. INTERNAL REVENUE CODE SECTION 280E

A little-known provision of federal tax law may make the operation of a successful marijuana business – even one operating in clear compliance with state law – an incredibly difficult proposition.⁵ Federal Tax Rule 280E requires any trade or business operating in violation of federal drug laws – and only federal drug laws – to pay federal income tax and to do so on disadvantageous terms. Under 280E, a marijuana retailer cannot deduct expenses before calculating taxable income; other than the cost of obtaining the goods for sale, a marijuana business is required to pay taxes on its gross receipts. All other usual business expenses – retail rent, employee payroll, lights, and heating and cooling – cannot be deducted as they can in any other business, either legitimate or illegal.

Even if the federal government does not seek to prosecute marijuana businesses for violating federal law, and even if it does not seek to forfeit the assets of businesses in violation of that federal law, it is already applying rule 280E against those businesses in ways that may prove nearly as crippling to the industry.⁶ For example, in 2011, the Internal Revenue Service ruled that Harborside Health Center, California’s largest medical marijuana dispensary, owned millions in taxes under the application of 280E.

VI. PROFESSIONAL LEGAL SERVICES

So long as marijuana remains illegal at the federal level, marijuana businesses may have difficulty operating as full legal citizens. One of the biggest obstacles facing marijuana businesses is finding attorneys who are willing to provide them with legal services. The Model Rules of Professional Responsibility and the ethics rules of nearly every state prohibit an attorney from knowingly facilitating a client’s criminal conduct. Because nearly all the actions of a marijuana business remain violations of federal law, any assistance that a lawyer gives to a business remain violations of federal law, any assistance that a lawyer gives to a business that the attorney knows to be in violation of federal law could be construed as an ethical violation. This is true not only when the lawyer helps a marijuana retailer purchase product from a marijuana grow facility – in other words, when the attorney assists in the actual violations of federal law – but also when the lawyer incorporates the marijuana business, helps draft a lease, petitions local government officials for a zoning exemption, or negotiates an employment agreement. Because all these tasks ostensibly help a marijuana business violate federal law, there is a plausible argument that the lawyer is subject to discipline for knowingly doing so.

⁵ Chemerinsky, Erwin; Forman, Jolene; Hopper, Allen; and Kamin, Sam; “Cooperative Federalism and Marijuana Regulation, 62 UCLA L. Rev. 74 (2015), at 94.

⁶ Id.

For example, most recently, the Ethics Committee of the Colorado Bar Association concluded that, as the Colorado Rules of Professional Conduct are currently drafted, lawyers put themselves at risk when they perform many legal tasks for marijuana clients. In Formal Opinion 125 by the Colorado Bar Association Ethics Committee:

“ . . . A lawyer cannot comply with Colo.RPC 1.2(d) and, for example, draft or negotiate (1) contracts to facilitate the purchase and sale of marijuana or (2) leases for properties or facilities, or contracts for resources or supplies, that clients intend to use to cultivate, manufacture, distribute, or sell marijuana, even though the law or the transaction may be so complex that a lawyer’s assistance would be useful, because the lawyer would be assisting the client in conduct that the lawyer knows is criminal under federal law.”⁷

VII. CONTRACTS AND INSURANCE

Even if a state were to explicitly empower lawyers to assist marijuana clients, those lawyers would have to tell those clients that they are in a state of profound legal uncertainty. Take for example the little known case of *Hammer v. Today’s Health Care II*, CV2011-051310 (Ariz. Super. Ct. April 17, 2012). In *Hammer*, a pair of Arizona citizens sued a Colorado medical marijuana dispensary in Arizona state court to recover a \$500,000 loan on which the dispensary had stopped making payments. The court sided with the defendant, holding that neither legal nor equitable relief was available to the plaintiff who had knowingly lent money to defendant for illegal purposes. The court recognized the inequity and absurdity of this result but was unwilling to give the plaintiffs the benefit of their bargain when the conduct envisioned by the agreement remained illegal under federal law.

An insurance case from Hawaii produced an equally disquieting result. In *Tracy v. USA Casualty Ins., Co.*, No. 11-00487, 2012 WL 928186 (D. Haw. March 16, 2012), a homeowner whose twelve marijuana plants had been stolen from her home sued her insurance company for failing to pay out on a policy insuring among other things, “loss to trees, shrubs, and other plants.” The court rejected the claim on the basis that State law did not purport to and could not authorize marijuana cultivation under federal law and that enforcement of the insurance contract would thus be contrary to both federal law and policy.

⁷ Colo. Bar Ass’n Ethics Comm., Formal Opinion 125 – The Extent to Which Lawyers May Represent Clients Regarding Marijuana-Related Activities, 42 Colo. Law. No. 12, 18 (2013).

VIII. CONCLUSION

Under the faulty premise that many sick people are not able to obtain medical marijuana, this bill would establish the framework that would allow for a more than 900% increase in medical marijuana users in the State. To facilitate this increase, this bill would provide the Department of Health with extraordinary land use powers in siting and authorizing the construction of medical marijuana dispensaries without oversight by county zoning and State agricultural, land use, and water use agencies.

