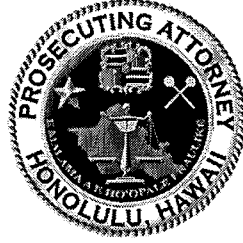


SB 1458

DEPARTMENT OF THE PROSECUTING ATTORNEY
CITY AND COUNTY OF HONOLULU

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**THE HONORABLE DAVID Y. IGE, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS
Twenty-sixth State Legislature
Regular Session of 2011
State of Hawai'i**

February 24, 2011

RE: S.B. 1458; RELATING TO HEALTH.

Chair Ige, Vice-Chair Kidani, members of the Senate Committee on Ways and Means, the Department of the Prosecuting Attorney of the City and County of Honolulu submits the following testimony in opposition to S.B. 1458, S.D. 1.

The purpose of this bill is to establish a licensing system and process to permit the commercial cultivation, manufacture, and sale of medical marijuana.

At this time, State law permits the limited possession, use and cultivation of marijuana only for individuals bearing certain exigent and closely monitored medical conditions (and their caregivers). State law does not permit or provide for the commercial production, sale and/or distribution of marijuana, which—outside of these very limited purposes—is categorized as a Schedule 1 controlled substance. Even with the security measures outlined in S.D. 1, there is enormous potential for abuse and negative impact on the public, and the Department is strongly opposed to normalizing or encouraging the commercial production, sale and/or distribution of marijuana in Hawaii.

Of particular concern, the proposed statutes do not limit the amount of marijuana or marijuana-infused products that may be cultivated, processed, stocked or sold by any of the three levels of licensees, except to the extent that they are limited to an "adequate amount" per qualifying patient, with no limit on the number of qualifying patients covered per licensee. This bill would also increase the amount of usable marijuana permitted per qualifying licensee, by nearly 400%, and further permit Class 1 licensees to carry 6 ounces of usable marijuana per registered patient "per fourteen-day period."

Another important concern is that Class 3 licensees are permitted to sell "medical marijuana-infused products," such as hashish, which are currently not permitted for medical use, are considerably stronger and more potent than even regular marijuana, and thus, are currently subject to stricter possession and promotion controls and enforcement than regular marijuana. This bill does not appear to establish any limits to the amount of medical marijuana-infused products that may be possessed by a qualifying patient and caregiver, nor does it limit the amount that can be processed, stocked or sold by a Class 3 licensee.

Given the potential for licensees to cultivate, process, stock and/or sell vast amounts of marijuana and marijuana-infused products in Hawaii, as well as the potential for vast numbers of businesses to be licensed under these proposed statutes, the Department strongly believes that this bill presents a high risk of abuse and negative impact on the public. For these reasons, and based on all of the foregoing concerns, the Department of the Prosecuting Attorney opposes S.B. 1458, S.D. 1. Thank you for this opportunity to testify.



ALAN M. ARAKAWA

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YOUR REFERENCE

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GARY A. YABUTA
CHIEF OF POLICE

CLAYTON N.Y.W. TOM
DEPUTY CHIEF OF POLICE

February 23, 2011

The Honorable David Y. Ige, Chair
and Members of the Ways and Means
The Senate
State Capitol
Honolulu, Hawaii 96813

RE: Senate Bill No. 1458, SD1, Relating to Health

Dear Chair Ige and Members of the Committee:

The Maui Police Department does not support S.B. No. 1458, SD 1, that proposes to create three classes of medical marijuana licenses and makes medical marijuana sales subject to income and excise taxes and other related fees. These proposed amendments are contrary to, and in violation of, existing federal laws.

“United States Supreme’s Courts decision and reasoning in *Gonzales v. Raich*, the United States Supremacy Clause renders California’s Compassionate Use of Act of 1996 and Medical marijuana Program Act of 2004 suspect. No state has the power to grant its citizens the right to violate federal law. People have been, and continue to be, federally prosecuted for marijuana crimes.”

Establishments of “compassion centers” in the communities in our island state will have an adverse affect on the lives of our citizens. You do not need to look any further than communities ravaged with the negative fallout of like centers in unincorporated areas like Los Angeles County and Orange County.

On February 10, 2011, Montana’s House of Representatives voted 67-37 to pass Montana’s House Bill 161 that would repeal Montana’s Medical Marijuana Law. In 2004, 62 percent of Montana voters supported the ballot measure legalizing the use of marijuana for medical purposes, while 38 percent opposed it.

Montana’s NBC affiliate reported on February 5, 2011 that in 2008, Montana had approximately 1,000 people that were authorized to use medical marijuana. Today, Montana has approximately 29,000 people who are authorized to use medical marijuana..

The Honorable David Y. Ige, Chair
And Members of the Committee on Ways and Means
February 23, 2011
Page 2

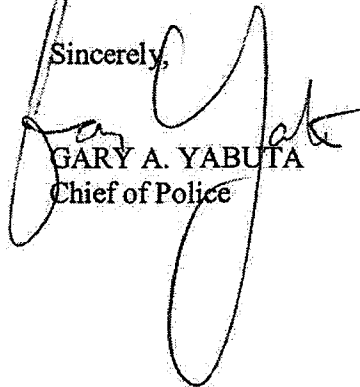
A coalition in Montana named Safe Community Safe Kids reported statistics from the National Highway Traffic Safety Administration that revealed in 2009, Montana ranked second in the nation, after Alaska, for marijuana involvement in fatal crashes, according to the report "Killer on the Highway," compiled by Rebecca Sturdevant, who became an anti-DUI activist after a drunken driver killed her son, Highway Patrol Trooper Evan Schneider, in 2008. Thirteen percent of the Montana motorists in the deadly crashes had used marijuana, compared to four percent nationwide.

In addition, proposing to tax the sales of marijuana as a source of income for our state to alleviate our current economical hardships is short sighted, and another attempt to make marijuana socially acceptable. S.B. No. 1458, SD1, reminds me of a quote by Machiavelli, "the ends justify the means." It does not.

The Maui Police Department asks for your support in opposing S.B. No. 1458,SD1.

Thank you for the opportunity to testify.

Sincerely,



GARY A. YABUTA
Chief of Police



the
**Drug Policy
Forum**
of hawai'i

February 24, 2011

To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

From: Jeanne Ohta, Executive Director

Re: SB 1458 SD1 Relating to Health
Hearing: Friday, February 24, 2011, 9:00 a.m., Room 211

Position: Support

The Drug Policy Forum of Hawai'i writes in support of SB 1458 SD1 Relating to Health which would establish medical marijuana compassion centers and establish three classes of licensees who would distribute, grow, and manufacture products to qualifying medical marijuana patients.

Comments on Amendments:

- Limits on the number of compassion centers allow the agency administering the program to determine how much the oversight may cost, but those limits also limit potential revenue. The maximum number of centers would be 22 in the state.
- Approximately half of the registered patients live on the Island of Hawai'i. Therefore 6 centers there would seem to be insufficient.
- Restrictions on locations to two miles between other licensees maybe more problematic for urban areas than for rural ones. The focus should be on the needs of the patients; these limits may restrict access, when this measure is meant to create access.
- The added requirement for video surveillance 24/7 for all classes of licensees makes little sense for Class 3 licensees who may not use their kitchen facilities every day, nor would they have inventory on hand every day.

General Comments:

The most urgent need according to most patients is the establishment of a legal, safe, and reliable source for their medicine. Establishing a system for compassion centers is certainly one way of fulfilling the need of patients and solving a gray area in the law that established the current 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. Even more

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confusing is that the Department of Public Safety has said that the only legal transfer of marijuana is between a registered patient and that patient's registered caregiver. Caregivers are difficult to find and they are currently limited to assisting only one patient.

Dispensaries are necessary because many patients want a legal, reliable and safe source for their marijuana. Many patients are unable to grow their own medicine because some live in apartments or condominiums; others live in areas where their plants are not secure and are subject to vandalism or theft; others are just too sick to provide the care needed for their plants to grow to maturity. Patients should not be forced to go to neighborhood drug pushers for their medicine.

