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**TESTIMONY OF JAN K. YAMANE, ACTING STATE AUDITOR,  
ON HOUSE BILL NO. 321,  
RELATING TO MEDICAL MARIJUANA**

**Committees on Health and Judiciary**

**February 7, 2015**

Chair Belatti, Chair Rhoads, and Members of the Committees:

I am Jan Yamane, Acting State Auditor. Thank you for the opportunity to provide comments on House Bill No. 321, which would establish a regulated statewide dispensary system for medical marijuana for qualified patients in Hawai'i.

As you are aware, pursuant to House Concurrent Resolution 74 of the 2014 Regular Session, we conducted a sunrise review of a system of registered marijuana dispensaries as proposed by House Bill No. 1587 (2014). Our *Sunrise Analysis: Medical Marijuana Dispensaries* (Report No. 14-12) was released on December 2, 2014. In it, we evaluated whether last year's bill was consistent with the policies set forth in Hawai'i's regulatory licensing law, Chapter 26H, Hawai'i Revised Statutes. We also assessed the probable effects of enacting the bill—specifically, the effects on users of the medical marijuana program and the appropriateness of alternative forms of regulation; and we made recommendations. We concluded that a flaw in the existing medical marijuana law justifies regulating dispensaries.

**Most of our sunrise recommendations have been addressed**

Our Report No. 14-12 recommended that:

1. Dispensaries be licensed;
2. DOH be allowed to determine the number of dispensaries to be allowed in Hawai'i, and where the dispensaries are to be located;

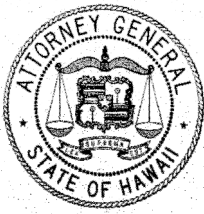
3. DOH be given the power to revoke and suspend dispensary licenses and dispensary agent registrations;
4. DOH be given start-up funding for the medical marijuana dispensaries regulatory program;
5. DOH be given time to implement the program before the Act becomes effective;
6. Section 321-30.1, HRS, be amended to specify that the Medical Marijuana Registry Special Fund may be used to administer the regulation of medical marijuana dispensaries.

HB 321 has incorporated five of our six recommendations. The bill requires licensing of dispensaries, grants DOH the authority to determine the number of dispensaries and their locations, provides \$510,000 in start-up funding, and gives DOH until 2017 to begin issuing licenses. It also amends Section 321-30.1, HRS, to allow the medical marijuana special fund to be used to administer the regulation of medical marijuana production centers and dispensaries. The bill does not specifically grant revocation and suspension powers to DOH.

Other issues we identified from last year's bill also appear to have been addressed. For instance, the bill requires dispensaries to be located a specified distance away from schools, and to label all marijuana products to identify the strain and its properties.

We also note that § -B, "Medical marijuana dispensaries; licensure; fees; inspection" (at pp. 4-6), is substantively duplicative of §321-C, "Medical marijuana production centers; licensure; fees; inspection" (at pp. 7-9).

I am available to answer any questions you may have.



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

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**ON THE FOLLOWING MEASURE:**

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

**BEFORE THE:**

HOUSE COMMITTEES ON HEALTH AND ON JUDICIARY.

**DATE:** Saturday, February 7, 2015 **TIME:** 10:00 a.m.

**LOCATION:** State Capitol, Conference Room 329

**TESTIFIER(S):** Russell A. Suzuki, Attorney General, or  
Jill T. Nagamine, Deputy Attorney General

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Chairs Belatti and Rhoads and Members of the Committees:

The Department of the Attorney General is aware of several bills that have been introduced this session to establish a means of access to medical marijuana for qualifying patients and is studying them all to determine which might be the best legal vehicle. We raise 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 number of dispensaries and production centers:**

Proposed new section 321-B(c), Hawaii Revised Statutes (HRS), at page 4, line 12, through page 5, line 21, would set a minimum number of dispensaries. Setting a minimum number prejudices the need for dispensaries without knowing who would use them or what the actual need would be. Basing the numbers on the current number of registered patients is a flawed formula, because it is unknown how many patients would opt to produce their own supply rather than use a dispensary. Also, the Department of Health (DOH) cannot control the number of qualified applications it would receive, so imposing a minimum number of dispensaries may not work. We recommend that the Legislature consider requiring the DOH's

determination of the number of dispensaries to be based on information gathered as it collects data from the first dispensaries and from patients.

Proposed new section 321-C(d) and (e) at page 7, line 16, through page 8, line 5, charges the DOH with determining the appropriate number of production centers, but also sets a minimum number of production centers by a date certain. Setting a minimum number prejudices the production needs without the benefit of knowing how much medical marijuana will be needed to supply the actual demand. Also, as with dispensaries, the DOH cannot control the number of qualified applications it would receive, so imposing a minimum number of production centers may not work. We recommend that the Legislature consider requiring the DOH's determination of the number of production centers to be based on information gathered as it collects data from the dispensaries, patients, and the first licensed production centers.

An additional suggestion for the Legislature to consider would be a single, combined license for both the production aspect and the dispensary aspect of the system. Integrating production with dispensing would allow for better inventory and tracking of the product from seed to sale and would eliminate the step of dispensaries having to acquire medical marijuana products from multiple sources. That would make regulation and tracking much simpler, and, in theory, would improve inventory management, quality controls, and security.

**Concerns with inter-island travel:**

Proposed new section 321-B(c)(4) at page 5, lines 7-21, includes a requirement that the DOH allow an owner or employee of a dispensary to deliver medical marijuana products inter-island. This essentially mandates a state agency to "permit" the violation of a federal law ranging from simple possession (21 USC §844(a)) to possession on board vessels (21 USC §955). While certain protections and defenses may be available on land and within the boundaries of Hawaiian waters, chapter 329, HRS, would not protect against federal laws within an exclusive federal or international jurisdiction. Additionally, even if the DOH could permit inter-island travel, this paragraph gives no criteria for "good cause to deny the petition" (page 5, line 21) for those situations where the DOH disagrees that there is a need or where the DOH does not think there is an adequate security arrangement for the secure delivery of the products to their intended recipients. Requiring the DOH to grant the petition within sixty days (page 5, lines 19-21) effectively institutes a default approval process that would be a problem if DOH receives a

high volume of applications at once, which is foreseeable before there are dispensary locations statewide.

**Concerns with security requirements:**

(1) Fencing. Proposed new section 321-H pertains to the requirements for DOH administrative rules and requires at paragraph (4)(A)(ii), page 12, line 4, to page 13, line 5, fencing for production centers and dispensaries that prevents anyone outside the premises from viewing any area where marijuana is "cultivated, processed, or stored." These terms are not inclusive of all of the terms used in the definitions of manufacture, dispensary, or production center, and thus can be confusing as to what action needs to be screened from view (see discussion about definitions, below). A possible solution would be to require fencing (or walls) that would prevent outsiders from viewing any marijuana in any form.

(2) Unauthorized entry. While proposed new section 321-H(4)(B)(i), page 13, lines 10-14, would require the DOH to adopt a rule to require patients or caregivers to show their identification upon entering the premises, from the standpoint of protecting minors and preventing unauthorized persons from obtaining marijuana, we recommend that this restriction be made stronger by including wording in the proposed statute that would make it illegal for unauthorized persons to enter dispensaries or production centers and would also make it illegal for licensed dispensaries or production centers to allow unauthorized person on their premises. We recommend a standard of strict criminal liability for both offending unauthorized persons and for offending licensees. We urge these protections in order to protect children and to prevent the unauthorized diversion of marijuana. One suggestion to address this would be to add wording in section 5 of the bill at pages 25- 26. An additional subsection could be added to the new proposed section of chapter 329 that would make it clear that none of the protections afforded to those persons who are authorized to be on the premises of dispensaries and production centers would apply to any persons who lacked that authority.

(3) Licensing or employment of felons. Proposed new section 321-H(5), page 14, lines 1-10, 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.

(4) Law enforcement. Proposed new section 321-H(10), page 15, lines 14-16, would charge the DOH with enforcing prohibitions against the sale or provision of medical marijuana products to unauthorized persons, but that enforcement ought to remain within the jurisdiction of law enforcement.

(5) Protection of children. Proposed new section 321-I, page 16, lines 3-14, prohibits medical marijuana dispensaries or production centers from being located within five hundred feet of a public school. If the legislature's intent is to protect children, then private schools should be included in this prohibition.

**Concerns with lack of specificity regarding renewal or revocation:**

Proposed new section 321-C(i), page 9, lines 11-13, directs the DOH to establish and collect an annual renewal fee, but gives no criteria for renewal. We anticipate that licensees will potentially make a significant investment in a statewide dispensary system and would expect to have their licenses renewed in order to protect their investment. However, if the DOH discovers problems in the annual inspections and audits allowed at page 16, line 15, through page 17, line 5, the DOH should not be compelled to renew a license. This bill would benefit by the addition of sanctions, including administrative fines, non-renewal, suspension, and revocation for failure to comply with all licensing and registration requirements and all laws pertaining to medical marijuana.

**Concerns with form of payment and fees:**

Proposed new section 321-B(f) at page 6, lines 5-15, requires certain payment of fees in the form of checks. Considering that the DOH may use an electronic licensing system, other forms of payment may be needed. It would be better to allow the DOH to determine the appropriate form of payment through administrative rules applicable to the licensing system rather than limiting the payment method by statute.

This same concern applies to the payment method for the fees associated with production center license applications at page 8, line 12, through page 9, line 10.

Proposed new section 321-B(g), page 6, lines 16-21, gives the DOH the right to review and revise renewal fees, but does not give it a method to set new fees. The Legislature should consider setting a renewal fee of \$30,000, which DOH may change by administrative rule.

**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. It is necessary to be consistent to avoid the problems of ambiguity.

The definition of "manufacture," page 2, line 12, through page 3, line 2, and the definition of "medical marijuana production center," page 3, lines 10-17, include lists of descriptive words of what the terms mean, e.g., "manufacture" means "production, preparation, propagation, compounding, conversion, or processing . . ." and a "medical marijuana production center" is a farm or facility where marijuana products are "cultivated, processed, or packaged." Both lists include "processing," but none of the other descriptive words overlap, so it appears that the other listed words are exclusive to the term they define, rather than "including but not limited to." Using these lists of descriptive words creates two problems. (1) The first problem is with clarity. The descriptive words themselves need to be defined to make it clear what each of these descriptive terms includes. For example, "growing" or "cultivating" marijuana is not included in the definition of "manufacture", but would need to be implied in "production," one of the words used to describe "manufacture." For clarity, it would be better for the definitions to be as specific as possible, so that meaning would not have to be implied. (2) The second problem with defining these terms with a list of descriptive words is that within the bill, other descriptive words are used, and the difference might have inadvertent consequences. For example, it appears that this bill intends to exclude the functions of qualifying patients and primary caregivers from the definition of "manufacture," but the exclusions that allow qualifying patients and primary caregivers to "prepare" or "compound" marijuana, page 2, line 21, through page 3, line 2, or to "cultivate" or "possess," page 17, line 16, do not include "production," "propagation," "conversion," and "processing" (the other descriptive terms that apply to the general definition of "manufacture") so qualifying patients and primary caregivers might be limited by this bill in performing some of the functions they need to perform with their marijuana.

A further concern with the proposed definitions of "manufacture" and "medical marijuana dispensary" is that "manufacture" does not appear to include retail sale of medical marijuana products and "medical marijuana dispensaries" do not appear to be able to manufacture products, but in section 321-E at page 10, lines 6-12, it appears that the intent is for "manufacturing" to be available to dispensaries.

It is also not clear from the definitions if a "medical marijuana dispensary," page 3, lines 5-9, can be operated by a "person," page 3, lines 18-20. It is clear that "person" includes "business" but it is not clear whether a "business" means "person." That meaning is further complicated at page 4, lines 6-8, where it provides: "No person may act as a dispensary unless the person has obtained a license from the department pursuant to this part," and at page 7, lines 5-7, where it states: "No person may act as a medical marijuana production center unless the person has obtained a license from the department pursuant to this part." There is also an inconsistency in the use of the terms "operated by" at page 3, line 6, and "act as" at page 4 line 6 and at page 7 line 5. "Person" is used again at page 6, line 5, to describe an applicant for a dispensary license, and at page 8, line 12, to describe an applicant for a production center license. One possible way to clarify this might be to use the word "applicant" instead of "person," "business," or "organization," and separately define who or what type of entity may apply for a dispensary license and for a production center license.

The definitions section needs to include other terms that are used throughout the bill, including "candy products," page 10, line 21, "medical production," page 25, line 17, and "medical distribution," page 25, line 17. A definition of these last two terms is especially important, as they appear to be part of an element of a defense against certain crimes in the new section proposed at page 25, line 13, through page 26, line 11, of the bill. These definitions need to include the "permitted scope" as referenced at page 26, line 3. All of the definitions and terms used throughout this bill need to be made consistent so that all usages of the terms throughout this bill are uniform and unambiguous.

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



## HR321 Establishment of Marijuana Dispensaries

Chair Au Bellati & Rhoads, Vice Chair Creagan & Buenaventura, and members of the House Health & Judiciary Committee. Thank you for this opportunity to provide personal testimony in strong support of HR321 relating to the establishment of marijuana dispensaries.

At the opening 2015 legislative session, House of Representatives' speaker, Joe Souki 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."

Please take heed of Mr. Souki's plea and fix the contradiction that has existed for 15 years, still unresolved. My name is Jari Sugano of Mililani, Oahu. I am the mother and caregiver of an active 6 year old girl name Maile Jen Kaneshiro, aka MJ who has been living daily with a rare and catastrophic form of epilepsy, called Dravet Syndrome. 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.

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 legally prescribed pharmaceuticals such as phenobarbital, mysoline, keppra, topamax, zonegram, stirepentol, clobazam, depakote, klonipin, bromide, clonidine, concerta, abilify, adderal, risperidon, the ketogenic diet, and non FDA approved drugs. Many of these medications were not intended for a child of her age. Yet, prescription medication remains an acceptable norm in our society if the situation warrants its unconventional use. Unconventional pharmaceutical use is commonly granted if the gains outweigh the risk and often goes without question, judgment or excessive regulation.

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. We navigated legally within the boundary of Hawaii's medical marijuana law for over a year and concluded similar to the LRB's Report - Is the Grass Always Greener? An Updated Look at Other State Medical Marijuana Programs 2014, that "State's medical marijuana program permits a qualifying patient and primary caregiver to grow marijuana plants for the patient's medical use, the program does not supply marijuana seeds or plants, nor provide a source or means of obtaining them. Nor does the program offer guidance in the cultivation of marijuana." The state's medical marijuana program provided me with a confirmation card, collected its fees and allowed me to use reasonable judgment in caregiver-medicating my child.

Over the past year, we learned to cultivate cannabis plants, process the plant in such a way to extract the desired cannabinoids, calculate dosage and deliver this state recognized form of medicine to Maile via a g-tube in her stomach.

As a trained agriculturalist for nearly 20 years and now “experienced” cannabis caregiver for the past year, I found the cultivation process extremely difficult. I endured multiple propagation failures, experienced timing (supply) issues and since Hawaii does not allow laboratories to test cannabis without penalty, it is virtually impossible to know what dosage Maile is on, or any other cannabis user for that matter. Without understanding the compounds in locally grown marijuana products, obtaining effective seizure control is highly improbable. The state auditor wrote, “Without regulated dispensaries, patients’ health is jeopardized because a product’s strength, strain, and lack of contaminants cannot be verified.”

Hawaii cannabis patients have been advocating for 15 years for safe access as there is no legal means for local patients to obtain a consistent, lab tested product in Hawaii. Opposition fights so diligently to suspend or ‘kill’ cannabis related bills as a means to protect public safety. However, we need to stop debating one another and compromise on how to best improve the medicinal marijuana program based on the auditor’s sunshine analysis report. The report states that current system is flawed and puts patients in jeopardy. As such, Maile’s life continues to be at risk as long as her seizures remain uncontrolled.

Establishment of dispensaries in Hawaii, based on suggested administrative rules by the HCR48, 21 member, multi-agency Task Force recommendations 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.

Task force recommendations also incorporated safeguards to heighten security and restrict minor access to medical marijuana distribution facilities. Opposing HB321 and leaving the law as is sustains the existence of the unregulated black market which allows for unauthorized youth access and potential misuse by non-medical patients. 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.” Nationwide data is also supporting the statement that youth groups are not penetrating secured dispensary systems.

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 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. Maile Kaneshiro would be just one of them.

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

Jari S.K. Sugano, Mililani, Oahu

#### REFERENCES:

LRB Report. Report number 1, 2014. Available online: [Is the Grass Always Greener? An Updated Look at Other State Medical Marijuana Programs](#)

Sunshine Analysis. Regulation of Medical Marijuana Dispensaries. Report number 14-12. December 2014. Available online:

[http://www.publicpolicycenter.hawaii.edu/projects-programs/\\_hcr48/\\_nov-14/HCR48-Auditors-Report-Sunrise-Analysis.pdf](http://www.publicpolicycenter.hawaii.edu/projects-programs/_hcr48/_nov-14/HCR48-Auditors-Report-Sunrise-Analysis.pdf)

To: Committee on Health  
Representative Della Au Belatti, Chair  
Representative Richard Creagan, Vice Chair  
and  
House Committee on Judiciary  
Representative Karl Rhoads, Chair  
Representative Joy San Buenaventura, Vice Chair

Re: HB 321 – Relating to Medical Marijuana

Hearing: Saturday, February 7, 2015, 10:00 am, Room 329

From: Clifton Otto, MD

Position: Support (with conditions)

A means of improving access to Marijuana for medical use for registered patients in Hawaii is long overdue. However, if the State is seriously thinking about allowing the sale of Marijuana to occur in Hawaii, then the State needs to take parallel steps that will insure that Marijuana is rescheduled at the federal level, based on the State's authority to accept the medical use of controlled substances, so that state-licensed manufacturers and distributors will not be violating federal law when they begin operations.

Towards this end, proposed section 329-L needs to go farther towards protecting state-licensed producers and distributors, instead of simply trying to protect patient privacy and adherence to state law, which has no relevance to the risk of federal intervention that producers and distributors will bear.

Section 6 offers a much needed change to the restrictions on the medical use of Marijuana, relieving some of the current ambiguity between medical use and transportation. The ideal situation would be one in which patients are transporting their Marijuana in a manner that prevents all types of public detection. The legislature may also want to include language that calls upon the State Department of Transportation to adopt a protocol that outlines how patients will be handled at state-operated airports when they are discovered to be traveling with their allowable amount of Marijuana.

Finally, a definition of "Manufacture", as proposed in this bill, already exists in HRS 329-1, which is inclusive of all controlled substances, including Marijuana.

creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 8:52 PM  
To: HLTtestimony  
Cc: dcicccone@ymail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dana Ciccone	Individual	Support	Yes

Comments: HB 321 is needed here in Hawaii!! Patients have been struggling for years with this flawed system. Its time to make a change and help the patients who need safe and legal access to the medicine. Please support and do your part by helping the people in our community that don't want to be on pharmaceuticals. Cannabis is a Medicine! Aloha and Mahalo for your time!!

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

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)

**TESTIMONY OF THE HAWAI`I POLICE DEPARTMENT**

**HOUSE BILL 321**

**RELATING TO MEDICAL MARIJUANA**

**BEFORE THE COMMITTEE ON HEALTH**

And

**BEFORE THE COMMITTEE ON JUDICIARY**

DATE : Saturday, February 7, 2015

TIME : 10:00 A.M.

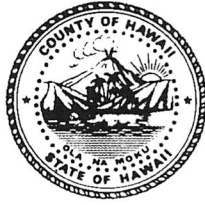
PLACE : Conference Room 329  
State Capitol  
415 South Beretania Street

PERSON TESTIFYING:

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

(Written Testimony)

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

February 5, 2015

Representative Della Au Belatti  
Chair and Committee Members  
Committee on Public Safety, Intergovernmental and Military Affairs  
Representative Karl Rhoads  
Chair and Committee Members  
Committee on Judiciary  
415 South Beretania Street, Room 329  
Honolulu, Hawai'i 96813

**Re: HOUSE BILL 321 RELATING TO MEDICAL MARIJUANA**

Dear Representatives Au Belatti and Rhoads:

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

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

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.

Representative Della Au Belatti  
Chair and Committee Members  
Committee on Public Safety, Intergovernmental and Military Affairs  
Representative Karl Rhoads  
Chair and Committee Members

**Re: HOUSE BILL 321 RELATING TO MEDICAL MARIJUANA**

Page 2

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.

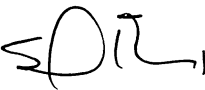
The Hawai'i Police Department is also concerned as to how the destruction of medical marijuana will be documented and verified. Medical marijuana should be tracked from the point of acquisition to the point of sale or destruction with a strict verification process in place subject to both criminal and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

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

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

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

Sincerely,

  
HARRY S. KUBOJIRI  
POLICE CHIEF



DEPARTMENT OF THE PROSECUTING ATTORNEY  
**CITY AND COUNTY OF HONOLULU**

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

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

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

February 7, 2015

**RE: H.B. 321; RELATING TO MEDICAL MARIJUANA.**

Chair Au Belatti, Chair Rhoads, Vice-Chair Creagan, Vice-Chair Buenaventura, members of the House Committee on Health, and members of the House Committee on Judiciary, the Department of the Prosecuting Attorney of the City and County of Honolulu submits the following testimony in strong opposition to H.B. 321.

While H.B. 321 attempts to establish a system for the commercial production and sale of medical marijuana, it mandates a large number of dispensaries statewide, which is *exponentially* more than any indicated levels of demand. Moreover, this bill does not provide adequate limitations or tracking on the dosage, frequency, or overall quantity of marijuana that any registered patient or caregiver could access in any given time period, essentially making quantity restrictions irrelevant by providing unfettered access to a continuous and unlimited supply of medical marijuana. In the same regard, H.B. 321 would not provide sufficient standards or controls for law enforcement to enforce the controlled substance laws—and in fact removes or trivializes many controls that currently exist—thus opening the door for, and arguably inviting, significant increases in illicit distribution.

As of December 2014, the State's medical marijuana database indicated that there are **318** registered medical marijuana patients—statewide—who are unable to grow their own medical marijuana (and do not have a caregiver who can grow it for them). 221 of these patients are registered on O'ahu, 78 on Maui, 12 on the Big Island, 6 on Kaua'i, and 1 on Moloka'i. In light of this, the Department believes it would be completely unreasonable to mandate the licensing of 26 dispensaries statewide, and potentially mandate 30 producers statewide, for 318 individuals. Similarly, mandating a ratio of one dispensary per 500 (or any number of) registered patients does

not make sense, with evidence of such limited demand. It is possible that this number of producers and dispensaries might be warranted if there were *no other way* for any of the (approximately 13,000) registered patients to get their medical marijuana; and if the Legislature is inclined to prohibit medical marijuana patients from growing their own supply, that may be a very different discussion. However, as written, H.B. 312 takes no steps to prohibit registered patients from continuing to grow marijuana, and in fact, expressly allows it.

Unlike prescription medications, which are heavily regulated and monitored, there is currently no limit to how much medical marijuana a registered patient may consume. However, at least under current conditions, patients and caregivers are limited to the amount that can be grown on seven plants (and 4 ounces of usable marijuana), which is considered an “adequate amount” by law. That alone is a significant quantity, as a single plant can grow up to 7 or 8 feet tall, or more.

Under the system proposed in H.B. 321, there would still be no limitations on consumption, but also no limitations on supply, as dispensaries would essentially be able to provide unfettered access to a continuous and unlimited amount of medical marijuana for any registered patient and caregiver, with no account of what happens to the product after it leaves the dispensary. While an ‘adequate supply’ would still be defined in statutes, this definition quickly loses significance when someone could technically ‘consume’ 4 ounces of usable marijuana, purchase 4 more ounces immediately, consume that, and purchase again. Under the contemplated system, there is no indication that the amount of medical marijuana sold to each registered patient would be tracked and/or limited in any way, so long as not more than 7 plants or 4 ounces of usable marijuana is sold at any given time. Also, there are no limitations on how much tetrahydrocannabinol (“THC”) may be contained per ounce, which is a serious concern when some varieties of marijuana now contain as much as 23% THC, compared to the 3-4% seen in more common varieties.

Simply put, there would be no way for law enforcement to reliably track or discern how much medical marijuana each registered patient (and caregiver) has actually had in their possession or consumed at any given time, particularly if they are also allowed to grow their own supply.

On top of these concerns, the availability of commercially manufactured and distributed food-products containing medical marijuana would only compound the problem, as there is no practicable way for law enforcement to accurately analyze the contents or potency of these food-products, particularly when potency varies widely throughout the product or portions of the product (as with baked goods). Moreover, the presence of commercially-made food products increases the likelihood that children will be drawn to and actually ingest these products, whether intentionally or not. This may be another reason why no prescription medication currently on the market is legally manufactured as brownies, cookies, lozenges (which are indistinguishable from candy, if both contain medical marijuana) or other snack-type items. Medication is not meant to be delicious.

In addition to all of the above, there are numerous other aspects of H.B. 312 that raise serious concerns for law enforcement, and/or make it nearly impossible to enforce existing laws:

- Allowing dispensary owners and employees to transport medical marijuana between islands, and allowing producers to transport up to 500 (or even 1,000) medical marijuana plants at a time, presents a huge risk for abuse and/or outright illicit activity.

- According to various sources, medical marijuana dispensaries would not be permitted to deposit their revenues at federally-recognized banks, presenting major concerns as to how these funds would be secured, transported or otherwise handled.
- There are no provisions about how dispensaries or producers would be regulated, by whom, or with what resources and expertise. There are no provisions about who would handle the disposal of controlled substance waste and contaminated or excess marijuana, or how.
- The Department is not aware of any laboratories, personnel and/or resources in Hawaii capable of analyzing the THC potency of marijuana or marijuana products, in a manner and magnitude necessary for adequate law enforcement.

Given the multitude of serious concerns raised by H.B. 312—not the least of which is why a statewide dispensary system is needed for a reported 318 patients who are unable to grow their own medical marijuana—the Department strongly believes that a system of this nature is simply not necessary in Hawaii. The dispensary system proposed by H.B. 312 fails to account for any of the major concerns noted in the Department’s testimony, and presents very serious and imminent risks to public safety; public safety is our primary concern. Rather than rushing into a quagmire that has not been duly examined, the Department feels very strongly that the Legislature should approach the concept of a medical marijuana dispensary system with measured restraint, thorough consideration, and comprehensive standards, controls and mechanisms to regulate the flow of medical marijuana through these businesses and into the public. H.B. 321 does not do this.

For all the foregoing reasons, the Department of the Prosecuting Attorney of the City and County of Honolulu strongly opposes the passage of H.B. 321. Thank you for the opportunity to testify on this matter.

## **Testimony in Opposition to HB321 – Establishing Medical Marijuana Dispensaries & Production Centers**

Hearing on: February 7, 2015, 10:00 am  
Conference Room 329 of the State Capitol

TO: Committee on Health  
Rep. Della Au Belatti, Chair  
Rep. Richard Creagan, Vice Chair

Committee on Judiciary  
Rep. Karl Rhoades, Chair  
Rep. Joy San Buenaventura, Vice Chair

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

Please accept this testimony in opposition to ***HB 321 – Establishing Medical Marijuana Dispensaries and Production Centers; appropriates funds***. As the representative from the Coalition for a Drug-Free Hawaii, I sat on the Medical Marijuana Dispensary System Task Force and participated in formulating many of the recommendations that were incorporated into HB 321.

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

From a substance abuse prevention point of view, here are the key issues with establishing a medical marijuana dispensary system in Hawaii.

They are:

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

### Harm to Youth

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

Without a strong regulatory system in place it will be extremely difficult to prevent the diversion of smoked marijuana, edibles, and related products outside of the dispensary system. That could mean more availability and access to marijuana products and potential harm to our children and youth.

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

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

### Big Marijuana

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

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

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

### Is Marijuana Medicine?

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

There is no evidence that marijuana is beneficial for the treatment of any psychiatric disorders. More research on non-smoked components of marijuana is recommended for potential treatment of epilepsy and other specific medical

conditions. Several CBD based medicines are being fast tracked by the FDA and should be on the market as prescribed medicines in the next few years. These may have a revolutionary effect on how marijuana as medicine is viewed.

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

### Summary and Recommendations

- HB321 does not include a complete public health approach to medical marijuana use. If it did, it would acknowledge that marijuana use will likely significantly increase especially among our youth and adults. It would include increased resources for substance abuse prevention and education, as well as treatment services. Also it would have provisions for decriminalization of marijuana that included mandatory assessment and available treatment for first time offenders in lieu of arrest and/or conviction, especially for youth.
- Take a more measured approach to establishing a compassionate and well regulated medical marijuana system in Hawaii. What is the rush? Recommend convening the relevant State departments, patient and community stakeholders, and other experts to dialogue and debate how to best regulate and run a medical marijuana dispensary system. In addition, a survey should be conducted by the Department of Health to include all medical marijuana card holders to solicit their input on what kind of medical marijuana dispensary system would best meet their needs. We should also explore “best practice” models from other state medical marijuana programs and closely monitor what is happening in Colorado and California to avoid the harmful effects of permissive and chaotic marijuana policies.