This bill would also create an industry that presently would operate entirely on a cash basis, posing significant risks to the health and safety of those businesses, as well as the communities that these businesses are situated in.

Furthermore, It is unclear whether these businesses would be able to acquire the services of lawyers or financial institutions since medical marijuana-related operations would continue to violate federal law.

Because their operations would continue to violate federal law, these businesses will be taxed at higher rates by the federal government, and should these businesses decide to file their State taxes, the information given to the State Department of Taxation could be used by the federal government for the prosecution of drug crimes.

Also, no one knows whether any contracts entered into by these businesses would be enforceable or whether these businesses would be able to insure their risks through normal insurance carriers.

And all this would happen in the Legislature's attempt to provide relief to 318 very sick patients who are not able to legally obtain medical marijuana through the existing statutory framework.

There has to be a better way. We owe it to those 318 patients, and to the People of the State of Hawaii.

For these reasons, I respectfully urge this Joint Committee to HOLD this measure.

Thank you for the opportunity to testify.

#

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: honu83@aol.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Monday, March 16, 2015 8:01:17 AM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Jerilynn Miyaji	Individual	Support	No

Comments: MMJ has been proven to help children suffering with seizures. Please do the right thing and pass HB321, it is the right thing to do.

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Cc: teresa.parsons@hawaii.edu
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Monday, March 16, 2015 12:26:13 AM

HB321

Submitted on: 3/16/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Teresa Parsons	Individual	Oppose	No

Comments: I oppose the institution of marijuana dispensaries. While there is research of the use of THC in certain illnesses, but the delivery methods can be other than smoking. This is not the way to help those with illnesses. I am a healthcare provider, and I urge you to oppose this legislation.

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HB321

Submitted on: 3/15/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Wailua Brandman	Individual	Support	No

Comments:

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Cc: kazushi.mizumoto@gmail.com
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HB321

Submitted on: 3/15/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Kazushi Mizumoto	Individual	Support	No

Comments:

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HB321

Submitted on: 3/15/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

Comments: To Chair Luke and Vice-Chair Nishimoto, and all involved and who have the power to Pass HB321 HD1 Thank YOU for taking this seriously. For the families which have been, and continue to, struggle daily with so much unnecessary suffering, there is now true hope. Knowing, as I now know, how medicinal marijuana can stop the suffering, I strongly support HB321 HD1!

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HB321

Submitted on: 3/15/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Lia Patacchi	Individual	Oppose	No

Comments: The legalization of "medical marijuana" is absurd! I do not agree that it will help in any way medically. I believe that those that want it regulated for "medicinal purposes" are just looking for an easy way to be able to smoke it legally, who do not possess any medical conditions what so ever. I was diagnosed with epilepsy at the age of two and have heard many stories about how marijuana is supposedly used as a medicinal drug to control seizures. I have been on/off medication throught out my life for my epilepsy. There was a period of time(13 years) where I was not on any medication and had no seizures. My last seizure was back in 2005, fo which I was put on a medication called Lamictal. It in no way has had any negative side affects, nor has it been detrimental to my health. I do feel that the use of marijuana for the purpose of controlling seizure disorders is a pathetic excuse for those individuals to just be able to smoke it legally, as I've previously mentioned. I have not heard of a positive impact it would have on the body or control of seizures. As far as I'm concerned, I feel that the only thing it would do would just make you high and kill more brain cells. I'm against the legalization of medicinal marijuana!

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Date: Sunday, March 15, 2015 11:53:56 AM

HB321

Submitted on: 3/15/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

Comments: Please pass this bill which will help so many patients to finally get safe access to safe medicine. Finally regulating medical cannabis will do more to aid the public's health issues and to improve the public's safety than any other bills currently being considered. 1. To allow labs with standards to enable proper labeling, will help patients to find and use cannabis appropriately much more than the current "good luck with that" approach. 2. Licensed entities will compete with each other to best help patients, while peddlers currently just worry about profits and what to spend them on. An unlicensed supplier cannot be held accountable for goods of poor quality that might even be dangerous or even disregarding customer needs and service. Instead patients are left with whatever the unlicensed suppliers feel like supplying, all the while enriching uncaring black market criminals who are also unlikely to contribute to the state's tax revenues. So cancer and seizure patients who may need elevated levels of CBDs, are sometimes stuck with elevated levels of dangerous molds instead.