It is difficult to find general agreement on taxing medical marijuana. While it may be appropriate to collect fees from the dispensary as a business, through licensing fees, for example; medical marijuana patients should not be singled out for excise and other special taxes when other medical goods and services are not. Medical marijuana is an expense not covered by health insurance. Many patients suffer from chronic illnesses and should not be burdened with additional expenses.

We are concerned that this measure assigns the licensing and other responsibilities of oversight of the compassion centers to the Department of Health, but still maintains the registration of the patients with the Department of Public Safety. DOH is the more appropriate department for the patient registry.

The bill is vague as to what a patient would do if he wants to grow his own supply, but supplement it with product from a compassion center when his garden does not produce a sufficient supply.

We hope that Hawaii will have a system with sufficient controls, but not so overly restricted as to make it difficult for patients to have reasonable access to the medical cannabis that they need. We believe that which system is instituted, the focus should be on the needs of the patients.

We urge the committee to pass this measure. Thank you for this 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."

After the United States Supreme Court ruled on *Gonzales v. Raich* (125 S. Ct. 2195, 2005) Attorney General Mark Bennett made the following statement:

"This ruling does not overturn Hawaii's law regarding medical use of marijuana. The State of Hawaii will continue its medical marijuana program." He also said, "An act that is criminalized under federal law is not necessarily a criminal act under state law, and vice versa. The federal government decides what acts are criminal in the federal system, and each state decides what acts are criminal in each state system."

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."

A the Drug Policy
Action Group

A sister organization of the Drug Policy Forum of Hawai'i
PO Box 61233, Honolulu, HI 96839 ~ (808) 988-4386

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

TO: Senate Committee on Ways and Means

FROM: Pamela Lichty, MPH
President

DATE: February 24, 2011, 9 a.m., room 211

RE: S.B. 1458, S.D. 1 RELATING TO HEALTH – **IN STRONG SUPPORT**

Aloha Chair Ige, Vice Chair Kidani and members of the Committee. My name is Pam Lichty and I'm testifying in support of this measure on behalf of the Drug Policy Action Group. I also served as Co-Chair of the Medical Cannabis Working Group (MCWG) which was convened by Senator Espero last year. The Executive Summary of the report we issued one year ago is included in my testimony.

The bill under consideration today, which would establish medical marijuana licenses in Hawai'i, is a lengthy and complex one. It is also a very important one since the recommendation to establish medical marijuana (or cannabis) dispensaries was the top priority for the Working Group. All of the stakeholders from patients to caregivers to physicians to the many people who were surveyed believed that it was imperative to address this glaring omission in Hawai'i's medical marijuana program.

The program, as you are aware, has been in place since 2000, but has never been updated. In the meantime many other states plus the District of Columbia have implemented programs (fifteen in total) and there are now seven states (plus DC) which have dispensaries in place or in formation.

Some of those states have excellent systems in place; some are not well thought out or implemented. **I wish to emphasize that Hawai'i is starting from scratch here and has the opportunity to do this right.** The Working Group looked at all the models elsewhere and the Drug Policy Forum of Hawai'i has also had two legal interns researching the issues and some good examples stand out.

The bad examples such as LA county get the most publicity, but bear in mind that the California law is by far the most broadly worded of any state – each county does their own thing – and Hawaii’s tightly written law in no way resembles theirs.

Rather we are looking to states such as New Mexico, Rhode Island, and Colorado for well-designed and tightly regulated models. In these states the dispensaries protect public safety while meeting the needs of the many patients they serve with attention to confidentiality, safe medicine, and high standards of care.

I would like to offer some specific comments on the measure before us which is based in part on the Colorado model.

Here are some specific comments:

- SB 1458, SD 1 makes the Department of Health the responsible entity for overseeing all three classes of licenses. It may be more appropriate to give responsibility for the licensing portion of this measure to a different department such as DCCA which issues other types of licenses. We note that in Colorado it is the Department of Revenue that handles this aspect of the Medical Cannabis program.
- In Colorado as in virtually every other state, the Department of Health handles the patient registry. Simply put, it is unacceptable that the Narcotics Enforcement Division (NED) of the Department of Public Safety remains in charge of the patient registry. The hostility of NED to the program it administers has become common knowledge among patients, physicians and caregivers alike and their poor program management has resulted in breaches of confidentiality and waits of four months for the simple registration card (“blue card”) to be issued. **One of the main recommendations of the MCWG was to move the program from PSD to DOH.**
- It is important to set the licensing fees for all three classes of licenses at reasonable levels. This law could indeed result in enhanced revenue for the state at a time when this is sorely needed, but the fees should not be so high that they create major barriers for a small business or non-profit. After all they must invest in the application fee months before they are likely to see any income. Below are some examples of the fees other states have set and some of the uses to which they put them:

CO

Dispensaries	\$1,800
“Optional Cultivation Centers”	\$500
Manufacturers	\$500

Applicants must post \$5 K bond w/ state to insure that all taxes are paid; sales tax is waived for indigents. State Licensing Authority (SLA) collected \$7.34 million in fees. All fees reviewed annually by SLA to reflect direct & indirect costs.

First \$2 million in sales tax annually: one half goes towards health services for juveniles & adults with substance abuse/mental health disorders who are at risk of criminal justice involvement. Second half to DOH for screenings and referrals for sub. abuse.

DC - Non Profits & For Profits

Annual Application Fees:

Dispensaries	\$10,000
Cultivation Centers	\$5,000

Low income: 2% of gross revenues to be used for sliding fee registration

ME (non profits only)

Application Fee (\$14 K returned if not approved)	\$15,000
Annual Renewal Fee	\$15,000

NJ

(New program; not in effect yet. First 6 must be non-profit; Additional dispensaries may be for profit)

Dispensaries (\$18K back if not approved)	\$20,000
“Satellite Sites”	\$10,000

RI (Non profit only)

“Compassion Centers”	non-refundable	\$250
If approved	(every 2 years)	\$5,000

- We are pleased to see that the sales tax of 15% has been deleted from this draft. We were concerned that such a tax would have posed an undue burden on the patients all of whom have costly medical conditions and some of who are impoverished.
- We are also pleased that there is a provision for out of state visitors, with cards from their home states, to obtain temporary certificates to use the Compassion Centers. This makes a great deal of sense for a tourist destination like Hawai`i. But we believe the \$100 fee is too high since the average visitor is likely to be here for only 1-2 weeks.
- We are also pleased to see that the measure would increase the definition of “adequate supply” and permit each patient to have seven plants (omitting the “mature/immature” definition which has proved problematic) and two ounces of useable marijuana per plant (up from the current one ounce). While the desirable amounts are open to debate, this was another recommendation of the Working Group and is a move in the right direction.

EXECUTIVE SUMMARY MEDICAL CANNABIS WORKING GROUP - February 2010

The Medical Cannabis Working Group ("MCWG") convened in October 2009 to conduct a study and make recommendations to the 2010 Hawai'i State Legislature to improve the state's ten-year-old medical marijuana program.

The MCWG, tasked with completing the mission of Act 29, establishing the Medical Cannabis Task Force, which was enacted over a veto by Governor Lingle but never convened, examined current state statutes, state administrative rules, and all county policies and procedures relating to the medical marijuana program. Further, it examined issues and obstacles that qualifying patients, physicians, caregivers, and law enforcement officials have encountered with the medical marijuana program. MCWG also compared and contrasted Hawaii's medical marijuana program with all other states' medical marijuana programs.

Based on the results of its study and a public survey, MCWG recommends that the following immediate actions be taken by the Legislature to improve Hawaii's medical cannabis program:

- 1. Create a distribution system so that patients do not need to resort to the black market to obtain their medicine [emphasis added];***
2. Increase the allowable number of plants and the amount of usable cannabis to ensure that patients have an adequate supply of their medicine;
3. Allow caregivers to care for at least five patients to ensure that patients are assured of an adequate supply and a competent caregiver; and
4. Transfer medical marijuana program oversight from the Department of Public Safety - a law enforcement agency -- to the Department of Health.