Thank you for the opportunity to testify on HB 321.

## **Minority Report to the HCR48 Medical Marijuana Dispensary System Task Force 2015**

January 23, 2015

We represent the perspective and concerns of law enforcement and substance abuse education and prevention specialists in Hawaii. Police Chief Harry Kubojiri, of the Hawaii County Police Department, sits on the Medical Marijuana Dispensary System Task Force as the representative for the Law Enforcement Coalition (LEC). The LEC is made up of the four county police chiefs and prosecuting attorneys, and the Attorney General. Deputy Prosecuting Attorney Jon Riki Karamatsu is the designee for the Prosecuting Attorney for the City and County of Honolulu. Mr. Alan Shinn is the representative for the Coalition for a Drug-Free Hawaii, a highly regarded substance abuse prevention agency in Hawaii.

The purpose of the Medical Marijuana Dispensary System Task Force, as established by H.C.R. 48, H.D. 2, S.D. 1 (2014), was to "develop recommendations for the establishment of a regulated statewide dispensary system for medical marijuana to provide safe and legal access to medical marijuana for qualified patients." H.C.R. 48 set out the issues to be addressed by the Task Force as follows:

- (1) The appropriate number and location of dispensaries statewide;
- (2) The design of a tax structure (state and county);
- (3) Location and restriction issues;
- (4) Methodology for ensuring safety of supply;
- (5) A framework for cultivation and manufacturing medical marijuana products;
- (6) Regulations to ensure security and public safety;
- (7) Restrictions on advertising; and
- (8) Issues raised and compliance with any guidelines and/or directives issued by federal agencies with respect to medical marijuana.

We are concerned about the potential negative impact the proposed medical marijuana production and dispensary system will have on the health and wellbeing of the citizens of Hawaii, particularly without strong regulatory and enforcement systems in place to control and manage the production and distribution of this Schedule I psychoactive substance. While the task force has worked very hard and has identified many important issues to address in establishing a dispensary system in Hawaii, it has not been able to adequately address all of those issues, including critical issues related to the administration and regulation of a medical marijuana production and dispensary system, and related to the enforcement of regulations and laws.

Without strong regulatory and enforcement systems that have adequate resources, it would be extremely difficult to prevent significant quantities of medical marijuana products from being diverted, used, and sold for profit, outside of the dispensary system. Our children will have greater access to marijuana. Having medical marijuana dispensaries further reduces the perceived risks of marijuana and further normalizes the use of marijuana among youth. Many children could be harmed.

## Work of the Task Force

While the task force has worked very hard, and has identified many important issues, it has not been able to adequately resolve many of them. This was very apparent at the task force meeting on December 16, 2014, when all of the task force proposals were to be reviewed and voted on by the members. There were many questions and extended discussions about the proposals. Many proposals were revised. Some proposals, like those regarding the production and manufacture of marijuana-related products, like edibles and tinctures, had not previously been the subject of serious discussion and consideration by the task force. When the issue of edibles had been previously raised, it appeared to have been dismissed by the task force as something the members did not want to consider. Then, at the meeting on December 16<sup>th</sup>, it suddenly appeared as a proposal to be voted upon. Due to the many unresolved issues, the task force decided to have another meeting at the end of December, and asked a subcommittee to meet in the interim, during the week of Christmas, to address some of the unresolved issues. It should be noted that some members were not able to attend the meetings scheduled during the weeks of Christmas and New Years. At the meeting on December 30<sup>th</sup>, the range of product and product manufacturing issues were still largely unresolved.

### Some Key Unresolved Issues

1. **Regulation and enforcement.** It is not clear what agency will do it, or has the capability of doing it. If home cultivation and dispensaries are allowed to operate side-by-side, how will both systems be integrated and regulated? Some people attending task force meetings have expressed the opinion to the task force that they can grow and supply all the marijuana that is needed and do not need dispensaries on their islands.
2. **Laboratories.** It is still unclear whether or not there are laboratories in Hawaii that have the capability and willingness to handle dispensary system requirements (quantitative testing for THC and checking for contaminants in the marijuana).
3. **Inventory control and centralized electronic tracking system.** This is critical to prevent the diversion of product out of the dispensary system and the abuse and exploitation of the medical marijuana program. It must be established before the rollout of the dispensary system.
4. **Marijuana-related products.** The issue of marijuana-related products has not been thoroughly studied and addressed. Many questions still remain. It appears that some task force members favor allowing some forms of manufactured products (e.g., candies, baked goods, drinks, or highly concentrated marijuana oils) which will require much more involved regulatory systems. But it will be very difficult to regulate the manufacture, quality, potency, and safety of these products. It will also be very difficult to set and enforce patient limits for medical marijuana with these types of products, especially when patients are also allowed to grow their own marijuana. The manufacture of these products will greatly



commercialize marijuana, which is supposed to only be allowed for debilitating medical conditions. These products will inevitably target our youth--no matter how they are required to be packaged. They will end up in our schools.

5. **Regulation of the number and location of dispensaries and grow sites. Cultivation and dispensary inventory limits.**

Many issues are still unresolved, including how dispensary applications are even approved. Excess amounts may lead to distribution and use outside of the medical marijuana program.

Amongst the key justification statements for H.C.R. 48, and the establishment of a dispensary system, was the following:

[M]any of the State's almost 13,000 qualifying patients lack the ability to grow their own supply of medical marijuana due to a number of factors, including disability, limited space to grow medical marijuana, and an inadequate supply of medical marijuana to take care of their medical needs.

This is a very vague and misleading statement. It appears to suggest that most patients cannot grow their own marijuana. Many task force members, in making decisions about the dispensary system, have assumed that most of the 13,000 qualifying patients would need to be supplied by the dispensary system. But the truth is that many of the qualifying patients are growing their own medical marijuana and would like to continue to grow their own marijuana, even after dispensaries were established. A survey of the qualifying patients could be conducted to more accurately assess the patients who really need a dispensary system, and what products they actually need.

There are only a finite number of patients who would use the dispensary system. What would happen if the producers and dispensaries were providing a greater supply than what was needed? Would they start recruiting more "patients," join up with a physician engaged in a medical marijuana certification business to facilitate the certification process, or seek other ways of selling/distributing their products? How would they compete against other producers/dispensaries for the patients? Advertising? Special deals? Special products? Other arrangements? These businesses would have invested significant funds to operate and would likely compete heavily for the "patients," and would not just shut down operations. The stronger and bigger businesses, the ones with heavy financial support and experience, will likely beat out the smaller competitors.

6. **Transportation of marijuana.** Issues related to the transportation of marijuana between islands, and between producers, dispensaries, laboratories, and waste disposal sites have not all been resolved.

## Potential Harm to Our Children

By allowing for the production and distribution of marijuana, even if intended only for medical use, Hawaii is condoning and supporting the use of marijuana, and reducing the perceived risk of marijuana use in our communities and schools. Here are some facts:

1. The Substance Abuse and Mental Health Services Administration (SAMHSA) has over 40 years of drug use data that shows lower perceived risk of harm by youth often results in increased use.
2. The recent 2014 Monitoring the Future (MTF) national school survey of drug use shows marijuana use by youth is still significantly higher than in 2008 and 2012. It also found that, of the youth surveyed, more youth (40%) in medical marijuana states had used an edible marijuana product in the last year than youth (26%) in non-medical marijuana states.
3. States with medical marijuana that allow both home cultivation and legal dispensaries show increases in marijuana use.<sup>i</sup> The increases in marijuana use are a concern as marijuana THC content and potency have also increased significantly. See for example:  
[http://news.olemiss.edu/index.php?option=com\\_content&view=article&id=4545%3Acannabispotency051409&Itemid=10](http://news.olemiss.edu/index.php?option=com_content&view=article&id=4545%3Acannabispotency051409&Itemid=10)
4. 1 in 6 minors who chronically use high-THC content marijuana become addicted and require intervention and/or treatment.<sup>ii</sup> In Hawaii, marijuana was identified as the primary substance used by a majority of adolescents, seventeen years of age and younger (62.4% in 2012), being admitted for drug treatment.<sup>iii</sup> In Colorado, the Arapahoe House treatment network reported that teen admissions to treatment for marijuana use increased by 66% between 2011 and 2014.
5. Studies have linked marijuana use with mental illness, especially schizophrenia and psychosis. Marijuana use has also been linked with depression and anxiety.<sup>iv</sup>
6. One of the most well designed studies on marijuana and intelligence, released in 2012, found that persistent, heavy use of marijuana by adolescents reduces IQ by as much as eight points, when tested well into adulthood.<sup>v</sup>
7. In the 2014 MTF survey, twelfth graders reported that driving after marijuana use has become more common than drinking and driving.
8. The Children's Hospital of Colorado Emergency Department reported that between 2008 and 2011, an average of four children (between the ages of 3 and 7) were sent to the emergency room for unintentional marijuana ingestion, and in just the first half of 2014, that number increased to 14 children.

It should be noted that the Legislative Reference Bureau's report to the Legislature, entitled "Is the Grass Always Greener? An Updated Look at Other State Medical Marijuana Programs," dated August 2014, did not include a study or report of the potential harms to children and youth.

#### Other Proposals for Consideration

The following are ideas or proposals that may have already been raised at task force meetings, but which warrant further task force consideration:

1. Create a felony offense for promoting marijuana to minors similar to the offense of promoting intoxicating liquor to a person under the age of twenty-one, set out in section 712-1250.5, Hawaii Revised Statutes (HRS).
2. Amend the definition of "debilitating medical condition" in section 329-121, HRS, to tighten up the "severe pain" category which is currently too loose, allowing for people who are not suffering from critical or debilitating illnesses to obtain and use marijuana. We should consider provisions similar to those in New Mexico's law.

#### Conclusion

The task force did not have enough time to adequately address the many complex issues related to medical marijuana dispensaries. The task force could make some general recommendations to the Legislature, but should also advise it that many issues are unresolved and require further research, study, and consultation with experts. It would be premature to attempt to push through implementing legislation without first adequately addressing those issues. It is highly unlikely that many of those issues can be adequately resolved in a few legislative hearings.

If a medical marijuana dispensary system is established, marijuana use will likely increase, especially among youth, and Hawaii should be ready for the consequences of that increase. In addition to the costs for the administration and regulation of the medical marijuana dispensary system, Hawaii should also anticipate higher social costs associated with health care, the criminal justice system, education and prevention programs for youth, drug treatment, and related drugged driving traffic enforcement and associated accidents.

Thank you for the opportunity to share our concerns.

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<sup>1</sup> Pacula, R.L., Powell, D., Heaton, P. Sevingy, E.L. (2013), Assessing the effects of medical marijuana laws on marijuana and alcohol use: The devil is in the details. Available: <http://www.nber.org/papers/w19302>

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<sup>ii</sup> National Institutes of Health, National Institute on Drug Abuse. 2011. Topics in Brief: Marijuana. Available: <http://www.drugabuse.gov/publications/topics-in-brief/marijuana>

<sup>iii</sup> Alcohol and Drug Treatment Services Report, Hawaii, 10-Year Trends (2003-2012)

<sup>iv</sup> Moore TH, Zammit S, Lingford-Hughes A, et al. Cannabis use and risk of psychotic or affective mental health outcomes: A systematic review. *Lancet* 370(9584):319–328, 2007. Also Large, M., Sharma S, Compton M., Slade, T. & O., N. (2011). Cannabis use and earlier onset of psychosis: a systematic meta-analysis. *Archives of General Psychiatry*. 68. Also see Arseneault L, et al. (2002). Cannabis use in adolescence and risk for adult psychosis: longitudinal prospective study. *British Medical Journal*. 325, 1212-1213.

<sup>v</sup> Meier et al. (2012). Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proceedings of the National Academy of Sciences*.

End



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

**House Committee on Health**

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

**House Committee on Judiciary**

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

Saturday, February 07, 2015  
10:00 a.m.

Conference Room 329  
State Capitol  
415 South Beretania Street

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

Aloha Chairs Belatti and Rhoads, Vice Chairs Creagan and San Buenaventura, and members of the Health and Judiciary 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.<sup>1</sup> 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.

That being said, there are certain areas of concern in the bill for us. The first of these 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

<sup>1</sup> See the appended Document from the Marijuana Policy Project.

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. 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**, much of which would otherwise be funneled into the black market for marijuana. For these reasons, an upfront investment of resources into shortening the implementation time will be returned to taxpayers.

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.



Committee: Committees on Health and Judiciary  
Hearing Date/Time: Saturday, February 7, 2015, 10:00 a.m.  
Place: Room 329  
Re: Testimony of the ACLU of Hawaii in **Support of H.B. 321**, Relating to Medical Marijuana

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

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) writes in **support** of H.B. 321, which establishes a system of dispensaries for medical marijuana.

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

A. The Task Force Was Thorough

The Task Force itself held approximately twenty-two hours of in-person meetings over the course of nearly seven months; the Task Force also had multiple subcommittees (one of which, the policy subcommittee, met for an additional twelve hours at eight different meetings). Every member of the Task Force was invited to participate in the subcommittee meetings, and every member of the Task Force had an equal opportunity to provide policy recommendations and feedback to the group as a whole. The Task Force analyzed every issue presented by the Legislature – and many related issues the Legislature had not specifically addressed in HCR 48 – providing the Legislature with thirty-eight recommendations for a dispensary system in Hawaii. H.B. 321 is a well-drafted bill in which the Legislative Research Bureau has painstakingly converted the Task Force’s recommendations into proposed statutory language.

B. Dispensaries are Long Overdue

Currently, patients have no lawful way to obtain their medicine, and no way to be sure that their medicine is free from contaminants that might impair their health. Patients have been

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waiting for a safe and legal way to obtain their medicine for fifteen years, and dispensaries are long overdue. H.B. 321 establishes a system of highly regulated dispensaries that will provide laboratory-tested medicine to patients in a secure environment.

**We respectfully suggest that the Legislature allow the Department to begin licensing dispensaries at a much earlier date** (for example, January 1, 2016). The current bill provides that the Department of Health may begin licensing dispensaries in 2017 and shall begin licensing dispensaries no later than 2019. If the Department needs more time to implement its administrative rules, it can begin operating at a later time; however, this change would allow the Department to begin licensing dispensaries as soon as the program is ready.

C. H.B. 321 Properly Addresses Public Safety Concerns

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

In sum, the ACLU of Hawaii respectfully requests that the Committees pass this measure.

Thank you for this opportunity to testify.

Daniel M. Gluck  
Legal Director  
ACLU of Hawaii

*The mission of the ACLU of Hawaii is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawaii fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawaii is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawaii has been serving Hawaii for 50 years.*

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DEPUTY CHIEFS

OUR REFERENCE **JI-TA**

February 7, 2015

The Honorable Della Au Belatti, Chair  
and Members  
Committee on Health  
The Honorable Karl Rhoads, Chair  
and Members  
Committee on Judiciary  
State House of Representatives  
Hawaii State Capitol  
415 South Beretania Street  
Honolulu, Hawaii 96813

Dear Chairs Belatti and Rhoads and Members:

**SUBJECT: House Bill No. 321, Relating to Medical Marijuana**

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

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

Part II, Subsection 321-F, prohibits candy products containing marijuana, but appears to allow lozenges. In this subsection, a "lozenge" is defined as a small tablet manufactured in a manner to allow for the dissolving of its medicinal or therapeutic component slowly in the mouth. This definition is ambiguous in that there is no distinction between a lozenge and many forms of candy. It is important to prohibit forms of marijuana edibles that could potentially appeal to children.

Part II, Subsection 321-K, appears to preserve qualifying patients' 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 Honorable Della Au Belatti, Chair  
and Members  
Committee on Health  
The Honorable Karl Rhoads, Chair  
and Members  
Committee on Judiciary  
Page 2  
February 7, 2015

The bill sets limitations on the amount of marijuana a qualified production center can acquire, cultivate, manufacture, possess, or transport. All limitations in the bill refer to the number of plants. Since other forms of marijuana will be allowed by the bill, it is not adequate to regulate marijuana amounts solely by the number of plants. This presents a problem with regulating compliance. For instance, the bill does not contain any formula to equate a marijuana plant to a certain amount of lozenges.

Allowing different forms of marijuana, including oils, extracts, pills, and edibles presents the same challenges when it comes to regulating qualifying patients' compliance with the limits of marijuana they can possess. The bill does not give any guidance to equate one plant or one ounce of marijuana with any of these alternate forms of marijuana.

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 for law enforcement to regulate and could easily lead to the diversion of large quantities of marijuana for illegal use and distribution. In addition, with the alternative forms of marijuana being proposed, there will be an increased chance of accidental ingestion by children.

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

Sincerely,

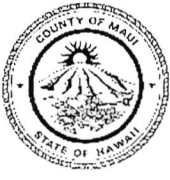
*Atac Lester Hite*

JASON KAWABATA, Captain  
Narcotics/Vice Division

APPROVED:



LOUIS M. KEALOHA  
Chief of Police



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

February 7, 2015

The Honorable Della Au Belatti, Chair  
and Members of the Committee on Health

The Honorable Karl Rhoads, Chair  
and Members of the Committee on Judiciary

House of Representative  
State Capitol  
Honolulu, Hawaii 96813

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

Dear Chair Della Au Bellati and Members of the Committee on Health:

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

This bill allows the establishment of medical marijuana dispensaries and production centers. Prohibits counties from enacting zoning regulations that discriminate against license dispensaries and production centers. 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, not all of the approximately 14,000 medical marijuana patients have had problems acquiring marijuana for their medical needs. 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.

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.

With this bill, it has left the question of who will enforce the prohibited sales of medical marijuana to unauthorized persons, and what are the punishments. It also takes the power away from County governments to self-govern areas in which dispensaries would be placed. It allows dispensaries and marijuana production centers to be in any area that a pharmacy is allowed. This is saying that dispensary can be near a residential area where schools aren't present.

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, 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.

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.

Thank you for the opportunity to testify.

Sincerely,

TIVOLI S. FAAUMU  
Chief of Police



February 6, 2015

Representative Della Au Belatti, Chair  
Committee on Health  
Hawaii State Capitol, Room 426  
415 South Beretania Street  
Honolulu, HI 96813

Representative Karl Rhoads, Chair  
Committee on Judiciary  
Hawaii State Capitol, Room 302  
415 South Beretania Street  
Honolulu, HI 96813

Dear Representatives Au Belatti and Rhoads:

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.

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.

Sincerely,

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

Samantha West, MSW  
Executive Director  
Epilepsy Foundation of Hawaii

A handwritten signature in black ink, appearing to read "Philip M. Gattone".

Philip M. Gattone, M.Ed.  
President & CEO  
Epilepsy Foundation





# HAWAII FAMILY ADVOCATES

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

ONLINE TESTIMONY SUBMITTAL  
House Committee on Health & House Committee on Judiciary  
Hearing on February 7, 2015 @ 10:00  
Conference Room #329

**DATE:** February 3, 2015

**TO:** House Committee on Health                      House Committee on Judiciary  
Rep. Della Au Belatti, Chair                      Rep. Karl Rhoads, Chair  
Rep. Richard Creagan, Vice Chair                      Rep. Joy San Buenaventura, Vice Chair

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

**RE:** Serious Reservations on HB 321; HB 1455; HB794; HB 795 Relating to Medical Marijuana  
Comments on HB 788 Relating to Marijuana (cultivation clarification)

My name is James R. "Duke" Aiona, Jr., and I have been an attorney in Honolulu since 1981. 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 these bills.

Although 23 states have enacted laws to legalize medical marijuana, (including Hawai'i which legalized it for medicinal use in 2000)<sup>i</sup>, 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."<sup>ii</sup>

It's important to note the impact of medicinal marijuana usage on important functions of the body; normal brain function and concentration, learning, memory, and judgment. These problems can continue for days or weeks after the immediate effects of the drug have worn off. In addition, research has linked marijuana use with poor overall job performance, which includes increased tardiness, absenteeism, 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."<sup>iii</sup>

P.O. Box 2757 • Honolulu, HI 96803 • Phone: 808-429-4872

E-mail: [info@hffaction.org](mailto:info@hffaction.org) | Website: [www.hffaction.org](http://www.hffaction.org)

# HAWAII FAMILY ADVOCATES

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

PAGE TWO

-Testimony-

Relating to Medical Marijuana

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<sup>iv</sup>. 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.<sup>v</sup>

Mahalo for the opportunity to submit our concerns.

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<sup>i</sup> 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)

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

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

<sup>iv</sup> ibid

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

# COMMUNITY ALLIANCE ON PRISONS

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

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



## COMMITTEE ON HEALTH

Rep. Della Au Belatti, Chair

Rep. Richard Creagan, Vice Chair

## COMMITTEE ON JUDICIARY

Rep. Karl Rhoads, Chair

Rep. Joy Sanbuenaventura, Vice Chair

Saturday, February 7, 2015

10:00 a.m.

Room 329

## **STRONG SUPPORT for HB 321 - MEDICAL MARIJUANA DISPENSARIES**

Aloha Chairs Belatti and Rhoads 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 much needed and long-awaited for dispensary system to help our suffering citizens.

The diverse HCR 48 Dispensary Task Force did an amazing job in a relatively short amount of time by tapping into the experiences of New Mexico and Arizona.

Our program has been in effect for almost 15 years and it is about time that Hawai'i recognizes that there is no aloha in sending our sick and dying people to the black market and risking prosecution to obtain their medicine.

This is long overdue and we respectfully ask the committees to pass this important legislation.

Mahalo for this opportunity to testify.





AMERICANS FOR DEMOCRATIC ACTION

**OFFICERS**

John Bickel, President  
Chuck Huxel, Vice-President  
Fritz Fritschel, Treasurer

**DIRECTORS**

Guy Archer  
Juliet Begley  
Alan Burdick  
Josh Frost  
Brien Hallett  
Jan Lubin  
Stephen O'Harrow  
Jim Olson

**MAILING ADDRESS**

George Simson  
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Marsha Schweitzer (Alt)  
PO. Box 23404  
Honolulu  
Hawai'i 96823

February 3, 2015

Chair Rep. Della Au Belatti and Health Committee Members

Re: HB 321 Relating to Medical Marijuana  
Hearing on Feb. 7, 2015

Dear Rep. Au Belatti and Members of the Committee:

Americans for Democratic Action is an organization devoted to the promotion of progressive public policies.

We support HB 321 as it expands the opportunities for patients to get medical marijuana. Having the dispensaries is important. Ensuring that there is no discrimination against medical marijuana users is also important. Yet it seems that the huge amount of money we spending enforcing and incarcerating those who possess marijuana is a waste of our tax dollars. We therefore encourage you to think about full legalization and taxation where appropriate.

Thank you for your consideration.

Sincerely,

John Bickel  
President

THE LIBERTARIAN PARTY of HAWAII  
C/O 1658 Liholiho St #205  
Honolulu, HI 96822

TESTIMONY

February 4, 2014

RE: HB 321 to be heard Saturday February 7, 2015 in Conference Room 329

To the members of the House Committees on Judiciary and on Health

SUPPORT

The Libertarian Party strongly supports the intent of this bill. It is an improvement over what we have. We are concerned about its confusing and unnecessary set of rules, fees, and fines. The purpose of this bill should be to facilitate the practice of medicine and ensure easy access to treatment for patients. There is no need for micromanaging this process.

We further oppose the implied rationale behind this bill that marijuana is a dangerous product that needs intense oversight. The legislature would be far better served to adopt HB 841 which will provide a broad based legalization and by implication provide for better medical access and usage.

Tracy Ryan  
Chair

creagan1 - Dannah

---

From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 10:05 PM  
To: HLTtestimony  
Cc: hawaiicannabiscare@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Hawaii Cannabis Care	Hawaii Cannabis Care	Support	Yes

Comments: HB 321 is needed here in Hawaii!! Patients have been struggling for years with this flawed system. Its time to make a change and help the patients who need safe and legal access to the medicine. Please support and do your part by helping the people in our community that don't want to be on pharmaceuticals. Cannabis is a Medicine! Aloha and Mahalo for your time!!

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

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 10:00 AM  
To: HLTtestimony  
Cc: andreatischler@yahoo.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

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

Comments: With over 5300 patients on Hawai'i Island the Big Island Chapter of Americans for Safe Access strongly support a medical cannabis dispensary system. Legal access to medical cannabis is the number one priority for patients and caregivers. At the same time a dispensary system could bring in millions of dollars annually of revenue through licensing and other fees. Revenue from dispensaries can be earmarked to drug prevention education or other worthwhile programs. The medical cannabis program has been in place since 2000, but has not been updated with the exception of the transfer to Public Health. The most urgent need according to medical cannabis patients is the establishment of a legal, safe, and reliable source for their medicine. 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. A recent poll of registered voters in Hawaii found that 78% are in favor of medical cannabis patients having access to a regulated dispensary system so that registered patients have access to their medicine. While some patients and caregivers have the ability to grow cannabis for medical needs, many medical cannabis patients cannot grow their own medicine. Some do not have the skill to grow cannabis; Some are too sick/ill/debilitated to get out of bed, let alone grow cannabis; Some live in areas where it is illegal or against housing rules or do not have the room to grow their medicine (for instance, in federal housing buildings, in condo/apartment buildings, in urban areas, etc); Some patients do not live in secure areas and their plants are subject to theft or vandalism. Dispensaries will also aid patients who do not want to smoke cannabis but would rather use vaporizers or cannabis-infused products but lack the skills or knowledge to make these products in their own home. Medical cannabis patients, caregivers, physicians believe that it is imperative to address this glaring omission in Hawai'i's medical marijuana program. Although current law allows patients to grow their own plants, the law is silent as to where patients should acquire seeds or clones to start their supply. Caregivers are difficult to find and they are currently limited to assisting only one patient. Hawai'i is starting from scratch on the dispensary issue and has the opportunity to do it right. One down side of dispensaries is that cannabis will be expensive. To avoid this and what I have been hearing from Big Island patients is that, in addition to a dispensary system, it is essential that patients retain the right to grow their own supply of cannabis and that they be allowed to grow their medicine in small hui or cooperatives. This will be crucial for those who live too far from a dispensary, lack transportation or do not have the money to buy their cannabis from a high priced dispensary. A positive and beneficial alternative to keep costs down, would be to give patients the right to

collectively associate as a registered hui. This may take the form of a cancer cooperative that grow strains to reduce the side effects of cancer drugs. Another chronic pain group can identify and grow specific strains that alleviate their symptoms. Establishing medical cannabis hui or cooperatives is a practical and culturally respected way to meet patient needs while lowering the financial burden of costly medication. If we have only dispensaries we force low income patients to continue buying from the black market. The state of Hawai'i should have dispensaries, cooperatives (huis) and continue to allow patients to grow their medicine to ensure that ALL the patients are equally cared for. Working together we can make this work. Mahalo nui loa for your thoughtful consideration. Andrea Tischler Chair, Big Island Chapter of Americans for Safe Access Hilo, HI.

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

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Testimony of  
Malama Minn  
Vice President, Hawaiian Standard

Before the House Committees on  
HEALTH and JUDICIARY

Saturday, February 7, 2015  
10:00 am  
State Capitol, Room 329

In consideration of  
HOUSE BILL 321  
RELATING TO MEDICAL MARIJUANA

Good morning Chair Belatti, Chair Rhoads, Vice Chairs Creagan and San Buenaventura and members of the committees. Thank you for the opportunity to testify.

I want to really thank you for introducing this measure. Thank you. A medical cannabis dispensary system is badly needed in our state, so thank you for recognizing the need. I strongly support this bill. Overall, this bill is thoughtfully crafted thanks in large part to the work of the Task Force over the last year. I urge you to pass this measure without delay. Patients and caregivers have been waiting and working for this for over a decade and we are ecstatic that we may not have to suffer much longer.

I have a few comments to provide:

- Section 321-H(6) requires the department to establish a training and certification program for dispensary employees. I feel like this may demand too much of the department, given their numerous other responsibilities. We do not object to training and certification, but rather suggest that this burden be shared with owners and operators of dispensaries.
- Section 321-C€ authorizes the licensing of production centers on January 1, 2017. The previous section authorizes the dispensaries to begin operations on July 1, 2017. I strongly suggest amending this to an earlier date. Production centers will need more time to build out facilities, fit them for appropriate security equipment, procure and cultivate sufficient amounts of medical marijuana, and train employees. Please consider revising.
- Lastly, I encourage you to include reciprocity to this measure. There are over a dozen other states with active and successful medical marijuana dispensary systems serving patients in our country. Many of them visit our beautiful home, some of them often. We would like to be able to serve the needs of out-of-state medical marijuana patients with valid certifications issued by their home states. We understand that this will require an added level of security and education on the part of operators, but I think we are more than willing to meet that challenge.

Again, please pass this measure without. It's been a long time coming and Hawaii is ready to embrace it.

Thank you again for your time.

