

LINDA LINGLE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
919 Ala Moana Blvd. 4th Floor
Honolulu, Hawaii 96813

CLAYTON A. FRANK
DIRECTOR

DAVID F. FESTERLING
Deputy Director of
Administration

TOMMY JOHNSON
Deputy Director
Corrections

JAMES L. PROPOTNICK
Deputy Director
Law Enforcement

No. _____

TESTIMONY ON HOUSE BILL 967
A BILL FOR AN ACT RELATING TO
MEDICAL MARIJUANA
Clayton A. Frank, Director
Department of Public Safety

Committee on Health
Representative Ryan I. Yamane, Chair
Representative Scott Y. Nishimoto, Vice Chair

Committee on Public Safety
Representative Faye P. Hanohano, Chair
Representative Henry J.C. Aquino, Vice Chair

Thursday, February 5, 2009, 5:00 PM
State Capitol, Room 309

Representatives Yamane, Hanohano and Members of the Committees:

The Department of Public Safety does not support House Bill 967 that proposes to transfer the medical use of marijuana program from the Department of Public Safety to the Department of Health, and amends sections of Chapter 329 part IX Hawaii Revised Statutes. The department feels that it is more appropriate that the program remain under the direction of its Narcotics Enforcement Division which has the operational ability and infrastructure to maintain the medical use of marijuana patient registry and afford law enforcement agencies the ability to verify information twenty-four hours a day. SCR 197 which was passed by the 2005 legislature mandated that the Director of the Department of Health convene a medical marijuana working group to make

recommendations to improve Hawaii's medical marijuana program to include recommending in which state department the Medical Marijuana would most effectively be placed:

Finding. The functions and authority for scheduling of controlled substances exercised by the Department of Health were transferred to the Department of Public Safety in 1990. Despite perceptions, the transfer of the Medical Use of Marijuana Program to the DOH would not reduce the level of oversight. Current procedures for the program would still be followed: DOH would be required to verify physicians' licensure, as well as their authority to prescribe scheduled drugs – functions that require the expertise that resides within the Narcotics Enforcement Division. In addition, a system within DOH that operates "24/7" would have to be established to ensure that law enforcement officers are able to verify a patient's valid use of marijuana for medical purposes.

Recommendation. No action is necessary as the functions necessary to operate the program reside with the assigned agency. Transfer of the program would incur additional operating and manpower cost for the Department of Health.

The Department feels that section 2 of House Bill 967 is unnecessary. Presently the Department of Health already has the ability by rule under section 329-121 under the definition of "Debilitating Medical Condition." to add additional new medical conditions to the list. As for the issue of the proposed Medical cannabis advisory board authorizing and license cannabis producing facilities,

this violates Federal law and the recommendations of the 2004 LRB report "In search of a viable distribution system for Hawaii's medical marijuana program" that indicated in its conclusions several key points:

- 1) That it would be premature for Hawaii to institute a cooperative system without assurance of a supportive ruling from the U.S. Supreme Court.
- 2) No marijuana can be sold under any circumstances. All marijuana must be grown and distributed free of charge.
- 3) Nothing (processed marijuana, plants seeds, paraphernalia, etc.) must cross state boundaries. State law cannot protect a patient, caregiver or proposed grower who attempts to mail or who carries marijuana on a flight between islands from prosecution by Federal authorities.

The Department therefore feels that amendments being recommended by House Bill 967 are premature and that Federal law would have to be amended before the provisions proposed in House Bill 967 could ever be considered. Under present State and Federal laws, the State of Hawaii could not develop or sanction the development of licensed marijuana growing facilities on any of the islands unless authorized by way of a controlled substance research permit authorized by the State and the Federal Government. House Bill 967 attempts to insert an exemption for marijuana and its chemical derivatives of tetrahydrocannabinol for medical use by adding a new subsection (g) to section 329-14 Schedule I. However even with the proposed exemption, marijuana would still be classified under both Federal and State law as schedule I controlled substance (dangerous drug / no accepted medical values of treatment) and it would still be impossible for anyone to lawfully grow, facilitate the growing of,

distribute / sell for medicinal use any drug in this category. Schedule I controlled substances can only be authorized for research purposes with the approval of the Federal Drug Enforcement Administration and the State's Narcotics Enforcement Division after complying with specific security and storage requirements as dictated by State and Federal law.

House Bill 967 proposes to soften the term "marijuana" by replacing it with "cannabis" throughout Chapter 329, Part IX that is unnecessary.

For these reasons, the department cannot support House Bill 967 and ask that it be held.

Thank you for the opportunity to testify on this matter.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File: DOHIADAD

House Committees on Public Safety and Health

H.B. 967, MEDICAL CANNABIS

**Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health**

February 5, 2009, 5:00 p.m.

1 **Department's Position:** The Department of Health strongly opposes transferring the Medical
2 Use of Marijuana program from the Department of Public Safety (PSD) to the Department of
3 Health (DOH) as provisions in this measure are well beyond the Department's public health
4 functions and responsibilities. We defer to the Departments of the Attorney General and Public
5 Safety on amendments within their purview.