Additionally, MCWG recommends that the Legislature take action to ensure that the program addresses patient needs such as enhanced confidentiality, presumptive eligibility, faster certification, and access to forms and other necessary documents on the program website.

MCWG also urges the Legislature to facilitate the development and implementation of policies and procedures to facilitate inter-island transport of medical cannabis, and direct the counties and relevant administrative agencies to educate law enforcement and public safety officers on the medical cannabis law as a whole.

Other recommendations address healthcare matters such as creating a protocol for adding new covered medical conditions; expediting coverage for hospice patients; and extending the validity of program certification for more than one year for patients with chronic conditions.

Finally, since not all of the problems with the program need to be addressed by legislative action, MCWG recommends that the Medical Cannabis Working Group be permanently convened to identify and help implement strategies, both legislative and administrative, to improve Hawaii's program.



LAW ENFORCEMENT AGAINST PROHIBITION

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Force, Wales, UK

For SB 1458 SD1

To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

From: Jay Fleming, on behalf of
LAW ENFORCEMENT AGAINST PROHIBITION (LEAP)

RE: SB 1458 SD1 Relating to Health
Hearing: Thursday, February 24, 2011, 9:00 a.m., Room 211

Position: Support

Distinguished members of the Committees, thank you very much for the opportunity to present the views of Law Enforcement Against Prohibition (LEAP) in favor of SB 1458 SD1. I fought against the drug trade for 15 years, including time spent as an undercover narcotics officer. I am a speaker for LEAP, an organization of 35,000 current and former criminal justice professionals and civilian supporters. We are cops, sheriffs, prosecutors, judges, prison guards and others from nearly every level of law enforcement.

As a former officer, I know that the voice of police is crucial in the dialogue about drug policy. But in the case of medical marijuana, physicians, caregivers, and patients are the ones who should be making decisions about medical care. It is inappropriate for the police to substitute our judgment for that of physicians and those in need of the care of physicians.

When it comes to the message we are sending our children about marijuana, the message should be the same as for all other medicine: that medicine is to be used under a doctor's care and not to be abused.

As someone who is both a law enforcement officer and a patient, I can tell you that the only parties with authority on who requires what type of medicine and how it should be used are the doctor, the patient, and the caregiver.

One area where law enforcement *is* qualified to speak regarding medical marijuana is in the area of public safety. Patients need to have access to adequate amounts of medicine, however much that is deemed to be, so that they do not need to search for that medicine in the streets, risking their safety and benefiting illicit drug dealers. Patients need dispensaries as a secure and safe place to access medicine. Forcing patients to go into the streets to buy marijuana benefits the criminal element and threatens patient safety.

We urge you to take the opinions of doctors, caregivers, and patients into account and pass the improvements to the Hawai'i medical marijuana laws contained in SB 1458 SD1.



To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

RE: SB 1458 SD1 Relating to Health
Hearing: Thursday, February 24, 2011, 9:00 a.m., Room 211

Position: Support with reservations

Our chapter supports licensed dispensaries. Patients need safe, secure locations where they can go to purchase medicine. However, we feel patients should be allowed to medicate at the dispensaries. Since using in public is not allowed, and a patient may have to travel a great distance before returning home, a place inside the dispensary should be set up for this purpose.

There are 5,000 patients on the Big Island, yet you wish to restrict the licensed dispensaries to only 6. Shouldn't the number depend on the number of patients, not the total population? The Big Island is larger than the other islands, and travel times can be long. More dispensaries should be allowed here.

We do not think \$100 is the right price to charge an out of state visitor for a temporary license. Other states with reciprocity simply allow a patient with a valid out of state medical cannabis card to enter dispensaries. It should be the same here. Let's not try to take every last dime from visitors.

If a patient must designate one dispensary as their only caregiver...what happens when a patient travels to another island? Almost all major medical procedures take place in Oahu, and a patient will need to have a way to access medicine (on any island). This bill does not fix this problem adequately.

Andrea Tischler
Co-chair

RE: SB 1458 Relating to Health
Position: Support with comments

I am testifying today in support of establishing compassion centers for seriously ill patients who qualify to use medical cannabis.

The most important aspect of this bill is offering legitimate patients who so need this natural organic and non-toxic medicine to maintain quality of life and relief from nausea, pain and other symptoms that this plant provides so perfectly.

If there is NO caregiver, the problems are compounded even more and pose huge obstacles for those with serious, debilitating conditions such as Cancer, AIDS and Multiple Sclerosis sufferers.

As a caregiver for a patient who has severe seizures, I know first hand the critical relief this medicinal herb provides. My patient would be unable to function in society without this medicine. He suffers from a rare chromosome disorder and pharmaceuticals are not an option since there is ZERO data that supports any pharmaceutical application for his condition. Without this safe herb, he would be confined in the home, unable to contribute anything to the community. Medical cannabis has been an absolute miracle for him, and I so appreciate living in a state where this is legal even in its present, limited form.

As a caregiver, I have found that much time is needed to grow the plants and many obstacles do pop up that impede the cultivation and harvest such as weather, pests and the worst, HUMAN THIEVES. Having a clean, regulated facility would be such a relief. If my patient goes without medicine for too long, he can no longer function in society, so having reliable access to the herb is absolutely critical. It is a constant worry for me that I will run out of the medicine. Another worry, is lack of knowledge of the proper strain for his condition. How wonderful it would be to have a facility that could answer questions and provide education for different applications of this herb.

I expect that dispensaries will use the successful models that have gotten such critical acclaim on the mainland such as Harborside in California. A clean, professional facility where a patient can consult for proper strains, amounts and medicinal applications. This type of information is difficult to access without a proper facility with a trained staff.

Also, it's a no-brainer that this will energize the economy and give legitimacy to this marvelous alternative medicine. So many people are becoming more and more cautious about pharmaceuticals, and to have access to a natural, Hawaii grown medicinal herb will be a huge plus. Why should citizens of Hawaii be supporting the Black Market if they are unable to grow themselves? Most of the patients who qualify for Medical Cannabis are far too ill to grow it themselves much less engage in criminal acts through the Black Market. Patients with these conditions have enough on their plate as it is. Please allow these Compassion centers for these people.

Many states now have medical cannabis and legalization bills on the table including Connecticut, Kansas, and Texas. Please use the reason of compassion and give medical cannabis users legitimacy and access to reliable and properly cultivated medicine.

Mahalo for your consideration of this bill and I urge ALL to support it as it brings Hawaii into a new era.

Sincerely,
Victoria Latenser
Mountain View, Hawaii
Registered Voter

Senator David Y. Ige, Chair
Senator Michelle Kidani, Vice Chair and members of the
Ways and Means Committee
SB1458 SD1 Relating to Health

Hearing: Thursday, February 23rd, 2011 at 9:00am; Room 211

SUPPORT WITH AMENDMENTS

Aloha,

We appreciate the opportunity to submit testimony in strong support of SB1458 and the changes made in SD1. We believe that this bill will greatly improve the access to quality medicine for Hawaii's medical marijuana patients through a system that is regulated and legitimate. We applaud the Committee on Health along with the Committee on Public Safety, Government Operations, and Military Affairs for making smart and patient friendly amendments to a bill that, frankly, was a very good start.

We specifically like the following changes made in SB1458 SD1. The removal of the quarterly special sales tax which would have led to higher prices for patients along with handicapping the small businesses this bill will help create. We also support the capping of the number of class 1 licenses to be issued on each island. This will make the application process more competitive, leading to better run businesses, which in turn benefits patients. Finally, we support the extension of the time a person with a drug felony must wait before obtaining or renewing a license. Keeping people who recently have been in trouble with the law for drugs from obtaining licenses adds legitimacy to the industry and also presents a better picture to the federal government which does not recognize medical marijuana.