Natural Cancer Wellness

Dr. Myron Berney

HB321 SUPPORT A BETTER IDEA

YOU NEED TO DO BETTER THAN THAT

HB321 establishes a system of medical marijuana dispensaries and production centers. Based on the recommendations of the Dispensary Task Force (HCR 48).

The State of Hawaii needs to COME UP TO SPEED with the rapid changes in the Elimination of the BLACK MARKET IN MARIJUANA.

The Department of Justice has testified concerning the Legalization of Marijuana in Colorado that the Courts would not support the Prohibition of Marijuana and that Regulation of Sales would benefit Society and stop the illegal sales that STEALS MONEY FROM GOVERNMENT COFFERS.

The Federal Department of Justice as promulgated 8 criteria for the LEGAL COMMERCIAL SALES OF RECREATIONAL MARIJUANA. These criteria promulgated for Colorado apply to all 50 States.

MEDICAL MARIJUANA now recognized and protected under the new federal Budget Bill in the various States. Medical Marijuana is the State of Hawaii is protected and recognized as a medicine; the State of Hawaii is specifically named although this applies to all 50 States.

Not only is the Department of Justice, including the FBI, DEA and US Attorney's Office are all prohibited from interfering with State Medical Marijuana Programs.

Having recognized and protected the medical use of Marijuana under Federal Law, Medical Marijuana does not fit the Federal Schedule 1 definition. Marijuana does not fit into DEA Schedule 1. Since Marijuana has not been rescheduled by Congress, medical marijuana is not currently scheduled under Federal Law. Under State Law Marijuana is a necessary, medically appropriated and reasonably safe medicine.

**Bloating the Size and Expense of Government for the distribution of a non-controlled medicine at the expense of seriously ill patients is INAPPROPRIATE WASTE OF MONEY and BURDENS Seriously Ill Patients while wasting law enforcement resources.**

Currently the Black Market is providing for the health, safety and welfare of the consuming public including seriously ill patients requiring medical marijuana.

Although the Legislative Auditor did review as requested the dispensary concepts, the Auditor failed to review the current market and the need for regulation. Clearly the public health problems related to the Black Market are the lack of availability, accessibility and affordability of medical marijuana health care. This is clearly due to the Prohibition by law enforcement and the criminal code which the Federal Department of Justice holds to be unconstitutional. Justice prefers the 8 point plan for the sale of Recreational Marijuana to eliminate the Black Market.

The Current high security dispensary system is based upon marijuana being a dangerous drug. Marijuana is relatively safe, safer than most psychoactive pharmaceuticals, safer than opium, tobacco or alcohol.

The need for security is proportional to the danger presented by the medicine or recreational drug.

Marijuana actually prevents the development of opium drug dependency so that patients can be maintained with effective pain relief without increasing dosages and the danger of overdose.

Marijuana safer than tobacco and alcohol doesn't require any more public safety law enforcement than these other two recreational substances [not drugs, no medical use for alcohol or tobacco]. Marijuana prevents the lung cancer caused by tobacco.

Some of the bigger lobbies against marijuana come from the alcohol and opium industry as they protect their market shares and cash flow. Marijuana is safer than alcohol and opium. The public use and black market in methadone causes the need for fentanyl to bump up the heroine to have a drug effect greater than methadone. The addition of fentanyl in the heroine is now the leading cause of opiate overdose.

The dispensary system can be established for both medical and recreational marijuana if you want to follow the Federal Department of Justice plan for eliminating the Black Market that steals from government coffers.

The Medical distribution of marijuana should be mainstreamed through established pharmacies now that marijuana is not Schedule 1 anymore under Federal law.

Overregulation is harming the health safety and welfare of the consuming public. Since marijuana is a medicine promoting wellness and anti-stress, the recreational use is therapeutic for most people whereas tobacco and alcohol kill

The State of Hawaii has based this bill on the past legal structure of prohibiting a dangerous drug which has now changed into protecting society by promoting the legal sales of marijuana under the 8 point plan. Medical Marijuana is now Constitutionally Protected, it is just that the courts and the legislature and the structure of government haven't caught up to the legal changes of December 2014.

creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 10:35 PM  
To: HLTtestimony  
Cc: samcnamara26@gmail.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Stephanie McNamara	Kaloko Rentals & Services LLC	Oppose	No

Comments:

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

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creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 8:40 PM  
To: HLTtestimony  
Cc: laulimahi@hawaii.rr.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Gary Shimabukuro	Laulima Pacific Inc.i	Oppose	No

Comments:

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

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HAWAII SUBSTANCE ABUSE COALITION

## **HB321 RELATING TO MEDICAL MARIJUANA**

- COMMITTEE ON HEALTH: Representative Della Au Belatti, Chair; Representative Richard Creagan, Vice Chair
- COMMITTEE ON JUDICIARY: Representative Karl Rhoads, Chair; Representative Joy San Buenaventura, Vice Chair
  - Saturday, February 7, 2015 at 10:00
  - Conference Room 329

## **HSAC COMMENTS on HB321 WITH RECOMMENDATIONS:**

*Good Morning Chair Belatti; Chair Rhoads; Vice Chair Creagan; Vice Chair San Buenaventura, 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 helpful 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.
- They 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 [section XX of XX], do not drive and keep out of reach of children.
- Warning: Growing evidence is showing 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, and 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](http://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.

# HAWAII SAFE ACCESS GROUP

*"PACIFIC WELLNESS COALITION"*

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The Honorable Della Au Belatti, Chair  
And Members of the HLT/JUD Committee

From: K. Bullard, Executive Director of Public Relations

**RE: HB321 – Relating to Medical Marijuana (Health)**

**POSITION of HB321: Strongly in SUPPORT**

Dear Chair Della Au Belatti, Vice-Chair Richard P. Creagan and Members of the Committee:

On behalf of Hawaii Safe Access Group, our Group is in **Strong Support of HB321** Relating to Medical Marijuana (Health) which would Establish and allow Medical Marijuana Dispensaries and Production in the State of Hawaii.

The purpose of HB321 is to establish a Safe Access system for the Patients that are in need of their Medicine. By allowing this system to be in effect, you ALLOW several important Key Factors to take place. The Following Factors are as listed:

- **Safe Access for all Patients (Patients are allowed to obtain their Medicine without RISK)**
- Disrupt and Minimize Black Market (Control of Illegal dealings)
- Huge Yearly Tax Revenues
- A Trust & Safety system between the Dispensaries and Public Safety.
- Restoration of Medically Ill Patients (Lives will be SAVED immediately)

Patients who must resort to obtaining their medicine on the black market face various risks including robbery and assault. They are exposed to dangerous individuals and environment in order to obtain their desperately needs of Medical Cannabis. This contradicts the intent of ACT228. Establishing Dispensaries would allow for SAFE ACCESS and also taxation as well as the creation of jobs in both the public and private sector and most of all, it becomes a Life Saving factor for all of Hawaii's Medically Ill Patients that are severely sick and/or on their dying bed.

The best system for Hawaii is a system that promotes transparency and secured regulated rules that keeps all order of Compliance with all dispensaries including all production facilities as well. It is a fact that when a well regulated system is in compliance, not only does crime in the black market minimizes but Hawaii will be able to focus and crack down on more hard core drugs such as ICE, Heroin, Cocaine, these are the Drugs that are ruining Hawaii Families and need more attention to the matter at hand now.

**Hawaii Safe Access Group** is in **STRONG SUPPORT of HB321** and will answer any Questions at the Scheduled Hearing. Please have Compassion for **HB321**, this Is not a question about should we allow it, it should be more of a factor of **START NOW**, as someone today right now is severely sick and the importance of having a Dispensary for them to obtain their medicine is a true fact of Life and Death.

Mahalo  
K. B  
Hawaii Safe Access Group



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

TO: HOUSE COMMITTEES ON HEALTH & JUDICIARY

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

DATE: FEBRUARY 7, 10 A.M., ROOM 329

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

Good morning Chair Belatti, Chair Rhoads, and members of the committees. My name is Pam Lichty and I'm President of the Drug Policy Action Group (DPAG), the government affairs arm of the Drug Policy Forum of Hawai'i.

First, I'd like to thank the Committees very much for scheduling HB 321 - 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 accurately reflects the recommendations of the Task Force, which as we 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, which, as Speaker Souki noted on opening day, is a huge gap in the current 15-year-old program. It's time to remedy a situation in which patients who are unable to grow their own cannabis are forced to resort to the black market – which the legislation of 2000 was aimed at eliminating. Every single day, we receive inquiries from newly certified medical marijuana patients asking essentially “now, where do we go?” It is not

helpful for the 73-year-old woman newly diagnosed with cancer and ready to embark on chemotherapy the following week, to tell her that she “should grow her own.”

And although caregivers, who can grow and supply medicinal cannabis for a qualifying patient, are permitted under current law, there is a dire shortage of such caregivers. (HB 1455, later on today’s agenda, attempts to address this situation.)

DPAG strongly urges these Committees to pass out HB 321 to Finance with a strong recommendation. It is deeply troubling, that our state, which was one of the pioneers among the 23 states now permitting medical use of marijuana, is now the only one which does not have some type of dispensary system either enacted or up and running.

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

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.

Thank you for very much listening and for giving us the opportunity to testify.

From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 7:07 PM  
To: HLTtestimony  
Cc: legtestimony675@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Reginald Castanares	President, Hawaii Building & Construction Trades Council	Oppose	No

Comments: Aloha Chairs, Vice-Chairs and members of the Health and Judiciary committees. I write to you in opposition to House Bill 321, Relating to Medical Marijuana. As a leader in the construction industry, the well being of my members and their families are of the utmost importance to me. Allowing House Bill 321 to pass, even if only intended for medical use, means the State of Hawaii is condoning and supporting the use of marijuana. This will have the inevitable effect of reducing the perceived risk of marijuana use in our schools and communities. This is bad for my members and bad for their families. Please vote "No" on House Bill 321. Mahalo, Reginald Castanares President, Hawaii Building & Construction Trades Council

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

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Testimony to House Committees on Health and Judiciary sitting jointly, 2/7/15

From: James Anthony for Hui Kahu Malama Puhipono

Re: HB 321

I am a California land use attorney and former City of Oakland nuisance property prosecutor, also licensed in the State of Hawaii, my one hanau. I have spent the last nine years advising medical cannabis dispensaries and local and state governments on dispensary regulation. I appeared before your Health Committee at the Chair's invitation last year, and I also appeared before your HCR 48 Task Force last year during its deliberations at the members' request. I am fortunate to be working informally with Hui Kahu Malama Puhipono, a Medical Cannabis Caregivers Association. The group is comprised of patients and caregivers already in the existing program and their activist supporters.

Your Task Force did a commendable job under difficult conditions of time constraint. With a steep learning curve, they absorbed the lessons of the many states and localities that have addressed these issues and produced their recommendations which the LRB has crafted into a workable piece of legislation. The bill empowers the Department of Health to develop and implement a dispensary system for Hawaii that is sensitive to local conditions and addresses painful gaps in the Hawaii Medical Cannabis program that have existed far too long.

I make only a few suggestions for your consideration and for the record.

1. Give Department of Health a Clear Mandate to Implement Local Preference in Licensure.

Despite rumors to the contrary, it is entirely legal to give preference to local residents in issuing licenses. Many states do, including: Nevada (about to launch its first dispensaries this month), Oregon (an excellent model of pragmatic control), and Colorado (in both its medical and adult use programs). Strong local preference is a sensible first step as we implement this new stage in the program: it will comfort local residents who fear big money from California and Colorado over-running local providers; and it will sensibly preference current program participants who have a track record of compliance. (A brief memo on this issue follows, below.)

Be sensible and implement local preference.

2. Give Department of Health a Clear Mandate to Implement Extending Medical Hospitality to Out-Of-State patients.

Picture this in less than two years: Local patients are able to buy a wide variety of excellent sustainable sun-grown medicine and products, BUT legal medical cannabis patients visiting from other states are forced to go without—or go to the underground market. That would be both shameful and cruel. That is not Hawaii; that is not Aloha. Don't let it happen.

Be welcoming and kind: implement medical hospitality.

3. Considering the State's History of Discriminatory Over-Incarceration of Native Hawaiians, Remove the Disqualification for Cannabis Felony Convictions.

In 2010, the Office of Hawaiian Affairs issued a report titled, "The Disparate Treatment of Native Hawaiians in the Criminal Justice System" making the following findings:

- Since 1977, the number of people incarcerated in Hawai'i has increased more than 900 percent.
- The disproportionate impact of the criminal justice system on Native Hawaiians accumulates at each stage.
- Given a determination of guilt, Native Hawaiians are more likely to get a prison sentence than all other groups.

Thus, to disqualify applicants with felony marijuana convictions is to further the disenfranchisement of, and spiritual and economic discrimination against, Kanaka Maoli.

Be honorable and repair grave injustices: remove the felony disqualifications.

Respectfully submitted,

*James Anthony, Jr.*

James Anthony, Jr.

## Summaries Of Other States Approaches To Local Preference

### Nevada Medical

**NRS 453A.328** Registration of establishments: Considerations in determining whether to issue registration certificate.

In determining whether to issue a medical marijuana establishment registration certificate pursuant to NRS 453A.322, the Division shall, in addition to the factors set forth in that section, consider the following criteria of merit:

*9. The amount of taxes paid to, or other beneficial financial contributions made to, the State of Nevada or its political subdivisions by the applicant or the persons who are proposed to be owners, officers or board members of the proposed medical marijuana establishment; and*

### Oregon Medical

475.314 Medical marijuana facility registration; qualifications; inspections; revocation; rules; fees.

(1) The Oregon Health Authority shall establish by rule a medical marijuana facility registration system to authorize the transfer of usable marijuana and immature marijuana plants from:

(a) A registry identification cardholder, the designated primary caregiver of a registry identification cardholder, or a person responsible for a marijuana grow site to the medical marijuana facility; or

(b) A medical marijuana facility to a registry identification cardholder or the designated primary caregiver of a registry identification cardholder.

(2) The registration system established under subsection (1) of this section must require a medical marijuana facility to submit an application to the authority that includes:

(a) The name of the person responsible for the medical marijuana facility;

(b) The address of the medical marijuana facility;

*(c) Proof that the person responsible for the medical marijuana facility is a resident of Oregon;*

### Colorado Medical

Bill 1284: 12-43.3-307 Persons prohibited as licensees

(Xiii) A person who has not been a resident of Colorado for at least two years prior to the date of the person's application; except that for a person who submits an application for licensure pursuant to this article by December 15, 2010, this requirement shall not apply to that person if the person was a resident of the state of Colorado on December 15, 2009.

Colorado Adult Use (aka "Recreational")

Marijuana Enforcement Division 1 CCR 212-2: Permanent Rules Related to the Colorado Retail Marijuana Code

R 231 – Qualifications for Licensure: Individuals

C. Owners. An Owner Applicant must meet the following criteria before receiving a license:

11. The Applicant has been a resident of Colorado for at least two years prior to the date of the Application. See Rule R 232 – Factors Considered When Determining Residency: Individuals.

Basis and Purpose – R 232

The statutory authority for this rule is found at subsections 12-43.4-202(2)(b), 12-43.4-306(1)(k), and 12-43.4-309(5), C.R.S. The purpose of this rule is to interpret residency requirements set forth in the Retail Code.

R 232 – Factors Considered When Determining Residency: Individuals

This rule applies to individual Applicants who are trying to obtain licenses issued pursuant to the Retail Code. This rule does not apply to patrons of Retail Marijuana Stores. When the State Licensing Authority determines whether an Applicant is a resident, the following factors will be considered:

A. Primary Home Defined. The location of an Applicant's principal or primary home or place of abode ("primary home") may establish Colorado residency. An Applicant's primary home is that home or place in which a person's habitation is fixed and to which the person, whenever absent, has the present intention of returning after a departure or absence therefrom, regardless of the duration of such absence. A primary home is a permanent building or part of a building and may include, by way of example, a house, condominium, apartment, room in a house, or manufactured housing. No rental property, vacant lot, vacant house or cabin, or other premises used solely for business purposes shall be considered a primary home.

B. Reliable Indicators That an Applicant's Primary Home is in Colorado. The State Licensing Authority considers the following types of evidence to be generally reliable indicators that a person's primary home is in Colorado.

1. Evidence of business pursuits, place of employment, income sources, residence for income or other tax purposes, age, residence of parents, spouse, and children, if any, leaseholds, situs of personal and real property, existence of any other residences outside of Colorado and the amount of time spent at each such residence, and any motor vehicle or vessel registration;
2. Duly authenticated copies of the following documents may be taken into account: A current driver's license with address, recent property tax receipts, copies of recent income tax returns where a Colorado mailing address is listed as the primary address, current voter registration cards, current motor vehicle or vessel registrations, and other public records evidencing place of abode or employment; and

3. Other types of reliable evidence.

C. Totality of the Evidence. The State Licensing Authority will review the totality of the evidence, and any single piece of evidence regarding the location of a person's primary home will not necessarily be determinative.

D. Other Considerations for Residency. The State Licensing Authority may consider the following circumstances:

1. Members of the armed services of the United States or any nation allied with the United States who are on active duty in this state under permanent orders and their spouses;
2. Personnel in the diplomatic service of any nation recognized by the United States who are assigned to duty in Colorado and their spouses; and
3. Full-time students who are enrolled in any accredited trade school, college, or university in Colorado. The temporary absence of such student from Colorado, while the student is still enrolled at any such trade school, college, or university, shall not be deemed to terminate their residency. A student shall be deemed "full-time" if considered full-time pursuant to the rules or policy of the educational institution he or she is attending.

E. Entering Armed Forces Does Not Terminate Residency. An individual who is a Colorado resident pursuant to this rule does not terminate Colorado residency upon entering the armed services of the United States. A member of the armed services on active duty who resided in Colorado at the time the person entered military service and the person's spouse are presumed to retain their status as residents of Colorado throughout the member's active duty.

## SAMPLE TESTIMONY

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HR321 Establishment of marijuana dispensaries

Chair Au Bellati & Rhoads, Vice Chair Creagan & Buenaventura, and members of the House Health & Judiciary Committee. Thank you for this opportunity to provide personal testimony in strong support of HR321 relating to the establishment of marijuana dispensaries.

My name is Marissa Sugano of Mililani, 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.

creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, February 03, 2015 12:17 PM  
To: HLTtestimony  
Cc: oneettegurl@aol.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/3/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
fehren	Individual	Support	No

Comments: Aloha. I wish to see medical marijuana pass and have dispensaries widely available for those who need it. There's scientific facts that it helps with a lot of illnesses. Please hear the people. Mahalo.

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From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, February 03, 2015 2:15 PM  
To: HLTtestimony  
Cc: alfredmedeiros@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/3/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Alfred Medeiros	Individual	Support	Yes

Comments: Aloha, My Name is Alfred Medeiros, I'm 31yrs old and I am in full support of bill HB 321. You're probably wondering why? So I will state briefly through this section. I myself was in a major car accident about 3yrs ago & now suffer with permanent nerve damage in the lower coccyx area. I've been thru therapy, that is ongoing, as well as put on numerous prescription drugs to deal with the pain. None have worked, as I've went thru bottles & bottles, only to see that I'm ruining my internal organs. So I've found an alternative with cannabis & guess what...it works wonders! But the problem is, that is illegal at the moment & very hard to come by. But that is not the only reason I'm in full support of medical marijuana, because I'm not one to think only about myself. I believe in the health and well being of our people & the future of our Hawaii, and know for a fact, that if dispensaries were made in Hawaii, not only would people be pain free...they'd be more happy & the states finances which is in a hole at the moment with debt, would benefit a whole lot from it, with number unimagivable. Please give me the opportunity to speak & be a part of the people's voice. As I'm a born and raised local, who wants to see this island progress for the better of our future. Mahalo & thank you for your time. I will see you all on Saturday.

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From: mailinglist@capitol.hawaii.gov  
Sent: Wednesday, February 04, 2015 12:31 PM  
To: HLTtestimony  
Cc: aiea67@hotmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/4/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
k maile	Individual	Comments Only	No

Comments: It is imperative that Hawaii open medical marijuana (MMJ) dispensaries to allow individuals safe, effective and tested access to their medication. For 15 years, individuals have had to suffer set backs in their medical journey without consistent access to tested MMJ. They are forced to hope that the MMJ they obtain contains the proper amount of THC or CBD to cure what ails them. Once they are able to find the right balance, they need to again hope that the next batch they receive also contains the same amount. If not, it can be dangerous and at best ineffective. All of these individuals deserve the opportunity to purchase tested MMJ. Thank you for your consideration.

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creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, February 03, 2015 10:06 PM  
To: HLTtestimony  
Cc: bacher.robert@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/3/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Robert Bacher	Green Futures	Support	No

Comments: This bill will finally create safe access to safe medicine for patients.

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From: mailinglist@capitol.hawaii.gov  
Sent: Wednesday, February 04, 2015 4:05 PM  
To: HLTtestimony  
Cc: brentneal@live.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/4/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Brent Neal	Individual	Support	No

Comments: I do not support HB 321 and would like to see it killed. I am supportive however of a more appropriately structured dispensary system being implemented through other bills that have also been introduced and would improve the program.

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From: mailinglist@capitol.hawaii.gov  
Sent: Wednesday, February 04, 2015 9:19 PM  
To: HLTtestimony  
Cc: marilynwick@pobox.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/4/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Marilyn Mick	Individual	Support	No

Comments: Position: Strong Support! 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. Aloha, Marilyn Mick, Honolulu

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From: mailinglist@capitol.hawaii.gov  
Sent: Wednesday, February 04, 2015 10:57 PM  
To: HLTtestimony  
Cc: rontthi@gmail.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/4/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

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

Comments:

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To: Chair Au Bellati & Rhoads, Vice Chair Creagan & Buenaventura, and members of the House Health & Judiciary Committee.

HR321 Establishment of marijuana dispensaries

Thank you for this opportunity to provide personal testimony in strong support of HR321 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 HB321.

Best Regards,

Vincent Kimura

creagan3 - Karina

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From: mailinglist@capitol.hawaii.gov  
Sent: Wednesday, February 04, 2015 10:23 PM  
To: HLTtestimony  
Cc: wailua@aya.yale.edu  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/4/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Wailua Brandman	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 7:54 AM  
To: HLTtestimony  
Cc: theede@hawaii.rr.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Teri Heede	Individual	Support	No

Comments: This is LITERALLY the BEST that the legislators could come up with. I don't see any point in adding one more syllable to my decade of submitting testimony to support a dispensary system for patients. It's time to pass this bill.

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creagan3 - Karina

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 8:09 AM  
To: HLTtestimony  
Cc: honu83@aol.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

Categories: Orange Category

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jerilynn Miyaji	Individual	Support	No

Comments:

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Bill Zastrow  
1034 Old Haleakala Hwy.  
Makawao, HI 96768  
808-268-8218

**House Committee on Health**

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

**House Committee on Judiciary**

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

Dear Sir/Madam,

Below please find my testimony concerning the bill HB 321 and all associated efforts to decriminalize marijuana.

The criminal justice system has been ruining peoples live with simple possession convictions. Once any charge has been made against you are flagged as a target for future arrests. If you are arrested multiple times you will do time. Most likely in county jails. Once you are in county more than likely your future will end in a long term penitentiary stay.

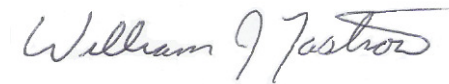
It would seem this is quite leading but it is not. Our justice system works this way. It is unfortunate that we waist so much of our police force in this effort. They should be chasing criminals not pot smokers.

I ask that you make every effort to decriminalize marijuana in Hawaii. I understand it is a process and that dispensaries are the first step. Don't forget that someone has to legally grow the weed here in Hawaii.

I am very disappointed that Hawaii is behind other states in this effort. I believe that Hawaii has a large pot smoking community that need to be set free and not subjected to such denigration.

Thank-you for your time. Good luck in this effort. I will appreciate your efforts greatly in this pursuit. If I can assist please feel free to call.

Sincerely,



William Zastrow  
Concerned Citizen

From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 11:59 AM  
To: HLTtestimony  
Cc: waioli2@hawaiiantel.net  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
chris kobayashi	Individual	Support	No

Comments: Aloha committee members, Thank you for considering this bill. I am in STRONG SUPPORT of HB321. There is a definite need for medical marijuana dispensaries that know what they are doing. I have viewed/read/heard testimonies of people who have benefited greatly from the medicinal properties. MJ Kaneshiro is the poster child for this need. Please pass this bill so that this little girl and others do not have to suffer so much, constantly. Mahalo.

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 11:54 AM  
To: HLTtestimony  
Cc: drkturnbull@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dr Kimberly Turnbull, DC	Individual	Support	No

Comments: As a chiropractor who recommends cannabis as a treatment option for certain conditions, i strongly support the establishment of medical cannabis dispensaries. Suggesting that a patient must wait months to be able to legally grow their suggested treatment is illogical, particularly when conditions treated often involve severe pain. Please fast-track dispensaries. They should have been passed with the initial medical cannabis legislation. Sincerely, Kimberly Turnbull, DC

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creagan3 - Karina

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 10:54 AM  
To: HLTtestimony  
Cc: rtemple@hotmail.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Robin Temple	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 1:31 PM  
To: HLTtestimony  
Cc: outofthebox808@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Aaron K	Individual	Support	No

Comments: I am a 26 year old Medical Cannabis patient/UH graduate with Cerebral Palsey. I need safe access to ORGANIC medicine(Cannabis) from a source I can trust to ensure the quality. A dispensary system as the one recommended by the task force in HB321 would completely accomplish this. I am so grateful to live in a state where my medicinal needs are being met:) Thank you everyone

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Aloha my name is Beth Grech, I have been a Medical Marijuana Patient since 1997 (in California), after moving to Hawaii in 2010 I was shocked to learn there was NO SAFE ACCESS to Medical Marijuana for patients in Hawaii. This leaves patients to either cultivate their own medication or if the patient is unable to cultivate for themselves they have to rely on ILLEGAL drug dealers on the streets. Introducing Medical Marijuana dispensaries benefits both patients and the State of Hawaii, patients will then have safe access to Medical Marijuana and will not be forced to purchase from the street which runs the risks of the medication having mold, parasites and other impurities. The patient also is not given any dosing instructions which can leave the patient either under or over medicated. Implementing Medical Marijuana dispensaries in Hawaii would alleviate patients breaking laws to get medication they should already have safe access to. Patients would have safe access to multiple types of clean medication such as salves, essential oils, extracts and flower material. The State of Hawaii would benefit from dispensaries as they would have a complete database of patients and each sale in a dispensary would be taxed and tracked leaving complete transparency. Failure to implement dispensaries in Hawaii does not benefit the State of Hawaii or its Medical Marijuana patients, it will only continue to fill the pockets of drug dealers and leave most patients without medication.

creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 8:16 PM  
To: HLTtestimony  
Cc: kusakak001@hawaii.rr.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM  
Attachments: Testimony HR321 Establishment of marijuana dispensaries.docx

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Diane Kusaka	Individual	Support	No

Comments:

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Chair Au Bellati & Rhoads, Vice Chair Creagan & Buenaventura, and members of the House Health & Judiciary Committee,

Thank you for hearing my testimony in strong support of HR321 foremost, and HB 31, HB1455, HB 794, HB795 secondarily. All bills I am advocating relating to medical marijuana and coming out of the long held silence regarding how to acquire this much-needed medicine.

My name is Dominick Lucia of Lahaina, Maui.

Medical marijuana dispensaries, based on the HCR48 Multi-Agency Task Force recommendations, are *crucial* for the well being of myself and many other kama'aina with qualifying medical conditions in Hawaii.

I was diagnosed with Crohns disease at 19 years old. While Crohns has no known cure, I have managed to keep my disease in remission for the last 20 years avoiding surgery and the need for pharmaceuticals primarily by use of medical marijuana. I moved to Maui from Washington State where I was previously a WA registered medical marijuana patient. As a patient, it is invaluable to be able to acquire condition-specific strains in a consistent and reliable place (like a pharmacy), a service that I lost when I moved to Maui. It has been extremely difficult and costly for me to acquire near the same quality of medical marijuana and with any consistency since I moved primarily because I am unable to grow my own.

The current Law marginalizes a large group of certified patients who are left resorting to substandard means in order to secure medicine that is inconsistent, untested and expensive. There are many factors prohibiting my ability, and the ability of others, to acquire our medicine by growing it, the only legally defined way of obtaining marijuana. I have listed the restrictions below:

-There is no legitimate way to get seeds, seedlings or clones in order to start the growing process.

-Some people must work long hours to make enough income to support their household and therefore do not have time to cultivate healthy plants to production.

-Individuals living in a rented space or condo do not have "control" over the property they reside in and therefore cannot legally grow medicine at their residence without risk of criminal penalty.

-Many patients' conditions are too severe (some patients are bed ridden) thus the patient is not physically able to cultivate healthy plants to production on an ongoing basis.

By allowing for dispensaries in Hawaii, kama'aina will be granted a safer, more reliable way to procure the medicine we need in a timely manner. Also the group of residents who inhabit apartments and condos ought to be protected by prohibiting criminal penalty for those who use their medicine in an apartment or condominium as suggested in HB31.