6 **Fiscal Implications:** The measure increases the registration certificate fee from \$25 to \$50,
7 however, no funds are appropriated for staffing and operating costs. Transferring the Medical
8 Use of Marijuana program from PSD to DOH, including the development of licensure policies
9 and procedures for cannabis producers and cannabis production facilities would have substantial
10 cost implications, including but not limited to, added personnel and operating costs.

11 **Purpose and Justification:** The purpose of this measure is to amend Chapter 329, Hawaii
12 Revised Statutes, and transfer the Medical Use of Marijuana program from the PSD to DOH,
13 including the development of licensure policies and procedures for cannabis producers and
14 cannabis production facilities. To operate the program, DOH would be required to convene and
15 staff the proposed Medical Cannabis Advisory Board; develop an annual report regarding the

1 medical cannabis program; develop, implement and oversee the process to receive, process and
2 verify applications; provide PSD information on a weekly basis regarding participating
3 physicians, qualified patients, and primary caregivers; develop, implement and oversee the
4 licensure of cannabis producers and cannabis production facilities; and develop, implement and
5 oversee the distribution of cannabis to qualified patients or their primary caregivers.

6 Despite perceptions, the transfer of the medical use of marijuana program to the DOH
7 would not reduce the level of oversight. It is unclear as to who will be responsible for verifying
8 physicians' licensure, a function that currently resides within PSD. In addition, a system within
9 DOH that operates "24/7" would need to be established to ensure that law enforcement officers
10 can verify a patient's valid use of marijuana for medical purposes.

11 As part of our public health mission, DOH dispenses medications in State-operated
12 facilities and clinics. These medications are approved by the federal Food and Drug
13 Administration. This proposal extends well beyond the public health function of assuring the
14 availability and accessibility of services as the Department would also be charged with the
15 operation of a secure facility to cultivate and distribute marijuana, which is a Schedule I
16 substance under the federal Controlled Substances Act. (Schedule I drugs are classified as
17 having a high potential for abuse, no currently accepted medical use in treatment in the United
18 States, and a lack of accepted safety for use of the drug or other substance under medical
19 supervision.)

20 We respectfully recommend that this measure be held.

21 Thank you for the opportunity to testify on this measure.

22

23

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

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MUFI HANNEMANN
MAYOR



BOISSE P. CORREA
CHIEF

PAUL G. PUTZULU
KARL A. GODSEY
DEPUTY CHIEFS

OUR REFERENCE LK-TA

February 5, 2009

The Honorable Faye P. Hanohano, Chair
and Members
Committee on Public Safety
The Honorable Ryan I. Yamane, Chair
and Members
Committee on Health
House of Representatives
State Capitol
Honolulu, Hawaii 96813

Dear Chairs Hanohano, Yamane and Members:

Subject: House Bill No. 967, Relating to Medical Cannabis

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

The Honolulu Police Department opposes House Bill No. 967, Relating to Medical Cannabis. This bill would transfer administration of the medical marijuana program from the Department of Public Safety (DPS) to the Department of Health (DOH). It also increases the amount of marijuana plants and useable marijuana that a qualified recipient can have on hand.

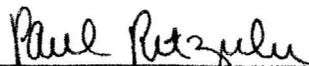
We believe that the Narcotics Enforcement Division (NED), Department of Public Safety, is best suited to administer the program. They are readily available 24 hours a day to confirm whether or not someone is currently registered with them. Access to this information enables us to quickly determine if further investigation is warranted. Our Marijuana Eradication Team checks with NED as part of their protocol while investigating a marijuana complaint.

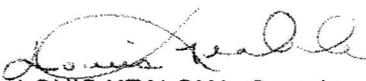
We believe that patients with a debilitating medical condition would not be intimidated by a narcotics enforcement agency that is tasked with facilitating their legitimate needs. Physicians should not feel intimidated if they are making a responsible decision.

Thank you for the opportunity to testify.

APPROVED:

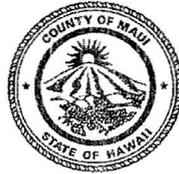
Sincerely,

for: 
BOISSE P. CORREA
Chief of Police


LOUIS KEALOHA, Captain
Narcotics/Vice Division

Serving and Protecting With Aloha

CHARMAINE TAVARES
Mayor



BENJAMIN M. ACOB
Prosecuting Attorney

PETER A. HANANO
First Deputy Prosecuting Attorney

DEPARTMENT OF THE PROSECUTING ATTORNEY
COUNTY OF MAUI
150 S. HIGH STREET
WAILUKU, MAUI, HAWAII 96793
PHONE (808) 270-7777 • FAX (808) 270-7625

February 4, 2009

FAYE P. HANOANO, CHAIR
HONORABLE HENRY J.C. AQUINO, VICE CHAIR
COMMITTEE ON PUBLIC SAFETY

HONORABLE JOHN M. MIZUNO, CHAIR
HONORABLE TOM BROWER, VICE CHAIR
COMMITTEE ON HUMAN SERVICES

HONORABLE RYAN I. YAMANE, CHAIR
HONORABLE SCOTT Y. NISHIMOTO, VICE CHAIR
COMMITTEE ON HEALTH

HOUSE OF REPRESENTATIVES
THE TWENTY-FIFTH LEGISLATURE
REGULAR SESSION OF 2009
STATE OF HAWAII

TESTIMONY OF BENJAMIN M. ACOB,
PROSECUTING ATTORNEY FOR THE COUNTY OF MAUI,
IN OPPOSITION OF H.B. NO. 967
RELATING TO MEDICAL CANNABIS

The Honorable Chairpersons and Committee Members:

The Department of the Prosecuting Attorney for the County of Maui strongly opposes H.B. 967 Relating to Medical Cannabis.