We would like to offer you the following suggestions to improve this bill. . In keeping with the viewpoints listed above, we ask that the bill be amended to specifically note that Class 1, 2, and 3 licenses will be awarded based on merit of the application and not based on a lottery style system. This will encourage due diligence from those seeking a license and provide the public with the most professional atmosphere possible. Second, we believe that the bill in its current form does not match the Committee members' intent concerning drug felonies. According to SSCR358 point 7, the bill was amended to change the time from five years to ten. But, when one looks at the text of the actual bill this change was only made in one section. The others sections read that a person is barred from ever participating if they have a drug felony. These sections include 329-A point 10, 329-D point i sub point 2, and 329-K point A. We ask you to add the ten year standard to each of these sections. Everyone makes mistakes, and if a person pays their debt to society and demonstrates changed behavior for a period of ten years they should be judged on the merit of their business plan and application, not the scarlet letter of poor choices made long ago.

Thank you for time and consideration of this matter.

With much aloha,
Kevin Cheney
Dylan Shropshire

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 12:08 PM
To: WAM Testimony
Cc: patempl@yahoo.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Scott Temple
Organization: Individual
Address:
Phone:
E-mail: patempl@yahoo.com
Submitted on: 2/23/2011

Comments:

* The most urgent need according to most patients and the Medical Cannabis Working Group is the establishment of a legal, safe, and reliable source for their medicine.*

* Patients should not be forced to go to the criminal market for their medicine.*

* A state-regulated system of medical marijuana distribution should be safe from federal interference since Attorney General Eric Holder advised U.S. Attorneys in states with medical marijuana laws against investigating and prosecuting federal marijuana violations if the individual is acting in clear compliance with state law. This bill would provide the law with which to act in compliance.

* Hawaii's law requires patients to grow their own medicine or have a caregiver grow for them. Many patients do not have the horticultural expertise necessary to grow their own medicine and do not know anyone who could grow it for them.

* For patients suddenly stricken with a serious ailment, the months it takes to cultivate and harvest medical marijuana is prohibitive. Dispensaries will allow immediate access.

* According to an October 2010 CNBC article, tax revenues from medical marijuana dispensaries are bringing in about \$50,000 a month for the city of Colorado Springs, Colorado.

* This bill provides adequate state oversight to ensure that medicine is not diverted into the criminal market.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 22, 2011 5:55 PM
To: WAM Testimony
Cc: BMurphy420@msn.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Categories: Green Category

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: Yes
Submitted by: Brian Murphy
Organization: MCCFDIA
Address:
Phone:
E-mail: BMurphy420@msn.com
Submitted on: 2/22/2011

Comments:
TESTIMINY IN SURPORT OF SB 1458

WAM
SB 1458 Relating to Health
Friday, February 22, 2011, 9:00 a.m.
Room 211

Brian J Murphy
Director of Patience Without Time & MCCFDIA
777 Hana Hwy
Paia Hawaii
96779

Aloha my name is Brian Murphy I have worked with Medical marijuana Patience here in Hawaii for the past 8 years, working for positive change to the current laws. I would like to take this moment to thank you for hearing this Bill. First I agree with the basic Plan you have with some changes:

- 1 Establishing a licensing system under the dept. of health.
I feel you need to involve the dept. of Agriculture for this is an Agriculture Crop.
- 2 Requiring a patients to designate a compassion center as their supplier This could & would limited Free enterprise & could leave patient stuck in a compassion center that dose not meet there needs. Also creating a good foundation for monopoly to be created
- 3 Licensing Fees \$20,000 for Class 1 \$10,000 for a class 3 & \$10,000 for a Class 3
I called the state of Hawaii licensing bureau to find out what is the most expensive lic. in Hawaii, a car dealer lic. cost \$1000 your plan calls for a 2000% increase over the most expressive fee's in the state!
- 4 Prohibits any person who had a felony drug conviction past 5 years
This could be fixed by just adding "unless the conviction was for medical marijuana".

5 Requires a special sales Tax of fifteen per cent of gross revenue
As long as all drugs sold in Hawaii are taxed at the same rate this would work! The sale of pharmaceutical are not TAXED! So to choose one group of consumer's to pay a Tax which has no equal in the state is wrong, its totally wrong!
So with GE tax that 19.5% Tax!!!!!!!
There are no extra government fees required to use morphine, codeine, valium, alcohol, or tobacco or any other over-the-counter or prescription, addictive drug. Why only medical cannabis?

6 Business or Non Profits:
I feel Business is the way to go. After going around the mainland checking out different clubs, one thing was apparent! Most are scamming. Creating Non Profits to Supply any one product has no president! Why create a false program where non-profits can be created that end up paying big bucks to have there add on NAS CARS?
How dose that help anyone but the non-profits? Now I think we need for some non-profit as long as they are there to help the people not some self perpetuating group to sell cannabis

7 The Whole written contract between store Farmer & infused seem to be a formula for a monopolies!

Farming is one of the biggest & most important parts of the economic benefit for Hawaii. I would like to see a plan created that calls for all medical cannabis grown in the state, be grown on agricultural zoned land, that any famer that is applying for a cannabis allotment has, other crop he is bringing to the local market. It could create Sustainable Family Farming in Hawaii! We important 98% of our food products, Why because the cost of Land & labor make it cost prohibitive! This is an Agricultural Crop that would help local farmer bring Product to the market!

Hawaii is the best geographic location in the United State to grow Medical cannabis, We should be looking at the future of Hawaii being a major supplier in this Muti-Billion Dollar Farm Crop Mahalo Brian Murphy

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 2:38 PM
To: WAM Testimony
Cc: nimo1767@gmail.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Robert Petricci
Organization: Friends 4 Justice
Address:
Phone:
E-mail: nimo1767@gmail.com
Submitted on: 2/23/2011

Comments:

Aloha from the big island.

I support the bill with reservations that corporations are pushing this bill at the expense of the patients. It will drive the cost up causing two problems. The first making it too expensive for the sick but also making it so expensive as to keep the black market in place. If you want to remove the black market from the cannabis equation the price has to come way down. The reason kids can get pot easier than beer is prohibition creates artificial profits and thus the black market, they don't ID. You must price the black market out if you want marijuana off the streets. This bill will make marijuana expensive and keep the illegal production incentive in place. Let the local people participate in this industry not the corporate sponsors of this legislation. We are not fooled by this. What it says is marijuana is only ok if the right people profit, they are just as bad as the dealers. Make dispensaries non profit, keep the cost down and accomplish much more.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 22, 2011 10:19 PM
To: WAM Testimony
Cc: konagold@starband.net
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Dennis Shields
Organization: The Religion of Jesus Church
Address:
Phone:
E-mail: konagold@starband.net
Submitted on: 2/22/2011

Comments:

There needs to be a safe and sane way for patients to get their medicine those who need medicinal cannabis and who either can not grow it or because of the immediacy of their need, for instance those who learn of an urgent need to undergo chemotherapy, can not grow it in time; these folks are left to their own means by the current med-pot laws

please help

Aloha

Rev. Dennis Shields

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 22, 2011 11:08 PM
To: WAM Testimony
Cc: buzzzed@msn.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Sandy Webb
Organization: Individual
Address:
Phone:
E-mail: buzzzed@msn.com
Submitted on: 2/22/2011

Comments:

Patients need a safe, legal and reliable care center to obtain our medicine.
Growing cannabis is not that easy. Some patients can't grow and we shouldn't be forced to go to the black market for our medicine.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 7:52 AM
To: WAM Testimony
Cc: konaliberty@gmail.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Tom Liberty
Organization: Individual
Address:
Phone:
E-mail: konaliberty@gmail.com
Submitted on: 2/23/2011

Comments:

I fully support SB1458. I have been using marijuana for 25 years for my back pain without using any addictive prescription medicines.

