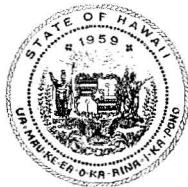


LINDA LINGLE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
919 Ala Moana Boulevard, 4th Floor
Honolulu, Hawaii 96814

CLAYTON A. FRANK
DIRECTOR

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Corrections

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Deputy Director
Law Enforcement

No. _____

TESTIMONY ON HOUSE BILL 1635
A BILL FOR AN ACT RELATING TO
CONTROLLED SUBSTANCES
Clayton A. Frank, Director
Department of Public Safety

Committee on Judiciary
Representative Jon Riki Karamatsu, Chair
Representative Ken Ito, Vice Chair

Tuesday, February 17, 2009, 2:00 PM
State Capitol, Room 325

Representative Karamatsu and Members of the Committee:

The Department of Public Safety supports House Bill 1635 that proposes to set minimum standards that a physician must perform to be in compliance with Hawaii's Medical Use of Marijuana Program. House Bill 1635 proposes language to mandate that a physician recommending that a patient utilize marijuana for medical purposes keep copies of the "written certification" for a period of five years. This requirement is consistent with record keeping requirements for physicians administering, prescribing, or dispensing controlled substances.

House Bill 1635 also proposes penalties for physicians that do not comply with registration, record keeping and conditions for use requirements as designated under Part IX of Chapter 329. House Bill 1635 also makes it illegal for a physician to store, dispense, sell, provide pre-signed written certification

forms, or to refuse any lawful entry into any premises for any inspection authorized by this chapter.

The department would like to recommend that on page 2, lines 15 through 17 be amended to read as follows:

“(b) It shall be unlawful for any person subject to part IX to recommend the use of marijuana for medical purposes without a bona fide physician-patient relationship.” This amendment is necessary due to the fact marijuana cannot be administered, prescribed or dispensed under current Hawaii law.

House Bill 1635 also clarifies the legislatures original intent that this program was to be utilized for patients with severe debilitating medical conditions listed in 329-121 listed as cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, and the treatment of these specifically listed chronic or debilitating diseases that cause cachexia or wasting syndrome, severe pain, severe nausea, seizures, including those characteristic of epilepsy or severe and persistent muscle spasms, including those characteristic of multiple sclerosis or Crohn's disease.

Presently there is already language in section 329-121 (3) to allow other medical conditions approved by the department of health pursuant to administrative rules to be added to the list of debilitating medical conditions in response to a request from a physician or potentially qualifying patient.

House Bill 1635 also amends section 329-123 to raise the annual fee from \$25.00 to \$75.00 to better cover the cost of this program. Due to the increasing

volume of work generated by this program the Narcotics Enforcement Division has had to reassign one of its controlled substance registration clerks on a full time bases to process the applications of Hawaii's 4560 medical use of marijuana patients, 488 caregivers and 88 physicians presently participating in the program. NED's registration staff and Investigators are called on daily to conduct verification checks for State and County law enforcement officers on individuals claiming to be authorized medical use of marijuana patients or caregivers. The increase in the registration fee from \$25.00 to \$75.00 will help offset the cost of running this manpower intensive program.

House Bill 1635 also amends section 329-123 relating to registration requirements and increases the penalties for physicians that abuse Hawaii's Medical Use of Marijuana Program who do not provide basic medical care by physically examining their patients, reviewing their medical records and having a bona fide physician patient relationship before authorizing these patients to use marijuana for an authorized debilitating medical condition. Presently the States top ten physicians issuing medical use of marijuana certificates accounts for 90% (4160) of all certificates issued statewide (4560). With the number one rated physician accounting for 45% (2057) of all certificates issued statewide.

In summary the Department of Public Safety supports passage of House Bill 1635 which will better accomplish the original intent of Hawaii's Medical Use of Marijuana Program to give physicians an alternative drug for patients who are not responding to, or where conventional medications have not worked, and

where in the physician's professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risk for that particular patient.