This proposed bill seeks to drastically change the present law by rendering *medical* marijuana and its derivatives, a non-controlled substance.

As Hawaii law currently stands, marijuana and its derivatives are still considered "controlled substances". In addition, possession of any amount of marijuana, medicinal or not, is still a crime. However, the medical marijuana laws afford a medical marijuana patient an *affirmative defense* to any prosecution for possession of marijuana.

Our Department strenuously objects to adding the proposed language in HRS 329-14(g). Essentially, these amendments will render medical marijuana and its derivatives a non-controlled substance. Indeed, whether a person can legally possess marijuana medicinally or not, should not change marijuana's classification as a controlled substance. Marijuana is still a controlled substance regardless of its intended use.

Furthermore, the proposed change would directly create a conflict between State and federal law. Under Federal law, marijuana is still classified as a Schedule I substance based upon its high potential for abuse, no accepted medical use, and no accepted safety for use in medically supervised treatment. See Gonzales v. Raich, 545 U.S. 1 (2005). Thus, under federal law, the manufacture, distribution, or possession of marijuana remains a criminal offense. See 21 USC § 841(a)(1).

Accordingly, for the reasons discussed above, our Department strongly opposes H.B. 967. Thank you for the opportunity to testify.

(H.B. 967, Relating to Medical Cannabis)



CHARMAINE TAVARES
MAYOR

OUR REFERENCE
YOUR REFERENCE

POLICE DEPARTMENT COUNTY OF MAUI

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



THOMAS M. PHILLIPS
CHIEF OF POLICE

GARY A. YABUTA
DEPUTY CHIEF OF POLICE

February 3, 2009

The Honorable Faye P. Hanohano, Chair
and Members of the Committee on Public Safety
House of Representatives
State Capitol
Honolulu, HI 96813

The Honorable John M. Mizuno, Chair
and Members of the Committee on Human Services
House of Representatives
State Capitol
Honolulu, HI 96813

The Honorable Ryan I. Yamane, Chair
and Members of the Committee on Health
House of Representatives
State Capitol
Honolulu, HI 96813

Dear Chairs Hanohano, Mizuno, and Yamane and Members of the Committees:

SUBJECT: House Bill No. 967, Relating to Medical Marijuana, Medical Cannabis, Department of Health, Dispensaries, Licensed Producer

This bill amends the term "medical marijuana" to "medical cannabis"; transfers the administration of the program from the Department of Public Safety to the Department of Health; authorizes a registration fee of \$50; establishes the medical cannabis advisory board; and provides for the Department of Health to license producers to dispense medical cannabis.

The amendment of the term "medical marijuana" to "medical cannabis" will provide a loophole in the prosecution of those in violation of Chapter 712 of the Hawaii Revised Statutes. This bill does not provide any relevant information or rationale for the change from "marijuana" to "cannabis," and the descriptive term of "cannabis" is contrary to all current laws in the Hawaii Revised Statutes which use the descriptor, "marijuana."

The Honorable Faye P. Hanohano, Chair
The Honorable John M. Mizuno, Chair
The Honorable Ryan I. Yamane, Chair
February 3, 2009
Page 2

Transferring the administration of the medical marijuana program from the Department of Public Safety to the Department of Health essentially removes all enforcement authority and capabilities from the program. This bill claims that the program's current placement in the Narcotics Enforcement Division is responsible for the reluctance of many physicians to certify patients, and they are concerned that their written certifications will be reviewed by the same authority that monitors physicians on issues of "over – prescribing" and "doctor shopping." Any physician who legally prescribes medical marijuana has nothing to fear.

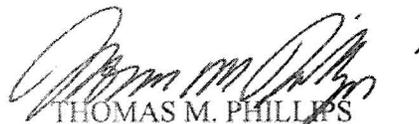
The Medical Cannabis Advisory Board, which will consist of eleven members: three qualified medical cannabis patients and seven practitioners representing the fields of neurology, pain management, medical oncology, psychiatry, infectious disease, family medicine, and gynecology. The chair will be the Director of Health. This appears to be a one-sided board specifically designed to further the views of a specific interest group.

This bill also authorizes the Department of Health to license producers to dispense medical cannabis which is contrary to current State and Federal laws, subjecting a department within our state to Federal prosecution and asset forfeitures.

The Maui County Police Department urges you to oppose House Bill 967, Relating to Medical Cannabis.

Thank you for the opportunity to testify.