To: Senator David Ige, Chair

Senator Michelle Kidani, Vice Chair and

Members of the Committee on Ways and Means

From: Rebecca Azar

RE: "SB 1458 SD1 Relating to health" Hearing: Thursday, February 24, 2011, 9:00 a.m., Room 211

Position: Strong Support

- The most urgent need according to most patients and the Medical Cannabis Working Group is the establishment of a legal, safe, and reliable source for their medicine.*
- Patients should not be forced to go to the criminal market for their medicine.*
- A state-regulated system of medical marijuana distribution should be safe from federal interference since Attorney General Eric Holder advised U.S. Attorneys in states with medical marijuana laws against investigating and prosecuting federal marijuana violations if the individual is acting in clear compliance with state law. This bill would provide the law with which to act in compliance.
- Hawaii's law requires patients to grow their own medicine or have a caregiver grow for them. Many patients do not have the horticultural expertise necessary to grow their own medicine and do not know anyone who could grow it for them.
- For patients suddenly stricken with a serious ailment, the months it takes to cultivate and harvest medical marijuana is prohibitive. Dispensaries will allow immediate access.
- According to an October 2010 CNBC article, tax revenues from medical marijuana dispensaries are bringing in about \$50,000 a month for the city of Colorado Springs, Colorado.
- This bill provides adequate state oversight to ensure that medicine is not diverted into the criminal market.

Committee: Joint Committee on Health and Committee on Public Safety, Government Operations, and Military Affairs

Date: Friday, February 4, 2011, 3:45 p.m.

Location: Room 229

SB 1458 Relating to Health

Aloha Chair and Committee Members,

I appreciate the opportunity to submit testimony and appreciate your time and attention. I personally and many others have testified before on the necessity for patients and caregivers to have a legal, safe and adequate supply of medical marijuana. This bill would provide a template for Hawai'i that could work in every County and would not add an additional financial burden on an already strained State but actually provide revenue.

On that note, there is one nasty bit in the bill that needs to be changed and that is item 329-123. While it does allow out of state visitors to purchase medicine from the compassion centers, they want to charge \$100 for a temporary certificate. In other places that have dispensary systems that is NOT the norm. Other states with reciprocity simply allow patients with valid out of state cards to enter dispensaries, which is what we should be doing. There should be no additional fee for a valid card holder.

The current wording also has me worried that patients who cannot afford or are unwilling to pay for the services of a compassion center, will be unfairly discriminated against. The ridiculously small amount of marijuana that a patient growing their own medicine is unreasonable to consider as an "adequate amount".

Over all the bill addresses the main concern for all patients. We need a safe, legal source for our medication. The overriding factor in your deliberations should be that there are very sick people out here who need you to make a decision in our favor today.

Previous committees have been able to make the amendments and recommendations necessary to move this legislation forward. Please do the same.

I appreciate your time and Mahalo ahead of time for your cooperation on passing this legislation.

Teri Heede

92-994 Kanehoa Loop
Kapolei, HI 96707

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 9:03 AM
To: WAM Testimony
Cc: wolf.bear.braun@gmail.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Wolf Daniel Braun
Organization: Individual
Address:
Phone:
E-mail: wolf.bear.braun@gmail.com
Submitted on: 2/23/2011

Comments:

This bill is important to medical marijuana patients, because it provides a safe secure environment for us to access our medicine. Those of us who do not have a caregiver to grow, or are able to garden are forced to get our medicine from local drug dealers and subjects us to criminal prosecution if we are arrested doing so. Medical marijuana patients are law abiding citizens who wish to remain so. We should not be forced to go to drug pushers.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 9:26 AM
To: WAM Testimony
Cc: hiloprosocial@hotmail.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Matthew Brittain, LCSW
Organization: Individual
Address:
Phone:
E-mail: hiloprosocial@hotmail.com
Submitted on: 2/23/2011

Comments:

To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

From: Matthew Brittain, LCSW, DCSW, DABFSW

RE: SB 1458 SD1 Relating to Health
Hearing: Thursday, February 24, 2011, 9:00 a.m., Room 211

Position: Strong Support

I am a Medical Social Worker actively involved in the direct care coordination for hundreds of medical marijuana patients. I am aware of the difficulty with which they face when obtaining their medical marijuana. The current system is a guarantee for non-compliance with the law. This is because during the winter patients are forced to grow more plants than allowed in order to maintain an adequate supply (because the marijuana plants only get a foot or two tall before flowering), while a single summer plant can produce more weight than allowed by the law. Law enforcement, as well as prohibitionists, use this very fact to argue that patients abuse the law; in fact, the law its self is flawed.

I also see that patients who are not able to grow their own marijuana, or have a caregiver to grow it for them, often resort to the black market to get their medicine. This places patients in danger by exposing them to dealers who offer them hard drugs such as cocaine, heroin, and methamphetamine. Do you want law abiding patients exposed to this, the true "gateway" effect?

I am also aware that some medical marijuana patients are selling their medicine to other patients, and to the black market. This produces criminals out of otherwise law-abiding citizens, and results in loss of revenue to the state through taxation. The dispensary law will allow the control of sales of marijuana, reducing criminal activity, and allowing for taxation to assist with state budget issues.

Replacing marijuana prohibition with a system of taxation and regulation would produce combined savings and tax revenues of between \$10 billion and \$14 billion per year, finds a June 2005 report by Dr. Jeffrey Miron, visiting professor of economics at Harvard University. The report has been endorsed by more than 530 distinguished economists, who have signed an open letter to President Bush and other public officials calling for "an open and honest debate about marijuana prohibition," adding, "We believe such a debate will favor a regime in which marijuana is legal but taxed and regulated like other goods." Chief

among the endorsing economists are three Nobel Laureates in economics: Dr. Milton Friedman of the Hoover Institute, Dr. George Akerlof of the University of California at Berkeley, and Dr. Vernon Smith of George Mason University.

Dr. Miron's paper, "The Budgetary Implications of Marijuana Prohibition," concludes:

**Replacing marijuana prohibition with a system of legal regulation would save approximately \$7.7 billion in government expenditures on prohibition enforcement -- \$2.4 billion at the federal level and \$5.3 billion at the state and local levels.

**Revenue from taxation of marijuana sales would range from \$2.4 billion per year if marijuana were taxed like ordinary consumer goods to \$6.2 billion if it were taxed like alcohol or tobacco.

Law enforcement and prohibitionists will attempt to argue that the social costs associated with legalizing marijuana dispensaries is greater than the social good that will result. They do not cite their sources. The evidence for the social benefit of the dispensary system is strong, though. For instance, see the huge marijuana industry in Colorado and California, helping these states to achieve a positive budget. Law enforcement fears of criminals robbing marijuana stores are no different than law enforcement concerns about liquor store or convenience store robberies; crime happens, and criminals take advantage of opportunities. There will be less criminal behavior from random robberies than the current wholesale organized crime associated with marijuana prohibition.

Prohibitionists will also state that Federal authorities are against the medical marijuana issue, and that local jurisdictions must uphold Federal law. The following evidence, edited for brevity but widely available, puts both of those arguments to rest:

UNITED STATES DEPARTMENT OF JUSTICE

Drug Enforcement Administration

In The Matter Of

MARIJUANA RESCHEDULING PETITION

Docket No. 86-22

OPINION AND RECOMMENDED RULING, FINDINGS OF FACT, CONCLUSIONS OF LAW AND DECISION OF ADMINISTRATIVE LAW JUDGE FRANCIS L. YOUNG, Administrative Law Judge

DATED: SEPTEMBER 6, 1988

Based upon the rationale set out in pages 26 to 34, above, the administrative law judge concludes that, within the meaning of the Act,

21 U.S.C. § 812(b)(2)(B), marijuana "has a currently accepted medical use in treatment in the United States" for spasticity resulting from multiple sclerosis and other causes. It would be unreasonable, arbitrary and capricious to find otherwise. The facts set out above, uncontroverted by the Agency, establish beyond question that some doctors in the United States accept marijuana as helpful in such treatment for some patients.

The record here shows that they constitute a significant minority of physicians. Nothing more can reasonably be required. That some doctors would have more studies and test results in hand before accepting marijuana's usefulness here is irrelevant.

The DEA chose to ignore its own findings, and have continued on with a harmful, costly and have continued, in the words of Judge Young, to engage in "unreasonable, arbitrary and capricious" (emphasis mine) behavior in it's continuing to keep marijuana as a schedule I drug.

