



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

TO: House Committee on Health and Human Services
FROM: Carl Bergquist, Executive Director
HEARING DATE: February 5, 2019, 9:45AM
RE: HB37 Proposed HD1, RELATING TO MEDICAL CANNABIS; SUPPORT

Dear Chair Mizuno, Vice Chair Kobayashi, Committee Members:

The Drug Policy Forum of Hawai'i (DPFH) supports the addition of “[s]ymptoms associated with ending long term opioid use...[and] [a] medical condition that is normally treated with an opioid prescription medication . . .” to the HRS 329-121 definition of “debilitating medical conditions” for the purposes of certifying a patient for the use of medical cannabis. This is in line with the spirit of the majority recommendation by the Act 230 Legislative Oversight Working Group in December 2017 to add “opioid use disorder” (OUD) and “substance use disorder” (SUD) to this definition.

While medical cannabis has long been considered as an alternative pain medication in certain circumstances, its applicability when a patient has an opioid or other substance use disorder is less well known. Late last year, [the New Mexico Medical Cannabis Advisory Board, made up entirely of physicians, unanimously voted to add both OUD & SUD to that state’s list of approved qualifying conditions.](#) After a veto by a previous Governor and a rejection by a previous Health Secretary, New Mexico’s new Governor recently pledged to approve opioid use disorder as a qualifying condition.¹ In 2019, New Jersey also joined the list of states that have done so.²

While some of the withdrawal symptoms from substance use could fall under the current HRS 329-121 (2) (B) & (C) definition of a “debilitating disease” with resulting “severe pain” or “severe nausea”, this bill’s specific listing of these disorders and their symptoms sends the proper signal to health care professionals, prospective patients and the public that medical cannabis constitutes a

¹ <https://twitter.com/GovMLG/status/1085286378085076992>.

² <https://nj.gov/governor/news/news/562019/approved/20190123b.shtml>

possible treatment option. The scientific research on this is ample and highlighted e.g. in the 2017 fact sheet from the office of U.S. Representative Earl Blumenauer (OR- 3rd District).³ Moreover, according to a recent federally funded study published in the Journal of Health Economics: “Dispensaries – retail outlets that sell marijuana to qualified patients – contribute to the decline in opioid overdose death rates.”⁴

Finally, this bill dovetails with the state’s own preemptive focus on the opioid epidemic and the recommendations as adopted in the Hawai’i Opioid Initiative released in December 2017. Medical cannabis was not mentioned in that plan, and this bill makes up for that surprising omission.

Thank you for the opportunity to testify.

³ <https://curepenn.com/wp-content/uploads/2017/10/361352219-Physician-Guide-to-Cannabis-Assisted-Opioid-Reduction-Distributed-by-EB.pdf>.

⁴ Journal of Health Economics, Volume 58, March 2018, pp. 29-42,
<https://www.sciencedirect.com/science/article/abs/pii/S0167629617311852>

PONO

LIFE MAUI

To: REP JOHN M. MIZUNO, CHAIR HEALTH AND HUMAN SERVICES (HHS)
REP BERTRAND KOBAYASHI, VICE-CHAIR HHS
MEMBERS OF THE HOUSE HHS COMMITTEE

From: MICHAEL TAKANO
PONO LIFE MAUI

Tuesday, February 5, 2019

Re: SUPPORT
House Bill (HB) 37, Proposed HD 1, RELATING TO MEDICAL CANNABIS - Allows the use of medical cannabis to treat opioid use, substance use, and withdrawal symptoms resulting from the treatment of those conditions or a medical condition that is normally treated with a prescription medication that could lead to physical or psychological dependence, but can be treated more effectively and safely through medical cannabis.

Dear Chair Mizuno, Vice-Chair Kobayashi, and Members of the Committee:

As CEO and on behalf of PONO LIFE MAUI, one of eight medical cannabis dispensaries licensed by the Department of Health to provide safe, legal access to medical cannabis for Hawaii-registered patients, we testify **in support of HB37**, Proposed HD1, to address opioid use and substance use as a new condition.

Further, serving as a member of the Act 230 Legislative Oversight Working Group, Medical Cannabis Insurance Reimbursement (MCIR) Working Group, and as the current Legislative Committee Chair of the Hawaii Educational Association for Licensed Therapeutic Healthcare ("HEALTH"), I am thankful for the opportunity to provide a testimony in favor of the provisions of HB37.

To combat opioid misuse in Hawaii, the Department of Health adopted the U.S. Department of Health and Human Services 5-Point Strategy.¹ Two prongs of the strategy include "improve access to prevention, treatment, and recovery support services," and "advance the practice of pain management."² The expansion of qualifying conditions outlined in HB37 HD1 recognize a role for medical cannabis in the 5-Point Strategy to prevent and treat opioid misuse, as well as offer a safe alternative form of pain management.