Sincerely,


THOMAS M. PHILLIPS
Chief of Police



Via E-mail: PBSTestimony@Capitol.hawaii.gov
Committee: Committees on Public Safety and Health
Hearing Date/Time: Thursday, February 5, 2009, 5:00 p.m.
Place: Room 309
Re: Testimony of the ACLU of Hawaii Supporting the Intent of HB 967,
Relating to Medical Cannabis

Dear Chair Hanohano, Chair Yamane, and Members of the Committees on Public Safety and Health:

The American Civil Liberties Union of Hawaii ("ACLU of Hawaii") supports the intent of HB 967, which transfers oversight of the medical marijuana program to the Department of Health.

We support the transfer of oversight from the Department of Public Safety to the Department of Health, given that (a) many patients are intimidated by the prospect of having their names on a Department of Public Safety database, and (b) the Department of Public Safety has already released confidential patient data. We oppose the increase in licensing fees, however, given their disproportionately adverse impact on low-income medical marijuana patients.

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 over 40 years.

Thank you for this opportunity to testify.

Sincerely,

Daniel M. Gluck
Senior Staff Attorney
ACLU of Hawaii

American Civil Liberties Union of Hawaii
P.O. Box 3410
Honolulu, Hawaii 96801
T: 808.522-5900
F: 808.522-5909
E: office@acluhawaii.org
www.acluhawaii.org



the
**Drug Policy
Forum**

February 5, 2009

To: Committee on Public Safety
Committee on Human Services
Committee on Health

From: Jeanne Ohta, Executive Director

RE: HB 967 Relating to Medical Cannabis
Hearing: February 5, 2009, 5:00 p.m., Room 309

Position: Support with Amendments

I am Jeanne Ohta, Executive Director of the Drug Policy Forum of Hawai'i. Thank you for this opportunity to testify on HB 967. As with the previous bill, DPFH supports the establishment of a distribution system.

Many patients are unable to grow their own supply due to living in a condominium with no yard, lack of privacy from neighbors, or they are too sick. It is one of the most asked questions, "I have my card, now how do I get marijuana?" Patients who register with the program are law abiding citizens who want to remain so; they are reluctant to go to the illegal market to obtain their medicine.

However, this distribution system should not be the only source of legal medical marijuana. Patients or their registered caregiver should still be able to grow their own plants should they choose to do so.

DPFH also supports moving the program from the Department of Public Safety to the Department of Health. The DOH is better equipped to deal with health issues and should be the agency to administer the program. Patients are still concerned with maintaining the confidentiality of information after the mistaken release of 4,200 patients' names and other private information by the Narcotics Enforcement Division.

DPFH opposes increasing the fee from \$25 to \$50; many patients are on disability; or have other medical bills and the increase would pose a hardship.

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

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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?

We would support HB967 with the suggested amendments. Thank you for this opportunity to testify.

COMMITTEE ON PUBLIC SAFETY

Representative Faye P. Hanohano, Chair

Representative Henry J.C. Aquino, Vice Chair

COMMITTEE ON HEALTH

Representative Ryan I. Yamane, Chair

Representative Scott Y. Nishimoto, Vice Chair

HEARING DATE: February 5, 2009

TIME: 5:00 PM

PLACE: Conference Room 309

BILL NUMBER: HB 967

IN STRONG SUPPORT WHEN AMENDED AND MERGED WITH HB 1194

Aloha,

Public Safety Chair Hanohano, Vice Chair Henry J.C. Aquino, Vice Chair

Health Chair Ryan I. Yamane, Vice Chair Scott Y. Nishimoto and respected Committee Members:

Two new proposals, making amendments to the present Medical (Marijuana) Cannabis Law were welcomed by all of you as by accepting the recommendations absolutely needed that should be taken and the many new positions and stands we **must** take to **stimulate revenue**, while **reducing drug crime** on all Islands.

I will begin slowly, to explain the amenities to the Bill by increasing the annual fee from \$25.00 to \$50.00, which at almost 4,600 patients and their caregivers (about of which 4,000 are actual Patients), increases revenue annually by \$250,000.00. *Patients will not complain, when they see how much it costs for a 30 day supply of Medication.*

Of most importance, regardless of the negative and whining testimonies from each department is:

Moving the Administration, Record Keeping, Licensing Producers/Cultivators (not applicable in HB 1194), Secure Growing Facilities (State applicable, in HB 1194, due to State's Full Control) and the Protection of Confidential information of the present Program, because of the **Department of Health following HIPPA Guidelines.**

This is primarily due, to the actual **medicinal relationship** between **cannabis** (*presently called marijuana, also to be amended*) and the treatment of most chronic illnesses and debilitating conditions, decided **only** by your Physician and as set forth through the guidelines of the Department of Health and the **new and permanent, Hawai'i State Medical Distribution Program Advisory Board.** The 11 member Board are not compensated in any way. This is including but certainly not limited to the use of HIPAA rules, instead of Law Enforcement rules for the protection of personal and confidential information.