The evidence that Judge Young used to come to his decision in 1988 was much less convincing than it is today. As of now, major medical associations, including the American College of Physicians, The American College of Physicians (ACP) 2008 Position Paper states that, "We believe that an evidence-based review by federal regulatory authorities on the safety and efficacy of marijuana and cannabinoids for therapeutic purposes will likely provide evidence to

support both appropriate reclassification and adjustment of federal drug enforcement laws, reduce conflict between the federal and state laws, and strengthen public confidence in the

federal regulatory structure." Also, the The Hawaii Medical Association adopted a resolution in 2010 supporting the rescheduling of marijuana from Schedule I to Schedule III. Prohibitionists will argue that the issue is one of Federal jurisdiction. However, in the recent ruling of the Qualified Patients Association, et. Al. V City of Anaheim, held in the Court of Appeal of the State of California, Fourth Appellate District, Division Three, G040077, (Super. Ct. No. 07CC09524) OPINION states that local jurisdictions can not be deputized as enforcing Federal law. Specifically: "The city may not justify its ordinance solely under federal law (Garden Grove; Tilehkooh), not in doing so invoke federal preemption of state law that may invalidate the city's ordinance. The city's obstacle argument therefore fails." (Page 34).

Given the above evidence, I maintain that the Legislature MUST approve and pass the medical marijuana dispensary laws as proposed, with amendments, and as to be further amended. To do otherwise would be to flagrantly ignore precedence found in public law, the will of the people, public safety, the DEA administrative law judge findings, scientific and medical research, and financial responsibility.

I maintain that the licensing fee established for the 3 classes of dispensary licensing should be the same as that for licensing of a pharmacy, or \$50. Requiring thousands of dollars to license a dispensary is purely arbitrary and capricious. In addition, it is similarly arbitrary and capricious to place limits on the number and locations of medical marijuana dispensaries. Currently a drug store such as Longs can sell morphine, methamphetamine, and Oxycontin at will with no limit as to number of stores or locations, and these drugs are much more dangerous than marijuana. I petition this committee to use logic, reason, precedence, established practice, and common sense when developing a functional method to assist in our state's need for a practical way to reduce crime, increase safety, generate tax revenue, and facilitate a progressive new industry.

I petition the Hawaii State Legislature to put an end to the unreasonable, arbitrary and capricious nature of the current policies on marijuana. I took a vow as a Forensic Social Worker to uphold the laws of the USA and to relieve pain and suffering wherever I can. I believe that this bill represents one of the highest and best use of my education, skill and experience in this regard.

Respectfully submitted,

Matthew Brittain, LCSW, DCSW, DABFSW
Clinical Forensic Social Worker

From: firestopr [firestopr@hawaiiantel.net]
Sent: Wednesday, February 23, 2011 9:26 AM
To: WAM Testimony
Subject: SB1458 SD1 relating to health

To whom it may concern , I am writing this email in strong support of SB1458 . Here are my main reasons why:

- The most urgent need according to most patients and the Medical Cannabis Working Group is the establishment of a legal, safe, and reliable source for their medicine.
- Patients should not be forced to go to the criminal market for their medicine.
- A state-regulated system of medical marijuana distribution should be safe from federal interference since Attorney General Eric Holder advised U.S. Attorneys in states with medical marijuana laws against investigating and prosecuting federal marijuana violations if the individual is acting in clear compliance with state law. This bill would provide the law with which to act in compliance.
- Hawaii's law requires patients to grow their own medicine or have a caregiver grow for them. Many patients do not have the horticultural expertise necessary to grow their own medicine and do not know anyone who could grow it for them.
- For patients suddenly stricken with a serious ailment, the months it takes to cultivate and harvest medical marijuana is prohibitive. Dispensaries will allow immediate access.
- According to an October 2010 CNBC article, tax revenues from medical marijuana dispensaries are bringing in about \$50,000 a month for the city of Colorado Springs, Colorado.
- This bill provides adequate state oversight to ensure that medicine is not diverted into the criminal market.

It is time to push aside all the propaganda and stigma. Look up exactly how and why marijuana was made illegal to begin with...racism, politics, economics...just google it and open your minds. Its all out there for anyone willing to take the time and get educated. Please dont buy into Law enforcement's arguments—they are worried about losing funding.
sincerely, Stan Koga

From: Robert Bacher [bacher.robert@gmail.com]
Sent: Wednesday, February 23, 2011 4:31 PM
To: WAM Testimony
Subject: Strong Support for SB 1458 SD1

To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

From: Robert Bacher

RE: SB 1458 SD1 Relating to Health
Hearing: Thursday, February 24, 2011, 9:00 a.m., Room 211

Position: Strong Support

The most urgent need according to most patients and the Medical Cannabis Working Group is the establishment of a legal, safe, and reliable source for their medicine.

Establishing compassion centers solves a gray area in the law that established the current 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. Even more confusing is that the Department of Public Safety has said that the only legal transfer of marijuana is between a registered patient and that patient's registered caregiver. Caregivers are difficult to find and they are currently limited to assisting only one patient.

Compassion centers are necessary because many patients want a legal, reliable and safe source for their marijuana. Many patients are unable to grow their own medicine because some live in apartments or condominiums; others live in areas where their plants are not secure and are subject to vandalism or theft; others are just too sick to provide the care needed for their plants to grow to maturity.

Patients are law-abiding citizens who want to remain law abiding and should not be forced to go to neighborhood drug pushers for their medicine.

Compassion centers would also fill a need for patients who may not know how to use vaporizers or make infused-products on their own.

To be quite honest, I am writing you today, because if you do not help clarify the Medical Cannabis Program, I am afraid that I may very possibly end up being forced to fight the police and state in court, which most likely leads to everybody losing. I would continue to lose my opportunity to pursue happiness, and the state would lose about \$40,000 a year, to incarcerate me, if it won in court, and millions if it loses. I wish only that you regulate and tax Cannabis as other industries, instead of continually pushing millions of dollars and people into the black market.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 3:37 PM
To: WAM Testimony
Cc: mattrifkin28@gmail.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Matthew Rifkin
Organization: Individual
Address:
Phone:
E-mail: mattrifkin28@gmail.com
Submitted on: 2/23/2011

Comments:

I am a medical cannabis patients residing on the Big Island.

It is important that dispensaries be licensed and allowed to provide a safe place for patients to buy high quality medicine.

However, I do not this bill is the way to go.

Charging out of state patients \$100 for a temporary permit is pure greed and has no aloha whatsoever. There will be plenty of revenue generated from out of state patients that we should not charge them 4 times what a full year permit costs here.

There are many activists or people who have been arrested that were involved with medical cannabis and they would be unfairly shut out by making it be 10 years before one could be involved in a dispensary. Cannabis related felonies should be excluded from the 10 year prohibition.

The Big Island has 5,000 patients, and Oahu less than 1,000...so, why does the Big Island only get 6 class one licenses and Oahu gets 10? Shouldn't the number of patients have a greater impact on the number of licenses issued?

It is TERRIBLE that this law makes a patient designate only one dispensary. If a Big Island patient must fly to Oahu, the law would prohibit them from entering a dispensary on Oahu, thereby forcing the patient to travel with their medicine (which has to be fixed as well).

This bill was brought forward by people with business on the mainland. They have an economic agenda, and deep pockets. They have not studied what is needed in Hawaii.

Although the state needs revenue to balance its books, do not try to take advantage of patients. Do not put additional financial burdens on us.

It could take years before a dispensary is open...if you are going to pass this bill, you need to pass SB58 as well...SB58 will have an immediate, positive impact for patients...

From: Vicki Vierra [vickiv@hawaii.rr.com]
Sent: Wednesday, February 23, 2011 9:29 AM
To: WAM Testimony
Subject: RE: "SB 1458 SD1 Relating to health" Hearing: Thursday, February 24, 2011, 9:00 a.m., Room 211 - strong support

To: Senator David Ige, Chair, Senator Michelle Kidani, Vice Chair and Members of the Committee on Ways and Means

From: Vicki Vierra

RE: "SB 1458 SD1 Relating to health"
Hearing: Thursday, February 24, 2011, 9:00 a.m., Room 211

Position: Strong Support

Recently I had to see an elderly friend of mine dying of cancer. She was unable to obtain cannabis until the very last days of her life, as a result of the current situation we are in. Had she been able to obtain her medicine earlier, from a Compassionate Care Center, she no doubt would have enjoyed a longer life. Cannabis is one of the few medicines that effectively alleviates the nausea of chemotherapy, while promoting appetite.