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MAUI CHAPTER CHAIR

Barry Aoki

TO: The Honorable Josh Green, Chair
Senate Committee on Health

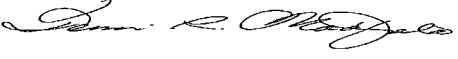
The Honorable Glenn Wakai, Vice Chair
Senate Committee on Health

Members of the Senate Committee on Health

The Honorable Will Espero, Chair
Senate Committee on Public Safety, Intergovernmental
and Military Affairs

The Honorable Rosalyn H. Baker, Vice Chair
Senate Committee on Public Safety, Intergovernmental
and Military Affairs

Members of the Senate Committee on Public Safety,
Intergovernmental and Military Affairs

FROM: Tenari Ma'afala, President 
State of Hawaii Organization of Police Officers

DATE: March 15, 2015

SUBJECT: Testimony on H.B. No. 321 HD1, Relating to Medical
Marijuana

HEARING DATE: Friday, March 20, 2015
2:00 p.m. Conference Room 414

H.B. 321 HD1 establishes a regulated statewide dispensary and production system for medical marijuana. The State of Hawaii Organization of Police Officers opposes this bill. Though SHOPO understands that the medical use of marijuana was authorized since 2000, SHOPO also realizes there is much work to be done, and lessons to be learned from the other states that have regulated medical marijuana production and dispensaries.

There are many unanswered concerns that should be carefully addressed prior to any implementation. The House of Representatives, in 2014, wisely created a Medical Marijuana Dispensary System Task Force to identify and propose solutions for the many concerns and issues related to the production and distribution of medical marijuana (HCR 48). The work of the Task Force is not yet completed.

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Hawai'i Chapter Office
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Fax: (808) 934-8210

Maui Chapter Office
1887 Wili Pa Loop, Suite #2
Wailuku, Hawaii 96793
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Kaua'i Chapter Office
4264 Rice Street, Lihue
Mailing Address:
P.O. Box 1708
Lihue, Hawaii 96766
Ph: (808) 246-8911

Issues include how to regulate and enforce: an individual's purchases of medical marijuana in combination with any amounts grown by the individual; quantities of oils and extracts; any destruction of marijuana; and how to effectively delineate enforcement jurisdictions.

These concerns cannot be adequately addressed in the next thirty-two days or so of the legislature and thus, we ask that this bill be carried over to the 2016 session, so that work on the issues can be completed. Thank you for this opportunity to testify.

3/15/14

To: Senator Josh Green, Chair of Senate Committee on Health
Senator Glenn Wakai, Vice-Chair of Senate Committee on Health
Members of Senate Committee on Health
Senator Will Espero, Chair of Senate Committee on Public Safety, Intergovernmental and
Military affairs
Senator Rosalyn Baker, Vice-Chair of Senate Committee on Public Safety,
Intergovernmental and Military affairs

My name is Dr. Susan C. Miyasaka, Professor of Agronomy at the University of Hawaii. I am providing testimony in strong SUPPORT of HB321 as a private citizen.

HB321 would establish dispensaries of medical grade marijuana products in Hawaii, which could greatly benefit the lives of patients such as Maile Kaneshiro, as well as other kama'aina living with a qualifying, medical condition in Hawaii. Expecting patients to farm and produce their own medicine is not possible for many people in Hawaii. Regulated dispensaries would allow safe, calibrated dosages of medical marijuana to those with demonstrated medical needs.

Task force (HCR48, 21 member, multi-agency) recommendations addressed many of the concerns brought forth by law enforcement personnel and drug free activists, with safeguards that heighten security and restrict access of minors to medical marijuana dispensary and production facilities. These safeguards, in combination with a trace back mechanisms, should minimize additional risk and public safety concerns regarding unauthorized access and reckless misuse.

Regulated dispensaries will help to ensure that services are in place for patients and their caregiving families at a time when they desperately need them. I ask you to embrace the opening session words of House of Representatives' speaker, Joe Souki when he said, "I am speaking of those who need better access to medical marijuana. Yes, it is legal in Hawai'i. But there is no legal access to it. The time has come to fix this contradiction."

Thank you for the opportunity to express my strong support of HB321.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: kukahikoe@gmail.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Sunday, March 15, 2015 12:52:02 AM

HB321

Submitted on: 3/15/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Eldean Kukahiko	Individual	Oppose	No

Comments: Please vote no on this bill. There are still too many problems. One of which is our keiki will not be insulated as marijuana can now be made into edibles such as pills, lozenges and the like, and why can't the doctors who are approving the use be the one's to administer the dosage in a controlled environment at their office or hospital. Please think of our keiki, vote no. Thank you

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Diane Kusaka
3626 Woodlawn Terrace Place
Honolulu, HI 96822
808.381.3619
dkusaka808@gmail.com

March 14, 2015

Subject: SUPPORT HB 321 HD1

To Whom It May Concern:

I am writing this testimony on behalf of Maile "M.J." Kaneshiro and her family, asking you to support HB321 HD1 to finally establish medical marijuana dispensaries and production centers; appropriate funds.

M.J. is diagnosed with Dravet's Syndrome and suffers multiple seizures. I have seen videos of M.J. that document her improved walking and function – a direct result of treatment with medical marijuana.

This is not legalization of "recreational pakalolo." For patients like M.J. – medical marijuana provides the best outcome with least side affects compared to "traditional" drugs.

Thank you for your support!