The Multi-Agency Task Force recommendations effectively addressed many of the concerns brought forth by law enforcement and drug-free activists with safeguards that regulate and confine marijuana to its respective producers and dispensaries to ensure minimal, if any, misuse. These safeguards in combination with a detailed inventory and recording system will further minimize any risk and public safety concerns regarding potential damage. I cannot stress enough that the need outweighs the risk in this case. Coming from Washington, I can testify first hand that it is possible to have an effective and regimented dispensary program where the reward greatly trumps the threat. As always, when on the brink of change, there is fear of the unknown; thankfully, we need only look to our neighboring states to see that this program would be of significant merit to our citizens and to the betterment of our great state.

Speaking in regards to HB1455 as a solution in the interim while patients await the eventual opening of dispensaries in Hawaii: I find that limits on “adequate supply” as it is currently defined is insufficient to ensure the ultimate goal of making sure a patient has enough medicine. This amount is described as “uninterrupted use of medical marijuana.” A great many certified patients cannot smoke and therefore need to ingest the product or apply it topically by way of oils and infusions. The yield from seven plants or four ounces of marijuana is simply not enough to produce enough oils and infusions for “uninterrupted use”. This current limit is far too conservative for those patients and it stands to reason that the “adequate supply” should be raised to sixteen plants and eight ounces of product as stated in HB1455.

Although my condition is not life-threatening, there are others who are suffering life-threatening conditions. For me, medical marijuana is a matter of maintaining a quality of life, for them it is a matter of life and death. Quite simply, we literally need regulated dispensaries. Please help us.

Ua Mau ke Ea o ka Aina i ka Pono,

Thank you for the opportunity to express our strong support of HB321 as well as HB 31, HB1455, HB 794, HB795

Dominick D. Lucia

creagan3 - Karina

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 3:28 PM  
To: HLTtestimony  
Cc: mendezj@hawaii.edu  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 10:30 PM  
To: HLTtestimony  
Cc: tevesjennifer@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jennifer Teves	Individual	Support	No

Comments: HR321 Establishment of marijuana dispensaries Chair Au Bellati & Rhoads, Vice Chair Creagan & Buenaventura, and members of the House Health & Judiciary Committee. Thank you for this opportunity to provide personal testimony in strong support of HR321 relating to the establishment of marijuana dispensaries. My name is Jennifer Teves of Hanapepe, Kauai. 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

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creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 8:44 PM  
To: HLTtestimony  
Cc: waipunaulafarms@hotmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
john rosner	Individual	Support	No

Comments: The state really needs this. We have had a failed medical marijuana law since it was enacted. No legal access to the Medicine patients need is ridiculous. Please pass this bill for the people of the state of Hawaii. Aloha and mahalos

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 7:01 PM  
To: HLTtestimony  
Cc: j.bobich@tcu.edu  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Joseph A. Bobich	Individual	Support	No

Comments: To Whom It May Concern: I support this measure. Sincerely, Joseph A. Bobich, Ph. D. Professor of Chemistry, Emeritus

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 8:18 PM  
To: HLTtestimony  
Cc: kshimata@hawaiiantel.net  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kathy Shimata	Individual	Support	No

Comments: Hawaii made a good start when it recognized the benefits of medical marijuana. For far too long there has been no reasonable way for patients to fill a prescription. Please establish dispensaries this year. Mahalo.

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 9:13 PM  
To: HLTtestimony  
Cc: lurbi2003@yahoo.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
keola griep	Individual	Support	No

Comments: My name is Keola griep of omao Kauai, 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. ----- LEGISLATORS: Please also locate and send testimony to your local legislators and ask them for support. The final bill will need to go to the main floor for voting. <http://www.capitol.hawaii.gov/members/legislators.aspx?chamber=all>  
ATTACHMENTS: I've also find a case study I've been working on to solicit a doctor here in Hawaii to take Mj's case. A new cannabinoid testing kit will be on the market soon which will help us achieve better consistency with cannabis. Mj is still on her anti seizure meds but she is making tremendous cognitive gains while on MMJ. Thank you again for all your unconditional support and love. I am determined to make Hawaii a better place for keiki and adults who need this alternative form of medication. Much aloha, Keola

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February 3, 2015

Representative Della Au Belatti, Chair  
House Committee on Health  
House District 24  
Hawaii State Capitol, Room 426

Representative Richard P. Creagan, Vice Chair  
House Committee on Health  
House District 5  
Hawaii State Capitol, Room 331

RE: Support for House Bill No. 321

Dear Representative Bellati and Representative Creagan,

Thank you for introducing House Bill No. 321 relating to medical marijuana.

I support House Bill No. 321. As a parent of a child with epilepsy, I know how difficult it can be to watch someone you love having seizures. We are very fortunate to have found medications that control my son's seizures, and we feel for those who continue to live with daily seizures without relief. We have seen how medical marijuana has helped a family friend have fewer seizures, and how the family struggles to maintain their supply. A distribution system is needed in order for people to have a reliable source of the medical marijuana they need.

Thank you again for supporting this bill.

Sincerely,  
Lacey Shimabukuro

February 3, 2015

Representative Karl Rhoads, Chair  
House Committee on Judiciary  
House District 29  
Hawaii State Capitol, Room 302

Representative Joy A. San Buenaventura, Vice Chair  
House Committee on Judiciary  
House District 4  
Hawaii State Capitol, Room 305

RE: Support for House Bill No. 321

Dear Representative Rhoads and Representative San Buenaventura,

I support House Bill No. 321. As a parent of a child with epilepsy, I know how difficult it can be to watch someone you love having seizures. We are very fortunate to have found medications that control my son's seizures, and we feel for those who continue to live with daily seizures without relief. We have seen how medical marijuana has helped a family friend have fewer seizures, and how the family struggles to maintain their supply. A distribution system is needed in order for people to have a reliable source of the medical marijuana they need.

Thank you again for supporting this bill.

Sincerely,  
Lacey Shimabukuro

February 3, 2015

Representative Sylvia Luke, Chair  
House Committee on Finance  
House District 25  
Hawaii State Capitol, Room 306

Representative Scott Y. Nishimoto, Vice Chair  
House Committee on Finance  
House District 21  
Hawaii State Capitol, Room 421

RE: Support for House Bill No. 321

Dear Representative Luke and Representative Nishimoto,

I support House Bill No. 321. As a parent of a child with epilepsy, I know how difficult it can be to watch someone you love having seizures. We are very fortunate to have found medications that control my son's seizures, and we feel for those who continue to live with daily seizures without relief. We have seen how medical marijuana has helped a family friend have fewer seizures, and how the family struggles to maintain their supply. A distribution system is needed in order for people to have a reliable source of the medical marijuana they need.

Thank you again for supporting this bill.

Sincerely,  
Lacey Shimabukuro

creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 2:59 AM  
To: HLTtestimony  
Cc: mwu808@gmail.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mark	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 12:35 AM  
To: HLTtestimony  
Cc: tавosvo@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Natural man	Individual	Support	No

Comments: Aloha I am born and raised on Oahu. I was in a moped accident 4 years ago and have had painful and recurrent back and neck spasms since. Doctors prescribed dangerous opiates for immediate pain relief as well as muscle relaxants. These chemicals drugs all made me very ill and unable to function as I normally do. I don't like taking chemical drugs. I think they are bad for my body. Opiates are dangerous and addictive, yet doctors prescribe them freely. And these opiates are not in their natural form, like sap collected from a poppy bulb, they are concentrated and potentially deadly chemicals. Cannabis is a plant. It's use has been documented in history for thousands of years, Our country was built with hemp. It also has amazing healing powers. Cannabis has been shown to help with ailments that modern science is unable to help. A plant, grown from the dirt with water and microbes and the sun, heals things that chemical concoctions mixed in labs by people cannot. Cannabis also has none of the dangerous side effects that many modern medicines do have. Not possible to die from cannabis. Very easy to die from pills prescribed by a doctor., Again, to be clean, this plant, in its completely natural form, is more healing and is safer than any sort of dangerous chemical CRAP that we are offered as "medicine". I am grateful that there is a medical marijuana system in hawaii, however it is incomplete. We are so far behind the times here it is laughable. Patients need access to cannabis. Many are too sick to grow there own, and hawaii law has no way for patients to get the medicine that so many of them need. Why is this always about money? The government doesn't need to have there hand in there to collect the money always. this isn't and shouldn't be about money! This should be about the right thing to do!!! This natural plant, that's grown from the earth and has since the beginning of time, has so much healing ability, and yet just in the last century the government decides that they know better. That they are smarter than human civilization and that humans don't, should, and cannot have this plant cannabis. This same plant that they've been using since forever. The patients need access Please let this bill be heard and let it pass. Mother Earth has provided us with cancer curing, pain freeing, ailment treating, seizure stopping, body healing herb. It is the healing of the nation. The people need to be healed, so badly. Please do your part and do the right thing. Don't go against nature and a proven plant beneficial to the human race,.. This plant is here for us, to help us, in. EVERY way, It's time for us to embrace how much we need cannabis, whether it's flowers, oil, or hemp. Let this bill pass! Mahalo, Natural man

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February 5, 2015

HR321 Establishment of marijuana dispensaries

Chair Au Bellati & Rhoads, Vice Chair Creagan & Buenaventura, and members of the House Health & Judiciary Committee. Thank you for this opportunity to provide personal testimony in strong support of HR321 relating to the establishment of marijuana dispensaries.

My name is Reid Kaneshiro of Mililani, Oahu. I am the father and caregiver of an active 6 year old girl name Maile Jen Kaneshiro, aka MJ who has been living daily with a rare and catastrophic form of epilepsy, called Dravet Syndrome.

Since 2000, the State of Hawaii has recognized cannabis as a medical treatment for those with a debilitating physical condition. Yet, for 15 years the state has put registered patients at risk by providing no means of access, quality, safety and potency assurances. Had this gap been fixed 15 years ago, our family would not be in the situation we are today; cultivating & manufacturing her anti seizure medication.

Our daughter suffers from 5 seizure types and failed over a dozen pharmaceuticals by the age of 5, the ketogenic -high fat diet, as well as a few non-FDA approved drugs prescribed by some of the best pediatric neurologists in the nation. Maile had endured thousands of seizures in her short life span. While other children her she were out playing at the park or beach, she spent her early years of life riding in ambulances and having extended stays at children's hospitals in Hawaii, Chicago and Miami. She has endured numerous blood draws, surgical procedures, and countless hours of rehabilitative therapy sessions. We are at the end of the road for traditional epilepsy management.

People often overlook 'end of the road' patients, such as Maile, and label her with a poor prognosis. Thankfully, according to the State of Hawaii, Maile had a qualifying, debilitating conditions which allowed her to obtain a medical marijuana card as a minor. We navigated legally within the boundary of Hawaii's medical marijuana law for over a year and agree with the state auditor's sunshine report that, "Without regulation, patients' health would be jeopardized due to the risk of variations in product strength and unintentional contaminants."

Over the past year, we were forced to learn how to cultivate cannabis plants, process the plant in such a way to extract the desired cannabinoids, calculate estimated dosage and deliver this state recognized form of medicine to Maile via a g-tube in her stomach.

Maile still suffers from seizures but the severity and quantity has subsided dramatically over the past 15 months. Her cognitive abilities seem to be improved while on MMJ. Yet, due to the lack of dispensaries in Hawaii and inconsistencies in our cannabis growing and processing, Maile's control is far from acceptable.

Patients like Maile, need to be a priority this legislative session. Do not fixate on those who have abused the system to hinder forward progress which is long overdue.

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

Reid A. Kaneshiro, Mililani, Oahu



From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 12:38 PM  
To: HLTtestimony  
Cc: stevenogata@yahoo.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Steven Ogata	Individual	Support	No

Comments: Dear Legislators, It is scientifically proven that medical marijuana helps people with certain medical conditions. A medical marijuana dispensary is essential for those who require medical marijuana to get this medicine. No more trying to make one's own medicine but pharmaceutical grade medicines. Please support this measure for medical marijuana dispensaries. Sincerely, Steven Ogata

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 1:33 PM  
To: HLTtestimony  
Cc: teriann808@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
TeriAnn Tsuruya	Individual	Support	No

Comments: My name is Teri Ann Tsuruya of, Oahu. My son is 12 years old and has a lived a life of seizures, which occur on a daily basis. He's already been through 12 different seizure medications, all of which have not proven to be effective to control his seizures. As he gets older, he has gotten into status seizure (meaning one seizure after another and doesn't stop, which requires hospitalization) and the "hard emergency room level" dosages are not really affective for him anymore. He's been hospitalized for a total of 2 months combined, just for the year of 2014 because of seizures. I would like to at least have an opportunity to give my son a natural alternative to stopping his seizures. He is currently on so many medications that he spends at least half of his days, asleep. Granted, I'd prefer my son to be sleeping vs seizing, but I would love to have the opportunity to be seizure free and AWAKE to experience his surroundings. 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.

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Sent: Friday, February 06, 2015 8:33 AM  
To: HLTtestimony  
Cc: victoriahokulani@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Victoria Latenser	Individual	Support	No

Comments: Dispensaries are long overdue in Hawaii. Please pass this NOW!

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Sent: Friday, February 06, 2015 7:45 AM  
To: HLTtestimony  
Cc: enyawrellim@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Wayne Miller	Individual	Support	No

Comments: I urge the committee to make every effort to have a dispensary system set up as quickly as possible. For years Hawaii has been counted as a state that has a medical marijuana law but that is a fantasy with a valid dispensary system. This is a medical/medicine issue. In order to truly utilize the benefits of medical cannabis patients need access to the proper strain. To have that access the patients need access to other states medical marijuana supplies. Please include wording that forges relationships with other states so I can get the correct strains to treat Crohn's disease.

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To: House Committee on Health  
Rep. Della Au Belatti, Chair  
Rep. Richard P. Creagan, Vice Chair

To: House Committee on Judiciary  
Rep. Karl Rhoads, Chair  
Rep. Joy A. San Buenaventura, Vice Chair

FROM: Wendy Gibson R.N.

RE: Hearing, Saturday, February 07, 2015 10:00 a.m. Conference Room 329

Position: Strong Support of HB 321 – Relating to Medical Marijuana

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

I'm Wendy Gibson, a nurse who has been working with medical marijuana patients. I am testifying in STRONG support of HB 321.

I have seen patients benefit from medical marijuana. I've also watched them struggle while trying to figure out how to legally navigate the current medical marijuana program—to obtain their medicine. Having a well-regulated dispensary system would help solve many problems—for both patients and health care professionals.

Patients who are usually law-abiding citizens have to decide if they should break the law when they seek seeds or plants to grow it themselves OR break the law by seeking it on the black market (if they cannot grow it). Although some patients would like to speak out about this, they will not. Many will not even submit testimony because they are too intimidated by the stigma attached. They simply do not want to reveal their names in public. Others are too ill to attend the hearings so I am writing on their behalf, as a medical marijuana patient advocate.

I've witnessed the medicinal effects of cannabis on patients. One patient was debilitated with extreme nausea and pain. She couldn't swallow pills (and keep them down). After two small puffs on a marijuana cigarette she recovered faster and better than any patient I have ever seen, including those that I have administered IV anti-nausea drugs to.

Her nausea resolved immediately, the pain about 15 minutes later. Another patient debilitated by collapsed vertebrae (after multiple spinal infections) found her pain relief and sleeping aid in baked goods made with cannabis butter. She was able to reduce the amount of opiate pain medications she was taking, thereby reducing their severe side-effects.

Neither patient was able to grow her own and could not find a caregiver to grow it. Friends and family were recruited to find something on the black market. Fortunately they were able to find the right kind

and got good results .But, this is hardly the way that I had pictured nursing, hardly the way that I want to see elderly people treated, or really ANY patient of any age.

The lack of a dispensary system has created a huge disconnect (another gap), one that limits a health care professional's ability to help a patient obtain and use ones medicine.

Many patients have asked me where to buy medicine and I have to tell them "I'm sorry I can't help you with that". If I were to assist a patient with buying marijuana seeds, plants, dried leaves or flowers I could be charged with "Aiding and abetting" in a crime.

I'm certainly not going to do that, so patients are on their own to find what they can on the black market. This is dangerous. Because street drugs don't come labeled, the product purchased may be the wrong strain for the patient's condition. And because they are not tested for contaminants, the product could be tainted with pesticides, mold or extraction residues.

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 nearly 15 years for this to happen. They need to have access to safe and effective products.

Once a dispensary system is in place, continuity of care will be restored. Health care professionals will then be able to assume giving a full-spectrum of patient care. We can only do that if we can be confident that we have a safe and LEGAL place to send our patients-- without the fear of being accused of "aiding and abetting".

I believe that HB 321 is a well constructed bill. I think so because I attended all of the HCR-48 medical marijuana dispensary task force meetings. I watched the team thoroughly examine and debate every aspect required to create the best dispensary system possible. I am confident that HB321, based on the task force's recommendations is the bill to push forward. I believe it 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.

Thank you for hearing my concerns and your consideration of this important matter,

Wendy Gibson R.N. ,B.S.N.

February 6, 2015

Napualani Young

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 9:49 AM  
To: HLTtestimony  
Cc: hiragacs@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM  
Attachments: We need this bill to be passed.docx

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
curt	Individual	Support	No

Comments:

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We need this bill to be passed! It has been 15 years since we approved medical marijuana and we still have no legal access to this plant! Why does it have to take this long? We cannot afford to loose more patients while we wait for laws to be changed! We want change NOW! I recently lost a patient I was trying to help. He was trying to find medicine here in Hawaii for a year without luck. We need safe access!



From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 9:53 AM  
To: HLTtestimony  
Cc: fmencher@hawaii.rr.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Frederick M. Mencher	Individual	Support	No

Comments: Dear Chairs Belatti and Rhoads, Vice Chairs Creagan and San Buenaventura, and Members of the Committees on Health and Judiciary: I am sending this testimony to express my strong support for HB 321, "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. Thank you for the opportunity to support this important bill. Sincerely, Frederick Mencher Honolulu

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creagan3 - Karina

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 9:53 AM  
To: HLTtestimony  
Cc: Zako811@gmail.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Zachary Lee	Individual	Support	No

Comments:

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creagan3 - Karina

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From: Jon Kawamura on behalf of Rep. Della Belatti  
Sent: Friday, February 06, 2015 10:06 AM  
To: HLTtestimony  
Subject: FW: Testimony for HB321 Medical Marijuana Dispensaries

Please make sure this testimony was submitted for HB321.

Jon Kawamura  
Office Manager  
Representative Della Au Belatti  
24<sup>th</sup> Representative District  
Hawaii State Capitol  
415 S. Beretania Street, Rm 426  
Honolulu, HI 96813

Office: (808) 586-9425

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From: Kahalakini64@aol.com [mailto:Kahalakini64@aol.com]  
Sent: Friday, February 06, 2015 9:43 AM  
To: Rep. Della Belatti; Rep. Karl Rhoads; Rep. Richard Creagan; repsanbenventura@Capitol.hawaii.gov  
Subject: Testimony for HB321 Medical Marijuana Dispensaries

HB321 Establishment of Medical Marijuana Dispensaries

Chair Della Au Bellati & Karl Rhoads, Vice Chair Richard Creagan & Joy San Buenaventura, and Members of the House Health & Judiciary Committee.

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

Aloha. My name is Jane Sugano of Aiea, Hawaii. I am the grandmother of a six year old girl name Maile Jen (MJ) Kaneshiro, who has been living daily with Dravet Syndrome. Dravet syndrome is a rare and catastrophic form of epilepsy. MJ suffers from 5 seizure types. She has taken over a dozen pharmaceuticals, the ketogenic-high fat diet, as well as a few non-FDA approved drugs prescribed by some of the best pediatric neurologists in the nation without much success, but has very bad side effects. My family & I humbly ask you to support HB321 as our grand daughter, MJ, desperately need access to a medical dispensary to manage her seizures as all traditional epilepsy management options have failed her.

At the age of 4 months, MJ suffered a grand mal just a few hours after her vaccination. I was in the car with MJ and her mother/my daughter, Jari Kaneshiro Sugano. I noticed a strange high pitched cry. It was very frightening and heartbreaking watching a baby having a seizure! Fortunately, a fire station was a block away and she was able to receive help.

Since that day, MJ has suffered daily from numerous seizures. At 6 months, a status seizure sent her in an ambulance to Kapiolani Medical Center, where she suffered respiratory arrest in route and was intubated until she was able to recover and breathe on her own. MJ spent her early childhood riding in ambulances and having extended stays at children's hospitals

in Hawaii, Chicago and Miami. She has endured numerous blood draws, surgical procedures, and countless hours of rehabilitative therapy sessions.

In October 2013, MJ applied and received her Hawaii state medicinal marijuana card. MJ consumes marijuana daily and her mother, Jari, has been working on creating a THC-A and CBD tinctures using locally available strains of marijuana. THC-A, like CBD is not psychoactive. MJ still suffers from seizures but the severity and quantity has subsided dramatically over the past several months.

For over a year, MJ's mom, Jari, has spent countless hours trying to grow the plants and harvest the buds. Then experimenting on extracting the liquid to create a THC-A, CBD and THC tinctures. Fortunately, Jari has a background in science, agriculture, and horticulture, but not many parents or caregivers will be able to do what she has done to help their child or love one. Still finding the correct dozes if still another challenge for Jari to overcome!

By supporting HB321 and establishing a medical dispensary here, you would be helping families, who can not grow and dispense their own medical marijuana for their child or love one. Life is already a struggle for their families! Our family hopes you will exercise your support for HB321 this session, and help saves the lives of our keikis and loved ones, who are in need of medical marijuana dispensaries here in Hawaii.

My sincerest mahalo for this opportunity to share MJ's story and to express my strong support of HB321.

Jane Sugano, Aiea, Hawaii

creagan3 - Karina

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 9:58 AM  
To: HLTtestimony  
Cc: mminn811@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
M. Minn	Individual	Support	Yes

Comments: I strongly support this measure. Please pass it without delay.

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Rebecca Young  
MSW Student  
UH Manoa  
2/6/15

I am most recently from the great state of Colorado. The state that is ahead of its time in terms of recognizing both the benefits of medicinal marijuana and the harmlessness of this substance.

When discussing medicinal marijuana, I usually ask those who are opposed, “Do you know anyone who uses medical marijuana in the way it is intended to be consumed?” Most will reply, “No” which only further propels my case: “It only takes one person who is suffering, who cannot stomach the amount of painkillers they need to alleviate the pain, and therefore choose to partake in an alternative, plant-based substance for *you* to understand why it is important for those to have this option.”

You may be saying to yourself, “Well, it is legal to have a medical marijuana card and it’s also decriminalized, therefore there is no need for a dispensary system.” This viewpoint is fragmented and frankly, outdated. Ask yourself this: If *you* were suffering from a life-debilitating disease or illness and someone told you, “Sure you can use this repeatedly proven beneficial plant-based substance! All you have to do is grow your own even though you are in massive pain, have never kept a plant alive, and have no one to help you.”

But what if, instead, someone told you “Sure you can use this repeatedly proven beneficial plant-based substance! All you have to do is find a doctor whom you trust to prescribe it and then run over to the dispensary to see what might work best for you.” How grateful, thankful, appreciative you would be to the state of Hawaii.

When living in Colorado, I had a boyfriend who owned a dispensary. I learned a lot about the way they work and the people who run them. His work was his life, and not in the way you may think. He didn’t smoke marijuana. He never enjoyed it. But being originally from Colorado, he had known enough people who used it specifically for pain relief for him to become invested in the idea of opening up a dispensary. Every morning, he woke up at 4:30 am to start baking. His dispensary was known for its edibles since smoking marijuana can be harsh on the lungs of those whose respiratory system is weak. He spent a lot of time researching the various strains of marijuana, the differences in benefits between sativa and indica, and which ways of ingesting it are best for different types of pain. He did this so that he could speak with his patients in an educational manner that helped them understand the best way for them to consume this medicine. In fact, many times when I’d come to meet him for lunch I would encounter a line

Rebecca Young  
MSW Student  
UH Manoa  
2/6/15

outside of his door of people who were obviously suffering or sick. Sometimes there would be a bald woman who was clearly going through chemotherapy. Sometimes there would be an older man who could not hardly walk anymore. He was religious about not allowing anyone to step one foot into his dispensary without a medical card (including myself since I never needed one) because he wanted to run his business the way a medical marijuana dispensary should be run.

Asking people to grow their own medicine when they are suffering, ignorant to the growing process, and are not able to smoke it is absurd. If someone cannot smoke the marijuana- which as I've mentioned, many cannot-they not only have to grow it, dry it and trim it, but then they also have to bake it. No one in that position should have to work that hard for an alternative, harmless, natural, beneficial medicine. No one.

Chair Au Bellati & Rhoads, Vice Chair Creagan & Buenaventura, and members of the House Health & Judiciary Committee,

Thank you for hearing my testimony. I am Jessica J Lung of Lahaina, Maui and I am in strong support of HR321.

I am not a certified medical marijuana patient, I am not a user of marijuana, however I have witnessed first hand the crucial role that marijuana plays in the lives of those who use it at medicine. My life partner has Crohns disease and many of my friends require the use of medical marijuana to treat depression, insomnia and anxiety. For many people like those in my community and young Maile Kaneshiro, growing medical marijuana is not a feasible option. Considering the overwhelming need for this specific natural treatment, it stands to reason that Hawaii needs to implement dispensaries and start regulating the distribution of this powerful medicine to the citizens that need it. After reviewing the findings of the Task Force in 2014, I am certain that significant community concerns regarding dispensaries have been addressed and safe and effective recommendations have been made in this regard. Please come to the rescue of the kama'aina whoa re suffering.

Thank you for hearing my testimony in support of HR321.

Jessica J Lung



From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 9:20 AM  
To: HLTtestimony  
Cc: keoniward@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM  
Attachments: HB 321 Testimony.doc

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Keoni Ward	Individual	Support	Yes

Comments:

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I am in support of Bill HB321 Patients need safe access to medical Cannabis. My father died Dec. 9<sup>th</sup> 2014 of Stage 4 Cancer. He was given Morphine to help with pain. Morphine really messed with his mind. The best way to describe it is like being in a drunken state. I would find him outside shirt off with a cup looking for the refrigerator. That was a major side effect of this drug. We really didn't have what you would call any quality time when he was on Morphine. He tried smoking Cannabis but the smoke was too much for him to handle. He liked the feeling of medical Cannabis but just couldn't inhale it. We also tried a vaporizer but that also was too much for his lungs to handle. I decided to try edibles. I made Canna-butter and added it to a Chocolate Chip Cookie mix. That was final it, he loved it. He could now receive the medical benefits of Cannabis without having to smoke it. Medical Cannabis in no way is as powerful as Morphine but it helped my father get his mind off the pain and have better quality of life. My dad was fortunate enough to have me there to give him medical Cannabis but not all patients have that option. That's why support this bill we need safe access for all patients especially those who are too sick to get it for themselves.

From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 9:11 AM  
To: HLTtestimony  
Cc: patmihara@aol.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Pat Mihara	Individual	Support	No

Comments: Chair Au Bellati & Rhoads, Vice Chair Creagan & Buenaventura, and members of the House Health & Judiciary Committee. Thank you for this opportunity to provide personal testimony in strong support of HR321 relating to the establishment of marijuana dispensaries. My name is Pat Mihara of Aiea, Hawaii. 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.

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## HR321 Establishment of Marijuana Dispensaries

Chair Au Bellati & Rhoads, Vice Chair Creagan & Buenavenura, and members of the House Health & Judiciary Committee. Thank you for this opportunity to provide a personal testimony in strong support of HR321 relating to the establishment of marijuana dispensaries.

My name is Melissa Kaonohi-Camit of Kahuku, Oahu.

Regulated dispensaries would provide a legal means for my son to get access to medical grade marijuana products which could benefit the lives of numerous patients like my own child who suffers from severe seizures.

Regulated dispensaries provide medical grade marijuana that has not been tainted with other drugs or toxics that can harm the make up of the marijuana that we need to use at treatment. The dispensaries can also be used to provide data on patients wellness. I am a mother of a child with a severe health condition. I humbly thank you for the opportunity to express my strong support of HB321.

Sincerely,

Melissa Kaonohi-Camit

From: mailinglist@capitol.hawaii.gov  
Sent: Wednesday, February 04, 2015 4:14 PM  
To: HLTtestimony  
Cc: alternativepainmanagementclub@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/4/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mike Ruggles	Individual	Oppose	No

Comments: I do not support HB 321 and would like to see it killed. I am supportive however of a more appropriately structured dispensary system being implemented through other bills that have also been introduced and would improve the program.

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From: mailinglist@capitol.hawaii.gov  
Sent: Wednesday, February 04, 2015 3:39 PM  
To: HLTtestimony  
Cc: britneal@live.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/4/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Brittany Neal	Individual	Oppose	No

Comments: I do not support HB 321 and would like to see it killed although I am supportive of a more appropriately structured dispensary system being implemented through other bills that have also been introduced.