The text and proposals in HB 1194, also relating to a new & viable, Hawai'i State Medical Cannabis Distribution Program, is my ORIGINAL text, which puts the State in FULL control, leaving no room for any third party corruptions, moves the Administration of the Program from the Department of Public Safety to the Department of Health. All three proposals are quite supported but will need some swift JOINT decisions while making honest, realistic and compassionate judgments, that finally cares FIRST, about the Qualified Patients, their Caregiver, their Physician, resulting in the General Public's Safety, reducing drug use in our Youth and Schools and less crime and incarcerations, due to less addicts becoming a part of the program.

I will probably like to combine HB 967 and HB 1194 (letting SB 418 remain HB 967 companion) because one of them is missing the NEW & PERMANENT ADVISORY BOARD and a 24/7 Hotline link for Law Enforcement to use for Verification and these Bills, especially HB 1194, takes the middle men out of the process, NO corruption and patients will no longer HAVE to grow their own medicine, which they should never have been asked to do in the first place. Patients and Caregivers will be dispensed no more than 4 ounces TOTAL per 30 days.

At \$1.00 a gram in **Processing and Dispensing Fees** the Patient pays **only \$84.00 a month.**

The State Revenues over \$5,000,000.00. NO CANNABIS IS BEING SOLD SO NO FEDERAL LAW WILL WE BE BREAKING! I called NORML in D. C. and LEAP, Law Enforcement Against Prohibition to clarify that and they gave us the green (no pun intended) light to move forward. They also said that with the economy, which these Bills will take in Millions and Millions more each year too.

Okay, one funny but enlightening notion. Do any of you think that if we added Reciprocity in to the Bill like last year, our Tourism would increase? Many EXPERTS analyzing this situation do.

I am now a chronically ill patient with HIV for 18 years, and I want to make clear all the amendments and additions needing to be made and graciously ask that you all collaborate and pass this Bill out to Judiciary with amendments merging HB 1194 in to HB 967.

I **cannot** go another year trying to grow cannabis or my health will definitively decline.

Please Note that I am the Founder and President of West O`ahu Hope For A Cure Foundation, who cares for and prevents people at risk for HIV/AIDS, Hepatitis A, B & C, and Alcoholism/Drug Abuse.

I have also been a Certified Substance Abuse Counselor for 15 years so I feel more than confident that Cannabis is NOT a gateway drug and there are really no side effects or additive qualities that would keep a Doctor from prescribing it in Hawai`i, because of how they have been treated.

Mahalo so Much for this Opportunity to Testify and Share my Views.

Joseph B. Rattner, O.D., C.S.A.C.

808-685-6702

Joseph B. Rattner, O. D., CSAC

Founder and Executive Director *WOHFAC*

Certified HIV and Hepatitis Educator, Tester & Referral Specialist

Certified Substance Abuse Counselor

West O`ahu Hope For A Cure Foundation

"Hope For A Better Tomorrow"

**HIV/AIDS ~ Hepatitis A, B, C ~ Substance Abuse/Alcoholism ~ STD's
Testing, Counseling & Referral Specialists**

91-211 Maka`ina Place

PO Box 2487

Ewa Beach, Hawai`i 96706

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24-hour Hotline: (808) 781-3663

Foundation Email: info@WestOahuHopeForACure.org

Foundation Web Site: www.WestOahuHopeForACure.org

Director's Email: jbr@WestOahuHopeForACure.org

COMMITTEE ON PUBLIC SAFETY

Representative Faye P. Hanohano, Chair

Representative Henry J.C. Aquino, Vice Chair

COMMITTEE ON HEALTH

Representative Ryan I. Yamane, Chair

Representative Scott Y. Nishimoto, Vice Chair

HEARING DATE: February 5, 2009

TIME: 5:00 PM

PLACE: Conference Room 309

BILL NUMBER: HB 967

IN STRONG SUPPORT WHEN AMENDED AND MERGED WITH HB 1194

I am writing in support of HB 967. I believe in transferring the Medical Marijuana (Cannabis) licensing to the Department of Health. I believe that any program that has to do with medical patients or question should be in the department that deals with these issues on a day to day basis. The Department of Health also knows about the HIPPA Laws.

The Department of Public Safety in its wisdom sent all of the licensed patients, caregivers, Doctors, diagnosis, and addresses of their homes and growing facilities to a reporter of a newspaper. The State should allow the Department of Public Safety to be responsible for the security of the growing facilities and for the transportation to dispensaries' and the protection to the general public from illegal drug pushers.

I believe that legitimate patients and their caregivers have the same rights as the general public does when it comes to filling a Physicians prescription when they have already been approved by the State through the licensing and fees paid. I also believe in tightening the

laws with an advisory board and I also agree with the stipulations in HB 1194. I would think that if you merged both of these bills, along with SB 418 which is the companion bill then the public and the state profit, while the profiteers who try to make money from the suffering of others are no longer in the picture.

For these reasons, I strongly support the content of both measures.

Thank you for giving me the Opportunity to Testify.