I would like to thank the committee for this opportunity to testify on this matter.

karamatsu3-Leanne

From: Andrea Tischler [andreatischler@yahoo.com]
Sent: Monday, February 16, 2009 2:11 PM
To: JUDtestimony
Subject: RE: HB 1635 - Strongly Opposed

Andrea Tischler, Chair
Americans for Safe Access, Big Island Chapter House Judiciary Committee February 17, 2009 at
2:00 pm HB 1635 - Relating to Controlled Substances

STRONGLY OPPOSED

As the chair and spokesperson for Americans for Safe Access, Big Island Chapter, we are strongly opposed to the passage of HB 1635 for the following reasons:

The bill increases the requirements for record keeping on the part of the physicians, when the department already has copies of the "written certification"

The bill increases penalties for physicians to a Class C Felony; many of whom are already intimidated by the Narcotics Enforcement Division and patients have difficult enough time finding physicians to certify them to use medical marijuana.

The bill limits the qualifying conditions; when medical organizations like the American College of Physicians are supporting research of other conditions and patients are seeking expansion of the conditions. There are already criminal penalties for violating Hawaii's marijuana laws, it is mean-spirited to include more in the medical marijuana program. This bill has the potential to damage the program and prevent patients and doctors from participating. Please do not pass this bill out of the Judiciary Committee. It should be soundly rejected.

Andrea Tischler, Chair
Americans for Safe Access, Big Island Chapter
564 Hoaka Road
Hilo, HI. 96720
(808) 959-8091

Matthew Brittain, MA, LCSW, DCSW, DABFSW
Diplomate, Clinical Social Work, NASW
Diplomate, American College of Forensic Examiners
56 Waianuenue Ave. Suite #207 Hilo HI 96720
(808) 934-7566 (phone) 934-9442 (Fax)
brittainpro@sprynet.com WWW.effectivechangelc.com

Date: 02-16-2009

Dear Judiciary Committee
Rep. Jon Riki Karamatsu, Chair
Rep. Ken Ito, Vice Chair
Tuesday, February 17th
2:00 PM
Room 325

RE: HB 1635-----OUR POSITION: STRONGLY OPPOSE-----

HB 1635 includes language that would seriously limit, if not totally limit access to, the Hawaii Medical Marijuana Program. All other Medical Marijuana states have the same listing of Qualifying Conditions as Hawaii, and indeed Vermont recently amended its Medical Marijuana law by INCLUDING the diagnoses of Severe Pain, Severe Nausea, Severe Cramping, Seizures and Cachexia.

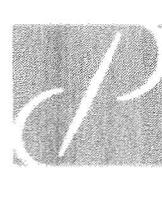
Patients who use Medical Marijuana often can reduce their opioid/narcotic medications by 50% when they use Marijuana as a medicine. These patients have fewer toxic reactions due to the opioid pain medications; have less liver damage, have less cognitive impairment due to the effects of the drug, essentially zero potential of an overdose death, and are less likely to become addicted.

It makes absolutely no medical sense whatsoever to limit access to a highly effective medication (Marijuana) that is less toxic than opioids/narcotics, has less potential for addiction, has a virtual impossible potential to cause death, and reduces the financial burden on patients who often must choose between their addictive opioid/narcotic medications or food.

The only reason to allow HB 1635 to move forward is to support the outdated, propaganda/fear based positions that have been discounted again and again by sound scientific/medical research.

Please do not pass HB 1635. The people of Hawaii need an accessible Medical Marijuana program. The current system of care for Medical Marijuana must be made more accessible, not less so.

Sincerely,
Matthew Brittain, MA, LCSW, DCSW, DABFSW



the
**Drug Policy
Forum**

February 17, 2009

To: Rep. Jon Riki Karamatsu, Chair
Rep. Ken Ito, Vice Chair, and
Members of the Committee on Judiciary

From: Jeanne Ohta, Executive Director

RE: HB 1635 Relating to Controlled Substances
Hearing: February 17, 2009, 2:00 p.m., Room 325

Position: Strong Opposition

I am Jeanne Ohta, Executive Director of the Drug Policy Forum of Hawai'i. Thank you for this opportunity to testify in strong opposition of HB 1635.

HB 1635 makes unnecessary and burdensome changes in the medical marijuana program. It seeks to place restrictions on the program so that fewer seriously ill patients can participate; it is an attempt to seriously cripple the program.

It requires more record keeping for physicians, when the department has copies of those same records. This bill is meant to scare physicians from participating in the program.

Penalties for violating marijuana laws already exist and are unnecessary in the medical marijuana statute. The department laments the fact that so few physicians see so many patients, yet their actions make the participation of more physicians less appealing.

While increasing penalties for physicians, I find it ironic and one-sided that this proposal does not include penalties for those who violate patient privacy and confidentiality. Patient names (4,200 of them) and other confidential information were released last year. There are no provisions for penalties for this violation of privacy in the medical marijuana statute.