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creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 8:35 AM  
To: HLTtestimony  
Cc: nishihard001@hawaii.rr.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
D. Nishihara	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 7:24 AM  
To: HLTtestimony  
Cc: ngannora@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Annora Ng	Individual	Oppose	Yes

Comments: I write in opposition to HB321. I am in opposition to the way this bill is being fast-tracked through the committee process by limiting public input and the reduction in committee hearings that have taken place. The House Majority Caucus promised to promote transparency and access to government. The handling of HB321 has demonstrated just the opposite. The manner that medical marijuana is being address can be described as “haphazard” as best. Despite all of the hype, and all of the work that the task force on medical marijuana has put into its recommendations, HB321 looks more like a “first draft” than a “finished product”. What is most appalling is that this bill fails to account for the mistakes that other jurisdictions (such as the State of Colorado and the City and County of Los Angeles) have made. Of utmost importance, HB321 lacks a tracking system to keep our communities safe from marijuana that will migrate from the “medical” to “recreational” marijuana streams. There is no cradle-to-grave tracking system to ensure that seeds do not find their way into someone’s backyard. Given that “legal” medical marijuana and illegally grown marijuana look identical, and given that sufficient oversight and audits do not exist, HB321 is a de facto legalization of marijuana. Rather than legalizing recreational marijuana, the tactic now seems to be flooding the market to the point where law enforcement cannot do anything about it. The mantra “Everyone does it, so it must be okay” still does not ring true, even in this scenario. More alarmingly, a medical marijuana user is free to partake in marijuana from multiple dispensaries. Nothing prevents a patient from stockpiling marijuana in excess of their needs - the same stockpile that can be shared with friends who come over for dinner or shared with high school kids down the street because they think that “alcohol is worse than marijuana”. Limits on plants and usable marijuana offer no safety since they are not enforced. Compliance by medical marijuana patients with lawful limits amount to nothing more than a wink and a nod. Contrast this enforcement regime against decongestants contained in allergy medication. These decongestants are much less harmful than any medical marijuana but I am restricted to how much I can purchase within a timeframe. One would think that medical marijuana should be regulated at least as much as my decongestants. In addition, I would like to draw your attention to: Oversight: Charging a single Department of Health employee with administration of a statewide dispensary and production center (approximately more than 60 facilities) is laughable. If five employees are not enough for the Department of Health to administer the HI5 program, how can one full-time employee be expected to oversee medical marijuana? Schools: While dispensaries cannot set up shop within 500-feet of a public school, no such protection exists for private schools, charter schools, preschools, daycare facilities or even the public libraries that our keiki might patronize. Signage & Advertising: There are no restrictions on signage or advertising that



dispensaries or production centers may use. These facilities should be subject to at least the same restrictions that we demand regarding alcohol and tobacco. State Ag Lands: Cultivation of marijuana on state agricultural lands is morally offensive. The sustainability needs of our state would be better served by growing mangoes or bananas than growing marijuana. The biggest shame is that there are not enough protections for minors in this bill. The mere existence of dispensaries are a threat to our families and make raising them unnecessarily complicated. Dispensaries already exist in the State of Hawaii for alcohol, cigarettes and prescription painkillers. These three are also happen to be the top three abused substances by teenagers in the State of Hawaii. It would be foolish to think that marijuana would not join these ranks as a result of HB321 and other related measures. While advocates and sympathetic legislators beseech the public to “trust us”, the gross oversights contained in this bill leave the public every reason to distrust them. This is clearly a “work-in-progress” and not a finished product. I oppose marijuana use, medical or otherwise, and I vehemently opposed any plan for marijuana dispensaries or production centers. I urge you to defer this bill indefinitely.

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creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 9:26 PM  
To: HLTtestimony  
Cc: laulimahi@hawaii.rr.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Gary Shimabukuro	Individual	Oppose	No

Comments: I strongly oppose this bill. having marijuana dispensaries in hawaii will lead to increased access by our youth. There is no need to rush into this matter, Colorado is having multiple issues with regulation of products, increased traffic accidents involving marijuana, emergency room admissions of young children exposed to marijuana products, suicides and homicides. Over sixty percent of Hawaii's treatment admissions for youth under 17 lists marijuana as the primary drug. I urge you to kill this bill.

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creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 9:45 PM  
To: HLTtestimony  
Cc: jlawi3@gmail.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Judy Lawi	Individual	Oppose	No

Comments:

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creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 7:08 AM  
To: HLTtestimony  
Cc: albanol001@yahoo.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
leila albano	Individual	Oppose	No

Comments:

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Lolita Takeda  
91-1169F Kama'aha Loop  
Kapolei, HI 96707  
Tel: 808-674-1669

February 5, 2015

Committee on Health  
Chair: Rep. Della Au Belatti  
Vice Chair: Rep. Richard P. Creagan

Committee on Judiciary  
Chair: Rep Karl Rhoads  
Vice Chair: Joy A. San Buenaventura

Re: HB321 Relating to Medical Marijuana Dispensary System  
Hearing Date: Saturday, February 7, 2015  
Time: 10:00am  
Location: Conference Room 329

Dear Legislators:

Before you take a position on HB321 & advocate for nearly 14,000 medical marijuana patients, please do not forget to think about the rest of Hawaii people (1,405,000+ of us), especially our youth & children.

**Experience from Colorado is not promising.**

Two independent reports released in August 2013 document how Colorado's supposedly regulated system is not well regulated at all. Teen use has increased in the past five years. Currently, the marijuana use rate among Colorado teens is 50% above the national average. Drug-related referrals for high school students testing positive for marijuana has increased. **Medical marijuana is easily diverted to youth.**

YES, Marijuana has medicinal properties, but we shouldn't smoke or eat the plant in order to derive those benefits, just like we do not smoke or eat opium to get the benefits of morphine. In states with medical marijuana laws, the average user is a male in his 30s with no terminal illness and a history of drug abuse. Less than 2% of users have cancer or AIDS. Residents of states with medical marijuana laws have abuse and dependence rates almost twice as high as states with no such laws.

**Research should be conducted to produce pharmacy-attainable, non-smoked medications based on marijuana. We should advocate to expedite research on marijuana pill-form products, getting them FDA approved, to be properly & legally dispensed thru pharmacies, not dispensaries.**

Thank you for your time, support & service.

Respectfully,

Lolita Takeda  
Hawaii Resident for 30 years

creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 5:51 AM  
To: HLTtestimony  
Cc: wvpk@hotmail.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
marsha nakadone	Individual	Oppose	No

Comments:

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TESTIMONY to House Committees on Health and Judiciary

H.B. 321 Relating to Medical Marijuana - Dispensaries and Production Centers;  
Appropriation

Saturday, February 7, 2015

10:00 AM -- State Capitol Conference Room 329

Submitted in **OPPOSITION** by: Mary Smart, Mililani, HI 96789

Chairs Belatti and Rhoads; Vice Chairs Creagan and San Buenaventura and Committee Members:

1. I OPPOSE HB 321. It appears from this bill that Hawaii is setting up a Department of Health controlled agriculture, process and distribution center for which we neither have available funding, the expertise, and we have a documented high failure track record for government programs, especially developing computer tracking/control systems ([Hawaii Health Exchange](#), [Hawaii bottle bill](#), etc.)
2. Why is the Hawaii State government going to control marijuana? There are plenty of controlled substances that are already in the pharmacy system. What makes marijuana so different that we need to have a completely redundant, government controlled process that has little likelihood of success? What is wrong with Longs/CVS, Walgreens, Mina Pharmacy, Costco, etc.? The government has shown it can't control the recycled bottles, how can you expect your constituents to believe that you are going to control a highly desired drug? We don't believe it will work and will only endanger the people of Hawaii.
3. Surely you are aware how the legalization of marijuana has endangered children. Marijuana baked into brownies/cookies and other eatables have been brought to schools and given to unsuspecting [classmates](#) and [teachers](#). There are many similar cases -- too numerous to list. Can you imagine the lawsuits that the State will be exposed to if something like this occurs?
4. If you want us to believe marijuana is a pharmaceutical to treat a medical condition, it should be treated as any other controlled substance -- and there are plenty of them already in the system. Until marijuana growth, processing, prescribing, and distribution is treated as any other controlled medication, the State of Hawaii should withhold authorization. In any case, the State of Hawaii should not venture into this area. It is beyond their ability, their expertise, and their budget. It is time to understand your limits and act accordingly.
5. I high OPPOSE this bill. It is too complicated, puts the State in a situation of extreme liability if they fail to control the substance and has no benefits to the residents. Please do not pass this convoluted and confusing and costly bill out of committee.

creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 9:41 PM  
To: HLTtestimony  
Cc: mshima@hawaii.rr.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Marian Shimabukuro	Individual	Oppose	No

Comments:

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

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TESTIMONY to House Committee on Health (HLT) and House Committee on  
Judiciary (JUD) Human Services and Housing

H.B. 321 Relating to Medical Marijuana  
Saturday, February 7, 2015

10:00 AM - State Capitol Conference Room 329

Submitted in **OPPOSITION** by: Susan Duffy, Ewa Beach, HI 96706

Chair Della Au Belatti and Vice Chair Richard P. Creagan (HLT)  
Chair Karl Rhoads and Vice Chair Joy A. San Buenaventura

I OPPOSE HB 321 and the entire package of proposed marijuana legislation. Despite popular belief, marijuana is dangerous. It has the potential to negatively “affect every area of a person’s life and can lead “to a society that is constantly looking over its shoulder to make shure their quality of life isn’t being ruined.”

<https://familycouncil.org/Library/Policy/MedicalMarijuana.pdf>

Research conducted by the Heritage Foundation indicates that campaigns to legalize marijuana have a tendency to downplay “the well-documented harms of marijuana trafficking and use while promising benefits ranging from reduced crime to additional tax revenue.” Heritage points out that supporters of these type of initiatives typically make the following “five bold claims” (and all which can be refuted).

- 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.”<sup>[3]</sup>

<http://www.heritage.org/research/reports/2010/09/legalizing-marijuana-why-citizens-should-just-say-no>

All five claims are “demonstrably false or, based on the best evidence, highly dubious.”

Here are some key points:

- Legalization of marijuana is bad public policy because the drug is addictive and significantly impairs bodily and mental functions; its use is associated with memory loss, cancer, and birth defects among other conditions.

- Marijuana is not at all like alcohol. Consumption of marijuana impairs the immune system and short term memory, elevates the risk of heart attack, and causes respiratory and brain damage.

- Policies to legalize marijuana will result in a myriad of unintended consequences.

- Social costs of legalizing marijuana will dwarf any meager taxes raised.

Heritage also points out that supporters of this type of initiative “simply ignore the mechanics of decriminalization—that is, how it would directly affect law enforcement, crime, and communities.”

For a full treatment of the myths of marijuana, the Heritage report is available here:

<http://dailysignal.com/2014/04/27/time-reefer-sanity/>

Does anyone how this specific measure would work to prevent children, teenagers, criminals, and addicts from obtaining the drug?

Legislators, instead of trying to push this measure because they want the state of Hawaii to be just like other states, ought to take a fair-minded look at the evidence and the practical problems associated with this type of legislation before pushing it on its citizens. There is a growing body of available evidence which highlights the specific dangers of marijuana. The state should not be in the business of establishing dispensaries and production centers when there are this many risks to public health and public safety.

HB 321 and the entire package of marijuana bills are not in the support of the common good.

Just last month (January 2015) the American Academy of Pediatrics came out against marijuana legalization. They wrote that “[S]tudies have shown that adolescents who report regular marijuana use perform more poorly on tests of working memory, visual scanning, cognitive flexibility, and learning. Furthermore, the number of episodes of lifetime marijuana use reported by subjects correlated with overall lower cognitive functioning.”

<http://pediatrics.aappublications.org/content/early/2015/01/20/peds.2014-4147.full.pdf+html?sid=ddd4c977-699b-4ba3-a24f-759097d7fbe4>

A January 25, 2015 Associated Press report noted that in Colorado and Washington, the that marijuana related calls to poison control have spiked. Is this what we want for Hawaii?

[http://www.denverpost.com/marijuana/ci\\_27388200/pot-related-calls-poison-control-centers-colo-wash](http://www.denverpost.com/marijuana/ci_27388200/pot-related-calls-poison-control-centers-colo-wash)

Marijuana is increasingly linked to hospitalization and death. Ever since some states have legalized marijuana in varying degrees, researchers are learning more and more about its negative effects. The National Institute of Drug Abuse wrote:

“The amount of THC in marijuana samples confiscated by police has been increasing steadily over the past few decades. In 2012, THC concentrations in marijuana averaged close to 15 percent, compared to around 4 percent in the 1980s. For a new user, this may mean exposure to higher concentrations of THC, with a greater chance of an adverse or unpredictable reaction. Increases in potency may account for the rise in emergency department visits involving marijuana use.”

<http://www.drugabuse.gov/publications/drugfacts/marijuana>

Are Hawaii’s legislators aware that Colorado’s medical pot industry is fueling illegal drug networks?

[http://www.denverpost.com/breakingnews/ci\\_21221031/colorados-medical-pot-industry-fuels-illegal-trade-review](http://www.denverpost.com/breakingnews/ci_21221031/colorados-medical-pot-industry-fuels-illegal-trade-review)

Or how about the fact that 74% of teens surveyed in two Colorado substance abuse facilities had used “medical” marijuana intended for someone else?

<http://www.drugabuse.gov/publications/drugfacts/marijuana>

Other states who have approved the medical use of marijuana should serve as cautionary tales for Hawaii. Prosecutors and police in other states have sounded the alarm in other states regarding the legalization of marijuana.

<http://www.bostonglobe.com/metro/2012/10/06/police-warn-dire-consequences-medical-marijuana-legalized/KZqbAbzM97mnoltoXVRK8I/story.html?camp=pm>

Family Council’s policy sheet on the harms of legalizing marijuana with supporting references and documentation can be found here:

<https://familycouncil.org/Library/Policy/MedicalMarijuana.pdf>

Marijuana is dangerous. It damages individual lives and is not good for society as a whole.

Please oppose HB321 and the entire package of marijuana bills.

Todd Takeda  
91-1169F Kama'aha Loop  
Kapolei, HI 96707  
Tel: 808-674-1669

February 5, 2015

Committee on Health  
Chair: Rep. Della Au Belatti  
Vice Chair: Rep. Richard P. Creagan

Committee on Judiciary  
Chair: Rep Karl Rhoads  
Vice Chair: Joy A. San Buenaventura

Re: HB321 Relating to Medical Marijuana Dispensary System  
Hearing Date: Saturday, February 7, 2015  
Time: 10:00am  
Location: Conference Room 329

Dear Legislators:

Please think about our children & families, before you take a position on HB321.

**Take a look at what's happening in Colorado.** Currently, the marijuana use rate among Colorado teens is 50% above the national average. Drug-related referrals for high school students testing positive for marijuana has increased. **Medical marijuana is easily diverted to youth.**

Without strong regulatory and enforcement systems that have adequate resources, it would be extremely difficult to prevent significant quantities of medical marijuana products from being diverted, used, and sold for profit, outside of the dispensary system. Our children will have greater access to marijuana. Having medical marijuana dispensaries reduces the perceived risks of marijuana and normalizes the use of marijuana among youth. **Many children could be harmed.**

Before you advocate 14,000 medical marijuana patients, please do not forget to think about the rest of Hawaii people (1,405,000+ of us), especially our youth & children. Yes, Marijuana has medicinal properties, but we shouldn't smoke or eat the plant in order to derive those benefits, just like we do not smoke or eat opium to get the benefits of morphine.

**Research should be conducted to produce pharmacy-attainable, non-smoked medications based on marijuana. We should advocate to expedite research on marijuana pill-form products, getting them FDA approved, to be properly & legally dispensed thru pharmacies, not dispensaries.**

Thank you for your time, support & service.

Respectfully,

Todd Takeda  
Hawaii Resident for 22 years

Yoshimichi Takeda  
91-1022 #3C Kaiiau Avenue  
Kapolei, HI 96707

February 5, 2015

Committee on Health  
Chair: Rep. Della Au Belatti

Committee on Judiciary  
Chair: Rep Karl Rhoads

Re: HB321 Relating to Medical Marijuana Dispensary System  
Hearing Date: Saturday, February 7, 2015  
Time: 10:00am

Dear Legislators:

I hereby ask your Committee to take a step back & think about it – what’s in the best interest of our Hawaii youth and families, before you take a position in passing HB321.

Let’s look at cigarettes use among our youth. Sale of cigarettes to minors is illegal, but this does not stop children as young as middle-schoolers from smoking. And alcohol, which is illegal to sell to youth, is the number #2 problem among our youth in the Kapolei Community. Marijuana is #1, based on a recent survey done.

Without strong regulatory and enforcement systems that have adequate resources, it would be extremely difficult to prevent significant quantities of medical marijuana products from being diverted, used, and sold for profit, outside of the dispensary system.

Our children are already targeted & will have greater access to marijuana, if there will be dispensaries, as close as 500 ft from their school. And having medical marijuana dispensaries in our communities, reduces the perceived risks of marijuana and normalizes the use of marijuana among youth, which will increase use & abuse among our youth & families.

Please take a position to protect our youth from harm & risk of marijuana use & abuse.

Respectfully,

Yoshimichi Takeda  
Hawaii Resident

From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 9:42 AM  
To: HLTtestimony  
Cc: birthpang@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Bobbie Pang	Individual	Oppose	No

Comments: Our family opposes this legislation. Does not legislate any oversight of dispensaries or production centers. A single Department of Health employee is not enough to ensure that Dispensaries historically have not protected our families and our children – HB321 repeats the same mistakes. While it prohibits dispensaries from being located within 500-feet of a public school, this restriction explicitly does not apply to private schools, parochial schools or preschools. Places no restrictions on advertising or signage by production centers and dispensaries. Creates exceptions to allow convicted felons to work and/or operate dispensaries or production centers. Permits marijuana cultivation on state agricultural lands.

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.

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)

Harvey Lee  
808-551-1782  
leeh4u@hotmail.com

### Oppose HB321

I am a parent of a 9 year old and Kailua resident. I oppose HB321—Medical Marijuana Dispensaries and Production Centers. This bill does not Restrict Access and Reduce Availability to teens.

Why Oppose HB321: We are unable to keep Alcohol, Tobacco, and Electronic Cigarettes out of the hands of our youth as soon as it hits the retail market. HB 321 as written will establish Retail establishments in neighborhoods.

Why Oppose HB 321: We are unable to control the Alcohol, Tobacco, and Electronic Cigarette industry from advertising to youth.

Why Oppose HB 321: The Medical Marijuana Dispensaries and Production Centers are going to be Retail Stores in our neighborhoods because it is against the federal law to sell Marijuana in a regulated pharmacy.

Why Oppose HB 321: The Medical Marijuana Dispensaries and Production Centers are going to be a Cash Only business. It is going to be hard for the Hawaii State Government Tax Office to track the sales. Credit Card and Bank do not want to hand sells from Marijuana because these institutions are regulated by the federal government. Thus making it illegal to handle cash from Marijuana sells.

Why Oppose HB 321: This bill allows the tobacco industry to re-tool their grow factories from tobacco and begin selling Medical Marijuana. This is a bill supporting big business of tobacco companies.

Why Oppose HB 321: The current science does not allow for field testing a person under the influence and driving. I did not see provisions for marijuana road block or checkpoints similar DWI or DUI.

### Solutions to Consider:

I am not opposed to the current statue allowing for Medical Marijuana. There are types of Medical Marijuana that is helpful to children and chronic ill people. These are some possible solutions to consider in revising or amending HB 321. In the current form, it will create social problems.

Solutions to Consider: There are hospitals in each county. Chronic ill people have regular appointments at hospitals. A model in Israel is dispensing or selling Medical Marijuana from the hospitals only. This will support of medical marijuana but "Restrict Access and Reduce Availability" to non-medical card holder and Youth. This supports the bill language for counties not to block the establishment of Medical Marijuana Dispensaries and Production Centers.

Solutions to Consider: Let begin this great social experiment in Hawaii by limiting the sale of Medical Marijuana products to 90% CBD and/or 10% or less THC only. It is found the CBD is the helpful chronic illness.

Solutions to Consider: The bill should be amended to designate 5% of all tax revenue to Primary Prevention program run by the Department of Health for teens, parents, and retailers. The number one illegal drug of use among teens is Alcohol and Tobacco with E-Cigs in a close third.

Some Quick Facts:

- Adolescents who used marijuana Lost an Average of 8 IQ points (Meier, 2012).
- One in six (6) children who use marijuana will Become Addicted (The Science of Drug Abuse and Addiction, 2014).
- Marijuana smoke contains about 50% more Benzopyrene and nearly 75% more Benzanthracene both know carcinogens than a comparable quantity of unfiltered tobacco smoke (Tashkin, 2013).
- Hawaii Youth Risk Behavior Survey results the number one illegal drug for youth under the age of 18 is Alcohol (29%) followed by Marijuana (22%) followed by Tobacco(10%) in the past 30 days (YRBS, 2011).
- 15% of youth report Binge drinking (define as 5 or more drinks in one hour) in the past 30 days (YRBS, 2011).

Once again, alcohol and tobacco sold in retail stores are the number one illegal drug used by teens although the legal age of use, purchase and possess is 21 years of age. What do you think will happen if there are Medical Marijuana Dispensaries and Production Centers Retail Establishments in our neighborhood shopping malls?

Harvey Lee  
leeh4u@hotmail.com



To all concerned,

Aloha and thank you for the opportunity to present my remarks. First, I must acknowledge that I understand people are passionately excited while debating both sides of the legislation proposed. I understand the legalization of the overall use of marijuana is both a very personal choice, yet professional and potentially lucrative economical issue to consider for some people. I also understand that certain breeds of marijuana and their CBD concentration can have positive medicinal effects for some people. Likewise, I would like to offer that prescription medicine use and sales have arguably become an abused and lucrative industry within our nation as well. I also realize and understand that some people may perceive my remarks to be humorous and/or naïve, I assure you they are not. I could argue both sides of the proposed legislation, but I choose what I believe to be the wiser choice based on extensive research that I will acknowledge in my remarks below.

To use or not to use, to legalize or not to legalize, appears to be a choice we are faced with today. The decision to legalize may have a "Butterfly Effect" and we must exhaust every last effort to leave no stone uncovered when it comes to FULLY EXPLORING the benefits and pitfalls associated with making a leap into legalization. There has not been enough research and exploration into the areas of logistical support, zoning rules and regulations where and how many medicinal marijuana dispensaries might be located. Currently, there are at least two States, Colorado and Washington, who have legalized marijuana. California has an abundance of medical marijuana dispensaries. When an individual considers a medical clinic to be of a professional standard in alignment with hospital facilities and other clinics, one envisions nurses and doctors in white smocks with clean floors, etc. When one walks into a medical dispensary in California, it looks like a fashion retail store where the business owner is pushing not only the medical marijuana, but all sorts of bongs/"tobacco pipes", t-shirts that promote the culture associated with marijuana use, and other goods and products that give the dispensary the appearance of something quite other than a typical hospital or medical clinic/dispensary.

Newspapers and magazines and television news reports, which are NOT necessarily considered reliable, credible scientific or academic sources of information, may tout X amount of taxation and donations or the incomes received from marijuana sales and then directed towards substance abuse treatment centers as illustrating a "we care" illusion to society. Yet, what may not be well-known are the facts that treatment, hospital/emergency room visits, and substance abuse prevention costs are rising and are far more costly than what the medical marijuana taxation income garnishes.

We live in a country where an individual can enjoy the luxury of having and making choices, some legal and some illegal. I wore a military uniform for twenty years to fight for the rights of our nation and its people to have "choices", albeit I would prefer individuals make low-risk legal and wise choices in regards to drugs and alcohol, including medicinal marijuana. Our nation's overall healthcare costs would be greatly diminished if people were to accept and embrace low-risk choices in regards to drug or alcohol substances.

At this time, I am opposed to the legalization of medical marijuana dispensaries in the State of Hawaii for a wide variety of reasons. For one, there already exists medical marijuana in the form of oral spray

forms such as nabiximols and sativex. As well, there exists pill medicines called marinol and idrasil. All of these options contain the cannabinoids/cannabidiol's (CBD's) which are the actual portions of the marijuana plant which contains the medicinal value of the marijuana plant. Why aren't those individuals who claim they desire to see marijuana legalized flat across the board using these medicines? One reason is existing products such as nabiximols, sativex, marinol, and idrasil do not contain THC, the part of the marijuana plant that by smoking marijuana "gets a person high". So, one must question the true intention and agenda an individual truly possesses when they *state* they want to smoke marijuana for "medical purposes". There is no need; there already exists medical marijuana products in the aforementioned forms that contain the medically beneficial CBD's. Individuals who desire to smoke marijuana do so for the simple reason they want to "get high".

Secondly, I am not convinced enough research and behind-the-scenes logistics have been completely assessed before implementation and execution of opening Hawaii for business with medical marijuana dispensary. I question, and have witnessed and suspected, previous neighbors who grow marijuana under the guise of current Hawaii medical marijuana laws who are abusing the privilege of having a medical marijuana license by growing more than they should; it goes unchecked and unsupervised on a continuous basis by the property management. Yes, I have reported this situation to the appropriate authorities and have turned the investigation over to them. I, for one, do not desire to be surrounded by neighbors who smoke marijuana and have to deal with the second hand smoke drifting into my house or yard or workplace. I do not want to smell it on someone's clothes when they walk by or in an automobile. Has our legislatures studied or taken cues from places such as Amsterdam and researched what is NOT glamorized in that area in regards to the legalized use of drugs? Check out the treatment and rehab numbers.

The marijuana debate has long existed. Generation after generation has debated both sides of the issues and several states have legalized marijuana use.

I believe the common individual has not studied nor is aware of all of the short or long term ramifications associated with the use of marijuana. CBD levels vary from medicinal marijuana to the marijuana content found and "sold on the street". Marijuana sold on the street contains THC or the derivative that causes the user to "get high". Through MRI use and other scientific measures, evidence exists and shows a loss of abstract thinking skills and impaired executive functioning of the brain through the chronic use of marijuana. I question how much an individual's use of marijuana affects his or her productivity performance, motor skills, judgment, etc., much akin to excessive use of alcohol. To consider a nation full of marijuana smokers is a fearful thought. There already exists medical marijuana products that benefit those who wish to legalize marijuana and desire to smoke it; the pills and oral sprays! Simply stated, most people who desire to smoke marijuana want to get high and are using the medical marijuana argument as a platform and stepping stone to catapult society to the overall legalization of marijuana.

I would also wonder how our nation's defense with our military personnel would be affected. Would any of us as citizens, desire to consider a military where marijuana use is permitted? If marijuana use is not harmful, why hasn't the military approved and condoned the every day, recreational use of

marijuana? Can you imagine the compromise of our national security or the lack of productivity, military training, and subsequent health problems related with continuous use of marijuana laden with excessive THC levels?

As well, one debatable argument I consider is relative to individuals who operate a vehicle under the influence of alcohol above .05 BAC within the confines of a military base or .08 on the roads elsewhere in the State of Hawaii. In my professional world facilitating groups, speaking with high school students in a class setting, visiting treatment centers, speaking in theater sized venues to throngs of people, I often ask of the crowd the question posed, "Do we have a problem with drunk and impaired drivers on the road"? Almost immediately, all hands go up when I ask, "How many of you would say 'yes'?" . Often, I receive affirmative acknowledgement of 95-100% of the crowd. So my question then becomes, "Why on Earth would we add yet ANOTHER potentially intoxicated driver to our roads and potentially DOUBLE our problems if marijuana use were legalized? We already have enough problems with alcohol-impaired drivers on the road. Do we really desire to compound the problems society and law enforcement already must deal with in regards to alcohol abuse and dependency, alcoholism, alcohol-related injuries and deaths on and off our roads or at home due to impairment and health-problems by adding marijuana to the mix? How will law enforcement administer some form of marijuana breathalyzer to test an individual to define whether or not he or she is impaired to the point of OVUII?

Contrary to some opinions, Preventive Research Institute proclaims through years of evidence-based research that long term use of marijuana can result in addiction.

So my challenge to an individual and to those esteemed, elected people representing citizens with very important decisions to ponder and make; what are YOU doing to combat America's problems associated with drugs and alcohol if, indeed, there exists an epidemic problem in American with alcohol abuse/dependency and drugs, whether legal or illegal"? Are we going to approve dispensaries because the loud minority is sounding off or we're tired of the debate and well-meaning but dare I suggest ignorant people who have not deeply researched and studied the facts simply want to give-in and vote to legalize? I say let's slow down several gears, exhaust our studies, watch and learn from Colorado and Washington's experiences, learn from mistakes currently being made by others who have legalized, and let's develop a smart approach prior to executing something that once voted on and approved will forever change our lives. And, prior to that important life-changing vote, consider the "Butterfly Effect" .