The spectacle today, of cancer patients suffering needlessly as a result of not being able to safely obtain a safe and proven remedy, is one that need not be repeated. Please pass this legislation.

Sincerely,

Vicki Vierra

HC 1 Box 5077

Keaau Hawaii 96749

808 966 6333

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 9:46 AM
To: WAM Testimony
Cc: kotonk544@yahoo.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Stuart Hirotsu
Organization: Individual
Address:
Phone:
E-mail: kotonk544@yahoo.com
Submitted on: 2/23/2011

Comments:
aloha

Thank you for allowing me to express my support for SB1458. There is no reason why certain medical patients should be forced to create their own medicine. My father was a diabetic, and the difficulties that the disease created would have been even worse if some misguided law forced him to manufacture his own insulin.

The text in SB1458 has a very important phrase - "safe and reliable access" - that should be the mantra for any discussion concerning medicine. Let's eliminate the black market profiteers and provide patients with the medicines they need.

mahalo
Stuart Hirotsu

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 10:24 AM
To: WAM Testimony
Cc: cheryl@solights.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Cheryl Nelson
Organization: Individual
Address:
Phone:
E-mail: cheryl@solights.com
Submitted on: 2/23/2011

Comments:

Establishing compassion centers solves a gray area in the law that established the current 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. Even more confusing is that the Department of Public Safety has said that the only legal transfer of marijuana is between a registered patient and that patient's registered caregiver. Caregivers are difficult to find and they are currently limited to assisting only one patient.

Compassion centers are necessary because many patients want a legal, reliable and safe source for their marijuana. Many patients are unable to grow their own medicine because some live in apartments or condominiums; others live in areas where their plants are not secure and are subject to vandalism or theft; others are just too sick to provide the care needed for their plants to grow to maturity. Patients are law-abiding citizens who want to remain law abiding and should not be forced to go to neighborhood drug pushers for their medicine.

Compassion centers would also fill a need for patients who may not know how to use vaporizers or make infused-products on their own.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 10:24 AM
To: WAM Testimony
Cc: cheryl@solights.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Cheryl Nelson
Organization: Individual
Address:
Phone:
E-mail: cheryl@solights.com
Submitted on: 2/23/2011

Comments:

Establishing compassion centers solves a gray area in the law that established the current 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. Even more confusing is that the Department of Public Safety has said that the only legal transfer of marijuana is between a registered patient and that patient's registered caregiver. Caregivers are difficult to find and they are currently limited to assisting only one patient.

Compassion centers are necessary because many patients want a legal, reliable and safe source for their marijuana. Many patients are unable to grow their own medicine because some live in apartments or condominiums; others live in areas where their plants are not secure and are subject to vandalism or theft; others are just too sick to provide the care needed for their plants to grow to maturity. Patients are law-abiding citizens who want to remain law abiding and should not be forced to go to neighborhood drug pushers for their medicine.

Compassion centers would also fill a need for patients who may not know how to use vaporizers or make infused-products on their own.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 10:33 AM
To: WAM Testimony
Cc: mark@solights.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Mark Nelson
Organization: Individual
Address:
Phone:
E-mail: mark@solights.com
Submitted on: 2/23/2011

Comments:

USE THE FOLLOWING HEADER:
To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

From: Mark Nelson
RE: SB 1458 SD1 Relating to Health
Hearing: Thursday, February 24, 2011, 9:00 a.m., Room 211

Position: Strong Support

I fully support this bill SB1458. Please pass this bill.
Thank you for your support.

From: kim cox [theedge@alohabroadband.net]
Sent: Wednesday, February 23, 2011 3:03 PM
To: WAM Testimony
Subject: SB 1458 SD1 Relating to Health

To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

From: Dan Edginton and Kim Cox

Re: SB 1458 SD1 Relating to Health

Hearing: Thursday, February 24, 2011, 9:00am, Room 211

Position: Strong Support

It is just morally wrong to commit legal medical marijuana patients to obtaining their medicine illegally. The burdens this puts on already ill persons is wrong. To condemn them to illegally obtain a legally prescribed medicine is just absurd.

These are legal, moral patients, whether they cannot grow for reasons of health or location, they deserve the right to legally obtain their prescription without fear of physical or legal harm.

Please do the right and moral thing by passing this measure and allowing compassion centers to become reality.

Thank you for your time and attention to this matter.

Sincerely,

Dan Edginton and Kim Cox

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 2:55 PM
To: WAM Testimony
Cc: msott@hawaii.rr.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Vanessa Ott
Organization: Individual
Address:
Phone:
E-mail: msott@hawaii.rr.com
Submitted on: 2/23/2011

Comments:

I am in favor of this bill. So many good arguments for it while all the arguments against it are not valid. Do not deny patients safe and easy access to their medication. Stop forcing patients and providers into being criminals.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 4:07 PM
To: WAM Testimony
Cc: aron@greenhandsofaloha.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: Yes
Submitted by: Aron gonsalves
Organization: Individual
Address:
Phone:
E-mail: aron@greenhandsofaloha.com
Submitted on: 2/23/2011

Comments:
the current law is not working!
People need safe access!
simple control is all we need

please think about the people of Hawaii and there Right to use what ever they feel is right
to help recover from sickness.

Aloha
Aron Gonsalves
owner
Green Hands Of Aloha

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 4:09 PM
To: WAM Testimony
Cc: albertsr001@hawaii.rr.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Richard Alberts
Organization: Individual
Address:
Phone:
E-mail: albertsr001@hawaii.rr.com
Submitted on: 2/23/2011

Comments:

I support this initiative. Dispensaries would be good for patients as well as everybody else due to tax revenues and jobs.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 4:07 PM
To: WAM Testimony
Cc: andy@maui.net
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Andrew Von Sonn
Organization: Individual
Address:
Phone:
E-mail: andy@maui.net
Submitted on: 2/23/2011

Comments:

I am 70 years old. When I went to Elementary School and High School, I was taught about America the Land of the Free - a land where individual freedom was paramount. Those core beliefs have only gotten stronger in me. This is about freedom. This is about an America which lives up to its promise.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 3:21 PM
To: WAM Testimony
Cc: mary@mauivortex.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Mary Overbay
Organization: Individual
Address:
Phone:
E-mail: mary@mauivortex.com
Submitted on: 2/23/2011

Comments:

Aloha Senators,

I support SB 1458 because patients must have access to their medicine.

I would like to see amendments that prevent government created monopolies and price fixing, which I fear this bill, in its current form, would do. Why should marijuana patients pay more fees and taxes than other prescription drug patients?

Please remember, ultimately, all costs, taxes, and license fees are paid by chronically ill patients. All extra fees and paperwork during serious illness creates extra hardship on patients, caregivers, and families.

Some folks will always abuse laws, but seriously ill patients should not be abused because marijuana is also a ubiquitous recreational herb.

Respectfully submitted,

Mary Overbay
Puunene, HI

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 12:57 PM
To: WAM Testimony
Cc: brownpunabud@gmail.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Roger Brown
Organization: Individual
Address:
Phone:
E-mail: brownpunabud@gmail.com
Submitted on: 2/23/2011

Comments:

Aloha,

I'm in support of SB1458 for numerous reasons. First off I'm both a medical cannabis patient, and I'm a 'Caregiver' in the field. As the debate has been kicked around for a long time. But never really taken seriously during the tenure of of last Gov., Linda Lingle a GOP member. But the time has come that the state move forward and open medical cannabis dispensaries. AS I write this letter, I feel the need to for safe access for the sick & elderly who cannot grow it. Or doesn't want to go the the dark alley way and buy from a drug dealer.

With dispensaries, the patients will have safe access, and the state will have a taxable revenue that will have lawmakers shaking their heads and wondering out loud as to why they didn't do it sooner!