Some of the new provisions actually codify some of the overreaching administrative requirements that the department currently has in place.

Requiring a physician to physically examine a terminally ill cancer patient just so that the patient can continue to use medical marijuana does not make sense and is unnecessary.

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This bill also narrows the qualifying conditions at a time when medical organizations like the American College of Physicians are supporting research of other conditions and patients are seeking expansion of conditions.

The requested changes are mean-spirited and assume that patients participating in the program are "faking it." The fact is, patients registering for the program are law-abiding citizens who want to remain that way. The medical marijuana program was established as a compassionate program for seriously ill patients.

This measure undermines the original intent of the program. I respectfully ask the committee to hold this bill. Thank you for the opportunity to testify.

INFORMATION ON MEDICAL MARIJUANA

Federal Laws do not Preempt State Medical Marijuana Laws

In December 2008, the U.S. Supreme Court refused to review a landmark decision in which California state courts found that its medical marijuana law was not preempted by federal law. The state appellate court decision from November 28, 2007, ruled that "it is not the job of the local police to enforce the federal drug laws."

Many Organizations Support Access to Therapeutic Cannabis

American Academy of Family Physicians, American Medical Association's Council on Scientific Affairs, American Nurses Association, American Public Health Association, and many others.

"ACP urges an evidence-based review of marijuana's status as a Schedule I controlled substance to determine whether it should be reclassified to a different schedule. ... ACP strongly supports exemption from federal criminal prosecution; civil liability; or professional sanctioning, such as loss of licensure or credentialing, for physicians who prescribe or dispense medical marijuana in accordance with state law. Similarly, ACP strongly urges protection from criminal or civil penalties for patients who use medical marijuana as permitted under state laws. ... Evidence not only supports the use of medical marijuana in certain conditions but also suggests numerous indications for cannabinoids."

— American College of Physicians, *Supporting Research into the Therapeutic Role of Marijuana*, 2008

Marinol is not the same as Marijuana

Marinol, available as a prescription pill, is THC, the active ingredient of marijuana. Many patients cannot tolerate marinol and have better results by using the whole plant. Scientists believe that the whole plant contains other ingredients that work with THC and thus is better tolerated and more effective for some patients.

Prescription Drugs

Available prescription drugs often come with far more serious side effects than marijuana, and many patients who find relief from marijuana simply do not respond to prescription medications. Smoking or vaporizing marijuana are much more effective delivery methods than pills for many patients: The drug works instantly, the dosage may be controlled by the patient, and there is no problem "keeping it down" since it cannot be vomited back up.

Cocaine, morphine, and methamphetamine may all be legally administered to patients — so why not marijuana, which has a far lower rate of dependency and on which no one has ever overdosed?

Marijuana is NOT a Gateway Drug

Marijuana is not now, nor has ever been a “gateway drug.” The National Academy of Sciences found, “there is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs.”

karamatsu3-Leanne

From: RC Anderson [rc@honoluluasa.org]
Sent: Monday, February 16, 2009 2:57 PM
To: JUDtestimony
Subject: HB1635 Relating to Controlled Substances

House Judiciary Committee

February 17, 2009 at 2:00pm

HB 1635 – Relating to Controlled Substances

Position: **STRONGLY OPPOSED**

I am a medical marijuana patient residing on Oahu, and a member of Americans for Safe Access.

HB1635 seeks to limit the “qualifying conditions” for medical cannabis in Hawaii to only three illnesses: cancer, glaucoma and HIV/AIDS. Any other medical condition has to be approved by the Department of Health in response to a request from a physician or potentially qualifying patient. This is a severe restriction that will adversely impact many patients throughout the entire State of Hawaii.

Cannabis has been proven for thousands of years to treat and relieve symptoms of Asthma, Glaucoma, Nausea, Epilepsy, Multiple Sclerosis, Cystic Fibrosis, Muscle Spasms, Sea Sickness, Depression, Dementia, Senility, Alzheimer's, Insomnia, Back Pain, PMS, Arthritis, Herpes, Rheumatism, Sickle Cell, Expectorant, Stress, Migraines, HIV/AIDS, Tumors, Arthritis, ADD & ADHD, High Blood Pressure, Diabetes, and many other diseases and conditions.

It should be left up to a medical doctor to decide what treatment is best for each individual patient. Limiting the “qualifying conditions” takes away options from the doctor, and therefore would impact the lives of many patients, including myself.