It appears to me the legalization question comes up to the surface for debate and approval most often when economic times are difficult. This is one of those times. It would be easy for all of us to give in and simply "go with the flow" and approve such a measure legalizing marijuana use and wonder what the subsequent consequences or issues may exist or come to exist in the future; especially with those individuals who will choose to chronically use high concentrated levels of THC marijuana.

As for our nation, I feel that as a society our values and, dare I suggest, morals have been deteriorating for decades. Media influence, technology, school systems, the political climate, etc., have all changed drastically over the past few decades. What was once taboo on television is now considered "the norm" and, in my humble opinion, resulted in a more "desensitized" nation of people as a whole. Arguably as

examples, people are rapidly becoming more addicted to computer and cell phone interface rather than face-to-face meetings, with some technology being very useful in certain situations. However, overall and generally speaking I believe our younger generations might be losing valuable and important "people skills" because of preferred computer interface use over face-to-face interaction. Dwindling rapidly are the yesteryears where prominent figureheads such as the Walter Cronkite's for news and the Bob Hope's in the world of entertainment exist. Now, news and entertainment are reported in much different, more sensationalized, more graphic and often times more openly vulgar manners. Is our society decaying? People, especially individuals in age groups who are responsible for the higher number of substance abuse related incidents across the board (ages 18-26), are heavily influenced by these Medias and, I feel, are becoming more desensitized to what was once considered "higher standards" and, instead, choosing what is "high risk" behavior/choices versus "low-risk" behaviors/choices and especially when it comes to alcohol and drug use.

It is often said marijuana is the gateway drug; I believe alcohol to be the gateway drug. Look at society's problems now associated with alcohol use! Look at the costs associated with education and treatment as a result. Look at the overall health costs associated with someone with cirrhosis of the liver needing a liver transplant because of their high-risk choices and decisions in life. They could have and should have heeded the education and information and healthier alternative activity choices in life that most likely would have resulted in less health problems at an advanced age in life. As for smoking cigarettes and finally having the tobacco industry acknowledge the myriad of health problems and risks associated with smoking tobacco, it took generations, a lot of lobbying, a lot of politics, and a lot of money for our nation to finally concede and understand that smoking cigarettes is dangerous to one's health and that secondary smoke inhalation is unhealthy as well. And now, all the rage and initial excitement of e-cigarettes is being replaced with sound, wise research and counsel that perhaps e-cigarettes are not as healthy and "cool to use" as what marketing and promoters wanted society to believe them to be. Pregnant mothers are advised not to smoke. Why not? Perhaps similarities exist between smoking cigarettes and smoking marijuana. If smoking cigarettes can cause health problems, why are we not to believe that inhaling another foreign substance into your lungs may not eventually cause needless and avoidable health problems same as the individual who is more prone to health problems than the individual who does not? Why would anyone want to legalize and invent another industry similar to the tobacco industry we are just now realizing has caused major health problems for people over the decades? I perceive most people do not enjoy eating a meal in a smoke-filled restaurant and other enclosed space. I perceive most pregnant mothers do not want to risk their unborn, the born babies to have health issues because the mother chose to smoke cigarettes during her pregnancy. Laws have been invented that, hopefully, have influenced and built a healthier individual and lifestyle. It is often said that sometimes we need to be saved from ourselves and certain laws are designed to keep us safe, especially society as a whole. I believe now is one of those times.

All of the above verbiage mentioned ties into the question and issue before us. Do we further allow yet another venue, tool, product, culture (legalized marijuana use) to exist openly and possibly increase and possibly burden our society's legal and health systems and our nation's overall "health" in the future simply to make a dollar off of a product that obviously and scientifically has proven to impair people?

Lastly, many people I have come across have mentioned to me that they "don't like the smell", "cigarettes already smell up the house, clothes, carpets, furniture, etc.", "people stoned on the road drive TOO SLOW and can cause accidents just as dangerously as those drivers who speed excessively or drive recklessly", to name a few examples. I realize these are personal perceptions and issues some people profess.

I understand the economic factors associated with legalizing marijuana use. I am just NOT convinced we should sell out, give in to, cater to, and lower our nation's moral standard for yet another potentially intoxicating drug's open legalized use. We have enough of a burden with the drugs we are confronted with now.

I am a patriot of my country and I believe in America. I was raised in a part of the country where a hard, honest day's work resulted in a paltry wage. But I was proud to have earned that honest day's work wages. I believe in my country and want her to remain strong. I do, however, have major concerns towards our perceived deteriorating moral decline as a nation; and I don't consider myself to be prude or staunchly conservative. Times just seem to be much less innocent, less respectful, less productive, more abrasive, more desensitized, and with more individuals appearing more selfish and feeling more "entitled" than before. I desire to see America get back on her feet and return to a time where life appeared to be more innocent, less vulgar, "healthier", and more productive as a country rather than give in to the vocal few who would prefer to see her further decay; albeit perhaps unknowingly. I am concerned the legalization of marijuana will bring out America's worse instead of her best.

Although I could continue with more dissertation and more thoroughly detailed information, to do so could fill volumes of books and fill up computer memory. I will conclude my remarks here. At this time and until further research and outcomes of other States are FULLY EXPLORED please vote AGAINST the legalization of medical marijuana dispensaries and/or the legalization of marijuana in the State of Hawaii.

Thank you all for your time and consideration towards my remarks.

Aloha, Jonathan Barkley

From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 9:29 AM  
To: HLTtestimony  
Cc: mountainswap@aol.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lisa LeBrun	Individual	Oppose	No

Comments: Aloha Chair and Vice Chair, I am submitting written testimony in strong opposition to HB321 regarding legislation to create a marijuana dispensary system. I will never forget visiting Amsterdam several times as a teen with my family. I was not raised in an overly-sheltered environment; but even I was disturbed by how "out of it" so many there seemed. I saw large groups just sitting outside, smoking marijuana and stoned, like zombies. Do we want this here? Do we want tourists in Waikiki seeing this? I live in Waikiki. You think you have a problem with homelessness now and the "sit/lie" situation – good luck with people that become addicted to marijuana and start to panhandle to support this habit even more than they already are, and become even less productive than ever. It is already so expensive to live here - why add one more thing that people will spend a LOT of their money on to support? Do you see how this will spill over into every part of our society, and this is not just "a small thing"? This will also adversely affect tourism, something we can't afford. We have undeniable evidence that marijuana is a "gateway drug" for people to use harder, more dangerous and life-threatening drugs. We already have a huge problem with ICE here in our islands, what on earth would justify adding to this cancer in our society by making marijuana even more easily available than it already is? This is a nightmare just waiting to happen. I beg of you, do not open this Pandora's box. Pay attention to how the Colorado governor himself – just one year after marijuana was legalized in his state - is now saying that it was a mistake. Please, let us learn from others' mistakes so that we do not make the same ones. Thank you. Lisa LeBrun

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creagan3 - Karina

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 9:08 AM  
To: HLTtestimony  
Cc: nishimuramarina@gmail.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
marina nishimura	Individual	Oppose	No

Comments:

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creagan3 - Karina

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 9:15 AM  
To: HLTtestimony  
Cc: rshima15@gmail.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Riki Shimabukuro	Individual	Oppose	No

Comments:

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Mr. Rojelio Herrera Jr  
94-368 Hakamoia St, Mililani HI  
Judiciary and Health Committees  
February 7, 2015  
HB 321, HB 788, HB 1455, HB 794, HB 795, HB 993

CHAIRMAN RHOADES and CHAIRPERSON BELATTI

Thank you for hearing my testimony.

I am a father of 11 children who have all attended public schools. Eight of them have graduated or will graduate from Hawaii's public high schools. We decided to remain in Hawaii after my military career because the environment, we strongly believe, is one of the very best in the United States to raise children. However, in the issue of medical marijuana, as validated by numerous studies, poses a dangerous threat to our children. Respectfully, we can do better for the children of Hawaii.

The following studies point to a serious health risk that CANNOT be ignored.

1. The Substance Abuse and Mental Health Services Administration (SAMHSA) has over 40 years of drug use data that shows lower perceived risk of harm by youth often results in increased use.
2. The recent 2014 Monitoring the Future (MTF) national school survey of drug use shows marijuana use by youth is still significantly higher than in 2008 and 2012. It also found that, of the youth surveyed, more youth (40%) in medical marijuana states had used an edible marijuana product in the last year than youth (26%) in non-medical marijuana states.
3. States with medical marijuana that allow both home cultivation and legal dispensaries show increases in marijuana use.<sup>i</sup> The increases in marijuana use are a concern as marijuana THC content and potency have also increased significantly. See for example:  
[http://news.olemiss.edu/index.php?option=com\\_content&view=article&id=4545%3Acanna-bispotency051409&Itemid=10](http://news.olemiss.edu/index.php?option=com_content&view=article&id=4545%3Acanna-bispotency051409&Itemid=10)
4. 1 in 6 minors who chronically use high-THC content marijuana become addicted and require intervention and/or treatment.<sup>ii</sup> In Hawaii, marijuana was identified as the primary substance used by a majority of adolescents, seventeen years of age and younger (62.4% in 2012), being admitted for drug treatment.<sup>iii</sup> In Colorado, the Arapahoe House treatment network reported that teen admissions to treatment for marijuana use increased by 66% between 2011 and 2014.
5. Studies have linked marijuana use with mental illness, especially schizophrenia and psychosis. Marijuana use has also been linked with depression and anxiety.<sup>iv</sup>
6. One of the most well designed studies on marijuana and intelligence,

released in 2012, found that persistent, heavy use of marijuana by adolescents reduces IQ by as much as eight points, when tested well into adulthood.<sup>v</sup>

7. In the 2014 MTF survey, twelfth graders reported that driving after marijuana use has become more common than drinking and driving.
8. The Children's Hospital of Colorado Emergency Department reported that between 2008 and 2011, an average of four children (between the ages of 3 and 7) were sent to the emergency room for unintentional marijuana ingestion, and in just the first half of 2014, that number increased to 14 children.

In addition there are some key issues that remain unresolved in this legislation:

1. **Regulation and enforcement.** If home cultivation and dispensaries are allowed to operate side-by-side, how will both systems be regulated?
2. **Marijuana-related products.** The issue of marijuana-related products (e.g., candies, baked goods, drinks, or highly concentrated marijuana oils) has not been thoroughly studied and addressed. The manufacture of these products will greatly commercialize marijuana, which is supposed to only be allowed for debilitating medical conditions. These products will inevitably target our youth--no matter how they are required to be packaged. They will end up in our schools.
5. **Regulation of the number and location of dispensaries and grow sites. Cultivation and dispensary inventory limits.** Many issues are still unresolved, including how dispensary applications are even approved. Excess amounts may lead to distribution and use outside of the medical marijuana program.

**Finally, I would like to propose that we provide our children the same protection from this drug as we do from alcohol. That is, we should make it a felony offense for promoting marijuana to minors, just as it is a felony offense to promote intoxicating liquor to a person under the age of twenty-one.**

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<sup>i</sup> Pacula, R.L., Powell, D., Heaton, P. Sevingy, E.L. (2013), Assessing the effects of medical marijuana laws on marijuana and alcohol use: The devil is in the details. Available: <http://www.nber.org/papers/w19302>

<sup>ii</sup> National Institutes of Health, National Institute on Drug Abuse. 2011. Topics in Brief: Marijuana. Available: <http://www.drugabuse.gov/publications/topics-in-brief/marijuana>

<sup>iii</sup> Alcohol and Drug Treatment Services Report, Hawaii, 10-Year Trends (2003-2012)

<sup>iv</sup> Moore TH, Zammit S, Lingford-Hughes A, et al. Cannabis use and risk of psychotic or affective mental health outcomes: A systematic review. *Lancet* 370(9584):319–328, 2007. Also Large, M., Sharma S, Compton M., Slade, T. & O., N. (2011). Cannabis use and earlier onset of psychosis: a systematic meta-analysis. *Archives of General Psychiatry*. 68. Also see Arseneault L, et al. (2002). Cannabis use in adolescence and risk for adult psychosis: longitudinal prospective study. *British Medical Journal*. 325, 1212-1213.

<sup>v</sup> Meier et al. (2012). Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proceedings of the National Academy of Sciences*.



Terry S. Lindquist-Bunkley  
91-1019 Lanakoi ST.  
Kapolei, HI 96707

February 5, 2015

Committee on Health  
Chair: Rep. Della Au Belatti

Committee on Judiciary  
Chair: Rep Karl Rhoads

Re: HB321 Relating to Medical Marijuana Dispensary System  
Hearing Date: Saturday, February 7, 2015  
Time: 10:00am

Dear Legislators:

I am asking the committee to put yourself in a parent's situation with this matter and ask "what's in the best interest of our Hawaii youth and families", before you take a position in passing HB321.

For instance, it is against the law for our students to purchase cigarettes but not smoking them on every corner of the park or in front of our schools. Regarding the use of marijuana, it is very difficult for our law enforcement to crack down on youth offenders, having a greater access of marijuana in their homes and the community.

We voted for you to use your common sense in this very important matter, and we rely on you to take a stand to protect the youth in our communities from drug and alcohol abuse.

Best regards,

Terry Lindquist-Bunkley  
15 Year Hawaii Resident

creagan3 - Karina

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 10:14 AM  
To: HLTtestimony  
Cc: wusstig@gmail.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kenny Wusstig	Individual	Support	No

Comments:

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creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Saturday, February 07, 2015 8:46 AM  
To: HLTtestimony  
Cc: gr8tr8@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/7/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Alan Yoshimoto	Individual	Support	No

Comments: Please support HB321 for compassionate care of medical marijuana patients in Hawaii. They deserve dispensaries that will provide steady legal access to quality cannabis products.

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creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 3:00 PM  
To: HLTtestimony  
Cc: angelavideotron@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Angela Breene	Waihuena Farm	Support	No

Comments: Aloha, Please support HB321 with amendments to start issuing licenses no later than 2016. Medical cannabis patients have been waiting for dispensaries over 15 years! This bill is based on the recommendations of the Dispensary Task Force and balances patients needs with public safety, by allowing safe, legal, well regulated dispensaries. This bill will take money out of the black market. Mahalo

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From: mailinglist@capitol.hawaii.gov  
Sent: Saturday, February 07, 2015 9:11 AM  
To: HLTtestimony  
Cc: thirr33@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/7/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Arvid Tadao Youngquist	Individual	Support	Yes

Comments: House Health & Judiciary Committees State of Hawaii Legislature Chairs Rep. Della Au Bellatti, Esp. Rep. Karl Roads, Esp. Vice Chairs Rep. Richard P. Creagan, M.D. Rep. Joy A. San Buenaventura, Esqp. Right Honorable Members of the Joint Committees I support HB 321 Relati ng to Medical Marijuana and thank the co-sponsors: Reps. SOUKI, BELATTI, BROWER, CREAGAN, EVANS, HASHEM, ING, KOBAYASHI, C. LEE, LUKE, MCKELVEY, MIZUNO, MORIKAWA, NAKASHIMA, NISHIMOTO, RHOADS, SAIKI, SAN BUENAVENTURA, TAKAYAMA, TAKUMI, & THIELEN. Please move this measure to the floor and the Finance Committee w/o unnecessary or cumbersome amendments, if possible, and reflect your concerns in the report as a memorandum to the members of the Finance Committee Chair, Vice Chair, and its members. Mahalo, Arvid Tadao Youngquist Oahu Resident & Voter (Makiki, Kaimuki, University, Liliha, Wahiawa, Aiea, Salt Lake, Kalihi Valley, Kalihi-Palama, and Downtown.)

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 8:30 PM  
To: HLTtestimony  
Cc: begoniabarry@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Barbara Barry	Individual	Support	No

Comments: Please approve this bill so Medical Marijuana patients will have a dispensary available to them to purchase their medicine. This should be given priority immediately so the wait end.If you need help, look to the many states that already have laws in place. Colorado has an excellent Medical Marijuana policy in place. Mahalo, Ms.Barbara Barry

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To: The Hawai'i House of Representatives  
September 10, 2014, 5:00 to 8:00 pm Aupuni Center.

Bill: HB321 – Medical Marijuana Dispensaries

From: Brenda L. Cloutier, private individual.  
I am in favor of dispensaries and I encourage their  
creation and promotion.

Aloha Ladies and Gentlemen of the Dispensary Task Force. Thank you for coming to the Big Island.

I'm Brenda Cloutier, a medical marijuana patient since 2006 in Oregon, 2009 in Hawai'i. I live a few miles outside of Hilo-town. I'm disabled and unable to work due to Fibromyalgia, a neurological disorder which includes wide-spread chronic pain, and is greatly relieved by medical marijuana (MMJ).

Outside of my overall support for this bill, including the following testimony presented to the Dispensary Task Force in September 2014, I have one major issue:

1) Dispensary and manufacturer opening

The earliest date Dispensaries can open is July 2017. That's 2-1/2 years, or 28 months. In the interim I have no legal means of procuring propagation material (seeds or cutting), and if I have another crop failure, I have no means of legally procuring my medicine.

I can no longer take most medications normally prescribed for fibromyalgia and lupus because I am no longer able to tolerate the detrimental side effects, and my gastroi-intestinal tract has been further damaged by these drugs – including NSAIDs.

Patients, especially cancer patients, and chronically ill patients who are unable to grow for themselves, or find a "caregiver" grower willing to grow and provide medicine, health will continue to be JEOPARDISED for ANOTHER 2-1/2 YEARS. In the interim they are stuck with prescription pharmaceuticals, all of which are damaging to the body, and are potentially deadly.

2) I have to break state and federal laws to procure MMJ.

Hawai'i provides no legal means for me to obtain MMJ without breaking state and federal laws. Hawai'i also does not provide legal means for me to procure seeds, propagation material, or plants, without breaking state and federal laws. There is no other controlled pharmaceutical or herbal medication available in this state that forces the patient to break the law to obtain their medicine.

3) When I have a crop failure or theft, I have to go without my medication, and need to take far more pharmaceuticals, with far more side effects, to take care of my symptoms.

Gratefully, I'm able to grow my own. However, at times I have had to go without my preferred non-lethal therapeutic herbal medicine due to crop failure and theft. When I go without, I need to take three or more times the amount of opioid pain medication, plus anti-anxiety medication, a muscle relaxer, and sleep medication to compensate for the relief I experience from MMJ for Fibromyalgia, Lupus, and their associated symptoms. All of these have serious side effects including increased potential for addiction and overdose, along with potentially serious drug interactions, including seizures, which I experienced.

4) The patient/caregiver cannot legally grow enough plant material for treating a major illness like cancer or epilepsy.

Due to growing and possession limits in the state law, the average patient/grower is unable to legally produce enough herbal material to make cannabis oil concentrates which are used for cancer and epilepsy patients. This process requires one pound of herbal material to make about 2 ounces of concentrate, which is a two to three months' supply for treating cancer.

5) Look to existing states and their MMJ dispensary systems.

As far as creation of a viable medical marijuana dispensary and taxing system, please do not try to reinvent the wheel. Look to Colorado, Washington State, Oregon,, and other states with effective and successful dispensary systems.

6) Taxation should be the same as prescription and over the counter medications – 4.166%.

Please consider, too, that excessive taxing of MMJ is also going to put a financial hardship on patients, especially those who are disabled and unable to work. The tax should be no greater than it is on other pharmaceuticals -- 4%.

When marijuana is finally legalized for recreational use, then you can add a "sin" tax as with alcohol and tobacco. Please, don't try to balance the state budget on the backs of the sick and disabled.

Mahalo for your attention to this important matter.

Brenda L. Cloutier  
blcloutier@yahoo.com  
808-935-0803

To:	Chair Belatti, House Committee on Health Chair Rhoads, House Judiciary Committee Distinguished members of the House Committee on Health Distinguished members of the House Judiciary Committee
From:	Cheryl Witbeck Registered voter
RE:	Opposition to HB321
Hearing Info:	Saturday, February 7th, 2015 at 10:00 A.M. State Capitol, Room 329

I write in opposition to HB321. I am in opposition to the way this bill is being fast-tracked through the committee process by limiting public input and the reduction in committee hearings that have taken place. The House Majority Caucus promised to promote transparency and access to government. The handling of HB321 has demonstrated just the opposite.

As a community member and as a person of faith I must oppose all marijuana use - medical or not. This places me in an odd position because my faith also demands compassion and respect for these individuals who must live with debilitating ailments.

The manner that medical marijuana is being address can be described as "haphazard" as best. Despite all of the hype, and all of the work that the task force on medical marijuana has put into its recommendations, HB321 looks more like a "first draft" than a "finished product". What is most appalling is that this bill fails to account for the mistakes that other jurisdictions (such as the State of Colorado and the City and County of Los Angeles) have made.

Of utmost importance, HB321 lacks a tracking system to keep our communities safe from marijuana that will migrate from the "medical" to "recreational" marijuana streams. There is no cradle-to-grave tracking system to ensure that seeds do not find their way into someone's backyard.

Given that "legal" medical marijuana and illegally grown marijuana look identical, and given that sufficient oversight and audits do not exist, HB321 is a de facto legalization of marijuana. Rather than legalizing recreational marijuana, the tactic now seems to be flooding the market to the point where law enforcement cannot do anything about it. The mantra "Everyone does it, so it must be okay" still does not ring true, even in this scenario.

More alarmingly, a medical marijuana user is free to partake in marijuana from multiple dispensaries. Nothing prevents a patient from stockpiling marijuana in excess of their needs - the same stockpile that can be shared with friends who come over for dinner or shared with high school kids down the street because they think that "alcohol is worse than marijuana". Limits on plants and usable marijuana offer no safety since they are not enforced. Compliance by medical marijuana patients with lawful limits amount to nothing more than a wink and a nod.

Contrast this enforcement regime against decongestants contained in allergy medication. These decongestants are much less harmful than any medical marijuana but I am restricted to how much I can purchase within a timeframe. One would think that medical marijuana should be regulated at least as much as my decongestants.

In addition, I would like to draw your attention to:

- **Oversight:** Charging a single Department of Health employee with administration of a statewide dispensary and production center (approximately more than 60 facilities) is laughable. If five employees are not enough for the Department of Health to administer the HI5 program, how can one full-time employee be expected to oversee medical marijuana?
- **Schools:** While dispensaries cannot set up shop within 500-feet of a public school, no such protection exists for private schools, charter schools, preschools, daycare facilities or even the public libraries that our keiki might patronize.
- **Signage & Advertising:** There are no restrictions on signage or advertising that dispensaries or production centers may use. These facilities should be subject to at least the same restrictions that we demand regarding alcohol and tobacco.
- **State Ag Lands:** Cultivation of marijuana on state agricultural lands is morally offensive. The sustainability needs of our state would be better served by growing mangoes or bananas than growing marijuana.

The biggest shame is that there are not enough protections for minors in this bill. The mere existence of dispensaries are a threat to our families and make raising them unnecessarily complicated. Dispensaries already exist in the State of Hawaii for alcohol, cigarettes and prescription painkillers. These three are also happen to be the top three abused substances by teenagers in the State of Hawaii. It would be foolish to think that marijuana would not join these ranks as a result of HB321 and other related measures.

While advocates and sympathetic legislators beseech the public to "trust us", the gross oversights contained in this bill leave the public every reason to distrust them. This is clearly a "work-in-progress" and not a finished product.

I oppose marijuana use, medical or otherwise, and I vehemently opposed any plan for marijuana dispensaries or production centers. I urge you to defer this bill indefinitely.

February 6, 2015

To: Chair Belatti and Members of the House Committee on Health  
Chair Rhoads and Members of the House Judiciary Committee

From: Cheryl Toyofuku

Re: Opposition to HB 321 Relating to Medical Marijuana

Hearing: Saturday, February 7, 2015 at 10:00 a.m., State Capitol Room 329

I am in opposition to HB 321 and the process that this bill is being fast-tracked through the committee with limited public input. Transparency and access to government is lacking demonstrating questionable motives to this bill's promotion.

As a mother, grandmother, R.N. and health advocate, I must oppose all marijuana use – medical or not. I have compassion and respect for those who must live with debilitating illnesses, but HB 321 lacks a tracking system to keep our communities safe from marijuana that will migrate from the “medical” to “recreational” marijuana streams. Ensuring that seeds do not find their way into someone's back yard is not fully addressed.

This bill appears to allow a medical marijuana user to be free to receive from multiple dispensaries. There appears to be nothing to prevent a patient from stockpiling marijuana in excess of their needs which can be shared with family or friends. Dispensaries for alcohol, cigarettes and prescription painkillers already exist in Hawaii that unfortunately increase the abuses for these substances. Marijuana dispensaries would add further threat to the health of our citizens, especially our youth. Law enforcement would have their hands full with what appears to be a flooding of the market with a gateway drug.

Another major concern is the questionable expectation and oversight of a single DOH employee who is responsible for the administration of a statewide marijuana dispensary and production center (60 facilities?). Also, dispensaries are not able to set up within 500 feet of a public school, but what about private schools, daycare facilities and public libraries where our keiki attends. No restrictions on advertising or signage is stated for the marijuana facilities as are demanded regarding alcohol and tobacco.

Finally, the use of state agricultural land for the cultivation of marijuana is inefficient and morally offensive. Our precious aina would be better served by growing organic vegetation rather than growing marijuana.

I oppose marijuana use, medical or otherwise, and I strongly oppose any plan for marijuana dispensaries or production centers. I urge you to defer this bill indefinitely.

creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Saturday, February 07, 2015 9:45 AM  
To: HLTtestimony  
Cc: brynvillers.hi@gmail.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/7/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Bryn Villers	Individual	Oppose	Yes

Comments:

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2/7/2015

Dear Chair Belatti,  
Chair Rhodes,  
and Committee Members,

My sincerest apologies at being unable to submit my written testimony prior to the hearing. Below you will find my suggestions for alterations to the proposed bill HB 321 and issues which I believe need to be taken under consideration prior to passing the measure.

- *Section B subsection (1):*
  - "Not less than twenty-six dispensaries ~~shall~~ may be licensed..."
    - The State ought not mandate that private facilities be established (that is they must be licensed if they exist but ought not be forced to exist in order to fulfill a bill).
- *Section H:*
  - Please include a subsection to the measure to provide HPD officers the ability to detain/arrest/prosecute operators of heavy equipment or automobiles for marijuana "intoxication".
    - I realize this would require a certain amount of latitude on the part of the officers, but there must be a way to prevent such activities.
  - In addition, I suggest including a subsection which would double all penalties and fines for employees, owners, and workers of marijuana dispensaries and production centers.
    - As a *strong* deterrent to those working in the industry from breaking the law.
- *Section I subsection (3):*
  - "...shall be permitted within five hundred ~~feet~~ yards of the real property comprising a public or private school as defined..."



- Five hundred feet is too close to school grounds and private education facilities ought to be included.

In addition to the above mentioned items:

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

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

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

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

Sincerely,  
Mr. Bryn Villers

From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 12:57 PM  
To: HLTtestimony  
Cc: info@courtneybruch.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Courtney Bruch	Individual	Support	No

Comments: Requested amendments that 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 I understand that creating a dispensary program is not a simple process, I ask that the legislature take into account that patients have been waiting for a dispensary system for fifteen years. Mahalo for your support!

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From: Dan L <ohanagreenhouse@gmail.com>  
Sent: Saturday, February 07, 2015 12:29 PM  
To: HLTtestimony  
Subject: Testimony from Dan Lankford- Owner of Ohana Greenhouse & Garden Supply

My name is Dan Lankford ... I am the owner/operator of Ohana Greenhouse and I am a blue card holder. I own garden stores on Big Island, Maui, Oahu, and I have a sister store in Kauai. I fly in between the islands of over 60x per year to maintain my businesses. Over the last 10 years I have advised 1,000's of the blue card holders on how to grow Medical Marijuana. These blue card holders are our ohana and neighbors... citizens of Hawaii that come from all walks of life. I cannot express the amount of difficulty these blue card holders have had at consistently growing medical grade cannabis. Growing this plant properly is a science. For the average patient the odds of successfully growing a consistent and adequate supply of medical grade marijuana is less than 50%. Growing marijuana takes time... 3 months at a minimum. Bugs, disease, weather, theft, genetics, and inconsistent gardening practices all are challenges that people wishing to grow their own medical cannabis face. There are thousands of people in the state who have held a blue card, but have not renewed solely because of the difficulties growing the plant for themselves. I can also testify that the number of blue card holders that have not been successful at consistently growing medical marijuana is in the thousands not in the hundreds. These patients need help... Dispensaries should be there to provide medicine for those who cannot grow their own or for patients who have failed to produce an adequate supply. I believe that the need for the dispensaries to sell live plants has been overlooked. The chance of success of a patient successfully growing their own medical marijuana is greatly increased if they are given healthy plants that are entering their second stage of growth. Dispensaries need to be allowed to sell live plants. For many, growing their own plant will be the only way to afford their medical marijuana. I am in contact with blue card holders on a daily basis from all over the state who need the services of a dispensary immediately. We owe these people the right to obtain the medicine that the state has allowed to be prescribed to them.