It's time to stop the nonsense that comes with Prohibition. Just look at the stats these days. Please do not fall for all the nonsense local law enforcement is gonna say to you lawmakers. I think you'd do better moving forward on this issue. If you have doubts in your head because of what local law enforcement tells you. I ask that you go to LEAP 'Law Enforcement Against Prohibition'. Do you ever ask yourself why does all retired cops support ending prohibition, but cops still serving don't?

mahalo,

Roger Brown

Think of the taxable revenue, that alone should make you say "yes" to it all!

From: sara steiner [saralegal@live.com]
Sent: Wednesday, February 23, 2011 2:19 PM
To: WAM Testimony
Cc: robert petricci
Subject: SB1458 SD1 Relating to Health

To: Senator David Ige, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Ways and Means

From: Sara Steiner
Po-Box 1965
Pahoa, HI 96778

Re: SB 1458 SD1 Relating to Health
Hearing: Thursday, February 24, 2011, 9:00am., Room 211

Position: Support with changes

Aloha from the Big Island,

The medical patients need access to cannabis. The islands need jobs for local residents. We do not need to make it so expensive that only outside large corporations can afford the license for this business.

The number of compassion centers needs to be structured by the amount of patients. Why should Oahu get 10 dispensaries, when they only have a thousand patients, and the Big Island only get 6 dispensaries when we have 5200 patients? That does not make sense to me.

If you have a criminal record for cannabis offenses, that should NOT affect your eligibility to be involved in the cannabis industry. Those people know the fallacies of a failed drug war, and have taken the risks to recognize the positive health benefits of cannabis at great expense to themselves and their families.

The whole world could benefit from Hawaiian-Grown Cannabis, the residents of Hawaii need the jobs, keep it small and affordable, so the regular folks can work and grow needed medicine for the rest of mankind. We don't need any large companies coming in and taking away the jobs and money. Keep it in the State, keep it for the people of Hawaii!

Sincerely,

Sara Steiner
936-9546

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 1:56 PM
To: WAM Testimony
Cc: saralegal@live.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: oppose
Testifier will be present: No
Submitted by: Sara Steiner for George "Greywolf"; Klare
Organization: Individual
Address:
Phone:
E-mail: saralegal@live.com
Submitted on: 2/23/2011

Comments:

This bill is objected to because it is the corporate structure that holds economic advantage to criminalize a portion of the population as promoting a dangerous drug. This essential myth is drug war policy is a fraud. Health is a Health Department issue.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 1:50 PM
To: WAM Testimony
Cc: saralegal@live.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: oppose
Testifier will be present: No
Submitted by: Sara Steiner submitting for Barbara Lang
Organization: Individual
Address:
Phone:
E-mail: saralegal@live.com
Submitted on: 2/23/2011

Comments:

I am a medical marijuana patient living on the Big Island of Hawaii, and I am opposing this bill about the dispensaries.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 1:26 PM
To: WAM Testimony
Cc: cdoyle2@hawaii.rr.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Chuck Doyle
Organization: Individual
Address:
Phone:
E-mail: cdoyle2@hawaii.rr.com
Submitted on: 2/23/2011

Comments:

This makes a lot of sense, freeing up the court system from victimless crime. The facts stand on their own.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 1:47 PM
To: WAM Testimony
Cc: saralegal@live.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Sara Steiner submitting for Barbara Davis
Organization: Individual
Address:
Phone:
E-mail: saralegal@live.com
Submitted on: 2/23/2011

Comments:

I do know we need some sort of dispensaries. The Big Island has the most patients and needs more dispensaries than any other island. So, for starters I do support this bill, and hope some changes will be made in further hearings.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 4:26 PM
To: WAM Testimony
Cc: carterc018@hawaii.rr.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: chris carter
Organization: Individual
Address:
Phone:
E-mail: carterc018@hawaii.rr.com
Submitted on: 2/23/2011

Comments:

My wife has breast cancer and is currently undergoing chemotherapy. she uses marijuana for nausea, pain loss of appetite. It is really the only thing that helps. A dispensary would be a wonderful thing so that we wouldnt have to use illegal methods to obtain this wonderful medicine. My wifes parents have always been very against the use of marijuana, recreational or medicinal. Her mom also had breast cancer. Her dad just got over having cancer. Now that they have seen the results of my wife using it thay wish they weren't so stubborn so that they could have used this wonderful medicine. I gues it takes seeing these wonderful results first hand to realize that the government has lied to the people all these years.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 4:01 PM
To: WAM Testimony
Cc: bill@bduff.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: William Duff
Organization: Individual
Address:
Phone:
E-mail: bill@bduff.com
Submitted on: 2/23/2011

Comments:

I fully support any action you guys take to legitimize medical marijuana;tax it ,properly license it and take it out of the hands of the law enforcement/prison establishment who are the only beneficiaries of the current prohibition

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 11:09 AM
To: WAM Testimony
Cc: rtemple@hotmail.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Robin Temple
Organization: Individual
Address:
Phone:
E-mail: rtemple@hotmail.com
Submitted on: 2/23/2011

Comments:

We need a safe and secure way for medical marijuana patients to obtain the marijuana.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 2:42 PM
To: WAM Testimony
Cc: andrew@kaurealty.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Andrew Bashrum
Organization: Individual
Address:
Phone:
E-mail: andrew@kaurealty.com
Submitted on: 2/23/2011

Comments:

I support this effort. Its a win win situation. Medical patients get their medication easily and at a fair price, the state gets income off the taxes, and jobs are created for HI.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 2:36 PM
To: WAM Testimony
Cc: brandonhig@yahoo.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Brandon Higbee
Organization: Individual
Address:
Phone:
E-mail: brandonhig@yahoo.com
Submitted on: 2/23/2011

Comments:

Patients need easy access to their medication. This will also promote job growth and provide significant revenue for the state.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 2:28 PM
To: WAM Testimony
Cc: eott@hawaii.rr.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Erik Ott
Organization: Individual
Address:
Phone:
E-mail: eott@hawaii.rr.com
Submitted on: 2/23/2011

Comments:

I am in favor of this bill. Patients need to have easy access to their medication. Growing marijuana is a time consuming and labor intensive process which many patients have neither the time or ability to do well.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 2:33 PM
To: WAM Testimony
Cc: paulminar@mac.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Paul Minar
Organization: Individual
Address:
Phone:
E-mail: paulminar@mac.com
Submitted on: 2/23/2011

Comments:
Strong support

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 2:44 PM
To: WAM Testimony
Cc: emerson.hawaii@yahoo.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Karen Bashrum
Organization: Individual
Address:
Phone:
E-mail: emerson.hawaii@yahoo.com
Submitted on: 2/23/2011

Comments:
I am in support of dispensaries in HI.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 9:30 AM
To: WAM Testimony
Cc: randomskypie@yahoo.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Pam Brewer-Fink
Organization: Individual
Address:
Phone:
E-mail: randomskypie@yahoo.com
Submitted on: 2/23/2011

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 10:28 AM
To: WAM Testimony
Cc: elealoha@yahoo.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Erin Edmundson
Organization: Individual
Address:
Phone:
E-mail: elealoha@yahoo.com
Submitted on: 2/23/2011

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 12:00 PM
To: WAM Testimony
Cc: HawaiiVotingProject@gmail.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: Dorothy Cornell
Organization: Individual
Address:
Phone:
E-mail: HawaiiVotingProject@gmail.com
Submitted on: 2/23/2011

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 23, 2011 12:23 PM
To: WAM Testimony
Cc: thetwitch_2001@yahoo.com
Subject: Testimony for SB1458 on 2/24/2011 9:00:00 AM

Testimony for WAM 2/24/2011 9:00:00 AM SB1458

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: E.M. Elizondo
Organization: Individual
Address:
Phone:
E-mail: thetwitch_2001@yahoo.com
Submitted on: 2/23/2011

Comments:

Seems pointless to allow medical marijuana without clear guidelines for law-abiding citizens to follow. With actual guidelines for all 3 classes medical users can finally move forward without fear of police persecution. This also allows for law enforcement to make better use of their time.