I have suffered for over 15 years with debilitating migraines 3 to 4 times per week. For years I was given numerous narcotic medications in an attempt to control my migraines, none of which actually helped with the pain or accompanying nausea, and all of them had their own side-effects, some of which were worse than the migraine itself and caused me to be hospitalized several times.

With having 3 to 4 severe migraines per week, basically I had to put my life on hold. I could not be a productive member of society or live a normal life. Almost daily I had to rotate between multiple narcotic prescriptions in an attempt to keep the pain under control. At least once per month I was taken to the Emergency Room for an injection of Demerol, Morphine, or Toradol when the narcotics that I had on hand at home did not work to control the excruciating pain.

The legislature's decision to pass the medical marijuana law in 2000 is what prompted me to move to Hawaii, so that I could finally have access to the medication that I so desperately needed to regain control of my life. Since moving to Hawaii and becoming a medical cannabis patient I have been able to stop all of the narcotic medications, and have only been seen in the Emergency Room one time in the past two years.

Medical cannabis eases my chronic pain and nausea better than any over-the-counter or prescription medication. The American College of Physicians as well as numerous other physician associations support expanded research into conditions that medical marijuana can be effective on. Now is not the time to limit “qualifying conditions.”

Local law enforcement in testimony on February 5th supports this bill because it will “discourage those who may be

tempted to violate and exploit Hawaii's medical marijuana program for their own benefit." I disagree. I feel the penalties already in place are sufficient to discourage those people who wish to violate this law. It would be a crime to reduce the "qualifying conditions" to only three and force other patients to abandon medical marijuana, which they (and I) have found to be effective.

Respectfully submitted,

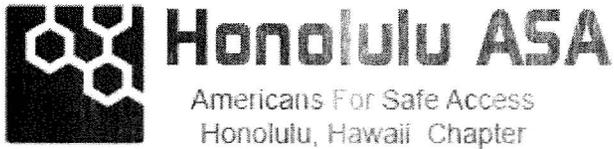
RC Anderson, Ph.D.

Director - Honolulu ASA

Phone: 808-352-5815

Fax: 808-356-1092

<http://www.HonoluluASA.org>



Advancing Legal Medical Marijuana Therapeutics and Research

Honolulu ASA is the Honolulu, Hawaii chapter of the Americans for Safe Access, the nation's largest member-based organization of patients, medical professionals, scientists and concerned citizens promoting safe and legal access to cannabis for therapeutic use and research.

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TO: HOUSE COMMITTEE ON JUDICIARY

FROM: PAMELA LICHTY, MPH, PRESIDENT

RE: HB1635 RELATING TO PUBLIC SAFETY -- **IN STRONG OPPOSITION**

DATE: FEBRUARY 17, 2009, 2:00 p.m., room 325

The Drug Policy Action Group is strongly opposed to this measure which is antithetical to the intent of the medical marijuana program and demonstrates hostility to it. There are plenty of existing criminal penalties in place for violating Hawaii's marijuana laws - we do not need additional ones, especially ones creating penalties for physicians who are already reluctant to participate in this program.

The provision for requiring doctors to physically examine patients amounts to telling physicians how to practice medicine. It also implies that most patients are malingering. If a patient, for example, is undergoing chemotherapy and is referred by an oncologist, an additional physical examination may not be necessary. The patient's medical records may suffice.

Narrowing the qualifying conditions for the program is not only wrong-headed, but also goes the opposite way of other states which are expanding the potential patient pool as research indicates that more and more medical conditions are helped by medical marijuana. Again, there is an implication that the department should decide what patient conditions are legitimate and which patients are genuinely in need of medical marijuana. This is inappropriate micro-managing of the physician-patient relationship.

The new record keeping provisions are also burdensome and downright hostile to physicians. And creating a new Class C felony for doctors who make an error in the paperwork is unbelievable. Doctors are already reluctant to participate; this is an unnecessary and punitive idea.

We strongly oppose the raising of the program's yearly fee from \$25 to \$75, especially at this difficult financial time, since many patients are on fixed income and are already experiencing financial strains.

In short, it is our view that this bill which purports to tighten a program that's functioning relatively well, is unnecessary and mean spirited. We respectfully ask you to hold it. Mahalo for the opportunity to testify.