Lila Rattner

Director-Advisory Board of West O`ahu Hope For A Cure Foundation

91-211 Maka`ina Place

PO Box 2487

Ewa Beach, Hawai`i 96706

808-685-6677

Lilasol47@aol.com

From: Bill Best [bestb002@hawaii.rr.com]
Sent: Wednesday, February 04, 2009 3:03 PM
To: PBStestimony
Subject: supporting bills HB1192, 1194, 967, 1191, 1635, 1149

Categories: Green Category

As a sufferer of chronic pain for whom no prescription or over-the-counter drugs work, I so appreciated when my doctor suggested that I get a registered with a patient ID certificate. I always felt grateful to live in this humane state of Hawaii. Anything I can do to help in keeping patients' right to use this benign drug, I'd be happy to. Science is on our side, and I am glad to see politicians representing the citizens on this rather than drug or alcohol lobbyists who want to demonize marijuana.

Mahalo for allowing me input.

Barbara Best
280 Hauoli Street
Wailuku, HI 96793

From: Danielle Bass on behalf of Rep. Ryan Yamane
Sent: Wednesday, February 04, 2009 2:59 PM
To: HLTtestimony; PBStestimony
Subject: FW: Testimony for hearing on several bills this Thursday, 02-05-09 at 5:00 PM

Categories: Green Category

-----Original Message-----

From: Bill [mailto:divrb@netzero.net]
Sent: Wednesday, February 04, 2009 2:40 PM
To: Rep. Ryan Yamane
Cc: Rep. Scott Nishimoto
Subject: Fw: Testimony for hearing on several bills this Thursday, 02-05-09 at 5:00 PM

----- Forwarded Message -----

Aloha,

I am in support of the following House Bills and urge you to support them also. These are HB 1191, HB 226, **HB 967**, HB 1194, and HB 1192.

As a medical marijuana patient I have known only too well the difficulties encountered with growing and/or acquiring my medicine. The state of Hawaii supports and allows for persons with a medical marijuana recommendation from a physician to utilize cannabis in their treatment, but provides no means for them to obtain their medicine in a safe and legal manor. This not only forces people to seek out sources on the black market (thus encouraging this illegal market) but also forces patients unable to acquire or grow their medicine to take other prescribed medications proven to more harmful to the health than cannabis.

The state of Hawaii has shown that they believe in and support medical marijuana and it is about time that they do something to help the patients further. I have seen and know of many people that have turned their lives around by treating their medical ailments with cannabis instead of prescription drugs or narcotics. People unable to function due to the effects of narcotics finally functioning because they were able to eliminate them. An elderly gentleman that was hardly able to walk due to diabetic neuropathy finally walking without issues due to cannabis. No other medications helped him. Cancer patients eating instead of wasting away, people that have eliminated the need to take multiple medications (which has been proven to increase the likelihood of side effects) by switching to cannabis, and I could go on and on. Cannabis has been proven to be beneficial for a multitude of medical ailments and any bills regarding the support of medical marijuana in this state, especially those that provide an easier means for patients to acquire or grow their medicine, should definitely be encouraged to become law.

At this time I am also asking and encouraging you to oppose HB 1635.

Mahalo and Aloha,
Bill Cox

From: Matt Rifkin [mattrifkin28@gmail.com]
Sent: Tuesday, February 03, 2009 6:08 PM
To: PBStestimony
Subject: Committee hearing on February 5th regarding medical marijuana legislation

Follow Up Flag: Follow up
Flag Status: Flagged

Aloha to the Public Safety Committee members....

I am a medical marijuana patient on the Big Island, and I would like to add my comments to the record for a variety of bills that have been proposed....

HB 1192 - Civil penalties for possession of marijuana - SUPPORT

The voters of the county of Hawaii passed a "Lowest Law Enforcement Priority" bill in November 2008, and I feel that this should be extended state wide. I do not feel that possession of small amounts of marijuana merits jail time.

HB 1191 - Medical Marijuana Distribution System - SUPPORT

Growing medical marijuana is not easy, and many patients are unable to do. Having a secure location where plants can be safely grown is a far better alternative than being forced to purchase medicine from the illegal black market. Increasing the number of plants and quantity of dried, usable medicine is also a good idea, as each patient has their own unique needs.

HB 226 - Medical Marijuana - SUPPORT

Removing the "location of marijuana" from the ID card is a good idea. Protecting sensitive information, such as a patient's qualifying condition, is also important. Law enforcement does not need to know the specific illness of a patient, only that the patient is legally allowed to possess and grow medical marijuana.

HB 1194 - Medical Marijuana - OPPOSE UNLESS AMENDED

I support moving the medical marijuana program from the Narcotics Enforcement Division to the Department of Health. It makes sense for the Health Department to administer this program. I think a state wide distribution system is an excellent idea, but it should not be the only option for a patient. The patient (or caregiver) should be allowed to grow medical marijuana too. Many patients are on a fixed income, and raising the application fee from \$25 to \$50 could be a hardship for such people.

HB 967 - Medical Marijuana - OPPOSE UNLESS AMENDED

Law enforcement has no need of being given information about caregivers on a weekly basis. If illegal activities take place, there are penalties already in place. Raising the application fee during these difficult times from \$25 to \$50 could be a hardship for many patients.