Aloha,
Diane

Support HB321 relating to medical marijuana

Hawai`i has always been a special place to live: extending aloha to the weakest among us, strengthens us all. With medical advances in technology, we are able to diagnose more diseases and afflictions than ever; however, effective treatments and cures are often years, decades, and lifetimes away. Children like Maile Jen (MJ) Kaneshiro coping with Dravet's Syndrome finally have hope of living a relatively normal life free of debilitating seizures with oil extracted from a plant. Unfortunately, that plant's reputation is more notable for its "recreational" abuse, causing otherwise logical citizens to oppose its legitimate medicinal uses. Hawaii is one of the first states to recognize "medical marijuana"; however, what was missing was a way for patients to access a consistent, pharmaceutical quality prescription. MJ's mother, one of the brightest, sincerest, and law-abiding people I've had the pleasure of knowing, has had to grow plants in her backyard, learning by trial and error what conditions will yield the best quality oil. She should not have to turn her kitchen into a chemical lab, trying to extract oil from the plants and hoping each batch supplies the same amount of active ingredient for MJ. Medical dispensaries are needed in the state for patients like MJ to be able to access her medication, assured that it is of pharmaceutical quality of a known dosage. I take prescription medication to control high cholesterol so that I can extend my quality of life – I am not forced to formulate and manufacture my own pills in my kitchen. Please extend this same opportunity to patients who turn to medical marijuana because no other conventional drug has yet been developed for their conditions. Thank you for your support of HB321.

Ruth Niino-DuPonte

RNduponte07@gmail.com

Jeffrey J Cambra
250 Ohua Ave. #PHB
Honolulu, Hi 96815
408 832-1344

To the Senate Health and Public Safety subcommittees considering HB321:

I, Jeff Cambra, am a Medical Marijuana Card holder . I have many years of experience in both growing indoor and outdoor medical marijuana and have been following the progress of HB321. I realize that the intentions of the committee are right and just in trying to pass a system to allow patients safe access to quality medicine and I would like to come out in strong support of HB 321. The following is a list of items I feel need to be reconsidered:

- 1. The Health Department shall begin offering licenses to both growers and dispensaries.** The time required to build out infrastructure for both growers and dispensary owners will be similar. However, the time that it will take a grower to acquire the required multiple strains, grow mothers for cloning and actually produce their first crop could take up to a year. This is what happened in the state of Washington. Dispensaries opened and had little or no medicine to sell. Some then shut down for a period of time so that the growers had time to catch up. This could cause some dispensary owners to go out of business from lack of income. **I don't believe that 6 months will be an adequate lead time for growers and would recommend that you start the growing applications as soon as possible to allow for this delay.**
- 2. The growing of medical marijuana shall be in agricultural zones.** There are three distinct types of medical marijuana grown. There is Outdoor, Greenhouse, and Indoor. I don't need to discuss the differences in this section except to say that quality, yield, and the challenges of each method vary considerably and that all three methods should and will be needed to supply the proper medicine for a varied group of patients. **The issue I would like to bring up is that you should include commercial or light industrial zones in the area for growing indoor plants and not limit growers to just Agricultural Zoning.** This would allow two things to happen. The first is that dispensaries that wish to apply for a grower's license could grow indoor plants at the same location as the dispensary. This would eliminate transportation issues and reduce the cost of building an additional structure for growing. The second is that growers that want to only grow indoor plants will have an option other than open agricultural land. Indoor growing should be the preferred method of growing to decrease the pest problem and reduce or eliminate the need for pesticides. This results in cleaner medicine.
- 3. The department shall adopt rules allowing capsules, pills, oils, and lozenges.** I understand completely your reasoning behind not allowing "Candy" as a delivery method for medicine. We don't want our children tempted with candy and accidentally taking these products. However, it

seems severe to list only four types of delivery method for the product. Many patients that don't have the ability to smoke their medicine depend on edibles as a delivery method. Also, I would like to point out that the bill is silent on concentrates that are not ingested along with whether or not dispensaries can sell seeds and clones. **I would suggest either a more general description be made of the available products to be sold or amend the four items with the words edibles (excluding candy), concentrates, seeds, and clones.**

- 4. No single wrapped item shall contain more than 10 milligrams of THC.** This part of the bill is confusing. This is like saying that a person that needs a Motrin 800 can only buy a Motrin 200 and should take four of those. That makes no sense. By limiting the dose per package, you are just making it so that the patient will have to buy multiple doses. This will result in additional cost to the patient as it is more cost effective to put more medicine in one package. I understand this is probably a safety issue for children accidentally getting a hold of the product, but 10mg is a VERY small dose for most. In the dispensaries in other states, a person can buy edibles with up to 250mg of medicine. I am not saying that this amount is necessary for everyone, but could be for many. **My suggestion is to increase the limit from 10mg to somewhere in the 50mg to 100mg range to save patients that need larger doses money from having to buy multiple items and to have these items clearly marked with the equivalent doses not equivalent physical weight.**

Thank you for your time and consideration of this matter. I truly believe that Hawaii will be a better place with a system that allows better access for patients to medical marijuana. I understand that this is a difficult process but believe that the people of the state of Hawaii will work through all the challenges. If I can be of any assistance in any way, please feel free to contact me via email (jjcambra@pacbell.net).