TESTIMONY IN SUPPORT OF HB 1635

From

REPRESENTATIVE JOE BERTRAM III

February 17, 2009

Aloha Representative on Jon Riki Karamatsu, Chair, of the House Judiciary Committee and members of the Committee on Judiciary.

I write in strong support of HB 1635 RELATING TO CONTROLLED SUBSTANCES.

Thank you for your support of this measure.

karamatsu3-Leanne

From: Dr. Yvonne Conner MD [dryvonneconner@yahoo.com]
Sent: Sunday, February 15, 2009 11:50 AM
To: JUDtestimony
Subject: HB1635

TO Chairman Jon Karamatsu and Vice chairman Ken Ito
And the entire House Judiciary Committee

I strongly oppose HB 1635. As a physician who is involved with cannabis certification I know this bill is short sighted. I have especially found that cannabis is useful in numerous other conditions. Cannabis helps greatly all forms of nausea including cancer induced nausea and vomiting. It has helped to improve the quality of life of many. I find that patient with chronic pain are on so many medications that the medications make them nauseous. They often use cannabis to over come the nausea caused by their medication. Many of the chronic pain patients survive only on cannabis because they do not have the side effects of all the medications. Who stands to gain the most from this bill passage would be the pharmaceutical companies. I have some patient on as much as \$2,000.00 worth of medications each month. The use of cannabis would save the state and the federal government a tremendous amount of money. The County of Hawaii passed the lowest law enforcement on our island. Unfortunately the police refuse to enforce it, perhaps because of all the revenue they have been receiving from the Federal Government for green harvest.

This is a matter of dollars and cents, as well as freedom to allow the citizens to choose the best medicine for themselves with their doctors recommendation. . Do you restrict cannabis to only cancer, HIV and glaucoma patients and spend lots of government dollars on medication or do you continue to allow the police to make the money on green harvest. The way to make the citizens happy and more productive in life is to allow their usage of cannabis, after all it truly is good medicine. .

There are a number of patient that can manage their multiple health problems with the use of cannabis. It relives the nausea from headaches or other causes; it allows them to tolerate the constant ringing in their ears from tinnitus; it allows them to get their body moving when the pain is over whelming; it lowers their blood sugars in diabetes; it relives migraine headaches, it controls their seizures. All of these conditions I have personally seen improved with the use of cannabis.

I urge you not to pass this bill.

Thank you for your attention.

Most sincerely,

Yvonne Conner, M.D.

karamatsu3-Leanne

From: Matt Rifkin [matrifkin28@gmail.com]
Sent: Sunday, February 15, 2009 5:20 PM
To: JUDtestimony
Subject: Testimony

Matthew Rifkin

House Judiciary Committee

February 17, 2009 at 2:00pm

HB 1635 – Relating to Controlled Substances

STRONGLY OPPOSED

I am a medical marijuana patient residing on the Big Island, and a member of Americans for Safe Access.

HB1635 seeks to limit the "qualifying conditions" for medical marijuana in Hawaii to only three illnesses: cancer, glaucoma and HIV/AIDS. Any other medical condition has to be approved by the Department of Health in response to a request from a physician or potentially qualifying patient. This is a severe restriction that will impact many patients. Medical marijuana has been shown to ease the pain and suffering of patients with such conditions as:

Multiple Sclerosis, Tourette's Syndrome, Hypertension (High Blood Pressure), GI disorders,
Hepatitis C, Rheumatoid Arthritis, Diabetes and chronic pain

It should be a medical doctor that decides what treatment is best for the patient. Limiting the "qualifying conditions" takes away options from the doctor, and therefore would impact the lives of many patients, including myself. Medical marijuana eases my chronic pain better than any over-the-counter or prescription medication. The American College of Physicians supports expanded research into conditions that medical marijuana can be effective on. Now is not the time to limit "qualifying conditions."

Local law enforcement in testimony on February 5th supports this bill because it will "discourage those who may be tempted to violate and exploit Hawaii's medical marijuana program for their own benefit." I disagree. I feel the penalties already in place are sufficient to discourage those people who wish to violate this law. It would be a crime to reduce the "qualifying conditions" to only three and force other patients to abandon medical marijuana, which they (and I) have found to be effective.