¹ Hawaii health department gets \$8M to combat opioid abuse (2018, September 25) Retrieved from <https://www.staradvertiser.com/2018/09/25/breaking-news/hawaii-health-department-gets-8m-to-combat-opioid-abuse/>

² Secretary Price Announces HHS Strategy for Fighting Opioid Crisis (2017, April 19). Retrieved from <https://www.hhs.gov/about/leadership/secretary/speeches/2017-speeches/secretary-price-announces-hhs-strategy-for-fighting-opioid-crisis/index.html>

While the State of Hawaii already permits pain as a qualifying condition, the changes permitted by HB37 HD1 allow the State to gather specific utilization and impact data that can inform long-term solutions.

Other states with legal medical cannabis programs have already passed legislation that initiate medical cannabis use as a tool to counter the opioid epidemic and provide an alternative treatment option. On July 12 of 2018, New York State released emergency regulations that permit practitioners to certify patients to use medical cannabis as a replacement for opioids, or for the treatment of opioid use disorder.³ Likewise, on August 28, 2018, Illinois launched its “Opioid Alternative Pilot Program” aimed at reducing opioid-related deaths.⁴ The program, which went into full effect February 1, allows licensed physicians to certify medical cannabis use for patients who have a medical condition for which an opioid has been or could be prescribed based on generally accepted standards of care. Pennsylvania and New Jersey similarly added opioid use disorder as a qualifying condition for medical cannabis use in 2018.

In November 2018, Pono Life Sciences released a White Paper titled “Rising Above the Opioid Crisis,” which found that, while the public health and economic costs of opioids far outweigh the benefits, the relative costs of medical cannabis are minimal compared to its benefits.⁵ Opioids are an addressable problem that needs to be solved with modern healthcare strategies that support better pain management. To maximize the impact the 5-Point initiative, Hawaii must include medical cannabis as part of the solution.

PONO LIFE MAUI is committed to the continuous advancement of Hawaii’s medical cannabis industry through legislation that serves as a model for responsible access and use. In summary, we support HB37, HD1.

Thank you for the opportunity to testify.

³ New York State Department of Health Announces Opioid Replacement Now a Qualifying Condition for Medical Marijuana. (2018, July 12). Retrieved from https://www.health.ny.gov/press/releases/2018/2018-07-12_opioid_replacement.htm

⁴ Opioid Alternative Pilot Program (2019, January 12) Retrieved from <http://www.dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis/opioid-alternative-pilot-program>

⁵ Rising Above the Opioid Crisis Medical Cannabis Insurance Reimbursement & A New Wave of Legal Cannabis in Hawaii (2018, November). Retrieved from <https://ponolifesciences.com/medical-cannabis-insurance-reimbursement-and-a-new-wave-of-legal-cannabis-in-hawaii/>



To: REP JOHN M. MIZUNO, CHAIR HEALTH AND HUMAN SERVICES (HHS)
REP BERTRAND KOBAYASHI, VICE-CHAIR HHS
MEMBERS OF THE HOUSE HHS COMMITTEE

From: Elaine Slavinsky, MPH, MEd, RN
Director
PONO LIFE Education and Resource Center
www.ponolife.net

Tuesday, February 5, 2019

Re: SUPPORT
House Bill (HB) 37, Proposed HD 1, RELATING TO MEDICAL CANNABIS - Allows the use of medical cannabis to treat opioid use, substance use, and withdrawal symptoms resulting from the treatment of those conditions or a medical condition that is normally treated with a prescription medication that could lead to physical or psychological dependence, but can be treated more effectively and safely through medical cannabis.

Dear Chair Mizuno, Vice-Chair Kobayashi, and Members of the Committee:

As Director of the PONO LIFE Education and Resource Center and on behalf of PONO LIFE Education, an organization aimed at driving public information and awareness surrounding safe, legal access to medical cannabis, I testify in support of HB37, Proposed HD1, to support opioid use and substance use as a new condition.

Mature adults have not been spared by the opioid epidemic that grips our nation and Hawaii. With the many medical conditions that Seniors face, opioid usage in this age group is prevalent. Thirty percent of opioid prescriptions in the U.S. are written for seniors.¹

Initial opiate prescriptions are often given for legitimate pain relief. Unfortunately, over time, some misuse and abuse these drugs, and develop a dangerous dependence on them. Recent studies have identified a solution. Access to cannabis may be saving lives. Research demonstrates that states with legal medical cannabis use had substantial reductions in opioid use.^{2 3 4}

¹ Potter, Beverly A P.H.D (2017). Cannabis For Seniors Ronin Publishing, Berkeley, CA.