From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 10:50 AM  
To: HLTtestimony  
Cc: dsugano@hawaii.edu  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Daniel Sugano	Individual	Support	No

Comments: HR321 Establishment of marijuana dispensaries Chair Au Bellati & Rhoads, Vice Chair Creagan & Buenaventura, and members of the House Health & Judiciary Committee. Thank you for this opportunity to provide personal testimony in strong support of HR321 relating to the establishment of marijuana dispensaries. My name is Daniel Sugano of Salt Lake, 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. Daniel Sugano

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 11:19 AM  
To: HLTtestimony  
Cc: danny.melton@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Danny Melton	Individual	Oppose	No

Comments: Dear Chairman Rhoades: Please consider the longterm damage that you will do to Hawaii and to the people of Hawaii, especially our youth, if forward this bill for a vote before the House. If you do and it passes into legislation, you will go down in history as the man who helped destroy Hawaii's society. Just those who sell alcohol and cigarettes legally, do not ensure that these get into the hands of minors, there is no guarantee that medical marijuana will not make it into the hands of our youth. As a lawyer I would think you would understand the dangers of marijuana use--it is a gateway drug to more lethal drugs. Also, who is going to pay to have medical marijuana dispensers for less the 1% of the Hawaii population? You going to throw another burden on the taxpayers? Don't let this bill move out of your committee. Respectfully, Dan Melton Colonel, U.S. Marine Corps (retired) Waipahu, Hawaii

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creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 2:59 PM  
To: HLTtestimony  
Cc: breaking-the-silence@hotmail.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

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

Comments:

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David Jessup  
41-020 Waile'a St., Waimanalo, Hawaii 96795  
808-364-6683

Testimony in SUPPORT of HB 321, Establishing a system of medical marijuana dispensaries and production centers

February 6, 2015

This bill will finally allow patients like me a safe and legal way to get medical marijuana from licensed, controlled, and regulated dispensaries. I am tired of finding creative ways to supply my own "legal" medical marijuana. I have tried to grow it, and the bugs destroyed my investment. It is very expensive to get elsewhere, and not always safe. The quality can't be controlled or monitored in the current situation. If we are going to be allowed to have medical marijuana, then it only makes sense to allow a legal form of supply. I have been monitoring the Colorado situation, and it appears that citizens may be getting a State refund check because the business is doing well, and taxation is working properly. There are plenty of dispensary models, and plenty of models showing that it does work. There are plenty of models showing how to run them. So I am not happy with the excuses here in Hawaii. I am very tired of the slow and inadequate governing process here in Hawaii. Stop standing in the way of progress, and in the way of a decent method for patients to have access. It is for the benefit of us patients, and not the benefit of the State or taxation. And stretching this out to 2019 is, in my opinion, unacceptable. I would appreciate some form of immediate action, and I would like to see this in effect now, not in 4 more years. Why the delay? I see that people are tired of this nonsense, we are adults and deserve to be treated like adults. Even a few trial dispensaries would be appreciated. For 15 years we have been waiting for this to be addressed, and I am personally sick of the red tape.

Therefore, I strongly urge the committees to support HB 321, with amendments to allow for immediate dispensaries. To say you are not ready, after this long, is obviously admitting to the incompetence of this government to accommodate the simple requests without turning it into a huge debacle.

David Jessup

From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 2:37 PM  
To: HLTtestimony  
Cc: gene\_dollar@yahoo.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Gene Dollar	Individual	Support	No

Comments: Why would a state allow medical marijuana with no access. That is like saying, Here is your drivers license but no cars allowed to be sold on the island. If you somehow obtain a car out of no where then you can drive it but the state doesn't allow the sale or purchase of a care for people with a license. Think about it.

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 11:33 AM  
To: HLTtestimony  
Cc: hrhsf@me.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Minister, Hector Hoyos (aka) Entertainer, SisterFa	Individual	Support	No

Comments: Alohas Chair & Committee I, Minister Hector R. Hoyos & Partner, Grant W. Larson - Support HB321 We both as medical marijuana card holders, patients feel blessed you all are moving forward with these various Marijuana bills. So supportive of a system of dispensaries & setting up of production centers. We both are in complete agreement that like patients businesses and any centers relating to marijuana & cultivations, edible production, anything relating needs to be protected from counties enacting such zoning regulations in future. Of course all patients & caregivers, businesses should be completely protected when comes to transporting anywhere with in our state of Hawaii. Note: Are we as patients allowed to travel inner island with our medicine in our carry on luggage or packed bags? There seems to be much confusion on this subject & I think you leaders, committee should make this priority decision until dispensaries do open, I myself am not clear on this either. I just hope you all think in every direction t o further along & at same time provide all the protections you all need to for marijuana & its cultivation & high standards. I hope you all even put a standard on dispensaries not being able to except dangerous marijuana grown with bad pesticides and other harmful chemicals, methods, this is very important. The state should think its highest standards from everything to the plant, oils & tinctures, butters, waxes & dabs, edibles & makes sure all production whether from licensed home bakers, producers, or larger scale all be held to the same standards when comes to chemicals, pesticides will just end up in the products or marijuana, medicines. I thank you for hearing us both out or just knowing we both support your efforts completely, We loudly support bill HB321 Alohas & Blessings Committee, Our Leaders. Minister Hector R. Hoyos & Grant W. Larson 2499 Kapiolani Blvd. #3303 Honolulu, HI. 96826

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creagan3 - Karina

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 12:45 PM  
To: HLTtestimony  
Cc: joan@talkinghearts.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Joan Heartfield PhD	Individual	Support	No

Comments:

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Testimony of  
Judah Lum  
HB 321  
Establishment of Marijuana Dispensaries

House Committee on Health & Judiciary  
Saturday, February 7, 2015  
10:00 am  
Conference Room 329

Chair Au Bellati & Rhoads, Vice Chair Creagan & Buenaventura, and members of the House Health & Judiciary Committee, Thank you for this opportunity to provide personal testimony in **Strong Support** of HB321 relating to the establishment of marijuana dispensaries.

My name is Judah 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 my strong support of HB321.

Judah Lum

creagan3 - Karina

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 10:40 AM  
To: HLTtestimony  
Cc: karibenes@gmail.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kari Benes	Individual	Oppose	Yes

Comments:

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**Representative Della Au Belatti, Chair, House Committee on Health**  
**Representative Karl Rhoads, Chair, House Committee on Judiciary**

Saturday, February 7<sup>th</sup>, 2015 - 10:00am Hearing

**Subject: Oppose HB 321**

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

My name is Karla, and I am a resident of Nuuanu in House District 25. I understand that the intent of HB 321 is to establish a system of medical marijuana dispensaries and production centers so that patients who are unable to grow their own supply may legally obtain marijuana for permitted medicinal uses. However, I **oppose HB 321** for the following reasons:

- **There is medical value in marijuana, but that does not mean it is safe to smoke or ingest raw.** Opium has medical value but it is delivered through Morphine, not by injecting heroin. Marijuana itself is not an approved medicine under the U.S. Food and Drug Administration's scientific review process. However, there are Schedule III marijuana-based products such as *Marinol*. Others, like *Sativex*, are being developed. More research is needed to determine the medicinal components of marijuana and the safest forms of their delivery.
- **Research indicates that increased availability of marijuana leads to an increase in use among youth and adults.** For this reason, a portion of any funds collected by the Department of Health and deposited in the medical marijuana registry and regulation special fund should be appropriated to substance abuse prevention and treatment programs and services.

Thank you for the opportunity to submit testimony. **Please oppose HB 321. Mahalo!**

Karla Filibeck, MURP  
House District 25

creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Saturday, February 07, 2015 9:46 AM  
To: HLTtestimony  
Cc: nani\_lili@yahoo.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/7/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kerrie Villers	Individual	Oppose	Yes

Comments:

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

House Committee on Health & Judiciary  
Saturday, February 7, 2015  
10:00 am  
Conference Room 329

Chair Au Bellati & Rhoads, Vice Chair Creagan & Buenaventura, and members of the House Health & Judiciary Committee, Thank you for this opportunity to provide personal testimony in **Strong Support** of HB321 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.

Kylie Matsuda-Lum

creagan3 - Karina

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 11:12 AM  
To: HLTtestimony  
Cc: lcaldwell12@live.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Larry Caldwell	Individual	Support	No

Comments:

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Testimony to the Joint House Committee on Health and Judiciary  
Saturday, February 7, 2015; 10:00 a.m.  
State Capitol, Conf. Room 329

RE: TESTIMONY IN OPPOSITION TO HOUSE BILL NOS. 321, 788, 1455, 794, 795, AND 993

Chair Belatti, Chair Rhoads, and Members of the Joint Committee on Health and Judiciary:

My name is Lei Learmont, and I am a resident of Wahiawa. I am testifying in strong OPPOSITION to all of the measures on today's agenda pertaining to medical marijuana and marijuana for the following reasons:

1. There should be enough time to educate physicians about marijuana and their uses. What they can use marijuana for, including the dosage, and if it would conflict with other medications taken by the patient. They should also be aware of side effects and any precautions (like other medications).
2. There should be educational courses for the growers, manufacturers, and dispensers ending with certification, and a continuing education program. If marijuana is to be used as a medical prescription, it should be treated the same as any prescribed drug.
3. The state monitors need to be experts about marijuana to be able to monitor the dispensaries, pharmacies, growers and manufacturers, so they can adequately monitor all those involved with marijuana.
4. For number of dispensaries, what percentage of the population is on medical marijuana that we need so many dispensaries? If the patients have not been registered, how do you know how many are on marijuana for medical reasons versus for comfort and recreation?
5. There needs to be strict policies regarding when a person should not be on marijuana if they may endanger their lives or others. I would hate to have a surgeon operate on me under the influence. If I were an employer, I would worry about workers who drive, operate machinery, having to have a very alert mind in their jobs.

Can all of the above be accomplished by January 1, 2017? These bills pose serious questions that should be addressed before enacting any legislation this year. For these reasons, I respectfully ask that you hold all these measures.

Representative Della Au Belatti, Chair, Representative Richard P Creagan, Vice Chair Committee on Health,

Representative Karl Rhoads, Chair, Representative Joy A. San Buenaventure, Vice Chair Committee on Judiciary, And Members of the House Committees on Health and Judiciary

From: Leslie Jones, constituent

To: Joint Hearing of House Health and Judiciary Committees

Hearing Date: Saturday, February 7, 2015      Hearing Time: 10:00 a.m.

Testimony in Opposition to H.B. No. 321, Relating to Medical Marijuana

Thank you for this opportunity to testify. As testimony in opposition, I hereby enclose the Executive Summary of a recent study done in the State of Colorado as to the major problems inherent in passing legislation similar to HB 321, which Colorado passed in 2009. The Executive Summary reads as follows:

"Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) will attempt to track the impact of marijuana legalization in the state of Colorado. This report will utilize, whenever possible, a comparison of three different eras in Colorado's legalization history:

- 2006 – 2008: Early medical marijuana era
- 2009 – Present: Medical marijuana commercialization and expansion era
- 2013 – Present: Recreational marijuana era

Rocky Mountain HIDTA will collect and report comparative data in a variety of areas, including but not limited to:

- Impaired driving
- Youth marijuana use
- Adult marijuana use
- Emergency room admissions
- Marijuana-related exposure cases
- Diversion of Colorado marijuana outside the state

This is the second annual report on the impact of Colorado legalizing marijuana. It is divided into ten sections with each providing data on the impact of legalization prior to and during the creation of the marijuana industry in Colorado. The sections are as follows:

Section 1 – Impaired Driving :

- Traffic fatalities involving operators testing positive for marijuana have increased 100 percent from 2007 to 2012.

- The majority of driving-under-the-influence-of-drugs arrests involve marijuana and 25 to 40 percent were marijuana alone.
- Toxicology reports with positive marijuana results for driving under the influence have increased 16 percent from 2011 to 2013.

#### Section 2 – Youth Marijuana Use :

- In 2012, 10.47 percent of youth ages 12 to 17 were considered current marijuana users compared to 7.55 percent nationally. Colorado, ranked 4th in the nation, was 39 percent higher than the national average.
- Drug-related suspensions/expulsions increased 32 percent from school years 2008/2009 through 2012/2013. The vast majority were for marijuana violations.

#### Section 3 – Adult Marijuana Use:

- In 2012, 26.81 percent of college age students (ages 18 – 25 years) were considered current marijuana users compared to 18.89 percent nationally. Colorado, ranked 3rd in the nation, was 42 percent higher than the national average.
- In 2012, 7.63 percent of adults ages 26 and over were considered current marijuana users compared to 5.05 percent nationally. Colorado, ranked 7th in the nation, was 51 percent higher than the national average.
- In 2013, 48.4 percent of Denver adult arrestees tested positive for marijuana which is a 16 percent increase from 2008.

#### Section 4 – Emergency Room Marijuana Admissions

- From 2011 through 2013, there was a 57 percent increase in marijuana-related emergency room visits
- Hospitalizations related to marijuana have increased 82 percent from 2008 to 2013.
- In 2012, the City of Denver rate for marijuana-related emergency visits was 45 percent higher than the rate in Colorado.

#### Section 5 – Marijuana-Related Exposure:

- Marijuana-related exposures for children ages 0 to 5 on average have increased 268 percent from 2006–2009 to 2010-2013.
- Colorado's rate of marijuana-related exposures is triple the national average.

#### Section 6 – Treatment:

- Over the last nine years, the top three drugs involved in treatment admissions have been alcohol, marijuana and amphetamines.

#### Section 7 – Diversion of Colorado Marijuana:

- Highway interdiction seizures of Colorado marijuana destined to 40 other states increased 397 percent from 2008 to 2013.
- The average pounds of Colorado marijuana seized, destined for other states, increased 33.5 percent from 2005 to 2008 compared to 2009 to 2013.

#### Section 8 – Diversion by Parcel:

- U.S. Mail parcel interceptions, with Colorado marijuana destined for 33 other states, increased 1,280 percent from 2010 to 2013.
- U.S. Mail pounds of Colorado marijuana seized, destined for 33 other states, increased 762 percent from 2010 to 2013.

#### Section 9 – THC Extraction Labs

- In 2013, there were 12 THC extraction lab explosions and in the first half of 2014 the amount more than doubled.
- In 2013, there were 18 injuries from THC extraction labs and in the first half of 2014 there were 27 injuries.

#### Section 10 – Related Data:

- Overall, crime in Denver increased 6.7 percent from the first six months of 2013 to the first six months of 2014.
- The number of pets poisoned from ingesting marijuana has increased four-fold in the past six years.
- Colorado estimates for annual revenue from the sale of recreational marijuana varies from \$65 million (.6 percent of all expected general fund revenue) to \$118 million (1.2 percent of all expected general fund revenue)
- The majority of counties and cities in Colorado have banned recreational marijuana businesses
- THC potency has risen from an average of 3.96 percent in 1995 to an average of 12.33 percent in 2013

There is much more data in each of the ten sections, which can be used as a standalone document. All of the sections are on the Rocky Mountain HIDTA website and can be printed individually; go to [www.rmhidta.org/reports](http://www.rmhidta.org/reports)."

Based on the experience of the State of Colorado, which has had a multitude of problems since passing similar legislation in 2009, please hold H.B. 321 and related measures for further study at this time. Thank you.

Dear Members of the Legislature:

My name is Marion Logan, a Husband, Father, and resident in Makakilo. I definitely sympathize with members of the community facing chronic illness. There have been many documented studies that outline the medical benefits of Cannibidiol (CBDs) found in cannabis. CBDs have been shown to have great therapeutic affect without the psychoactive affect of tetrahydrocannabinol (THC). There are numerous medical studies are currently underway to produce medication with high concentrations of CBDs to help patients.

I professionally work as a community educator and have surveyed members in different communities. Most people in the community sympathize with the chronically ill and want the best medication available to those in need. However, they do not want Medical Marijuana Dispensary Retail Outlets in their Neighborhoods.

I oppose HB 321 and humbly ask that think through the ramifications in our communities.

Marijuana Dispensaries are Retail Outlet Stores and Marginalize Groups. I am concerned with medical marijuana dispensary retail outlets having a physical visible presence in my community. Locations that sale medical marijuana in dispensaries hardly resemble legitimized pharmacies where highly qualified pharmacists issue prescribed medication to patrons. In a study from University of Colorado at Denver published a study in the Journal of the American Planning Association shows that, in legalized states, more dispensaries exist in low-income minority residential areas because of zoning. I do not agree with marginalization of specific groups of individuals who will be imposed with unappealing dispensaries in their neighborhoods. Retail outlets with a visible presence in the community will lead to increased usage and marginalization for youth, minorities, and the economically disadvantaged. Will neighborhoods without grocery stores have an abundance of medical marijuana dispensaries at their disposal? Will the neighborhood boards in affluent areas acquiesce to dispensaries sprouting up in their neighborhood?

Retail Outlets make Marijuana More Accessible to Youth. My biggest concern will be the increased accessibility to minors. Contrary to popular belief, marijuana usage among youth is less utilized than alcohol because it is less accessible. With greater accessible amounts to the public, there will be greater access for adolescents. Teenage use and addiction will increase similarly as states with medical marijuana dispensaries. The National Survey on Drug Use and Health NSDUH, states that legalized medical marijuana also had higher rates of marijuana use. The national average shows that teenagers in states with legalized medical marijuana dispensaries have a lower perception of harm and have higher usage in the past thirty days. Teenagers who use marijuana have a greater likelihood of becoming addicted, being truant at school, dropping out, and exhibiting a wide array of behavioral problems. There are many dangers associated with a physical visible presence of dispensaries in neighborhoods.

Marijuana has the Potential to Harm Patients. Chronically ill patients need to have the best product available to ensure their health and safety. Since this bill is intended for chronically ill patients it should be taken into consideration the high risks of mold. Furthermore, it is well documented that marijuana when smoked is similar to cigarette smoke in the amount of carcinogens.

I care about the medical needs of those who need CBDs for various ailments. I believe these are viable solutions.

Solutions to Consider: Follow the suggested dispensary method in New York and only approve non smokable medical marijuana to be dispensed as an oil concentrate or extracts. Forms available to patients to inhale in vaporizing will also be legalized.

Solutions to Consider: There are hospitals in each county. Chronically ill people have regular appointments at hospitals. A model in Israel is dispensing or selling Medical Marijuana from hospitals only. This will support of medical marijuana but "Restrict Access and Reduce Availability" to non-medical card holder and Youth. This supports the bill language for counties not to block the establishment of Medical Marijuana Dispensaries and Production Centers.

Solutions to Consider: Let us begin this great social experiment in Hawaii by limiting the sale of Medical Marijuana products to 90% CBD and/or 10% or less THC only. It is found the CBD is the helpful element for chronic illnesses.

Solutions to Consider: The bill should be amended to designate 5% of all tax revenue to Primary Prevention program run by the Department of Health for teens, parents, and retailers. The number one illegal drug of use among teens is Alcohol and Tobacco with E-Cigs in a close third.

#### Some Quick Facts:

- Adolescents who used marijuana Lost an Average of 8 IQ points (Meier, 2012).
- One in six (6) children who use marijuana will Become Addicted (The Science of Drug Abuse and Addiction, 2014).
- Marijuana smoke contains about 50% more Benzopyrene and nearly 75% more Benzanthracene both know carcinogens than a comparable quantity of unfiltered tobacco smoke (Tashkin, 2013).
- Hawaii Youth Risk Behavior Survey results the number one illegal drug for youth under the age of 18 is Alcohol (29%) followed by Marijuana (22%) followed by Tobacco(10%) in the past 30 days (YRBS, 2011).
- 15% of youth report Binge drinking (define as 5 or more drinks in one hour) in the past 30 days (YRBS, 2011).

Thank you for carefully considering this written testimony,

Marion Logan

Makakilo, HI

From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 1:09 PM  
To: HLTtestimony  
Cc: mattbinder@earthlink.net  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Matt Binder	Individual	Support	No

Comments: Aloha Committee Members, This bill is long overdue. The task force did excellent work and HB321 follows their recommendations very well. I like everything about the bill except the start date - I think the system could be implemented by the end of 2016. I look forward to the day when the black market in medical marijuana is eradicated. Thank you, Matt Binder Kamuela

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Representative Della Au Belatti, Chair, Representative Richard P Creagan, Vice Chair Committee on Health,

Representative Karl Rhoads, Chair, Representative Joy A. San Buenaventure, Vice Chair Committee on Judiciary, And Members of the House Committees on Health and Judiciary

From: Leslie Jones, constituent

To: Joint Hearing of House Health and Judiciary Committees

Hearing Date: Saturday, February 7, 2015      Hearing Time: 10:00 a.m.

Testimony in Opposition to H.B. No. 321, Relating to Medical Marijuana

Thank you for this opportunity to testify. As testimony in opposition, I hereby enclose the Executive Summary of a recent study done in the State of Colorado as to the major problems inherent in passing legislation similar to HB 321, which Colorado passed in 2009. The Executive Summary reads as follows:

"Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) will attempt to track the impact of marijuana legalization in the state of Colorado. This report will utilize, whenever possible, a comparison of three different eras in Colorado's legalization history:

- 2006 – 2008: Early medical marijuana era
- 2009 – Present: Medical marijuana commercialization and expansion era
- 2013 – Present: Recreational marijuana era

Rocky Mountain HIDTA will collect and report comparative data in a variety of areas, including but not limited to:

- Impaired driving
- Youth marijuana use
- Adult marijuana use
- Emergency room admissions
- Marijuana-related exposure cases
- Diversion of Colorado marijuana outside the state

This is the second annual report on the impact of Colorado legalizing marijuana. It is divided into ten sections with each providing data on the impact of legalization prior to and during the creation of the marijuana industry in Colorado. The sections are as follows:

Section 1 – Impaired Driving :

- Traffic fatalities involving operators testing positive for marijuana have increased 100 percent from 2007 to 2012.



- The majority of driving-under-the-influence-of-drugs arrests involve marijuana and 25 to 40 percent were marijuana alone.
- Toxicology reports with positive marijuana results for driving under the influence have increased 16 percent from 2011 to 2013.

#### Section 2 – Youth Marijuana Use :

- In 2012, 10.47 percent of youth ages 12 to 17 were considered current marijuana users compared to 7.55 percent nationally. Colorado, ranked 4th in the nation, was 39 percent higher than the national average.
- Drug-related suspensions/expulsions increased 32 percent from school years 2008/2009 through 2012/2013. The vast majority were for marijuana violations.

#### Section 3 – Adult Marijuana Use:

- In 2012, 26.81 percent of college age students (ages 18 – 25 years) were considered current marijuana users compared to 18.89 percent nationally. Colorado, ranked 3rd in the nation, was 42 percent higher than the national average.
- In 2012, 7.63 percent of adults ages 26 and over were considered current marijuana users compared to 5.05 percent nationally. Colorado, ranked 7th in the nation, was 51 percent higher than the national average.
- In 2013, 48.4 percent of Denver adult arrestees tested positive for marijuana which is a 16 percent increase from 2008.

#### Section 4 – Emergency Room Marijuana Admissions

- From 2011 through 2013, there was a 57 percent increase in marijuana-related emergency room visits
- Hospitalizations related to marijuana have increased 82 percent from 2008 to 2013.
- In 2012, the City of Denver rate for marijuana-related emergency visits was 45 percent higher than the rate in Colorado.

#### Section 5 – Marijuana-Related Exposure:

- Marijuana-related exposures for children ages 0 to 5 on average have increased 268 percent from 2006–2009 to 2010-2013.
- Colorado's rate of marijuana-related exposures is triple the national average.

#### Section 6 – Treatment:

- Over the last nine years, the top three drugs involved in treatment admissions have been alcohol, marijuana and amphetamines.

#### Section 7 – Diversion of Colorado Marijuana:

- Highway interdiction seizures of Colorado marijuana destined to 40 other states increased 397 percent from 2008 to 2013.
- The average pounds of Colorado marijuana seized, destined for other states, increased 33.5 percent from 2005 to 2008 compared to 2009 to 2013.

#### Section 8 – Diversion by Parcel:

- U.S. Mail parcel interceptions, with Colorado marijuana destined for 33 other states, increased 1,280 percent from 2010 to 2013.
- U.S. Mail pounds of Colorado marijuana seized, destined for 33 other states, increased 762 percent from 2010 to 2013.

#### Section 9 – THC Extraction Labs

- In 2013, there were 12 THC extraction lab explosions and in the first half of 2014 the amount more than doubled.
- In 2013, there were 18 injuries from THC extraction labs and in the first half of 2014 there were 27 injuries.

#### Section 10 – Related Data:

- Overall, crime in Denver increased 6.7 percent from the first six months of 2013 to the first six months of 2014.
- The number of pets poisoned from ingesting marijuana has increased four-fold in the past six years.
- Colorado estimates for annual revenue from the sale of recreational marijuana varies from \$65 million (.6 percent of all expected general fund revenue) to \$118 million (1.2 percent of all expected general fund revenue)
- The majority of counties and cities in Colorado have banned recreational marijuana businesses
- THC potency has risen from an average of 3.96 percent in 1995 to an average of 12.33 percent in 2013

There is much more data in each of the ten sections, which can be used as a standalone document. All of the sections are on the Rocky Mountain HIDTA website and can be printed individually; go to [www.rmhidta.org/reports](http://www.rmhidta.org/reports)."

Based on the experience of the State of Colorado, which has had a multitude of problems since passing similar legislation in 2009, please hold H.B. 321 and related measures for further study at this time. Thank you.

From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 3:30 PM  
To: HLTtestimony  
Cc: intrepid.goddess@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Michelle Tippens	Individual	Support	Yes

Comments: Good morning, my name is Michelle Tippens and I am a resident and active voter in Makiki, within the boundaries of the Ahupua'a of Honolulu, on the Island of O'ahu. I am a disabled veteran of the US Army, a single mother, a full time student (at Kapi'olani Community College, obtaining my third upper level degree) and a medical marijuana patient. I have an extensive list of medical conditions and injuries, the highlights of which are composed of multiple traumatic brain injuries, a degenerative condition in my cerebellum and spine, fibromyalgia, multiple fractured vertebrae, PTSD and a ribcage so damaged I had to undergo surgery in order to have it wired back together and bone grafted in to facilitate healing. Medical marijuana has allowed me to manage my symptoms so effectively I have been able to discontinue the use of over 25 prescription medications, many of which I had been given for over a decade. Further, I have been able to recover my well-being and a significant portion of my lost mobility, as I had at one point been confined to the use of a walker for over 2 years having progressed from using a cane as my condition deteriorated. All of my conditions still affect me daily; however, therapeutic marijuana use has allowed me to engage in my life at a level beyond that dictated by my injuries and illnesses. That said, I would like to address the bill before the committee today regarding the establishment of medical marijuana dispensaries in the state of Hawaii, namely House Bill 321. This bill seeks to establish locations, similar to pharmacies such as Long's, within which licensed medical marijuana patients are able to obtain not simply medical marijuana, but also purchase items such as seeds that allow patients to continue to grow their own medication at home if they are able and so desire. Further, these locations will provide a place of guidance and knowledge to medical marijuana patients that will allow them to find the appropriate types of marijuana to grow to address their conditions most effectively, a service that is vital when trying to apply medical marijuana therapeutically. Paramount to what these locations offer is the ability of patients to obtain medication when they need it, not after they have needed the medicine for months and have waited for Mother Nature to grow it. Many patients are not able to wait safely and even more do not have the physical ability or skill set needed to grow medical marijuana successfully. The idea of expecting people to grow their own rice is ludicrous, why would the expectation of the people to grow their own medication be any less so? The fact is, many people like myself have injuries or medical conditions that make the sheer physical labor of growing marijuana a rather arduous task and many would prefer to be able to go to a store and talk to a person with knowledge regarding selection and purchase their medication from the store, just like they purchase other medications. I am presented with questions daily regarding strain selection and oftentimes patients do not understand what they are looking for simply because the only information they are

able to draw from comes from mass media, which is a poor place from which to draw an education, in particular an education regarding one's health. Passing HB321 would allow people who prefer to grow their own medicine at home to do so, while allowing others who choose to go to a store and purchase the medication they have decided is best for them. In reality, this bill simply looks to give the freedom to choose back to the people within the arena of medical marijuana. Many people would like to try medical marijuana to see if it is an effective alternative to bottles of pills but do not feel the known up front costs to obtain and try medical marijuana outweigh the potential for benefit gained from its use. These 'costs' include, but are not limited to: finding/paying a doctor for an appointment, registering and paying for a license, finding a source for seeds (the sale and purchase of which is currently illegal, regardless of why) and growing the plant successfully before being able to simply try medical marijuana and see if it works for them. Once the patient undergoes all of this work, time and effort, if the marijuana is ineffective for their needs, the patient then has to make the decision to try the whole endeavor again with a different strain, meaning finding and buying more seeds (and breaking the law again), or simply to write off medical marijuana. A dispensary system would allow patients to obtain their doctor's recommendation and go to a store within which employees will (ideally) be capable of assisting the patient with strain selection and allow the patient to purchase small amounts of different strains in order to let the patient find a strain that works best for their specific needs and medicative demands. A dispensary system also allows patients to return to the same place and get the same marijuana that has already worked for them on a consistent basis, giving them the most benefit and relief. I would like to conclude by stating that I support HB321. While I may not believe this bill is flawless or the final solution to a rapidly shifting area within our society and culture, I believe this bill is an essential step toward indemnifying the people of the suffering they have endured using less natural methods to treat illnesses and chronic conditions. The beauty of a democratic legislative system is its plasticity, its ability to evolve with the demands of the people for freedom and the needs of the community for safety. As issues with the bill's implementation are isolated, amendments can be voted upon and enacted. I count myself blessed to live within a society that facilitates our ability as a community to create legislation and continue to adjust it as the need arises. I encourage the 2015 Legislature of Hawaii to enact HB321, and mahalo again for your attention during my testimony.