Respectfully,

Jeffrey J Cambra EA

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HB321

Submitted on: 3/13/2015

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

Comments:

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HB321

Submitted on: 3/13/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Diane Ragone	Individual	Support	No

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HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

Comments: Dear Legislators, This is a very impressive Dispensary Bill which I absolutely support. I do have a concern though, and that is with who gets to own dispensaries. I have a feeling that the tobacco and pharmaceutical companies will be vying for these limited dispensaries/grow licenses. Established Hawaii residents not affiliated with tobacco/pharmaceutical companies should be the ones awarded opportunity here. We need the job, we have the skills, and have been waiting very patiently for 15 years already. Please do not reward the tobacco and pharmaceutical companies who have killed millions of people by giving them license to grow the healing cannabis in Hawaii. Thank you for your attention and concern in this matter.

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HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Ruth Murata	Individual	Support	No

Comments:

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SENATE HEALTH AND PUBLIC SAFETY COMMITTEE
HR321 HD1 Establishment of Marijuana Dispensaries

Chairs Green & Espero, Vice Chair Wakai & Baker and members of the Senate Health & Public Safety Committee. Thank you for this opportunity to provide personal testimony in strong support of HR321 relating to the establishment of marijuana dispensaries.

When you are the parent of a child with intractable seizures, you often wonder if the next seizure will be the one to take their life. Our daughter Maile suffers from 5 different seizure types. At the age of 5 she reached the end of the road for traditional epilepsy management due to drug failures with over 20 legally prescribed pharmaceuticals such as phenobarbital, mysoline, keppra, topamax, zonegram, stirepentol, clobazam, depakote, klonipin, bromide, clonidine, concerta, abilify, adderal, risperidon, the ketogenic diet, as well as non FDA approved drugs.

When you're at the end of the road, you attempt to accept the fact that things won't get any better than the current situation. However, we found that Maile had a qualifying, debilitating conditions which allowed her to obtain a medical marijuana card as a minor.

After 18 months of aggravating navigation within the boundary of Hawaii's medical marijuana program, we believe Mj is finally are reaping cognitive gains and reduced seizure activity with the cultivation of a high cannabidiol (CBD) strain of cannabis with moderate to low psychoactive effects. An added benefit of this strain is that it is relatively low in delta-9 tetrahydrocannabinol or THC. While THC is concerning as it has psychoactive properties we are also finding it is a necessary cannabinoid compound to increase the body's uptake of CBD. And, as a result this cultivar has allowed her to stop her ADHD / cardiac medications which are used to address a side effect of her anti-seizure medications: hyperness. New research on the horizon has indicated Anandamine, an endo-cannabinoid maybe a key mechanism for CBD / THC update for seizure patients.

Over the past year, we learned to cultivate cannabis plants, process the plant in such a way to extract the desired cannabinoids in a MCT oil based tincture, calculate dosage and deliver this state recognized form of medicine to Maile via a g-tube in her stomach. Simple and safe extraction methods using dry ice or semi-frozen alcohol are used to dislodge the resin glands derived from the plants' flowers.

Yet despite our ability to grow cannabis, we are still left with no clear way to test our final products. Without this service, our ability to provide a consistent & uniform grade of cannabis medicine for our child is minimized. Dispensaries will be much more than a store front for many new patients, it will serve as a point of access, quality control and dose specific formulations.

Hawaii cannabis patients have been advocating for 15 years for safe assess as there is no legal means for local patients to obtain a consistent, lab tested product in Hawaii. Had this gap been fixed 15 years ago, our family would not be in the situation we are

today; cultivating & manufacturing Maile's cannabis based medication and wasting precious time.

Agencies such as the Epilepsy Foundation of American, American Pediatrics, the National Academy of Science and recently Dr. Sanjay Gupta, the Surgeon General and Dr. Oz are starting to come forward in advocacy and recognition that this plant has medical properties.

Establishment of dispensaries in Hawaii, based on suggested administrative rules by Hawaii state legislatures and a multi-state agency approach would provide new and existing patients who are looking to obtain cannabis products with timely access which could greatly benefit the quality of life of patients living with a qualifying medical condition in Hawaii.

Although the state auditor found, "Since there are currently no medical marijuana dispensaries operating within Hawai'i, we contacted medical marijuana program administrators in other states. We did not receive any indication that abuses by dispensaries have occurred" we ask the Senate committee to heighten the existing safeguards in the current bill to minimize anticipated & proposed minor access problems to medical marijuana distribution facilities.

Please also retain and protect the rights of caregivers like ourselves who through desperation, self-discovered appropriate cultivars, growing practices and dosing levels. We oppose the recommendation of establishing dispensary as a means to strip current cannabis patients of their growing rights.

We are asking for due process on behalf of Hawaii's medical marijuana patients who have waited patiently for fifteen years and those who have passed away in hopes that this day would one day come. Let's work to put forth a program where no patient has to worry about taking care of themselves and cultivating their medicine at the same time. Establishment of dispensaries will help to ensure services are in place for (new and existing) patients and their caregiving families at a time when they desperately need them.