² Bachhuber, M. A., Saloner, B., Cunningham, C. O., & Barry, C. L. (2014). Medical Cannabis Laws and Opioid Analgesic Overdose Mortality in the United States, 1999-2010. JAMA Internal Medicine, 174(10). doi:10.1001/jamainternmed.2014.4005

³ Powell D, Pacula RL, Jacobson M. (2015). Do Medical Marijuana Laws Reduce Addiction and Deaths Related to Pain Killers? RAND Corporation; Retrieved from https://www.rand.org/pubs/external_publications/EP67480.html.

In 2014, there were 51 opioid prescriptions written per 100 persons in Hawaii with 77 opioid deaths. In 2017, the number of opioid deaths decreased to 54 (potentially due to awareness, less utilization, and the usage of medical cannabis). However, 27, or fifty percent of those deaths occurred in people over 55 years old.⁵

Over eighty percent of Hawaii qualifying patients use medical cannabis for the treatment of pain.⁶ These patients benefit not only from the pain relief and improved quality of life, but peace of mind given the low addictive potential of medical cannabis. Further, medical cannabis use does not put the user at risk for respiratory depression, the primary mechanism of death by opiates.

Opioids are prescribed for many conditions other than those diagnoses approved for cannabis usage in Hawaii. e.g. physical trauma and injury; post-operative procedure pain; and dental problems. Those patients, too, are subject to the same side effects and potential for overdose from opioids, and can likewise benefit from safer pain management alternatives.

As a Nurse, it is heartwarming to see patients decreasing or discontinuing their opioid usage when using medical cannabis. They, as well as their families, express gratitude and relief for the burden of opioid usage being lifted from them.

In summary, PONO LIFE Education supports HB 37 HD1 in that it will forge a pathway for these members of our community to access a low-risk opioid alternative.

Thank you for the opportunity to testify.

⁴ Kevin F. Boehnke, Evangelos Litinas, Daniel J. Clauw. (2016) Medical Cannabis Use Is Associated with Decreased Opiate Medication Use in a Retrospective Cross-Sectional Survey of Patients with Chronic Pain. The Journal of Pain Volume 17, Issue 6,

⁵ Hawaii Opioid Summary (2018, February). Retrieved from www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/hawaii-opioid-summary

⁶ Medical Cannabis Registry Program: Program Statistics. (2018, December 31). Retrieved from <http://health.hawaii.gov/medicalcannabisregistry/submenu/program-statistics/>



LATE

HAWAII EDUCATIONAL ASSOCIATION FOR LICENSED THERAPEUTIC HEALTHCARE

To: Representative John Mizuno, Chair Health and Human Services (HHS)
Representative Bertrand Kobayashi, Vice-Chair HHS
Members of the House HHS Committee

Fr: Blake Oshiro, Esq. on behalf of the HEALTH Assn.

Re: Testimony **In Support on House Bill (HB) 37, PROPOSED House Draft (HD) 1**
RELATING TO MEDICAL CANNABIS - Allows the use of medical cannabis to treat opioid use, substance use, and withdrawal symptoms resulting from the treatment of those conditions or a medical condition that is normally treated with a prescription medication that could lead to physical or psychological dependence, but can be treated more effectively and safely through medical cannabis.

Dear Chair Mizuno, Vice-Chair Kobayashi, and Members of the Committee:

HEALTH is the trade association made up of the eight (8) licensed medical cannabis dispensaries under Haw. Rev. Stat. (HRS) Chapter 329D. We **support** of HB37, Proposed HD1 to address opioid use and substance use as a new condition.

We note that this bill is substantially similar to last session's Senate Bill 2407 which passed the Legislature. It was unfortunately vetoed by the Governor. Since then, we are unaware of any significant steps in the Department of Health (DOH)'s internal process to expand the list of qualifying conditions to include or address this issue and so we are pleased to see this issue come back again this session.

According to the Center for Disease Control data from 2016, Hawaii is fortunate not to have seen any recent statistically significant increases in opioid-related deaths. <https://www.cdc.gov/drugoverdose/data/statedeaths.html> Hawaii is being proactive though, and has put forward its "Hawaii Opioid Initiative" <https://health.hawaii.gov/substance-abuse/files/2013/05/The-Hawaii-Opioid-Initiative.pdf>

We support this bill because there is research that demonstrates medical cannabis can help treat opioid use and its withdrawal symptoms. Person dependent on opioids most often seek relief from their chronic pain symptoms and THC can serve as an important analgesic to help to treat their pain. The CBD is effective at "calming" the addictive response of the brain, and thus the research suggests it is important to have both



cannabinoids THC and CBD. A recent literature review identifies 35 controlled studies specific to the use of cannabis or cannabinoids in pain treatment, involving over 2,000 subjects.