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creagan1 - Dannah

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To: HLTtestimony  
Cc: cloudia.charters@gmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
(Rev.) Cloudia Charters	Individual	Support	No

Comments: Mahalo for moving forward with these sensible, and much needed measures. God Bless You

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Mr. Rojelio Herrera Jr  
94-368 Hakamoia St, Mililani HI  
Judiciary and Health Committees  
February 7, 2015  
HB 321, HB 788, HB 1455, HB 794, HB 795, HB 993

**CHAIRMAN RHOADES and CHAIRPERSON BELATTI**

Thank you for hearing my testimony.

I am a father of 11 children who have all attended public schools. Eight of them have graduated or will graduate from Hawaii's public high schools. We decided to remain in Hawaii after my military career because the environment, we strongly believe, is one of the very best in the United States to raise children. However, in the issue of medical marijuana, as validated by numerous studies, poses a dangerous threat to our children. Respectfully, we can do better for the children of Hawaii.

The following studies point to a serious health risk that CANNOT be ignored.

1. The Substance Abuse and Mental Health Services Administration (SAMHSA) has over 40 years of drug use data that shows lower perceived risk of harm by youth often results in increased use.
2. The recent 2014 Monitoring the Future (MTF) national school survey of drug use shows marijuana use by youth is still significantly higher than in 2008 and 2012. It also found that, of the youth surveyed, more youth (40%) in medical marijuana states had used an edible marijuana product in the last year than youth (26%) in non-medical marijuana states.
3. States with medical marijuana that allow both home cultivation and legal dispensaries show increases in marijuana use.<sup>i</sup> The increases in marijuana use are a concern as marijuana THC content and potency have also increased significantly. See for example:  
[http://news.olemiss.edu/index.php?option=com\\_content&view=article&id=4545%3Acannabispotency051409&Itemid=10](http://news.olemiss.edu/index.php?option=com_content&view=article&id=4545%3Acannabispotency051409&Itemid=10)
4. 1 in 6 minors who chronically use high-THC content marijuana become addicted and require intervention and/or treatment.<sup>ii</sup> In Hawaii, marijuana was identified as the primary substance used by a majority of adolescents, seventeen years of age and younger (62.4% in 2012), being admitted for drug treatment.<sup>iii</sup> In Colorado, the Arapahoe House treatment network reported that teen admissions to treatment for marijuana use increased by 66% between 2011 and 2014.
5. Studies have linked marijuana use with mental illness, especially schizophrenia and psychosis. Marijuana use has also been linked with depression and anxiety.<sup>iv</sup>
6. One of the most well designed studies on marijuana and intelligence,

released in 2012, found that persistent, heavy use of marijuana by adolescents reduces IQ by as much as eight points, when tested well into adulthood.<sup>v</sup>

7. In the 2014 MTF survey, twelfth graders reported that driving after marijuana use has become more common than drinking and driving.
8. The Children's Hospital of Colorado Emergency Department reported that between 2008 and 2011, an average of four children (between the ages of 3 and 7) were sent to the emergency room for unintentional marijuana ingestion, and in just the first half of 2014, that number increased to 14 children.

In addition there are some key issues that remain unresolved in this legislation:

1. **Regulation and enforcement.** If home cultivation and dispensaries are allowed to operate side-by-side, how will both systems be regulated?
2. **Marijuana-related products.** The issue of marijuana-related products (e.g., candies, baked goods, drinks, or highly concentrated marijuana oils) has not been thoroughly studied and addressed. The manufacture of these products will greatly commercialize marijuana, which is supposed to only be allowed for debilitating medical conditions. These products will inevitably target our youth--no matter how they are required to be packaged. They will end up in our schools.
5. **Regulation of the number and location of dispensaries and grow sites. Cultivation and dispensary inventory limits.** Many issues are still unresolved, including how dispensary applications are even approved. Excess amounts may lead to distribution and use outside of the medical marijuana program.

**Finally, I would like to propose that we provide our children the same protection from this drug as we do from alcohol. That is, we should make it a felony offense for promoting marijuana to minors, just as it is a felony offense to promote intoxicating liquor to a person under the age of twenty-one.**

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<sup>i</sup> Pacula, R.L., Powell, D., Heaton, P. Sevingy, E.L. (2013), Assessing the effects of medical marijuana laws on marijuana and alcohol use: The devil is in the details. Available: <http://www.nber.org/papers/w19302>

<sup>ii</sup> National Institutes of Health, National Institute on Drug Abuse. 2011. Topics in Brief: Marijuana. Available: <http://www.drugabuse.gov/publications/topics-in-brief/marijuana>

<sup>iii</sup> Alcohol and Drug Treatment Services Report, Hawaii, 10-Year Trends (2003-2012)

<sup>iv</sup> Moore TH, Zammit S, Lingford-Hughes A, et al. Cannabis use and risk of psychotic or affective mental health outcomes: A systematic review. *Lancet* 370(9584):319–328, 2007. Also Large, M., Sharma S, Compton M., Slade, T. & O., N. (2011). Cannabis use and earlier onset of psychosis: a systematic meta-analysis. *Archives of General Psychiatry*. 68. Also see Arseneault L, et al. (2002). Cannabis use in adolescence and risk for adult psychosis: longitudinal prospective study. *British Medical Journal*. 325, 1212-1213.

<sup>v</sup> Meier et al. (2012). Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proceedings of the National Academy of Sciences*.

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Senee Forest-Canada

2-6-2015

### My testimonial about Medical Cannabis

I am a retired 27 year old Navy veteran. I have been living here since 2005 when I came here with the US Navy. Long story short I have deployed multiple times and have been sexually assaulted twice while serving. I have been passed around from doctor to doctor. I have tried pills and I have tried therapy. Nothing seemed to work. I eventually got forced to retire. I never smoked weed until I retired. I met Michelle in the VA clinic and she introduced me to Medical Cannabis. I honestly can say that Medical cannabis has given me my freedom again. It took some time but I found the strains that help me the best. I smoke about an ounce a month and it really helps me get through a variety of social situations like school. I smoke when I study and I have better grades then I ever have. I can focus. When I don't have enough cannabis it's like PTSD has taken over I won't eat I don't sleep I am agitated I stay in my room I don't want to be around anyone I become suicidal I don't shower I stop caring for myself. I don't have that option I am a mother a wife and I need to be able to function. Having a dispensary here would help me find things that work for me. I also know how to grow and I can help other people with strain counseling it works and Hawaii needs it. I don't want to get into too much of my own person problems but my brain is ravaged by PTSD and Bi polar disorder. I also have pain in my back and knees so it helps me relax and sleep and relaxes my muscles way better than a chemical muscle relaxer. Plus its natural I don't want synthetic meds I feel that is my choice to use a natural plant. People die from alcohol and tobacco everyday but they are legal. People overdose on Tylenol you CANT overdose and die from Cannabis. Please give us a choice on how we get reasonable access to me medication.

Thank you for your time,

Senee

From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 06, 2015 12:24 PM  
To: HLTtestimony  
Cc: images@stankoga.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Stanley koga	Individual	Support	No

Comments: I fully support this common sense and overdue bill.

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To: HLTtestimony  
Cc: ninja01@hawaii.rr.com  
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**HB321**

Submitted on: 2/6/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
stuart saito	Individual	Support	No

Comments: HR321 Establishment of marijuana dispensaries Chair Au Bellati & Rhoads, Vice Chair Creagan & Buenaventura, and members of the House Health & Judiciary Committee. Thank you for this opportunity to provide personal testimony in strong support of HR321 relating to the establishment of marijuana dispensaries. My name is stuart saito of kaneohe , 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.

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From: mailinglist@capitol.hawaii.gov  
Sent: Saturday, February 07, 2015 9:41 AM  
To: HLTtestimony  
Cc: christinamarshall98@hotmail.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM

**HB321**

Submitted on: 2/7/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Christina Marshall	Individual	Oppose	Yes

Comments: Dear Legislators, The peoples who hold medical marijuana licences account for less than 1% of the State's population. Why are we going to spend all of this time, energy, money and land for less than 1% of Hawaii's population? Furthermore, there are already FDA approved drugs that contain cannabis that are fully effective and adequate for medical marijuana license holders. Lastly, please research the other states who have medical marijuana dispensaries. I.e. the people who run these dispensaries generally lack solid business skills, don't know how to run a business and bring down real estate in that area. Also, atms and ebt machines get installed in or around these dispensaries and ebt reciepents use thier ebt money for marjjana. Also, the car accidents related to marijuana increase exponentially. Lastly, marijuana is a gateway drug. If you observe who goes in and out of and hangs out around dispensaries in the mainland it is mostly our youth. We don't want to "normalize" marijuana to our children. Mahalo Nui Loa, Christina Marshall

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## SAMPLE TESTIMONY

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HR321 Establishment of marijuana dispensaries

Chair Au Bellati & Rhoads, Vice Chair Creagan & Buenaventura, and members of the House Health & Judiciary Committee. Thank you for this opportunity to provide personal testimony in strong support of HR321 relating to the establishment of marijuana dispensaries.

My name is David Sugano of Mililani, 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.

creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Saturday, February 07, 2015 9:46 AM  
To: HLTtestimony  
Cc: nani\_lili@yahoo.com  
Subject: \*Submitted testimony for HB321 on Feb 7, 2015 10:00AM\*

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<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kerrie Villers	Individual	Oppose	Yes

Comments:

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Representative Della Au Belatti, Chair, Representative Richard P Creagan, Vice Chair Committee on Health,

Representative Karl Rhoads, Chair, Representative Joy A. San Buenaventure, Vice Chair Committee on Judiciary, And Members of the House Committees on Health and Judiciary

From: Leslie Jones, constituent

To: Joint Hearing of House Health and Judiciary Committees

Hearing Date: Saturday, February 7, 2015      Hearing Time: 10:00 a.m.

Testimony in Opposition to H.B. No. 321, Relating to Medical Marijuana

Thank you for this opportunity to testify. As testimony in opposition, I hereby enclose the Executive Summary of a recent study done in the State of Colorado as to the major problems inherent in passing legislation similar to HB 321, which Colorado passed in 2009. The Executive Summary reads as follows:

"Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) will attempt to track the impact of marijuana legalization in the state of Colorado. This report will utilize, whenever possible, a comparison of three different eras in Colorado's legalization history:

- 2006 – 2008: Early medical marijuana era
- 2009 – Present: Medical marijuana commercialization and expansion era
- 2013 – Present: Recreational marijuana era

Rocky Mountain HIDTA will collect and report comparative data in a variety of areas, including but not limited to:

- Impaired driving
- Youth marijuana use
- Adult marijuana use
- Emergency room admissions
- Marijuana-related exposure cases
- Diversion of Colorado marijuana outside the state

This is the second annual report on the impact of Colorado legalizing marijuana. It is divided into ten sections with each providing data on the impact of legalization prior to and during the creation of the marijuana industry in Colorado. The sections are as follows:

Section 1 – Impaired Driving :

- Traffic fatalities involving operators testing positive for marijuana have increased 100 percent from 2007 to 2012.

- The majority of driving-under-the-influence-of-drugs arrests involve marijuana and 25 to 40 percent were marijuana alone.
- Toxicology reports with positive marijuana results for driving under the influence have increased 16 percent from 2011 to 2013.

#### Section 2 – Youth Marijuana Use :

- In 2012, 10.47 percent of youth ages 12 to 17 were considered current marijuana users compared to 7.55 percent nationally. Colorado, ranked 4th in the nation, was 39 percent higher than the national average.
- Drug-related suspensions/expulsions increased 32 percent from school years 2008/2009 through 2012/2013. The vast majority were for marijuana violations.

#### Section 3 – Adult Marijuana Use:

- In 2012, 26.81 percent of college age students (ages 18 – 25 years) were considered current marijuana users compared to 18.89 percent nationally. Colorado, ranked 3rd in the nation, was 42 percent higher than the national average.
- In 2012, 7.63 percent of adults ages 26 and over were considered current marijuana users compared to 5.05 percent nationally. Colorado, ranked 7th in the nation, was 51 percent higher than the national average.
- In 2013, 48.4 percent of Denver adult arrestees tested positive for marijuana which is a 16 percent increase from 2008.

#### Section 4 – Emergency Room Marijuana Admissions

- From 2011 through 2013, there was a 57 percent increase in marijuana-related emergency room visits
- Hospitalizations related to marijuana have increased 82 percent from 2008 to 2013.
- In 2012, the City of Denver rate for marijuana-related emergency visits was 45 percent higher than the rate in Colorado.

#### Section 5 – Marijuana-Related Exposure:

- Marijuana-related exposures for children ages 0 to 5 on average have increased 268 percent from 2006–2009 to 2010-2013.
- Colorado's rate of marijuana-related exposures is triple the national average.

#### Section 6 – Treatment:

- Over the last nine years, the top three drugs involved in treatment admissions have been alcohol, marijuana and amphetamines.



#### Section 7 – Diversion of Colorado Marijuana:

- Highway interdiction seizures of Colorado marijuana destined to 40 other states increased 397 percent from 2008 to 2013.
- The average pounds of Colorado marijuana seized, destined for other states, increased 33.5 percent from 2005 to 2008 compared to 2009 to 2013.

#### Section 8 – Diversion by Parcel:

- U.S. Mail parcel interceptions, with Colorado marijuana destined for 33 other states, increased 1,280 percent from 2010 to 2013.
- U.S. Mail pounds of Colorado marijuana seized, destined for 33 other states, increased 762 percent from 2010 to 2013.

#### Section 9 – THC Extraction Labs

- In 2013, there were 12 THC extraction lab explosions and in the first half of 2014 the amount more than doubled.
- In 2013, there were 18 injuries from THC extraction labs and in the first half of 2014 there were 27 injuries.

#### Section 10 – Related Data:

- Overall, crime in Denver increased 6.7 percent from the first six months of 2013 to the first six months of 2014.
- The number of pets poisoned from ingesting marijuana has increased four-fold in the past six years.
- Colorado estimates for annual revenue from the sale of recreational marijuana varies from \$65 million (.6 percent of all expected general fund revenue) to \$118 million (1.2 percent of all expected general fund revenue)
- The majority of counties and cities in Colorado have banned recreational marijuana businesses
- THC potency has risen from an average of 3.96 percent in 1995 to an average of 12.33 percent in 2013

There is much more data in each of the ten sections, which can be used as a standalone document. All of the sections are on the Rocky Mountain HIDTA website and can be printed individually; go to [www.rmhidta.org/reports](http://www.rmhidta.org/reports)."

Based on the experience of the State of Colorado, which has had a multitude of problems since passing similar legislation in 2009, please hold H.B. 321 and related measures for further study at this time. Thank you.

## TESTIMONY to

House Committee on Health (HLT) and House Committee on Judiciary (JUD Human Services and Housing  
**HB 321** Relating to Medical Marijuana; Appropriation **HB795: Workplace Marijuana Testing**  
**HB1455: Increasing Medical Marijuana Limits** **HB794: Doctor Recommendations for Medical Marijuana**

Saturday, February 7, 2015 10:00 AM - State Capitol Conference Room 329

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

Chair Della Au Belatti and Vice Chair Richard P. Creagan (HLT)  
Chair Karl Rhoads and Vice Chair Joy A. San Buenaventura

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

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.

The present liberality of these bills border 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.

### **HB795: Workplace Marijuana Testing**

**Strongly Oppose** This bill prevents employers from protecting the health and safety of their workers and the people they serve. Imagine if an air traffic controller or a crane operator were impaired by marijuana use – even though they tested positive, that test could not be used as grounds for their suspension.

This bill contradiction itself, It states that it is not intended to permit use of marijuana in the workplace, but it prohibits employers from using the one tool that they have for determining whether an employee is impaired --a drug test. Despite a clause that indicates the contrary, there is only one way to determine whether an employee is impaired by medical marijuana.

The fact is that 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

### **HB1455: Increasing Medical Marijuana Limits**

**Oppose.** This bill increases the available supply, increases access and will adversely impact our communities, our families and especially our vulnerable keiki.

The intent of restricting supply was to prevent excess marijuana from being sold on the streets. It is reckless and selfish for marijuana advocates to request yet another increase

### **HB794: Doctor Recommendations for Medical Marijuana**

**Oppose.** This poorly worded bill would give doctors the ability to recommend medical marijuana in any situation that they see fit which includes a range of conditions beyond those enshrined in statute and those permitted by the Department of Health (DOH).

There are doctors that specialize in giving patients the medical marijuana “prescription” that they want. Among recreational users, these doctors are known and utilized.

**Both legislators (who wrote the existing statute) and the DOH have an obligation to balance the health and safety of the broader public against the needs of a medical marijuana patient. A patient’s doctor has no such obligation and prescribes marijuana based purely on the patient, without responsibility for the misuse and proliferation of the drug throughout the broader population.**

**Please oppose.**

**HB 321** Relating to Medical Marijuana; Appropriation **HB795: Workplace Marijuana Testing**  
**HB1455: Increasing Medical Marijuana Limits** **HB794: Doctor Recommendations for Medical Marijuana**

Dear Members of the Legislature:

My name is Marion Logan, a Husband, Father, and resident in Makakilo. I definitely sympathize with members of the community facing chronic illness. There have been many documented studies that outline the medical benefits of Cannibidiol (CBDs) found in cannabis. CBDs have been shown to have great therapeutic affect without the psychoactive affect of tetrahydrocannabinol (THC). There are numerous medical studies are currently underway to produce medication with high concentrations of CBDs to help patients.

I professionally work as a community educator and have surveyed members in different communities. Most people in the community sympathize with the chronically ill and want the best medication available to those in need. However, they do not want Medical Marijuana Dispensary Retail Outlets in their Neighborhoods.

I oppose HB 321 and humbly ask that think through the ramifications in our communities.

Marijuana Dispensaries are Retail Outlet Stores and Marginalize Groups. I am concerned with medical marijuana dispensary retail outlets having a physical visible presence in my community. Locations that sale medical marijuana in dispensaries hardly resemble legitimized pharmacies where highly qualified pharmacists issue prescribed medication to patrons. In a study from University of Colorado at Denver published a study in the Journal of the American Planning Association shows that, in legalized states, more dispensaries exist in low-income minority residential areas because of zoning. I do not agree with marginalization of specific groups of individuals who will be imposed with unappealing dispensaries in their neighborhoods. Retail outlets with a visible presence in the community will lead to increased usage and marginalization for youth, minorities, and the economically disadvantaged. Will neighborhoods without grocery stores have an abundance of medical marijuana dispensaries at their disposal? Will the neighborhood boards in affluent areas acquiesce to dispensaries sprouting up in their neighborhood?

Retail Outlets make Marijuana More Accessible to Youth. My biggest concern will be the increased accessibility to minors. Contrary to popular belief, marijuana usage among youth is less utilized than alcohol because it is less accessible. With greater accessible amounts to the public, there will be greater access for adolescents. Teenage use and addiction will increase similarly as states with medical marijuana dispensaries. The National Survey on Drug Use and Health NSDUH, states that legalized medical marijuana also had higher rates of marijuana use. The national average shows that teenagers in states with legalized medical marijuana dispensaries have a lower perception of harm and have higher usage in the past thirty days. Teenagers who use marijuana have a greater likelihood of becoming addicted, being truant at school, dropping out, and exhibiting a wide array of behavioral problems. There are many dangers associated with a physical visible presence of dispensaries in neighborhoods.

Marijuana has the Potential to Harm Patients. Chronically ill patients need to have the best product available to ensure their health and safety. Since this bill is intended for chronically ill patients it should be taken into consideration the high risks of mold. Furthermore, it is well documented that marijuana when smoked is similar to cigarette smoke in the amount of carcinogens.

I care about the medical needs of those who need CBDs for various ailments. I believe these are viable solutions.

Solutions to Consider: Follow the suggested dispensary method in New York and only approve non smokable medical marijuana to be dispensed as an oil concentrate or extracts. Forms available to patients to inhale in vaporizing will also be legalized.

Solutions to Consider: There are hospitals in each county. Chronically ill people have regular appointments at hospitals. A model in Israel is dispensing or selling Medical Marijuana from hospitals only. This will support of medical marijuana but "Restrict Access and Reduce Availability" to non-medical card holder and Youth. This supports the bill language for counties not to block the establishment of Medical Marijuana Dispensaries and Production Centers.

Solutions to Consider: Let us begin this great social experiment in Hawaii by limiting the sale of Medical Marijuana products to 90% CBD and/or 10% or less THC only. It is found the CBD is the helpful element for chronic illnesses.

Solutions to Consider: The bill should be amended to designate 5% of all tax revenue to Primary Prevention program run by the Department of Health for teens, parents, and retailers. The number one illegal drug of use among teens is Alcohol and Tobacco with E-Cigs in a close third.

#### Some Quick Facts:

- Adolescents who used marijuana Lost an Average of 8 IQ points (Meier, 2012).
- One in six (6) children who use marijuana will Become Addicted (The Science of Drug Abuse and Addiction, 2014).
- Marijuana smoke contains about 50% more Benzopyrene and nearly 75% more Benzanthracene both know carcinogens than a comparable quantity of unfiltered tobacco smoke (Tashkin, 2013).
- Hawaii Youth Risk Behavior Survey results the number one illegal drug for youth under the age of 18 is Alcohol (29%) followed by Marijuana (22%) followed by Tobacco(10%) in the past 30 days (YRBS, 2011).
- 15% of youth report Binge drinking (define as 5 or more drinks in one hour) in the past 30 days (YRBS, 2011).

Thank you for carefully considering this written testimony,

Marion Logan

Makakilo, HI

From: mailinglist@capitol.hawaii.gov  
Sent: Saturday, February 07, 2015 10:08 AM  
To: HLTtestimony  
Cc: myronberney@outlook.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM  
Attachments: Dispensaries, The Marketplace and Economic Evolution—An Overview.docx

**HB321**

Submitted on: 2/7/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dr. Myron Berney	Individual	Support	No

Comments: Surgeon General supports Medical marijuana

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## Dispensaries, The Marketplace and Economic Evolution—An Overview

### Breaking News: US Surgeon General supports Medical Marijuana

The Marketplace is in a sense Organic based upon human desires, relationships and laws.

There is an organic evolution of the marketplace demonstrating both

- Darwinian, “Survival of the Fittest”, and
- Lamarckian, “acquired characteristics”, evolutionary trends

Acquired Characteristics include the legal framework, regulations, zoning, business districts, shopping centers, habit patterns, advertising, fads and trends...tastes, likes and dislikes etc. These seem to include basically the social and regulatory aspects of the marketplace.

Economically, the bottom line is “Survival of the Fittest”, efficiency, cost-effectiveness, product quality, desirability and profitability.

The current government plan is to CAPTURE THE REVENUE STREAM from the black market sales that steals money from government coffers. The Prohibition of Marijuana creates and promotes the black market which is counterproductive to society’s goals. Bottom line, the Obama administration wants tax money for State and Federal Government instead of funding organized crime and terrorism.

“Survival of the Fittest” means that the Dispensary system is going to have to perform better than the existing Black Market.

Economically, the less regulations on the market, the better the market performs. Regulation is only indicated to improve the health, safety and welfare of the consuming public. [HRS 26H]

Currently the black market provides both medical and recreational marijuana for the needs and desires of the public. Although something is better than nothing, the black market fails to perform well in regard to the standard public health criteria of availability, accessibility and affordability of health care. This is totally due to the Prohibition of Marijuana and the deliberate harm created, crafted, promulgated and perpetrated by Government—Overregulation leads to disaster.

Government is at war with the health, safety and welfare of the consuming public for the benefit of Organized and disorganized crime. Internationally and from the top down the black market is Organized Crime but locally access to Pakalolo is totally disorganized with little quality control and none to minimal competition.

The medical dispensary system will provide some benefit to patients but at an excessive cost for the unnecessary regulations to maintain the socially harmful prohibition of recreational marijuana.



Realistically, Marijuana being safer than alcohol or tobacco requires less regulation to protect the consuming public. Current harm is based upon Government assumption that alcohol and tobacco is safe and marijuana is dangerous. Is there anyone that actually believes that alcohol and tobacco are safer and more beneficial than marijuana? Probably so and I bet they like to smoke and drink.

The current federal budget law recognizes and protects the medical use of marijuana while the Department of Justice 8 point plan provides for the Commercial Distribution of Recreational Marijuana.

There is no medical use of alcohol or tobacco recognized or used medically or socially. On the other hand, the recreational use of marijuana is therapeutic for experienced users. [The Recreational use of Marijuana reduces the risk and prevents cancer in tobacco smokers. Laughter is the best medicine; stress kills.]

The more hazardous addicting drugs, alcohol and tobacco have been mainstreamed, it is reasonable to also mainstream the safer more beneficial non-addicting genuinely beneficial medicine, Pakalolo.

In order to accomplish the goal of Capturing the Revenue Stream the proposed dispensary system should be crafted under the guidance provide by the Department of Justice's 8 point plan for the commercial sales of recreational marijuana approved for all 50 States.

Medical Marijuana now being protected under Federal Law should also be mainstreamed. Being protected as a medicine under federal law, this clearly creates an irreconcilable conflict in the statutes which the State Supreme Court has ordered it be resolved in the favor of the patient. Since medical marijuana cannot be not a medicine, aka Schedule 1. Therefore marijuana is not currently scheduled under Federal Law. Under current State Law marijuana is a necessary, medically appropriate and reasonably safe non-prescription recommended herbal medicine. Medical Marijuana should be mainstreamed.

**CAPTURE THE REVENUE STREAM**

**LET MY PEOPLE GO**

Napualani Young

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 05, 2015 9:36 PM  
To: HLTtestimony  
Cc: rcbjunk@yahoo.com  
Subject: Submitted testimony for HB321 on Feb 7, 2015 10:00AM  
Attachments: HB321 Testimony (RB 1 6 14).doc

**HB321**

Submitted on: 2/5/2015

Testimony for HLT/JUD on Feb 7, 2015 10:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Roger Brewer	Individual	Support	Yes

Comments:

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I am a senior scientist/toxicologist with the state but am testifying as an individual. I am one of the few people I know who has never tried cannabis and I personally have no strong desire to do so, legal or otherwise. I strongly support this bill and related, pro-cannabis bills, however, and ask that it be passed.

Five years ago I was diagnosed with "reactive arthritis," similar to severe Lyme disease and probably from a tick bite while hiking on the mainland. I suffered crippling inflammation in my joints and excruciating pain for over two years. I went through 1 1/2 years of physical therapy to regain use of my arms. Imagine being trapped between two boards full of nails, and then having a car slowly lowered down on top of you. The five doctors I saw in Hawaii, recommended against narcotics (thank you!) because the only ones that would help would probably kill me within a few months, and my symptoms were likely to last up to two years. I bore through it with acupuncture, aspirin and a change of diet.

There is a strong chance that I will have a relapse. It is difficult to explain, but the stress and anxiety is what will kill me, not the pain. I found out AFTER I recovered that some strains of cannabis have been known for over a thousand years to relieve inflammation and the pain and the anxiety that come with it. I went through hell. I am not angry, but the current medical cannabis program (please stop using stigmatized term "marijuana") failed me completely and caused me significant suffering. None of the five doctors I saw even mentioned it. I found out later that they, or their companies, are too afraid of Federal action legal against them. The only way to solve this is to have cannabis changed to a Schedule 3 (not 2) or higher drug.

This was a moot point for me anyway, since I would have had to wait months to get cannabis under the current system, after registering with the state (absurd), finding a grower who isn't allowed to grow for anyone else (also absurd, and I live in a 300ft<sup>2</sup> studio), growing the plant, and curing. And then I have to wait to see if the strain selected works for me. Meanwhile my doctor can prescribe oxycotin and other toxic narcotics on the spot and I can get them within minutes, and I don't need to register with the state to do so. If that doesn't work, then maybe vicadin or a host of other easily obtainable narcotics that I could easily become addicted to.

The existing system is absurd. Stop the registration process for end users (unmanageable and unnecessary intrusion of the state in a private individuals affairs); regulate the growers, the dispensers and the products, not the patients; educate the physicians, regulators, public safety officers, and the public; let a wide variety of products be made available; let the doctors and patients make the decisions. Dispensaries will help in all these matters and help end the gateway to seriously harmful drugs through back-alley drug dealers that effective prohibition of cannabis in Hawaii has created.

We all, or most of us, recognize the absurdity of the current situation. The Federal government isn't going to fix this problem for us. As President Obama instructed us:

Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek.”