HB 1635 Controlled Substances, Medical Marijuana - STRONGLY OPPOSE

Qualifying Conditions should NOT be reduced or limited, they should be expanded. There are already criminal penalties for violating Hawaii's medical marijuana, we don't need more. Educating the police force on what the law is and having them stop arresting patients is more important.

Respectfully submitted,
Matthew Rifkin
HC 1, Box 4078
Keeau, HI 96749

I, Matthew Simmons UH Social Work Student Support HB 967.

Committee on Public Safety

Thursday February 5, 2009 @ 5:00 pm

With hundreds of studies to site pros and cons of medicinal marijuana, I believe that it is extremely valuable to note that the 1999 Institute of Medicine report had found that there was overwhelming evidence to support the use of medicinal marijuana including but not limited to the types of illnesses that it helps with: AIDS (HIV) & AIDS Wasting, Alzheimer's Disease, Appetite / Nausea, Arthritis, Asthma / Breathing Disorders, Chemotherapy, Crohn's / Gastrointestinal Disorders, Epilepsy / Seizures, Glaucoma, Hepatitis C, Migraines, Multiple Sclerosis / Muscle Spasms, Pain / Analgesia Psychological Conditions, Tourette's Syndrome, & Terminally Ill.

Although the report did discuss in detail some of the cons of marijuana the report concluded that it was not outside the realm of potential risk factors that current prescription medicines fall in.

It is my hope that with the signing of this bill we can eliminate big business in medicine by offering a natural alternative, which in most instances will be cheaper, less toxic, and as accessible as other prescription medicines.

I further support this bill because it provides oversight and accountability for services that a large portion of our population in Hawaii can benefit from. I also believe that the appropriate department to handle issues pertaining to Medical Cannabis is the DOH since this is a medical discrimination issue. Thank you for affording me the time and opportunity to share with you my thoughts on this issue.

Testimony of Michael Foley
University of Hawaii at Manoa
tel: 808-281-7043 e-mail: mfoley@hawaii.edu

In support of HB 1192, HB's 1191 and 226,

Opposed to HB's 1194 and 967 unless amended,

And strongly opposed to HB 1635.

Public Safety Committee, Human Services Committee, Health Committee

February 5, 2009 at 5:00 p.m.

Aloha members of the Committee:

My name is Michael Foley. I am from Maui and currently a full-time graduate student at the University of Hawaii at Manoa where I study biomass renewable energy. Last year, while conducting research on how to sustainably produce energy from agriculture in Hawaii, I began looking into the marijuana issue.

Having read the findings of numerous studies published in respectable science, engineering and medical journals, I am taken by the miraculous nature of the cannabis plant. Not only can this fast growing hardy plant be used to create a host of sustainable non-toxic products from fuel to plastics to lumber, but its flowers have also been proven to provide numerous medical benefits to human beings.

In this time of global change, it is important to reform public policies to allow our society to evolve. Recent polls by news media organizations have shown that an overwhelmingly majority of the Americans support the decriminalization of cannabis. With a well-informed logic, and the deepest respect and Aloha for the people and lands of Hawaii, I support any change to public policy that will bring our society closer to harnessing the full potential of the cannabis plant. It is with this perspective, that I:

- Support HB 1192, which would make possession of less than an ounce of marijuana a citable offense punishable by a \$100 fine;
- Support HB's 1191 and 226, which would improve Hawaii's medical marijuana program;
- Oppose HB's 1194 and 967 unless amended so that patients or a caregiver can grow medical marijuana in addition to having the option of obtaining it from state-registered organizations. The law should allow patients to obtain their medications in the most economical and convenient way possible.
- Strongly oppose HB 1635, which would place unnecessary restrictions on medical cannabis program participants and limit qualifying conditions to cancer,

glaucoma, and HIV/AIDS. Medical doctors are the experts on the benefits of cannabis treatment and they should not be limited from prescribing it for a condition that it will treat.

Please take the time to question your previous assumptions about marijuana and be open to learning new information. It is time for us to accept and harness all the benefits that the cannabis plant has to offer. Mahalo for your consideration.

With Aloha,

Michael Foley
Research Assistant
University of Hawaii at Manoa
4477 Kahala Ave.
Honolulu, HI 96816
808-281-7043

From: lionel [lionel@cruzio.com]
Sent: Thursday, February 05, 2009 11:13 AM
To: PBStestimony
Subject: HB 1191, 1192, 226, 1194, 1635 and 967

Aloha,

Please support HB 1192, which would make possession of less than an ounce of marijuana a citable offense punishable by a \$100 (one hundred dollar) fine.

I also support HB 1191 and 226, which would improve Hawaii's medical marijuana program. HB's 1194 and 967 need to be amended so that they improve the state's medical marijuana program, and I strongly oppose HB 1635, which would place unnecessary and arbitrary restrictions on program participants and limit qualifying conditions to cancer, glaucoma and HIV/AIDS.

HB 1192

SUPPORT

Possessing small amounts of cannabis should not in and of itself, something that warrants jail time.

Arresting people for possession of cannabis saddles them with a damaging criminal record that can make it impossible for otherwise law abiding citizens to obtain a job, housing or student loans.