We are also aware of recent activity in other states that have looked at this issue and moved forward:

1. **New York.** NY DoH created "... [emergency regulations](#) adding any condition for which an opioid could be prescribed as a qualifying condition for medical marijuana."

Ref. https://www.health.ny.gov/press/releases/2018/2018-07-12_opioid_replacement.htm

2. **Illinois.** New law allows patients to opt for medical marijuana instead of opioids.

News: <https://abc7chicago.com/health/new-law-allows-patients-to-opt-for-medical-marijuana-instead-of-opioids-/5116960/>

Initiative: <https://www.chicagotribune.com/news/local/breaking/ct-met-medical-marijuana-opioids-illinois-expansion-20180827-story.html>

Further Citations:

- 1) Cannabis & Pain-A Clinical Review
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5549367/>
- 2) Cannabis as a Substitute for Opioid-Based Pain Medication: Patient Self-Report
<http://online.liebertpub.com/doi/pdfplus/10.1089/can.2017.0012>
- 3) Medical Cannabis Use Is Associated with Decreased Opiate Medication Use in a Retrospective Cross-Sectional Survey of Patients with Chronic Pain
<https://www.ncbi.nlm.nih.gov/pubmed/27001005>
- 4) Cannabinoid-opioid interaction in chronic pain
<https://www.ncbi.nlm.nih.gov/pubmed/22048225>

Thank you for your consideration



LATE

HB37 Medical Marijuana for Opioid Withdrawal and Treatment

COMMITTEE ON HEALTH:

- Rep. Mizuno, Chair; Rep. Kobayashi, Vice Chair
- Tuesday, Feb. 5, 2019: 9:45 am
- Conference Room 329

Hawaii Substance Abuse Coalition Opposes HB37: Recommends Rewrite:

GOOD MORNING CHAIRS, VICE CHAIRS AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of almost 40 non-profit alcohol and drug treatment and prevention agencies.

Rewrite: The Pennsylvania Department of Health permits physicians to make medical cannabis available to patients only if all other traditional treatments are tried first and fail, or if the medical cannabis is used in conjunction with traditional therapies.

Based on the **LEGISLATIVE REPORT ON THE TREATMENT OF OPIOID USE DISORDER WITH MEDICAL CANNABIS** released January 10, 2019, the “Maryland Medical Cannabis Commission” provided results of their review to the Maryland legislators: [http://dlslibrary.state.md.us/publications/Exec/MDH/NMLMCC/HB2Ch598\(13\)_2018.pdf](http://dlslibrary.state.md.us/publications/Exec/MDH/NMLMCC/HB2Ch598(13)_2018.pdf)

Maryland Medical Cannabis Commission reported their 2019 results as follows:

- 1. There is no scientific evidence that supports the claims that medical cannabis or medical marijuana (MMJ) helps opioid use disorders (OUD) for treatment or withdrawal.**
- 2. Moreover, anecdotal studies to date are inconclusive because most people testify to how MMJ helps them not specifically how it helped them with their withdrawals.**
- 3. There are effective, relatively safe, scientifically proven withdrawal medications available. Buprenorphine, methadone, and naltrexone are effective.**
- 4. Marijuana is a much bigger addiction problem than any problems with approved withdrawal medication.**
- 5. The 3 states that passed MMJ for opioid treatment or withdrawal, have restrictive language. This bill does not. The PA states that MMJ can only be used after other FDA approved, effective medications have failed. This language was intended to allow PA to fund a study about MMJ for OUD.**

6. Pennsylvania is studying the efficacy of MMJ for opioid use disorders for treatment and withdrawal starting in 2018 and the results will be available soon.

It seems that those studies specific to MMJ opioid withdrawal reported that almost as many people said it harmed them as those who said it helped them. So MMJ seems to help some people and harm others. We need to know more about how MMJ can help people before legislating an addictive drug given that there are effective FDA approved medications available.