Respectfully submitted,

Matthew Rifkin

Keaau, HI 96749

karamatsu3-Leanne

From: Karen Thomas [kthomas4567@hotmail.com]
Sent: Monday, February 16, 2009 9:50 AM
To: JUDtestimony
Subject: HB 1635 - Relating to Controlled Substances

Karen Thomas
House Judiciary Committee
February 17, 2009 at 2:00pm
HB 1635 - Relating to Controlled Substances

I strongly oppose this bill and recommend that it be killed. I believe that the burden of prescribing treatments should remain at the disposal of licensed physicians. To isolate these few narrow medical conditions and deny all others is cruel and unjust, and a perverse example to the many who seek the support of physicians, legislators, and community in accessing viable health care.

This bill, if passed, would have a major negative impact on so many people who depend on medical marijuana for relief from symptoms such as chronic pain, difficulty eating, to name just a couple that are well-known symptoms of many other afflictions. I urge those involved to take a stance of compassion and uphold the right of the physician and the patient to determine the most appropriate treatment, including medical marijuana.

karamatsu3-Leanne

From: K. Taggart [ktaggart@hawaii.rr.com]
Sent: Tuesday, February 17, 2009 2:38 AM
To: JUDtestimony
Cc: Rep. Della Belatti
Subject: testimony on HB 1635, hearing 2/17/09 at 2 p.m., Room 325

Aloha to Representative Karamatsu, Chair, Representative Ito, Vice-Chair, and Members of the Judiciary Committee:

As a concerned citizen, I strongly oppose House Bill 1635.

It unreasonably increases restrictions, penalties, and costs to doctor and patient in regards to medical marijuana.

It also implies that such doctors and patients are acting fraudulently. Thus it puts onerous conditions on any bonafide patient who could meet the requirements of this bill--if they are that ill and desperate for relief that only marijuana can give them, it could likely be difficult and discouraging for them to seek treatment under HB 1635. Other prescribed drugs are not discouraged from use in this fashion. This bill appears to hinder, not help, the very people who could benefit from using medical marijuana. This is another example of how this issue could be better handled through the auspices of the dept of health, as opposed to the dept of public safety.

Thus I respectfully urge the committee to hold this bill. I thank you for the opportunity to testify on this matter.

Sincerely,

Kerry Taggart
Hawaii resident 43 years
2656 Aaliamanu Pl.
Honolulu, Hawaii 96813
phone: 521-4825
email: ktaggart@hawaii.rr.com

karamatsu3-Leanne

From: Lionel [lionel@cruzio.com]
Sent: Tuesday, February 17, 2009 8:09 AM
To: JUDtestimony
Subject: HB 1635 should be defeated

Re.

HB 1635
Committee on Judiciary
Rep. Jon Riki Karamatsu, Chair
Rep. Ken Ito, Vice Chair
Tuesday, February 17, 2009
2:00 p.m.
Room 325

Aloha,

HB 1635 should be defeated.

Medicines made from cannabis were sold in every pharmacy in America and prescribed successfully for dozens of ailments by Americas doctors in the 19th and early 20th century.

It was only made illegal as part of the government and Randolph Hearst's war on industrial hemp and Americas doctors were blackmailed into compliance, against their vocal opposition. This is a matter of historical record.

Since then, the list of health benefits from cannabis found has grown exponentially. Hawaii should expand it's list of "approved" conditions to reflect this reality.

I have another point I'd like to make about this.

Recent peer reviewed research has shown that cannabis consumption extends life and offers dramatic levels of protection for the brain and nervous system, offering protection from stroke, embolism and helps prevent dementia.

This makes perfect sense since scientists have recently discovered that the largest chemical receptor system in the human body responds only to marijuana-like chemicals that are produced by the human body (and all life forms above the level of insects).

This system is called the Endocannabinoidal system, because the chemicals our body makes are almost identical to the ones found in cannabis, ie. marijuana.

This system appears to be the universal regulator for normal physical and psychological functioning.

Disabling this system in the laboratory in test animal causes shortened lifespan, increased levels of disease and an near total inability psychologically to deal with any change.

Since cannabis consumption offers protection from disease and extends lifespan, this should be considered when creating guidelines, if public health is a consideration.

Please allow doctors to practice medicine without police or political interference. They know medicine best and they alone have the knowledge and training to make these kind of decisions. Let's respect them and their field of expertise.

Vote No on HB 1635 and expand the list of "approved" conditions to include whatever conditions our doctors think are appropriate.

Doctors do not tell elected officials how to do their jobs and they do not tell police how to do theirs. Let's respect our medical professionals. They know their job best.

Please, let doctors decide.

Aloha,
Lee Eisenstein