Helen Keller said, "A bend in the road is not the end of the road...unless you fail to make the turn." If we do not "turn" Hawaii's medical marijuana's program around and implement regulated points of safe access, the end of the road is eminent for many kama'aina living in Hawaii.

Thank you for the opportunity to express my strong support of HB321.

Jari S.K. Sugano, Mililani, Oahu

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To: [HTHTestimony](#)
Cc: koonceleah@gmail.com
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HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

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

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HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

Comments: I agree that a regulated statewide dispensary system that allows qualifying patients to acquire and maintain safe legal access to an adequate supply of medicine is urgently needed. HB 321 HD 1 is an attempt at this, but falls short in many areas. If implemented without major revisions this bill would create a dispensary program that is not viable. For the following reasons I do not support HB 321 HD 1 in its current form. Page 5 lines 15-21 state that "If an island in the state [...] lacks a single licensed dispensary by July 1, 2017, a dispensary that is licensed and established on another island or in another county may petition the department to allow an owner or employee of the licensed dispensary to deliver medical marijuana products to a qualified patient [...]" It seems that a qualifying patient should also have the right to petition the department in the above circumstance, as a licensed dispensary may not take the initiative on their own since they are not being adversely effected by a single qualifying patient's lack of access to medicine. Page 6 lines 6-8 state that "[t]he department shall grant the petition within sixty days unless the department determines that there is good cause to deny the petition." I am concerned that there is no criteria for the department to make this determination. It seems that the lack of access to a dispensary on a qualifying patient's island of residence should be sufficient good cause to have a petition to the department be approved. Page 6 line 19 states "If an application is unsuccessful, the department shall retain the fee of \$2000, and return the payment of \$18,000". It is concerning that the department will profit from denying applications for licensure as a dispensary. This incentive to deny applications should be removed. Page 7 lines 3-6 state "[t]he department shall establish and collect an annual renewal fee of \$30,000 from a medical marijuana dispensary; provided that the amount of the renewal fee shall be subject to review and revision by the department". This is alarming in that \$30,000 is a lot of money and will likely be passed on to the qualifying patients who will then be forced to pay higher prices for access to medicine. High out the door prices will discourage people from participating in the legal medical marijuana market and will force people to continue using the black market to acquire their medicine. Additionally, it is somewhat alarming that the department can review and revise the annual fee. If the fee is raised too high, again it will only motivate qualifying patients to continue using the black market to access medicine that is more affordable. Page 8 lines 5-9 states "provided that the department shall base this determination on the

presumption that no single production center shall acquire, cultivate, manufacture, possess, or transport more than one thousand marijuana plants in total at any one time.” The quantity of usable medicine such as flowers has not been addressed here. Unless this gray area is addressed it will undermine any protection that this bill intends to afford. Page 9 lines 3-5 state “[i]f the application is unsuccessful, the department shall retain the fee of \$1,000, and return the second payment of \$1,000”. Page 9 lines 13-15 state “[i]f the application is unsuccessful, the department shall retain the fee of \$2,000, and return the second payment of \$2,000”. Again, it is concerning that the department will profit from denying applications for licensure as a production center. This incentive to deny applications should be removed. Page 9 lines 18-20 state “the department shall establish and collect an annual renewal fee from medical marijuana production centers sufficient to cover the department's expenses in carrying out this part.” It is concerning that if the renewal fee is set too high it will ultimately lead to high prices of medicine which again will encourage qualifying patients to continue using the black market to obtain their medicine. Furthermore, having a higher renewal fee than application fee creates an incentive to reapply each year rather than to renew each year. Page 11 lines 12-18 state “[t]he types of medical marijuana products that may be manufactured and distributed pursuant to this part shall be limited to: (1) Capsules; (2) Lozenges; (3) Oils; and (4) Pills.” Medical cannabis flower should also be included here. Flower is the usable form of medicine for many qualifying patients and access to it is an imperative component of a successful dispensary program. If flower is not included here, qualifying patients in need of acquiring that form of medicine will be forced to resort to the black market. Page 16 lines 15-21 and page 17 lines 1-6 state “[t]he quantities of manufactured marijuana products that a dispensary may sell or provide to a qualifying patient or primary caregiver; provided that no dispensary or dispensaries shall sell or provide to a qualifying patient or primary caregiver any combination or marijuana and manufactured marijuana products that: (A) During a period of fifteen consecutive days, exceeds the equivalent of four ounces of marijuana, or (B) During a period of thirty consecutive days. Exceeds the equivalent of eight ounces of marijuana.” This restriction should be removed or modified as it does not specify the form of marijuana and may be overly restrictive for some patients that require large amounts of medical cannabis in order to alleviate the debilitating symptoms or effects of the condition for which they qualify. Page 17 lines 14-19 state “[a] computer software tracking system that will allow the department to track all medical marijuana and medical marijuana product inventory from either seed or immature plant stage until the marijuana or marijuana product is sold to a customer or destroyed”. The method by which medical cannabis should be destroyed needs to be specified. Page 20 lines 10-14 state “[i]f the department revokes or suspends a license, the licensee shall not: (1) Dispense, sell, transfer, or otherwise dispose of any marijuana or manufactured marijuana products owned by or in the possession of the licensee”. A suspended or revoked licensee should be allowed to dispose of marijuana or manufactured marijuana products or they will be forced to possess marijuana that they are not legally able to have. Page 22 lines 12-14 state “[a]nnually cause an independent financial audit, at the production center or dispensary operator's own expense”. I am concerned that the cost of an annual audit will be passed on to the price of medicine and will make it likely that qualifying patients will continue to use the black market to obtain medicine at a more affordable rate. Additionally, an annual