1. *No scientific evidence.* The comprehensive review of existing medical literature shows that there is no credible scientific evidence backing up the claims that cannabis is beneficial in treating addiction, and that there is some evidence suggesting that it may exacerbate substance use and dependency issues. Valid, clinical trial studies for heroin users reported that the claims for MMJ reducing cravings and withdrawal symptoms were largely unproven. However, other studies report that it is uncertain. There are studies happening now which will shed more light on this issue. Additionally, the DEA has 350 applications and promises that they are approving all valid studies. We expect better information in the near future.
2. *Anecdotal studies.* There is growing anecdotal evidence that MMJ can help in the recovery experience by addressing nausea, diarrhea, muscle spasms, insomnia, and anxiety. Patients report that MMJ promotes restful sleep. However, no studies yet report that MMJ reduces cravings or significant withdrawal symptoms at this time. Animal studies suggest that cannabinoids may have long-lasting therapeutic effects relevant to OUD, but more studies are needed for humans.
3. *There are effective, relatively safe, scientifically proven withdrawal medications available. Buprenorphine, methadone, and naltrexone are effective.* Decades of high quality clinical research conclusively demonstrates that medication assisted treatment (MAT) combined with social support is an effective treatment for OUD. Health care providers and health care organizations, particularly addiction specialists, maintain strong opposition to treating OUD with medical cannabis.
4. *Marijuana is a much bigger addiction problem than any problems with approved withdrawal medication.* In Hawai'i, addiction issues from these approved medications is less than 2% of those in treatment (often due to illegal use of them) as compared to marijuana, which is the third largest problem in Hawai'i with over 16% of adults having MJ addiction and over 60% of youth presenting for treatment having a problem with marijuana. Overwhelmingly, treatment providers in all states are opposing legislation until there are more studies, given that there are effective medications available that have less complications than marijuana. There may be dangers to exposing individuals with substance use disorders or substance dependence to another intoxicating substance, marijuana, which could create yet another drug dependency.

5. *The 3 states that passed MMJ for opioid treatment or withdrawal, have restrictive language.* In 2018, Pennsylvania, New Jersey, and New York became the first states to expressly allow medical cannabis for the treatment of OUD. Each state permits the use of medical cannabis to treat OUD, but with significant restrictions. The Pennsylvania Department of Health permits physicians to make medical cannabis available to patients only if all other traditional treatments are tried first and fail, or if the medical cannabis is used in conjunction with traditional therapies. The regulations Pennsylvania Secretary of Health Dr. Rachel Levine emphasized that “It’s important to note that medical cannabis is not a substitute for proven treatments for opioid use disorder.”
6. *Pennsylvania is studying the efficacy of MMJ for opioid use disorders for treatment and withdrawal starting in 2018 and the results will be available soon.* Critical to the Department’s decision to include MMJ for OUD was that the state statute restricts clinical research to qualifying medical conditions. Therefore, only by adding OUD to the list of qualifying medical conditions could the Department authorize certified research. The Pennsylvania Department of Health approved eight local universities as Certified Academic Clinical Research Centers to begin research on medical cannabis in May 2018 centers in the State to initiate clinical trials on the use of cannabis to treat OUD.

It seems that those studies specific to MMJ opioid withdrawal reported that almost as many people said it harmed them as those who said it helped them. So MMJ seems to help some people and harm others. We need to know more about how MMJ can help people before legislating an addictive drug given that there are effective FDA approved medications available.

Recent data indicates that cannabis is an effective and safer alternative for pain treatment. Each study suggests that implementation of medical cannabis laws may reduce opioid prescribing and daily use. However, neither study evaluated whether individuals were switching from prescription opioids to medical cannabis or whether any individuals used medical cannabis to treat OUD. Additional research is needed to determine whether there is a causal relationship between medical cannabis laws and reductions in prescription opioid use.

As for OUD withdrawals, given that there is effective, safe medications available, the Commission recommended to approve applications for “any other condition that is severe and for which other medical treatment have been ineffective if the symptoms reasonably can be expected to be relieved by the medical use of cannabis.” Buprenorphine, methadone, and naltrexone are effective. With more evidence, we will be able to determine how MMJ can help OUD withdrawal.

We appreciate the opportunity to provide testimony and are available for questions.

HOUSE OF REPRESENTATIVES
THIRTIETH LEGISLATURE, 2019
STATE OF HAWAII

H.B. NO. ³⁷

RELATING TO MEDICAL CANNABIS.

DATE: Tuesday, February 5, 2019
TIME: 9:45 a.m.
PLACE: Conference Room 329
State Capitol

Honorable Committee Chairs and Committee members:

I am testifying in support of HB 37, with amendments.

The bill should include physician assistants (PAs) and naturopathic physicians in the language.
HB 673 includes both naturopathic physician and physician assistants in the list of providers who can
certify medical marijuana use.

As these bills move forward it is important, for consistency, that the list of providers is consistent in all
bills pertaining to medical marijuana use.

Please include these, attached, proposed amendments as you move this bill forward.

Fielding Mercer, PA-C

Past president and legislative liaison Hawaii Academy of Physician Assistants (HAPA)

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A BILL FOR AN ACT

RELATING TO MEDICAL CANNABIS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that Senate Bill No. 2407, C.D. 1, passed during the regular session of 2018, would have allowed the use of medical cannabis to treat opioid use, substance use, and withdrawal symptoms resulting from the treatment of those conditions. However, the measure was vetoed by the governor, because the department of health adopted an administrative rule that sets forth an evidence-based petition process to add a condition to the list of debilitating conditions for which medical cannabis can be used.