Laws and policies should never cause more harm than that which they seek to regulate and control.

Massachusetts, along with eleven other states, has already passed laws that make the possession of small amounts of cannabis a citable offense. State legislatures in Connecticut, Texas, Vermont and Washington are currently considering bills that would do the same.

HB 1191

SUPPORT

Patients who cannot grow for themselves need help producing enough medicine to keep them adequately supplied. Allowing state-registered growers to serve several patients at once is smart because it creates an alternate source of medicine that patients can rely on when they need to.

Patients shouldn't have to resort to the unreliable and often dangerous criminal market to get their medicine - they should be able to get it from an organization like those HB 1191 establishes.

HB 226

SUPPORT

Doing away with the mature/immature distinction will make it much easier for patients and police to determine who is within the bounds of the law and who is not.

Allowing state registered caregivers to grow for up to five patients is a good idea because it allows for growers to serve the needs of several patients at once, and in one place. Also, growing several marijuana plants is often easier than growing only a couple; plus, it enables caregivers to better account for unseen problems, such as plant disease, insects, or a power outage that can wipe out an entire yield of medicine.

Protecting sensitive information like a patients qualifying condition is the right thing to do. Law enforcement officers do not need to know anything about a medical marijuana patient other than whether or not they are legal.

HB 1194

OPPOSE UNLESS AMENDED

Transferring the medical marijuana program from the department of public safety to the department of public health makes sense because the department of health is better equipped to deal with health issues and should be the agency responsible for handling confidential patient information.

Just this past June, the public safety department's Narcotic Enforcement Division (NED) mistakenly released the names and personal information of 4,200 patients to the Hawaii Tribune-Herald. This was a huge breach of confidentiality that resulted in an official apology from NED to patients, along with instructions for patients to take necessary precautions to protect any information NED may have released.

Although establishing a state distribution system is a good way to improve patient access to medicine, it should not be the only source of medicine. Patients or a caregiver should be allowed to grow medical marijuana in addition to state-registered organizations.

Many patients are on fixed income, and increasing the application fee from \$25 to \$50 will be a financial hardship for many.

HB 967

OPPOSE UNLESS AMENDED

Transferring the medical marijuana program from the department of public safety to the department of public health makes sense because the department of health is better equipped to deal with health issues and should be the agency responsible for handling confidential patient information.

Although creating an advisory board to review and approve additional qualifying conditions and develop a distribution system to provide medical marijuana to patients is a good idea, law enforcement should have no interest in receiving information about caregivers on a weekly basis unless a caregiver is engaging in illegal activity, for which there are already penalties established.

Many patients are on fixed income, and increasing the application fee from \$25 to \$50 will be a financial hardship for many.

HB1635

OPPOSE

There are already criminal penalties for violating Hawaii's marijuana laws - we do not need more.

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

We should be looking to expand conditions that qualify patients for Hawaii's medical marijuana program, not limiting them

The government of Israel and numerous independent studies have established that marijuana consumption prevents conditions and offers protection from including but not limited to, dementia, stoke, brain damage from trauma or stroke, degenerative nervous disorders, cancers and also extends life.

The Canadian Broadcast Corporation recently aired a two hour special entitled, "Run From The Cure, the Rick Simpson Story". CBC documents that Mr. Simpson has cured, with doctor supervision, dozens of people in his community of melanoma's and other cancers, as well as diabetes using a potent marijuana oil.

According to the CBC, manufacture of Mr. Simpson's oil requires one pound of cannabis flowers per one ounce of oil. Patients require one ounce of oil per month.

These realities should play a role in the crafting and implementation of intelligent and humane medical marijuana policy.

Aloha,
Lee Eisenstein
Hawaii

From: Pam Lichy [pamelalichy@gmail.com]
Sent: Wednesday, February 04, 2009 10:43 AM
To: PBStestimony
Subject: testimony for 2/5, 5 p.m. hearing re HB967

TO: HOUSE COMMITTEES ON PUBLIC SAFETY & HEALTH
FROM: PAMELA LICHTY, MPH, PRESIDENT, DRUG POLICY ACTION GROUP
RE: HB967 RELATING TO MEDICAL CANNABIS
DATE: FEBRUARY 5, 2009

Aloha, Chairs Hanohano and Yamane and members of the Committee on Public Safety and the Committee on Health. Again thank you very much for scheduling this hearing today; I'm sorry I could not be there in person since I'm currently on the mainland. My apologies also for the appearance of this testimony.

We are in general support of this measure with a few reservations. We agree that the term "cannabis" is preferable to "marijuana" for many reasons, but given the problems with the program, we do not consider this nomenclature change to be a high priority. To my knowledge the 12 other states with programs do not use the term "cannabis" although it is commonly used abroad.

We have commented in the testimony on the prior bill (HB1194) about the desirability of moving the program to DOH as well as setting up a state authorized distribution system. We would very much like to see these changes enacted.

Again we wish to go on record opposing any increase in the program fees since we do not want to create any additional burden for patients served by the program.

Mahalo for the opportunity to testify.

--
Pamela G. Lichy, MPH
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