audit is redundant if a seed-to-scale software is going to be required. Pages 24-29 covers county zoning and does not seem entirely pertinent to medical marijuana. All non pertinent parts should be removed. For example on page 28 lines 8-10 state “[e]ach county may adopt reasonable standards to allow the construction of two single-family dwelling units on any lot where a residential dwelling unit is permitted.” This section is not pertinent to medical marijuana and should be removed. Furthermore, cannabis related bills should not circumvent county home rule. The zoning laws have nothing to do with this topic and seem like “pork bellying” of the bill. Page 29 lines 11-21 addresses group living, is not pertinent to medical marijuana and should be removed. Page 31 lines 12-19 state “(a) An owner or employee of a medical marijuana production center or a medical marijuana dispensary that is licensed under section 321-B or 321-C may assert the production or distribution of medical marijuana as an affirmative defense to any prosecution involving marijuana under this part or chapter 712; provided that the owner or employee strictly complied with the requirements of chapter 321, part .” An affirmative defense is not a real protection as it cannot be brought up in court when an individual is being charged with an offense under this part or of chapter 712. The affirmative defense should be changed to a bar to prosecution which is an actual protection. Page 32 lines 17-21 and page 33 lines 1-2 state “provided that an “adequate supply” shall not exceed: seven marijuana plants, whether immature or mature, and four ounces of usable marijuana at any given time; or any combination of usable marijuana and marijuana products manufactured pursuant to part of chapter 321 that exceed four ounces of usable marijuana or the equivalent of four ounces of usable marijuana”. This is worded in a confusing manner and implies that if a qualifying patient is growing medical marijuana plants but does not have usable medicine, they cannot use a dispensary to acquire medicine in the interim, until they are ready to harvest. Additionally, the unrefined equivalent of the allowable weight of the medicine should be considered and allowed for. If access to an uninterrupted supply of medicine is the goal, patients should be able to grow plants and still utilize a dispensary to maintain access to an adequate supply of usable medicine. This bill was an attempt at creating a regulated statewide dispensary system that allows qualifying patients to acquire and maintain safe legal access to an adequate supply of medicine, but it does not accomplish this goal as written. There needs to be more balance between the need for safety and regulation with the need to create a financial incentive for qualifying patients to leave the black market. A consultation with an economics expert who can further explain this concept is desperately needed. If dispensaries are made to costly, qualifying patients won't use them. The intent of the original Medical Use of Marijuana law is maintaining an uninterrupted supply of medicine. These dispensary regulations seem to be designed to aid law enforcement in prosecuting qualifying patients rather than following the true spirit of the law. For the reasons stated above I would like to see this bill killed.

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HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

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

Comments: I agree that a regulated statewide dispensary system that allows qualifying patients to acquire and maintain safe legal access to an adequate supply of medicine is urgently needed. HB 321 HD 1 is an attempt at this, but falls short in many areas. If implemented without major revisions this bill would create a dispensary program that is not viable. For the following reasons I do not support HB 321 HD 1 in its current form. Page 5 lines 15-21 state that "If an island in the state [...] lacks a single licensed dispensary by July 1, 2017, a dispensary that is licensed and established on another island or in another county may petition the department to allow an owner or employee of the licensed dispensary to deliver medical marijuana products to a qualified patient [...]" It seems that a qualifying patient should also have the right to petition the department in the above circumstance, as a licensed dispensary may not take the initiative on their own since they are not being adversely effected by a single qualifying patient's lack of access to medicine. Page 6 lines 6-8 state that "[t]he department shall grant the petition within sixty days unless the department determines that there is good cause to deny the petition." I am concerned that there is no criteria for the department to make this determination. It seems that the lack of access to a dispensary on a qualifying patient's island of residence should be sufficient good cause to have a petition to the department be approved. Page 6 line 19 states "If an application is unsuccessful, the department shall retain the fee of \$2000, and return the payment of \$18,000". It is concerning that the department will profit from denying applications for licensure as a dispensary. This incentive to deny applications should be removed. Page 7 lines 3-6 state "[t]he department shall establish and collect an annual renewal fee of \$30,000 from a medical marijuana dispensary; provided that the amount of the renewal fee shall be subject to review and revision by the department". This is alarming in that \$30,000 is a lot of money and will likely be passed on to the qualifying patients who will then be forced to pay higher prices for access to medicine. High out the door prices will discourage people from participating in the legal medical marijuana market and will force people to continue using the black market to acquire their medicine. Additionally, it is somewhat alarming that the department can review and revise the annual fee. If the fee is raised too high, again it will only motivate qualifying patients to continue using the black market to access medicine that is more affordable. Page 8 lines 5-9 states "provided that the department shall base this determination on the