The legislature further finds that in vetoing Senate Bill No. 2407, C.D. 1, the governor has allowed an administrative rule to supersede the legislature's policy-making power. When the legislature authorized the department of health to create an administrative process to add any other medical condition as a debilitating medical condition, the legislature did not intend to waive its legislative power to amend the statute to prescribe other medical conditions that might qualify as debilitating medical conditions. Accordingly, the legislature finds that opioid use and substance use disorders and associated withdrawal symptoms may be successfully treated with the use of medical cannabis.

The purpose of this Act is to add two more medical conditions as debilitating medical conditions that qualify for the medical use of cannabis:

(1) Opioid use and substance use disorders, or withdrawal symptoms resulting from the treatment of these conditions; and

(2) A medical condition that is normally treated with a prescription medication that could lead to physical or psychological dependence, but can be treated more effectively and safely through the medical use of marijuana, as determined by a physician, physician assistant, naturopathic physician, or advanced practice registered nurse.

SECTION 2. Section 329-121, Hawaii Revised Statutes, is amended by amending the definition of "debilitating medical condition" to read as follows:

""Debilitating medical condition" means:

(1) Cancer, glaucoma, lupus, epilepsy, multiple sclerosis, rheumatoid arthritis, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, or the treatment of these conditions;

(2) A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following:

(A) Cachexia or wasting syndrome;

(B) Severe pain;

(C) Severe nausea;

(D) Seizures, including those characteristic of epilepsy;

(E) Severe and persistent muscle spasms, including those characteristic of multiple sclerosis or Crohn's disease; or

(F) Post-traumatic stress disorder; [~~or~~]

(3) Opioid use or other substance use disorders, or withdrawal symptoms resulting from the treatment of those conditions;

(4) A medical condition that is normally treated with a prescription medication that could lead to physical or psychological dependence, but can be treated more effectively and safely through the medical use of cannabis, as determined by a physician, physician assistant, naturopathic physician, or advanced practice registered nurse; or

[~~(3)~~] (5) Any other medical condition approved by the department of health pursuant to administrative rules in response to a request from a physician, physician assistant, naturopathic physician, or advanced practice registered nurse or potentially qualifying patient."

SECTION 3. This Act does not affect rights and duties that matured, penalties that were incurred, and proceedings that were begun before its effective date.

SECTION 4. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 5. This Act shall take effect upon its approval.

INTRODUCED BY: _____

Report Title:

Medical Cannabis; Opioid Use; Substance Use; Prescription Medication Dependence;
Debilitating Medical Condition

Description:

Allows the use of medical cannabis to treat opioid use, substance use, and withdrawal symptoms resulting from the treatment of those conditions or a medical condition that is normally treated with a prescription medication that could lead to physical or psychological dependence, but can be treated more effectively and safely through medical cannabis.

Proposed amendments use underscore for additions. No deletions were recommended.

HB-37

Submitted on: 2/3/2019 7:38:21 PM

Testimony for HLT on 2/5/2019 9:45:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Whispering Wind	Individual	Support	No

Comments:

Aloha Lawmakers,

I **SUPPORT - HB37**, Medical Cannabis; Opioid Use; Substance Use; Prescription Medication Dependence; Debilitating Medical Condition – which allows the use of medical cannabis to treat opioid use, substance use, and withdrawal symptoms resulting from the treatment of those conditions or a medical condition that is normally treated with a prescription medication that could lead to physical or psychological dependence, but can be treated more effectively and safely through medical cannabis.

This bill was passed by the legislature last year, but Governor Ige vetoed it!

As a volunteer for PATIENTS WITHOUT TIME, for the past decade, I have seen that patients, who were addicted to opioids, are able reduce and/or eliminate opioid use by consuming cannabis. Therefore, it certainly should be listed as a qualifying condition.

Cannabis actually increases the effectiveness of opioids, so patients with chronic severe pain, can dramatically lower their dependence on opioids, and dramatically improve their quality of life.

There are already many qualifying conditions. "Debilitating medical condition" means:
(1) Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, or the treatment of these conditions;

(2) A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: (A) Cachexia or wasting syndrome; (B) Severe pain; (C) Severe nausea; (D) Seizures, including those characteristic of epilepsy; or (E) Severe and persistent muscle spasms, including those characteristic of multiple sclerosis or Crohn's disease; or

(3) Any other medical condition approved by the department of health pursuant to administrative rules in response to a request from a physician or potentially qualifying patient.