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HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
lolita takeda	Individual	Oppose	No

Comments: We do not need dispensaries in the State of Hawaii, especially NOT 26 of them! Marijuana, if use as medicine, should be dispensed just like any kind of medicine, it should be dispensed thru pharmacies, NOT dispensaries. Also, if we're going to have dispensaries in our State, they should not be any close as 500ft from our schools, and there has to be a clear & strict enforcement (enforceable) measures, to keep marijuana (of any kind) away from our youth & children, who are becoming easy targets for use & abuse of this harmful & addictive substance. Mahalo!

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HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Todd Takeda	Individual	Oppose	No

Comments: We do not need marijuana dispensaries, if marijuana should be made available for medicinal purposes, it should be in pill form & FDA approved, and should be dispensed thru pharmacies, not dispensaries. Thank you for your time & service.

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HB321

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Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Marti Tom	Individual	Oppose	No

Comments:

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Testimony in support of HB 321 Establish medical marijuana dispensaries in Hawaii

March 19, 2015

Thank you for this opportunity to support HB 321 which proposes to establish medical marijuana dispensaries in Hawaii. My name is Joanne Tanaka and we live on the island of Maui. We have a 25 year old son who was diagnosed as an infant with a rare and severely debilitating seizure disorder known as Dravet Syndrome. He suffers from multiple seizure types and has been to some of the best neurologists and epilepsy specialists on the west coast and in Hawaii. Under the guidance of our doctors, we've tried numerous medications over the years including those that have not been FDA approved nor even available in this country. Some of these medications are not covered by health insurance and can cost thousands of out of pocket dollars per month. Unfortunately, our son Jordan has experienced continuing drug failures including mainstream treatments including the ketogenic diet and vagus nerve stimulator. We've run out of options and it's scary to think that traditional medicine has nothing else to offer us.

We've been following the stories about the success that some patients, mainly children, with Dravet and other epilepsies, have had with Medical Marijuana and CBD oil in Colorado and California. Some families from around the country have made huge sacrifices and relocated to these states to in order to gain access to this powerful 'medicine' for their children. Crossing state lines with this medication, of course, would be a federal offense and punishable by law.

We are considering growing the plant but there is no reliable way to test the level of CBD content. I understand no lab can test it without penalty as well. From what I understand, cultivating the plant is not easy. And securing the seeds for specific strains of high CBD content plants is another challenge. As a retired RN and healthcare professional for over 30 years, it's hard to comprehend that we have to cultivate our own medication, without any guidance, and complete lack of knowledge. It's unacceptable that our child and others have to be guinea pigs while the state figures this out. Allowing medical marijuana into state law was a first step. Now we need to establish dispensaries so that patients and families like ours can have reliable access to often life saving medication.

Others who have witnessed Jordan's seizures are often shocked. He can have 10-30 tonic clonic (grand mal) type seizures in one day. Also he is at high risk for 'sudden unexplained death by epilepsy' which took actor John Travolta's son's life several years ago. We've been lucky...a good number of children with Dravet Syndrome die before reaching adulthood. Jordan will always require supervision and support by family and other caregivers. We just want the opportunity to have access to CBD oil so that Jordan, and others like him, can continue to live their best life. His life may depend on it!

We humbly ask for your support and the passage of HB 321. Thank you.

Joanne Tanaka
Maui, Hawaii

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Cc: lee4u@hotmail.com
Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
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HB321

Submitted on: 3/19/2015

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

Comments: How did the task force determine 23 medical marijuana dispensaries? I believe the medical marijuana dispensaries in the bill will equity to 23 retail outlets similar to e-cigarette stores. The 23 medical marijuana dispensaries are more than the number of hospitals in the state. There are only 20 medical hospitals in the state of Hawaii. Then we are going to have 23 medical marijuana retail outlets in our neighborhoods! Kailua voter: Representative Lee, Theilen and Senator

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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Subject: Submitted testimony for HB321 on Mar 20, 2015 14:00PM
Date: Thursday, March 19, 2015 1:11:22 PM

HB321

Submitted on: 3/19/2015

Testimony for HTH/PSM on Mar 20, 2015 14:00PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Alohilani Hue Sing	Individual	Support	No

Comments: Please create dispensaries sooner than later, 15 years has gone by with qualifying patients dying without dignity because they had to obtain medicine via the Black Market. Create dispensaries so that patients can obtain their medicines easily and safely. Medical Marijuana Patients deserve to live their lives without undue stressors caused by the delay of regulated dispensaries. Mahalo for your concern and support.

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