Let's add this one to the list.

Mahalo,

Mary Overbay

Puunene, HI

HB-37

Submitted on: 2/3/2019 8:08:27 PM

Testimony for HLT on 2/5/2019 9:45:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brian Murphy	Individual	Support	No

Comments:

Aloha Lawmakers,

I **SUPPORT - HB37** – which allows the use of medical cannabis to treat opioid use, substance use, and withdrawal symptoms resulting from the treatment of those conditions or a medical condition that is normally treated with a prescription medication that could lead to physical or psychological dependence, but can be treated more effectively and safely through medical cannabis.

This bill was passed by the legislature last year, but Governor Ige vetoed. Let's PASS it again!

I have witnessed many patients, and I speak from my own experience, that folks who were addicted to opioids, are able reduce and/or eliminate opioid use by consuming cannabis. Therefore, it certainly should be listed as a qualifying condition.

Cannabis actually increases the effectiveness of opioids, so patients with chronic severe pain, can dramatically lower their dependence on opioids, and dramatically improve their quality of life.

There are already many qualifying conditions. Let's add this one to the list.

Mahalo,**Brian Murphy**

Maui, Hawai'i

HB-37

Submitted on: 2/4/2019 8:54:25 AM

Testimony for HLT on 2/5/2019 9:45:00 AM

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

Comments:

Aloha I am writing this to testify in favor of medical Marijuana being used instead of harmful pharmaceuticals for the purpose of helping those on opiates and other harmful drugs get off of the drugs.

I am a 63 year old woman who has had chronic pain issues for 12 years. I was prescribed a long list of pain medications including morphine, oxycodone, hydrocodone and gabapentin and cymbalta. I wanted to stop being dependant on these harmful and habitforming drugs. I was able to taper off all medications after over a decade of using them with the help and relief cannabis gave.

My suffering was minimal and the withdrawl from all medications was a sucess! Please allow a theraputic cannabis treatment for opiate withdrawl and pain relief.

Today I am happy to say that it has been 5 years since I have had to take any prescription medicatons for pain. Medical marijuana does work!

Mahalo

Julie Lewis

Paia HI

HB-37

Submitted on: 2/4/2019 11:41:09 AM

Testimony for HLT on 2/5/2019 9:45:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Destiny Brown	Individual	Support	No

Comments:

Aloha Committe Chair and Members,

I am writing in support of HB37.

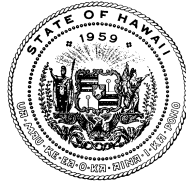
Thank you,

Destiny Brown

Constituent Senate District 25

Constituent House Distrct 13

Student Hawaii Pacific University



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

LATE

**Testimony COMMENTING on (HB 0037)
RELATING TO MEDICAL CANNABIS**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 5, 2019 Room Number: 329

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department of Health (DOH) respectfully prefers the HD1
3 PROPOSED version of the measure and offers the following comments:

4 HD1 PROPOSED clarifies that the administrative rule is a standardized review process to
5 add conditions to the list of debilitating conditions.

6 The DOH has to date not received any petitions to use its review process from either the
7 public or representatives of the medical community, therefore the department recognizes and
8 respects the legislature's authority to act as an alternative route to the department's standardized
9 review process.

10 There is evidence that chronic debilitating pain related conditions have made positive
11 results by the use of medical cannabis for many individuals who have access to it as an
12 alternative to long-term use of opioid pain medications. Therefore, DOH prefers the exemption
13 paragraph (3) in HD1 PROPOSED, page 4, lines 1-3.

14 Also, the medical condition exemption paragraph (4) in page 4, lines 4-9 appears too
15 broad, where anyone with a medical condition that is normally treated with an opioid
16 prescription medication can be classified as a "debilitating medical condition." DOH therefore
17 proposes an amendment to limit the exemption only to those with acute or chronic pain:

1 “(4) A medical condition associated with acute or chronic
2 pain that is normally treated with an opioid
3 prescription medication that could lead to physical or
4 psychological dependence”

5 There is also substantial evidence that medical cannabis when used for pain that was
6 either caused or exacerbated by opioid and other substance use disorders has decreased
7 prevalence of opioid use and overdose.

8 Data from states in which recreational cannabis has been legalized has shown that opioid
9 overdose death rates, and opioid prescriptions have decreased. While there is evidence
10 supporting the effectiveness of cannabis in reducing opioid dosages in pain management and
11 relief, scientific data is preliminary due to the lack of federal funding and the identification of
12 cannabis as a Schedule I substance. In addition, there is conflicting evidence regarding utilization
13 of cannabis as a treatment for opioid misuse, therefore, further clinical evidence is needed to
14 support the use of cannabis as a mechanism to treat opioid use disorder.

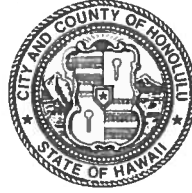
15 Thank you for the opportunity to provide testimony.

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

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LATE

KIRK CALDWELL
MAYOR



SUSAN BALLARD
CHIEF

JOHN D. MCCARTHY
JONATHAN GREMS
DEPUTY CHIEFS

OUR REFERENCE CT-TA

February 5, 2019

The Honorable John M. Mizuno, Chair
and Members
Committee on Health
House of Representatives
Hawaii State Capitol
415 South Beretania Street, Room 329
Honolulu, Hawaii 96813

Dear Chair Mizuno and Members:

SUBJECT: House Bill No. 37, H.D.1 (Proposed), Relating to Medical Cannabis

I am Major Calvin Tong of the Narcotics/Vice Division of the Honolulu Police Department (HPD), City and County of Honolulu.

The HPD opposes House Bill No. 37, H.D.1 (Proposed), Relating to Medical Cannabis.

The bill seeks to amend the definition of "debilitating medical condition" of Section 320-121, Hawaii Revised Statutes, to include:

1. Symptoms associated with ending long term opioid use for which there is a reasonable expectation that an individual would experience physiological withdrawal;
2. A medical condition that is normally treated with an opioid prescription medication that could lead to a physical or psychological dependence but may be treated more effectively and safely through the medical use of cannabis, as determined by a physician or advanced practice registered nurse; or
3. Any other medical condition approved by the Department of Health pursuant to administrative rules in response to a request from a physician or advanced practice registered nurse or potentially qualifying patient.

Serving and Protecting With Aloha

The Honorable John M. Mizuno, Chair
and Members
February 5, 2019
Page 2

The fact remains that the U.S. Food and Drug Administration has not approved marijuana for medical use. Doctors who are prescribing medical marijuana to qualifying patients do not actually know which formulations or which dosing to give for specific symptoms or disorders. There is not enough research so show the efficacy of using cannabis to treat opioid use disorders, and it switches out one addiction for another. In addition, there is insufficient evidence that indicates medical cannabis can more effectively and safely treat medical conditions that are normally treated with prescription medications that could lead to a physical or psychological dependence. This needs to be thoroughly researched before treating such a problem.

The HPD urges you to oppose House Bill No. 37, H.D. 1, (Proposed), Relating to Medical Cannabis.

Thank you for the opportunity to testify.

Sincerely,

Calvin Tong, Major
Narcotics/Vice Division

APPROVED:

A handwritten signature in black ink, reading "Susan Ballard", written over a horizontal line.

Susan Ballard
Chief of Police

REPRESENTATIVE JOHN M. MIZUNO
HOUSE COMMITTEE ON HEALTH

LATE

Aaron Shugo Pono Farias
Myron B. Thompson School of Social Work, Student
2430 Campus Rd
Honolulu, HI 96822

Tuesday, February 5, 2019

In Support of HB37
RELATING TO MEDICAL CANNABIS

Aloha, my name is Aaron Farias and I am a social work graduate student at the University of Hawai'i at Mānoa. I am testifying in favor of HB37.

My studies at the University specialize in behavioral health and currently we increasingly find that clinicians are viewing the Harm Reduction model as best practice. HB37 directly institutes this practice and for this reason I, a substance use counselor, support the use of medical cannabis to treat opioid use, substance use, and withdrawal symptoms that would normally be treated with prescription medication that could lead to physical and psychological dependence. This measure has the power to prevent the real threat of the opioid epidemic we have on the U.S continent before it reaches that magnitude here in the islands. Furthermore, this may also be viewed as a more culturally responsive approach to medical treatment to the people of Hawai'i.

I would like to close this testimony by thanking the committee for their active dedication to bettering the lives of the people who reside in this great State. I appreciate your hard work and consideration of supporting measure HB37.

LATE

CHAIR OF THE HOUSE OR SNEATE COMMITTEE
NAME OF THE HOUSE OR SENATE COMMITTEE

Aaron Shugo Pono Farias
Myron B. Thompson School of Social Work, Student
2430 Campus Rd
Honolulu, HI 96822

Day and Date of Hearing

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LATE

HB-37

Submitted on: 2/5/2019 6:46:32 AM

Testimony for HLT on 2/5/2019 9:45:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Charlene Dierking	Individual	Support	No

Comments:

LATE

HB-37

Submitted on: 2/5/2019 8:02:02 AM

Testimony for HLT on 2/5/2019 9:45:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	O`ahu County Committee on Legislative Priorities of the Democratic Party of Hawai`i	Support	No

Comments: