PA12-055

HB5389

House	2737-3087	351
Judiciary	1041-1076, 1105-1137, 1158-1164, 1173-1175, 1177-1197, 1201-1203, 1234-1294, 1300-1302, 1334-1347, 1350-1356, 1359-1365, 1372-1378, 1544-1569, 1571-1605, 1607-1641	298
Senate	3065-3326	262
		911

S - 645

CONNECTICUT
GENERAL ASSEMBLY

SENATE

PROCEEDINGS

2012

VOL. 55

PART 10

2992 – 3329

H – 1130

CONNECTICUT

GENERAL ASSEMBLY

HOUSE

PROCEEDINGS

2012

VOL.55

PART 8

2447 – 2761

H – 1131

CONNECTICUT

GENERAL ASSEMBLY

HOUSE

PROCEEDINGS

2012

VOL.55

PART 9

2762 – 3112

Madam Speaker, if I may at this point, I'd like to ask the Chamber to give Mr. Smith our usual warm welcome and welcome him to the chamber.

DEPUTY SPEAKER KIRKLEY-BEY:

Welcome, Mr. Smith. I hope you enjoy your stay here, and I'm jealous because you went to Beijing.

Will the Clerk please call --

Representative Sawyer -- no.

Will the Clerk please call Calendar Number 254.

THE CLERK:

On page 39, Calendar 254, House Bill Number 5389, AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA, favorable report of the Committee on Public Health.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Fox you have the floor, sir.

REP. FOX (146th):

Thank you, thank you, Madam Speaker.

I move for the acceptance of the joint committees' favorable report and the passage of the bill.

DEPUTY SPEAKER KIRKLEY-BEY:

The motion before us is the acceptance of the joint committees' favorable report and passage of the bill?

Will you comment further?

REP. FOX (146th):

Thank you, Madam Speaker.

Madam Speaker, over the last several years or even longer, the Judiciary Committee has raised and debated and voted on during at times a bill dealing with the use of medical marijuana. We've had public hearings where often hear testimony from individuals who are suffering from a variety of painful illnesses and what they have come in and told us as a committee is that the best relief that they get for their pain, the best relief that they have been able to achieve for their respective illnesses has been the use of marijuana. And it's been something that they've shown -- they come to us a number times and said throughout that prescription medications that they've tried and have not proven successful have actually made them feel worse. And what it is is that marijuana is something that has -- has worked for them and has been the only thing that can relieve their pain. We've also heard from family members of -- of these patients, and they've also testified the same that use of marijuana is something that has been a benefit to their loved ones.

Now, a number of states, I believe it's now 16 states, plus the District of Columbia, have enacted a form of medical marijuana laws which would allow individuals to utilize marijuana for their debilitating conditions. What the State of Connecticut, with the Judiciary Committee, has done this year has put together a bill that we feel can, hopefully, learn from what those states have experienced and would enable the State of Connecticut to move forward with a medical marijuana law that can address the concerns of those who are suffering from these debilitating illnesses but also address some of the concerns and put some restrictions in that have been raised in the past by -- by a number of people, many of them legitimate concerns.

Madam Speaker, the Clerk has amendment, LCO Number 3891. I would ask that that please be called.

DEPUTY SPEAKER KIRKLEY-BEY:

Will the Clerk please call LCO 3891, designated House Schedule "A."

THE CLERK:

LCO 3891, House "A" offered by Representative Fox, Senator Coleman and Representative Bacchiochi.

DEPUTY SPEAKER KIRKLEY-BEY:

The Representative has asked leave to summarize, is there any objection? Is there any objection?

Seeing none, please proceed, sir.

REP. FOX (146th):

Thank you, Madam Speaker.

This amendment is a strike-all amendment. It will become the bill, and I would move adoption.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy, you have the floor.

REP. FOX (146th):

No -- no -- excuse me -- if I may summarize.

DEPUTY SPEAKER KIRKLEY-BEY:

The question is on adoption, Representative Fox.

REP. FOX (146th):

Thank you, Madam Speaker.

What this amendment does, it actually is very similar to the underlying bill but due to some organizing issues that LCO raised, we've decided to do a strike-all and it is the actual bill. So those who are familiar with the underlying bill, should not feel that this is very different. But what with the bill does -- with the amendment does, Madam Speaker, it does list the diseases that would be covered under this palliative use of marijuana bill. It also -- and

the illnesses that are covered are the same as those that were in the underlying bill. They're cancer, glaucoma, HIV, Parkinson's, multiple sclerosis, and several others.

Also, Madam Speaker, what it does is it identifies the mechanism by which individuals would be able to become patients under these circumstances. There would be a written certification that would be required to receive from a physician, who would then enable a qualifying patient to obtain marijuana for the purposes of their medical care. Also, there is -- excuse me -- there's a primary caregiver who could be designated, who would also be somebody who could obtain and provide marijuana to the -- to the patient as so prescribed.

Madam Speaker, this bill also will involve the Department of Consumer Protection. There is a mechanism by which producers, somewhere between three and ten producers, as outlined in the amendment, would cultivate and grow the marijuana. They would then provide this marijuana to dispensaries. These dispensaries would be run by a licensed pharmacist, who would be the entity that could distribute the

marijuana to the -- to the patient or the primary caregiver.

Now, the dispensaries, Madam Speaker, will also be set up through regulations that are adopted by the Department of Consumer Protection. There will also be a board of physicians that is established through the Department of Consumer Protection who will look into whether or not additional illnesses should be added to the list of illnesses that is set out in section 1.

Also, Madam Speaker, there is a section that protects patients from discrimination in the event that they -- whether it be in their -- where they -- where they reside or their status as a student. It would also protect them from discrimination in their employment. And lastly, there is a section that deals with changing marijuana from a Class I drug to a Class II drug that which is necessary to allow these -- these physicians to issue prescriptions that would be sent out to their pharmacist -- written certifications -- excuse me.

Madam Speaker, I also recognize that there will be questions on many areas on this bill also dealing with where the federal government currently stands and how they handle medical marijuana in the various

states. We -- the federal government does not say that they cannot prosecute or will not prosecute, but what they do say is that it is not their objective or -- they're not utilizing their resources towards going after a state-run program or a state-licensed program that provide marijuana to those who are suffering from debilitating conditions.

Madam Speaker, I will also request that when this vote on this amendment come up that it be done by roll call.

DEPUTY SPEAKER KIRKLEY-BEY:

All those in favorable roll call vote, please indicate by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER KIRKLEY-BEY:

The 20 percent has been met. When it's taken, it will be taken by roll.

Representative Cafero, you have the floor, sir.

REP. CAFERO (142nd):

Thank you, Madam Speaker.

Madam Speaker, through you, a few questions to the proponent of the amendment.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Fox, prepare yourself.

Representative Cafero, please proceed.

REP. CAFERO (142nd):

Thank you, Madam Speaker.

Representative Fox, as you indicated, this bill has been before us in various forms over the years, and this is certainly a brand new iteration. One that doesn't involve a growing of plants in someone's house or what have you, but a whole new mechanism that I think is worthy of discussion and exploration in this debate. And with that, I have a couple of questions for you. You indicated and believe you actually listed for the benefit of the chamber all of the diseases or as it's defined debilitating medical conditions that would be covered under this bill allowing a person to legally get marijuana. One of those that you mentioned is posttraumatic stress disorder. To your mind and for the edification of the chamber and for, I guess, legislative intent or clarity, is posttraumatic stress disorder considered a physical disability or a mental disability? Through you, Madam Chair.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, and I appreciate your question. I want to make sure I answer it correctly. I -- I know it is -- it is considered -- it can be considered a mental disorder. My only reluctance to eliminate that is because I think it can also involve head injuries that may cause posttraumatic stress disorder, which I think that could potentially can be considered both a physical and a mental disorder.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you.

Through you, Madam Speaker, was that the reason this mental disorder was included in the list. In other words, I note that there are no other mental disorders, to my knowledge, anyway, that are included on the list, is that correct? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, I will -- the Representative is correct in that it is a later

addition -- not that it was -- it has been always part of the bill from this year. We did have testimony before our committee from individuals who were -- primarily, it was veterans with said that the use of marijuana was of aid to them in dealing with posttraumatic stress disorder. That was my recollection. It was mostly from -- not this year's testimony but last year's testimony where that area was different.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you.

And I couch -- or preface what I'm about to say with -- obviously, I do it with all due respect to anyone suffers from the very real disability of posttraumatic stress. However, I guess what I'm saying is this is the first time in my memory that we've discussed the medical use of marijuana where we've included something that is considered a mental health disability. And -- and we're very specific as to which one. And as we're very much aware, whether it is depression, schizophrenia, bipolar, there are many mental disorders that people suffer from. Yet,

this is the only one that's included in this bill, and I think it's important to establish a history as to why that is the case. Because when you -- when you change from a physical disability to a mental disability, there is an element, I might argue, of subjectivity. And -- and -- and that opens up a whole another can of worms.

So is there a reason that this is the only mental disability that is included on this list? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, the list was designed to be somewhat limited. It was not intended to go -- because of the varied concerns that -- the legitimate concerns that were just stated and should the list expand to other medical conditions, it should be done through the Department of Consumer Protection or through the board of physicians that are appointed, but I recognize that concern -- certain mental ailments might be more subject to abuse if prescriptions were to be authorized and certifications were to be authorized in those circumstances. So the

objective was to make it limited. The post traumatic stress disorder was one that did come up through the committee. It was one that did have some backing, and for that reason, it's part of the initial list of illnesses.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Madam Speaker.

So, through you, Madam Speaker, if someone suffering from schizophrenia and believed that their condition was improved by ingesting marijuana, would they be allowed to do so under this bill? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, as this bill is currently written, no.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Cafero.

REP. CAFERO (142nd):

And through you, Madam Speaker, does the good gentleman anticipate we revisit this issue so that

more specific debilitating conditions will be added? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, the objective was to make the list limited. I don't want to necessarily go through every illness and say it will never be included. It would certainly require medical testimony, not so much be the individual coming forth and saying that use of marijuana helps my ailment -- although that's certainly part of it -- but it would actually require a physician to state that this -- the use of marijuana helps this individual's condition.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Cafero.

REP. CAFERO (142nd):

And through you, Madam Speaker, did we have any doctors testify with regard to this bill that the ingesting of marijuana, being smoked, helps any of these diseases? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, there was medical testimony from doctors, yes -- in support of.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Cafero.

REP. CAFERO (142nd):

Through you, Madam Speaker, was there a medical testimony from doctors in opposition?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, there were certain doctors who, also, did not believe that marijuana would help certain patient's conditions.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Cafero.

REP. CAFERO (142nd):

Well, through you, Madam Speaker, what happens in the instance that somebody who wants to assert their rights under this law has a doctor who is one of those doctors that does not believe that marijuana will be helpful to them? I guess they can go get another doctor, but what does one do in such an instance? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, the doctor would have to assert that there's -- there's two things: One is that they have either tried prescription medicine that are currently authorized; and they would have to assert that the use of -- they believe that the use of marijuana would help with that physicians condition. So the doctor was one, for example, who testified during the committee regarding the use of medical marijuana and said that they don't feel it's beneficial, then they would not have to provide this -- this written certification to a patient.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Madam Speaker.

I know that the bill leaves a lot up to the commissioner of Consumer Protection with regard to setting regulations and really flushing out the details of this bill; is that correct? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, yes, it does. The commissioner of Consumer Protection would then have to submit those regulations to our Regulations Review Committee.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you.

Through you, Madam Speaker, I noticed some reference here to a month's supply -- and I'm paraphrasing. What is a month's supply of marijuana? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, I want to answer correctly. I would have to say it depends, and I think it's something that would have to be determined by the Department of Consumer Protection, and I can't say that each -- I think what you would look at is each illness might have a different supply. Each -- the size of the person might have a different supply. The -- the stages in which that individual is -- has

progressed through their illness may have a different supply, but all of that would have to be done through the regulations process.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Madam Speaker.

I guess we're on brand new ground here. We've never done this. And I'm not so sure there is an official marijuana expert out there. So I have to believe that the patient would have a large part in dictating what a month's supply would be. In other words, if the patient who suffers from one of these conditions says, Listen, as far as I'm concerned, I got to get high every day all day, I'm going through, seven, eight, nine, 10 joints a day, I need a month's supply based on that.

That may very well rule the decision; is that correct? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, while the patient may feel that they need more marijuana to -- to handle

their respective illness. It would still require a written certification from a physician and that physician's written certification would have to be done pursuant to the guidelines that are established through the Department of Consumer Protection. So I don't know even if the patient wanted more, I don't know that they'd be able to acquire more.

Deputy Speaker Orange in the Chair.

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Madam Speaker.

I guess that's what's going to be interesting to see how it plays out. I know when I go to a doctor now to get a prescription, they measure it in milligrams. They give me a 30-day or 60-day or 90-day supply. If it's an antibiotic, they give me a much lesser amount. We're on brand new ground here -- and with all due respect to the people in Consumer Protection, I'm not so sure they know what the heck to prescribe, but we have a bill that says a patient is entitled to a month's supply of marijuana based on

their individual usage. And the kind of makes me believe that we are sort of making this up as we go along, so that's very concerning.

But let me ask you, through you, Madam Speaker, if the 17-year-old young adult has cancer and they believe that they get some relief by ingesting marijuana, would they be able to avail themselves under this law? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, my -- I believe they -- first of all, a 17-year-old would not be the one -- they would have to have someone appointed to serve as their -- whether it's a conservator or at least -- at the very least a primary caregiver, and also the bill does state, however, that only the people over 18 are allowed to qualify. So I should strike what I began with. It's 18 and over, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

So if you are 17, you have cancer, you can't get marijuana to help you out; is that correct? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, yes, that's correct.

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

And through you, Madam Speaker, I'm sure all of these debilitating diseases affect a 17-year-old as much as and 18-year-old. What was the wisdom behind restricting it to 18 years or older? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, as Representative Cafero stated, we are on some new ground here and in order to make -- it was determined and it makes -- there was a logic to it that a -- it should apply to adults. And it is those who are 18 and over who would be considered adults. I would agree that a 17-year-

old and an 18-year-old there may not be tremendous amount of physical difference and a 17-year-old may be someone who could potentially benefit, however, in this bill, it is limited to 18 and older.

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

Thank you.

Through you, Madam Speaker, I see that the bill also precludes an inmate confined in the correctional institution from being able to avail himself of this bill, and I would ask, through you, what is the reason for that?

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, there's -- as these questions are proven, as well as what I anticipate will come forward, there's a lot of questions on how this will be implemented, and one of the concerns was that if this were to be utilized by an inmate through our corrections system that there might be potential opportunities for abuse and, therefore, as a result, they are precluded from this.

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

So, through you, Madam Speaker, if you are an inmate in a Connecticut correctional institution and you have glaucoma or cancer or one of the other debilitating illnesses, you can't get medical marijuana; is that correct? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker. Yes, that's correct.

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

Thank you.

Through you, Madam Speaker, Representative Fox, you indicated that there might be cause for abuse. I guess I would ask, through you, Madam Speaker, what makes one think that in this very controlled environment of prison. A place where they are under constant surveillance, where their movements and

freedom is restricted, why would there be a risk of abuse? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, I believe there were some who had reservations about the concept of the medical marijuana, who felt that may be potential for abuse. There's also -- if you think about our prison system, there are some who are isolated, who are not potentially within the general population but then there are those who are. And if -- it may put a burden in some way upon our corrections system to determine how they can permit these patients who qualify otherwise for medical marijuana to proceed with following through with all the written certifications. So in order to proceed with the bill, in order to alleviate the concerns that may have been raised, they were precluded from the bill.

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

Through you, Madam Speaker, does the good gentlemen of any other medical medicine or medication

that is prohibited to be given to inmates at our Connecticut correctional institutions? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, there may be, but I'm not aware of any.

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

Through you, Madam Speaker, to my knowledge, there are none.

So think about this ladies and gentlemen, we have this unique circumstance, if you are under 18 or you happen to be an inmate in a correctional institution, you don't get the smoke marijuana. Doesn't matter how sick you are, doesn't matter if you qualify in every other respect, and the reason we say that is, as Representative Fox indicated, we were worried about abuse of the use of marijuana.

One of the most restricted observed environments we have known to man, but we're afraid of abuse. So it begs the opposite question. What makes us feel,

through you, Madam Speaker, and what protections are in this bill, I would ask Representative Fox that gives us confidence that there will not be abuse of this law outside of the prison setting to those who qualify? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Thank you, Madam Speaker.

There are certain areas where the use of medical marijuana are prohibited that are outlined in the bill. I should also point out that when I said that there are those who are concerned about abuse in the correction system, that is the reason -- part of the reason why they're not included in this bill.

The section -- if you can just give me one second, my lines are a little off on the amendment.

I mean there are sections that say you cannot use medical marijuana in public places. There are places that say you cannot use it in schools or universities. If you go to line 82, there is a list of areas that you cannot use medical marijuana in the workplace, in the car, on school bus, and a number of other areas.

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

Well, this brings up yet another problem. When Representative Fox brought up the amendment, he pointed to lines 4, 5, 43, et cetera, wherein he indicated that no school may refuse to enroll any person or discriminate against any student solely on the basis of such person or student status as a qualified patient or primary caregiver. No school can discriminate.

So if you have some kid from California, who is attending the University of Connecticut and develops a condition that outlined in this bill and he or she goes to a doctor who prescribes marijuana, the very bill says two, in my mind, very conflicting things. One it says this kid, who has no other home but his or her dorm room at their new university for nine months out of the year, cannot use the marijuana there, cannot use it. No school, no room, no dormitory, nothing. And yet, if that school prohibits he or she from using it, it seems to me that they would be in violation of this act. How do you justify those two very different things? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, the lines being referred to -- that where a school cannot discriminate, states that you cannot discriminate against an individual whether they are a patient or a caregiver for the purposes of the use of medical marijuana. That does not say that they can actually utilize the medical marijuana on the school campus. So the section that I originally referred to said that you cannot use medical marijuana on any school grounds or any public or private school dormitory, college, or university property would still apply.

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Madam Speaker.

That's even more confusing. That's a direct contradiction. Wouldn't you say? I would call it constructive discrimination. Yeah, come on in. We can't discriminate against you due to the fact that you are a qualified patient and have a months' worth of pot on you, but you can't smoke it here. What happens to my hypothetical student who came in from

California? Where the neck are they going to smoke? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, assuming that they are able to get a prescription from a -- or a licensed -- a written certification from a physician in Connecticut, they would not be able to smoke it on the school grounds.

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

Who -- through you, Madam Speaker, seriously and practically, where would they be able to smoke? They can't smoke on a bus. They can't smoke in a public place. They can't smoke on their school. Where are they going to go to smoke? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, in that situation, they may find someone who is a caregiver, who is not

in one of those -- one of those categories and that they may have to go to that place to smoke it or ingest in another way.

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

And that's exactly where we started, like a big circle. The other thing in this bill says you can't discriminate is at the workplace. So if I'm an employer, and I have an employee who is a qualified patient, who is one of those people, as you indicated, that has either body weight or a condition that requires them, in order to retain relief, to smoke throughout the day. And yet I have other employees -- let's say it's a large office building or large floor, open floor, what do I do as an employer? How I do I accommodate my employee, who as a right to possess and use that marijuana, whose condition might require him to use it throughout the day and yet not discriminate against them by saying, Hey, listen to cancel that here because it's affecting everybody else in the room.

That is the dilemma that I think employers are going to need to know how to deal with, and it seems

contradictory in this piece of legislation. And I would ask if am I misreading that or is there a solution to such dilemma? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, what the -- what it says is you cannot discriminate in terms of hiring practices, and I envision that being a situation where an individual may be drug tested. They may -- and there may be marijuana in their system, and as a result, an employer may say we want to -- we will not hire you or we will terminate you. However, the provision that says you cannot utilize medical marijuana in the workplace would certainly be upheld, and there is nothing here that requires an employer to allow for a -- one of their employees to utilize marijuana in the workplace.

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Madam Speaker.

As you see folks, again, this is part of the dilemma with the law. It contradicts itself. It is

very feasible and contemplated under this law, that an individual may have a need, certified by a doctor, with one of the qualifying debilitating conditions to smoke marijuana throughout the day. This law allows him to do that. In fact, not only does it allow him to do it, it protects his right to do it. And yet the person's condition might be so severe that it prevents them from working. However, the employers in this dilemma, I cannot discriminate against my employee who is a qualifying patient and is obeying the rule of the law, but I can't let the guy smoke weed all day long on a workday. What does one do in the case?

You know, we can say we can figure that out when it happens. Folks, that's why we write legislation. I also pointed out the inconsistency with regard to my students from California. If you are 18 years or older, you suffer from one of these debilitating diseases, you have the right to possess a month's worth of marijuana and smoke it. And for some kids, many kids, who travel from all over this country and internationally, nine months out of the year, the only one they have is their dorm.

My son attended the University of Virginia. It is seven, eight hours away. That's his home from

August to December and from January to May. And if that's his home, just like it would be the University of Connecticut or any of our universities and colleges here in Connecticut, and we pass a law that says they have the right to possess and hold this, you're putting our universities and schools in an awkward position. They're either breaking the law or discriminating. It's not clear here.

In fact, ladies and gentlemen, there is so much that is not clear here.

Through you, Madam Speaker, another question. Can a caregiver be a caregiver for more than one qualifying patient? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, no.

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

Through you, Madam Speaker, can a caregiver be a caregiver for patient who is a minor?

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, I don't believe so, but I don't have the section in front of me.

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Madam Speaker.

Maybe we can just take a moment because I could've sworn that I saw within the bill specific language that allowed for guardian or some exception to what I just asked, so if you just give me a moment, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Certainly, sir.

REP. CAFERO (142nd):

Let me just move on a second. I can ask maybe one of my colleagues on this side of the aisle if they can peruse through the bill and find the section.

If I could ask, a caregiver -- who certifies someone to be a caregiver for a qualifying patient? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker. They would be -- that would go through the Department of Consumer Protection.

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

Through you, Madam Speaker, how many times does a caregiver needs to be deemed as such through the Department of Consumer Protection, is it -- is it on the renewing basis? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, I believe it's annually. I believe the patients have to be certified annually, and I think it's also the same for caregivers.

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

Okay. Another question I had -- I'm looking at -- oh, through you, Madam Speaker, I'm looking at the definition of primary caregiver and that is line 30 -- starting on line 35. It indicates a primary caregiver

means a person other than the qualifying patient and the qualifying patient's physician who is 18 years of age, has agreed to undertake the responsibility for managing the well-being of a qualifying patient, with respect to the palliative use of marijuana, provided in the case the qualifying patient lacks legal capacity, such person shall be a parent or guardian or person having legal custody. Okay. So they still must be 18 years of age; is that correct? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, yes. And I think if Representative Cafero continues on to qualifying patient, it also states they must be 18 years of age, lines 45 -- the next definition.

REP. CAFERO (142nd):

If you --

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

Thank you.

And through you, Madam Speaker, could the good gentleman point me to the section where the primary caregiver's certification is renewed on an annual basis?

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, the -- section 5 of the amendment deals with qualifying patients. If you just wait one second, I'm trying to get that.

DEPUTY SPEAKER ORANGE:

Certainly.

REP. FOX (146th):

Through you, Madam Speaker -- I can't find it at the moment, Madam Speaker. I can't find it right now, Madam Speaker. I will try to find it during the course of the debate.

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

I appreciate it, Representative Fox. And you might be able to do so. I have scoured the thing and I cannot find it and that is one of my concerns. If someone is deemed a character -- qualified caretaker

for a qualified patient, and either that patient -- what -- have we found it? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, it may not -- it may be silent as to the length of time for a primary caregiver, so --

REP. CAFERO (142nd):

And that was my concern, ladies and gentlemen. Remember, primary caretakers one that is allowed to possess and help with the administration of the marijuana to a qualifying patient. So the qualifying patient has to requalify every year, but there is no such requirement for the caregiver so that caregiver can, theoretically, be in possession of a month's worth of marijuana when the patient that they're caregiving to is either no longer a qualifying patient or no more need for the marijuana. Another area that needs to be tightened up.

Through you, Madam Speaker, do we know how many of these dispensaries are going to be out there and how this whole thing is going to work? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, the number of producers will be established -- is established in the bill, and it states between three and ten. There is no number on the number of dispensaries. Those will be established through the Commissioner of Consumer Protection.

DEPUTY SPEAKER ORANGE:

Representative Cafero.

REP. CAFERO (142nd):

Thank you.

And through you, Madam Speaker, there is so much to this bill that we do not know yet. There's so much that we do not know yet. And I have to share with you one of my biggest concerns. My biggest concern is the same concern that the authors of this bill have, ironically, for our prison population. And that is the potential abuse of this system, and most particularly the potential abuse for the system and how it relates to people under the age of 18 years old.

You know, last year it was the wisdom of this General Assembly to decriminalize marijuana. We made the position of certain small amounts of marijuana equivalent to a traffic ticket violation. Now many of you heard me, for years, telling you about one of the other things I do and that is I am the expulsion officer for the City of Norwalk Public Schools. And I do hundreds of cases a year sometimes. Ever since the law decriminalizing marijuana took effect, two things have happened in my experience as an expulsion officer: the amount of cases involving the possession and use of marijuana has gone through the roof. I've talked to teachers and principals and administrators and they actually have called it an epidemic. And a second thing has happened that is most disturbing.

You talk to some educators and teachers and principals and they said, you know, we all know who the potheads were in high school. We knew who the stoners were. And as bad as was, at very least, they were quiet and docile. Many times they'd sleep. By now we're finding, says they, that they're far more aggressive. They're involved in more fights and more assaults and their behavior is very atypical of what

we normally experience with someone who smoked to a lot of dope.

And you know what they told me? It's because the sellers of marijuana, the dealers, are lacing marijuana with far stronger drugs. And they are telling their customers, Don't worry about it. See when you use to get busted for marijuana, the cops had to field test this stuff. So if it was more than marijuana, you would get in more trouble. But now they don't field test this stuff. It's not cost-effective because it's only an infraction. So they'll confiscate it, and they'll throw it away.

So the actions that we take in this chamber have a very real effect, sometimes good and sometimes bad, on the world out there. And in that particular case, when I have seen hundreds of young people starting earlier and earlier, opening up their world of drugs with that first puff of a joint, and I see the results. I see their marks go from A's and B's to C's and D's. I see their interest in extracurricular activities drop. I see them almost emotionally divorce themselves from their family. They no longer have that strong rapport with their siblings or their

parents. Many of them are disinterested, lethargic, unmotivated.

And less than a year ago, this Chamber and our Senate colleagues said, from this point on, possessing and smoking marijuana is equivalent to a traffic ticket. Now, we're going to open up a whole other area of the use of marijuana. One that has not been proven. There was testimony that our typical way of going through drugs, FDA approval, certainly, was not the case and is not the case with marijuana. Number two, where are they going to get this stuff? I guess they're going to grow it. What experience do we have, as a state, with growing the stuff? How do we know what's in the stuff? How do we know what the appropriate mixture is? There's a lot of unknowns here.

We showed the various contradictory portions of this bill. And to me, the biggest irony is -- the biggest irony is that this small group of Connecticut citizens that is most under restrictive observation and control, the prison population of the State of Connecticut, is specifically excluded from this bill because, quote, they're afraid of the abuse.

And yet with all the unanswered questions, with all of the decisions that we, as a legislature, are going to pass on to the Department of Consumer Protection because, I guess somehow they have experience with weed. I don't know. But they're going to handle all of it. They're going to do the regulations. They're going to tell us how many we need? How many dispensaries we need? They're going to pick the lucky pharmacist or pharmacists that are going to be designated to run these dispensaries. We'll figure it all out later. In fact, we won't even do it. Give it to the Department of consumer protection. Not the Department of Public Health, by the way, the Department of Consumer Protection. We picked winners and losers with regard to diseases. We're afraid it might be abuse in our prison system but out in the free world, we'll give it a shot. There's something wrong with that picture for me, folks. There's something wrong with the picture.

Now there's another part of this, one that plays on your heart. The people, the beautiful people, and we know many of them, who do believe with all their heart -- and I believe them -- that they are assisted by, helped by, relieved by the use of marijuana. And

it is very difficult to look them in the eye and say, Sorry, can't get any help here. But the irony is that even if we pass this law, it will still be illegal to possess and dispense marijuana, no matter what, by our own federal law. So we are making Connecticut law legal, breaking federal, and our own US attorney here in Connecticut, by letter, agree with that. And what it shows me is that this is a federal issue, because I have said here a million times, I would like to see the day where like every other controlled substance in this world, a patient can go up with a prescription from a doctor to any pharmacy that a controlled amounts that has been approved by a federal government of marijuana is given to that individual. That is a federal issue, not a statewide issue. And unless and until that happens, we run the risk of this vagueness and, with due respect, sloppy and incompletely drafted legislation. And why is that important? Because of the potential of abuse, not by our prisoners, by our kids. That's my big concern with this legislation.

Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, sir.

Would you care to remark further?

Representative Becker of the 19th, you have the floor, sir.

REP. BECKER (19th):

Thank you, Madam Speaker.

This is a tough issue for me. I really struggled with it, and I'm truly torn. My heart goes out to those who are suffering from debilitating or terminal illnesses, and I think we should help them. Yet after spending a bit of time doing research and thinking long and hard about this issue, I've concluded that the way to help them is to ask the United States Congress to legalize the medicinal use of marijuana. The bill before us is not the right answer in my view.

Please let me explain. On becoming a legislator, each and every one of us, in this chamber, took an oath or made an affirmation. And our oath includes a promise to support the Constitution of the United States. Article 6 of the Constitution contains the Supremacy Clause. The Supremacy Clause, in essence, states that the United States Constitution and federal law constitute the supreme law of the land. In the years following the adoption of the Constitution, there was great debate about the meeting of the Supremacy Clause and its interplay with the other

parts of the Constitution, including the Tenth Amendment. It pitted those who believed that the federal government was, indeed, supreme against those who thought the states retain the ultimate power.

The Civil War was fought, in part, to determine this question of states' rights. At the end of the Civil War's carnage, the primacy of the federal government over the states was indisputably upheld.

Today, use of marijuana for any purpose is a federal crime. Nothing we do as a state legislature, including passage of this bill, can change that. While it is -- while it is within our power to choose to decriminalize medicinal marijuana under state law, I do not believe it is within our power to authorize the use of marijuana for palliative purposes or for any other purpose. If all we did was turn a blind eye to the medicinal use of marijuana, I could support the bill. If this bill merely to decriminalize the medical use of marijuana, I could vote for it. Nothing in the US Constitution compels us to put a criminal statute on our books, however, this bill does more. It makes the state, through the bill's licensing provisions, an active participant in facilitating the violation of federal law, the law we

took an oath to support. Some might argue that if we make everything tied to this bill intrastate, staying within the State of Connecticut, we would avoid the constitutional reach of the federal government's commerce power and, therefore, were not fall within the legal scope of federal law.

The US Supreme Court decided this issue, however, in the 2005 case of Gonzales v. Raich. The court ruled that under the Commerce Clause of the United States Constitution, Congress may criminalize the production and use of home grown marijuana, even where states approve its use for medicinal purposes. As part of its decision, the court reasoned that even homegrown marijuana, grown only for personal use, has an effect on interstate commerce and, therefore, is subject to federal law. I disagree with that decision, but like it or not, it is the law of the land.

No matter what we do as a state legislature, the federal government may still prosecute under federal law anyone producing, distributing, possessing, or using marijuana for any purpose. In other words, even if we pass this bill today, our citizens will still be subject to arrest by federal agents and there is

nothing we, as state legislators, can to prevent that. Moreover, this bill makes it easier for federal agents to know whom to arrest because it provides that businesses and pharmacists who want to grow and dispense marijuana in Connecticut must be specially licensed by and registered with the State. The purpose of this licensing is, among other things, to control the quality of the product being dispensed. In my view, a very responsible thing to do. Ironically, the result is to create a list of names, which the federal government may easily obtain should choose to enforce the Federal Controlled Substance Act in Connecticut and arrest those who violate that law.

Now I know some people want to rely on the federal government's indication that it will not prosecute people who follow a state's law legalizing medical marijuana. That indication, however, is not binding on the federal government. It can change its view and can choose to enforce the federal law at any time. Federal prosecutions did this over the last couple of years in California, Colorado, Montana, and Oregon. And that was done by the same administration that said it would not pursue such prosecutions. We

have no idea what subsequent administrations made do.

In addition, today, we also received a letter from the United States Attorney for the District of Connecticut in which he states that House Bill 5389, now as amended, will create a licensing scheme that appears to permit large-scale marijuana cultivation and distribution, which would authorize conduct contrary to federal law and undermine the federal government's efforts to regulate the possession and manufacturing and trafficking of controlled substances. The US Attorney goes on to warn us that potential actions his office could take includes civil and criminal legal penalties against those who grow or distribute marijuana, as well as people associated with those activities, such as property owners, landlords, and financiers.

If we pass this bill, our citizens need to understand that if they grow, distribute, possess or use marijuana, they are risking arrest by federal agents. The people who might establish a business and pay the $25,000 licensing fee to the State to grow marijuana could be arrested and have their business shut down at any time and with no notice. Any

pharmacist dispensing marijuana pursuant to a state license would risk arrest by federal agents and loss of his or her federal license to dispense controlled substances. Any landlord on whose property this activity takes place could lose his or her property.

So I have questions for the Chamber, which is, do we want to pass laws that put our citizens and at risk of being arrested by the federal agents? Do we want play an active role in enticing our citizens to violate federal law? Despite my desire to help our citizens suffering from painful conditions, I cannot in good conscience, knowingly vote for a bill that puts other citizens at risk of arrest and that I think facilitates the violation of federal law, therefore, I will reluctantly vote no.

Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, sir.

Will you care to remark further on the bill?

Will you care to remark further on the bill?

Representative Lyddy. There you are. You have the floor, sir.

REP. LYDDY (106th):

Thank you very much.

Madam Speaker, I rise in strong support of this proposal. Six years ago I said goodbye to one of the strongest men I knew. Goodbye to the most intelligent, inspiring, important people in my life. In 2006, at the foot of his bed, I watched as my father passed away from his courageous battle with cancer. With the support of family, the incredible hospice workers from the Regional Hospice out in Danbury, Connecticut, nurses, oncologists, religious leaders, friends and complete strangers, we said goodbye to my father forever. But I do not rise today to revisit those last moments with my dad, but more importantly the days weeks and months leading up to the moment we said goodbye.

I, now, know there are simply far too many people who have experienced similar situations, watching desperately as a loved one suffers day in and day out. My father wanted just enough energy and comfort to be able to hold his three newborn grandchildren, to celebrate his last birthday, to pat me on the back and congratulate me when I came from the first day of my first job. He wanted nothing more than be able to get into a car and be chauffeured around Newtown. You

see, is a little things that make a world of the difference to patients, like my father.

Passing this bill will not take away the pain my father endured, but it will ensure that future patients have the opportunity to feel a bit better. The patients of Connecticut so desperately need our support for this legislation. There are simply far too many people suffering from diseases that leave them debilitated, in chronic and excruciating pain, and with very little will or energy to live.

In those desperate moments, Madam Speaker, after one has given up hope for a cure or a miracle, or when someone is courageously fighting for their lives, we just want to see our loved ones live with the dignity and respect they are entitled to, and we should give them every opportunity to do that. It is what this spirit in supporting the sickest people in our families and our neighborhoods that I rise today to support this legislation.

Madam Speaker, I also want to remind the Chamber that just last week, we passed the bill to ensure that we put in place life-saving measures for individuals who overdosed on drugs. We did this because we recognize the grave impact that drug abuse, and most

notably today, prescription drug abuse, has on our youth. As a result of this issue, we organize into coalitions, we educate communities and we pass laws to implement consequences to prevent and address the misuse of prescriptions. With that said and with this knowledge that prescription drugs are misused, we do not simply outright ban them because of the threat of misuse. We monitor and ensure a very specific safe prescription use and dispensing of those drugs because we know that people need them to feel better, plain and simple. The same will hold true with this bill, with marijuana for palliative purposes.

I would also like to remind this chamber, Madam Speaker, that we also passed the bill last week to support the functions and the development of our hospice organizations across state. We did this because we are fully invested and committed to ensuring our sickest people, those at the end of their lives or those in the need of palliative care, are able to live their last days comfortably and peacefully with dignity and respect. Madam Speaker, it is clear today that this bill mirrors the spirit with which we have acted in the past, and it is critically important to the people in the patients of

Connecticut, and I urge my colleagues to support this bill.

Thank you.

DEPUTY SPEAKER ORANGE:

Thank you, Representative Lyddy.

Would you care to remark further?

Representative Arthur O'Neill of the 69th District, you have the floor, sir.

REP.O'NEILL (69th):

Thank you, Madam Speaker.

It has been touched him on, especially by I believe the Representative from the 19th district in West Hartford, relating to the issues of the federal government's role in marijuana and the federal government's policy with respect to the medical use of marijuana passed at the state level by legislation. I guess I would have a view questions, if I may, to the proponent of the amendment.

Female Chair:

Please proceed, sir.

REP. O'NEILL (69th):

Is the Chair of the Judiciary Committee familiar with the contents of the letter that was sent out within the last few days from the US Attorney from the

State of Connecticut, dated April 23rd? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, yes, I am.

DEPUTY SPEAKER ORANGE:

Representative O'Neill.

REP. O'NEILL (69th):

There is a portion of the letter that's states relating to the issue that's at hand. That the Department of Justice maintains the authority as outlined in Deputy Attorney General James Cole's memorandum of June 29, to enforce the consumer -- the Controlled Substance Act vigorously against individuals or organizations that participate in unlawful manufacturing and distribution activity involving marijuana.

Even if these activities are permitted under state law, will, in fact, the system that we are talking about here provide for the distribution and manufacture of marijuana? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, there are producers and dispensaries that are set out in this bill who will then provide the marijuana to the respective patients.

DEPUTY SPEAKER ORANGE:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Madam Speaker.

And the US Attorney goes on to give an opinion of the bill that is before us in which he states, House Bill 5389 will create a licensing scheme that appears to permit large-scale marijuana cultivation and distribution, which would authorize conduct contrary to federal law and undermine the federal government's efforts to regulate possession, manufacturing, and trafficking of controlled substances.

Is there any portion of that, and particularly focusing on the large scale cultivation and distribution, with which the Chair of the Judiciary Committee disagrees? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, the marijuana will be cultivated and regulated through the State and the only source for medical marijuana will be through its cultivation. So I would say that this letter does also mirror very much the letter of June 29, 2011, that was sent by the Deputy Attorney General Cole to a number of US attorneys throughout the country who had questions regarding medical marijuana.

DEPUTY SPEAKER ORANGE:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Madam Speaker.

And -- and turning to the Cole memorandum, it -- as I understand it, was a clarification of the law -- or rather the position of the Department of Justice, the original position being articulated in the letter known as the Ogden Memorandum. In my reading of the Cole memorandum, there is a sentence that begins, "There has, however, been an increase in the scope of commercial cultivation, sales, distribution, and use of marijuana for purported medical purposes." And it goes on to talk about within the last 12 months several jurisdictions who have considered or enacted legislation to authorize multiple large scale

privately operated industrial marijuana cultivation centers. Some of these facilities have revenue projections of millions of dollars based on the planned cultivation of tens of thousands of cannabis plants. It goes on to say that the Ogden Memorandum was never intended to shield such activities from federal enforcement action and prosecutions even where those activities purport to comply with state law.

My question for the Chair of the Judiciary Committee is, does he have an estimate as to how much marijuana is going to be produced by the cultivation centers, the production facilities? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker. I don't know the amount of marijuana that will be produced. The projections were, I believe, starting at 700 patients perhaps going to 1400 and perhaps around 2000 patients. So whatever the level of marijuana that would be required to satisfy those written certification needs would be the amount.

DEPUTY SPEAKER ORANGE:

Representative O'Neill.

REP. O'NEILL (69th):

Well, if we were talking about 2000 patients, each one is entitled to have a one month supply of marijuana at a time. Would that -- the Chair of the Judiciary Committee be able to give me an estimate based on just what a one month's production would amount to, through you, Madam Speaker, for 2000 patients?

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, it is difficult to say how much -- what the quantity of the prescription of marijuana would be for each respective patient, given that they may be suffering from different illnesses in various stages, so I can't say the -- a definitive amount. I don't know that it would be prescribed for them to use every day, several times a day, I -- it's difficult to put a quantity.

DEPUTY SPEAKER ORANGE:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Madam Speaker.

I -- I agree it's difficult and yet it is, I think, critical for determining, at least from the federal perspective, whether they are going to determine that this represents a commercial or industrial level of production and distribution. Certainly, thousands of patients using, potentially, marijuana every day, perhaps, in the case of glaucoma patients in order to get any kind of relief from the pressure in the eye, they would have to be using it many times per day from what I understand. We would be talking about a very substantial quantity of marijuana that would have to be produced even for a couple of thousand patients. It's unfortunate that we didn't come up with or have someone do for some sort of estimate given that this was -- this position of the federal government has been relatively well known for a while.

Are the people working for the Department of Consumer Protection going to be involved in the licensing and review and inspection of marijuana facilities in order to facilitate the distribution and production of marijuana? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, yes.

DEPUTY SPEAKER ORANGE:

Representative O'Neill.

REP. O'NEILL (69th):

Because the reason why ask this question is that in another jurisdiction, in the District of Delaware, the US attorney asked a very similar question facing a very similar law in which the US attorney there explained how they were going to apply law and went on the say -- this is not to be found in the Connecticut memorandum -- but this is the what the US attorney in Delaware said, according to the individuals and organizations that participate in the unlawful cultivation and distribution of marijuana, could be subject to civil and criminal penalty -- remedies; moreover, state employees who conduct activities mandated by Delaware's medical marijuana act are not immune from liability under the controlled substances act.

Now the US attorney in Connecticut talked about landlords and other people who would be directly involved in the production and distribution, but just as in the Delaware or law, in Connecticut, we would

have state employees, who as part of their job would be required to participate in the distribution and production of medical marijuana. And if there's a reasonable amount of consistency -- and there seems to be, between the US attorneys' position in the Delaware, the US Justice Department in the Cole Memorandum and the US District Attorney here in the state of Connecticut -- they are all saying the same thing in slightly different language. Anyone participates in the production system and distribution system of medical marijuana is going to be subject to prosecution by the federal government, and I guess I would ask the question of the Chair of the Judiciary Committee, is there anything of which he is aware that would protect the employees of the Connecticut Department of Consumer Protection from federal prosecution if they participate in the system as we have outlined it in this amendment before us? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, thank you.

The -- the Representative's reading of the correspondence is correct and what the US attorneys have stated is that -- and I think it's been fairly consistent, is that they're not giving up their right or potential ability to -- what is their power, to potentially prosecute. They do, however, state in the correspondence that I have seen, that it is likely not an efficient use of federal resources to focus enforcement efforts on individuals with cancer or other illnesses who use marijuana as part of a recommended treatment regimen consistent with applicable state law. That's reading from the Cole memo, and I would point out that, of the states that have previously approved medical marijuana laws and most recently in New Jersey, they relied upon the Cole memo when they said that they felt comfortable with that -- that the federal government was not going to interfere in the New Jersey medical marijuana law.

DEPUTY SPEAKER ORANGE:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Madam Speaker.

I guess I don't quite see how they can feel that comfort level. As I read the Ogden memo, followed by

the Cole memos, and then the US attorney letters now, three of them, because there's also one from the state of Washington, which basically says the same thing, that medical marijuana -- the people who participate in the production and distribution will be subject to prosecution and that, yes, pursuant to the Ogden and the Cole memoranda coming out of the US Justice Department, they will not go after cancer patients and what they describe as people suffering from other serious diseases.

Now, I'm not sure, given the list that we have before us, that's within the amendment before us, whether or not the United States government would consider something like glaucoma to be a serious disease comparable to cancer, in terms of its -- its willingness to forgo prosecution of the patient. It doesn't say is not going to prosecute any patients, just those patients suffering from very serious diseases, such as cancer and, perhaps, HIV. But we got a list of diseases that include a lot of things beyond cancer and HIV, plus the amendment before us authorizes a medical board together with the Consumer Protection Department to produce an even longer list of diseases that would be eligible for certification

for use of medical marijuana. So it seems to me there's an enormous difference between -- and a distinction that's drawn very clearly, especially in the Cole memoranda, between patients and the federal government's willingness to forgo prosecution of patients, especially those with serious medical conditions and the people who produce and distribute marijuana, those are two completely different categories as far as the US attorneys and US Department of Justice are concerned. And it seems to me that any reasonable reading of these letters says, if you pass this law -- to any of the states that have inquired, and three of them have done so already that I've gotten possession of these letters -- if you pass this law, we will be able to prosecute, even under the terms of the Ogden and then revised version of that, the Cole memorandum, they reserve to themselves the right to continue to prosecute people were who are involved in this large scale production and distribution.

And I have to believe that anybody who is prepared to hand over a $25,000 licensing fee is anticipating doing a substantial amount of production and distribution of marijuana. We're not talking

about somebody who is going to be producing a very small amount, that might be considered for home use. We're talking about production and distribution, on at least a commercial and, perhaps, even an industrial scale. And we don't know whether it's going to be 700 patients, 1400 patients, 2000 patients. Based on the testimonies that we've heard, there are many people who apparently would like to be able to have access to the medical marijuana. I -- I really think that the Representative from West Hartford, who spoke a couple of speakers earlier, did a very good job of outlining the difficulty with this bill in terms of how it conflicts, not just is inconsistent with, but really conflicts with federal law and forces -- it's going to force the federal government to either back off completely or they're going to have to prosecute someone in Connecticut if we pass this legislation.

My understanding is that in those states that have received similar letters to the one that we have just received from the district -- US Attorney's Office, they stopped the process. The regulations in Delaware didn't go forward to implement the medical marijuana legislation. And my understanding is that the Washington -- in the State of Washington, the

governor vetoed the bill on the basis of the presentation by the US Attorney's Office about medical marijuana, what they were going to do. That they were, in fact, going to prosecute.

So we have before us a letter that is consistent with the two letters of other US attorneys across the country, which interpret and implement what it seems to me is the fairly plain meaning of the Cole memorandum. And in other states, when they've been told this, they stopped. And said no we're not going to go forward with this because it pretty clearly is going to be considered by the federal government to be a violation of federal law to do this, and we're going to be putting ourselves in direct conflict, not just inconsistent because we stopped passing laws or maybe even repealed the laws of or something of that sort, with respect to marijuana, we've actually set up a system that is directly conflicting with the federal system of medical marijuana regulation and prohibition in this country.

I'd also like to speak briefly, if I may, to mention of the hospice and people suffering from terminal illnesses in the hospice setting. It is my understanding that the Hospice of Connecticut has

indicated -- I am looking through their testimony -- has indicated, that they would not be in favor of the passage of this type of legislation. That they don't see this as having the beneficial effect. They already utilize a medically recognized alternative, an oral derivative of cannabis, which they've used for therapeutic purposes. And that they would not want to see us go ahead and make this available.

It is further my understanding that the Connecticut Medical Society -- Association has made a similar indication that the official representatives of medicines in the state of Connecticut have indicated that they don't see the need or the desirability of this type of legislation. So the federal government, which through the Federal Drug Administration, is in charge of regulating the availability of drugs for use to deal with diseases in this country. They've said that marijuana is not to be made available, it's not therapeutic, it should not be used.

The doctors in Connecticut have said marijuana should not be used. Yes, there are few doctors, who will testify to its beneficial effects, but the official representatives of organized medicine in Connecticut

have said no. And the oldest hospice in the country has said they don't see this as being what's needed for the benefit of terminally ill patients. So this is a piece of legislation that has a tremendous amount of emotional appeal.

I've tended to a dying parent, dying of cancer, suffering from pain. Pain that could not be alleviated through the use of patches that have 12 times the power of morphine, didn't stop the pain. I've been tending to a wife who's had very painful shoulder surgery. I understand what it's like to have someone you love suffering from pain, but this piece of legislation is not the solution. The solution, as outlined by the Representative was West Hartford, is to get the federal government to change its policy because it is the federal government that has responsibility for this issue for drugs and what's made available to patients under our system of law. And it's been confirmed by the United States Supreme Court, so it's not an open question. This is a piece of legislation that however emotionally appealing it is, is wrong based on logic, based on the facts that have been presented to us.

Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, Representative O'Neill.

Would you care to remark further on House "A"?

Representative Selim Noujaim of Waterbury, you have the floor, sir.

REP. NOUJAIM (74th):

Thank you, Madam Speaker, and good afternoon to you.

DEPUTY SPEAKER ORANGE:

Good afternoon, sir.

REP. NOUJAIM (74th):

Madam Speaker, for the past few hours I've been listening to opinions rendered on this piece of legislation before us, and I will try desperately not to be redundant, asking any questions that have already been asked.

But, Madam Speaker, I searched back in memory to a couple years ago when a legislation of this magnitude, I believe, was proposed before us. And there was a passionate plea from members of this body, people that I really care about, people that I really respect and they wanted this legislation to pass. But two years ago it was a different story. It was situations where -- where people who have illness,

terminal illness, were supposed to be growing in their own homes. And I was concerned about the control, I was concerned about the abuse, I was concerned about many -- was concerned about many issues that surrounded this piece of legislation that was coming before us. And quite honestly, Madam Speaker, I was hoping that I would see a -- a bill before us that I could support. And I was hoping that my colleagues would work this issue and bring something to us that we can all vote in support because, after all, there are people who are ill, people who are in pain and people who neither require medication that are stronger than the medication that is prescribed by pharmacists. But what I see today, Madam Speaker, is not something that I was hoping to see. There are lots of flaws in this piece of legislation, and I would like to dwell and ask about some of them, hoping that there will be, perhaps, described, corrected, and we will see something in the future that would really allow us the opportunity to vote on it unanimously in support of the people who are in pain.

And through you, Madam Speaker, I do have a few questions the proponent of this bill.

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. NOUJAIM (74th):

Thank you, Madam Speaker.

And to Representative Fox, I've been reading through the entire amendment and other pieces of descriptions that we've received throughout the period and the public hearings, and some of these questions may not be in chronological orders, but I would like to ask them and I know Representative Fox will help me go through them and explain them. The first question I have, through you, Madam Speaker, is, the bill enables patients who have multiple sclerosis and in my knowledge of multiple sclerosis, there are, like, dozens of illnesses the qualify under this very same two words, the same topic, multiple sclerosis. So I would like to ask, through you, Madam Speaker, to Representative Fox, to clarify name probably some of those other illnesses that are under this category?

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Thank you, Madam Speaker.

Through you, are we discussing the category of illnesses that are listed, or are you asking about different categories of multiple sclerosis?

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Madam Speaker.

I apologize if I was not in my clear in my question. I think multiple sclerosis accomplishes many, many, many illnesses, do we mean that everything that has to do with multiple sclerosis is going to be affected and supported by this bill, or just one specific illness? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, I'll do my best to answer. The way it states multiple sclerosis -- that's what the expressed language is -- there will be, though, a system in place which will allow a board of physicians to examine this illness and others and determine what degree of and level of medical marijuana should potentially be prescribed. I would point out, though, that the bill does say that even

though these illnesses are listed, you would still require a doctor -- a physician to prescribe the use of marijuana for medicinal purposes and also you would have to have explored other prescription drugs, or, at least, the doctor would have to have said that in that physician's opinion that marijuana is something that would be beneficial.

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Madam Speaker, and I appreciate Representative Fox's answer.

And I think the question that I asked will, perhaps, enable the physicist and the board in the future to outline more of this process and define exactly what multiple sclerosis is in this fact.

The next question I have, and I would like to walk through process here and I know Representative Fox will help me if I make a mistake on it. But it seems to me that that this bill will allow producers to grow something that we call marijuana and then it's going to go from there to licensed pharmacists, and the pharmacist will dispense it to a caregiver, who will help a patient with it. And if I'm correct,

Madam Speaker, through you to Representative Fox, those growers are going to be located within the state of Connecticut, or they could be growers anywhere in the country or outside this country? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, within the state of Connecticut.

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Madam Speaker.

So, through you, Madam Speaker, if I am correct, those growers are going to be all located in the state of Connecticut. They will be coming into the Department of Consumer Protection require -- requesting a license and they will be paying $25,000 to have a license just to grow -- to grow this product. And through you, Madam Speaker, how often do they have to renew this license and pay the $25,000. Is it one time, every year, or every other year? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, the fee is up to $25,000. It will be established by regulation and the way it would work is that, yes, these producers would then -- would be the ones who would pay the fee. There's producers, there's dispensaries, there's the patients and caregivers, and that essentially is the line of entities that would be involved.

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Mister -- Madam Speaker, I apologize.

And through you, Madam Speaker, the question that I was asking is this fee up to $25,000 going to be imposed annually or just one-time fee for the duration of the project, or until this producer decides to retire, sell, or go out of business? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, there's an initial fee that has been discussed. The regulations could then propose additional fees as they proceed.

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Madam Speaker.

So, through you, Madam Speaker, then we do not know exactly what the fees are at this time to the producers except the initial fee. We don't know what the future will bring to them, insofar as fees annually, one time, and semiannually, or whatever the case might be? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, I -- we don't know the fees. It will be established. The initial fee for the producers would be up to $25,000.

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Madam Speaker.

And, through you, Madam Speaker, there is a $25 fee for -- imposed on patients and caregivers. And through you, Madam Speaker, if for some reason -- and obviously, people who might be ill or terminally ill may not be able to pay this fee and if they are unable to pay this fee, how would this be handled? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, I don't believe there is an exception for them to avoid paying the fee.

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Madam Speaker.

And through you, Madam Speaker, this next question is very important to me, quite honestly, and me personally, it's my profession. I'm a manufacturer, and in the morning you go to work and are machinery that you're working on -- not that I work on machinery myself, I would love to but am not really talented enough -- but let us say, even though the bill says that they cannot ingest marijuana at

work, at school, in public places and moving vehicles, what if, Madam Speaker, employee who has just taken -- ingested this medication right before he or she comes to work. They are qualified come to work. They work on a machine and just because they have taken medication -- and I know for myself, even sometimes a headache pill can cause you not to be stable. Something happens of this magnitude and an employee is injured on job. Who is liable, would the employer immediately become liable for this? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, I would direct the Representative to line 554, which does state that nothing -- that's a section that deals with the employer and what it states is that the employer may prohibit the use of intoxicating substances during work hours or restrict an employer's ability to -- there's nothing here that would restrict the employer from disciplining an employee for being under the influence of intoxicating substances during work hours. So I would believe an employer would have

whatever remedies they currently have in dealing with an individual who comes to work impaired.

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Madam Speaker, and thank you for the explanation.

I have read this -- this portion in here, line 551 to line 558, and I agree with Representative Fox. My concerns with this specific situation is that employee arrives to work in the morning. He or she is unable to work. Sometimes may be driven to work, and they already punched in -- they are already on the clock. They are already paid by their employer and, God forbid, an employer does not see that they are unable to perform their work because they are probably on the shop for and something happens to them, or even if the employer sees this and understands it and knows it, and tells him that they cannot work. Now, all of a sudden they are being paid by this employer and, essentially, to say than them, okay, now we have to punch out and then you leave the job. It becomes a burden on the employer. And it becomes more of a situation where we are asking employees to do more

things that really they should not be doing and they should not read be responsible for. And that's an issue for me and that's a concern, quite honestly, not only for monetary purposes, also for the safety of the employees as well and the safety of the people around them, too. It becomes a situation where if an employee is unable to -- to do the job because of this, then becomes -- is a hazard to the workplace.

Moving right along, Madam Speaker, it seems to me in here that the bill requires the Department of Consumer Protection to establish a board of physicians and the bill is totally and completely silent on any costs associated with this program, and insofar as the board, who do they meet, when do they meet, how often do they meet, and who pays for their expenses. And it is important -- I know it's not the most important issue in this bill, but it is important, Madam Speaker, and it needs to be discussed. Through you to Representative Fox, I would like to inquire about.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

I'm sorry. I missed that question. But, actually, I would like to respond something that was

said at the beginning of the Representative's statement with respect to those individuals who are working who are impaired. And there's nothing -- I -- what I would say is that an employer should handle a worker who is impaired on the job, the same way that they would handle them before this bill were to become law. If somebody is not able to do their job because of some impairment, whether it be marijuana, alcohol, or something else along those lines, the employer would have the same remedies under this bill that they have currently. So there's nothing that changes that, so I hope that that alleviates that concern.

With respect to the question regarding the board of physicians. I'm sorry. I was looking for the section while the question came out. So if the Representative would just mind repeating the question.

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Madam Speaker, and I appreciate the fact that Representative Fox's brain was just going backwards to think about the previous question that I asked, and I really appreciate that, and I would like to make -- I appreciate his diligence, and I would

like to make a statement about it. All I am saying is this is one additional burden on employers, just one additional burden being placed on employers and -- on their daily work and -- and that, essentially, will hurt employers, and I do have some concerns about it.

Now the question that I -- I asked Representative Fox, and unfortunately he was thinking about something else, is the fact that the Department of Consumer Protection, the commissioner, shall establish a board of physicians. Now the bill is silence -- silent on the fact that how many times do they meet, where do they meet, and who pays for their expenses, and obviously, everything that we do in life has a -- an expense associated with it so I would like, through you, Madam Speaker, to ask Representative Fox to clarify this point for me.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Thank you, Madam Speaker.

While the board of physicians would be able to arrange their own meetings, it does say that they are to have public hearings at least twice per year to evaluate petitions, as well as to discuss other

medical treatments for diseases that are -- that may benefit or perhaps not benefit from the use of medical marijuana. With respect to the cost, I -- I don't believe the fiscal note has any cost added to this so I assume that it would be done within the Appropriations or the Department of Consumer Protection.

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Madam Speaker.

And I appreciate Representative Fox's answer. I'd like to go back for second to lines 551 to 554. And basically, those lines -- and I would like to call Representative Fox's attention to them -- it says, no employer may refuse to hire a person or may discharge, penalize or threatened an employee solely on the basis of such persons or employee's status as a qualifying patient or primary caregiver under this section, section 1 to 15. So wouldn't this be discriminatory against an employer? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, would -- would what be discriminatory? I'm not -- I'm just trying to make sure -- would not hiring this person or firing this person, is that -- is that the question?

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Through you, Madam Speaker, yes, both.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, it says you cannot refuse to hire a person who is a patient and qualifies for medical marijuana. It also says you cannot refuse to hire or would fire a caregiver. What I was saying, though, is that if the Representative goes through the next section, which is what we went through before, if an individual is impaired at work, the employer can take the same remedies that they could take now.

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Madam Speaker.

And through you, Madam Speaker, yeah, essentially, partially, I agree. But the lines 551 to 553, and I hope we're not at an impasse in here, it says the employer cannot -- cannot refuse to hire an employee or fire -- or cannot refuse to hire an employee or is unable to fire an employee because of this condition. And basically, they are -- those three lines are very clear. If Representative Fox is understanding them differently than I am, I am understanding them as a business person, quite clear. It says I cannot refuse to hire a person if he is on his medication, basically. And that's exactly what it says, that's what the lines 551 to 553 say. Am I correct? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, the Representative is correct in -- in what he -- what the line says. Let me -- what it -- what it means and what it does say is that you cannot discriminate against an employee for being a patient for medical marijuana. So let me give you an example, for example, somebody is a medical marijuana patient who utilizes marijuana outside of

the workplace, you could not discriminate against that -- you cannot fire that person or refuse to hire that person for that reason. However, if that individual is on the job and impaired and not able to do their job or posing a danger to themselves or others, you do not, as an employer, have to allow them to do that.

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Madam Speaker.

And I truly understand and I appreciate that, but I have been through this many, many times in the past where an employer tries to relieve an employee from work due to any condition, regardless what the condition is that employer is dragged into many hearings and to many processes where it becomes primarily a waste of time. I know what the laws are -- say these days and how they protect the employee's right, and unfortunately, they truly hurt the employers. I've been through it for the past 35 years.

I'm moving right along, Madam Speaker, I have a question also in reference to when -- through you to Representative Fox -- when the certificate expires,

the bill says that the caregiver should destroy any remaining -- any remaining medication, I will call them, within 10 days after the expiration of the -- of the license.

Through you, Madam Speaker, I would like to know who would supervise this process and who would control this process, and who would make sure that it is enforced? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, the caregiver would take steps to destroy the medical marijuana, and if they did not do so, then they would not be exempt from prosecution as set out in the bill.

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Madam Speaker.

I presume prosecution if they are caught? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, that can apply to a lot of areas, but they are -- they cannot use their status as a caregiver as a defense to any prosecution if they fail to follow their responsibilities as a caregiver.

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Madam Speaker.

I appreciate the answer. And, through you, Madam Speaker, one question that's really been on my mind is I know that some -- there would be -- and I apologize if I cannot pronounce it right or find it here in front of me -- but the people who dispense it, the dispensers, I understand that they would be asking for a permit to have -- to be able to dispense the product. Now if -- there is let's say a chain of pharmacy and they would be asking for a permit and let's say they have 20 locations within the state of Connecticut, do they ask -- do they require or request a permit for one specific location or they can have it for the entire chain of locations throughout the entire state? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, each dispensary would have to have their own permit.

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Madam Speaker.

So if it is a Walgreens or CVS, it's going to be one specific Walgreens or one specific CVS? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, that is correct.

REP. NOUJAIM (74th):

Thank you, Madam Speaker --

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Madam Speaker.

And through you, Madam Speaker, I'm trying to find the one specific area here in the bill that -- I think it says that insurance companies are not

obligated to pay for -- for this process and for the medication. Am I correct on this, Madam Speaker? I know I read it in the bill someplace, and I highlighted but I cannot find it now.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, if the Representative turns to section 16, line 516, that's where that is stated.

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Madam Speaker.

I knew that Representative Fox would find it.

So health insurance, I'm not required to pay for it if they so desire to deny -- to deny the request? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

That is correct. Health insurance coverage is not required to be offered based on -- on this bill through that section.

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Madam Speaker.

And through you, Madam Speaker, one question to Representative Fox if you would be kind enough to clarify. In what form this medication would be taken? Is it going to be a pill? Is it going to be liquid or is it going to be a smoking, essentially? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, that is a good question, one that I ask -- ask myself. As I understand it, there will be -- excuse me -- regulations established, but the means by which it has been -- patients have utilized medical marijuana include smoking, vaporizing -- vaporizers are apparently, from what I understand, one of the more common uses. They could also eat marijuana if they put it towards food, you know, if they cook it with food, not just eating it as it is, and then also there are some pill forms, as well. But that is something

that would be worked through with the Department of Consumer Protection as part of their regulation process. But those are the methods that I've -- have been explained to me.

DEPUTY SPEAKER ORANGE:

Representative Noujaim.

REP. NOUJAIM (74th):

Thank you, Madam Speaker.

Madam Speaker, I truly appreciate your indulgence and I appreciate Representative Fox answers to my question.

Honestly, I -- I would love very much to support this bill because I know there are many people out there who would benefit from it. I know that many people who are ill and they need medication that would support them during their last days. I very much sympathize with this. It just breaks my heart if that's what life is all about, that's what God said when he created us. My concern is that there are lots of issues and lots of problems to be determined, lots of definitions still to be -- to be dwelled upon and to be understood. And I know that many of my colleagues will be speaking, so I am going to sit and listen and I'm going to hopefully render a decision

that is going to really be a good decision for my conscience whether I vote yes or I vote nay on it. But I really appreciate the time that you allowed me to speak of this issue, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, sir.

Will you care to remark further?

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker. Good evening, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Good evening, sir.

REP. SRINIVASAN (31st):

We know that there are medical situations where the pain and suffering is so intense that conventional medications are not sufficient. Medications will not be adequate. You already heard stories of people who have gone through their suffering in their family, and I'm sure we're going hearing more later on in this evening. So there is a need for a form of treatment for patients, maybe in their last days, not necessarily in the last days, where pain and suffering needs to be adequately treated.

Some of my colleagues might say the alternatives are there, legal, federally approved alternatives are there in the form of a tablet, Marinol, in the -- in the form of a nasal spray. Those are federally approved, paid for by -- by insurance companies. But the reality is for a lot of patients they may not be adequate at all. They may be ineffective or may hardly have any impact whatsoever. So -- one is definitely torn by the medical need of -- of something that these patients need in their pain and suffering. Having said that, and having taken care of people's -- seen people in that kind of pain and in that kind of a situation, one is definitely torn, because on the one hand the right thing to do is we need to prescribe appropriate treatments for these patients. No question about that at all, whatever it is. And this prescription is not going to be given by anybody but a physician, so you're going through a process. You're going through a process by which this medicine will be administered rightfully so.

The concern that we all have so articulately said by the Representative from West Hartford is this dilemma between a federal law and a state law. And when we have taken the oath that we will be supportive

and we will follow the Constitution that is where the big dilemma comes for all of us. And as said very well by previous speakers, that if this becomes a federal issue, if it's taken up at the federal and state level and then passed on to all of us at the states, it will be relatively a no-brainer because this need is there. The concern is this dilemma between the federal and state laws.

Madam Speaker, through you, if I can have -- if I can ask the proponent of the bill a few questions.

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. NOUJAIM (74th):

Thank you, Madam Speaker.

You have used the word "certification." Are there other situations where a physician does not prescribe but certifies medications? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, there may be. I'm not aware of any offhand.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, I am not aware of any either, and yes, certification is needed when a procedure needs to be done. You need to get a certification for a CAT scan, an MRI, you may need to be pre-certified for those things for insurance reasons. So I don't understand why we cannot use a conventional language that this medication is being prescribed as opposed to being certified.

Through you, Madam Speaker, through the proponent, do we have these physician who's going to be certifying medical marijuana? Does he or she have to go through any special training prior to this certification? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker. , I'm not aware of any special training that they would do other than the training that they currently undergo.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, I find that very disturbing. I have been practicing for 30-plus years and I can just see my colleagues who have been in a similar situation have -- needing to prescribe something that they have never done before. In my opinion, they really should go through a training process so that they're familiar with what they are doing. And that has been one of my concerns of adequate training for the people who are going to be administering this medication.

Through you, Madam Speaker, I see that we have requested about three to five cultivators. Do we know why we have chosen that number? Is there being a -- kind of -- an idea what the demand is going to be and is that why we chose three to five cultivators, or what is the rationale behind that? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, I think it's three to ten producers but cultivators is part of that. So I understand where the Representative was asking. It was just estimated that that would be the number that

would be potentially required. We didn't want to make it unlimited, so we thought that would make sense as a way to bring about this legislation.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker.

Through you, Madam Speaker, I do want to thank the proponent. I have some questions -- for being kind enough to -- to use the word, "cultivators" when I had used a different word. I appreciate that very much.

Through you, Madam Speaker, the number of dispensaries where after the -- after marijuana has been cultivated and then will be dispensed out, do we have any idea as to how many such dispensaries we think we will have in our state? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, the number would be determined by regulation, but they would also have to go through the -- the process of being approved. I

don't -- there is not a definite number of dispensaries.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, these dispensaries where the marijuana will be dispensed, will it be locations where patients will come, get their treatment and then head home or head to work? Is that what the plan is with the dispensary or will it be that they will just go in like a conventional pharmacy, get their medications and take it home and use their medication there? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, it would be more along the lines of a conventional pharmacy.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, the month supply as what is being alluded to is what the patient will be

prescribed and has been said -- and as it has been said very eloquently by the Minority Leader, we don't know what the need is going to be. We do not know how much the patient is, A, going to need, will become dependent over time invariably. That's the nature of these medications. They demand -- or the requirement will increase. The medical condition will deteriorate, and because of that the need will increase also. So when no special training is required by the physician, we now have to deal with this unknown amount of medication that he or she will be prescribing to the patient.

Through you, Madam Speaker, do we have a limit as to what that medical -- medical supply per month will be? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, and actually, I do respect the -- the Representative's questions and especially his -- his knowledge and background in the area of medical care, because I do think it's helpful and it's helpful to go through these questions.

The -- first, with respect to training, I would -- the -- I -- these are physicians we're dealing with and they go through training and their own background when it comes to learning about different medications and prescribing those medications so I would anticipate that they would do the same thing here.

With respect to the -- the limit of how much is a 30-day amount that a patient could potentially receive, I mean, that is something that the -- the physician would have control over together with the -- the board of physicians who would determine for a specific ailment that you can have that this is the appropriate amount of -- of marijuana to be prescribed in a given month.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, we -- we heard that medical insurances do not need to cover the medical marijuana. Will that be applicable to Medicaid state insurances, as well? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, I believe that is yes.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Madam Speaker, that I find very disturbing. Once again, we are going to be creating winners and losers, people who will have the capacity to pull out money from their wallets and pay for this form of treatment will be eligible in these treatment options. But our patients who are on Medicare, because obviously the money is coming from the federal government, and patients who are Medicaid, you know, who do not have the capacity to be paying for this form of treatment, but, unfortunately, have the same disease that somebody else has, we will now be saying that you know what? You are on Medicaid, you are on Medicare, so you will not be able to get the treatment unless you come up with the appropriate amount of money. And I find that very disturbing for us where in our safety net and in our social consciousness we can say to one group of people realistically that this form of treatment does not apply to you, you cannot get it but others can, madam Speaker.

Madam Speaker, we were reminded very eloquently earlier on in the evening that this Chamber very recently passed very important legislation. We talked about legislation where we would be giving the drug overdose -- in the event of a drug overdose, prescribing to the -- through some -- to the caregiver, to the partner, Narcan or some other medication so that we can prevent an overdose. We talked about palliative care. How much we're going to be trying to improve the care, you know, through our -- by opening up various places in the state. But there's a big difference in those bills that we passed and in the one that we are talking about today. In none of those bills was there a conflict from a federal point of view. We were doing whatever we could do within the authority in our state without conflicting any of the federal laws.

Through you, Madam Speaker, through the proponent of the bill, if I can request him to go -- to look at section 4, line 149 on the amended bill. It says, "a physician shall not be subjected to arrest, prosecution," so on and so forth, "for the person who prescribes these medications according to the laws of the state of Connecticut." Will that also apply, if

the federal agents were to knock at the door of the physician's office, will that physician have the protection on that occasion, as well? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, this provision would apply to our state criminal statutes.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, I understand that that in the event as we have heard in other states that federal agents have been knocking on doors that this physician's door could be knocked on and -- and the consequences because of the fact that we are not in compliance with the federal law. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, this bill does not change federal law as discussed earlier.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker.

Going back to what I alluded to, the training, which is important and essential because here we are dealing with federal law, we're dealing with state law, once again, relatively uncharted territory for most practicing physicians.

Through you, Madam Speaker, will the physician and the entire organization that is going to be involved be adequately counseled? Will they be told clearly that this is a state law that we are going by and that there is this possibility that the federal agents could be knocking on your door because this does not comply with the federal laws? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, I would -- that is something that may be addressed through the regulation process or at least through the Department of Consumer Protection in the -- the certification and

registration process, so it's possible that they will be consulted in that manner.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, the Department of Public Health, what role will the Department of Public Health have in the evaluation, management and treatment of such an important entity, or will it all be in the hands of the -- of the Department of Consumer Protection? Through you, Madam Chair -- Madam Speaker -- I'm sorry.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, currently, our Department of Consumer Protection is the department that's -- has the jurisdiction over pharmacies and -- so they -- pharmacies are the entities that would prescribe medication, so that that is the reason why it was more logical for the Department of Consumer Protection to be the one that would -- would handle this area as well. So that -- the Department of Public Health does not have a specific role, however,

what they do have -- that there will be this board of physicians that is established that would address medical issues and concerns.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, marijuana in the state is a -- federally, is a controlled substance Schedule I. I know, here in Connecticut, if we pass this bill, it has been suggested or it will become -- it will become substance in not I but it will go to Category II.

Through you, Madam Speaker, since it is going to be a Category II, will that also apply at a federal level or will be looking at a federal level at substance Category I and a state level will be Category II? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, it would not apply at the federal level.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So we have the same medication, through you, Madam Speaker, we have the same medication which is Category I and has its implications and then we have the same medication as Category II and, obviously, the implications will change dramatically because it is a different category altogether.

Madam Speaker, I want to thank the proponent for his answers. And I'm very concerned about this as I said earlier on, because each and every one of us I know in this chamber are torn between doing what is right for the patient where the need is there but at the same time making sure that we comply. And my concern equally is that the people who will be dispensing, the people will be prescribing or, in this case, certifying the need of these medications, they may not be totally cognizant, that there is a big gap between what the federal law says and what the state law says. And in the goodness of their heart and in the goodness of doing what is right for the patient, caring for the patient in those difficult times where as much as we try and is -- as many patients as we see, we still get moved any time and every time we have to deal with the patient's pain and suffering.

So a physician needs to be aware of what is going to happen to him or her at a federal level, what could happen to him or her licensing, you know, when he or she prescribes this. And that's to me is the dilemma.

The dilemma is not the use of marijuana, it is not whether the person needs two joints, three joints, and I know the number of joints will keep going up because that's the nature, A, of the disease, unfortunately, and the nature of the medication as well. The bigger concern is that as the need increases, will we be faced with the situation ongoing right from day one that of this major conflict between the state and the federal government?

And I would urge my colleagues to re-look at this and say this is not an issue that we should be discussing at the state level, and it belongs where it belongs at the federal government. So we are right, both, by the consumer, the patient who is in need, as well as a person who's certified and is handing out their medications.

Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, sir.

Will you care to remark further?

Representative Pamela Sawyer of the 55th, you have the floor, Madam.

REP. SAWYER (55th):

Madam Speaker, thank you.

We've heard very fabulous debate between professionals and people with personal stories. We've heard from our distinguished Chairman of the Judiciary Committee and certainly has a vast knowledge of the legal aspects of this particular bill. Those of us that have had personal experience where someone has been so ill that no medication would help them, we have a very different interest in this particular bill, and it becomes very personal, Madam Speaker. I won't belabor my personal story because it may be something I could not do with a -- with a straight face, but I would like to ask a few questions for legislative intent, Madam Speaker, because I think we need to establish for the Department of Consumer Protection what this legislature expects them to do. We've given them some very broad language, but if we might establish some legislative intent, some questions to you to the distinguish Chairman.

DEPUTY SPEAKER ORANGE:

Please proceed, madam.

REP. SAWYER (55th):

If I might, Mr. Chairman, in section 2, on line 57, it says, a qualifying patient shall register with the Department of Consumer Protection, and it goes on to describe that. Would you help with some clarifying language for me? Say the patient is extremely sick and most of the patients that we are talking about or have been talking about today are so ill that sometimes they will need caregivers. Would you expect that it would be allowable for, perhaps, a physician to submit for a patient, perhaps, a -- the registration? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, and I thank the Representative for her question. The purpose for this that I see is for the Department of Consumer Protection to get -- to have an idea as to how many patients are actually -- are out there with -- or who are using medical marijuana for treatment. In the event that somebody is unable -- is so ill that they're unable to actually fill out the form, which I think is what the question is, I would expect that the

Department of Consumer Protection would utilize whatever current procedures they may have when dealing with those who are not able to fill out the forms, but I would think that they would still have to register by some manner. It's just that there might be a way for somebody who's so ill to -- that they can't even write the form that -- that there could be a way that it could be done for them.

DEPUTY SPEAKER ORANGE:

Representative Sawyer.

REP. SAWYER (55th):

Thank you, Madam Speaker.

And that I think gives some direction to the Department for what we're looking for. I'd also like to ask then a question in section 10 on line 240 -- pardon me.

It says that the Commissioner shall determine the number of dispensaries appropriate for qualifying patients, and it goes on and talks about the different ways that the dispensaries will be chosen, and my question to you is will all licensed pharmacists be allowed to apply? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker.

In order to receive the license, you would have to be a licensed pharmacist. The licensed pharmacist may make their own decision as to whether or not they choose to do so, but that is a prerequisite for applying.

DEPUTY SPEAKER ORANGE:

Representative Sawyer.

REP. SAWYER (55th):

Thank you.

And if we have a situation where we have one pharmacy but we have multiple pharmacists within the store, it's a very large store, it has many shifts and it is covered by multiple pharmacists, how would that be covered? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, first, I would like to point out, I think we're dealing with section 9 not section 10 with respect to lines 240.

What we're also dealing with is entities that are called "dispensaries" or known as "dispensaries" so

I'm not -- I don't necessarily envision them being in a pharmacy. What it -- what it says is that a licensed pharmacist is -- a pharmacy license is what is required in order to -- to be able to qualify for a dispensary. So I'm not sure if that helps but, I hope so.

DEPUTY SPEAKER ORANGE:

Representative Sawyer.

REP. SAWYER (55th):

That does help me quite a bit. I appreciate that. I was trying to sort through the language and sort that one out.

It is my hope that the Department of Consumer Protection as they look at the type -- different types of pharmacies that are out there that they will all have the equal benefit to be able to be considered, because we have different types of pharmacies. We have, certainly, your general pharmacy, we have compounding pharmacies. They are a bit different but they should all be allowed to qualify as we are breaking new ground for the types of dispensing that we will be providing for people.

Another question, through you, to the Chairman.

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. SAWYER (55th):

So if we look at -- into section 9 and 10, I guess as you're putting both of them together, do you anticipate how long it will take for these regulations for both the pharmacists, for the providers, those types of things. Do we have an expectation for how long, because I'm -- I'm sure we will be getting calls very shortly as -- after the -- if this is to pass for people who would like to find out when they could apply and when this will actually be available for someone's loved one who is very ill?

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, as we all know, it's always difficult to make projections on the regulations process, but I would, I mean, the Department of Consumer Protection is ready to proceed. They will -- I anticipate that they will move as quickly as they can while also taking into consideration the other concerns that many of which have been raised here this evening, so I can't -- I don't -- I'm always reluctant to put a time frame on

when regulations are going to pass, but I would hope that it would be done quickly.

DEPUTY SPEAKER ORANGE:

Representative Sawyer.

REP. SAWYER (55th):

Thank you, I appreciate that answer.

Do you know, through you, Madam Speaker, Mr. Chairman, will hospitals be allowed to dispense marijuana to their inpatient patients?

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, they would have to be identified as a dispensary. I don't know that it's precluded, however, I -- my -- the way I envision it is that at least, initially, they would not be doing so.

DEPUTY SPEAKER ORANGE:

Representative Sawyer.

REP. SAWYER (55th):

That's interesting. Thank you very much, because many hospitals have dispensaries, they have pharmacies within them and -- and I think that's something, perhaps, we need to look at in further legislation.

My thought in that, too, it was also -- I was going to bring around to the discussion of university infirmaries because Representative Cafero had had discussions about where on campus could a very sick child -- a young adult I should say -- be able to use marijuana and -- for their treatment and could they possibly use the university infirmary? And -- because that is university property, through you, Madam Speaker, Mr. Chairman, do you exclude the university infirmary?

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, first, I just may be like to revisit my -- my last answer. I just had not personally envisioned hospitals, so I don't -- I think Department of Consumer Protection can certainly look at that. It's just not -- I had envisioned a licensed pharmacist who would open a dispensary and that is how this would be then submitted.

The -- with respect to infirmaries, I would have to say that it would fall under the university ground, so I would expect that that would be precluded.

DEPUTY SPEAKER ORANGE:

Representative Sawyer.

REP. SAWYER (55th):

Thank you.

Well, I hope sometime we'll be able to look at a way around and find a way for sick students to able to have a nearby place, and I believe that if we looked at something like the infirmary where there is medical personnel on duty that all its -- the hours that they might be using that we might be able to find some other way to accommodate them. We'd have to change the language precluding all college property.

I looked up the definition of what marijuana is under section 21a-240 under the General Statutes, and it talks quite a bit about not only just marijuana but it talks about stems of the -- not the leaves, but the stems and it talks about the seeds, as well.

Through you, Madam Speaker, is -- will someone be able to have dispensed marijuana seeds through a pharmacy?

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, marijuana is defined in the -- in the bill as that definition that's set

out in Connecticut General Statute section 21a-240. If -- I would say, however, that -- and it's part of the regulatory process in terms of the -- the type of marijuana that is prescribed and how it is used that seeds would not be something that could be utilized within 30 days. So it would seem to me that that would be unlikely.

REP. SAWYER (55th):

I thank the gentleman, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Sawyer.

REP. SAWYER (55th):

I thank the gentleman for his clarification on that point.

I would ask another point of clarification because I would like it in legislative intent. Do you see that it is possible for marijuana to be delivered in another form other than just the dried plant that could be used to be smoked? Could it be also delivered in the form of, I believe the word is nebulizer or humidifier, so that someone could ingest it without actually using smoke that there is another way according to some pharmacists that I spoke to today to be able to deliver the same type of marijuana

treatment. It wouldn't be smoked but it would used be -- used through an inhaler process. Is -- is that would -- I'll ask the question this way. Would that be prohibited under this language? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, no, that would not be prohibited. And the Representative is correct in that many of the patients want the medicine -- medicinal benefits of the use of marijuana but they may not want some of the other side effects that can go with marijuana, but that will all go through the regulation process, but I could envision a situation such as that was -- which was described.

DEPUTY SPEAKER ORANGE:

Representative Sawyer.

REP. SAWYER (55th):

Thank you, and if we could, one point -- other point of clarification as we try and guide the Department of Consumer and Protection with our thoughts. In the case of many physicians, we know that they are often provided with samples of medicine

to be able to pass out to their patients for them to be able to test it to see if they can withstand it if it does help them in any way, shape or form. Could -- could -- would an oncologist be allowed or prohibited from having marijuana and being able to provide it as a sample? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, not unless they were a licensed pharmacist registered as a dispensary, so the -- the type of samples that many of us are familiar with would -- would likely not occur. This would not occur under this bill and -- so I do not see that happening.

DEPUTY SPEAKER ORANGE:

Representative Sawyer.

REP. SAWYER (55th):

Through you, Madam Speaker, could a physician prescribe a single dosage versus a 30-day dosage so that he would be able -- so a patient could see before spending a lot of money if they didn't have insurance, say, to be able to see if this would be able to be helpful in their condition?

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, the physician can prescribe whatever they feel is necessary up to 30 days, so, yes, they could prescribe a one- or two-day usage to see what the potential ramifications could be.

DEPUTY SPEAKER ORANGE:

Representative Sawyer.

REP. SAWYER (55th):

Thank you, Madam Speaker, and I thank the Chairman for his answers.

One thing I would hope that in the future, if this passes, that we do look at and that would be the instances of, perhaps, a child that would be able to use medical marijuana. In the case that I knew is so very closely, the child was 16 and he was 185 pounds, he was six feet tall, and I presume if the Chairman stood up, we might be able to have a comparison, and sadly eight months later he was 81 pounds and passed in great, great pain. So I would like, at some point, to have these discussions further on down the road where it is done perhaps by weight, because we know

that a certain young -- certain people have a body stature at a younger age that is much more equivalent to that of an adult and if this could help them, we should be providing it, not by basis of age, but by, perhaps, body condition and where they are physically in their maturity.

Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, madam.

Will you care to remark further? Will you care to remark further?

Representative Lavielle of the 143rd. Good evening, madam, you have the floor.

REP. LAVIELLE (143rd):

And good evening to you, Madam Speaker. Thank you very much.

I watched much of the testimony on this bill before the Judiciary Committee, and I'm very conscious that there are quite a number of people who are either in pain themselves or who knows someone who is and feel very strongly that using marijuana to alleviate that pain is helpful. And I'm very sensitive to that and want to be very sensitive to that.

In order to do that because marijuana is a substance -- it's currently illegal on various levels -- we need to have a law that allows it to happen. And we're attempting to do that with -- with this bill by treating this substance which has for years had more of a -- an image, if you will, as something that's used for recreation and we are -- we are trying to find a way to treat it as a substance with a medical purpose and that's fine, but we need to do it in a way that makes sense and is consistent and is enforceable. And I have some concerns about that as I -- as I look at the bill as it stands and wonder if we have really managed to do that. So with that said, Madam Speaker, through you, I have some questions for the good Chair of the Judiciary Committee, if I may.

DEPUTY SPEAKER ORANGE:

Please proceed, madam.

REP. LAVIELLE (143rd):

Thank you so much, Madam Speaker.

Just as a general question to Representative Fox, first, I'd like to know -- well, if -- if someone is registered and certified -- and I'm sorry I'll confuse those terms -- but has the proper documentation necessary to obtain marijuana for a medical use, am I

to assume from the bill that if that person then gives some of his or her marijuana to someone else, for example, in -- in the family that that would not be legal according to the bill? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Gerry Fox.

REP. FOX (146th):

Thank you, Madam Speaker, that is correct.

DEPUTY SPEAKER ORANGE:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you.

And through you, Madam Speaker, how -- it -- I wonder if -- is there some optimism that that sort of passing along some of the substance to someone in the family or to a friend is enforceable? Do we feel that that is enforceable that that someone who did that could be persecuted -- prosecuted -- excuse me. Madam Speaker, through you.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker -- excuse me -- it would be a crime just like it is illegal to allow another individual to use certain prescribed medications that people receive for other illness.

DEPUTY SPEAKER ORANGE:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you, Madam Speaker.

And for information, if, for example, a woman has a cold and she goes to a doctor and the doctor prescribes a common antihistamine, Benadryl, and prescribes 12 Benadryl pills and she takes ten of those and her cold is gone and then there's two Benadryl pills left and her husband gets a cold the next week and he takes one of those Benadryl pills; is that a crime or illegal? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Madam Speaker, I believe prescriptions are written for an individual person and not to be shared, so the misuse of that would not be authorize. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you.

Are we -- and I -- I appreciate that answer. Are we able to enforce instances of that with great regularity? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, some instances are enforced. I think the example that the Representative gave with respect to a wife handing one pill over to her husband would probably be somewhat difficult to enforce.

DEPUTY SPEAKER ORANGE:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you, Madam Speaker.

I would imagine that if that's difficult to enforce than this might be as well. But I'll -- I'll go on, I have some other questions with -- with reference to the bill. My line numbers, I apologize to the Representative, may be a bit off because I did

this on the older version of the bill before we had the amendment, but I think they're similar enough.

In the section that is somewhere around line 130, which is section 2, in any event, there is a reference -- and I think it's been referred to before during this debate -- that at such time as a patient who is duly registered no longer wishes to possess marijuana for palliative use that patient must destroy it. And I would like to ask what constitutes destruction, if I may, Madam Speaker? How would you -- how would you destroy this? Through you.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

I would envision you would -- through you, Madam Speaker, one way may be to throw it away, just flush it down the toilet, something along those lines.

DEPUTY SPEAKER ORANGE:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you, Madam Speaker.

Through you, is it (inaudible) that if the material were to burn that it would be destroyed? Through you.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Is the question, would it be burned is that -- I'm sorry -- through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Lavielle.

REP. LAVIELLE (143rd):

Yes.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, I'm not sure that that would be the best way to destroy it. However, depending upon the circumstances, it might be one way to do so.

DEPUTY SPEAKER ORANGE:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you.

Through you, Madam Speaker, I ask that question, of course, because that's what happens to it when it's smoked. And again, I would -- I would be somewhat concerned how we would enforce the destruction in

terms of its being actually destruction or does someone smoke it to destroy it? And I -- I just wondered if the Representative could give me some -- some insight into how we would verify which -- which of those things were happening. Is it just being destroyed or is it actually being smoked?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, smoking it is not envisioned as an appropriate way to destroy it.

DEPUTY SPEAKER ORANGE:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you.

I, again, I -- I have some questions about how that would be enforced, but that's -- that's the point I wanted to make.

Another question I have, it was line 269, and when I tell you the reference I think it will be clear what it is, it's about the locations of dispensaries -- pardon me. It's in section 9 of the -- of the -- the former bill in any case. And it provides that the

-- that the board would describe areas in the state where licensed dispensaries may not be located after considering the criteria for the location of retail liquor permit premises. And I wanted to ask Representative Fox what the relation between liquor permits and the location of potential dispensaries is and why that's there? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker -- excuse me -- the -- there are criteria set out with respect to the location of liquor stores and certain things to be avoided, such as proximity to schools, things like that, so it was envisioned that dispensaries should follow similar criteria.

DEPUTY SPEAKER ORANGE:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you.

And Madam Speaker, through you, is the same criterion used for pharmacies that sell other types of prescription drugs? Through you.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, I don't believe so. They have their own criteria but I'm not sure what they are.

DEPUTY SPEAKER ORANGE:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you.

That suggests to me that there is something about this substance as it is construed in the bill that makes it not all together similar to a prescription drug that is used for -- to relieve disease or pain or discomfort, not all together similar in all respects, and that makes it still in some cases similar to -- well, something that's sold in a liquor store, which is used more for recreational purposes and, to me, that -- that brings to light once again the ambiguity that's inherent in this bill.

I have another question which is somewhere around line 471. It was the section 15, and again, you'll recognize it, which refers to temporary registration or temporary eligibility for people who can apply to be able to obtain marijuana for this purpose before

the law and -- well, before the regulations are all established and go into effect, that there would be a time period beginning on October 1st, when people could obtain it. And I wanted to ask, Madam Speaker, through you, where would people get marijuana for medical purposes during that time period, that temporary time period? Through you.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, that's more envisioned to get the -- the ball rolling on -- in terms of getting things in place. If there's no dispensary set up, it would be difficult for them to get marijuana.

DEPUTY SPEAKER ORANGE:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you.

So do I understand then that if there is no dispensary, even though the temporary period, it might be opened up, they couldn't actually get it. Through you.

DEPUTY SPEAKER ORANGE:

Representative Fox.

REP. FOX (146th):

Through you, Madam Speaker, it would be difficult for them obtain it because their physician would have to give them a prescription for a dispensary and that would be -- there would be none that would exist. At least at that point but I think the objective is to get them up and running as quickly as possible.

DEPUTY SPEAKER ORANGE:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you, Madam Speaker.

I -- that's -- that's the end of my questions so Representative Fox might want to sit but I -- and I thank him very much for his kind answers.

My questions went really to the heart of the problem that I have with the bill, where we have something here that it's almost as though those who have proposed the bill want to be able to treat this substance the way a prescription drug would be treated, but there's something that makes that not possible because there's still something about it that isn't quite okay, the way a prescription drug might be.

When you have a -- a drug that is used for medical purposes and that's kind of the -- the image and the -- the -- the way it's defined generally by society. It's available to anyone who needs it for medical use, they can use it anywhere they want, they might not be able to drive while they're using it but other than that and they get only so much of it.

Here we have an issue because last year, this General Assembly passed a bill that we colloquially referred to as the Decriminalization of Marijuana, and I remember at the time having dialogue and making the observation that with that bill did it didn't make it legal and it didn't make it illegal but basically what it said was if you were found, whoever you were, and you had and I think if you were over 18, if I'm not mistaken, if you had a little marijuana then that was kind of okay. It's an infraction but it was kind of okay; and if you had a little more, it became pretty bad; and then if you had a whole lot of it, it became really bad. It became a felony.

So we did that. We -- we kind of stuck in the middle and the General Assembly said it's not exactly illegal if you have a little of it, but it's -- it's -- it's not legal. And now we're kind of doing it

again. We're not saying it's totally legal or it's totally illegal. We're saying it's -- it's okay for certain people in certain situations, but they can only have it in certain places and they can only have so much of it. And if they get through with it and they decided they don't want it anymore, they can't have it any longer. It's very murky and it appears to me that in an attempt to sort of try to make it all right but not to make it legal. Or to say, well, we just can't, it's illegal, look there's even federal law. The General Assembly has made a -- an attempt to make a very un-rigorous, murky, amorphous, noncommittal law here.

And at the end of the day, we're not really shedding any light any further on whether this thing is legal, illegal, okay, not okay. It's seem to be well we're going to let some people have it, but actually, it's really not okay.

And the end game here is that we're still tiptoeing around the issue. I don't want to deprive anyone who is terminally ill or in great pain from having access to something that will help them, but if we're going to do that, then let's do it in an enforceable way. Let's do it in a way that

acknowledges what a substance is and what it is not.

And I think we ought to have the debate about whether this should be legal or illegal. It's far too murky for me. I don't quite see that there's something substantial enough here to vote on, and so I -- I have to -- I'm sorry, I can't -- I can't support this in its state but it's not because I want to deprive people of something. I just don't think that it's very substantial and easy to follow and clear and unambiguous, rigorous law.

Thank you very much, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, Madam.

Will you care to remark further? Will you care to remark further?

Representative Sampson of the 80th District.

Good evening, sir.

REP. SAMPSON (80th):

Good evening, Madam Speaker.

Thank you, for the opportunity to address my colleagues.

Last year, I opposed the medical marijuana legislation that we had in the Judiciary Committee. And I did it primarily because the legislation that we

had before us was very loosely written. I guess that-that would be the best words that I could use to describe it. If I remember correctly there was no way or provision in the bill for how you would obtain the plants that you would start your own marijuana supply with. No way to obtain the seeds or the plants. I even joked, I think at the time that, you know, you had to get your -- your marijuana plant by magic.

And I said at the time that if we're going to have medical marijuana legislation that in order to support it, it would have to be legislation that truly treated marijuana as if it was a medicine.

And I believe that while this bill that's before us is certainly not perfect, many of my colleagues have pointed out a lot of the faults in it, I think it goes a long way towards doing that. I'm not a doctor. I don't pretend to be a doctor. In fact, I often in committee talk about how this legislative body likes to play doctor, and it always drives me crazy when that happens because I think we ought to leave doctorly things to doctors.

And in this case, I think we are putting the right people in charge of the right things. I think we're going to let physicians decide whether marijuana

is a medicine and whether or not it should be prescribed to a particular patient to take care of whatever their ailment might be. I also think that creating a prescription or certification in this case is appropriate that a license pharmacist would be the only able to actually dispense this particular medicine.

Our system of healthcare allows doctors and pharmacists to dispense all types of drugs that are potentially harmful, dangerous, and that can be abused. You can look around communities all across our country and you'll find out that people are abusing all types of pharmaceuticals that were obtained perfectly legally.

I guess what I'm looking at in this issue is really whether or not I should be the one to decide whether or not a medicine is a medicine or not and, for me, I think that's just a little bit beyond my pay grade, and the discussion for me pretty much ends there. For a lot of other people I know it does not, there are concerns, very legitimate concerns that I share with folks in my district who have been contacting me, in some cases, very upset that they believe I intend to support this bill because they

believe it's going to create some sort of perception that somehow marijuana is more acceptable in our society and that teenagers might be more inclined to try it because it's somehow seems like a more acceptable thing.

I said I really don't buy that argument. I mean, I remember back being a teenager -- it wasn't that long ago. And I think that I got my perception of what was right and wrong, mostly from my parents. I think that's really where the responsibility should lie in our society but the fact is that medical marijuana is legal in other states. So if I'm a teenager, I'm going to decide, Well, gee, medical marijuana is good for me or bad for me because Connecticut has it as an acceptable thing or California does or does not. I think it's just an illegitimate argument.

The fact is that I've got only one option here, and I have to vote on what it says in the bill and essentially the bill is very specific about the medicinal use of marijuana and how it will be prescribed by a physician and dispensed by a pharmacist. Outside of that, I don't think I can control the perception of anyone else. And I do not

want anyone to think that somehow I have some desire to make marijuana more acceptable to our teenagers in our society, and they shouldn't get that from any vote in support of this bill because the fact is, it doesn't say that.

I want to end by saying that I'm aware of many of the concerns that these parents and maybe youth organizers that sort of thing in various communities have. I know what's happened in other states. I know the vision of the van that's got the doctor and the pharmacist right in it and they drive up into the neighborhood and there you are, you know prescribing the medication and handing it to the guy right on the spot.

And -- and I've looked hard into the bill as it's written, and I think we've done a pretty good job of making sure that these sort of things are not going to happen. But what I want to do is I want to encourage all my colleagues here to make sure it doesn't happen; that if we're going to pass actual medicinal marijuana legislation that that's what it ends up being and that we're not back here a year from now because of these same problems that are happening in other states. And that we work hard to make sure that if we do need

additional legislation to make sure that we do not have those problems; that we do not have you know drive-by doctors and pharmacists, you know, making this widely available in our communities; that we do -- and I guess that's my final word.

Mr. Speaker, thank you very much.

Deputy Speaker Altobello in the Chair.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative.

Representative Alberts of the 50th District, you have the floor, sir.

REP. ALBERTS (50th):

Good evening, Mr. Speaker, and thank you very much.

DEPUTY SPEAKER ALTOBELLO:

Good evening.

REP. ALBERTS (50th):

I do take some offense that what the previous speaker said about being a teenager not that long ago but that notwithstanding, Mr. Speaker. I do have several questions to the proponent of the amendment that's before us.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, sir.

REP. ALBERTS (50th):

Thank you, Mr. Speaker.

In looking at the fiscal note for this legislation that's before us, there are several different items that I'm trying to reconcile. And the first sentence in the explanation states that there's a cost to the State of $208,843 in Fiscal Year 13; and $215,727 in Fiscal Year 14; and then it proceeds to discuss revenue gains to the state of $267,500 in Fiscal Year 13; and approximately 195,000 in Fiscal Year 14.

How should we be looking at this? Should we be totaling this up to figure out what the approximate net value is? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Thank you, Mr. Speaker.

There has been discussion throughout regarding the fees that are set up, as well as those that will be established through regulations, and the objective would be to make this, at worse, cost neutral, and it

would be hoped that the fees that would be established would -- would meet whatever expenses there are to run this program.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker.

So, I -- I'll -- I'll take that that I should be looking at that and trying to net those figures, in terms of the revenues coming into or anticipated to come in versus the expenses.

Looking a little further, is it anticipated that the dispensaries that would be created as a result of this legislation or that would be permitted as a result of this legislation, would they be for-profit or would they be nonprofit? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, it is anticipated that they would be in business like pharmacies and others and so by that means they would be for-profit.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker.

And that was my understanding, as well, because I think the legislation proposes a $25,000 fee for ten producer applicants, assuming as many as ten producer applicants and that's what the fiscal note looks at is as many as ten producer applicants, $25,000 each.

The fiscal note goes further to estimate that there may be 700 initial user registrants, who initially would provide a fee of $25, I believe, to be registered to be able to access the marijuana if they qualified. And that would generate significant amount of revenue, but am I right then that based on the for-profit nature of this enterprise, which we may be enabling, that we should take that $250,000 fee expense that the producers would be -- producer applicants would be obligated to and look at that in comparison to the 700 initial applicants? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, I'm not sure that I would look at them, necessarily, in comparison. The -

- the fee would for the producers is the 25 -- up to 25,000 and for that we put a -- a number of three to ten producers.

With respect to the applicants, the number of 700 was based upon as -- I think it said on the fiscal note a look at Rhode Island and Vermont and their experiences. And I believe that then it goes up to 1,400. I did ask the question of how many they anticipate and that it's potentially that it could be approximately 2,000, but I think it's hard to put an exact number on.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

I thank you, Mr. Speaker.

So, I saw that note as well that we looked at or that the Office of Fiscal Analysis looked at the experiences in Rhode Island and Vermont, and is it your understanding that they made adjustments based on the population of those rather small states to our state? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, I did not ask them specifically but knowing how they -- how they work, I would presume that they did.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker.

I guess my concern is that that $250,000 figure, which is the estimate that's here by the Office of Fiscal Analysis, when we look at that original basis of 700 users, if I divide that out, it means and upfront cost before any of the expenses of -- of growth or business, just that licensing expense of about $350 per user. And I'm -- I'm very concerned about what the ramification of the $350 figure may be because how would -- how would the price be set, through you, Mr. Speaker, on what the actual cost of the medicinal marijuana would be?

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, that would be done through regulation, and we -- we discussed earlier different potential forms of marijuana, which may have

-- have different costs associated with them but that that would be done through regulation.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

Through you, Mr. Speaker, then -- then we would be engaged in a form of price control that would be dictated by the State in terms of what the actual costs would be? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, there would be an establishment of a price so that would be done through the regulations promulgated by the Department of Consumer Protection.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker.

And there would be additionally a mechanism, by which that price could potentially change based on the number of users, the supply, and all the other factors? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, the way it would work is there would be a range of prices. If the range was found to be insufficient for one reason or another, they could then go back and adjust the range.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker.

Was there contemplation as -- as this scheme was developed and thought out, in terms of what the ramifications might be? In terms of individuals who may find themselves in a predicament where it's been identified that they qualify for access to the medicinal marijuana but the costs becomes so prohibitive that they look to other opportunities to procure it? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, they would be required to procure it through the -- through the dispensaries.

It would be hoped that it's not so cost prohibitive but that is the -- the mechanism by which they would acquire it.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker.

I guess -- I -- I -- I just throw that caveat there. That would by my concern is that these upfront costs based on the information, just the information we have, are going to be so prohibitive that it's going to create behavior that's not intended, certainly by the proponent and I think the vast majority of -- of folks here. So I -- I just want to raise that flag.

In the legislation that's before us, lines 45 through 49, address the qualifying patient that we're looking to assist. And I -- I think we've, previous speakers have addressed many of these criteria. That a person who is 18 years of age or older, is a resident of Connecticut, diagnosed with a -- a debilitating medical condition, and again, we've also addressed that it's not an individual who is confined to a correctional institution.

Are these the only references in the amendment in terms of what a qualified person is for the purpose of this legislation? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, section 1 of the bill, which is what is being referred to here sets out the definitions of the various terms that have been used throughout this discussion as well that are used throughout the amendment and the definition of qualified -- qualifying patient is exactly as was just -- just set out by the Representative.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker, I appreciate that.

We've had a lot of discussion tonight on the implications of integration of federal law versus state law. Would federal employees who live in Connecticut and reside in Connecticut be included in this definition of qualifying patient? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, they're not precluded under this definition.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

Through you, Mr. Speaker, then would members who are serving under active duty in the military assigned to any one of the recruiting stations, or folks, who are assigned to the Coast Guard Academy, would they be in -- in the proponent's mind, eligible to be considered a qualifying patient, even though inclusion may put them in direct contradiction to federal mandates? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker.

They're not precluded under this bill. They may have other issues that they would need to deal with based upon their status as a federal employee.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

Through you, Mr. Speaker, and I thank the gentleman for that answer.

Would we be including as individuals under qualifying patients, folks who may be serving in our air traffic control facilities who are employees of the FAA? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, they are not precluded. They may have other laws that they need to abide by that would preclude them by virtue of their positions but they're not precluded necessarily from this bill.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker.

We have a special group of folks who right now I believe are actually they were deployed today, folks from the Tactical Control Squadron of Connecticut's Air National Guard Unit, who are, I believe, en route to Afghanistan, as we speak. And these individuals are have a -- a dual reporting, if you will for

military purposes. They are members of the State Air National Guard and Army National Guard and qualify as state employees for some of their benefits, but during times of activation, as they are activated as we speak, they are federal employees. Would these folks be included in terms of the definition as qualifying patients? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, I believe they would apply the way the others do and that they're -- they're not precluded from qualifying.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

Mr. Speaker, I'm very disturbed because we may be putting our Air National Guard folks and Army National Guard folks in a very awkward position, where at one day they are members of the state and they are on the state payroll and at any moment they can be activated under federal orders that can be imminent.

So for purposes of legislative intent, would the proponent agree that they would not be included as qualifying patients? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, if they were under -- if they held such employment and they also were suffering from a debilitating illness as those that are identified here, they are not precluded from qualifying. However, they may have reasons that go beyond this bill that the use of marijuana may not be in their best interest.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker.

And I thank the gentleman for his response.

Excuse me. Going further in lines 551 through 558 of the amendment. There are -- there's an elaboration, in terms of the relationship with employers. And I'm trying to make clear what this relationship is. The section refers to no employer may refuse to hire a person or may discharge, penalize

or threaten an employee solely on the basis of their status as a result of this -- of this amendment.

Would a religious organization be -- would have to adhere to this requirement if the tenets of the religious organization were in direct contrast to this?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, the current laws dealing with the employers would apply. I'm not aware of a religious organization that would -- that its tenets would not would -- would preclude somebody as a result of this but the existing laws would apply.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker.

There are religious organizations that have very strict restrictions that they would put on the -- on the level of care that would be provided to their -- to their members. So I'm envisioning that there may be a situation where this would be applicable.

Would it be possible for someone who -- who is very ill and is participating in a hospice program to be eligible for this program as it's -- as it's described in this amendment? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, if they suffered one of the illnesses that are -- that are outlined or had been approved by the Department of Consumer Protection and if they were then prescribed or -- or given a written certification from a physician then hospice care does not preclude them from this.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker.

I understand the next step, presuming passage of the amendment and the underlying bill, the Department of Consumer Protection will then have responsibility for going forward and developing regulations or requirements, guidelines in terms of how to enact this; is that not correct? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, in certain areas, yes that's correct.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker.

And will those, recognizing that they're in certain areas, will those regulations then come before Regs Review, so that the legislature will have another view of how this is to be enacted? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, yes.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker.

And is it envisioned that potentially Regs Review may be dissatisfied with the regs that are proposed,

potentially, and may request that significant changes are made or somehow instruct the Department of Consumer Protection to reexamine their work? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, that's certainly possible.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker.

And I have another question that just sort of struck me as odd but there may be a thought process here. When we look at several of the lines, it looks like we're treating the dispensary licensees -- licensees a little different than the producers licensees, in terms of the allowable time for the permit to be in place.

In line 267, the dispensers can renew after every two years; and in line 325, we refer to the producers being licensed and being able to renew every five years. And I was just curious, in terms of as this

bill was being developed or as this amendment was being developed what the thought process might be between the disparity between the two? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, the producers are the -- are the entities that are being asked to come up with the upfront down payment and -- whereas the dispensaries are -- are not coming up with that significant payment. So I think that may have some -- something to do with it. It may take longer for the producers to get up and running, which is why they're given the five-year time frame.

DEPUTY SPEAKER ALTOBELLO:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker.

And I do thank the gentleman for his answers to that question and to the other questions.

I am discourage that -- that we're not able to more definitively provide guidance to folks that I believe that we should be in terms of those folks that

are on the state payroll and also on a federal payroll, in terms of making sure that they are excluded. And I'm very concerned that we are putting a unique group of people, who have a dual mission, both at the state level and the federal level, our guardsmen at -- at risk here. In terms of -- of being in compliance, technically, while they're on state duty but being exposed to federal law when they are on federal duty.

So for those reasons, Mr. Speaker, I will be opposing this bill.

Thank you.

DEPUTY SPEAKER ALTOBELLO:

Thank you, sir.

Representative Mikutel of the 45th, you have the floor.

REP. MIKUTEL (45th):

Yes, thank you, Mr. Speaker.

Mr. Speaker, I've given some serious thought to a serious matter before us, and I reached the decision that I cannot bring myself to support the bill before us, and I do so for a number of reasons.

First and foremost is the issue of being in violation of the federal law. As a legislator, I was

sworn to uphold the Constitution and the laws of our state, and I -- I find that I -- I just would be compromising that by voting for a bill that stands in direct violation of the federal law. The violation of our federal law to me is a big stop sign, and I just can't bring myself to go through it.

Another reason why I find that I cannot support the bill is that while I do -- do not believe it is a backdoor -- backdoor legalization of marijuana, I do believe it will lead to greater drug abuse, especially among young people. We're opening a Pandora's box and there are always unforeseen consequences when we do that, and no one here can guarantee what's going to come out of a bill that is written the way it is written.

If we look at the medical conditions for which you can use medical marijuana, it gets to the issue of post traumatic stress and nervous system disorders, which are mental disorders, which are very subjective and, therefore, could lead to great, great abuse in my opinion. So the issue of abuse is out there, and I believe it will certainly lead to greater abuse.

And another issue is I'm worried about the message that we're sending to young people. They're

not going to make the fine distinctions between medical marijuana or recreational use of marijuana. The headline will probably read something like: Legislators Legalize Pot for Some, for some. And the young people are going to say, well, they moved -- it's okay for them why not it's okay for me? Young people don't think exactly the way we think here in this chamber.

Maybe we should think that we're enabling other people to use this marijuana substance, which leads to public safety issues, and we don't hear that much about the public safety issue here. But the more we encourage or allow the use of some kind of drug that leads to a person not being in total control of themselves, leads to further dangers in the workplace, on the road, and many other places.

And lastly, I am not convinced by the medical experts that it does what some medical experts say it does. In fact, I'm concerned about why the Connecticut State Medical Society opposes the bill. And maybe it's because, and there's -- is there this medical proof that medical marijuana actually does what its advocates say it does?

For all those reasons, I will be opposing the bill.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Mikutel.

Representative Shaban of the 135th, you have the floor, sir.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

Through you, if I may, a couple of questions to the proponent of the amendment.

DEPUTY SPEAKER ALTOBELLO:

You surely may, please proceed, sir.

REP. SHABAN (135th):

Thank you, sir.

Through you, Mr. Speaker, I refer the good representative to section 12, which I think in this amendment starts at lines 364. I think in the original bill, this was actually section 12b, I guess the amendment kind of reworded it. Now it's section 12a but my concern and my point, I guess, it really goes to the reading of this and I want to make sure we're reading it right, since this is an amendment.

Section 12 or 12a seems to say that a licensed producer shall not be subject to arrest or prosecution or penalized in any manner, including but not limited to -- and it goes on -- transporting. And down at the bottom -- transporting, distributing marijuana licensed dispensaries under section -- hold on a second I still have the old bill. Nope, I'm looking at 12b, the old bill, excuse me a sec let me switch back to the amendment, I apologize. Still 12a, there it is, that's the one.

No licensed producer or employee of the producer, may sell, deliver, transport, or distribute marijuana to a person who is not a licensed dispensary or to obtain or transport marijuana outside the state in violation of state or federal law.

So, through you, Mr. Speaker, my question is under section 12a, the license that we give to producers under this bill, should it be passed, they're prohibited under this bill from transporting marijuana in violation of other state laws outside the State of Connecticut? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox, Representative Fox, please. Will you have the mic?

Terrific, thank you.

REP. FOX (146th):

Thank you, Mr. Speaker, that is correct.

DEPUTY SPEAKER ALTOBELLO:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

And same connections, same paragraph, same sentence, under this bill or under this section of the bill should it become law, our newly licensed producers of medical marijuana would be prohibited from transporting -- marijuana outside the state if it violates federal law? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, yes, that's correct.

DEPUTY SPEAKER ALTOBELLO:

Representative Shaban.

REP. SHABAN (135th):

So through you, Mr. Speaker, you -- would you agree with me then to pursuant to section 12a that our newly licensed producers of marijuana in the State of Connecticut are not prohibited from transporting

marijuana inside the state even if they do violate federal law? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, the licensed producers may transport marijuana within the State of Connecticut to a licensed dispensary. They cannot transport it anywhere else.

DEPUTY SPEAKER ALTOBELLO:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

Well, I think that sentence speaks for itself, and I think the gentleman nailed it. If it stays in the state because the State of Connecticut is going to issue a license, so you do it inside the state, you're good. You do it outside the state, you violate another state law -- or another federal law, you're in violation of our law or your new licensing requirement. Is that a proper read? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, yes, that will be correct.

DEPUTY SPEAKER ALTOBELLO:

Representative Shaban.

REP. SHABAN (135th):

So through you, Mr. Speaker, would you agree with me then that in essentially section 12a, under the amendment is nullifying federal law within the borders of the State of Connecticut? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, this is -- this bill -- the entire bill is a -- is a state law and what the section does is it states what it -- it addresses what the licensed producers may do under state law, and it says that they may under state law transport marijuana to a licensed distributor. It doesn't nullify federal law. Federal law applies throughout.

DEPUTY SPEAKER ALTOBELLO:

Representative Shaban.

REP. SHABAN (135th):

Well, I thank the gentleman, but I'm not -- I'm not sure that's really what the section says because section says, I think we just went over this is that we're going to -- we're going to abide by or require our license producers of marijuana to abide by federal law and the other 49 but here, in Connecticut, don't worry about it.

So I mean whether it's by negative implication or exclusion and this is a statement obviously, it's not a question, I think the nullification question -- or the nullification issue is -- is apparent on the -- on the face of the section but continuing on in the bill. Down in section 18 -- which I think is line or in this amendment is 569. A couple of questions, if I may?

Through you, Mr. Speaker, section 18, section 18b, line -- line 567, I think I misspoke. The Commissioner of Consumer Protection -- and we've all discussed this, this is who is going to be enforcing this act, the Consumer Protection guys, the guys who do plumbing licenses and contractor licenses, they're the guys who are going to be running this.

The commissioner of Consumer Protection may so far as being consistent with Connecticut law inclusive, adopt regulations under the Federal Control

Substances Act and pertinent regulations existing under the federal food and drug laws and confirm regulations adopted hereunder, under this bill, with those existing under the Federal Control Substances Act and federal food and drug laws.

So my question is through you, Mr. Speaker, am I correct that section 18b of this amendment says that our Consumer Protection guys can adopt regs that may follow federal law? They are not required to follow federal regulation? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, that -- that's correct.

DEPUTY SPEAKER ALTOBELLO:

Representative Shaban.

REP. SHABAN (135th):

I thank the gentleman for his response and -- and I mean here -- here again, on the face of this statute -- and it's more comment now than question -- we're nullifying federal law, have no doubt about it, have no doubt about it. We've already discussed it and you've heard it from it, you've heard from

Representative Becker. You've heard it from all over the floor. This bill, this amendment, it violates federal law on its face, have no doubt about that.

The -- the District Attorney or the -- of the US Attorney for the District of Connecticut has confirmed that. More to the point, though, the -- these two sections explicitly nullify federal law. You've got to follow federal law in the other 49 but not here in Connecticut. We may or may not follow the regs adopted under federal law.

So there is an amendment, I'm not going to offer it now, obviously, because I can't because this is still a strike-all amendment, but I -- I -- once, assuming this goes the way I think it may go. If this amendment is -- the strike-all is adopted, I ask my colleagues to just poke, take a peek at LCO 3426. It's on the system and I'll offer it later. Because what we're doing here and this has been my problem with this bill the whole time, last year, this year, all the committees. It's a bad policy. It followed a bad procedure and it sets a bad precedent.

The policy issue here is just what we were just nailing -- just discussing. You got two different bodies of law we're asking our citizens to follow.

You're okay under Connecticut Law, but you know under federal law, you're on your own. Well, my amendment, which we'll talk about later, will solve that problem. So please take a look at it.

But in terms of the procedure -- I'm sorry -- the process. You've heard it here before, the last folks just spoke about it. Medical marijuana did not go through the -- the process that we, as a people, as -- as Americans, as frankly, as citizens of Connecticut, expect our drugs to go through. Clinical testing, blind studies, reports, analysis, dosage issues, the whole gamut, the whole gamut, which is typically is what's done at the Food and Drug Administration.

We heard a lot of anecdotal evidence at all these public hearings, so they're compelling stories, no doubt about it. I believe, you know, you're not -- I believe the people at their word but they're anecdotes. I mean our own -- our own Medical Society said we're not -- you know, don't do this, this is not medicine. So we're taking -- essentially, what this bill and this amendment is asking us to do as a legal body, as a legislative body, is to make a medical determination. Now, how do we do that? How do we look ourselves in the mirror and look our constituents

in the mirror and says, you know what as a legal body, as a legislative body, we'll figure out what's good for you on the medicinal side of things.

What if something comes up next year for cancer treatment? Are we going to take a run at that? Well, we got some good anecdotes that seem to help some people. Let's take a run at that. Let's pass a law that in the State of Connecticut, nowhere else but in the State of Connecticut Compound XYZ can be used and prescribed by doctors and physicians for the treatment of cancer. Let's take a run at that because that's essentially what we're doing here.

We veiled it better than we have in the past -- past. We're not calling it prescription. We're calling it recommendation. I think is the word but we -- it is what it is, it speaks for itself. So we got -- so now we got bad public policy. We have a bad public process. Now, the way to follow this out and through you, Mr. Speaker, two or three more questions to the gentleman, if I may?

The aftermath, what do we do if this thing passes as presently written? So, through you, Mr. Speaker, if someone who has been prescribed -- and maybe that's not the right word -- who's been recommended to

receive medical marijuana and somehow is injured, whether through too much use, improper use, bad reaction, whatever. Does that -- does that patient have recourse in the courts of law against the folks who prescribed it to them? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through -- through you, Mr. Speaker, I -- I presume that there are potential ramifications for a physician who prescribes medication now. And if they're -- if there's not proper protocols that are followed in order to evaluate the patient and all of that. So I don't want to say that -- that there's no ramifications, but I would assume that it would be similar to what -- what this current situation is with -- with the doctor or physician who prescribes something for a patient.

DEPUTY SPEAKER ALTOBELLO:

Representative Shaban.

REP. SHABAN (135th):

Through you, and frankly, that -- that was my assumption, too. I'm not sure if we really tease this out of Judiciary or any other committee's that we

discussed this in but if is the same ramification and the same legal recourse, i.e., your doctor prescribes you the wrong thing and something bad happened to you, you get to sue your doctor, you get to sue your doctor, medical malpractice.

So, through you, Mr. Speaker, assuming that's the case, who would issue the certificate of merit or the certificate of good faith merit in a case of palliative use of marijuana? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, as the law currently stands, it would be a similar health care provider.

DEPUTY SPEAKER ALTOBELLO:

Representative Shaban.

REP. SHABAN (135th):

And to run at a hypothetical here and maybe jump -- jump a couple of days ahead of ourselves, there's a current bill -- well, let me withdraw the question. I'll deal with it then.

Thank you, Mr. Speaker, I saw your notation.

A similar question, aftermath, we've talked about the law. Let's talk about law enforcement. If the

police go into an apartment and you've got two people sitting at each end of the room, both have a bong. One guy's got a medical bong, the other guy has a nonmedical bong, how are the police -- and the police arrest everybody or -- or they don't. How are the police supposed to discern what's a medical use and what's -- what's contraband? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, the -- the individual who is prescribed or is -- who is receives the written certification for medical marijuana and who is registered with the Department of Consumer Protection would be the one who, I presume, in this scenario would have the ability to use marijuana for medical purposes. The other individual would not.

DEPUTY SPEAKER ALTOBELLO:

Representative Shaban.

REP. SHABAN (135th):

Well, thank you.

And through you, well, let's remove the contraband bong. Law enforcement enters the same room, the same apartment, the same dorm room, there's

a medical bong in the middle, two guys, one's got a prescription quote, unquote, one does not. And this is more rhetorical question I realize that, but how is law enforcement going to enforce this new diversion in the law? And the gentleman doesn't have to answer that because it is a rhetorical question.

I mean that's the problem with this. We've got a policy that is facially invalid or facially (inaudible) of federal law but -- and then what we seemingly have a state policy that's not going to back up our citizens despite that. We have a process or a legislative body, a legal body essentially, is making medical determinations, we're okay with that. And then at the end of the day if this passes as is, we're going to have a body of law that's -- that's almost unenforceable, or if it is enforceable, it's going to create such an issue with law enforcement. You know, it is an affirmative defense, is it an actual defense, it is in the case of the statute, is it a mitigating -- is it a mitigating circumstance, is it under sentencing, who knows?

You know, and then you wrap it all together, if you have a medical marijuana and you're smoking a joint and you're walking from Greenwich to Port

Chester. Well, when you're in Greenwich, we're okay with you, you cross the line in Port Chester, you just violated Connecticut Law and federal law but if you come back, well, you've only violated federal law not Connecticut Law. It is an unworkable rubric.

Though, at the appropriate time, I'll offer the amendment I referenced that I think it may solve some of these problems, but I thank the gentleman for his answers and I thank you for the time.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, sir.

Representative Hetherington of 125th, you have the floor, sir.

REP. HETHERINGTON (125th):

Thank you, Mr. Speaker.

If I may, just a quick question to the proponent?

DEPUTY SPEAKER ALTOBELLO:

You may and I appreciate your brevity, sir.

REP. HETHERINGTON (125th):

Thank you. Okay, thank you.

The -- the bill provides that this use of marijuana is not to take place in an employment situation. I'm looking at lines 551 through 558. And

I'm wondering how -- well, first of all, would that -- would that include the ability of an employer to exclude someone who was not actually using marijuana but was under the influence of marijuana? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, yes.

DEPUTY SPEAKER ALTOBELLO:

Representative Hetherington.

REP. HETHERINGTON (125th):

So what I'm wondering now, through you, Mr. Speaker, is how would an employer could tell? Could an employer conduct a -- for example, a urine sample and -- at the beginning of a workday, collect a urine sample? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, I think the best answer I can provide to that would be the employer would tell the same way they do now, whether somebody

shows up under the influence of marijuana or alcohol or some other substance that impairs their ability.

DEPUTY SPEAKER ALTOBELLO:

Representative Hetherington.

REP. HETHERINGTON (125th):

And that is by observing behavior, behavior and making a conclusion? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, that is how -- I don't want to limit the ways employers determine that their employees are impaired but certainly behavior could be one of the criteria.

DEPUTY SPEAKER ALTOBELLO:

And Representative Hetherington.

REP. HETHERINGTON (125th):

Okay. I thank the proponent.

We -- we have a measure here that -- that has a good deal of support and part of that support or good part of that support is that I think that we all agree that we want to alleviate suffering as much as possible. And if marijuana is effective in that regard then we want to find a way to do it. I

don't think there's really any disagreement in the Chamber that that -- that is a goal we seek in this bill and in a lot of other legislation that we -- we pass, but I think that we're in some sense talking past each other because on one hand we have the very moving tales, very moving appeals on the usefulness of marijuana and -- and why it should be given to people who may be relieved by it. On the other hand, we -- we've got some legal arguments that, at least in my judgment, merit our attention.

I'd like to just start with the premise, that Connecticut, the State of Connecticut, has no obligation to deal with marijuana at all. We have no obligation to make marijuana illegal but we chose to do that. At some point, it was our judgment in this legislature and probably supported by a good measure, in a good measure by our citizens that marijuana posed certain dangers and -- and risks, certain antisocial behavior and that it ought to be dealt with in some extent criminally.

So we developed a whole rubric of law to deal with marijuana. No obligation to do that we just did it because we thought it was a good thing to do as we observed the drug but then we sort of -- the

resolution waned a little bit and then we decided, well, we would decriminalize it in some part, and now we've gotten to a third step where we're not only saying the next step is that we're saying we are going to affirmatively legalize it; that is, we're going to set up a way that people can -- can acquire medical marijuana and use it for their benefit, and we're going to set up a network of producers and dispensers and certifications and fees and -- and -- and whatnot.

The -- the problem is that we have created a problem for ourselves. Having had no obligation to deal with marijuana, at all, we've gone through the stages of making it illegal, making it a little less illegal, and -- and now we want to make it affirmatively available.

So there seems -- I think there's somewhat of a conflict on how we really feel about this drug. I mean, do we really think it's bad, do we want to regulate it? Do we want to prohibit it in some instances? Well, we can't seem to decide really. We can’t seem to decide what our societal attitude is about marijuana, but I -- I -- go through all that because I want to make the point that, you know, we could just legalize marijuana as far as the State's

concerned. Just wipe off the books all of the laws that deal with marijuana and -- and just let people have the freedom to make their own decision about it.

And I have to say, you know, if you really believe in individual freedom and -- and I like to think I do, there's a certain appeal in that but instead of that, instead of just removing the legal restrictions, what we're doing is creating a way to make it available to, as I said, licensed producers, licensed distributors, dispensers, and -- and have a whole rubric of -- of method to acquire it, to get rid of it, to get more, to prescribe it. And in doing that we run into a problem with the federal government because when we want to -- we can choose to criminalize marijuana, federal government didn't ask us to, but if we wanted to get on board with the -- the war on drugs or whatever, we could do it, or we could just say we're not getting involved in that. If the feds want to go after pot, let them do it. But instead of that we now have chosen to -- to set up a way to make it available for use and -- and production and -- and dispensaries, and so forth.

Well, that gets us into a problem with the federal government and -- and the letter, the letter

that was referenced several times earlier from the US Attorney, dated April 23rd of this year, only several days ago, specifically talks about House Bill 5389. So the US Attorney must, you know, watch CTN or something. They know -- they know what we're doing. See they're talking about House Bill 5389, we'll create a licensing -- and I quote, with the indulgence of the Speaker, I will just read this very -- just one or two, three or four lines.

"House Bill 5389 will create a licensing scheme that will appear to permit large scale marijuana cultivation and distribution, which would authorize conduct contrary to federal law and undermine the federal government's efforts to regulate the possession, manufacturing, and traffic controlled substances," so there you go.

The US Attorney for the District of Connecticut has cited this bill by name and pointed out how it will conflict with the federal authority.

A lot of people, I guess -- and you know, I guess, we're all attempted to say, Listen, don't -- that's all lawyer talk about, you know, what federal government, state government. What we really want to do is to help people. You know, we -- we know there's

a need, we know people are suffering and we want to address that. So don't get carried away by these theoretical arguments about federal authority.

Well, I would submit to you that this -- this is not a question to be easily dismissed. This is a big deal. This is a big deal. Because the Constitution of the United States says the federal law is supreme, and it admonishes the state legislators to take oaths to support the Constitution and the Supremacy Clause therein.

Often arguments -- there's always been a good argument when -- when the federal Supremacy Clause has been challenged when state law has been defied. There's -- you know, our argument here or the good argument is, well, we're going to help people. Well, there's always been a good argument, I mean, in the minds of those who advanced it. But we -- we are a federal republic, and we have agreed to abide by the federal -- the federal law. And we can't pick and choose, we can't pick and choose. I mean, I guess the most -- the biggest example is, you know, 150 years ago there was 11 states that got the idea that they weren't going recognize the federal supremacy either. And they finally had to resolve that at Gettysburg.

In any event, we -- this is a big deal because a lot the things that -- that come to us by federal law, they are things that we now value that we think are good. The Civil Rights Act, for example, the Civil Rights Act was a -- an act of federal legislation that was severely resisted in many parts of this country. And the federal government was determined to enforce it, even by troops, if necessary. And I think we'd agree that -- that that's a good thing. The Civil Rights Act is something we cherish in our history as a definite step forward in the development of this nation.

There's -- for those who believe and -- that the Affordable Care Act is a good thing, a progressive thing. Well, you know, not everybody is so enthusiastic about that either. So when you came to the Civil Rights Act, you actually had states trying to nullify the effect of that act by measures they took at the state and local level. And in the case of the Affordable Care Act, this is another example, I mean, you may notice there's a case called State of Florida versus the Department of Health and Human Services. And so if -- if we think carefully about the things that we may admire and value as acts of the

federal government, this is not a dry remote lawyer's argument. This is blood and guts. This is the stuff -- this is the stuff that makes our country what it is and, in some cases, vital to what it is.

So I would submit that we do not go the nullification route. We do not adopt a law that expressly defies the supremacy of the federal government and the legislation of the federal government. Nullification is not unknown in this country, but it's rarely seen outside the Deep South. It rarely has been seen. So we should reflect on that -- what -- just what we're doing here. This is -- this is bigger than this bill, as valuable as this may be to the people who need it, this is bigger than that. The question is bigger than that.

I would -- I would just move to conclude by saying that I originally supported this. I voted for it in Committee when it came up because I was persuaded that there was good sufficient compassionate reason to do it. But frankly, I took an oath, as you did, as a state legislator to support the Constitution, the Supremacy Clause and its accompanying federal law. And I can't -- I cannot renounce that. When I joined the armed forces many

years ago, I took an oath to support this Constitution to the end of life's ability to do it, and I won't renounce that now.

So I would -- I think, by the way, I think we could do a bill that would accomplish our purposes. We could make it possible for people to get this drug. We could do it simply by removing the prohibitions that we have, as I started out by saying because we have no obligation to regulate marijuana. We could selectively or completely remove and let people get -- obtain marijuana and use it, but we would remove those provisions which provide an affront to federal law by creating a means to produce it and dispense it, those very things that the US Attorney for the District of Columbia opposed -- pardon me -- for the District of Connecticut set forth in his letter, those very things. And we can do it, we can allow the people the freedom to get it as they need it, but we don't need to nullify acts of the federal government by doing it. We don't need to join with those states, for example, who defied the Civil Rights Act.

So I would -- I would conclude simply by saying that -- that I feel personally I can no longer support this because I've -- I've thought about it, I've

reflected about it, studied the question. I cannot renounce the oath I've taken to support on several occasions the Constitution of the United States. And also, because I don't think we need to come to that. I think there's another way, and I think if we focused on that we could do it. But I think we ought to reject this bill, and I urge you to do that and this amendment and when it becomes the bill.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Hetherington.

Representative Nicastro of the 79th District, you have the floor.

REP. NICASTRO (79th):

Thank you, Mr. Speaker. Good evening to you, sir.

Mr. Speaker, you know, sitting here listening to this brought back a lot of memories of a few years ago. If you recall, we debated this bill for a lengthy time a couple years ago. That bill that was in front of us a couple years ago, quite frankly and quite honestly, was a travesty compared to this bill. Okay? I mean if you think about it we were asking people to go out by seeds from a dealer, grow plants

in their house, three feet tall, with nobody to watch them, nobody to watch them. And then -- if the federal government went in on it and decided to raid that house, not only could they take the plants, but they could take your house by federal law.

Today we're debating the bill again. Do I have compassion for people who are ill? I have all the compassion in the world. No one wants to see a mother, a father, an uncle, an aunt, a brother, a sister sick. Nobody wants to see anybody in pain, but there's ways to do it. There's the right way and the wrong way. As it's already been said before, and I don't want to be repetitive over it, there's federal law, state law and local law. We're in conflict with the federal law. They know what we're going to do. And who's to say what they might do just to test us. I think we have to think about this very carefully before we act on something like this.

You know, let's think out of the box. Let's really think out of the box. Why can't all of our governors from all 50 states go down Washington DC, meet with people, meet with the President and discuss this issue? If it's such -- it's such a strong issue throughout this country of ours, why can't all our

governors get together, go down there and talk? They have nothing to lose and they have -- we have everything to gain. Because if they took it off the list that says it's prohibited, then we could pass a bill that would stand up tall, would not be a violation of any law and could be helpful to all. This is what we have to think about.

You know, during my tenure as mayor and as a youth officer for 17 years, I saw hundreds of children become addicted to drugs, and it all started off from taking their parents' drugs. There's no protection here for us to stop children. There's none whatsoever. I -- I went to 102 DARE graduations, and I watched 4th and 5th graders play their hearts out, talking about the evils of marijuana, talking about the evils of all forms of drugs and here we are talking about passing a bill that flies in the face of federal government, flies in the face. And the children are saying, Hey, that isn't what you told us. I think we have to think about this sincerely.

You know, a representative before me said it, we took an oath to uphold the law, the federal government and the state and local laws. Well, let's do that. You know, there's better ways that we can handle this.

I say that sincerely. And I'm -- all I want to say in closing, quite frankly and quite honestly, is again, I don't want to see anybody suffer. I watched my mother and father suffer. I watched my mother suffer for the last three years of her life, but she never asked for marijuana nor did she suggest it. I watched my dad suffer, nor did he. They were a different generation. They were the Greatest Generation. Let's do this right. We can do it right. Let's -- let's talk to our governors, let's talk to leading people throughout the country, let them go down, let them discuss this with the powers to be and bring us back something. Why do we have to go out on a limb and risk -- example, when the last bill had that passed? So let's assume somebody went in and they took that -- that the trees -- the plants and they took that person's house. Now they take that person's house, that person can't sue the State, yet, we told them it was okay to go ahead and do it. We're opening up a big can of worms here, and there's a better way to handle this, the right way. Let's do it the right way. I have all the compassion in the world, Mr. Speaker, I don't want to see anybody suffer like I said, but let's do this the right way.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Nicastro.

Representative Thompson from the 13th, you have the floor, sir.

REP. THOMPSON (13th):

Thank you, Mr. Speaker.

In studying the legislation before us, I went back and looked at some of the comments that were made in the Senate. And one of the things that struck me is comments made by Senator Looney. And if I may paraphrase him, "Our citizens who suffer from debilitating medical conditions deserve compassion rather than arrest, court cost, incarceration, probation, criminal records. I believe that research should be done to compare the effects of marijuana relative to other available treatments. This approach might just end to a" -- "or might just lead to a national policy shift."

And we've been talking about the FDA, and I don't believe that we would just ignore the FDA with this legislation. I believe we have representatives in Congress now, two of which were former chairs of the Public Health Committee here in the legislature. So

what Senator Looney was suggesting that this legislation opens the door to us to be more deliberately -- more deliberately work with the federal government and we can do that.

One of the things that hasn't been mentioned -- at least I don't believe it has been mentioned -- but in the -- lines 594 to 600, it mentions, notwithstanding the provisions of subsections (a) to (d), inclusive, of this section, not later than January 1, 2013, the commissioner of Consumer Protection shall submit amendments due -- and it mentions the amendments -- of the regulations of Connecticut state agencies through the standing legislative Regulation Review Committee to reclassify marijuana as a Controlled Substance in Schedule II, under the Connecticut Controls Substance Schedule of Regulations.

And this would track and maintain oversight of the use of marijuana, and it would have to -- it would give it some medical standing, but it would be a lesser one then the -- Regulation I. So that, I think, presents an opportunity to work closely with the federal government in implementing this legislation. And I listen to Dr. Srinivasan and I

listen to him carefully. He mentioned that -- the need to work with the federal government.

I believe what we have here is a framework to open the door to a test, a redo, an investigation, of the real effects of marijuana on various illnesses. We received that when we came in today, a flyer, Barry's Bill, a former lobbyist here, who I recognized, and I think he may have been here today. But he -- he suffers from Parkinson's disease and he relates how difficult that it has been for him over the years and losing -- gradually losing his ability to function normally. One day, a doctor suggested to him that he try smoking marijuana and he did. Well, he doesn't -- he didn't have a miraculous change in his condition, but his condition certainly improved, and he was urging us to vote in support of this legislation.

As a youngster in the thirties -- it's hard for some of you to believe that I go back that far -- but I had diphtheria. And diphtheria was the killer of children in those days. When I had diphtheria, my family told me later that I was prayed for in our church, along with a number of other children. And

that was a pretty common practice, I guess, in those days. There was no cure at that time.

Well, a few years ago as a legislator, I was speaking to a group about healthcare, and I was remarking about the advances made in healthcare. And off the top of my head, I just asked, anybody here have diphtheria when they were a child? Must have been 70 or 80 people, all different ages, but there were a lot of people my age or near my age, not one single person raised their hand. I raised my hand. I was the only one there that evening who had hidden -- been hit by that disease. And I think that in those days scientists, doctors, and all health professionals were jumping through hoops to find a cure or find a vaccine that would protect children, and they did. And that and other diseases have been virtually wiped out across the earth. I remember reading in Siberia some years ago, there was an outbreak of diphtheria, but it hasn't happened here in the United States, and many other advances in science and medicine, and so on.

The other night, we passed a bill which would enable pharmacists in hospitals to correctly administer certain medications to cancer patients.

And the way they would do that is through information technology. They would have a centralized pharmacist who would walk them through the application, actually view them in the hospital while he or she was operating out of a center. And we've heard more and more about that type of expansion of healthcare to many people who otherwise could not afford having the -- an expert in a certain field of medicine that could directly address by observing the patient remotely and make it work.

So I think that this legislation would move us forward. It's not the end of the road. I think we would have to work closely with the federal government and with our administrators and with the healthcare industry. And the testimony that I read, given at the hearing on this bill, was very interesting. There were people who were opposed to it, but many of the people who were opposed to it were caution -- cautionary in saying we ought to move slower. But there are others very well qualified doctors and scientists who were testifying in support of it. And there's no doubt that many people have received benefits from this type of treatment. So we will not be committing to a no turn back piece of legislation.

What we will be doing, I hope, would be moving slowly and working with the healthcare industry, working with the private physicians, working with those people who have not only some of the treatment -- that some of the concerns that we're talking about here tonight with cancer and other diseases. There'd be a -- it would be a part of our healthcare system and the bill already provides, under this legislation, a careful tracking of the use of marijuana through that Level II program.

So I urge that we consider carefully that we continue on this path. It will not be -- it will take quite a while to put it all together, but the framework is there and we ought to move forward. We keep postponing opportunities to expand healthcare and this is one of them, I think, that makes some sense, at least to me, and I hope that we will support it. And with the intention of working slowly and deliberately in implementing it and working with, not only people here in this Chamber, but working with many people in the healthcare industry, which is a growth industry, and it needs all the help it can get. Thank you.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Thompson.

Representative Klarides of the 114th, you have the floor, madam.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

Many of us who have been in this Chamber for at least the last two years, but even longer, have had the opportunity, and I -- and I like to say it was an opportunity to hear many hours of debate and testimony on this bill, particularly, those of us who sit on the Judiciary Committee. And I think that whether you are for it or against it, you can probably make a valid argument both ways. And I think the reason for that is because there are emotions involved. And I say that when I heard Representative Lyddy stand up and talk about his father, I teared up immediately. I can sit there and I can analyze it, use -- put my attorney hat on and sit there and analyze it and have the legal argument and I can do that for hours on end and then you hear one person tell a story and the whole thing kind of goes to the wayside. So I understand everybody's position on it.

I have supported this in the past. There is parts of me that still support it, and there are parts

of me that have very important questions about it. I know this bill is very different than other years. We have seen it before us. Some parts of it good different and some parts of it bad different.

Through you, Mr. Speaker, I have a few questions to the Chairman of the Judiciary Committee.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, madam.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

Mr. Speaker, through you, in section 2, lines 7 and on, we talk about debilitating medical condition. I know that we came to conclude that these are some of the conditions. This is not an exhaustive list. I understand that there will be most likely conditions added in the future. Did we come to the conclusion that this would be the initial list, just based on the testimony we heard? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Thank you, Mr. Speaker.

Through you, I believe it -- section 1, subsection 2, is where the conditions are listed.

Part of it, I would say came through public testimony, also part of it came through from what's worked in other states. The intention was to be fairly conservative in -- in what we allow as we get this program started.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

And through you, some of these conditions that I see in section 1, subsection 2, is there -- did we see any connection between any of them or, I mean, is -- are they a degree of seriousness in their condition by which we thought that the medical marijuana might help them? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, well, there are certainly very serious conditions that are included here, conditions that are -- are life-threatening. Also, though as I said, it also came through some of the areas that have worked in other states.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

In line 14, we -- we send all this -- we put this decision-making in the hands of the Department of Consumer Protection, and forgive me if -- if the gentleman has answered this question before, how did we get to Department of Consumer Protection?

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Thank you, Mr. Speaker.

And through you, the Department of Consumer Protection regulates pharmacies.

DEPUTY SPEAKER ALTOBELLO:

It's not you go out the driveway and take a left?

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

Was there any conversation about having the Department of Public Health actually do this? I understand the connection between pharmacies, but, I mean, one would think that making decisions, medical decisions which obviously none of us, except for my

colleague from Glastonbury might be able to make as a medical doctor, but was there any discussion of -- of possibly having it be Public Health and Consumer Protection? Because I do understand the pharmacy part of it, but the whole Public Health and medical thing doesn't make a lot of sense to me. Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Thank you, Mr. Speaker.

And that's a good question, it's one that I ask myself. It -- when I was -- when I was told that Department of Consumer Protection is the area that regulates pharmacies that -- that also made some sense, but then in order to address the question and the concern, there is the board of physicians that will be established which would assist in making these medical decisions.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

And -- and speaking of that board of physicians, these conditions that we articulate in line 7 through

13, are those conditions, conditions that can only be treated by a physician? I guess what I'm asking is, are there any other types of doctors who could treat those types of conditions, other than a medical doctor who could prescribe drugs? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, the list that's provided is a -- describes some very serious conditions, so I would think that they're all are treatable by a physician. Many people may also obtain additional care, whether it be, you know, physical therapy or chiropractic, which may not fall under the physician definition. So there might be a combination of treatments, but I -- and without knowing specifically, I would say that it would appear to me that all of these would be treated by physicians.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

I have a particular question, actually, in -- in that group about glaucoma. Now, I don't know the

answers, so I'm legitimately asking this question without knowing the answer. If you go to an optometrist, let's say, every year for your eye checkup in the -- can an optometrist diagnosed glaucoma and then would he have to send you to an ophthalmologist? How would -- how does that work? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, I -- I will try to answer as best I can. Glaucoma is a serious condition involving the eyes. It is one that -- where pressure is applied to -- to the eye area, and it is one that is been described as causing significant pain. The ophthalmologist-optometrist question, as it's been explained to me, is one in which they do have different certifications where -- and I want to make sure I'm accurate, because I -- the ophthalmologists are -- would fall under a certain definition of physician that would enable him to write these prescriptions. So that may be the distinction there.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

And that was my understanding, too, that ophthalmologist is an MD and an optometrist is not, and therefore there's prescribing differences between the two. But it is my understanding that an optometrist can prescribe certain types of drugs. I -- you know, I guess I'm not really familiar with -- with this type of thing but on the list of schedule of drugs, if they can prescribe certain kinds of drugs, will they be able to prescribe this after all is said and done? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, with respect to the language of this bill, optometrist would not be able to, because they would not fall under the -- the definition of physician. It is my understanding that they can prescribe certain drugs, however.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

I guess that's the beginning of -- of my concern. I do believe the Representative is correct in that, as I said I'm not familiar with what is in each schedule, but I believe that they can prescribe some Schedule III -- Schedule IV drugs, and this to my understanding will become a schedule II drug. But I guess there's confusion in my mind as to which things can be prescribed and which things cannot be prescribed and the difference between the optometrist and ophthalmologist. And it's not trying to focus on that particular group but that, to me, is one -- is one of the issues we have.

Going forward, if we go down to line 68, when we talk about the qualifying patient's physician. So just to clarify, how would this work? I go to the doctor and I have one of these conditions that's enumerated in this bill, and the doctor either says, we've tried certain drugs and they're not working for you, let's try this, or I don't think trying the drugs that we have already will work so let's try this. Is that generally how it might go? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, yes.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

And as with any medical decision, I guess certain doctors believe in certain things and certain doctors don't, so if they chose -- if the patient chose to, they could doctor shop for this, too? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, that -- that's my experience and understanding is that certain doctors have different opinions regarding certain methods of treatment, and some like to perform surgeries, some like to wait on surgery, some prescribe certain medications, some do not, so I would envision that that could also take place here.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

And through you, once a physician decided he was going to prescribe this for a patient, which clearly is -- would be within his purview if this passes, I know other people have asked this question, but we talk about the amount and the type that can be prescribed, and I know the Chairman had answered a question when somebody else asked, what type -- when what form of the marijuana would be in? And I believe he answered it could be in -- you could put it in food or you could smoke it or we weren't sure. Is that up to the doctor to decide what form the patient gets it in because it's clearly not enumerated in here? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, the Department of Consumer Protection would be able to set regulations with respect to the -- the amount. And the way I -- I see it is that the amount is -- the amount of marijuana that would be prescribed over a month together with the type or the method of -- of ingesting the marijuana are somehow -- somewhat related. I would think -- so I would think the

physician would certainly have a say in -- in the type that's being used, and that's how -- that's how I would envision this working.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

So that's how we would -- the doctor would determine the type being used, but in this bill they talk about the availability of having one month's worth; is that correct?

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, Yes, that's correct.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

So I go to the doctor, he says, this medicine's not working for you, let's try this.

And he gives it to me -- I don't know, he said, Put it in your lasagna, I'm going to give you enough marijuana to put in your lasagna for one month.

And I say, Listen, I love lasagna, I eat lasagna three times a day because I don't really like anything else and I want to eat that lasagna.

So would that mean that he would give me enough marijuana for three times a day for a month for my lasagna? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, there may have to be two trays of lasagna because I'm not sure that that would be -- how it would be intended. I think however it would be utilized through the food, if it was done in that manner, would -- would not necessarily depend upon the patient's favorite foods.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Well, Mr. Speaker, I don't really -- I don't know about that, because in this bill it says that he will give me the amount of usable marijuana reasonably necessary to ensure uninterrupted availability. Now what if I eat lasagna 10 times a day, I have to have lasagna 10 times a day and if I don't have it 10 times

a day, I'm -- I lose 20 pounds and I can't -- I can't function anymore. So to have it uninterrupted for me, I need enough for 10 times a day times 30. Through you.

DEPUTY SPEAKER ALTOBELLO:

I didn't detect a question.

REP. KLARIDES (114th):

Do I get that much marijuana?

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, actually, it is -- it's a good question. It's also a serious one because one of the ones -- one of the reasons that doctors may prescribe this is because their patients have trouble -- have nausea and are -- have difficulty eating, so -- but I don't think the prescription would depend upon the -- excuse me -- the number of times that the patient wants to eat a specific food, and I would expect that the prescription would be -- just like every other prescription where you say, take a tablet, you know, two times a day, or, one in the morning, one in the evening. I would think there would be some

sort of restriction, as well, that the physician would place on the patient.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

The Chairman is correct. Obviously, you know, we can come up with many different scenarios, but it's a very serious issue. My concern here is the language in this bill says, "uninterrupted availability," uninterrupted availability. And as the Chairman mentioned, a lot of people that suffer from these conditions do have nausea and are unable to eat, but I'm -- this makes me think of a friend of my family's who has all sorts of issues. And every time we see her, which is maybe a couple times a year, she's only eating one kind of food. We -- we run into her in November, she's eating cookies. That's all she eats is cookies. Then we run into her in March, she's off the cookies, she's onto the hot dogs. She's only eating one thing because she can't tolerate anything else because of her conditions. So, obviously, if she had a doctor that had to prescribe, somehow some way that doctor would have to work that into her ability

to eat or not eat, and like we said, we don't know because it's not articulated in here whether the person who would be prescribed it, to smoke it or to eat it or whatever else you might do with it. And very concerned about the term "uninterrupted," because if the Chairman was a doctor, he may define that differently than if I were a doctor. And I understand doctors have the ability to have different opinions on everything.

But to me, "uninterrupted availability" leaves the doctors wide open to anything they want. For example, I suffer from Crohn's disease, that's in this bill as an enumerated condition. I know what you're all thinking that I'm going to be home free after this. Okay. But I am very lucky -- knock on wood -- that I haven't had very serious ramifications from it. I know several people that are very sick from it. And I understand it's up to the doctor to make that decision on what kind of treatment each one of us would get. But I could see somebody reading this and saying, uninterrupted availability, that could mean five or six times a day. I could see somebody else saying, maybe that's once a day.

I bring that up, and I don't mean to -- to beat a dead horse here and the Chairman does not need to answer this question, but there's so much subjectivity in this bill. We don't know if you should -- you have to smoke it or you have to eat it or whatever else you do with it. We don't know what uninterrupted is. You know, my colleagues have brought up many other issues going forward with this -- don't sit down yet.

Mr. Speaker, through you, a few more questions to the proponent.

DEPUTY SPEAKER ALTOBELLO:

Yes, ma'am.

REP. KLARIDES (114th):

Mr. Speaker, in lines 85 through 97, I believe, the bill discusses the exceptions of where you can't use -- for better -- for lack of better term -- the marijuana. In lines 86, in a motor bus or school bus or in any other moving vehicle, through you, Mr. Speaker, I mean I would understand that if somebody was smoking a joint and they were driving a car and the cop drove by, that's a clear example of that, but if somebody is sitting in their car smoking for an hour. That's okay under this bill? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, it does say "a moving vehicle," so I would presume that to mean that the vehicle is in operation.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

And if a police officer happened upon somebody in their car smoking pot, I would -- sitting in their car, I would assume he would have -- he or she would have to go up to that person and ask them and then they would present them with a letter or the license or whatever it is the person would get through this to show the police officer that he or she was legally doing this.

But my next question is, is it now the police officer's responsibility to sit there and wait to see if that person is going to drive off in that car for however long that takes? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, no. I don't know that it's the police officer's responsibility to -- to sit there and wait after they determine that the individual is -- is authorized to -- they may ask the question, you know, where are you going from here? And -- but beyond that, I'm not sure that it's their -- it would depend upon what the explanation is of the -- of the patient.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

And I thank -- I thank him for that answer but, clearly, I would imagine that if a police officer were there and the man or the woman gave him the license or registration saying he is legally allowed in the State of Connecticut to smoke marijuana for this purpose, it would be reasonable -- unless the person said I'm sitting in my car and then I'm going in my house, which, you know, I guess the police officer would make that determination based on his or her experience, but I would think that police officer may have to sit there and figure out, is he or she going to drive off in this car now after he's been smoking marijuana.

Mr. Speaker, in line -- lines 88 and 89, another exception we have is in the presence of a person under the age of 18. And we define "presence" by saying that it is within the direct line of sight of the palliative use of marijuana or exposure to secondhand marijuana smoke. Direct line of sight, is there a distance involved with that? I mean is that from me to you? Is that from me to somebody up there? Is that -- if I stand out here and I look all the way up, I can see outside the -- the Senate Democrats Caucus Room, would that be direct line of sight? And if somebody -- assuming this wasn't a public building, of course, because I understand we have the public building exception, would that be considered line of sight for me? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Thank you, Mr. Speaker.

And through you, the way I would interpret that is to mean that it is intended that any -- that those who use medical marijuana would not do so within the site of someone under the 18 and they would take precautions to make sure that that's not the case. So

I don't -- there is no specific distance that's set out, but that is how -- how it's read.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

I apologize. I didn't clearly give the example of my scenario -- assuming I was under 18, which would be a nice assumption.

REP. FOX (146th):

I assumed that.

REP. KLARIDES (114th):

But, you know, I mean, I thank you for your answer and I -- that is how I would answer that question also, but the problem is once again, we're assuming, like there's another assumption we're making, assuming that it's someone with a -- a closer line of vision or if -- if I can see all the way up there, that -- I mean to me that would be my line of vision. And -- and whose job is it? Is it the police officer's job to enforce that?

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, well, it would be the responsibility of the individual who has the certificate that enables them to -- to use medical marijuana on the one hand, that they make sure that they under -- that they not take their medication in violation of any of these provisions here. A violation of these provisions here would be something that would be enforced by the police.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

One last section I would like to -- to ask the Chairman a few questions about, in line 547 to 550, the bill addresses the landlord-tenant scenario, and it says that no landlord may refuse to rent a dwelling unit to a person or take action against a tenant solely on the basis of such person's or tenant's status as a qualifying patient or primary caregiver.

So is it correct for me to read that in saying that if I'm a landlord and somebody comes to -- want to rent one of my units, if he or she tells me that they are a qualifying patient or primary caregiver,

for that reason alone, I cannot deny him rent.

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Thank you, Mr. Speaker.

Through you, yes, that's correct.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

And I -- I agree with that because certainly now whether -- let's take this bill off the table for a second. If somebody comes to rent my apartment and they have a certain illness, I can't say, I'm not going to rent to you because you have an illness. So I understand that, but let's just take that a step further. So Joe Smith rents the apartment from me and he's in his apartment and he, once a day or three times a day or five times a day -- we don't know how many times -- but he's smoking his medical marijuana.

Now, we all know that there is almost no place that's air proof and that marijuana is now going to go through, say, windows or under doors or somewhere in

the common areas and end up in somebody else's apartment. Say somebody -- the next-door neighbor now complains. Is that a regular cause of action? Is that a cause of action to the tenant or to the landlord or how would that work? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you -- excuse me -- Mr. Speaker, I mean -- I -- would have probably likely envision that most -- in most circumstances the marijuana would not -- or many circumstances at least -- the marijuana would not be smoked in the traditional sense that would allow for the smoke to travel in that manner. I would say it's also unlikely that, just as somebody, you know, can smoke cigarettes or -- or do -- or smoke cigars which certainly have -- have a smell, there's -- however, rarely would go beyond the confines of the -- of the residents. But I don't know that it would be as big a problem as imagined.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

And in that point I have to respectfully disagree with the Chairman of the Judiciary Committee. I mean, many of us who are nonsmokers have many friends of us, ours, who are smokers and we've all been in rooms or places where smoke clearly, especially in an apartment building, can go into the common areas and all the way around, and any of you who are nonsmokers know, you can smell smoke a mile away, even if it's a little bit of smoke, so I would have to disagree with -- with that particular answer.

But let's just work on the assumption that the next-door neighbor smells the smoke. Would that fit into the criteria of the exceptions wherein if somebody is taking in the secondhand smoke that person would not be allowed to smoke in the vicinity? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

Representative Fox, I think you're live.

REP. FOX (146th):

Well, I am on now. Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you.

REP. FOX (146th):

I mean the definition of "presence" as it's set out in the bill, does say, "exposure to secondhand smoke." So if it was, in fact, exposure to secondhand smoke, then that could perhaps fall under that section.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

So if the neighbor smelled the smoke and they went and they would complain to -- I mean, my question is would it be -- would it be basic landlord-tenant law, as we know it now separate from this bill, or because we put in this bill, no landlord may refuse to rent a dwelling, does that somehow affect the basic premise of our landlord-tenant law in the state of Connecticut?

Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Thank you -- excuse me -- Mr. Speaker, I don't think it should impact our basic landlord-tenant law as we know it.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Through you, Mr. Speaker, but if a tenant came and complained to me and I'm the landlord saying, listen, I'm smelling some sort of smoke, I don't know what it is, I think it's pot, I don't really know what it is and it's -- you know, I let it go the first couple times, but I smell it every single day and I can't live like this.

Would I, as the landlord, be able to say something to the tenant who is smoking the pot, or would I not be able to because of this section of the bill? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, given the scenario that was stated, I think the landlord could talk to the tenant.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

And I thank the Chairman for his answers. This is not an easy thing. But evidenced by the fact that almost every question I asked or my colleagues asked -- and this is in no way criticism of Representative Fox because he's only answering the question based on what the bill says -- we're hearing a lot of, "I think" or "it would be" or "it probably would be" or "I think that it would be" or -- go on and on.

And the reason why is because we, although, are trying very hard to construct legislation that helps people who are in need, we do know a couple of things. Number one, it is highly controverted in the medical community, the people that really know this stuff, not us, but for my colleague to my right, whether medical marijuana actually helps a lot of these conditions or other conditions. That's our first problem. We don't know if it's really helping.

Number two, each and every one of us knows somebody who has had one of these terrible illnesses and has suffered. So we feel it emotionally. We want to help them. Forget being legislators. As human beings, we want to help them. So, A, we don't know if this really helps or doesn't, it may help some people, it may not help other people, we don't know if it helps.

B, emotionally, as humans, we want to help these people. So we end up year after year writing bills that end up with a lot of, "I think" or "probably so" or "it may be" or "I'm not sure."

This breaks my heart, every year we do this, because we hear stories from Representative Lyddy, we hear stories from friends of ours and family members who have suffered and we want to help, but running around in circles and writing legislation that doesn't necessarily help -- but besides the fact is breaking a federal law, is not really what we do here, and it's not what we do best. That's why we have a lot of "I think" or "probably" or "maybe" or "I'm not sure." That's why. Because we're not able to write a law that works. Is there a possibility we could? I mean, I think we put our heads to it, we probably do anything we want. But when you start out with a law that's federally illegal and you try and walk, you know, go in every backdoor and figure out how we're going to make it work, we end up with the hodgepodge. And we end up with something that we have no idea -- we don't know how we're going -- what they're going to -- they're going to smoke it, they're going to eat it, they're going to do whatever they're going to do with

it. We don't know how much they're going to give because as long as they have an unlimited use of it for a month, we're good.

Mr. Speaker, I thank the Chairman for his answers. I know this is a difficult debate for all of us, and everybody who wants to do what's best, but I'm really not sure if this is the way we get there.

Thank you.

DEPUTY SPEAKER ALTOBELLO:

Thank you, madam.

From the Bedding Capital of Connecticut, Representative Adinolfi of the 103rd, you have the floor, sir.

REP. ADINOLFI (103rd):

Thank you, Mr. Speaker. I'm going to be brief.

Through you, I have three questions for the proponent of the bill.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, sir.

REP. ADINOLFI (103rd):

Thank you.

DEPUTY SPEAKER ARESIMOWICZ:

One moment, please.

Representative Fox, are you ready? I know someone spilled a tray of lasagna or something over here that was -- is that cleaned up sufficiently so you can --

REP. ADINOLFI (103rd):

Can the issuer of the user's written certification be subject to arrest and federal prosecution? Through you, Mr. Speaker.

Deputy Speaker Aresimowicz in the Chair.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Fox.

REP. FOX (146th):

The question is can the issue of the -- the user -- in what manner? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Adinolfi.

REP. ADINOLFI (103rd):

Well, I understand in order for a user to use this, he has to get written certification with the Department of Consumer Protection, as an example, and if the federal government decides to enforce the law, which they have done in some other states, can the

issuer of that written certification be the individual that's subject to federal prosecution? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, the -- the answer to any question dealing with the federal laws is that this bill doesn't do anything to -- the federal laws would still exist and still be potentially enforced.

REP. ADINOLFI (103rd):

Mr. Speaker, we knowingly, in this room, have put forth a bill that we know violates federal law, and we could be subject to federal prosecution. The question I'm asking, through you, Mr. Speaker, who is the individual that will be prosecuted if the federal law decides to go through with this? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Fox.

REP. FOX (146th):

Thank you -- thank you, Mr. Speaker.

And I -- what I'm -- would try to do is look at past examples of who has been prosecuted by the

federal government in the other 16 states that do have this law, and there's really -- nobody has been -- or there's been limited prosecutions just based upon those who have totally violated the standard that has been set up by their state. So I suppose what I would -- the best way to answer that would be to -- potentially, it would be those entities spelled out in the letter that was sent by the US Attorney.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Adinolfi.

REP. ADINOLFI (103rd):

Thank you, Representative, for the -- I realize that in there and that was my specific question. I mean, they were very general. In my opinion, Mr. Speaker, I believe, reading through that and looking at past cases that we received literature in, that it's very, very possible that the issuer of the -- of the written certification from the Department of Consumer Protection could be arrested. My understanding is that the pharmacist could be arrested, the physician could be subject to arrest and prosecution.

Now, right now, maybe they're not, you know, diligently enforcing the law, but you never know it

can happen a month from now and two months from now unless the federal law changes, and we are subject to that. We, here, in this room are supporting the bill that defies the federal laws, and that's wrong. We shouldn't even be discussing this bill.

And, Mr. Speaker, I'm not going to go on and on this because we all know that we're doing the wrong thing in violating the law. So based on two reasons, I -- two major reasons. I have many reasons but two major reasons why I'm not going to support this amendment is based on my own personal experiences and family. The use of medical marijuana can hide symptoms that might need medical attention and could be successfully treated. By not recognizing the need for medical treatment could lead to premature death as it happened in my family.

And the second reason, is the fact, I would be violating my oath of office by not obeying federal laws and for that reasons, I cannot support this amendment.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Thank you very much, sir.

Will you remark further on the amendment?

Representative Candelora of the 86th, you have the floor, sir.

REP. CANDELORA (86th):

Thank you, Mr. Speaker.

Mr. Speaker, if I might a question of the proponent of the amendment?

DEPUTY SPEAKER ARESIMOWICZ:

Please proceed, sir.

REP. CANDELORA (86th):

Thank you, Mr. Speaker.

My questions are focused on lines 594 through 600. And the language here requires that the commissioner, shall submit amendments reclassifying marijuana as a Controlled Substance in section 2 -- or excuse me, Schedule II.

Could the good gentleman, tell me what -- what the significance of that would be? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Fox.

REP. FOX (146th):

Thank you, Mr. Speaker.

And through you, currently, marijuana is classified as a Schedule I and what this would do

would by shifting it to a Schedule II, it would enable it to be prescribed or -- or written certifications to be issued. Schedule I, well, I don't have the exhaustive list, includes those illegal drugs where marijuana, currently is classified together with other drugs that are considered illegal.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker.

And -- and through you. so by reclassifying marijuana in total and out of the context of medical use, are there any implications for it no longer being a controlled substance under these regulations as it pertains to our criminal laws? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, our criminal laws are remaining the same. The implication is that it would enable the written certifications to be issued by physicians.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker.

And the language here requires the commissioner to submit amendments to the Regulation Review Committee and I was just wondering, typically when we see a department or a commissioner are required to promulgate regulations, there's usually language in statute that says the commissioner or the department shall adopt regulations. Yet, this particular provision has language merely requiring them to submit amendments. Is there a reason for that particular language? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, I don't think so, I think the intention is for them to -- to submit amendments to the existing regulations so that they can be adopted and followed as regulations.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker.

So if we were to maybe have an amendment to require the commissioner to adopt regulations, would that -- would the proponent be agreeable to that? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, I suppose the answer is possibly. It's -- I'm not sure that it's required because the regulations already exist. So it's -- we're not creating new regulations. We're just amending existing regulations, but I -- I can state that by not -- it's necessary in order to implement this program for them to submit amendments and then to adopt the new regulation -- the amended regulation so that marijuana would be classified as a Schedule II.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker.

And I appreciate that, I understand the need for that and so I guess if there was language that the Commissioner shall amend the regulations to

reclassify marijuana as a controlled substance that might be acceptable? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, I think, I mean -- as I know the Representative is aware that the commissioners submit the regulations or submit proposed regulations or amendments to existing regulations, and then it's up to our Legislative Regulation Review Committee to pass them. So what the -- I mean, there's no attempt here to try to get around the Legislative Review Committee or Regulations Review Committee adopting these amended regulations, that certainly is the intent, and I think that's -- that's what it says here.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker.

And I -- I don't suggest that -- that there's any attempt to get around that process. I -- I guess I'm just curious -- I'm curious to the language because, typically, when we see -- when we ask a department to

amend regulations to comport with law we -- we say that. And I have not seen anywhere in statute or any bill that's been proposed that we have language stating that the commissioner shall submit amendments to the Regulations Review Committee.

And frankly, I don't know if that has any legal effect. But my one concern is in reading this section that we are, essentially, I mean, this is the big rug here. Is we are asking the commission to violate federal law because federal law classifies marijuana as a Schedule I drug.

So the act of changing marijuana to a Schedule II drug would make us out of compliance with federal law and would appear to be in -- in violation of federal law. And I don't think we can be less restrictive in a classification. We certainly could be more restrictive. So in making marijuana less restrictive, we are going to be in violation.

And my concern is as a member of the Regulations Review Committee, the -- the way this language is written, the commissioner merely needs to submit the regulations, but it's the Reg Review Committee that will be taking the vote. And -- and I guess I'm concerned here of at what point are we in violation of

federal law, and who are we asking to violate that federal law? Is it the commissioner that's going to violate the federal law, or is it the act of the Legislative Regulation Review Committee when they take that vote, are they going to be the body that's going to be violating federal law?

And I guess, as a member of the Regulations Review Committee, I don't like this language. I am concerned about it. And I think that we probably should make it more clear that it's the commissioner's responsibility to actually submit the regulations and -- and see if this bill, in and of itself, withstands constitutional scrutiny as opposed to merely requiring them to submit the amendment and then having the Regulations Review Committee taking that act of violating federal law.

And so, I guess, that certainly is my concern. I think it probably would be better for this Chamber if we're going to do this we should do it right and do it up front now so it can be challenged now. And then the Legislative Branch stands, as a whole, under scrutiny, but as I read this language the way it's written, it's going to be the Regulations Review Committee that's going to go under this kind of

scrutiny. So I would be hopeful that we could take a look at that issue maybe later on tonight and fix that.

I'm not going to belabor with any further questions, I don't believe, on the underlying bill.

When the bill started out we -- we heard talk about it's getting better, it's more restricted, I think we can be okay with it, it's a lot different from two years ago. And I was hopeful of that because you know certainly there's a compassion issue that we're trying to address here today, but I am concerned with many different provisions in this bill.

You know, in particular, in lines 65 through 66, we have language here that a qualifying patient shall not be denied any right or privilege, including but not limited to. So these individuals are going to be essentially, a protected class. I'm not sure what rights and privileges they're going to assert and that's denied from their use of medical marijuana.

I'm appreciative of the language that attempts to protect the employer because I do think there's an important interest here whether you be in manufacturing, involved in public safety, interacting with school children. You want to make sure that --

that individuals are not on any drugs while they're performing their duties. It's a risk, but I don't think this bill went far enough to balance that. And we see broad sweeping language in here, not just affording these individuals the right to use medical marijuana, but we're affording them the right to assert all sorts of claims that we don't even contemplate. And I'm not sure that was the original intent when this bill set out.

When I first heard about it, it was about allowing individuals to be able to use medical marijuana in the treatment of some debilitating illness. But what we're doing here today is creating a whole other class that can assert lawsuits against landlords, against employers, against neighbors, against classmates, under the guise of using medical marijuana.

Does it become a sword? I don't think so but it certainly is going to become a shield, and yet, again, it's going to be problematic in the workforce, in the residential facilities. I -- I would hate to be a landlord in an apartment complex. It's going to try to address the issue where a neighbor is smoking medical marijuana next to a family of four with small

children. You know, is that person going to be charged with you know, risk of injury? Is there sufficient smoke billowing out into the neighbor's apartment next door to constitute that type of criminal violation? Is the landlord going to be able to come in and address the issue?

And again, time and again, we continue to see bills passed through here, and we hoist additional burdens onto the private sector.

In this economy, we continue to see our volatile revenues fluctuate. These are the types of bills that employers are going to look at and say, Do I want to move to Connecticut? This is another cost of doing business. You know, as a manufacturer who -- we operate heavy equipment that could kill somebody in an instant if they're distracted. I struggle with now if there is an individual taking the medical marijuana at what point are they sober to be able to come in and operate a machine? And there -- there really isn't a way to discern that, and I guess they're protected under this bill to keep their job if they're smoking pot off the premises, but how do you make that now, a requirement that they be sober when they show up for work? And is the employer, now, going to have to be

testing the individual or, you know, I guess similar to concussions where we have that software program. I guess an employer could get that software program and have the employee maybe check their dexterity before they're operating the equipment. And it sounds, well, it's remote possibly but -- but it is it's another cost of doing business. It's another thing that we're going to have to look at.

I'm also concerned with the provisions of -- of having these select individuals, who has some sort of expertise in agriculture growing this. I don't know how we keep this land secure from theft. The reality is that this drug is illegal. Certainly, we've grayed the areas of Connecticut, but in other state's it clearly is an illegal drug and it can be a valuable commodity. I know in California when they passed this law, they've had difficulty with controlling the cultivators of marijuana. And this drug has been shipped out of state because -- because there was so much of a supply in California, it became more lucrative for these crop growers to start shipping it to other states.

And so that -- that is another reality and -- and granted these individuals are going to be regulated,

but I don't know how we control these -- these individuals from theft, from this drug going across the borders or going within the borders for illicit purposes. And I'm not sure there's any sufficient safeguards in the bill to address that.

In particular, it concerns me, I guess or -- or, you know, it disturbs me a little bit that we do have a healthcare board that's going to look at the health implications going forward but -- but there's nothing here regarding public safety. There's no member of any body, any chief of police or state attorney's office or nobody involved in this bill that would serve on this very same board that could maybe weigh in on how we're going to make this distribution safer. And I think that is an area that we're going to grapple with and struggle with. Certainly, if I was qualified to grow this, I would think twice about being able to, just giving the illicit nature of it. And -- and how we are going to be subjecting our communities to a risk if they are grown in those communities.

And I think, you know, from a municipal perspective, they better think long and hard to what extent we're going to have this in these communities.

It's similar to Mohegan Sun when the casinos were built. We saw some real social implications in those regions and, you know, we've had some bills as of late, discussing off-track betting and Keno and things of that nature. And it's no surprise that the members of the southeast corner of the state are the most concerned about those bills and, typically, speak out against them and vote against them because they've been directly, adversely impacted by the casinos in Connecticut, even though, it's been a great source of revenue and jobs.

And so that's a reality, and I don't think this bill took that into consideration for the municipalities that may have these, you know, these crop growers in their communities and what they're going to have to grapple with. So I -- I think we're going to have to revisit that in the very near future, but I guess just getting back to my first point in conclusion.

I really don't like that last section in the way it's worded. I -- I think that we're getting too cute by half with this piece of legislation. We've done great mental gymnastics to get away from federal law and to avoid any implication, I think, of -- of a

Constitutional violation on its face with that language through 594 through 600. I think had that bill -- that piece of legislation, I suspect been written the way we always draft our bills when we're asking a department to amend regulations, my guess is that this bill would not pass constitutional muster and would raise red flags with our LCO Office.

And I'm concerned that what we've done with this language is we've punted that question now further down the road to our Regulation Review Committee. As a member of that committee, I don't think it's appropriate. I think that the wording should be drafted clearly so that answer -- that question can be answered in this process. And instead, we have a vague bill analysis that raises the issue of the federal implications but doesn't squarely weigh in on it because we've -- we've punted that question to Regulations Review, and I find that very disturbing.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative.

From the 132nd District, Representative Kupchick, you have the floor, madam.

REP. KUPCHICK (132nd):

Thank you, Mr. Speaker.

While many have spoken this evening about this being there second or third time having this discussion, this is my first time. And I have to say I thought about it before I was elected what I might do if this bill came up while I was in office. And I thought to myself, well, I'd probably vote for it because, you know, people are sick and they really need it and who am I to stand in the way of someone's ability to have a -- have relief.

I just want to say, though, for the record, I have not made a decision yet. I'm going back and forth and I'm really conflicted about this whole issue. When Representative Becker spoke earlier, it really had a serious impact on my thought process about this when he talked about violating the Constitution and our -- our taking an oath to defend the Constitution so that does concern me. But, on the other hand, I wonder about states' rights and our ability to have our own set of rights, but if they're in direct conflict with the federal law, that's where it gets confusing.

Some may say, well, you know, the federal government had some pretty silly laws. We look at

them now. I mean we didn't allow African Americans to vote, we didn't allow interracial marriages. It was actually against the law, federally. So maybe not all federal laws are really the right thing but, again, in the letter from the Justice Department, it clearly says that they will seize people's property. They will arrest individuals who grow or use marijuana regardless of what the State of Connecticut's law is on medical marijuana.

So what do we do? Do we pass the law and say, well, we want people to have the opportunity to use medical marijuana when they're sick. And in Connecticut, we say, yes, you can use medical marijuana and we're going to allow our Department of Consumer Protection to be engaged in an activity that could very well cause them to break federal law, and we can also put people in jeopardy of being arrested.

So that's where I'm really confused about what we -- what we should do here or what we can do. And I do have a question for the proponent of the bill.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, Madam.

REP. KUPCHICK (132nd):

Thank you, Mr. Speaker.

Through you, Mr. Speaker. In the last page of the letter from the US Attorney, he does -- and like I just mentioned earlier, he does say very clearly that federal money laundering and related statutes that prohibit financial activity involving the movement of drug proceeds may likewise be utilized. The government may also pursue civil injunctions in the forfeiture of drug proceeds, property traceable to such proceeds and property used to facilitate -- facilitate drug violations.

Through you, Mr. Speaker, to the proponent of the bill, what are your thoughts about what the impact is or what the US Attorney has written in regards to this law? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Thank you, Mr. Speaker.

And through you, the US Attorney does state out their powers under the -- under federal law, and that's what our -- are recited here and they're not relinquishing any of those powers.

It's similar to what was said back in June, when the Deputy Attorney General submitted correspondence

to a number of US attorneys who are also asking the same question and since the letter came out in June, no one has been prevented from administering their state law.

And in fact, one state that had been holding out used that letter as a means by which they -- the governor felt comfortable enough, based on his experience, working as a US attorney that they could proceed with their state law.

So the federal government or the US attorney has not relinquished any of their powers and that's -- that's what this letter says. The letter, also, says earlier on the first page that pursuing these individuals is not a priority given their limited resources.

DEPUTY SPEAKER ALTOBELLO:

Representative Kupchick.

REP. KUPCHICK (132nd):

Thank you, Mr. Speaker.

Through you, Mr. Speaker, while the letter says that it is not their first priority -- and I believe that they're being accurate when they say that -- they're saying very clearly in the letter that they will go after those who are breaking the federal law. So when we are going to be asking small pharmacies and

people to grow marijuana and even people who need the marijuana who are ill to put themselves in a situation where they could be -- lose everything they have, lose their property, be arrested, lose their license if they're a pharmacist. So while they're saying it's not a priority, they do clearly say that they will come after people.

What will Connecticut do to protect those people? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, the individuals who are -- the entities that are set out, whether it be the -- the patient, the caregiver, the dispensaries, all of the entities that are set out are exempt from prosecution under state law, under the bill.

DEPUTY SPEAKER ALTOBELLO:

Representative Kupchick.

REP. KUPCHICK (132nd):

Okay. Well, I'm not sure. I'm still really -- I'm really struggling even -- I've been listening to this debate for I think what is this for six or seven hours.

You know, I don't want Connecticut to end up like California. We've all seen these stories on the news. There's a dispensary on every corner, and people are getting marijuana for, you know, for a hangnail. And it's -- it's really it's -- it's atrocious the way that state has allowed that law to take over, and so I don't want our state to be that way.

I also I do want to give people the opportunity to -- to have something that they need to make them feel better. I worry very seriously about Representative Becker's comments about us violating the Constitution. I think we should all be concerned about it. I 'm concerned about it. So I'm going to still think -- I'm going to think, and I'm going to listen to more debate and hope that I'll be able to arrive at a decision that's in the best interest of the people of Connecticut.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Madam.

From the 122nd District, Representative Miller, Larry Miller, you have the floor.

REP. MILLER (122nd):

Thank you, Mr. Speaker, and good evening.

DEPUTY SPEAKER ALTOBELLO:

Good evening, sir.

REP. MILLER (122nd):

I guess California was mentioned. And, well, let me say this, first of all, there's a movement to get marijuana, pot, legalized by a lot of people. George Soros has spent $15 million to provide campaigns to try persuade people that pot is not bad. Michael Moore -- there's a bunch of people that are trying to get this movement started in the United States.

California is probably the -- the biggest state in the country. They use one -- what is it? One half pot sold or used is in California. You can buy a cookie on the street for $10 bucks because it has pot in it. They put it in everything. They probably put it in raviolis for -- for all I know. I know Themis said lasagna. But they probably put it in their raviolis, as well.

Mendocino County, I guess, 60 percent of their economy is due to drugs in California. There was a illegal drug operation in -- way in the hills in California where the drug cartels of Mexico were sending in the money, and the -- the police raided it. And there was a $500,000 generator that was taken care

of all of their electricity needs for those glow lights to grow the marijuana. And they left that behind along with about two or three miles of hoses that would bring water to the facility. This is in the middle of nowhere, and I guess they -- they were growing plants there to sell in California.

In Oakland County, they collected $300,000 in sales tax since they legalized marijuana there, and they also collected $600,000 in property taxes from these drug outfits. And many of these drug stores, supposedly, are nothing more than fronts for the drug cartels that are from Mexico selling other kinds of drugs there, as well.

There was a guy in California. He was making $50 million a year bringing drugs in from Columbia, brought them into Mexico. And they hired fishing boat captains, who weren't making any money in California. They hired them and gave them some substantial money to go to South America at some ports -- or in Mexico in some ports to pick up the marijuana and then brought them in through the -- under the Golden Gate Bridge. Right under the noses of the authorities, and they got away with it for about eight years before they finally got caught. And this guy was making $50

million, sending his money off shore to the Cayman Islands, like most of them do.

It costs the state -- the country $10 billion to enforce the drug laws, especially, with marijuana. And we have 853,000 people who are arrested. It's -- we have the best medical professions here in the United States, the best doctors, the best hospitals, the best drugs, and there's always drugs that'll take care of most things that are affecting people. I know everybody's playing on the emotions of -- of us to pass this because people are suffering. Well, there are people that are suffering, and there's a lot of drugs that can help them.

I -- I hate to say it, but I was under a little cloud there for awhile and there were drugs I took that took care of me if I had any problems in -- with nausea or anything like that the nurses would come by and ask me which drug worked the best and that was the end of that. I didn't take it -- I didn't ask for a cigarette but in California, though, pot is hot, plain and simple, pot is hot. They make a lot of money on it, and they liked to get everybody to smoke it so they can collect big bucks.

In Denver, Colorado, doctors you can go get an -- a exam for under $50 and you get a pot card. If you tell them you got a bad neck or something like that, they'll give you a pot card, and there's 90,000 people in Colorado that have pot cards. And, you know, you just go into the doctor and give them an excuse, like if he's been treating you for 10 years and he's never had a problem with anything that he couldn't handle, now you go to him and tell him you have a bad back and you need to smoke pot, he'll give you the prescription and he's going to make a lot of money. Just like that guy in Connecticut that Doctor Goodfellow, who was giving codeine prescriptions out like a peanuts. He was making a ton of money, and that's what happens with these doctors.

You know, follow the money because that's what going to happen, just like in California. It's a runaway horse and they're going to have a difficult time trying to bring it back into the barn.

There are just too many drugs out there that work, and I cannot see why we have to have a law, which is against the federal government's laws in the State of Connecticut. It's just beyond me why if

somebody has Crohn's disease, they have to have a smoking marijuana to make them feel better? I know a lot of people who have Crohn's Disease and that's not something that's will really help them. Their diet will help them.

So I would advise the Chamber not to vote for this bill. You know, we've -- we've done some awful things this year and I -- to pass a bill legalizing marijuana, you know, we're just like California. We're going to end up with a big fiasco.

I have a question for the proponent of the amendment.

DEPUTY SPEAKER ALTOBELLO:

Please, proceed, sir.

REP. MILLER (122nd):

Thank you, Mr. Speaker.

And through you, our housing authorities, we always have trouble with drug addicts at housing authorities and when they're living with seniors and, quite often, they have drug dealers coming in there. In the case of medical marijuana, the town being the landlord, is it permissible for this person to live in the housing authority property if he's using medical marijuana? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, yes, I believe it would be.

DEPUTY SPEAKER ALTOBELLO:

Representative Miller.

REP. MILLER (122nd):

And the fact, through you, Mr. Speaker, and the fact that we're getting money from the federal government subsidizing some of our costs, would that preclude this particular person from living there because of the fact he's going to be using medical marijuana, which the government does not approve of? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, it would depend upon what law, in fact, was -- was being relied upon, but I -- I'm not aware of the -- of that being a preclusion on a lease so I would presume that the state law would apply.

DEPUTY SPEAKER ALTOBELLO:

Representative Miller.

REP. MILLER (122nd):

And through you, Mr. Speaker.

And if this person were a trouble maker, in a sense, and the Housing Authority had the numbers -- a number of complaints, could they force him out of there because of those complaints? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, provided they were complaints that justified eviction, then, yes. There's nothing in this bill that would change that.

DEPUTY SPEAKER ALTOBELLO:

Representative Miller.

REP. MILLER (122nd):

Thank you.

Well, that's all I have. I probably would go on a little bit longer, but I've had it with this stuff. Pot is pot, pot is hot. Please don't vote for this thing. Don't make Connecticut another California.

Thank you.

DEPUTY SPEAKER ALTOBELLO:

Thank you, sir.

From the 51st District, Representative Rovero, you have the floor, sir.

REP. ROVERO (51st):

Thank you, Mr. Speaker.

Before I ask the question to the proponent of the bill, I'd like to make a statement. And that is I've heard so much this evening about pot, marijuana, joints, and so forth, that I think even at my age and before it's too late, that I should go out and try this wonderful drug, either with or without a doctor's script.

With that said, my question to the proponent of the bill is -- I'm not going right away, though. We know that this is illegal, as far as the federal government is concerned, and my question is that if a pharmacist, who has gone to school for about six years to get her license, says, I will not dispense this drug because I don't want to lose my license. And I know it's against the federal law.

And the boss, her employer says, Yes, you will or else I'll fire you.

And she gets fired. Is there anything in this bill to protect that person?

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, this -- this is provided through dispensaries. Only a licensed pharmacist can -- can be eligible for a dispensary. However, there's nothing to prevent a licensed pharmacist from working in a pharmacy in the bill. Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Rovero

REP. ROVERO (51st):

Through you, Mr. Speaker.

My question was, though, that if the employer says, that if you don't dispense this drug, dispense this drug, you will be fired and she says, I can't do it because I don't want to lose my license that I've worked so hard for. Are we going to give her any protection?

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, it's only the dispensaries that would be providing the -- that would

be providing the marijuana through the written certifications. So if a licensed pharmacist does not want to run a dispensary, they -- they don't have to and I would expect that they would not. Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Rovero

REP. ROVERO (51st):

Thank you.

I have to say that if we think that by us dispensing marijuana through a doctor's office or a drug store or at any other place is going to be the cure all and the safe way to dispense marijuana, I would like to just quote something that I read in the Worcester Telegram on April 17th, about prescription drugs.

"Overdoses of prescription drugs are now the leading cause of premature death in the United States. It's outpacing automobile accidents, gunshot wounds, and so forth. In Massachusetts, alone, there are two people a day dying from the overdose of prescription drugs."

The paper also quoted a 50-year-old former prescription drug user that now works in a rehab center. And this person explained how he knew how to

right a prescription for his drugs before he even knew how to write out a check.

You know, I -- I'm not against anybody feeling better. I am very familiar with members of my family receiving marijuana and the after effects of it, but it scares me that are we opening up Pandora's box in thinking that this is only going to be sold through prescriptions. And it's not going to be like all the other drugs that are sold through prescription but are causing so many deaths.

Thank you very much for your time.

DEPUTY SPEAKER ALTOBELLO:

Thank you, sir.

From the Elm City, Representative Candelaria of the 95th, you have the floor.

REP. CANDELARIA (95th):

Thank you, Mr. Speaker.

Mr. Speaker, through you, a couple of questions to the proponent of the amendment.

DEPUTY SPEAKER ALTOBELLO:

Please, proceed, sir.

REP. CANDELARIA (95th):

Thank you, Mr. Speaker.

A couple of questions in regards to the producers. The producers will hire employees to cultivate the medical marijuana. What recourses is that employer, because they'll eventually be employed, if I'm, through you, Mr. Speaker, if this is correct, what measures would the producer have to control that employees or those assisting in the cultivation does not sell marijuana outside of the facility where it's being produced? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, well, they would need to have a -- a controlled facility. Also if employees were to sell marijuana outside of the -- the parameters of this bill, they would be subject to criminal prosecution.

DEPUTY SPEAKER ALTOBELLO:

Representative Candelaria.

REP. CANDELARIA (95th):

And through you, Mr. Speaker, how or what state agency would monitor -- how many plants are being grown in this facility? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Thank you, Mr. Speaker.

And through you, that would be determined through regulations proposed by the Department of Consumer Protection, the size of the facility.

DEPUTY SPEAKER ALTOBELLO:

Representative Candelaria.

REP. CANDELARIA (95th):

And through you, Mr. Speaker, so they'll go and they will make the decision of deciding how much can be grown and also will monitor that that specific amount? Actually the amount that's being grown is contained within that facility and nothing additional extra is being grown and sold separately by employees or the producers through anybody else that might be interested in purchasing on the streets? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, definitely, no.

DEPUTY SPEAKER ALTOBELLO:

Representative Candelaria.

REP. CANDELARIA (95th):

Through you, Mr. Speaker, another question, if I'm prescribed by a physician the palliative marijuana because I suffer from an illness -- for this particular case, I'll say cancer. I go through chemo and after two or three years, I'm in remission and the doctor decides not to renew my prescription. Now, at this particular point, I will be addicted to the medical marijuana. Would the State or who would pay for rehabilitation? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, the Representative is correct in that if the doctor does not prescribe marijuana as medication then they could not obtain marijuana as medication, whether or not they would then be addicted is a question more for their -- between the doctor and the patient on how they would -- would resolve that.

With respect to treatment, if treatment was required, they would undergo treatment the same way that individuals do now.

DEPUTY SPEAKER ALTOBELLO:

Representative Candelaria.

REP. CANDELARIA (95th):

Through you, Mr. Speaker, if any cost associated with treatment assuming that I don't have medical insurance, would the State cover that cost?

Through you, Mr. Speaker, and I'm assuming from fees collected for the palliative marijuana, administrative account, funds are being deposited there. Can those funds be used to provide treatment? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, no, they would not be used for that.

DEPUTY SPEAKER ALTOBELLO:

Representative Candelaria.

REP. CANDELARIA (95th):

Through you, Mr. Speaker, another question. How would the cost would be determined that the patient will pay for the medical marijuana? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

There will be a -- excuse me -- a range of costs, a range of the costs that will be approved by regulations that are submitted by the commissioner of Consumer Protection.

DEPUTY SPEAKER ALTOBELLO:

Representative Candelaria.

REP. CANDELARIA (95th):

And how would he arrive at -- at that cost? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, they would make a determination the way they make determinations on other costs, I would -- it would be based upon several items, I would presume, including whether the board of physicians -- and I'm not sure that they would be -- be experts in the costs -- but it would be through the cost of actually creating, cultivating, administering, all -- and then getting the medical marijuana to the various dispensaries would then determine a reasonable cost.

DEPUTY SPEAKER ALTOBELLO:

Representative Candelaria.

REP. CANDELARIA (95th):

Through you, Mr. Speaker, so, basically, we will look at other states that have passed similar legislation and base it on those states to determine a cost for our dispensaries? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, I don't think I mentioned other states, but that also may provide a guideline. Except I should say that the way we're doing it is much more regulated than -- than many other states, but there may be some states that we can look to for guidelines.

DEPUTY SPEAKER ALTOBELLO:

Representative Candelaria.

REP. CANDELARIA (95th):

Through you, Mr. Speaker, so -- so in my determination in understanding this, we would try to, as well, compete with those who are selling marijuana illegally, taking that into consideration. And the reason for me asking this question is if there's going to be -- if we pass this bill today and we associate a

cost that is an incremental cost that is higher than what the street value of marijuana is, would that patient be more inclined to go on the street and purchase it because they cannot afford the prescribed marijuana because of the cost being so high?

So, again, through you, Mr. Speaker, my question is can we -- is there a way of arriving what would be the feasible cost so people can afford to buy this prescription? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, the cost will be determined by the Department of Consumer Protection. And the example that's given should individuals choose to not go to a dispensary but instead go to the street to find their marijuana or to purchase their marijuana, they would then be subject to arrest, whereas if they follow this procedure, they would not be.

DEPUTY SPEAKER ALTOBELLO:

Representative Candelaria.

REP. CANDELARIA (95th):

Through you, Mr. Speaker, I thank the gentleman for his answer.

My concern is that people will be forced, if the cost is not comparable to whatever -- whatever the cost is out there, which I really don't know, but that's something that I'm concerned with.

Although, I support this bill 100 percent, I'm not a physician to determine or a patient that's suffering of an illness outlined in this bill, but I have heard compelling cases and testimony from people that have used medicinal marijuana and have seen improvements in their eating habits in the way they feel. So that's why I support the bill.

Now, one last question and this question is in regards to, again, the producers. In the bill, it states that there is a licensing fee to produce a $25,000. Now, can an individual acquire more than one license? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, it should be just one.

DEPUTY SPEAKER ALTOBELLO:

Representative Candelaria.

REP. CANDELARIA (95th):

Through you, Mr. Speaker, can he repeat the answer.

REP. FOX (146th):

I'm sorry. It should be just one.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, it should be just one.

DEPUTY SPEAKER ALTOBELLO:

Representative Candelaria.

REP. CANDELARIA (95th):

Through you, Mr. Speaker, in the same section of the bill it talks about that the Department of Consumer Protection may require a $2 million to be held in -- in an account, through you, Mr. Speaker, what that $2 million does guarantee? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you -- excuse me, through you, Mr. Speaker, that would be there to support their viability as a producer and their ability to provide

the service that they're claiming that they can provide.

DEPUTY SPEAKER ALTOBELLO:

Representative Candelaria.

REP. CANDELARIA (95th):

Thank you, Mr. Speaker.

And one last question, through you, Mr. Speaker, I guess that in passing this bill we will be going into the business of producing marijuana. To make it equitable to minorities, if a minority who's interested in producing marijuana cannot afford the $25,000 fee is there a way around reducing that specific fee so that they can -- can compete in getting a license? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, I believe the language is up to $25,000, and so that I don't know that the fee has to be $25,000. Beyond that, I don't know if there's any ways for someone to pay less than that or less than the others would be required to pay. Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Candelaria.

REP. CANDELARIA (95th):

Through you, Mr. Speaker, I thank the gentleman for his answers.

I'm just concerned that Connecticut being so diverse the way it is that this new venture that we're entering is a venture that everybody affords the opportunity to participate and that is the process that is equitable. Although a lot people might think this is funny, but we have to take into consideration those dynamics.

So no more questions. I thank the gentleman for his answers. I support the bill wholeheartedly, completely, and I hope that everyone in this Chamber supports this bill.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, sir.

Of the 104th District, in the valley, Representative Gentile.

REP. GENTILE (104th):

Good evening, Mr. Speaker, and thank you.

Mr. Speaker, I rise this evening to speak from my heart, which is full of compassion for patients and

their families and caregivers. I'd like to state for the record that I applaud and commend the Judiciary Committee's work on this bill. I am comfortable with this bill being a much better version than previous ones that have been debated in this Chamber.

And with that, I would just like to say that sometimes events or circumstances happen in our life that change you forever. For example, September 11th was a life-altering event for all of us in this Chamber. Well, I can say from experience that helplessly watching a love one slip away from you is absolutely and unequivocally a life-altering event, as well.

And I can tell you that my life changed forever in 2001. In May of that year, immediately after Mother's Day, I lost my sister-in-law to pancreatic cancer, 42 years old, leaving behind a ten-year-old son and five-year-old son. Three months later, in August, I lost my mother to lung and brain cancer. In eight months, I watched two people die and I watched them suffer horribly. And I can tell you that during that time I would have done anything, if it were possible, to relieve their pain and suffering.

Now, helplessly watching a loved one suffer is something no one should go through. The anguish that you feel is indescribable and beyond words. During these times or times like this, you really do just want to do anything you can to relieve their pain and suffering.

So for this reason, I rise in strong support of this legislation. Admittedly, with my heart, and not with my head, but let us show compassion for patients and their families and their caregivers. Let us do what we can to lighten their burden in these very, very difficult times and lessen their pain and suffering.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Madam.

From the 2nd District, Representative Carter, you have the floor.

REP. CARTER (2nd):

Good evening, Mr. Speaker. Thank you very much.

DEPUTY SPEAKER ALTOBELLO:

Good evening, sir. You're welcome.

REP. CARTER (2nd):

A few questions, through you, to the proponent of the amendment, please.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, sir.

REP. CARTER (2nd):

Thank you, Mr. Speaker.

Through you, Mr. Speaker. As we -- as we came and developed this bill -- excuse me -- this amendment, who determined exactly which diseases we were going to treat or which debilitating medical conditions we were going to treat? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Thank you, Mr. Speaker.

It's -- it was bill, you know originated in the Judiciary Committee. There was review of other states and lists and reviewing the -- the laws that they had passed and what illnesses have found to be effective. It was through public hearings, not only this year but the past years. I can say that the -- the list of illnesses was intended to be somewhat conservative.

There are states that do add -- that do call for much more.

I know that there's been talk of California and it's -- and I understand -- my understanding that their law includes, such things as anxiety. I think certain types of maybe strain or pain to your back, things like that. It's really not the intention here for us to include illnesses such as those. So it was intended to be to go along the more serious illnesses.

DEPUTY SPEAKER ALTOBELLO:

Representative Carter.

REP. CARTER (2nd):

Thank you, Mr. Speaker.

Now, through you, Mr. Speaker, I guess I could ask to the best of your knowledge was there any independent verification by a medical professional in Connecticut to look at some of these diseases to see if there were peer reviewed articles that actually substantiated, including those in Connecticut's legislation? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

I don't know specifically off the top of my head. I'm certain that some of these would have -- perhaps most of these would have that type of analysis. I'm not sure that either from Connecticut or they're from other states. Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Carter.

REP. CARTER (2nd):

Thank you very much, Mr. Speaker.

And through you, Mr. Speaker, I know we've debated in this -- in this session about the Prescription Drug Monitoring Program. Through you, Mr. Speaker, is it possible that this will -- marijuana will be now added to the Prescription Drug Monitoring Program? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, the Prescription Drug Monitoring Program is not one that's come through the Judiciary Committee. However, I would -- just based upon the -- what I do know about it, I don't believe it would.

DEPUTY SPEAKER ALTOBELLO:

Representative Carter.

REP. CARTER (2nd):

Thank you, Mr. Speaker.

You know this -- this actually creates a -- a very interesting dilemma. I've had the opportunity to speak with a lot of people across the state who manage pain medicine. And one of their biggest concerns as we move through this process of looking at legalizing medical marijuana is the fact that they try very hard to keep their patients off of marijuana. And the main tool that they rely on is the Prescription Drug Monitoring Program, which I believe during this session we voted on in this Chamber to extend that program and give greater latitude to the State to put more people -- I should say to put more products in that program.

I think the problem I have here with medical marijuana is the fact that everything I've seen so far, it's not even a prescription. So it's going to be fulfilled at a dispensary not even a pharmacy so there's really no way for anybody who's doing a legitimate pain medicine to know they have a patient who has a prescription -- or excuse me, a recommendation for medical marijuana. And that

creates a very unique situation because these patients are followed up and drug tested to make sure that they're -- they're -- they're not seeking medicines elsewhere.

Through you, Mr. Speaker, another question to the proponent of the amendment.

DEPUTY SPEAKER ALTOBELLO:

Please proceed.

REP. CARTER (2nd):

I noticed that in this, through you, Mr. Speaker there were going to be dispensaries created but to the -- it looks like the licensing fees are going to be just enough to cover the costs? Is that the way I understand this? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker. I have -- I will ask that question -- or answer that question, but I would also just like to respond to the previous question because I've had a chance to confer with the Chair of Public Health. And that may fall -- the prescription Drug or the Prescription Certification Program that was referenced earlier may actually fall on under

this. So it maybe something that would fall under this. So I just want to correct my -- my earlier response.

With respect to the costs that's involved, it is the intention that it would be -- this program would be cost neutral. It would not cost the State. Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Carter.

REP. CARTER (2nd):

Thank you, Mr. Speaker.

And when I read that it kind of prompted another question in my mind. You know, obviously, in the state right now, we regulate those who are tobacco manufacturers. In fact, we -- we charge them a greater fee to be in existence.

Through you, Mr. Speaker, to the proponent of the amendment. At any time, did we look at classifying these dispensaries as tobacco manufacturers? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, I did not. I don't know if anyone else did.

DEPUTY SPEAKER ALTOBELLO:

Representative Carter.

REP. CARTER (2nd):

Okay. Thank you very much, Mr. Speaker.

And my -- my thanks to the -- the good answers from the proponent of the amendment.

DEPUTY SPEAKER ALTOBELLO:

Thank you, sir.

Representative Davis of the 57th, you have the floor, sir.

REP. DAVIS (57th):

Thank you, Mr. Speaker.

I just have a few brief questions for the proponent of the amendment if I can.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, sir.

REP. DAVIS (57th):

Thank you, Mr. Speaker.

And through you to the Chairman of the Judiciary Committee, under -- under the law that we may pass here if this amendment gets passed and then actually

becomes the bill, can the insurance companies pay for the marijuana? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, as was rep -- excuse me -- represented earlier, there is a -- a section that says there's no requirement to offer insurance coverage pursuant to this bill.

DEPUTY SPEAKER ALTOBELLO:

Representative Davis.

REP. DAVIS (57th):

Thank you, Mr. Speaker.

I believe I did hear that earlier, I just wanted to -- to -- to make sure.

And under the bill -- or under this amendment -- sorry -- is a patient able to possess marijuana not purchased from a dispensary? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, the method of purchase would be to register with the Department of Consumer

Protection, and the ones who would issue the marijuana are those who are registered as dispensaries. Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Davis.

REP. DAVIS (57th):

Thank you, Mr. Speaker.

So under the bill, the patient themselves could be held under civil or criminal penalty if they do, in fact, do possess marijuana not purchased through a dispensary? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, the method of acquiring it would be through the dispensary. So presuming that that's the way they would acquire it and presuming that they had the proper written certification, they would be exempt from any prosecution -- state prosecution.

DEPUTY SPEAKER ALTOBELLO:

Representative Davis.

REP. DAVIS (57th):

Thank you, Mr. Speaker.

And through you, do they have to prove where the marijuana was purchased if, in fact, caught by law enforcement in possession of the marijuana? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, I don't know if they would be asked that, but the police could certainly ask them where they -- where they got it if they chose to.

DEPUTY SPEAKER ALTOBELLO:

Representative Davis.

REP. DAVIS (57th):

Thank you, Mr. Speaker.

And under this amendment, is there any regulations that would specifically be put in place to identify the marijuana purchased from a dispensary rather than marijuana purchased outside of a dispensary? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, the Department of Consumer Protection could certainly enact regulations that would -- that could do so, but I should point out also just to make it clear that there would be a prescription -- or excuse me -- a written certification that a physician would provide to this patient and the patient would have to have -- would not be able to simply accumulate additional amounts over the course of a number of months. If you remember, we did have a discussion regarding the limitation of a prescription would be for that one month 30-day period.

DEPUTY SPEAKER ALTOBELLO:

Representative Davis.

REP. DAVIS (57th):

Thank you, Mr. Speaker.

So under this amendment and, through you, if a patient were to possess marijuana less than the month's equivalent, however that is decided from the Department of Consumer Protection, what that one month amount of marijuana is, if they were able possess that, does that does that marijuana have to be purchased through a dispensary? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, they -- they get the written certification for a specific amount for their -- from their physician. They would then take that to the dispensary in order to have that prescription filled, and the only one who could fill that written certification would be the dispensary, which would be run by a licensed pharmacist.

DEPUTY SPEAKER ALTOBELLO:

Representative Davis.

REP. DAVIS (57th):

Thank you, Mr. Speaker.

And I think that would be the end of my questions for the kind gentleman from Stanford, and I appreciate his answers.

Mr. Speaker, I think my discussion with the Judiciary Committee Chairman exposed, perhaps, a -- a flaw within the bill or a loophole, if you will. In that under section 2 of the bill, it specifically states that the patients themselves cannot be held criminally or civilly liable for the palliative use of marijuana.

Now, later on in the bill in section 3, I believe it is, it discusses how the primary caregiver can only purchase the marijuana through a dispensary. But in section 2 of the bill when it discusses the patient's role, it does not clearly state that the patient has to purchase the marijuana through a dispensary.

There's a critical difference there. Now, if these dispensaries are going to run by licensed pharmacists, licensed pharmacists recognize that under federal law they would be violating the law by operating these dispensaries, we can only assume that maybe there wouldn't be that many dispensaries available here in the State of Connecticut, maybe a handful. Now, within that handful, they would be able to price control the marijuana because the insurance companies wouldn't have a role in purchasing it. So most of the patients would be purchasing this marijuana or the primary caregivers would be purchasing this marijuana out of pocket.

So just for -- for example sake, we'll say that the marijuana going to cost $100 to purchase one month's supply of marijuana. What you would end up having is an illegal drug dealer offering that same marijuana for $75. Now, under this bill, it may be

illegal for them to purchase the marijuana but when actually arrested or -- or detained by law enforcement in possession, as long as they have a certification under this amendment, they would not be held criminally or civilly liable because there is no way to identify where that marijuana was purchased from. Thus, they would be protected from possessing the marijuana and being criminally or civilly liable for possession of that marijuana, whether they purchased it from an illegal drug dealer or if they purchased it from a dispensary that's licensed by the State of Connecticut.

And I think that's an important thing to -- to recognize because we specifically state that primary caregivers can only purchase the marijuana from dispensaries. And list a lot of rules and regulations as to how they can purchase it, but we don't specifically say whether the patient has to actually purchase the marijuana through a dispensary. Instead we say, well, you can purchase it anywhere you want as long as when you get caught you have this certification from the Department of Consumer Protection and it's written off by a doctor saying that it's necessary for you to use.

And I think it's an important thing to point out in this amendment that that is going to be the case here within the State of Connecticut unless changes are made.

And -- and I must say that, you know, I -- I understand the argument for the need of medical marijuana. I'm very concerned about the -- the well-being of those that are in the most critical situations of their health and why it may be important for us to have medical marijuana but as was eloquently discussed by the Representative from West Hartford and the Ranking Member of the Judiciary Committee and the Representative from Redding, I mean we're running into a situation where there's going to be a lot of issues with the federal government, where the constitutionality of us implementing our own food and drug laws in comparison to their superseding laws.

And for that reason, Mr. Speaker, I will not be able to support this amendment and the underlying bill if it does, in fact, pass.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative.

Representative Perillo of the 113th, you have the floor.

REP. PERILLO (113th):

Mr. Speaker, thank you very much.

I've -- I've gone back and forth in this bill quite a bit, but there's one concept that keeps coming to my mind. Here in the United States, there is one agency that is permitted to approve the use and validate the use of pharmaceuticals, that's the Food and Drug Administration. They do that only after extensive research, trials, and it takes quite a long time to do that to ensure that the drugs we're administering are safe for use. But not only does the FDA determine what's safe, they determine what those pharmaceuticals are indicated for, what they can be used for and that has worked well and that has been the interest of safety for patients, and quite frankly, in the interest of risk aversion for physicians and prescribers.

I know -- I know we don't use the word "prescribe" in this bill, and I know that's by design but that's essentially what we're doing. We're giving medical providers the right to prescribe medical marijuana for palliative uses, but we're doing more

than that. We're playing the role of the Food and Drug Administration. We're actually stating what medical marijuana can be used for, what it is indicated for. We've listed MS, we've listed cancer, among other things. We, a very, very nonscientific body, with no research in front of us, without the benefit of clinical trials, without the benefit of study after study. We're making that determination. In this case today, 151 individuals only one of whom has any medical training at the level that is required here. We're making that decision. And for those of us who've been around for a long time and many have been here much longer than me, we don't always get it right. We don't always get it right.

The FDA makes decisions about toxic chemicals and whether or not they can be used to treat patients with specific illnesses. Things like that are not our job, and I'm very concerned about the precedent that it sets. And Representative Shaban said it before. He asked the question somewhat rhetorically, he said What's next?

We state here today that marijuana can be used to treat MS, cancer, additional things. What's next? What's the next thing that we say is okay; that hasn't

had a clinical trial; that hasn't had the benefit of studies; that hasn't had the benefit of research and the years and years of rigorous review. This is the precedent that we set today by supporting this bill, we're giving this legislature the right to make scientific studies without the benefit of research. And I have a problem with that. I'm very concerned about that.

This is a concept I've supported in the past, but the license that we're giving this legislature, the decisions we're putting in our hands today just aren't appropriate. They're just not right and they're just not safe. They're not safe for patients, and I think we need to consider that in the precedents that we set when we cast our vote. I think it's very, very important.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative.

Representative Bacchiochi

REP. BACCHIOCHI (52nd):

Good evening, Mr. Speaker.

SPEAKER DONOVAN:

Good evening, Madam.

REP. BACCHIOCHI (52nd):

I think tonight's debate has been so enlightening for me because I truly see us as a citizen legislature, unlike I've ever seen before in previous debates. We have fantastic attorneys who spoke with such clarity about the -- the legalities of the bill, and they brought to my attention points because I'm not an attorney that I wasn't able to see.

We're very fortunate, especially on this side of the aisle, to actually have a medical doctor stand up and talk about the medical position behind medical marijuana. We didn't have that opportunity in previous debates.

We have truant officers and expulsion officers that bring their firsthand experience to this Chamber and talk about what they've seen outside of the Chamber in their other professions. And we have many people like me, who don't fall into any of those categories but fall into a category as one of the other representatives had said, fall into the category of a caregiver. And as such, I realize that this is not a perfect bill but then, again, I'm of the opinion that very few of the bills that we pass through this legislature are perfect bills. But I do think we

always strive as a legislature to pass the most perfect bill that we possibly can.

And I do believe after having reviewed so many medical marijuana bills, not just in the State of Connecticut but in other states, this is an excellent bill. It's a little different. And it is a little out of the box, but it is an excellent medical marijuana bill.

For many years and for those who have been here for the past ten years, you've heard numerous debates here on the floor of the House on medical marijuana. And we're not California, and we're not Colorado. We're Connecticut. And we've heard the debates about we don't want people to grow their own marijuana in their house. I can hear the debate ringing in my ear, what, we're going to let Johnny or Tommy grow marijuana in their house, how big is the plant going to be, how many leaves are going to fall on the floor? So what we did is we took that out of the bill. We're no longer asking patients to grow marijuana in their home, and we provided a controlled secured system to address how one person would actually obtain medical marijuana.

I think it was in 2004 or 2007, I've lost track. We heard so many times the question of how are going to get the first seed? I mean it was like a joke, in my little medical marijuana discussions, it was always how are we going to get the first seed. We don't have to talk about that anymore because this bill addresses that problem. A patient doesn't have to worry about getting a first seed. Under this bill, a patient with doctor's certification will be able to go to a secure facility and obtain the necessary amount of marijuana that a doctor has determined is necessary for them.

We've often heard people say that they're very concerned about the content and quality of the marijuana. I share many of the concerns that have been brought up over the years and that was an especially important concern when you think, well, geez, maybe some of that marijuana is going to be stronger that what they anticipated will be, and this bill addresses that concern. We now have -- we are going to have producers with an expertise in this matter and dispensaries that are going to be licensed by a licensed pharmacist.

All of the arguments that took place over the last ten years have been addressed in the bill that is before us.

Over the last four or five hours, I've listened to every word that was stated. And I can tell you there's a lot of valid points being made, but let's not lose fact -- lose sight of the fact that this is a very stringent bill, and I believe the most stringent bill that, if passed, will be the most stringent in the United States. And I think it could move on to be model legislation for other states to follow.

Let's take a look at some of the rules that will be applied to the medical marijuana patient and the system that we're putting forward. The patient will have to have a certification by a doctor. And that doctor must make a determination, based on their area of expertise, that no other prescription medication would solve the problem that the patient seeking medical marijuana could use; that this would be sort of a last resort and a doctor would make that determination and a certificate would be prescribed -- be given to that patient would not be indefinite. We've had that question come up in the years past. It would be for a term or for a period of one year, at

which time the patient would need, again, to see a doctor to make sure that the marijuana is still the most advisable course of action for that patient.

Patients must be adults. Now I know that it almost sounds like, well, of course, they have to be adults. And I'll tell you, some states do allow people under the age of 18 years old to use marijuana, but the State of Connecticut would be making a policy decision that this would be for adults.

There was some discussion earlier about inmates under the -- incarcerated within the State of Connecticut with the DOC would not be able to use it, and I believe one of my colleagues felt that, perhaps, because we are concerned about fraud. I don't see it that way at all. I think that is because we have regulations in place with this bill that an inmate would not be able to comply with. There would not be a location for an inmate where he could use marijuana, if it were being smoked that other inmates would not inhale or a guard would not inhale. So I believe that piece about the inmate is simply because the inmate could not follow the regulations being set forward.

There was also great discussion about the amount of medical marijuana and who would make that decision.

One very strong point about this bill is the Department of Consumer Protection will be setting up a medical board made up of medical doctors, who will make a decision about what a one month supply will be and how much marijuana an individual patient needs during a one-month period.

I do not claim to have the expertise, the knowledge, the background in any such way to make that decision. Those decisions that should always be made by trained medical professionals and that's what this bill does.

This bill, unlike bills in the past and unlike bills in other states, only allows for one caregiver per medical marijuana patient with one small exception and that would be if the patients were related, two siblings or some situation where there's a family relationship but in most cases, it would be one caregiver for one patient.

One of the highlights, I think of this bill is it takes out the home growing piece that so many of us had problems with in years past.

Additionally, the bill is very strict on the framework about where marijuana can be used. It could not be used on a motor bus or school bus. It cannot

be used in the workplace. And my interpretation of the language in the amendment is stating that if you own -- if you are a business and you have an employee, you cannot discriminate against that employee because they hold that medical marijuana card, but you can absolutely hold them to the same standards that you hold all employees to, which would mean there's absolutely no excuse to come to work under the influence of drugs. And I think that's clear in the bill and has been addressed in the bill.

You also would not be able to use medical marijuana on any school grounds, either public or private, or in the presence of a person under the age of 18, in the line of sight or if secondhand smoke would affect anybody else in the -- in the near vicinity. That would mean you're breaking the regulation if you do any of those things.

Additionally, if a person were to fraudulently -- fraudulently try to use their medical marijuana status, it becomes to -- to get out of something that they shouldn't -- there are laws in place and rules and regulations in place that they would be penalized.

Additionally, you'd have to be a Connecticut resident to have a certificate to use medical

marijuana and the dispensaries could not dispense to anyone who is not a Connecticut resident.

The -- the concept that seems to have brought so much agita to this Chamber has been the idea of producers and dispensaries. And I believe the producers and the dispensaries offer the protections that the Connecticut residents want us to offer so that we can provide medical marijuana. The producers would be limited to a maximum of ten producers in the State of Connecticut, and it could be significantly less if were determined we didn't need that many to meet the needs of Connecticut citizens. The production would have to take place in a secure location.

We would have to -- we would be charging a nonrefundable application fee of $25,000 so a person would have to be very serious about what they were going to be doing here in the State of Connecticut to put up a nonrefundable application fee of $25,000. And these licenses would be renewed every five years. And the producers would only be selling the product to the dispensary and the dispensary would only be providing the product to patients who had a certification from a doctor.

The bill also outlines specific rules and regulations for the dispensary. The doctors cannot have a financial interest that we would have very strict siting regulations and only a licensed pharmacist could hold a license for the dispensary. This idea -- the genesis of this idea is from years of debating in this chamber that we wanted a pharmacist, we wanted pharmacy supervision of medical marijuana. This is what the people said they wanted, and this is what this bill provides.

There are workforce protections, as I mentioned, that is a valid concern. And the bill specifically states that an employee cannot attend a work -- attend work under the influence of any drug.

I understand the very significant, important and valid concerns that were brought up about the policy of the State of Connecticut, but I think, for me, it boiled down to two arguments that are very strong arguments. The first being, what is the message that this sends to children? I, like every single person in this chamber, would never want to be part of a bill that sends a message to children that drug use is acceptable, and I firmly believe that medical marijuana is not a message that is sent to children

that drug use is acceptable. And for every report that someone will tell you exists that proves it is, there's another one that says this is not the gateway drug. This is not what's going to send children down the path to drug destruction.

There is that issue and then there is the ongoing issue that we debated tonight about the conflict with federal law. I can't speak to the conflict of the federal law. I'm not an attorney, and I don't think I have the expertise to make that determination, but we have currently 16 states in this country that have this law. I would guess that means at least 50 million people are living with medical marijuana laws, and they are working. There are very few documented instances of the federal government going into a state and making an arrest in a state that has an effective medical marijuana law. And the few times it has happened, in places like California and Colorado, the rules and the regulations for those medical marijuana laws are nothing at all like what's in front of you tonight here in the State of Connecticut.

For me, it really boils down to the risks versus the benefits. And tonight I feel properly, we talked primarily about the risks, and we covered them deeply.

And I fully understand why any legislator in this room would vote no on this bill because there are risks involved. And I especially understand how attorneys and people who are very well-versed in the federal versus the state laws and how that works. I understand why you would vote no on this bill.

But let's not forget the benefits because for some of us, who come into this citizen legislature without legal background and experience, tend to think of things a little differently. And for the benefits, I want to point out for those of you who do not serve on the Judiciary Committee, I do not, but I was there on the day of the testimony and there was a young woman in there who I will never forget her story.

Her story, for me -- and I have ten years. I've been talking about medical marijuana. And I've heard thousands of stories -- but this very nice young woman came in and looked in the eyes of the Judiciary Committee and told the story of how she was suffering from an illness and a doctor prescribed the fentanyl patch, which she stated in her testimony, is 27 times more potent than pure heroin. This young woman was bedridden, she lost her hair, she drooled, she could not eat, she could not function.

She realized that the prescription medication that she was taking was killing her. She detoxed off the legal prescription medication and started using medical marijuana. This young woman gained her life back, but the part of that story that stays with me that I can barely tell it to you tonight because it still makes me cry -- is she had an eight-year-old son and the eight-year-old son after she started using marijuana sat on her lap and started crying. This is her testimony not mine so I'm paraphrasing. The eight-year-old boy sat on her lap and started crying and she said, Why are you crying?

He goes, Because I don't want you to be sick again. He didn't mean sick, the underlying disease. He meant in bed, hair falling out, drooling and unable to participate in life, and marijuana gave that back to her and gave that boy a mother.

The risk versus the benefits, the benefits to the man who was in the Chamber earlier tonight and used to work in this building, his description in front of the Judiciary Committee of why we need medical marijuana is very simple, he wanted to feel normal. It's all he wanted was to feel normal. Most of us don't think that feeling normal is necessarily a big deal, but for

the man who testified in front of Judiciary, he just wanted to feel normal.

Many of my colleagues or several of my colleagues here tonight told their own personal stories. Some of you will vote with your head, as the good representative said. I respect it. I get it. In some ways I'm envious. Some of us will vote with our heart. That's no easier, believe me. But at the end of the day, long after I'm out of this Chamber, maybe there will be court cases, maybe the federal government is going to come in and we're going to end up fighting over this bill, but that, honestly, is not going to be what I remember. I'm going to remember the girl in front of the Judiciary Committee and, for me, personally, I know I will have done the right thing.

And I just want to end by saying, I know everyone in this Chamber is filled with compassion, and I know a "no" vote in no way represents in any way represents that it's not a vote about compassion. We all come to the Chamber with different areas of expertise. I am just saying to you, Mr. Speaker and to the Chamber, I will be voting with my heart.

Thank you.

SPEAKER DONOVAN:

Thank you, Representative.

Representative Phil Miller.

REP. MILLER (36th):

Thank you, Mr. Speaker.

I also rise in support of this bill. And I just want to say that I -- I feel that less certain than last year about the decriminalization of small amounts. And for me, I don't see the ambiguity here because we are talking about the palliative and medicinal use of this substance to ease the burden of those who suffer.

I have a constituent who has a severe seizure disorder and the only relief this person can find from a condition which is so devastating it can break bones is he has to illegally use marijuana, which makes him and his family feel embarrassed and belittled, and I find that to be unacceptable.

Are there going to be people who will abuse this and use more or less than what is prescribed? Absolutely, but for every person that doesn't use it properly, I'm sure that there's many more who will use it exactly as their physician tells them to and they will find relief.

Yes, there's a huge disconnect between the FDA and the states, but there are 16 other states that have done this and they are the templates. That's a lot of the research that we follow. They have provided us with us with a lot of the "trials" -- for lack of a better word.

And I think one of the reasons why many of us live in Connecticut and would not live anywhere else is that, among other things, we have perhaps the finest core of physicians anywhere in the world. And I trust our doctors to interview their patients extensively as they typically do now and they would, using their best training and whatever materials are available, determine what are the indicators and the contra indicators of prescribing this or to someone to use.

And my feeling is that this is this is a tool and it's within our reach and I think we should allow this to happen to bring relief to our own people. So I will be voting to support this, and I thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative.

Will you care to remark further? Will you care to remark further on the amendment?

If not, staff and guests, please come to the well of the house. Members take their seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is voting House Amendment Schedule "A" by roll call, members to the chamber please.

SPEAKER DONOVAN:

Have all the members voted? Have all the members voted? Please check the roll call board and make sure your vote's been properly cast. If all the members have voted, the machine will be locked, and the Clerk will please take a tally.

Will the Clerk please announce the tally.

THE CLERK:

House Bill 5389, House Amendment "A."

Total number of voting	146
Necessary for adoption	74
Those voting Yea	99
Those voting Nay	47
Those absent and not voting	5

SPEAKER DONOVAN:

The amendment passes.

Will you remark further as amended?

Representative Shaban.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

As promised a couple of hours ago, if the amendment went the way it just went, I have an amendment to kind of clean up what I think is probably one of the big concerns that everybody discussed in this Chamber and what we've been banning about all night. So if you would, the Clerk has on his desk, LCO Number 3426. I'd please ask the Clerk to call it, and I be allowed to summarize.

SPEAKER DONOVAN:

Will the Clerk please call LCO Number 3426, which will be designated House "B."

THE CLERK:

LCO 3426, House "B" offered by Representative Shaban.

SPEAKER DONOVAN:

Representative seeks leave of the Chamber to summarize, any objection?

Hearing none, Representative, you may proceed.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

The amendment is simple. The amendment is simple. What it -- basically, what is says is pursuant to the Tenth Amendment of the United States Constitution, we, as the State of Connecticut, hereby reassert and assume authority over all regulation concerning decriminalization, acquisition, distribution, cultivation, anything to do with marijuana and related paraphernalia.

We've heard all night about the undeniable conflict that we have with federal law. It's undeniable. We've heard all night about how this law section 12, section 18, affects a federal nullification. We owe it to our citizens, to our constituents, to give them a backstop, to back them up. If we're going to pass this law, we can't leave them twisting in the wind. We cannot do that as -- to be honest to ourselves and to be doctrinally consistent, we must say, as the State of Connecticut, you know, what feds, thank you very much, we are asserting our rights, as a state, under the United States Constitution to regulate in this area. It's part of our police powers to regulate the health and

welfare of our people that is what we're going to do. If we don't do that what we were doing is we just had five or six hours of conversation, and we're going to leave -- again, we're going to leave our constituents twisting in the wind.

So, Mr. Speaker, I move adoption, and I move that when the vote be taken, it be taken by roll.

SPEAKER DONOVAN:

Question's on adoption? The representative asks that the vote be taken, it be taken by roll.

Those in favor of a roll call vote, please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

The requisite 20 percent is -- just about made -- so when the vote will be taken, it will be taken by roll.

Will you remark further on the bill -- I mean, remark further on the amendment?

Representative Fox.

REP. FOX (146th):

Thank you, thank you, Mr. Speaker.

I would rise in -- in opposition to this amendment. What this amendment calls for is not -- it goes far beyond what we're seeking to do in the bill. I would think it's unnecessary, and I would urge members to vote no on this amendment.

SPEAKER DONOVAN:

Thank you, Representative.

Would you care to remark further on the amendment?

Representative Carter.

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker.

Through you, Mr. Speaker a question to the proponent of the amendment.

SPEAKER DONOVAN:

Please proceed, madam.

REP. BACCHIOCHI (52nd):

Mr. Speaker --

SPEAKER DONOVAN:

Please proceed.

REP. BACCHIOCHI (52nd):

I lost my train of thought there for a second.

As I stated in my -- my earlier comments, I didn't have the qualifications to make a decision on the preemption situation, and if the proponent of the bill could explain, please, what the bill, as amended, does and how that will be different if your amendment passes? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

And through you, what this amendment does, it doesn't really change the bill or what the -- or what the apparently is the will of this chamber. What it does do it provide the -- the policy backstop, the policy support for our citizens. What we say -- we're passing a law tonight, potentially, or apparently, we're going to pass a law tonight that says, go ahead and do what you want to do within the four states -- Four Corners of Connecticut. If you step outside the state, you violate federal law, you're on your own. If you step -- if you come inside the state, you violate federal law, well, we'll just be silent on that.

That is not good public policy. There's a dual jurisdiction in our form of laws and form of government. We have the right as the State of Connecticut, if we're going to do this, if we're going to do this and be honest with the people that we represent. We owe it to them to, again, not leaving them twisting in the wind to -- to give them a backstop and give them the policy support, the -- the backing of the State of Connecticut and say we have your back.

We want -- this is how we want people to behave. This is our policy in the State of Connecticut; federal government, thank you very much. We have that right under the Tenth amendment. The Tenth Amendment is clear on this, the jurist prudence is cloudy, but the language of the Tenth Amendment is clear.

So I think at a minimum, at a minimum, this changes nothing in the bill but it tells our producers and our distributors and our pharmacists who apparently are going to be subject to this, it says we have your back, we have your back because what we have from a week ago is a letter from the US Attorney saying you know the feds here, we can step in and do

something about this. We might not. We might but -- you're still exposed to federal law.

This amendment at least gives our citizens the backing of the State of Connecticut. Through you.

SPEAKER DONOVAN:

Thank you, Representative.

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker.

Through you, to the proponent, are you specifically saying that the passage of your amendment would eliminate any possibility of the federal government coming -- preempting and coming into the State of Connecticut and making any arrest for any medical marijuana patient, doctor, dispensary, or producer? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

And through you, no, that -- that actually that exists. If this amendment passes or not, that -- that possibility exists. In fact, it's prevalent. I mean, the US Attorney has already said so.

What it does do is give our producers, our pharmacists, our doctors, a color of state law as a defense. So when the federal government comes in and says you violated the federal Controlled Substances Act because you just sold a Schedule I drug in violation of federal law, the State of Connecticut can come to our citizen's aid, who we put in this situation by this law, we put them in a situation by this law and say we've got your back.

The State of Connecticut has made a policy decision and this is what we're going to do under our rights as a state in the United States of America under the Tenth Amendment.

So it doesn't change the bill, what it does do is defend our citizens.

SPEAKER DONOVAN:

Representative Bacchiochi.

REP. BACCHIOCI (52nd):

Thank you, Mr. Speaker.

I will certainly continue to listen to the debate on the amendment. But I did not hear the presenter of the amendment give the answer I was looking for, which would be that the passage of his amendment would

guarantee that none of the entities in the State of Connecticut would face any type of federal preemption.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative.

Would you care to remark further?

Representative Rowe.

REP. ROWE (123rd):

Thank you, good evening, Mr. Speaker.

SPEAKER DONOVAN:

Good evening, sir.

REP. ROWE (123rd):

Very briefly, I did just vote in favor of House Amendment "A," but I was a bit conflicted. And I was conflicted because of this reason and -- and this amendment solves the problem for many people and with respect simply because the proponents of the bill aren't on board with it, I don't think that should be the end of the discussion.

This solves the problem for many of us or some of us, I think, who will have difficulty voting for a final product if we're not availing ourselves of our Tenth Amendment rights. This is an excellent

amendment. It's not far reaching. It's well tailored, and it ought to pass.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative.

Would you care to remark further on the amendment? Would you care to remark further on the amendment?

If not, staff and guests please come to the well of the House. Members take their seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is voting on House Amendment Schedule "B" by roll call. Members to the chamber please.

SPEAKER DONOVAN:

Have all the members voted? Have all the members voted?

Please check the roll call board and make sure your votes were properly casts. If all the members have voted, the machine will be locked.

Will the Clerk, please take a tally.

Clerk, please announce the tally.

THE CLERK:

House Bill 5389, House Amendment "B."

Total number of voting	143
Necessary for adoption	72
Those voting Yea	51
Those voting Nay	92
Those absent and not voting	8

SPEAKER DONOVAN:

The amendment fails.

Representative Carter.

REP. CARTER (2nd):

Good evening, Mr. Speaker.

A few comments on the bill, please.

SPEAKER DONOVAN:

Please proceed, sir.

REP. CARTER (2nd):

Thank you, Mr. Speaker.

You know, as I've listened to this debate, I reflected on went I went through last year, when I was on Public Health and we were looking at the same bill. Last year, I looked at this from a public health standpoint and really saw some merit in -- in maybe a way we can help patients, and I was one of the few

Republicans, who actually voted for it coming through Public Health.

This year, I felt much differently. I've had a year and a half or so, just over a year, to really do a little more research in the data, and I ask myself one question as we've gone through this.

The reason this was a Scheduled I drug in the very first place by Congress and the FDA is the fact that there's a lack of medical evidence to be doing this, to actually have marijuana as a drug. We knew, as early as 1999, that we needed to have more studies on marijuana and other cannabinoids to see if they would actually work and prevent suffering.

Along the way, it was determined that the delivery system was a big problem. Specifically, if you're inhaling and smoking marijuana, you may be causing more harm than good.

So there's been a lot of studies. In fact, I made the comment in Public Health when this came through yesterday, that I wanted to see peer review literature. Since that point, I've had just over 100 studies presented to me that were peer reviewed literature supporting or not supporting the use of medical marijuana. So the literature is out there but

the problem is it's totally inconclusive and many -- and many of literature, it talks about using other types of cannabinoid, not marijuana itself. Sometimes they're talking about something that's not even placebo controlled and for the matter of fact, there's no head-to-head trial, not one head-to-head trial that I've seen right now with current FDA approved medication and marijuana, smoking it for that matter.

Right now, there are two drugs, approved on the market, that will deliver the same active ingredients as marijuana and that's -- that's Marinol and Cesamet. And right those -- both of those products are about to go off patent. So both of those companies right now are looking into ways that they can come up with better delivery systems, whether it be a skin cream, an inhaler. And, in addition, next year, 2013, the FDA is due to look at another drug that's approved in England and use it here in the United States.

So my question is if there's no real solid evidence that this works, every bit of evidence that we've looked at here has been empirical evidence, it's based on stories. It's based on very important stories of people that we know who have suffered, but

the bottom line is we have no well controlled clinical trial.

So I ask myself in the first place why am I going through all these clinical trials when it's not even my job. Like, why are we, as a legislative body, throwing the FDA under the bus because the bottom line is that is the one organization that we have that is out there protecting the interests of everybody. And I ask myself who is going to stand up and speak for the victims that this bill is going to cause, and those victims are the people who are going to have drug-to-drug interactions. The victims of -- of the -- the physicians who don't understand what it is about prescribing marijuana what's that like because you know what? There are no well-controlled trials to say we're even doing the right thing. We're just taking upon ourselves because an emotional argument of compassion. And as much as I understand that, I really have to question why would we go through this when we're literally throwing the FDA under the bus.

And the last thing that -- that really bothered me as we've moved forward this year. Is, we say in this bill that we're going to give doctors the ability to prescribe medical marijuana because they know what

it's going to be and they know drugs, and they know all this information. Yet, at the same time, we had our own State Medical Society say this is not warranted. They don't want it.

So -- so I ask you in this Chamber, why in the world are we doing this? Ask yourselves. If you're -- if you're doing it because you know somebody who’s had a problem and -- and they have a compassionate story. I understand that but that's a study of one. That's one person. This is going to affect thousands of people, and I as I close, you know as I mentioned some of these studies that were out there and that are touted as studies. Many of them actually that involve smoking marijuana are surveys. So what they'll do is send out a survey to a group of physicians or a group of patients and they'll say, well, what do you think? How'd you -- how'd you respond to that? How'd you do?

Well, in one -- in one survey a couple of years ago, 1,500 oncologists were surveyed, and they got 1,200 of those surveys back. Out of that group 30 percent, 30 percent of those folks would have wanted medical marijuana. And out of that 30 percent, how many prescriptions do you think -- that's 332 physicians. How many prescriptions do you think they

were going to write for medical marijuana if they could? One per month.

Ladies and gentlemen, I know these stories are impactful. I -- I feel for those families, but we really go to ask ourselves is it worth throwing the FDA under the bus when we don't even know the scope of the issue that we have with these patients and not to mention the risk. The risk that we're taking legally with our state. The risk that we're taking with patients who, like PTSD patients, for instance. PTSD patients, in this bill, should not be smoking marijuana.

So, as we move forward, I really urge all my colleagues on both sides of the aisle, take a look at this before you vote on it, folks, because it's -- you're not getting what you think out of this.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative.

Representative, Candelora.

REP. CANDELORA (87th):

Thank you, Mr. Speaker.

Mr. Speaker, the Clerk is in possession of an amendment, LCO Number 3972. I ask that it be called, and I'd be allowed to summarize.

SPEAKER DONOVAN:

Will the Clerk, please call LCO 3972, which will be designated House Amendment Schedule "C."

THE CLERK:

LCO 3972, House "C" offered by Representative Candelora.

SPEAKER DONOVAN:

Representative seeks leave of the chamber to summarize.

Any objection?

Hearing none, Representative, you may proceed.

REP. CANDELORA (87th):

Thank you, Mr. Speaker.

Mr. Speaker, this amendment seeks to -- to change sections 594 through 600, which we had discussed earlier regarding the requirement that the commissioner of Consumer Protection adopt regulations to reclassify marijuana as a controlled substance under a Schedule II drug. I move adoption.

SPEAKER DONOVAN:

Motion's on adoption. Will you remark further?

REP. CANDELORA (87th):

Thank you, Mr. Speaker.

Mr. Speaker, we heard some discussion tonight and -- about the way in which the original language in the amendment was written. In that it was merely requiring the Commissioner Consumer Protection to submit amendments to the Regulations Review Committee. And in my reading of statutes and doing some quick research, we typically don't use that kind of language. We typically use language that comports more to this amendment, which would require that the commissioner adopt regulations as opposed to requiring them to submit amendments to Regs Review.

I think the purpose of this amendment is to make it clear that this commissioner needs to be the one that is actually amending our regulations so that the issue of the constitutionality of the underlying bill lies within the four corners of this bill and doesn't get punted, potentially, to a decision that the Regulations Review Committee makes, which constitutes only 12 out of the 186 members of -- of our Chambers -- 87, thank you, it's late.

And so I think this is an important amendment. I would hope that the Chamber would support it, and I

ask that when the amendment is -- the vote is taken that it be taken by roll.

SPEAKER DONOVAN:

Representative seeks -- asks that when the vote be taken, it be taken by roll.

All those in favor of roll call vote, please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

Twenty percent is met. When the vote will be taken, it be taken by roll.

Remark further on the bill?

Representative Fox.

-- on the amendment. Sorry.

REP. FOX (146th):

Thank you, Mr. Speaker.

And through you, a question to the proponent.

SPEAKER DONOVAN:

Please proceed.

REP. FOX (146th:

Thank you, Mr. Speaker.

And to Representative Candelora, we did discuss this earlier that the Representative would -- we went

through this question and answer. And my question would be, as a practical matter, is there a difference between the commissioner of Consumer Protection adopting regulations or submitting amendments to the Legislative Regulation Review Committee? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Candelora.

REP. CANDELORA (87th):

Thank you, Mr. Speaker.

Well, Mr. Speaker, I think there is. I think under the current amendment, we're just making it clear that the commissioner needs to put into process, the procedure by which they amend regulations. Whereas in the underlying bill, we're asking them to merely to submit an amendment to -- to the Regulations Review Commission.

And as I understand it when an agency submits regulations, there's much more to the process, I believe it goes to the Attorney General's Office for review first; then goes back to the agency; there's public hearings involved; and then it, ultimately, lies on the steps of the Regulations Review Committee.

I think that the amendment comports with that process by telling them to just begin amending the regulations, whereas the underlying bill is just merely requiring a submittal to Regs Review, which I think is confusing to how the underlying process really does work. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fox.

REP. FOX (146th):

Thank you, Mr. Speaker.

And through you, if this amendment were to pass would the proposed regulations have to be submitted to Regulations Review?

SPEAKER DONOVAN:

Representative Candelora.

REP. CANDELORA (87th):

Through you, Mr. Speaker, yes, it would.

SPEAKER DONOVAN:

Representative Fox.

REP. FOX (146th):

And through you, Mr. Speaker, and I'm not sure that I object to so much to the proposed amendment. Only to say that the -- the language that was written was through our LCO attorneys with the -- I believe we

have the same intention. And the intention would be that the commissioner would submit an amendment to existing regulations and that those -- those amendments that are submitted to those respective existing regulations would then be heard and voted on by our Regulations Review Committee.

And I'm just not sure if there's any real difference here, so I would oppose the amendment. I recognize that it's made in -- in good faith, and I do think that what we're seeking here is that same and will still have the same outcome, but I would oppose the amendment.

SPEAKER DONOVAN:

Representative Carter.

REP. CARTER (2nd):

Thank you very much, Mr. Speaker.

I rise in strong support of this amendment. Earlier tonight when we were speaking of marijuana, as a controlled substance, one of the issues I brought up is the fact that -- I speak -- I have spoken a lot with pain management physicians across the state. And one of the things they constantly bring up is the Prescription Drug Monitoring Program.

My understanding of the program is that the program exists to -- to follow controlled substances. It would go a long way and make a lot of common sense if we were to pass this amendment and make it extremely clear. So as soon as this begins to happen that marijuana is added to that database. And that's imperative, folks. We have to have it in those databases or else the folks who are out there doing this job for us won't know who the seekers are or who are trying to use the marijuana for nefarious purposes.

So I strongly support this amendment, and I hope everyone in the Chamber will as well.

SPEAKER DONOVAN:

Thank you, Representative.

Will you care to remark further on the amendment? Will you care to remark further on the amendment?

Representative Candelora.

REP. CANDELORA (87th):

Thank you, Mr. Speaker.

I -- I just want to remark, again, for my concern with the way this underlying bill is written. And I think that when we are crafting legislation, we need to be very careful with our words. There is not

a single bill and not a single statute that I could find with language written the way this was written.

And nothing in this Chamber happens by accident, and I think that it is important that we conform the language of this bill to the way we have typically seen it in our statutes and that being that when we charge an agency to adopt regulations that's what we charge them to do, but the underlying bill doesn't do that. What the underlying bill merely does is require the agency to submit amendments to the Regulations Review Committee, and I would charge that that doesn't comport with the way the process works in this building.

The way the process works is the agency shall adopt regulations, that means they write them, submit them to the Attorney General, they're reviewed and submitted back to the agency, they have public hearings, then they go to Regulations Review. And what I question is what impact the underlying bill is going to have on the State of Connecticut in effectuating what it wants to effectuate and that is changing marijuana from a controlled substance and declassifying it to a Schedule II drug.

I don't think the bill accomplishes it, and I think the reason it doesn't and it can't is because it's a violation of federal law. And I'm disappointed that in this Chamber, we wouldn't stand and try to adopt this amendment, which I think is right for the protections of the integrity of the underlying process.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative.

Representative Miner.

REP. MINER (66th):

Thank you, Mr. Speaker.

If I might just a question to the proponent of the amendment, please.

SPEAKER DONOVAN:

Please proceed, sir.

REP. MINER (66th):

If I read the plain language in the amendment and then go back to the plain language in the bill, through the amendment that we just adopted, in line 5 of the amendment, I see the commissioner of Consumer Protection shall adopt regulations.

Through you, if the commissioner of Consumer Protections fails to adopt regulations reclassifying marijuana as a controlled substance under Schedule II, what does that -- what effect would that have to the underlying bill? Through you.

SPEAKER DONOVAN:

Representative Candelora.

REP. CANDELORA (87th):

As I understand this, as I read this, if the commissioner fails to change it from a controlled substance to a Class II, then marijuana continues to be an illicit drug under Connecticut regulations. Through you.

SPEAKER DONOVAN:

Representative Miner.

REP. MINER (66th):

And under its current classification then as an illicit drug, would we be able to exempt ourselves from law enforcement prosecution? Through you, please.

SPEAKER DONOVAN:

Representative Candelora.

REP. CANDELORA (87th):

Thank you, Mr. Speaker.

I believe the issue will lie in whether or not a doctor can prescribe a Class I drug. As I understand it, if marijuana continues to be classified as a Class I drug, it continues to be illicit. Whereas once it's reclassified to a Class II drug that enables a doctor to prescribe and would not be prosecuted under the law. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Miner.

REP. MINER (66th):

Thank you, Mr. Speaker.

And I thank the gentleman for his answers.

Mr. Speaker, like many people in this chamber, I lived my life long enough to see many of the people that have been suffering from illnesses that we are attempting to try and provide some relief for. And it troubles me that when a question was asked earlier about why this section was drafted the way it was, that my understanding at that time, seemed to be that if we wanted to go back and look at it as it would have been drafted in many other sections in this bill, then that might not be the wrong way to go about it.

So for me, I think the fact that there's resistance to this language -- which is our normal

practice -- leads me to believe that there is something technically wrong with the other language. And by drafting it the way it was drafted, it allows us to get around some process.

The last thing I want to say to my constituents is I want to do the right thing, but we've kind of got a gotcha here. So I know the Chamber has been a -- has been asked to reject the amendment. I would suggest that perhaps adopting this amendment and going through the process with the language, exactly the way we do it in other sections of the bill. And in other bills we've passed has the best chance of letting people make the decision about whether they want to take this course of action in terms of treatment or they don't.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative.

Representative Hamm.

Would you care to remark further on the amendment? Would you care to remark further on the amendment?

If not, staff and guests please come to the well of the House. Members take their seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is voting House Amendment Schedule "C," by roll call. Members to the chamber please.

SPEAKER DONOVAN:

Have all the members voted? Have all the members voted?

Please check the roll call board and make sure your votes are properly casts. If all the members have voted, the machine will be locked. The Clerk will please take a tally.

Clerk, please announce the tally.

THE CLERK:

House Bill 5389, House Amendment "C."

Total number of voting	146
Necessary for adoption	74
Those voting Yea	50
Those voting Nay	96
Those absent and not voting	5

SPEAKER DONOVAN:

The amendment fails.

Will you remark further on the bill as amended?

Representative Davis.

REP. DAVIS (57th):

Thank you, Mr. Speaker.

I just have a brief question for the proponent of the bill, if I may?

SPEAKER DONOVAN:

Please proceed, sir.

REP. DAVIS (57th):

Thank you, Mr. Speaker.

Would the marijuana under this bill be considered a nonprescription drug here in the State of Connecticut? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker -- excuse me -- the marijuana under this drug would still -- the marijuana under this bill is still defined the same way as it's currently defined. So, through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Davis.

REP. DAVIS (57th):

Through you, Mr. Speaker, I believe last session or last year, we approved as a legislature, not all of us here in the room, taxing nonprescription drugs and using sales and use tax.

Through you, Mr. Speaker, will the sales and use tax be applied to the purchases of marijuana through these dispensaries?

SPEAKER DONOVAN:

Representative Fox.

REP. FOX (146th):

I'm sorry. Mr. Speaker, the question was the sales and use tax?

SPEAKER DONOVAN:

Representative Chris Davis.

REP. DAVIS (57th):

Yes, Mr. Speaker, sales and use tax.

Through you, or sales tax, sorry.

Mr. Speaker, I'll -- I'll just use sales tax, the term "sales tax," through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Gerry Fox.

REP. FOX (146th):

Through you, Mr. Speaker, no. I don't believe it would, through you.

SPEAKER DONOVAN:

Representative Chris Davis.

REP. DAVIS (57th):

Thank you, Mr. Speaker.

So the marijuana through these dispensaries will remain as a nontaxed item here in the State of Connecticut?

SPEAKER DONOVAN:

Representative Fox.

REP. FOX (146th):

Through you, Mr. Speaker, I believe so, yes.

SPEAKER DONOVAN:

Representative Davis.

REP. DAVIS (57th):

Thank you, Mr. Speaker.

And thank you for your answers this evening.

SPEAKER DONOVAN:

Representative Larry Cafero.

REP. CAFERO (142nd):

Thank you, Mr. Speaker.

I accompanying the bill that's before us, of course, we always get our LCO summaries. And the summary I have, I presume that you have, it indicates that the bill prohibits patients, their caregivers or

doctors, dispensaries or producers from being subject to criminal or civil penalties or being denied any right or privilege for specified actions relating to palliative marijuana use. Caregivers are only protected from such punishments if, among other things, they obtain marijuana from a licensed dispensary.

It then says, "this same restriction does not apply to patients." The restriction that the marijuana we're talking about must be obtained from these licensed dispensaries does not apply to the patients. To me, that means that if for whatever reason, economic or otherwise, a patient feels that it is in his or her best interest to get marijuana from a source other than a dispensary, which would be an illegal source, he or she may do so and be free of prosecution if they are stopped because they carry that certificate.

Now that troubles me and it troubles me because, as we've learned, these dispensaries are business. We're going to get private investors to invest multimillions of dollars to build facilities for the purpose of growing and harvesting marijuana and then distributing it. These legitimate businesses, as will

be deemed legitimate with the passage and signage of this bill, are out to make money. They have costs they need to recuperate; they have employees to pay.

And we've been told that the price for their product will be controlled by the Department of Consumer Protection. But since it is the policy -- or will be the policy of the state that we want this thing to work, the price has to be enough to attract the investors who are going to become dispensers of marijuana. If they can't charge an appropriate amount for their product to at least pay their expenses and maybe even make a little profit, they're not going to do it. If that price is high enough that the illegal market can undercut it, this might be a bonanza for illegal sales of marijuana.

And for the qualifying patient, it seems that he or she is protected by this law from prosecution no matter where they get their weed, no matter where they get their weed. Does that make any sense? Does that make any sense?

So we're about to vote on a bill that there are more questions than answers to; that has now, as Representative Hetherington said hours ago, taken the legal use of marijuana yet another step; that if

somebody with the protection of a certificate of a patient is a qualifying patient, the marijuana they had -- have on them, regardless of where they got it, is okay, you may pass, you may go.

We have a situation is this bill that's has been pointed out many times that says no employer can discriminate in any way, reprimand, deduct from pay, or discriminate, at all, against any employee who happens to be participating in this program. And yet when a very practical issue came up by Representative Noujaim, a manufacturer, who says if the qualifying patient is home before coming to work administers to him or herself the medical marijuana and by its very nature comes to work impaired. If he were to say, I got to send you home, you can't work on this. He is liable for lawsuit because he's not supposed to discriminate.

Now Representative Fox said, no, no, no. He can still take any disciplinary action that he wants, as if it was a normal situation. Well, you can't have it both ways, folks, and that's what this law does. Now, whether it's a drafting error or what that's what it says. On the one hand, you can't discriminate, but on the other hand, you can discriminate if you feel that

the employee's judgment is impaired. It makes no sense. It makes no sense whatsoever.

What about the school bus driver? You know, we talk about you can't use it on a school bus. What about the driver? If the driver's participating in this program, God forbid, gets high in the morning, administers the marijuana to himself in the morning and shows up for work? What do you do?

Hey, you can't drive the bus. You got school kids on the bus.

Okay. You're going to have to pay me anyway.

No, I'm going to pay you, you didn't work today.

You're discriminating against me.

These things don't add up in a bill and has been said so many times. We know the purpose of the bill, it's to help people who need help to give them some relief, but this is not the way to do it. This is not the way to do it. And God forbid, I don't know what this commodity will now be worth but, man, if you could buy it legally for 500 bucks an ounce and buy it illegally for 300 bucks an ounce, where do you think you're going to buy it? Where do you think you're going to buy it because if you get caught either way -- according to what I'm reading -- you're cool.

And what is the message that we, as a General Assembly, have done in less than a year's time. We've decriminalized the possession of marijuana to something equating to a parking ticket, and now we're saying to some people, not all, some people, you can have it legally.

and I say some people because if you're 16 or 17 years old and you suffer from any of these debilitating diseases, you can't have it. If you happen to be a inmate in a correctional institution, the most controlled environment we have in our society, you can't have it because we're afraid you might abuse it.

And yet with the passage of this bill all over the state -- you've read the articles, they were -- appeared today. The people that are poised to make big bucks off this baby. They got them all planned out these huge dispensary places. And it doesn't say they have to look like medical factories, oh, I bet you they're going to be some beauties. And who's going to be the lucky pharmacist or two or three or ten, that's going to get this gig? Woo, there's a gig, huh? What do you do? I sell pot and I'm only

one of ten that does it. Beat that, baby. That's what we're doing here, folks.

Isn't there a better way? I know that very bright minds and caring people have racked their brains of how we could do this -- give that care and skirt the federal law somehow. Guess what folks, you can't. It's the federal law. They should be having this debate in Washington DC. You know, we, as a group, we might do a whole bunch of things. We want -- we might want to remove our troops from Afghanistan tomorrow. We might want to declare war on North Korea. We might want to ban relations with a country that denies human rights, but we can't do that that's not our job. We're a state legislature, so let's leave this up to our federal legislators. Let them take care of it. Let's have them do it tomorrow. Let's pass a resolution that begs them do it because that's where this belongs not here because when you do it here and you do it this way, it has these clumsy little holes that have unintended consequences.

And the worse thing we could do, the worse thing we could do is send a message to the kids, it's okay. By God, we've actually given it out legally as a

medicine and we've decriminalized it, otherwise, as nothing more than a traffic ticket.

You know, those kids that I see -- for the last 20 years, I've been doing this expulsion stuff. It used to be it used to be that they were getting high on the weekend. It used to be they'd get high in the summertime. I can't tell you how many more kids I see at age 12 and 13 that are getting high at the bus stop, getting high at lunch, getting high after school, every single day, more and more and more. I had one 14-year-old boy before me with his parents who were shattered, and I said, Do you think you have a problem?

He smoked everyday three times a day, 14 years old and he said to me, No, I don't have a problem. It's no big deal, it's no big deal.

That's the message we're leaving with this. There's a better way folks. This isn't the way.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you.

Would you care to remark further? Would you care to remark further?

If not, staff and guests please come to the well of the House. Members take their seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is taking a roll call vote, members to the chamber please.

SPEAKER DONOVAN:

Have all the members have voted? Have all the members voted?

Please check the roll call board to make sure your vote -- make sure your roll call board has been -- make sure your votes been properly cast.

If all the members have voted, the machine will be locked.

The Clerk will please take a tally.

Clerk, please announce the tally.

THE CLERK:

House Bill 5389 as amended by House "A."

Total number voting	147
Necessary for passage	74
Those voting Yea	96
Those voting Nay	51
Those absent and not voting	0

SPEAKER DONOVAN:

Bill, as amended, is passed.

Are there any announcements or introductions?

Representative Sharkey.

REP. SHARKEY (88th)

Thank you, Mr. Speaker.

Mr. Speaker, I appreciate all those of you who complimented me on my closing speech on that last bill, but with that, we are not done for the evening. It's our intention to have a brief caucus for the Democrats in Room 207A.

SPEAKER DONOVAN:

Thank you.

Representative Widlitz.

REP. WIDLITZ (98th):

Thank you, Mr. Speaker.

Before the hour gets too much later, I would like to inform all of the members of the Finance Revenue and Bonding Committee that we will be having a meeting tomorrow morning at 10 a.m. in Room 2E. We have eight bills to consider on the agenda.

Thank you very much.

SPEAKER DONOVAN:

Thank you, Madam.

SENATOR LOONEY:

Yes; thank you, Madam President.

Madam President, if we might mark an additional item at -- at this time as an order of the -- order of the day.

Madam President, on Calendar Page 15, Calendar 430, House Bill 5389, AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA. I would ask the Clerk to call that item from the Judiciary Committee.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On page 15, Calendar 430, House Bill Number 5389, AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA, submitted by House Amendment Schedule "A"; favorable report of the Committees on Judiciary; Finance, Revenue and Bonding; and, Public Health.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Good afternoon -- good evening, Madam President.

I'd like to move acceptance of the joint committees' favorable report and passage of the bill.

THE CHAIR:

The motion is on acceptance and passage. Will you remark, sir?

SENATOR COLEMAN:

And that would be passage in concurrence with the House. I'm sorry, Madam President.

THE CHAIR:

I'm sorry; that'll be passage in concurrence with the House.

SENATOR COLEMAN:

Madam President, we arrive at this point, and it is my hope that at the conclusion of this discussion we will become another state that has adopted a framework of medical marijuana in the State of Connecticut.

I suppose I'd like to begin the discussion by assigning some credit and expressing some gratitude to some people who have been very instrumental in bringing us to this point. And aside from the advocates and the leadership and members of the Judiciary Committee, I think there are certain people who deserve a lot of credit and a lot of gratitude for their influence upon how this bill evolved. And specifically, I'd say that Senator Williams and Senator Looney, who in their persistence challenged the Judiciary Committee to come up with a better bill and a more improved bill, deserve a lot of credit and a lot of gratitude. As well, Under Secretary for Criminal Justice Policy and Planning, Mike Lawlor was extremely instrumental in the development and evolution of this bill. And I'd also like to give some credit to Gary Berner, who is a former Legislator and currently working with the Department of Consumer Protection, who worked right along with everyone else involved in shaping and crafting this bill.

Over the last two years, as the Chair of Judiciary Committee, we've had proposals before the committee that had to do with the palliative use of marijuana. And during our public hearings, we entertained a vast number of people who testified, one after another after another after another, who in a very creditable way expressed that they were suffering from a particular condition and they discovered that ingesting marijuana was the best relief, afforded them the best relief from the discomfort of that condition.

And so last year we actually came forward with a bill but it didn't meet the satisfaction of some of the members, and particularly the leadership on the Democratic side. And today I'm very glad to say,

Madam President, that they did not find that work product acceptable because, as I indicated, it challenged the members and the leadership of the Judiciary Committee to come up with a much more improved bill, one that emphasized regulations and oversight and controls, and one that was not susceptible to abuse. And I think we've done that; I think we've succeeded in doing that.

And at this moment we have a bill before us which is a framework which includes patients, of course, but also it involves physicians playing a role, and primary caregivers, the Department of Consumer Protection as the state agency that performs oversight and promulgates regulations, also producers participate in this structure, and dispensaries, as well, are a part of it.

How does the process work? Under this bill, debilitating conditions are defined, and among those conditions we would include cancer and HIV and AIDS, Parkinson's disease, multiple sclerosis, glaucoma, epilepsy, Crohn's disease, post-traumatic stress syndrome, and others. And what the process involves is anyone who suffers and seeks relief from any of the specified, debilitating conditions would be entitled to go to a physician and receive written certification from that physician. A certification signed by the physician must include the physician's opinion that the patient is suffering from a debilitating condition and that in the opinion of the physician, the benefits of using marijuana to alleviate that condition outweigh any health risks that might exist from the use of marijuana.

Once having received that written certification, under the provisions of this bill, the patient could go to the Department of Consumer Protection and register as a patient who would be authorized to use marijuana for a medical purpose. In connection with that registration, the patient would be required to pay a fee of up to $25. The Department of Consumer Protection would also be in charge of licensing what we would call "producers" and licensing dispensaries.

The patient would be permitted to choose a primary caregiver; now, this would not be a physician but it

might be a relative or, in some cases, a conservator or some person who becomes responsible for the care, routine care of the patient. The primary caregiver would also be required to register with the Department of Consumer Protection.

As far as how the marijuana is produced is concerned, producers would be permitted to apply to the department, and there would be a nonrefundable $25,000 application fee paid to the State for the application, seeking a license. Producers would have to demonstrate a certain amount of financial wherewithal as well as to meet some very strict requirements in terms of constructing indoor facilities that are secure where marijuana would be produced or grown. Then the producers would, in turn, be responsible for distributing the product to dispensaries. And it is important to note that dispensaries must be associated with pharmacists; there cannot be a dispensary under the bill without a pharmacist. And the dispensaries would also be licensed by the Department of Consumer Protection and would pay a fee for that license, but they would be authorized to distribute the marijuana to qualifying patients; that is, qualifying patients would be patients that have received the written certification from a physician. They must be 18 years or older, and they cannot be anyone who is an inmate in a correctional facility.

The bill also contemplates the establishment of a board of physicians, which would be eight physicians who are knowledgeable about the palliative use of marijuana, and among other things, they would consult on a continuing basis with the Department of Consumer Protection in order to address the list of debilitating conditions that one might seek the use of marijuana for.

The fees that would be paid in connection with registration for patients and primary caregivers in connection with application fees or producers and licenses for dispensaries would be paid into a State separate act and be used primarily for any costs associated with the oversight and regulation of the medical-marijuana industry.

The bill provides that anyone connected or participating in this medical-marijuana structure would not be subject to any criminal penalty or civil liability.

These are basically the features of this bill, and as I indicated in my opening remarks, I am certainly convinced that the people who appeared before the committee and testified very credibly are deserving of some kind of relief. And many of them have indicated that marijuana, ingesting marijuana in some form would provide that relief for them.

And so, Madam President, I urge the members of the Senate to give serious consideration to what the Judiciary Committee has produced and to pass this bill.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark?

Senator Kissel.

SENATOR KISSEL:

Thank you, very much, Madam President. Good afternoon.

THE CHAIR:

Good afternoon, sir.

SENATOR KISSEL:

Well, this bill has been a long time coming, and I feel today is a historic day for the State of Connecticut. I remember when this issue was first broached, probably over a decade ago, the hearings in the Judiciary Committee for almost circus-like. There were very few if any individuals involved in the profession of medicine, nursing, pharmacology or anything else like that in support of the bill.

Indeed, my recollection is there were very few individuals testifying who were suffering any kind of illness, but there were other individuals, young people primarily, who wanted social change. And it seemed to me that their motivation was less a concern about those who were ill and more a concern about the overall subject of marijuana.

As the years went by, different suggestions were brought forward, and I would be the first to admit that while generally in support of nearly all of these proposals, some -- some of them struck me as unworkable. For example, the notion that one could be given seeds of a marijuana plant if one is suffering some debilitating disease and told to go and cultivate those seeds, grow your own plants in your own home, and then you're able to utilize that marijuana for palliative uses to me was awkward, unworkable, and would create expectations that could never be met.

I had spoken recently to reporters saying, Depending on the season and the year, sometimes I have a green thumb, sometimes I don't. God forbid that ridding myself of pain would be dependent upon how I could cultivate a plant over several months.

Nonetheless, I have always supported the concept of medical marijuana, while at the same time I stood here on a Saturday afternoon and argued adamantly against the decriminalization of marijuana. There are no restraints when it comes to the decriminalization of marijuana. There are no safeguards. Right now, the state of the law in Connecticut and that bill passed, I would characterize as a little bit Wild West when it comes to marijuana. A half-ounce or less will get you an infraction. You pay the ticket by mail and you're done with it.

At the same time that we moved in that direction, essentially taking away any kind of restraint on purchasers of marijuana, it's still illegal to sell marijuana, and dealing drugs still carries stiff fines and incarceration. So we're in a state now of flux where on the one hand the consumers are given enormous latitude, which I don't think is good policy, and at the same time there's still heavy penalties on dealers without any kind of oversight or restrictions or

anything else like that. The Wild West, people getting shot and killed in our urban areas, primarily, but so many crimes related to drugs. But that's the State of Connecticut right now.

Now, when people come up to me and they say, Well, John, if you felt that way about marijuana a year ago, how can you consistently support medical marijuana? Well, the bills that I had supported in the past I felt were awkward, unwieldy, and perhaps unworkable, but I would like to add my voice of support to Under Secretary Lawlor and those who worked on this bill over the last year.

When the bill was brought forward last year, I add offered several amendments. I had suggested a secure place to grow marijuana. I had thrown out the idea of the Agricultural School at the University of Connecticut. While people use that to perhaps make some jokes, that overall concept of creating a secure place to grow marijuana in Connecticut has been placed into this bill. I don't know whether I should take a little credit for that concept, but I thank the makers of the bill for taking that concept and running with it. Because nationally when they do tests on marijuana, there is a secure facility in Louisiana, and that was what caused me to offer that as an amendment.

Also, during last year's public testimony, as well as this years', for the first time we heard from the pharmacists association. They said, Listen, if we're going to go in this direction, we want to be a part of it. This was a complete C-change from not that long ago, a few years ago. Indeed, until two years ago the pharmacists said, We don't want to have anything to do with this; we oppose this policy. So last year I had offered an amendment, make the drugs available in pharmacies; that are where drugs belong.

Now, for specific liability reasons in this particular proposal, there is a dispensary located in a situation -- in an area of the pharmacy that is not part of the overall pharmaceutical area; I understand that. But the pharmacists would be involved. Physicians, who for decades had had the authority under Connecticut law to write a prescription for marijuana but who had

not done it, perhaps for feeling of running afoul of federal restraints now can certify, do a certification, recommendation for a drug to treat a certain individual, to bring in those physicians who after careful scrutiny will want to participate in this program.

But between the physician and the dispensary, there's another key component and that is registration with the Department of Consumer Protection. So when people say, Why would you support medical marijuana? I say to them, Why would anyone want to participate in this program unless they were really ill? You can go to a street corner, if you know where they're dealing drugs, and buy a half-ounce of marijuana. And as long as you have it is your possession, if the police pull you over, it's an infraction, whereas under this construct, this bill, there are restrictions every step of the way. Therefore, to my mind as a practical matter, it is a fallacy to think that people would pursue marijuana this way as opposed to other ways in the State of Connecticut.

The most important and -- and -- and let me say at the outset, I understand there are two sides to this argument. I understand that people say, We have a letter here from the United States Department of Justice. I understand those counterarguments and I want those individuals to know that I highly respect them. And in particular, Senator Boucher has appeared at every single public hearing on this matter in this building and has argued passionately and fervently and believes to the depths of her soul that her position on this issue is the correct one, and I applaud her for her diligence. And I look forward to her amendments and her discussion and her debate; we are a better place because of it, and we will continue to be a better place because of her advocacy for a variety of issues.

I understand that on this issue in particular, there can be two sides to the story, but the faces and names I want to leave you with this afternoon I need to recount, and then I will sit down and listen to the rest of the debate. But the individuals that we don't see here right now in the center of our Circle, let me tell you a little bit of whom some of they are -- some

of them are, because their testimony and their faces are in my mind indelibly. And if you sat, like we in the Judiciary Committee sat, for so many years listening to the testimony, listening to it evolve over the years, watching the composition of those testifying change from individuals that I would almost characterize as the radical left who just wanted to change social policy to people from the medical community and people who are suffering and people who took this issue extremely seriously, that has been a C-change over the last decade.

I will always remember Lindsey Beck; young lady. If I had a daughter, I'd be proud to have her as my daughter. She's testified more than once before the Judiciary Committee and told us of a very painful story. She suffers from Crohn's disease, chronic digestive disorder and post-traumatic stress disorder, and she wanted to do things the right way. She went to her personal physician and said, I'm suffering from Crohn's, the horrible disease, pain, I can't keep food down, can I -- can you give me anything, anything at all? And so under her physician's advice and prescription, she took what's called a "Fentanyl patch."

Ladies and gentlemen, apparently for Lindsey Beck the Fentanyl patch was worse than the underlying diseases. She has testified for more than one year; she became bedridden. Her hair fell out. She got bedsores. It changed her personality, and she closed the windows and curtains and secluded herself from her family, and this lasted years. A young lady just about to go out into that big, wide world went to her physician and said, What is legal for me to take? And it wrecked her. Lawful drugs? Yes, there are lawful drugs. Does that mean that they're always right? No. I dare say no.

So with her mom in attendance, she made a decision one day, I'm going to wean myself off this Fentanyl patch, and she did. And medical marijuana allowed it to happen. And she told us at the end of her testimony that when she finally broke through, rid herself of the lawful drugs and was able to cope with her digestive disorder and post-traumatic stress disorder and other ailments through the use of palliative

marijuana, illegally obtained, her little son crawled on her lap and told her, I hope it never happens again and you never go back to being ill. And her son did not mean suffering from Crohn's disease again or the post-traumatic stress disorders again, because she still has that. Her little son looked up at her and said, I hope it doesn't happen again, meaning the years bedridden, bedsores, personality disorder, total withdrawal under legal medication. Thank you, Lindsey, for testifying; you made a difference.

Mark Braunstein is paralyzed from the waist down. Through his paralysis, he suffers involuntary spasms and intractable pains. He, too, has discovered that medical marijuana helps him, and he testified that his involuntary spasms have been ameliorated through the use of marijuana. Who am I to tell someone who is paralyzed from the waist down what they can use and what they can't use, if they're testifying in good faith before me that it helps them and that other lawful drugs do not?

Peter Smith, who some people in this Chamber and building know, his son was diagnosed with Burkitt's Lymphoma. And he came and he testified before us and he said it is every parent's nightmare to have a strapping, handsome, brilliant, bright son just from the teens turning into the twenties diagnosed with lymphoma. And his son, he testified, was tough and proud and did not complain of the pain, but they knew when he was given chemo, massive amounts of pain were possible. And what he and his wife struggled with is: What if our son can no longer bear the pain of either the lymphoma or the treatment; where do we go? We don't know where to go buy marijuana, and what happens if we get arrested? But he did testify to one point that I as a dad know for sure, that if one of my two sons was suffering, I would do anything to try to help them.

And I think that's an important consideration. And so the parent would fall into the caregiver, the guardian that could avail themselves of this legislation. God forbid I'm ever in that spot, but I don't want to be running around Connecticut trying to find out where I could get medical marijuana. I think it's much more

humane, appropriate, and compassionate to create a construct where there's a way to do that.

I notice up in the gallery one of my friends and colleagues from years ago, when I was first elected to the Legislature, the Hartford Courant had an article entitled "Lone Wolf." And right there, on the front page, in a huge color picture was a lobbyist talking to me passionately about an issue. He's smiling. Unfortunately, in 2006, he had to hang up his practice of being a lobbyist for the causes that he believed in, but Barry Williams spent a lot of time in this building. And since 2006, he hasn't really lobbied me for anything, but he has asked for one thing. Barry is suffering from Parkinson's disease; for those of you who see him in the hallway now, he's not the Barry Williams that he was in some ways, but in his heart and his soul and his mind, he's still our Barry Williams. But the body is not acting the way the body used to. And he's saying if you can support this legislation that makes sense, he would be very thankful. And, Barry, I think you still make a lot of sense on this issue.

Brian Calabrese, third-stage, chronic Lyme disease. Eric Baier, severe fibromyalgia. Kathleen O'Callaghan, multiple sclerosis since 1995. She has used medical marijuana; it helps her coordination, balance, and muscle spasms. Brian St. Onge, severe manic depression, bipolar tendencies. Dan Montouri, chronic Lyme disease.

One of the things that comes up is glaucoma. Not only did we have a -- an elderly woman who articulated a story about her glaucoma or the onset of glaucoma where she was told by her son, Here, use this. She used it, the intraocular pressure went down, and being an older woman and a bit independent and not liking the fact that she had to smoke a marijuana cigarette because she had never smoked anything in her life, decided unilaterally, I'm not going to do this anymore. So the next month when her son brought her to the physician to check the intraocular pressure, it shot, had shot right back up. And son asked older mother, What did you do? Haven't you been taking the marijuana? And she goes, I didn't really like the way

it made my lungs feel, so I stopped. She has since redone it and the glaucoma hasn't set in.

But we also had testimony from Ophthalmic Surgeons of -- Ophthalmic Surgeons of Greater Bridgeport and Dr. Marc L. Weitzman. Dr. Weitzman came and testified that he felt that with some of his patients, not all, but on a case-by-case patient, that the medical use of marijuana could be helpful.

Ellen Burgess testified about her husband, and then her husband came and testified as well. A strapping, strong man injured seriously, multiple surgeries and basically posed this question: He said, I can take opiates and narcotics that are lawful, some of them quite dramatic in their impact as to how I can go about my daily functions, but if I can actually use medical marijuana and it has less of a dramatic impact on my daily life, wouldn't that be better than instead of ingesting narcotics every six hours to take the edge off his pain.

James Proto testified this last session. He represents the Connecticut Hospice, and he testified the physicians and pharmacists of the Connecticut Hospice regard THC, the active ingredient in cannabis as having a potentially very useful place in the end-of-life symptoms that we manage.

John Watkins testified that his wife recently had been diagnosed with leukemia, and his daughter was born with epileptic conditions that causes her to have up to 80 noticeable seizures a day. Daughter is now older; can the State of Connecticut please create some system of lawful medical use of marijuana so that he can try to better take care of his wife and daughter?

Laurie Roberts testified regarding degenerative disc disease, osteoarthritis and severe, chronic muscle spasms; she testified. Medical marijuana assists her; regular drugs, they have too many side effects.

As I had indicated -- indicated earlier, the Connecticut Pharmacists Association also stepped up in the last two years and said they want to help.

You know my position on this issue. I know there's going to be much debate on this issue, and I highly respect those that see differently regarding this, whether it's because of letters from the United States Department of Justice with concerns about federal authorities or for those that just feel fundamentally that marijuana is bad or that the beneficial aspects of marijuana can be achieved using other drugs or a different form of the active ingredients in marijuana. I understand. I am sympathetic. I have heard your testimony as well.

But I cannot draw any other conclusion myself regarding this bill but than to be in strong support, because as I look out into this Circle, I don't see just the State Seal and the red rug, I see the dozens and dozens and dozens of people that came and testified before our committee for hours and hours and hours. And when I walked out of that room that night, I said there but for the grace of God go I or my wife or my sons or my friends or my neighbors or my colleagues here in the Circle. And I would not wish any of those illnesses on the worst of my enemies ever, and how these men and women, young and old can keep a positive attitude in the face of these challenges is beyond me. And so for those reasons, Madam President, I think the least that this Senator can do is support this legislation. And for those reasons, I strongly support this legislation.

Thank you.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Boucher.

SENATOR BOUCHER:

Good afternoon, Madam President.

THE CHAIR:

Good afternoon.

SENATOR BOUCHER:

I have to say that it is disheartening that this year's session of educational reform should be overshadowed by a bill that for some of us would send a very negative message to our children and our families, the very ones that education reform is targeted to assist them reach their full potential and help our economy recover.

It is also very disappointing that this bill is being debated at a time when students already have so many barriers to success from homes where substance abuse creates a very difficult learning environment, where mothers in HUD housing tell me that they want the scourge of drugs and their influence out of their neighborhoods, when national headlines display the diminished or lost lives and wasted talents and potential of some of our nation's greatest talents, Whitney Houston, Michael Jackson, Congresswoman Giffords. There's also the collateral damage to families of the not so famous, the Petit family, the Katz family, the McLachlan family, in my communities. In fact, one of the perpetrators of the crime on the Petit family wrote at great length and talked at great length about his drug abuse is what led him to do things that he would never have thought he would do.

As this Chamber considers this very serious policy change that puts us in direct conflict with the U.S. Department of Justice, we also should be thinking about the 80 percent of our foster children that are taken from homes afflicted with addiction. There are reams of data that speak to the cost of the State due to the unhealthy effects of marijuana on the heart, the lungs, the immune system, on the fatty tissues of the brain, the reproductive organs.

And, in particular, it is devastating for those with post-traumatic stress disorder. I speak to psychiatrists in the state. They come to me on this issue. I approach them to learn more. And that is exactly the opposite medication, and particular some that are experiencing drug abuse on their own have found that they now have to go into treatment to try to undue to damage that's there.

We're going to be talking a lot about the health effects, because we've labelled this bill "medical marijuana," even though I might add that nowhere in the bill do we talk about a doctor giving a prescription to a patient, a prescription that would have medicine be approved by the FDA. And, in fact, it causes this bill quite a bit of problems and has also been a bit disingenuous when the public is being asked to weigh in on the issue, and each time they're asked if they would approve marijuana as medicine as prescribed by a doctor or physician, not recommended anecdotally, not in a method that has no dosage but in the bill has a one-month supply. And you could be certified for a long period of time, and there's no -- no method to control the -- any excess amounts yet to be determined and subjects the State to a tremendous amount of abuse as we'll -- going to see that has happened in so many other states.

Over the last ten years, some of your fellow Legislators have steadfastly maintained that it -- this is -- if this truly, truly was about helping the sick and not making money or step in full legalization as this bill has taken that journey in almost every other state, particularly in the State of California that has led the way on this issue for the longest period of time, and if we were talking and caring about those that need to be alert and functional and look forward to a recovery from a serious illness or need to function with a critical life-long condition, then if this was really about palliative care for the terminally ill and it was restricted to those cases, I've advocated for a change as a compromise in each one of those ten years. And I would have come on board and fully supported it, as many of the public also feels that this issue is about those with terminal illness.

If it were restricted -- and I'm going to try over a period of time to convince you that we should restrict this policy change for the terminally ill through an amendment -- it would dramatically change the cost structure, reduce the cost of implementation, and it also would reduce the cost to the State on enforcement. And it would -- might mitigate quite a

bit of the problems, both legal and liability issues that this bill presents.

Please consider, as we discuss this bill this afternoon, that with passing the bill out of the Senate, you're contemplating making a very dangerous and costly public policy change that does, as has been alluded, pit the State of Connecticut in direct conflict with the United States Department of Justice.

We were fortunate to get a very timely response to our questions when this bill came forward to ask just that question: What are we actually doing here? Are we embarking on a journey that might be stopped, impeded or subject our state, its pharmacists, its dispensaries, its producers and growers to prosecution, lawsuits, elimination of insurance, and possible lawsuits going forward? And the response was very similar to a number of other states that didn't ask the question but the Department of Justice proactively sent them a warning signal.

For those that had not read the letter that has been distributed widely in our Senate and our House, the content of the -- of the actual letter from the U.S. Department of Justice, David B. Fein, who is our United States Attorney from New Haven, Connecticut responded that they maintain that Congress has passed marijuana and placed it on a Schedule I of the Controlled Substance Act. And as such, until such time that changes at the federal level -- and I might add it has been attempted a number of times in the last decade, particularly given what is happening throughout the country. And each time it's been refuted with very damning evidence by the FDA, the National Institutes of Health, and many individuals that have been very involved in this for a time. So their position is -- and it's quite interesting, because early on in the new Administration at the federal government, our President Obama, was perceived as seeing that he might be very much supportive of medical marijuana and -- and the states.

But that dramatically changed, and it dramatically changed in 2009, when more evidence and information come forward. And they've become very firm on the issue and, in fact, have sent enforcement officers

into the various states. And we're seeing a real change in and an unraveling of this process. So they maintain that it's Congress has placed it, and it's been tested at the Supreme Court level, that marijuana is still a Schedule I drug of the Controlled Substance Act. So they maintain as such, growing, distributing it, and possessing it in any capacity, other than part of a federally authorized research program, is a violation of federal law, regardless of states permitting such activities and that they will pursue the prosecution of individuals and organizations involved in the trade of any illegal drugs and the distribution and the disruption they will continue to get involved in the disruption of a drug-trafficking organization. And it will be -- it will remain a core priority of the Department of Justice and the United States Attorney's Office.

Although they maintain that they probably very rarely would ever go after anyone that was truly ill and wasn't fraudulently making this case, they would rigorously pursue business enterprises that unlawfully market and sell marijuana. They maintain this authority that they will vigorously pursue organizations that also participate in the unlawful manufacturing and distribution of these activities. Even as such, they recognize that the states are changing their laws.

Now, this would be an interesting scenario to put the State of Connecticut in, because it raises the entire issue of the Supremacy Clause. Just as local communities in Connecticut are governing by state laws that supersede their local-crafted changes in local ordinances, the federal government maintains that their law supersedes anything that we do on a state level. They also maintain that they will pursue criminal and civil actions for any CSA violations, whenever they determine legal action is warranted.

In addition, federal money on laundering and related statutes that prohibit financial activity involving the movement of drug proceeds may likewise be utilized. They will also and can also pursue civil injunctions and the forfeiture of drug proceeds, property traceable to such proceeds, and property used to facilitate drug violations.

They believe in their letter, and obviously they read our legislation very carefully and in a great detail. They feel that our House Bill 5389, which they identify directly in their letter, will create a licensing scheme that appears to (inaudible) large-scale marijuana cultivation and distribution which would authorize conduct contrary to federal law and undermine the federal government's efforts to regulate the possession, the manufacturing and trafficking of controlled substances. As such, they will consider even civil and criminal legal remedies against those individuals and entities set up for marijuana growing.

They also, interestingly enough, mentioned others who knowingly facilitate -- and that's an interesting addition to this -- which in reading the letters that were sent to many other states that have this in place, appeared to be -- and I have a file if anyone wants to go through the various letters -- I'm not going to do that tonight because we have so many other things to discuss -- but we have a file and a copy of each letter that was sent to every State's Attorneys General. And it appears that each letter gets progressively more detailed, more stringent and more compelling. So others who knowingly facilitate the action of licensees, including property owners -- this is very interesting -- including property owners, landlords -- which was specifically delineated in this bill -- and financiers should know that their conduct violates federal law.

Well, this certainly is a warning -- warning sign. And some of the potential actions that the department could consider includes injunctive actions to prevent cultivation and distribution of marijuana and other associated violations of the CSA, including civil fines, criminal -- seizure and so forth and so on, which we discussed.

So it appears that it is not just the producers, the growers and the dispensaries, but it -- it appears that even those that own the property, landlords and so forth, would be subject to this. And it's quite interesting, already, when discussing this locally with some of our pharmacists; it's incredibly clear

that they have backed away from this almost a hundred percent, the ones that we are actually talking to.

And it is interesting to note that in this bill it seems to provide an opportunity for a dispensary to not be located in a pharmacy for exactly that reason, because there is a fear and a danger that they will shut them down, as they have been doing in other states as well.

U.S. Attorney Fein concludes his letter by saying I hope this letter assists the State of Connecticut and its potential licensees in making informed decisions regarding the cultivation, manufacturing and distribution of marijuana as -- as well as other related transactions. I think that is quite clear, Madam President, that the U.S. Department of Justice has sent us a very strong warning.

The destructive influence and enormous costs of drug abuse to the State and state budgets in general, as well as counties and municipalities, are very well documented and is everywhere you turn. Just pick up any newspaper to read about those people whose lives have been ruined, whose talents were wasted due to drug use, but you don't have to turn on your TV to see the stories about the damaged families that have endured so much because of drugs. We heard some very compelling stories by our very distinguished, Ranking Member of the Judiciary Committee, who talked about the -- the really compelling illnesses and pain that people endure; no question about that. But I hope that when we finish this discussion tonight you'll know and be able to understand that there are really good alternatives that can address some of those issues and many of them in the pipeline.

And if, in fact, someone ever decides that THC and that -- and marijuana actually does anything other than to allow an individual to forget about the pain they're undergoing for a period of time but actually deals with the underlying situation, that maybe they will recognize that this particular bill is not necessary and if the THC was actually beneficial, it should be provided in a form that does not go into the lungs and is not smoke, but in fact is in a pill form, is in a vaporizer and is in a -- in a type of

medication that can be dosed safely and would give no problem to any pharmacist to go against federal law and put themselves in such financial, civil, and personal risk.

As I said, the -- the stories that our Ranking Member was so good in -- in bringing forward to us were compelling; however, as I said, you don't need to turn on the TV to see stories about the damaged families because of drug -- drug use and drug -- drug addiction. All you have to do is look inside our own families, our own schools, our own neighborhoods, and our own communities.

Again, please think for a moment, again, about our state agencies and the issues they have to deal with, the foster children that come from homes of addiction and the cost to our state agencies of DCF, DSS, DMHAS, the Department of Public Health, the Department of Public Safety, and if you wanted to get really myopic, also our General Fund.

Shortly we'll carefully review recent and very timely data that speaks to those additional costs, whether they be legal, social, health, and the damage that marijuana as a smoked product and a product that has changed dramatically over the few decades that people have really been discussing this or using this drug -- almost ten times the -- the -- the potency of previously smoked marijuana. You know, there's a lot of money chasing this -- this particular plant, just like the tobacco plant. Now that we have so much data on how bad tobacco is for us and the cost to our nursing home admittances and emphysema and so forth, we're increasingly able to document and verify that we're heading in the same path, if not more so, with this particular drug as well.

We're also going to talk about something that's little known, and that's the reproductive system and how it affects the male and female reproductive system. This is so important because we have a number of members of our staff and individuals here that luckily are going to be new parents, and we're so excited for them. But we want them to know what's going on with their bodies and to be safe. Just as we tell them please don't -- don't smoke a cigarette or drink while you're

pregnant, you're going to learn a little bit more about what the chemical components of THC and marijuana do to those systems and how this could dramatically rise the cost to our state's health care system and our budget and, quite frankly, to our educational system. We'll learn a little bit about the young brain, the infant brain, what that's doing to your children in preschool and why we may be having more severe learning disabilities.

We're also going to attempt to show that House Bill 5389 will also open up Connecticut to an -- and create the conditions for increased substance abuse, crime, and legal challenges that have characterized medical-marijuana programs in so many other states. We are a bit fortunate. And you know that delay that has occurred of which unfortunately or fortunately, depending on what side of this issue you're on, that we were able to forestall until now? We weren't part of that early experiment. We now are the beneficiaries of what has happened in those other states and we can learn from their problems and issues and challenges.

And you'll see that in many of those states, if not all, there has been not only an increase in the social costs of this policy but increased state agency and law enforcement costs, something that I believe the State of Connecticut can ill afford in this precarious economic time.

So why has there been so much effort expended in opposing this bill? And there have been not just efforts but emotional expense on this bill. It comes from some tremendously heartbreaking appeals from parents and family members who have children that are sick with addiction and that have had their lives destroyed, who are pleading with us to stop this march toward the legalization and the proliferation of elicit drugs and to educate our colleagues on why this would be such a tragic change in our state's policy. They and others warn that this measure could be devastating to our state and that their concerns have been actually confirmed by real science, medical research studies, and by the consequences and enormous costs in other states.

After exhaustive study -- and I have to say there have been some exhaustive periods, late into the night and early morning -- but also in consultation with many of our state doctors, psychiatrists, M.D.s, and national experts, some of which have flown to Connecticut on multiple of occasions, doctors from Chicago that have been in addiction and medical field for over 30 years. I can recall Dr. Andrea Barthwell, who came from Chicago and spent a good deal of time walking the halls of the Senate and the House to let them know about her vast experience. And she also, for a time, worked at the federal government level on this issue.

We also talk with cancer patients, and I continue to be firmly convinced that the argument that smoked marijuana is medically unnecessary and that it is untrue that the drug is useful medicine.

It appears that we're not the only ones reviewing this; it has been reviewed over time by the FDA, and such organizations as the American Medical Association, the National Multiple Sclerosis Society, the American Glaucoma Society, and the American Cancer Society have all opposed medical marijuana.

It also was very edifying when our Ranking Member discussed the fact that our hospice centers in Connecticut would find that this would be another tool that they could use in their hospice organizations. And, in fact, just this week I discussed this as well with our Fairfield County Visiting Nurses and Hospital Association, and they agreed with me that if this bill was about the terminally ill, if you didn't have any prospects for long-term survival, that it would be perfectly okay. And I agree with that completely. So we use anything that we can in that tool chest.

But if, in fact, this is about chronic illnesses -- and by the way, this bill does not limit this to anything, and in addition, it is not doctors making the decision. There's a board of physicians, of eight physicians that give advice, just like our Treasurer's Office; she has a board that gives her advice. But who is the final decision maker? And it is our Department of Consumer Protection, a nonmedical board and organization making a decision, a consumer organization making medical decisions on what kind of

malady could be and fall under this particular bill. And that's why I've maintained that is -- this was for terminal illness and we could provide this as another tool for our hospice centers, it's perfectly fine with many of us and, by the way, to the general public as well, who I would say a vast majority that I speak to believe that this is for the terminally ill and that it is compassionate and that a doctor does prescribe it. But as we see, nowhere in this bill is there a prescription, so how could we call it "medical?" I -- it still -- it -- it boggles the mind.

And in here we also, interestingly enough, have the condition of glaucoma for which marijuana could be recommended. And that is interesting because we have a copy of the testimony that the Glaucoma Society presented to the Judiciary Committee where they refuted and had opposition to this bill. They warned patients that marijuana can make their glaucoma even worse.

In addition, marijuana produces heart problems, suppresses the immune system and is dangerous to patients suffering from cancer and AIDS. And it even increases the risk of Kaposi's sarcoma in AIDS' sufferers. We're going to go in a little bit more detail of this because I think it's so important that we understand the medical issues surrounding this.

In fact, what might be interesting to all of you, as you know, one of great promoters of this bill who has been passionate on the other side was our former coach or Co-chair of the Judiciary Committee, our own distinguished Representative Mike Lawlor. And he was so interested in my position on this that he challenged me to a debate locally. And he said, you know, let's debate this medical marijuana and you invite a doctor that is for it -- I mean against it, that is -- that is -- that doesn't want it and I'll bring a doctor that is all for it, pro-medical-marijuana doctor.

Well, you know, I'm never one to refuse a -- a wonderful invitation and a challenge like that, and I thought it would be very interesting for the public as well. So we set up the debate. We're all prepared, and I -- we talked about the medical issues. The

doctor on my side made his case, but I must admit the doctor that was promoting this, that was pro medical marijuana was really amazing, articulate, and had a very sophisticated, PowerPoint presentation that really knocked your socks off. So I was a little worried; I thought, well, you know, this might not go as well as I would like.

However, what was fascinating was this is a doctor that was transplanted from California, who in California actually did prescribe it on occasion to patients. And while the PowerPoint presentation was being presented, she completely shocked all of us in the debate. She said, You know, I never studied it like I did this time; I never had to defend it or bring it out, and I actually did some research.

Because you know how busy doctors are; they can't get into maybe the minutia of every single malady that comes forward. And this certainly doesn't have a lot of medical background behind it, other than it's illegal and the FDA doesn't approve it. So many don't think about it or even if they are able to prescribe the Marinol tablet, most of the doctors tell me they don't prescribe it because it doesn't really work that well for the particular situation the person has.

She completely shocked us all. She said, You know, I have changed my mind; I will never prescribe this again. She became an opponent of medical marijuana; it was really quite a moment, I have to say. She said, you know, You're right; there are more negatives to the benefits of this, and I don't think in good conscience I can continue to prescribe this nor would I.

So that was quite at a telling moment, I have to say and only further convinced me that this was the wrong direction for the State to take. She's found that, as we have found, that modern medical science, which is getting more sophisticated every day -- we're going to be introducing Jackson Laboratories to the State of Connecticut to actually do research on medications that are custom to your own biology that could really change the entire landscape of modern medical science -- but even with that, there are other treatments and

pain relievers that are more effective, have been proven to be more effective than smoke marijuana.

The simple reason is there is absolutely no approved medication by the FDA that is smoked. It certainly makes sense, doesn't it, since it's difficult for physicians to determine the right dosage of it and that smoking any substance introduces harmful particles into the lungs which can lead to respiratory problems. And from this standpoint, marijuana smoke is very dangerous since it does contain -- and we'll show -- it contains more cancer-causing agents than cigarette smoke and leaves four times the amount of residue in the mouth and throat. And even if marijuana was the best medicine out for any ailment, there are derivatives, such as Marinol and Sativex, which deliver marijuana's effects without causing the same health problems as an inhaled, smoke-filled drug.

Hopefully we'll show that in addition to marijuana's unsuitability as medicine, allowing that medical marijuana could also present serious legal challenges to Connecticut, House Bill 5389 does something remarkable, it changes marijuana or it suggests that we change -- by regulation, not through legislative process -- it changes the classification of marijuana from a Schedule I, controlled substance under federal law, which would remain illegal regardless of state law authorizing its use, and deregulate it and change it to a Schedule II drug. This causes a great discrepancy between state and federal law, which may leave Connecticut open to further litigation by the Department of Justice, which as you heard from the letter to us, is committed to enforcing the Controlled Substance Act.

I've alluded to the fact that we're not the only state that received this warning from the federal government. In fact, the U.S. Attorney in Colorado indicated that there are no safe harbors for dispensaries in that state because the federal government considers marijuana an illegal substance. Similar problems involving dispensaries have arisen in other states. Last year, the State of Montana was forced to overhaul its medical-marijuana laws in the face of criticism that the rapidly expanding marijuana

industry in that state has led to wide, widespread abuse.

In October of 2011 -- we don't have to go very far; in fact, the information is coming in fast and furious -- the federal government ordered many of California's medical dispensaries to shut down with prosecutors arguing that California's medical-marijuana industries engaged in illegal sales under the guise of supplying qualifying patients.

You know, I think that the messaging that is out there right now is that proponents want us to believe that medical marijuana is for very debilitating conditions that have been unsuccessful in seeking out other improved treatments and only those would qualify for medical marijuana, but that's simply not true with the language that we have in this bill. One only needs to -- to look at the number of other states that have passed such legislation and see how widely the programs are being abused and can be for almost anything that the patient brings forward if, in fact, they are a patient.

And it also has stated that it would be very limited in those cases, but that's also been proven untrue. In fact, I think it was New Mexico or Montana said, well, they think about 500 patients would come forward and now they have 28,000.

What's also interesting now that we have data from other states that have passed similar laws show that only 10 percent of medical pot users have cancer, HIV, AIDS or are glaucoma patients or other -- or have other maladies as listed in this particular bill. Well over 90 percent cite chronic pain, an indefinable term that is being used to cover medical conditions such as headaches and minor arthritis.

It's interesting, too, because as the government is starting to shut down these dispensaries in other states, there's lawsuits on the other side, those that have built that business and want to stay in business. And I -- one of the lawsuits that was -- was brought forward by one of the advocates to oppose the government's efforts to shut down these dispensaries was dismissed just this year -- just this year, on

March 5, 2012, by a federal judge in San Diego who ruled that federal law prohibits the sale of marijuana.

The ever-increase -- the ever-increasing supply of marijuana in states such as California, Montana, and Oregon has dramatically swelled the number of marijuana users, who are obtaining the drug under the laws which were originally intended to benefit only a small number of ill patients. Again, compare the stats; 500 versus 28,000 that actually stepped up to the plate.

It appears then in every state that this has been enacted, the abuse inherent in the bill cannot be prevented, particularly with the lack of enforcement officers and budgetary needs that would be required to make this work in a legal and well-enforceable manner. Again, the few states that have taken this path have seen an alarming increase in marijuana use, crime, higher cost to communities and state services, law enforcement, and, in fact, lower property values and negative changes in the quality of life in their communities.

In fact, we have members in this body that have relatives in other states that have experienced this. Humboldt County, in California, has literally lost all of its appeal to its tourists for its fishing, for its quality of life, because, quite frankly, it has become a haven for drug production and elicit crime that has repelled families from feeling safe to really enjoy the communities that are there any longer.

Additionally, we talked to our friends in other states that are starting to see the crop up of these both legal and illegal dispensaries that are really changing the complexion of their communities, something I don't think we want for our cities here in the State of Connecticut.

We also have the problem -- and this is well noted -- that reclassifying medicine or -- excuse me -- marijuana as medicine creates a very false impression that it is benign, and it does increase its use. An example would be the University of Michigan's survey of 46,000 American teenagers that concluded that

marijuana use has risen to the point where more teens are smoking pot than cigarettes. This survey not only included and concluded that teenage use had been on the rise but its rise was specifically correlated to the increasing favorable perception of the drug among high school students.

And I, you know, you don't have to go to these outside studies, we can look just internally. And, in fact, some of the treatment centers in my district, particularly when my district included the sixth-largest city in Connecticut, they told me directly that they were seeing such higher instances in their treatment plant -- in their treatment centers for marijuana addiction. It wasn't cocaine; it wasn't heroin; it was marijuana addiction.

Our school nurse in the town that I live has already said to me, she said that the kids are already laughing about this, that it's devastating to their anti-drug programs. And the treatment centers said when the kids come in for treatment, they literally say, Well, this is not harmful, this is medicine; everybody says it's medicine. All those important people up in our state, in our House and Senate, say that this is medicine. Why am I here? I don't need this.

Quite frankly, there is a reason that marijuana is a harmful, Schedule I, federal illegal drug that does not save or improve lives. It's been around a long, long, long time, and in all those years it never was proclaimed medicine. It had a -- plenty of opportunity to reach that level. It undermines the seriously ill's best prospects for recovery, and I believe it's the wrong prescription for Connecticut. And I hope after this lengthy debate, we can convince some that, in fact, this is the case.

I actually am very, very grateful that we fought some of these repeated attempts in the past to take our state down this path and have not broken -- broken the trust with our constituents of doing no harm. I believe that the reason that I oppose this so strongly is that I do see the increase in demand for the drug in a way that is very harmful, particularly to our young people, something I care about very deeply and

that it has been reengineered, as tobacco has, to make it so many times more powerful and more addictive than in the sixties and represents nearly 60 percent of the new admittances to our drug treatment centers, particularly to our teenagers, which, by the way, they're included in this because it is the age of 18 that is listed here. And I will have an amendment, hopefully, to raise it to the age of 21 that might make this somewhat better, with a little more protection.

And remember, this is not anecdotal information, but we now can see what has happened in states that have gone down this road. It seems surreal that at a time when we're so concerned about other things like trans fat and second-hand smoke and obesity that we could be moving down this path. And I think that when we start that discussion about its health effects, we'll see that it does not help the sick but, in fact, could actually make those individuals sicker than they already are because, simply stated, marijuana is powerful; it fills a person's lungs with carcinogenic smoke and it wasn't crafted to deal with those that are terminally ill but rather than those with a chronic illness for someone that could potentially live a very long time and have a good quality of life. And I am concerned and others are concerned that this bill could potentially reduce a patient's prospects for that very long life and not allow them to be engaged in society, in their jobs, and with their families in that way that's more clear-headed and doesn't mask, sometimes, the increasing medical problems that they are experiencing, as has happened.

The FDA has really come out and discussed this and wrote about it and has been writing about it, and they're very clear that there are many risks to a person's health and -- and point to past evaluations by our Department of Health and Human Services' Agencies that conclude that there's no scientific studies supporting the medical use of crude marijuana for treatment, even though it has existed in our society and throughout the world for centuries. There have been no animal or human data supporting the safety or efficacy, though their guidelines for drug approvals require this.

They also require the ability to be able to dose medication, the frequency of duration of a medication and the impact, the impact of how it would interact with other medicines. Where are doctors going to go for that kind of information? Not to mention, most compelling, is that there's never been the smoking as a delivery method for administrating -- administering any medicine at all. It doesn't meet the standards of modern medicine.

Now, what we're going to discuss, in just a short while, are a few of what I perceive as some of the big issues that we need to overcome and the barriers to this legislation actually working: First, that it harms the critically ill more than it helps them; that there's not been a testing program that could determine its efficacy, and that it might even harm patients, and until we find that research and a proper delivery method, we should do no harm; secondly, that there are safe and effective alternatives and new ones just about to come on the market; thirdly, it cannot be enforced nor can -- we can prevent widespread abuse, particularly for our youngest population, whether it's by the fact that they start to believe that this is benign or that they are able to access it, as they have in other states.

We have many cases in the -- in the City of San Diego, which I visit quite frequently. There have been many cases where young students are smoking pot in the classroom and they pull out their prescription. And they're usually obtained just for $150 to the doctor on the corner. And they've had a terrible problem in their school system, and I know, Madam President, how much you care about the students in this state.

Fourthly, the bill promotes an illegal act; it's against federal law. It puts us in direct conflict with our -- the federal Constitution and we may need to have to have this adjudicated in that fashion. And it may cost us quite a bit in order to do so. The Executive Branch is committed to upholding federal law.

Another issue to overcome is that our State of Connecticut, our state doctors, our health care centers, our businesses, our employers, and our

insurance companies are opening themselves up to litigation, by the way, lawsuits that have already been started in other states. Just imagine, for a minute, the impending tobacco settlement that has taken us a few years to get to this point.

Another concern I have is that there would be increased cost to state substance abuse treatment programs, again to our state agencies that have to pay for the result of some of the problems that this could encounter, not to mention our Department of Public Safety, if we really do want to hold down crime and abuse.

And finally, and for some of us that spend a good deal of our time here on behalf of our state's children, we could be harming them by sending the wrong message -- it's already -- already starting -- that drugs are okay, at a time when we're experiencing serious problems on our communities and our schools. We'll be -- and undermining, absolutely undermining our current anti-drug efforts and substance treatment by contradicting strong anti-drug efforts.

This is further exacerbated by last year's bill that decriminalized marijuana, a half-an-ounce, which could be 30 to 40 joints at any one time, just by giving them simply a little ticket, a parking ticket, which has had, by the by, already devastating results. Our own Minority Leader, Larry Cafero, who has been a long-standing officer in his school systems -- he is an expulsion officer has been there and doing that for a very long time -- he said that the -- the dramatic change in the number of students as he had to deal with, specifically for pot smoking, has gone up precipitously. So you add last year's bill and you add this one to it, and, you know, I -- I am so concerned about the kind of messaging and the reduction of harm, which by the way the proponents of this type of measure have actually advocated for the reduction in the -- in the sense that this is a dangerous drug, that it should be benign. Because the ultimate intent in most of these states, and why there's so much money following these efforts, is that they're -- they're looking for full legalization.

And, as I said, in almost state the next year, the year after that, there's always a legalizing drug bill that's being proposed. The only reason that California didn't enact it is because it was a proposition state and it was soundly defeated by the public, even though a tremendous amount of money, millions of dollars was expended in order to move in that direction.

We have opposing beliefs in this Chamber and in this building on how -- how to help seriously ill by reducing their pain and increasing the prospects for their recovery. We also have differing views on how to help patients function normally as possible over the course of their life, well, if they have a chronic condition. I believe that there's enough credible organizations that say that smoking a marijuana cigarette or smoking any drug is not safe or effective medicine. And I do believe deeply that by passing this we will not only be harming our constituents and loved ones at home but they'll be increasing the demand for a very dangerous drug.

And we have to ask ourselves if only one more person in ten -- add that's a very conservative number -- becomes addicted, will we be doing more harm than good here today. And I think we're breaking a trust, a trust to our constituents to help them improve their lives, and in this case their health. A smoke-filled lung, from whatever the source, including a smoked drug such as marijuana is harmful and should be avoided.

As I said before, I've spoken to cancer patients; we've heard from them here in the Judiciary Committee, including my own 30-year-old niece, my 8-year-old nephew's parents, and even, in the past, when my husband was faced with a threat of cancer. And we talked about the wisdom of putting a chronically ill loved one at risk for further damage to their health. Just think about it for a minute. You're asking the person you love to inhale deeply, hold it -- it in for as long as possible, an unfiltered smoke from a marijuana cigarette that contains over 400 ingredients, some of which are known to -- to be lethal carcinogens and have been proven that by really reliable sources. For the terminally ill, sure,

that's okay, but not for those that have any chance of getting better.

Before the Legislature embarks on its drive to make medical marijuana available, which some feel is being fueled by special interest groups from in and outside our state which have expended great sums of money to push this, we need to have a real realistic debate on the pros and cons and the cost. We should determine if licensure and producer fees are sufficient -- it's something we talked about in the Finance Committee, in fact -- to offset the costs, the greater costs that the State will -- will certainly encounter. We may find that we need to increase fees where there are none and maybe set up some financial accounts to protect the State.

But before we do that, let's talk just for a short while on the many reasons, health reasons, because, again, we are talking about medical marijuana and it's supposed medical advantages and benefits. And I would like to bring before the Chamber some of the information that talk about just the health portion of this bill, because now we have really good information, and we have information from leading doctors; we have leading universities and health care centers.

Yale, Harvard doctors, Connecticut medical societies and many other institutes of health have determined -- and we'll look into each of these -- that smoked marijuana causes damage to the brain, to the heart, to the immune system, the lungs, as well as impairing learning and memory, perception and judgment. It also contains cancer-causing compounds. Additionally, it has been linked to a rising number of automobile crashes and workplace accidents as well. And I think we have quite a bit of data on that additionally. We will talk about the issue of drugged driving and how that has gone up precipitously in states that have this particular policy.

There are other states that link marijuana use to the loss of motor skills, increased heart rate, impairing the ability of the body's T-cells to fight infections, because, like tobacco, marijuana is not a new drug;

it's been around for a very long time. And now there's actual, scientific studies on the subject. Just as it took a long time for doctors to document the harm of tobacco, it's taken a long time to look at the actual properties of marijuana plant and to investigate this increasingly stronger, modified plant.

What's interesting is that these medical studies have shown conclusively that it actually causes some of the very serious health problems that they purport to help to ameliorate: Cancer, respiratory and breathing problems, loss of motor skills, increased heart rate actually associated with sudden death syndrome. That surprised me, in fact, because many said that this was not harmful to an individual. It also affects the immune system by impairing the ability of T-cells to fight off infections, demonstrating that it could do more harm in people that are -- already have a very compromised immune system.

And what is interesting about Crohn's disease, I found -- and I have family members and friends that have this -- is that, in fact, at the later stages of that disease, that you actually want to suppress the immune system. So in some cases, such as that, it might be -- work towards them, particularly at the late stages of it. But having it as a smoked delivery system compounds it by giving them a different problem, and that is a problem with their lung.

The reason that smoked marijuana is so dangerous, it is associated with higher concentrations of tar, carbon monoxide, and carcinogens, much more so than even nicotine. And this is the problem with the link between tobacco smoke and marijuana smoke. In fact, now it has been proved that one marijuana cigarette can deliver four times as much cancer-causing tar and one tobacco cigarette. This is interesting; why would that be? Well, even though cannabis cigarettes are smoked less frequently than nicotine cigarettes, their mode of inhalation is very different. This is particularly interesting to those that may not have had an experience with -- with marijuana.

Compared to smoking tobacco, smoking cannabis entails a two-thirds' larger puff volume, one-third larger

inhaled volume, and four-fold longer time holding your breath, and five-fold increase in concentrations of the kinds of substances that are cancer producing. The products of combustion from smoked marijuana, again, are thus retained to a much higher degree that a tobacco cigarette; that's why they're more dangerous.

In addition, it stays in the blood stream a great deal longer, for nearly 30 days and has been detected in those exposed to its second-hand smoke in drug tests. I thought this was anecdotal information that one of our distinguished -- I don't know if you remember her, Madam President, our own Lenny Winkler that was a State Rep that served with us in the House -- but she's an emergency room nurse and she -- she was able to provide me with information that stated as such. She said you could be in a room and the second-hand smoke will show up in a blood test. But now this is documented also in medical studies.

This is one of the main reasons, as we said before, that no FDA-approved medication is smoked. It's a poor delivery system of medicine of any kind, and it's also impossible to administer safely regulated doses in smoked form. I may be repeating this a couple of times but only because I understand that if you repeat something four times, that's about the time when someone actually remembers it, and this is important to remember.

You know, it's interesting that even if a viable, alternative medication, and it was a viable -- if marijuana was a safe and viable alternative medication, why do so many organizations that advocate on behalf of illnesses mentioned in this bill really reject it? And they include, as we mentioned before, the organizations that are purported to be the advocates of the illnesses in this bill: Multiple sclerosis, glaucoma, cancer, ophthalmology. And, in fact, you know our own Connecticut Medical Society testified against the bill in committee, in the past years, is opposed to the bill, as well as the American Society of Addiction Medicine and the American Academy of Family Physicians and the American Academy of Pediatrics.

Some of those organizations talk about its addictive properties, even though some that support this bill maintain that there is no addictive properties to this at all. All of these organizations, they all reject crude marijuana as medicine, not because it's illegal -- although it is illegal -- but there's no pharmacological or medical justification in the use of leaf marijuana in the treatment of these specific ailments.

Marijuana has been touted as ameliorating chemotherapy induced nausea, wasting and anorexia associated with AIDS, intraocular pressure in glaucoma, and muscular spasticity arising from such conditions as multiple sclerosis. In fact, two comprehensive studies evaluated the scientific basis for those claims, one conducted by the Institute of Medicine and the other by the American Medical Association, have been published. Both of them acknowledge that there's some lack of rigorous data to support the use of smoked marijuana as medicine while calling for additional research in the use of this method, especially -- and this is what they all underscore -- especially if it could be delivered in a smoke-free manner. Because marijuana smoke delivers harmful substances -- they go on to talk about what those substances are -- into the body and that the plants cannot be expected to provide precisely defined drug effect. For that reason, the institutes conclude that there's very little future. They felt there wasn't a future at that time in smoked marijuana, even as various states move in this direction.

What's interesting to -- to note, what they have found is when they talk to patients in their experiments that have been tried, some of the patients using marijuana to alleviate certain symptoms say that they may feel better but they're not actually getting better. Because of the way marijuana as a chemical works within the human body, the overall health of the patient my actually be worsening instead of improving; this is really a concern. The reason that some patients report they feel better is because marijuana is an intoxicant. We had a member of our House Chamber who has lost a loved one that recounted the story to cancer, for that very reason; the drug masked the illness that finally killed him.

Why is it bad for cancer? Given that two-thirds of all cancer patients thankfully survive -- that's a good statistic -- there's a concern about their long-term health prospects. In Connecticut, in 2004, it was reported that 17,000 people were diagnosed with cancer and less than one-third of them were considered terminal. The question becomes: Are we exposing the other two-thirds afflicted to harmful smoke that actually could aggravate or contradict the very therapies that were designed to help these patients and our loved ones?

Current and past smokers of marijuana are, according to the volume, vast volume of new research that -- that concludes this, are at increased risk for developing cancer of the head and neck, including tumors of the mouth, throat, larynx and lungs, this -- these studies have found. And that, by the way, mirrors a lot of the information we have about tobacco smoke. That's why the worry, the danger and my protracted discussion of this.

What's interesting that the study also found, that the first link to marijuana with such cancer suggests the drug's popularity in recent decades could have serious long-term health consequences for some users and that that generation of Americans who were teenagers in the sixties -- and we have to count an awful lot of those within this Chamber, and particularly the Baby Boomers -- when recreational use of marijuana became so widespread, they're not reaching an age when many types of cancers are starting to become more common.

We just mentioned that marijuana smoke is higher in tar and carcinogens than tobacco smoke, and previous research has shown that marijuana smokers, like cigarette smokers, can develop precancerous changes in the cell lining of the respiratory tract. Therefore, the researchers said that they weren't surprised at all by this outcome, at the news that smoking marijuana predisposes its users to head and neck cancers, and that they predicted it would likely be found to increase the risk of lung cancer as well.

This is very interesting because one of the major proponents of this nationally is currently dying from

lung cancer. It was an interesting news report that came out and talked about the fact that his doctor said, Well, it's probably from your very heavy pot use after all of these years. Leo [sic] Mow, an Associate Professor of M.D. Anderson Cancer Center said that's what I expected to see. It appears that marijuana smoke is a stronger carcinogenic than even cigarette smoke.

We don't have to go to Texas, though. Right here in Connecticut, at Yale, in 2005, their research at the National Cancer Institute -- and it was a landmark study by Richard Moser; he co-authored the research at the Yale School of Medicine -- proclaimed that smoking marijuana is correlated with an increased risk of conditions similar to those produced by smoking tobacco and can compound health problems resulting from smoking tobacco, both cancer and heart disease.

The Director of the Analytic Epidemiology at American Cancer Institute, Cali., said that the new findings underscore long-term danger of smoked marijuana and the need for research in better ways of delivering the drugs' active ingredients, if it proves to be in any way beneficial to people with chronic illnesses. Again, this is repeated over and over by the experts. There needs to be research and another delivery method if, in fact, this helps in any way, which has still yet to be proved.

Let's talk about the immune system. The effects of habitual marijuana use on the immune system has been documented and written about for a long period of time, but most recently by a Donald Tashkin, M.D., at Harvard who, again, maintains that the acceleration or aggravation of the very disorders it's being used to treat is what occurs with smoking marijuana regularly. He also maintains that just smoking a joint a day can damage the cells in the bronchial passages that protect the body against inhaled microorganisms and decrease the ability of the immune cells in the lungs to fight off fungi, bacteria, and tumor cells. And for those patients' already weakened immune systems, this means an increased possibility of dangerous pulmonary infections including pneumonia. And this is particularly devastating and can prove fatal in AIDS patients.

Well, so it's not something they would recommend; however, I would maintain, as we did from the very beginning -- I'll repeat this over and over this afternoon or evening -- is that if it was for terminally ill patients, we could all get on board. This would take all of ten minutes and we would be out of here tonight in a half an hour, if anyone wanted to vote if favor of this entire program for those with a terminal illness. Because, again, we're not concerned about the long-term prospects because they don't have long-term prospects; all we need to be concerned about is giving them care, compassion, and relief at that moment.

Further studies suggest that marijuana is a general immune suppressant whose degenerative influence extends beyond the respiratory system, so it's just not in your lungs. Regular smoking can -- has shown to inaudible) affect overall ability of smoker's body to defend against infection; it weakens the natural immune mechanisms including the all-important T-cells. It purports to say as medical therapy, medical marijuana can and does have a very serious, negative effect on patients with preexisting immune defects resulting from AIDS, organ transplantation, cancer, chemotherapy, and the very conditions for which it's most often touted and suggested as a treatment. And it can accelerate -- this is very important, particularly for AIDS patients or those living with HIV -- it can accelerate the progression of HIV to full-blown AIDS, not something that we want.

How much -- oh, my gosh -- how much advancements have we had in the area of AIDS treatments and HIV? This would be the last thing we want to do, to undo the very progress that we've made for those that -- that are so afflicted with such a devastating disease. And it also increases the occurrence of infections.

It's interesting that this research is not just here in the United States but all over the world. I have all sorts of research that has been documented in New Zealand, Australia, and now even Italy, the Instituto Superiore De Santia in -- in Rome, Italy concurs with this assessments and adds that cannabis smokers had a higher level of a protein that may promote tumor growth, called "interleukin-10." So, in summary, the

changes to the body by smoking marijuana can dampen the immune system's response to infection, increase susceptibility of infections, and promote the growth of tumors.

The American College of Allergy, Asthma, and Immunology further validates that marijuana can have immunosuppressant effects on the people that smoke it. And, again, resistance to bacterial and viral infections as well would be reduced substantially if this were to actually be used. It seems that the potential dangers attributed by the medical use of marijuana may actually contribute, again, to the diseases for which it's used to combat. This is our concern, particularly when it talks about the lungs.

But you know what it's interesting is -- this is what surprised me -- that there were effects to the heart. Because those that maintain that this is a -- a great opportunity to add to our tool kit of medicine that can be used to help people, what they usually say, well it's -- it's benign; it doesn't ever really, you know, put a person in danger of something that could be fatal. And yet the -- the Yale study in 2005, shows that marijuana use is correlated with increased risk of conditions similar to those produced by smoking tobacco; those include: Lung cancer, cancer of the mouth, throat, and heart failure. This was a surprise to me and I bet it's a -- it's a surprise to you as well.

But smoked marijuana is also responsible for causes of and cases of sudden death syndrome or near death through the stopping of the heart, something that, unfortunately, I had to witness myself during those college years and one of the very many reasons that I strongly oppose using smoked marijuana for any medical purpose.

There are other studies that indicate that the user's risk of heart attack more than quadruples -- four times -- in the first hour of smoking marijuana. They suggest that such an effect might occur from the marijuana's effect on blood pressure and heart rate and reduced oxygen-carrying capacity of the blood. They feel that it's hard on the heart because in the first hour of smoking pot the heart could -- heart

rate could actually rise five times and the heart attack could -- danger could rise five times. And this is according to a recent Harvard University researcher.

They also feel that as Baby Boomers born in the late forties and early fifties reach the age of heart disease, it would be the leading cause of sickness and death. We may see an increase in marijuana-associated heart attacks, says Murray Mittleman, an Associate Professor of Harvard Medical School and Harvard School of Public Health. In fact, this is such current information; it was sent to me on April 30, 2012, just a mere week ago. And it is pretty amazing; it is the very first evidence that smoking cannabis can trigger a heart attack, revealed by these doctors.

And this revelation comes at a time when pressure mounts for the drug to be legalized for medical purposes, after a scientific study found it relieves the symptoms of MS, possibly. The findings, however, strengthen warnings that millions are regularly -- interesting in this study -- they call it in parentheses, "marinating their brains in a voluntary but uncontrolled mass experiment throughout the country."

That study in the United States showed smoking cannabis increases the risk of having a heart attack nearly five-fold within an hour of someone take the drug. And these results came from data on cannabis used from 3882, middle-aged and elderly patients who suffered heart attacks. Of that group, a total of (inaudible) 124 were identified as current users, including 37 who reported smoking the drug up to 24 hours before their attack and 9 who used it within an hour of experiencing symptoms.

Further research at Beth Israel Deaconess Medical Center, in Boston, found that in the first hour after taking cannabis, the heart risk -- heart attack risk was 4.5 times higher, so pretty close results as you saw from the previous study of five-fold; this one was very close, just under -- just under five, 4.8 times higher than during the period of nonuse. Their doctor, their researcher there, Dr. Murray Mittleman, the center's Director of Cardiovascular Epidemiology

said, To my knowledge, this is the first study to document that smoking marijuana can trigger a heart attack. Remarkable; it increases the heart rate by 40 beats per minute. It causes blood pressure to increase when the person is lying down and abruptly fall when they stand up, causing dizziness. The effects may pose significant risk, and especially in people with unrecognized coronary disease.

Now, they maintain that although the individual risk may be lower than from cocaine, Dr. Mittleman said that the overall threat to public health can be substantially greater. Why? Because cannabis use is so widespread and it will affect that many more people.

The problem here is that all of us Baby Boomers are reaching the age when heart disease increases. And those, they maintain, that used the drug in their teens and twenties, and a sizable percentage that may still use it, may really be at danger here. He said that it was unclear -- which is interesting -- unclear whether the cause lay in the active ingredient of THC or other components in the smoke, such as carbon monoxide or a combination of the two; both, of course, is in the drug.

The National Institutes of Health also weighed in on heart attacks and strokes and their -- their correlation to chronic marijuana use. They talked about the heart's health as well as the brain's and was published in Molecular Psychiatry that found that chronic use on an average, every day, may include the risk of both heart attack and stroke. It goes on to talk about further -- and we will talk about -- the psychological issues associated with it on the brain. They also linked pot use to psychiatric problems including depression, which is interesting, because oftentimes individuals may think that using the drug might actually help to dampen the effects of depression.

You know, this is not rocket science for those of us that just think about this in a common-sense approach, because we talk about and there's been so much data about tobacco smoke. And I have that -- have -- have had that happen in my own family as maybe many of you

have. Those that smoke cigarettes can potentially lose 25 years of their life. My father and my uncle, his brother, smoked from the time they were very young. One died at 65; one at -- at 60. Their brothers, who were farmers in Connecticut, never smoked a day in their life, lived to be 85 and 86, respectively.

So it's well documented that if you smoke a cigarette, you are at 300 to 400 times more likely to have heart disease and emphysema. Well, now we're starting to learn -- it makes all that much sense -- that now there's scientific evidence that shows that marijuana smoke does much of the same, and that is because compared with nonusers of the drug, heavy marijuana smokers in the study that they just concluded had significantly higher levels of a specific protein in their blood known to increase triglycerides, which are fatty molecules linked to vascular and coronary disease risk.

These previous studies tended to focus on, you know, we all thought about what it does in the brain, the cognitive, the behavioral, and the psychoactive effects, including impaired memory, which it does affect, and learning deficits, which it has. Long-term, though, long-term and chronic marijuana abuse has now been associated with adverse effects on the heart too, again from leading neuro doctors at the National Institutes of Health. And but they maintain that they are now beginning to understand how the drug impacts the cardio and vascular systems of the body.

Now, I mentioned before that one of the leaders of marijuana movement is suffering from fatal lung cancer. It should also be noted, and it was recently learned, that another leader of this movement is suffering from brain cancer; don't know if there's any correlation with that but we should talk about the kind of connections that have been talked about.

Brown University has published good information that talks about the use of marijuana that may impair or reduce short-term memory, comprehension, alter the sense of time, and reduced coordination and energy level. They also further substantiated the claims that users often have a lower immune system and an

increased risk of lung cancer and that the active ingredients in marijuana, THC, is stored in the fatty tissues of the brain and reproductive system for a minimum or of 28-to-30 days. That's a minimum; that's almost a month and why we've seen such a higher instance of drugged-driving accidents and fatalities in many of the states that have done this.

We've gone over now to review the issues that happen to an individual's lung health, that it's the smoke from marijuana is as bad if not worst than tobacco. We talked about how it can lead to breathing problems and greater exposure to carcinogens than tobacco and that many of the world's most prestigious medical journals in the United States, Canada, the U.K., Sweden, Australia, and further have disseminated recent studies from Yale, Harvard, and other major cancer centers that have announced the information that we've been discussing, such as the carcinogens and cocarcinogens present in tobacco smoke are also present in the smoke of marijuana, and that it causes inflammation and cell damage and precancerous changes in lung tissue and is shown to cause immune system dysfunction, even from just smoking regularly one joint a day, and its impact on the lungs, because it can be like smoking four-to-five cigarettes.

And we talked about chronic bronchitis and the impairment of the function of the smaller air passages and inflammation of the lungs, and all of these things that cause us some concern about the policy that we are promoting today. It has been concretely established that cigarettes promote lung cancer which causes more -- that -- that -- that established that smoking cigarettes -- we all know -- I guess what I was trying to say is that it's an accepted fact that smoking cigarettes promotes lung cancer, which causes about 125,000 deaths in the United States every year, and that obstructive pulmonary disease, chronic bronchitis, and increased instance of respiratory tract infections are also a byproduct of this. This implies, and from these recent studies, that marijuana leads to some of the same results.

Now, we can go on to talk about this and to further accentuate the fact that the smoking of cannabis has a detrimental effect on our lungs, that

it causes the same damage to the lining of the airways, much as cigarettes, but I think we've made the case on that. I hope that you'll agree.

This is why the FDA has been very, very cautious about the public moving in this direction and why they have been so strong and talking about the fact that despite any anecdotal claims to the contrary, there is concern that the use of smoked marijuana may be harmful to individuals suffering from the conditions for which it is touted. And they would like an alternative route of administration, if there is any medical properties associated with it. And that they have further stated that they have approved a nonsmoked form that is legally available to doctors and can be prescribed and been used, a pill form, Marinol, that does not contaminate the lungs and has many of the same properties, but they extract the THC from that drug and they do not have the 400 other carcinogens that could be in a cigarette.

It's also been proved that it's very bad for allergies and may be one of the reasons why our good doctor, our State Rep down in the House, has been so staunchly against this. Because cannabinoids have been found to exacerbate existing allergies by attaching themselves to host-cell proteins to form what is called an "antigenic complex."

Now here's some interesting information that I don't think we've discussed as yet. I hope that everyone listens carefully to this, particularly those that hope to have a child or are in the process of having a child. There are reasons in addition to lung cancer risks to avoid marijuana, because it is likely to increase testicular cancer, prostate cancer, cervical cancer, a type of brain tumor, and the risk of leukemia in the offspring -- in the offspring of women who use it during pregnancy. This was, again, another surprising finding in addition to heart disease.

It is being found that pot smoking during pregnancy may stunt fetal growth, again, much like tobacco. Reuters Health just recently stated that women who smoke marijuana during pregnancy may impair their baby's growth and development in the womb, the new study suggests. Poor fetal growth and reduced head

circumference at birth are linked to an increased risk of problems with thinking, memory, and behavior in childhood.

Cigarette smoking during pregnancy is known to impair fetal growth; we know that already. But studies on the potential effects of marijuana have been inconclusive, and so now this new study. Researchers in the Netherlands followed more than 7000 pregnant women, 3 percent of whom acknowledged smoking marijuana at least during early pregnancy. I think you're going to find these results interesting and very important. They found that babies born to marijuana users tended to weigh less and have smaller heads than other infants. What's more, the study found the longer a woman had used marijuana during pregnancy, the stronger the impact on birth size, suggesting that the drug, itself, is to blame. And while most marijuana users in the study also smoke cigarettes, the drug appeared to have effects over and above the use of tobacco. In fact, marijuana showed stronger effects on the birth size than tobacco.

The investigators' report in the Journal of the American Academy of Child and Adolescent Psychiatry had published this finding. The findings suggest that marijuana use, even restricted to early pregnancy, may have irreversible effect on fetal growth, while researchers led by the University Medical Center in Rotterdam talked about the fact that to prevent this, they added that women who smoke marijuana should quit before becoming pregnant.

Again, the study that included 7500 pregnant women were surveyed on their use of alcohol, tobacco, and drugs, and had ultrasounds to chart the fetal growth during the first, second, and third trimesters. And overall, the 214 women said that they had used marijuana before, in early pregnancy; 81 percent quit after learning that they were pregnant. But, unfortunately, 41 continued to smoke marijuana throughout pregnancy.

They have found that, on average, marijuana users gave birth to smaller babies, particularly those that had used it throughout the pregnancy. In fact, those that smoked during pregnancy had babies who were 5.5 ounces

lighter than infants born to women who had not used that drug. The women that continued to smoke during early pregnancies had babies that were nearly 10 ounces smaller. Based on ultrasound, marijuana use, early pregnancy, impaired the growth by about 11 grams per week while those that used it throughout the pregnancy slowed fetal growth by roughly 14 grams per week. This is amazing. And they found that the similar patterns that were seen were also seen at the fetal head-circumference size over that period of time.

I -- I would hope that you would agree with me that it seems to mirror some of the same problems that individuals that smoke tobacco would also have. This team of researchers felt that the mothers' marijuana smoke could stunt fetal growth for several reasons, because like tobacco, smoking could deprive the fetal -- the fetus of oxygen. It also produced byproducts of marijuana directly affecting the developing nervous and hormonal systems of the fetus. This one certainly gives one pause.

We're also going to talk a little bit later about the fact that this has an effect on newborns and our children in preschool, because research has also shown that babies born to women who used marijuana during their pregnancies displayed altered responses to visual stimuli, increased tremulousness, a high-pitched cry, which may indicate neurological problems in development.

During infancy and preschool years, marijuana-exposed children have been observed to have more behavioral problems than unexposed children and poor performance on tasks of visual perception, language comprehension, sustained attention and memory, and therefore it's not surprising that this puts pregnant women in great jeopardy if they use medical marijuana and were exposed directly and even indirectly to medical-marijuana smoke. This is very important, because as we saw it previously, it can stay in your system for a very long time, but if you're exposed to second-hand smoke, that also comes up on blood tests. So it's particularly important. It's particularly important for our young children and some of the issues that we

may see with learning disabilities in some of our preschools.

There's another issue here that I hope the men in our caucus and those out in the public will think about. In December 2009, there was conclusive information that talked about testicular cancer. And they found that if you're a male between the ages of 20 and 35 and you're a frequent, longtime marijuana user, you could be significantly increasing your risk of developing testicular cancer and more so that you would -- could develop a type of testicular cancer that would be the fast-growing type of malignancy that strikes between those ages and accounts for 40 percent of all testicular cancer cases.

The statistics are pretty, pretty frightening, I have to tell you. They found that their research, that being a marijuana smoker can be associated with 70 percent of the increased risks for being diagnosed with this type of cancer, and for men who smoked marijuana at least weekly and who began to have long-term or had been longtime marijuana users during adolescence, the risk of developing this type of cancer rose almost a hundred percent. It doubled the rate of nonsmokers. They also were concerned because they found that the incidence of testicular cancer is ever increasing, and in places like the United States, Europe, Australia, and New Zealand, the instance has increased by 3-to-6 percent.

Again, another recent study, 2010, November 22 -- 27th talks about impotency. How does this affect the reproductive system? Well, long-term marijuana use apparently suppresses the production of hormones that regulate the reproductive system. For men -- and by the way, it affects both member and women -- for men this could cause decreased sperm counts and sperm motility. And heavy users can actually experience ED. Women may experience irregular periods from heavy marijuana use as well, so there are effects both for women's reproductive systems and males, because science has found that the THC resides itself mostly in the fatty tissues of the head, of the brain, and of the reproductive system.

They have found that these problems would mostly likely result in a decrease ability to conceive. Long-term use has been shown to decrease sperm's quality and testosterone and contribute to male impotency. Unfortunately, for chronic users, male infertility and poor semen quality have also been linked to an increased risk of testicular cancer. That's why the instance is -- is so much higher in that area.

Men who smoke marijuana frequently have significantly less seminal fluid, a lower total sperm count, and their sperm behave abnormally, all of which affect fertility adversely. This is what was found. The study is the first, actually, to assess marijuana's affect on specific swimming behavior of sperm from marijuana smokers and to compare the results with sperm from men with confirmed fertility. The bottom line is the active ingredients in marijuana are doing something to sperm and the numbers and the direction towards infertility, according to the lead author of the study, Dr. Burkman.

Burkman, by the way, is the Assistant Professor of Obstetrics and Urology and head of the Section on -- on Andrology in the -- in the School of Medicine and Biological [sic] Sciences. Their laboratory carries out very sophisticated diagnosis for infertile couples, so that they were very interested in this topic when they are working with couples to -- to somehow diagnose and to treat infertility as couples. So, in other words, what they found, which is interesting, is they say sperm swimming too fast and too early is producing a problem for conception.

They feel -- they think it's the result of two things happening; THC may be causing improper timing of sperm -- sperm function by direct stimulation or it may be bypassing natural inhibition mechanisms. Whatever the cause, they have found conclusively that -- that the sperm is swimming too fast, too early, and this aberrant pattern has been connected to infertility in other studies as well as she's noting.

They had further studies in their laboratory that showed that human sperm exposed to high levels of THC displayed abnormal changes in the sperm cap, called

"acrosome." When researchers tested the equivalents in human sperm, the normal, vigorous swimming patterns were changed and the sperm showed reduced ability to attach itself to the egg before fertilization.

There are only about ten laboratories in the United States that perform this, and they presented this study recently in San Antonio, at the American Society of Reproductive Medicine. So this is -- he said that, you know, and it is interesting to note, because he said there are many men who smoke marijuana and have fathered children of course; we see that all the time. But the men who are most affected likely have naturally occurring, borderline fertility potential, and these are the ones that it really, severely reduced their ability to conceive. They feel that the THC from marijuana pushes them over the edge into infertility.

The THC remains stored in the fat for a very long time, so the process can be quite slow. His advice to men: I definitely would advise anyone trying to conceive not to smoke marijuana -- and that would include women as well as men.

We talked about the various organizations that really do not support using marijuana as medicine. We talked about the American Medical Association who is hoping that there will be clinical research to find alternative delivery methods. And even with that, they specifically have a caveat that this should not be viewed as an endorsement of a state-sponsored, medical-cannabis program. This is their official position.

The American Society of Addiction Medicine states that -- and their policy statement is: Medical marijuana clearly rejects -- they clearly reject smoking as a means of a drug delivery, that they would rather have a delivery device that is subject to the same standards and applicable to all other prescription medicines and medical devices and should not be distributed or otherwise provided to patients without FDA approval. The American Cancer Society, again, does not advocate inhaling smoke or the legalization of marijuana. And alternative delivery methods, particularly through Marinol and Sativex are

on the horizon; it should be waited for that, and you can see why when we talked about the effects on the lung.

The American Glaucoma Society stated that the side effects and short duration of action, coupled with the lack of evidence that its use alters the course of glaucoma preclude any recommendation for this sort of treatment in glaucoma at the present time. So they should clearly not be included in this list, and so on. The American Academy of Pediatrics -- it could affect the prevalence of use among adolescents, and it has. The MS Society does not advocate for this particular drug because they say studies to date have not demonstrated a clear benefit and also because the side effects are so damning.

And, in fact, we've had some cases of individuals that we know, that have served in the General Assembly, whose family members had MS and they tried this route, and they ended up with a problem that they didn't anticipate, which was an addiction problem beyond that.

So that leads me to the discussion of the psychological harms with regards to promoting this kind of dangerous, I think, health policy for the State of Connecticut. The psychological harms; what do the following associations think about medical marijuana? The American Academy of Family Physicians, of Pediatrics, and the American Society of Addiction Medicine, they're concerned. They've been very opposed. They have been opposed because with the regular use of cannabis, they have seen an increased risk of psychotic conditions, most notably and surprising schizophrenia and depression.

In 2005, and 2007, there have been early trials to see if there was a connection and, in fact, Yale University, that is well-known for its study in the brain and illnesses involving the brain, raises grave concerns. Their studies found that cannabis actually triggers transient schizophrenia-type of symptoms, ranging all manners of things from suspiciousness, delusions, to impairments in memory and attention.

And their lead doctor, Dr. D'Souza, Professor of Psychiatry at Yale University of Medicine, conducted a study that was an attempt to clarify long-known association between cannabis and psychosis and hoping to find another clue about the pathway in psychology of schizophrenia, which, by the way, if -- if -- you should note that our state agencies actually -- and our state spends a great deal of money in supporting individuals with this condition. Oftentimes, they can't take care of themselves and the State has to take them on as patients and provide for their well-being, and in many cases have to provide the medication that keeps their condition under control. Some of those individuals have often perpetrated some heinous crimes in our state and end up in our correctional facilities, where they get proper medication; they change dramatically and are able to be more calm and -- and not engage in any of the negative activity that their condition would purport.

So they were very concerned about finding how this actually happens. They found that the contribution of cannabis in the abnormalities in the brain, which is the cannabinoid receptor system, to be the -- the pathopsychology [sic] of schizophrenia. We all know that, and we discussed how, this does impact memory and learning, and that regular uses can compromise the ability to learn -- certainly students; we know that -- and to remember information by impairing the ability to focus, sustain, and shift attention. They also found that long-term use reduces the ability to organization and integrate complex information.

Short-term memory, decreasing motivation to accomplish tasks, even after the high is over, can be symptom that we see oftentimes by our young adolescents that have had a difficult time in school and are one of the triggers to find out why they're failing when they previously were doing pretty well. And they're starting at a very young age down a pathway to addiction; many of these things happen.

And, in fact, it's very interesting. I had a constituent in one of my towns that is quite a bit older now, who had to secretly whisper to me that he thought I was in the right direction because he had been a marijuana user much earlier in his, life and he

talks about losing two years of his life that he can't recall or remember. And it had taken him off a path of accomplishment and doing well in school and that he said that people don't realize just how much it does impact memory and motivation and the ability to accomplish a task.

In fact, the study found even small dosages impacts the ability to recall a word, even seen from a list even 20 minutes earlier. So we know conclusively that it impacts short-term memory. It -- it makes one have difficulty in thinking and problem solving. It can produce anxiety attacks or feelings of paranoia in some, not everyone, and it does impair muscle coordination and judgment.

And you might say, well, that's okay, because individuals are ill and they need that relief in some cases. That is why I continue to go back to the fact that if someone is -- has a chronic illness -- whether it's migraine headaches -- and they need to still live their life and be able to have a job and take care of family, this could get in the way of living that life, whereas if someone had a terminal illness, this would not matter.

However, what's most concerning is that now marijuana is associated with an increased prevalence of depression, schizophrenia, and psychosis, and not necessarily, as we'll find here, that that marijuana use came after the condition. They are now finding that if you have within your DNA, somewhere in your family a predisposition in your DNA for any of these conditions, that actually using this drug could set this off; not everyone, but we're talking about even a small portion of the -- of -- of our society. Whether it's 3 percent of 5 percent, just think of the cost it is to -- to our society, not to mention to our budgets as well.

One of the interesting areas is depression, because depression has been often linked to -- that marijuana could be a medication to help in this area. And yet we're finding now that psychiatrists -- as Washington University in St. Louis and co-author of an Australian study -- showed that people that -- who take T -- THC to control nausea are much more prevalent to

depression. Now, imagine that; someone already has a condition that is really hurting them, is causing them distress, is making it difficult for them to lead -- lead a normal life, and in order to control nausea, we're giving them something else that can conceivably give them depression at a time when they can least -- are -- are depressed enough from their condition. And yet we have over 30 other drugs -- I have many lists -- that -- if you ever need to look at -- can help with nausea.

It's also interesting to note that smoking marijuana leads to changes in the brain, very similar to those caused by the use of cocaine and heroin as well. It can in some people, and not all, but marijuana can increase anxiety, panic attacks, depression, while exacerbating symptoms in people already prone to these problems. And it's been shown that users are four times more likely to report symptoms of depression and have more suicidal thoughts than those who have never used the drug.

In Addiction Biology, medical news, just in the Year 2011, in November, this past fall, we've gotten very up-to-date information, because I know some people think that and have criticized my opposition because we're using very old data; it's not up to date. Well, the more up-to-date data I get, unfortunately it proves our case even stronger. So just this fall the article stated that it seems that one could effectively use marijuana to treat depression, but, in fact, the recent study out of the Netherlands, that has had a great deal of experience with this drug, tells the opposite story. They actually maintain that marijuana causes depression. Two-thirds of the human population, they maintain, that is predisposed genetically to depression, through a gene variant, this can actually set it off. And they say that young people that fall into this particular category need to be extra careful about experimenting with cannabis or using marijuana to treat depression, as this shows that marijuana usage leads to an increased risk of developing depressive symptoms.

In the Netherlands, nearly 30 percent of the youth population is using pot; imagine. Poor performance at school has been linked to cannabis use and now

increased risk of schizophrenia and -- and psychosis. For this research, they studied adolescents known to have a genetic predisposition to depression. They were able to show that depressive symptoms increased along with cannabis use, not before as many would maintain over and over again in many of our meetings, not before, and not to use marijuana to treat depression.

And they maintain that their results -- and the effect is very robust -- that even if you take into account a series of other variables that can cause and affect, such as smoking behavior, alcohol use, upbringing, personality, social, economic status, this still produced the same outcome. Some would think that young people with a predisposition for depression would start smoking cannabis as a form of self-medication. We see -- we talk about that all the time, that marijuana is a form of self-medication and that the presence of depressive symptoms is therefore the cause of cannabis use. However, in the long term, this is definitely not the case, according to this particular study and clinical trial.

They say that although the immediate effect of cannabis can be some -- somewhat pleasant for some, if they're not in that category that has panic attacks or anxiety attacks, the cause -- and a cause, a feeling of -- of a euphoria, in the long term they have observed that cannabis use leads to an increase in depressive symptoms in young people with this specific genotype. So the short term is overcome by the long-term depressive state. Perhaps if more predisposed kids knew that this would the -- would be the case, they could avoid its usage. Wouldn't it be great if everyone could be tested and we could find that out? Imagine how many lives we might be able to save.

There's so much evidence about psychosis, as well, from Emory University Medical School, who say that evidence is stronger that medical marijuana is a risk factor for young people to develop psychosis, which is a -- a loss of touch with reality. It appears that increase in the risk of mania, the disastrous state that frequently includes psychotic symptoms, is also associated with frequent marijuana use.

It is also famous for giving a minority of people, not all -- imagine playing rough -- rush -- Russian roulette -- a minority of people, panic attacks. And when they experience this, they're so miserable that it kind of takes care of the problem itself because they never use it again.

But I'd like to -- to tell you all, in this particular case, about one of the parents that has been so passionate about this and has pushed me year after year to try to continue to stand up for them and other parents. She talked about her child, Ian, who was just a beautiful kid. She, unfortunately, had another child, a daughter that had Down Syndrome. So when she had this beautiful, healthy, young boy who was a star athlete, there wasn't anything that she wouldn't do for this young man. And, in fact, it led to the demise and the ultimate tragic outcome of -- in this family, because she believed him every time he made an excuse. For over time, this -- this great athlete, this excellent student, this handsome young man, who had a whole slew of young ladies trailing after him, started to lose interest in school, started to get bad grades, and things, strange things started to happen. You know, a car in the driveway all of a sudden was fire-bombed. Why did that happen? Well, Mom, you know, I -- it was, you know, I dated a girl and the boyfriend got mad at me, and this is, you know. What's wrong with school? You know, excuse after excuse after excuse. He started to smoke pot. And she points to this as his journey to the end of his life.

And as a student, as a freshman going to his sophomore year at the University of Hartford, after multiple attempts for treatment as he gradually increased his tolerance -- because this is part of the addictive process that we'll talk about -- they -- that as you increase your tolerance -- because you're one of three. She said there were three friends that he hung out with. One of them got the psychotic and anxiety attack that we talked about, and he immediately stopped using marijuana because it was so scary. Another one got sick, physically sick from it, and he really liked it and it led to him needing and wanting more, because as your body uses it, stores it up, you

create a tolerance for it and need a stronger and stronger high, which leads many to cocaine and to heroin.

And this is exactly the path this young man took and the saddest story ever. It was so tragic. She said, I wish that I had not been so naïve -- and why she started the Courage to Speak Foundation -- because one night, a day before the next treatment was going to start, he had to take that -- that last high, and their dog started barking at night and pulled her out of bed to take the mother to the son's bed, where she found him dead.

And all of her friends said, you know, when you have the funeral, just don't talk about it. Just don't even bring it up, what happened. And she said at that moment she had an epiphany, and she said that she got in front of everyone at the funeral and looked at all of them. And a lot of his friends were all there because he was very popular, and she told the truth, with tears in her eyes. And she told the truth. She had the courage to speak. And one after another, after she was done, one friend after another told her the story of what really happened and was happening in his life, that they never ever told from her, that she wanted to believe all the lies that he had ever told her, and if only she hadn't. And she has spent every single day from that time to educate young people and create curriculums in schools to talk about the danger of marijuana as a gateway drug and for parents not to be naive and to be intrusive in their children's lives and find out what's really happening to them.

So, again, not everyone that, obviously, that tries or smokes marijuana is going to have the psychotic effect or may have the predisposition for it and the genetic makeup or have the anxiety attacks or the paranoia or the sickness. Some will really like it and maybe do fine, but is that the risk that you're willing to take with the public in Connecticut and playing Russian roulette with public policy, especially when there's so many other alternatives?

I could go on to talk to you about the various components of psychosis and the marijuana's damaging effect on the brain and show that drug triggers

temporary, psychotic symptoms in some people, including hallucinations and paranoid dilutions that doctors talk about. And we can go on about the various research around this, even when they do experiments with a small number of people and how some of these turn into full-blown psychotic events. But I think you've gotten my message.

Even those that have been in this business for a very, very long time that has suspected that cannabis was linked to psychosis, they now have brain scans to show just how that mechanism works. So there's no real controversy about this. They know how THC interferes with the activity in the inferior, frontal cortex of the region of the brain associated with all of this, and it goes on and on.

As I said, you know, one of the more interesting areas of this is that we -- we can look overseas for the research and the conclusions, especially as many have been asked to weigh in on other country's public policy and governments to talk about what should they do. Should they declassify or reclassify? England went through that, by the way; they declassified, now they're reclassifying, because they've had such a higher instance, of 30 percent more, in schizophrenia that they have to pay for as a country and a state.

But here, even in Connecticut, doctors at Yale University did a study where they tested the impact of THC on 150 healthy volunteers and 13 people with stable schizophrenia, and nearly half of what they found of the healthy subjects experienced psychotic symptoms, nearly half; 50 percent, when given the drug. While the doctors expected to see marijuana improve the conditions of their schizophrenia subjects -- this is why they were trying to find the pathways to it, since their patients reported the drug calmed them -- they found that the reverse was true. They were surprised at the results.

In practice, we found that cannabis is very bad for people with schizophrenia. And, in fact, while Dr. D'Souza had intended to study the marijuana's impact on schizophrenics in more patients than the ones that they were testing, they had to stop that study. They stopped it prematurely because the impact was so

pronounced that it would have been unethical to test it on more people with schizophrenia.

One of the great puzzles that some of these doctors say is that why people with schizophrenia keep taking this stuff when it makes the paranoia worse, and that is because they point to the fact that there is an addictive nature of this drug that is just now becoming more clear.

I have a wonderful neighbor, and she is a psychiatrist, an M.D., and her husband is as well. And she routinely tells me and underscores the fact that when she treats her patients for drug addiction and abuse, she tells them that pot is poison to them; they should never take it. She's seen the outcome and she implores me to keep up the fight and to keep standing here tonight to talk to all of you and try to persuade you, even in just a little way, that we may not be going in the right direction.

The London Times reported that their inter-city psychiatric services were -- were reaching nearly a crisis point, with up to 80 percent of new psychotic cases reported, reporting a history of cannabis use. Their British Medical Journal revealed that smoking cannabis once or twice a week almost doubled the risk of developing psychotic symptoms later, later in life. And, in fact, this was so compelling that their New York Times, called The Telegraph, actually printed a retraction and an apology to their government because they were caught up in the frenzy of the days of -- of saying, you know, marijuana use is benign, that we should be using it; we shouldn't be legislating; it should be declassified. They literally issued an apology, front page, to say they had made a big mistake, because their experience contradicted everything that they thought was true at that time. And now their institutes of health, the British Institutes of Health underscore that, particularly when it comes to schizophrenia.

The Country of Holland is also now rethinking its marijuana policy, at the precipitous rise in depression and schizophrenia in marijuana users. I can also go on with accounts from Sweden, Canada, and so many others that are all finding the same thing.

This was thought to be a very rare and transient, until the 1980s, when its cannabis consumption rose across Europe and the United States. The reason appears to be the effect that the drug has on chemicals in the brain.

I'm not going to read to you anything that I have here, but I'm going to -- to ask you if you have the time to pick up an article in January 12, 2012, by Marie-Josee Lynch, M.D., Rachel Rabin, and Tony George, M.D., in Psychiatric Times. And it -- it's from the -- a resident in the psychiatry -- of psychiatry in the University of Toronto. Mr. Rabin is a Ph.D. student at the Institute of Medical Sciences in the University of Toronto. Dr. George is Professor and Chair of Addiction Psychiatry at the University of Toronto and also the Clinical Director of the Schizophrenia Program at the Center for Addiction and Mental Health in Toronto who talks about the cannabis and psychosis link and talks about how this research study, over the past two years, really talks about whether marijuana counts in regards to their problems that they're seeing in their mental health programs and the cost to this -- to the Country of Canada. And they're -- we're very concerned about this very direct link that they -- it was provable that suggests that the cannabis use can induce an acute psychotic state and talked about all of the other issues we just mentioned.

Let's think about more than the 16 million Americans that use cannabis on a regular basis. Typically beginning in adolescence, it's estimated that approximately 4 percent of the population have a diagnosis of either cannabis abuse or dependence. Twenty-five percent of patients with schizophrenia have a -- a -- a cannabis-use disorder, and those disorders are especially common in the younger and first-episode patient samples and in samples with high proportions of males. They continue to point to the fact that marijuana contains 400 chemical compounds; 400, including 60 cannabinoids that contribute to its psychopharmacological effects.

So not only does this affect the heart, the lungs, the immune system, but also the brain, and this particular article goes into much more depth, that I will leave

to you, to study about the cannabis and psychosis link that is very important. And it should be, by the way, something that should be read and studied by our Department of Mental Health and Substance Abuse of the State, as they need to be appraised of the latest research, because they actually have to provide services and they have to budget for those services.

Another interesting statistic that I should at least point out before we leave this topic would be that the data that they have accumulated revealed a dose-response effect; in other words, the risk of psychotic symptoms was increased approximately to 50 percent to 200 percent in those who use cannabis frequently compared with nonusers. So they -- they were very clear.

They also showed that those who had used cannabis by ages 8 -- 15 and 18 had more schizophrenic symptoms than -- than the control group, finding that -- finding that remains significant, after controlling for the presence of psychotic symptoms at age 11. However, the likelihood of schizophrenia disorders at age 26 was no longer significant after controlling for psychotic symptoms at age 11. Taken together, this suggests that early cannabis use confers higher risks of psychosis; so that was the underlying subject there.

Well, as I said, we can go on and on, the BBC, New Zealand, the -- the causes that they have had to deal with, the doubling of mental-health risks that they have to deal with, the cost to their state government and their -- their national government budgets, and the fact that the link is now established between that.

One of the most -- and we'll conclude this area of discussion -- I think by one of the foremost leaders in this areas of research, that is the founding director of the National Institutes of Drug Abuse, Dr. Robert Dupont. I know he has weighed in on this quite a bit, but he is the leading expert and I think should be the thought that leaves us as we move on to other issues that we need to discuss. Dr. Dupont maintains that marijuana use worsens and in some case

precipitates severe mental illness from schizophrenia and bipolar disorder to panic disorder.

Furthermore, marijuana use leads to more teenagers' entry drug treatment than does the use of other drugs combined, including alcohol. The key to thinking clearly about marijuana is to recognize that marijuana, far from being harmless, is -- and he feels and maintains -- that it's this country's most dangerous drug from its widespread use and abuse. At least seven nations, including the United States, the U.K., Sweden, Germany, Japan, New Zealand, and Australia have released data linking marijuana to the various disorders that we just discussed.

And, also, we discussed the fact that heavy use as a youngster and frequent use as a youngster develop symptoms later on in life, as people reach adulthood, particularly those with genetic predispositions and vulnerability to developing psychosis in that point, and it would be just the fact that cannabis will disrupt the balance of the key mood element of dopamine in the brain. The risk appears greatest for those with a predisposition and even as evidenced by mild symptoms at the onset of any studies they do. Even within that group, they've experienced a great precipitous climb in those that felt this.

Now, we've gone through -- and I know I've kept you here a long time -- to discuss the medical issues surrounding this bill. But there are money [sic] more, other issues, and when we talk about the fact that we're trying to alleviate pain and some symptoms, so what if medical marijuana continues not to be available; what do we do? We've maintained over and over again that there are many alternatives, safer alternatives that are safe and more effective. And there are lists that I can go through with you; there are no real substantiations to the fact that you can use this drug in a safe manner, can be smoked in a safe manner, yet there are alternatives. We kind of alluded to them, that the federal drug -- the Federal Drug Administration, the FDA, has approved some pharmaceutical forms of the plant, the pill form of the plant.

There also -- Sativex is an aerosol version that bypasses the lungs and goes directly into the blood stream so it could -- it could take effect immediately, if you find that there are some positive attributes to it, which, again, needs ongoing research to determine if indeed there's potential medical uses, while eliminating the cancer-producing ingredients. I think that you would agree we me that if we could do that, this would be much easier for us to accept.

We have individuals in our own General Assembly, particularly in the House, who he and -- they and I have spoken at great length over the years, that are suffering from debilitating if not fatal types of cancers, that have talked to me about the fact that they were prescribed OxyContin and how strong that drug was, and they couldn't really take it. And they really did not support medical marijuana, because they want to be able to be functional, be up here with us, and be able to do their job.

And we pointed to all sorts of other drugs, and I have a list here of 20 or 30 -- some of which my nephew also took as a young boy, going through 4 years of chemotherapy here at our Children's Hospital, not very far from us -- that worked very, very well. And so I would maintain that -- that given the health risks associated with it, we should be looking at all those alternatives as well.

Having talked about this, the area of a health part of the bill, I'd like to just spend a little bit of time before we get into the actual bill and to talk about a couple of other areas of concern. One of them is the -- the fact of whether we can debate or -- or -- or have opposing views on whether or not marijuana is an addictive substance and whether or not it is a gateway drug. We just talked about a case in our own part of the state where a family experienced the tragic outcome of what they felt was definitely a gateway drug that led to their son's death. There are many other stories like this, unfortunately, some of which the young people attended school with my children as well.

But more and more it should be noted, and has been experienced by those that tried to use this as

medicine, that for some people, this becomes a very addictive substance; that, in fact, even in human studies and animal studies -- and they have done animal studies on this -- that there is a physical, psychological withdrawal symptoms from marijuana, the kind of symptoms that you would get from heavy withdrawal, such as irritability, restlessness, insomnia, nausea, and intense dreams.

It also appears that tolerance for marijuana is -- builds up rapidly in the body and why this is seen as a gateway drug. Heavy users need eight-times-higher dosages to get the same effects as heavy users. In other words, heavy users need eight times the dose as infrequent users. It's also estimated that 10-to-14 percent of users will become heavily dependent. And, again, that shows that there are a large number that do not become addicted; however, the cost of having 10 percent to 14 percent of users, since it's become so highly abused in this country, what does that mean for us in the way of costs on -- in -- in drug treatment centers? In fact, in 2006, marijuana was responsible for 16 percent of all admissions to treatment facilities in the entire United States of America.

Now, what would happen if this drug was needed for a chronically ill person who may need this drug on a daily basis? Some of the dependence that's reported, and following that, the addiction cycle, it shows clearly that some of the problems with dependence is first developing a tolerance, so that over time more drugs are needed to get the same effect, just like we saw that heavy users need eight times more dosages to get the very same effect as an infrequent user, that there are withdrawal symptoms that occur when the drug is discontinued. And this has been demonstrated to occur with marijuana when used heavily, that using more for longer periods of time than intended. That one would be unsuccessful in the attempts to cut down on its use in a pattern of life centered around obtaining and using a drug becomes more clear as the addiction continues.

And, finally, the abandonment of important occupational, social facets of a life to use the drug overtakes a person that becomes severely addicted.

And, finally, they continue to use this drug despite knowledge of significant problems in their daily life by using that; then they are really -- have entered into an addiction that they cannot relieve themselves of unless they get intervention. And even with that, it -- it causes tremendous problems.

This drug is now highly addictive and surpasses alcohol as the major reasons that teens seek treatment for addiction. We have to ask ourselves if, as we hope, the majority of the chronically ill recover, will they be left with another health problem, especially when the sick need all their strength and a clear head to fight their affliction?

I recently mentioned to you, earlier this afternoon, that we had Dr. Andrea Barthwell, who was named one of America's best doctors, back in 1997, fly from Chicago to Connecticut so she could make these points, because after 30 years in the field of medicine, AIDS and substance abuse in Chicago and Washington DC, and as the founding member of Chicago AIDS Task Force and National Institutes on Drug Abuse, she was famous for her work with ethnic minorities, HIV, AIDS, and women with children. And she had so many awards, they were too numerous to mention. But she could speak some -- with some great authority for this group, as she was an Afro-American woman, herself.

She said and was convincing, and -- and did convince the Governor at that time, who vetoed this bill, that smoked marijuana was unsafe for use and even under 00 under medical supervision. She also pointed out the safety concerns. There was no standard chemical composition, its potency and quantity, no standard dosage, no safe delivery method, no knowledge of marijuana's interaction with other drugs, no knowledge of marijuana's impact on preexisting conditions. She made the case very succinctly, didn't take three or four hours to make it, but she -- she hit all the major points that doctors and why the FDA, again, have not approved this; again, no standard chemical composition, both for potency and quality, no standard dosage, no safe delivery system. Smoke in the lungs was not safe; no knowledge of its interaction with other drugs. How do you have a doctor understand this and be able to get some protocol? And no knowledge of

marijuana's impact on preexisting conditions. She also mentioned that physicians are mandated to an oath of "first do no harm," and that is the test that smoked marijuana cannot pass.

Many say and have tried to persuade us that they are very aware of the addictive potential of alcohol and that alcohol is worse and it's being abused more, but we're going to find also that drugged driving, that'll surpass drunk driving and that marijuana use has surpassed alcohol abuse in our -- in our schools.

But people are, as I said, aware of the addictive potential of alcohol; we've written about it a lot, cocaine, heroin, even gambling. Gambling addiction is something that we talk a lot about in Connecticut and, in fact, have programs to deal with that at the state level. But the perception that marijuana isn't addictive seems to persist and maybe the doggedness of this particular myth, may it be attributed to the campaign to legalize the drug as well as for the comparatively subtle costs of marijuana addiction.

However, Cambridge University has recently published an article, I mean a book, actually, A Cannabis Dependence, and it offers substantial, scientific evidence of what Marijuana Anonymous members know firsthand. Did anyone here even know that there is an organization for marijuana addiction called "Marijuana Anonymous," just as we have alcohol organizations? These members know firsthand that euphoria-adduced THC, the active ingredients in marijuana can be addictive.

And addiction treatment statistics are showing dramatic growth in marijuana-related problems. They found that the percentage of addicts who cited marijuana as their primary problem has more than doubled. Among illegal drugs, only opiates ranked higher than marijuana as a problem for treatment centers. Again, only opiates ranked higher than marijuana as a problem for treatment seekers.

Marijuana rise in the ranks of problem drugs may reflect a big spike in usage. The number of Americans age 12 and older using marijuana at least once a month jumped to 14.6 percent in 2004, from 10.1 million in

1996; that's old data. New data is even more compelling.

One of the outcomes of this movement to legalize marijuana and also to allow marijuana for medical uses has been an outcome that we now have a problem in this country that some states are pronouncing an epidemic in theirs, and that is drugged driving. We may have to consider as a state, if enacting this policy, as been the results in other states, that our Department of Public Safety and Motor Vehicle Departments, agency costs may be driven higher and that we must need to plan for that, both in needing higher fees for enforcement and largest budgets to add staff, unless we don't deal with this specifically.

Drugged driving has become a significant public health and public safety problem, both in the United States and abroad as well, and it's being documented through a growing body of research. Among the research conducted in the U.S. is a 2009, finding that 33 percent of fatally injured drivers with known drug test results were positive for drugs other than alcohol. Among randomly stopped, weekend, nighttime drivers who provided oral fluid and/or blood specimens in 2007, 16.3 percent were positive for drugs. Now, while these and other emerging data demonstrate the drugged-driving problem, the United States has lagged behind other nations in both drugged-driving research and enforcement.

In fact, the White House Office of National Drug Policy, President Obama's Office, in 2010, released some of this information. They talk about accidents. The roadside study of reckless drivers who were not impaired by alcohol found that 45 percent -- 45 percent tested positive for marijuana. There's no, you know, there's -- there's no surprise here in that statistic, because we've already talked about the negative effects on the brain when you're under the influence of marijuana, even -- and, by the way, this is going to lead into some issues we have to talk about, when we talk about the actual bill, itself, in -- in that we are allowing individuals that drive to smoke marijuana, not ingest it right before.

But remember, we talked about the fact that it stays in your system for between 28-and-30 days, so the things that are impaired, that make it dangerous, because we all drive on the highways and we don't know who is driving in front of us or behind us, but the effect is on safety, because your brain changes its ability to be alert, the ability to concentrate, the coordination and ability to react quickly. This increases the likelihood of crashes due to reckless driving which may cause injury to the driver or other victims.

Now, consider that House Bill 5389 would increase drugged-driving instances. Would -- would it be possible to even determine through drug tests if an individual smoked marijuana before getting behind the wheel, right before, which we don't want them to do? And the bill tries to prevent anyone from ingesting it right before they get in an automobile, but what if they smoke the marijuana the night before? What would be the penalty or even the assessment of this?

The University of Auckland conducted a study that showed that marijuana users were at 9.5 times more likely to be involved in automobile accidents. They published an article on marijuana use and motor-vehicle crashes in a peer-reviewed edition of reviews that looked at nine studies, conducted over the past two decades, on marijuana and car-crash risk. They concluded that drivers who test positive for marijuana or self-report using marijuana are more than twice as likely as other drivers to be involved in motor-vehicle crashes. That could be any one of us; it would be any one of our family, our children.

Brown University published that dangerous impairment of driving skills includes brake-time impairment, attention to traffic signals, and other driving behaviors and that this impairment from smoking marijuana can last 12-to-24 hours, due to accumulation of marijuana in the fatty tissue. So there are many studies that show clear correlation between marijuana use and motor-vehicle accidents, trauma, and dangerous driving. More drugged driving will mean more dead and injured drivers and causing a great deal of harm to not only themselves but innocent victims.

Our own U.S. National Highway Traffic Administration found that -- also found that marijuana significantly impairs the ability to safely operate a motor vehicle. They talk about driving problems that decreased handling performance, the inability to maintain headway, impaired time-and-distance estimation when you're driving, the increased reaction or decreased reaction times, a sleepiness, impaired sustained vigilance, and lack of motor coordination. Another test goes on to talk about reckless driving, and 45 percent had positively tested for marijuana, so that there is a clear, a very clear correlation between trauma and marijuana use.

It's interesting that in one, large, shock-trauma unit found that 17 percent, 1-in-6 of crash victims tested positive for marijuana with a slightly higher rate for crash victims under the age of 18, 19 percent of whom tested positive for marijuana.

We had a very interest -- well, unfortunate, tragic, tragic highway accident in our nearby State of New York. I'm sure that you all remember the story; it was on the Taconic Highway. Do you remember that there was a mother of five who smoked a joint before she got in her car, ended up driving in the wrong direction; she killed not only herself, her children, but eight -- but eight altogether.

The State of Colorado has actually linked, directly linked their medical-marijuana policy to a drugged-driving epidemic. In fact, their Legislature, who is, at the same time as we are, in session -- and this is what was reported in the AP just this last week -- they referred to the fact that marijuana blood standards for drivers appearing -- it's appearing to head for approval in Colorado. In fact, Senator Spence voted in favor when she previously had voted against it, to -- for a plan to consider drivers' impairment if they test positive for five nanograms or more of THC, the psychoactive ingredient in marijuana.

This is an interesting case because it, for the first time, actually establishes an amount that can be tested for and legislated for. And I think it's something Connecticut ought to consider, if they

decide to go in this direction and pass this bill; they should do the same as the State of Colorado. Driving while impaired by marijuana or any drug is already illegal, but supporters of this THC blood limit say law enforcement needs an analogous standard to the blood-alcohol standard to keep stoned drivers off the road, because what they're experiencing is a huge epidemic. In fact, she changed her position; the previous year, she voted against that same legislation, but afterward she said she became convinced that the time had come for a bright-line standard to determine impairment. Her comment was that she was just sick of the abuse the State of Colorado has taken from the medical-marijuana industry.

Now, this is a person that supported this policy originally. And, again, we should look to these states that have -- now have a body of knowledge and experience with where this has taken. Her vote puts her in agreement with those that sponsored this bill who argue that the explosion of pot use in Colorado since the state approved medical marijuana, in 2000, made it past time to have a driving blood limit.

Again, there are states that have had a long experience with this, and we should be taking note and following their lead. They think that they are well on their way to a doped-driving epidemic that will match the DUI epidemic that we had 15-to-20 years ago. He said that the legality of medical marijuana here has led people to thinking it's okay to smoke and drive. And, in fact, the way this bill is written, it may very -- may very well be very difficult for us to counteract some of the outcomes that this state is experiencing.

In fact, part of their -- their -- the rationale for them to actually bring this bill up, in addition to the experiences that they were talking about, about their epidemic now of drugged driving since they've put in policies of medical marijuana, they also were -- were told by the White House that they were urging all states to set a blood level for a drugged-driving standard. The federal government, though, did not specify what that would be, so they came up with

their own. It's something that we could potentially look at and ask for advice.

What else has been experienced by other states beyond the drugged-driving epidemic? Crime, additional crime, more violence, because one understands that crime and violence go hand in hand. And one of -- one of the arguments that's made for this bill, that many of the proponents talk about, is that we will see a reduction in crime; we should see a reduction in violence, because now it will be easily attainable.

Unfortunately, the actual experience in these states have proved to be -- have proved that this is false. In fact, six-times-as-many homicides are committed by people under the influence of drugs and by those who are looking for money to buy drugs. In fact, the black market, the illicit trade has not been reduced; in fact, it's grown. And, in fact, most drug crimes aren't committed by people trying to pay for drugs; they're committed by people on drugs. We look only at the statistics in Connecticut where our correctional facilities house so many that have a drug-related crime that has put them there.

Well, as I said previously, other states are experiencing some fairly difficult problems with regards to their changes and in their policies. The Department of Justice has sent letters to all of them. They mirror some of Connecticut's language that we talked about earlier. Some of them are slightly different, even though states or our bill says that dispensaries are not subject to prosecution or penalized in any way for acquiring, possessing, distributing, that's a good question. How are we going to or how are they going to determine the cost for defending themselves when there was a letter that clearly states that they could be a target? Will the State of Connecticut set up a defense fund? Should we set higher fees for such a fund?

The State of Washington received a strong message that the prosecution of individuals and organizations involved in the trade of illegal drugs and the disruption of drug trafficking organizations in a core priority and that they will continue to -- to enforce vigorously against individuals and organizations that

participate in the unlawful manufacturing distribution involving marijuana, even if they're permitted under state law.

You know, there's a question that hopefully can be answered by the proponent of this bill, and I wonder if we might want to exercise and try the mind of our very distinguished -- who I respect very highly -- Chairman of the Judiciary Committee for a question, if I might, through you, Madam President.

THE CHAIR:

I think this is the time, Senator Coleman then, to prepare yourself.

Senator Boucher.

SENATOR BOUCHER:

Boucher. Thank you.

THE CHAIR:

Please proceed.

SENATOR BOUCHER:

Thank you, Madam President.

Madam President, through you, we have been told that the distribution production of marijuana is illegal according to the federal government. Somehow or another our producers and growers will have to be able to attain either the -- the -- the seed or a plant, again illegal. How does the bill propose that these individuals might be able to attain this to affect this, to actually implement this program? Through you, Madam President.

THE CHAIR:

Through you, Senator Coleman.

SENATOR COLEMAN:

Thank you, Madam President.

Madam President, the -- the bill contemplates, as Senator Kissel and I pointed out, a number of safeguards all throughout the process. And there are probably within that process a number of ways under the concept of the bill to obtain seeds. It would be illegal to obtain seeds from out of state, so that's not going to happen. But probably the best possible ways under the parameters of the bill to obtain seeds in order to begin to cultivate a crop of marijuana for distribution through the system that exists under the bill is either to approach perhaps those institutions of higher education that may be conducting research regarding marijuana, who have obtained marijuana legally for that purpose or to make contact with the law enforcement agencies who have seized and confiscated marijuana as contraband and may have however many amounts of marijuana in their property rooms in connection with cases that may be pending or even cases that have been disposed of. Through you, Mr. President.

(Senator Duff in the Chair.)

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you. Thank you, Mr. President.

I thank the good Chairman for his response. It appears from his response he is saying that possibly we could obtain a seed or plant from a research institution or confiscated items, even though, through you, Madam President [sic], this was clearly stated that it would be an illegal act, as the only approval that the federal government gives is for research purposes. And clearly the point of obtaining this plant or seed would not be for research purposes; it would be for the cultivation distribution, Mr. President.

THE CHAIR:

Senator Coleman.

SENATOR BOUCHER:

Through you. Through you, Mr. President.

SENATOR COLEMAN:

Mr. President, Senator Boucher -- share a mutual respect for one another. I know that she knows that I respect her position regarding this issue, and I know that she respects my position regarding this issue. I guess the problem, if it should be called a problem, is that we just reach different conclusions; we have a different view regarding this.

We also have a different view regarding the federal government's posture concerning medical marijuana. We do know that there are, at last count, most recent count, 17 states, including the District of Columbia, where medical-marijuana laws have been passed and are being followed -- have been enacted and are being followed. In those 17 states and the District of Columbia, probably every single one of those states has received a letter, paragraphs of which are verbatim to the letter that Senator Boucher has shared with us during the course of this discussion. And that includes the State of New Jersey, where Governor Christie, Chris Christie, a Republican and former U.S. Attorney, went forward with medical -- the passage of medical-marijuana legislation in his state, notwithstanding having received a letter very similar to the one that the good Senator has described during the course of this discussion.

There have been, obviously, problems in some other states. California has experienced prosecutions, but I believe I would be accurate if I said that those prosecutions have been the result of blatant abuses occurring, particularly in their distribution system, an overproduction of marijuana, and noncompliance with state laws.

And I would submit that there are two ways in order to bring about federal prosecution of medical-marijuana laws in Connecticut or in any of -- any other state. The first way is to not comply with state laws, and the second way is to engage in a system that is lax

and susceptible to abuse, whereby people who are not qualifying patients are gaining access to the marijuana that's being produced.

It's my view, and I think many share my view, that so long as -- if this bill is passed -- so long as the people within the operation comply strictly with state law and continue to exercise controls and tight regulation, that there will not be prosecution of the medical or the -- those persons and entities that are engaged in the medical-marijuana structure here in the State of Connecticut. There will not be prosecutions of those individuals and entities. Through you, Mr. President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Mr. President; I appreciate the answers.

And, again, through you, then it is the good Chairman's feeling that putting our universities in conflict with a federal directive would not cause them to be hesitant about distributing plants and, additionally, our Department of Public Safety, putting them in direct conflict with the Department of Justice would not give them pause or restrain them from actually providing the plants? Through you, Madam President -- ah, Mr. President. Mr. President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Thank you, Mr. President.

And I believe during the course of the debate Senator Boucher has, herself, referenced that there is an exemption with respect to possession and use of marijuana for institutions that are engaged in research. So those institutions certainly are legally in possession of whatever marijuana they are in

possession of, as well, as far as perhaps the state police lab or the law enforcement agencies are concerned.

Again, maybe you have to do some reading between the lines of the -- the various communications that the Department of Justice has issued on the subject, including the Ogden memo and the communication from one of the other officials -- I believe his last name is Cole. Reading between the lines and taking all of those communications, including Executive Order from the President and communications from the U.S. Attorney General, they indicate that it remains part of their core concern; widespread, illegal drug trafficking remains part of their core concern.

They go on to indicate that they are not so interested -- and I'm paraphrasing; this is not exactly how they put it -- but they say that they recognize they have limited resources and it would not be among their priorities to investigate, arrest, and prosecute individuals who are sick and relying on marijuana in order to hopefully obtain some relief from whatever their condition might be. Through you, Mr. President, to Senator Boucher.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Mr. President.

And I thank the good Chairman for his response. I concur with him that it's very clear; the Department of Justice will not go after the sick. But it's very clear from each letter that can fully come after the distribution, the licensing, the dispensaries, landlords, and both with prosecutorial and civil action because they maintain that it is not an activity that is approved by the federal government.

And my concern, Mr. President, is that we are putting our institutions of higher education and our Department of Public Safety and others in direct conflict with the federal government and that, in

fact, it is true that many of these cases, such as the shutdown of state-licensed, California medical dispensaries -- in the State of Washington -- may or may not be as a result of an illegal activity or a legal activity but that, in fact, some of the stories we're getting out of the various states actually follow dispensary owners who have been bankrupt and face threat of criminal prosecution for providing sick people with medical marijuana.

The articles go on to say that the federal regulations apply to corporations, government -- government subdivision or agency, business-trust partnerships, associations, and other legal entities and that, in fact, there have been recent crackdowns, just on May 3rd -- I guess yesterday -- in Los Angeles on California's medical-marijuana supply chain by authorities targeting the state's illegal drug trade in Santa Barbara and other places.

Actions include asset forfeiture, lawsuits filed against properties housing marijuana operations and warning letters to people associates with various dispensaries deemed illegal marijuana stores. And many know that right now the marijuana stores in Santa Barbara County are now subject to federal-enforcement actions. A statement from the U.S. Attorney's Office in Los Angeles was quoted.

It also goes on to say that the moves on Santa Barbara storefronts and cultivation facilities mark the fourth such sweep in recent months in a seven-county, California region that ranks as the largest federal-enforcement district in the nation. Apparently the authorities had gone after 150 pot stores in the district since October, when federal prosecutors announced a statewide crackdown, what they call as a "massive network" established under the California's medical-marijuana laws.

It also has been reported that many individual communities have proceeded to shut these down on their own, whether there was legal or illegal activities there, simply because of what was happening to their communities. In fact, I understand that some communities in California, like Humboldt County, have changed in the character of its community and the

quality of life of its community, once seen as a mecca for tourism, fishing, families, camping is no longer. Families are avoiding it. It has become a haven for drug trade and has devastated some of those regions, prompting many to take the State on and shut them down based on the fact that the federal government does not approve it and they see that as valid.

Through you, Mr. President, a question to the proponent.

THE CHAIR:

Senator Coleman, (inaudible) --

SENATOR BOUCHER:

Have there been any thoughts on whether or not communities in or cities in Connecticut might wish to object to having a dispensary or a grower-producer in their district, and if so, will they have the freedom to reject such an operation? Through you, Mr. President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Thank you, Mr. President.

And through you to my friend, Senator Boucher, as I mentioned, there are 17 states plus the District of Columbia where medical-marijuana activities are legal and in place, and that includes Alaska, Arizona, California, Colorado, Delaware, the District of Columbia, Hawaii, Maine, Maryland, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, and Washington.

I would say that California is probably the best example of how not to do medical marijuana, and I guess people would criticize how California has gone about medical marijuana as an apparent subterfuge for allowing individuals who are not qualifying patients to access marijuana.

I think recently -- you didn't mention this -- but I think Oregon recently had some problems, based on the same kind of considerations that there were apparent abuses in the system and that the marijuana that was being produced was being obtained by people who were not qualifying patients. Under those circumstances in any state, I think the federal government should step in and should shut down those kinds of operations where abuses are routine and blatant. In fact, if such abuses occurred in Connecticut, the federal government should come to Connecticut and shut down any dispensaries or any producer operations that are allowing those kinds of abuses to occur.

But I think we've got a framework with sufficient controls and oversight and regulation where that's not going to happen. One of the provisions in the bill specifies, well, in a general way, how many producers can be selected and operated. And that provision says there will be no less than three producer operations nor more than ten. And it's -- we'll all -- the final number will be dependent upon DCP's, Department of Consumer Protections' investigation concerning what the appropriate number will be. And I'm sure their determination will, in turn, be based upon the number of patients that qualify and register as patients with the Department of Consumer Protection.

I do believe that there will be both sufficient opportunity for those communities that would rather not have dispensaries or producers located in their community. I think there'll be sufficient opportunity for them to have input with the Department of Consumer Protection.

As well, those communities that would not mind or might even welcome an additional industry in their midst will have sufficient opportunity to make those kinds of facts known to the Department of Consumer Protection.

Through you, Mr. President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Yes, Mr. President. I appreciate those comments very much, and I wonder if since there was no language in this bill with regards to local control of the issue and input, if the proponent of the bill, through you, Mr. President, would be positively predisposed to an amendment down the road that might allow a local community to make a decision through their planning and zoning on whether or not to -- to locate such a -- a producer or grower in their district. Through you, Mr. President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Through you, Mr. -- Mr. President. I think Rhode Island is probably the state that has medical-marijuana laws and a system that is most analogous to the system in Connecticut. And I think Rhode Island's system is relatively free of issues or problems or difficulties. So I think that we can operate in the same way.

On the question of whether or not I would be disposed favorably to some sort of an amendment, at this point the timing is -- is very bad. The bill has already been considered and approved by the House, so I suppose my response would be however good an idea it may be, that Senator Boucher's proposed amendment might be -- I would not be supportive of such an amendment or any amendment to the bill at this time.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Senator Boucher.

SENATOR BOUCHER:

Thank you, very much, Mr. President.

Mr. President, I'm glad that the good Chairman mentioned the State of Rhode Island, and I wonder if he could update me, because a previous news report for last summer talked about Rhode Island and that -- that talked about the fact that he received a letter, the Governor of Rhode Island, much as Connecticut did saying that federal authorities would prosecute anyone affiliated with the three dispensaries that the health department selected to sell medical marijuana in Rhode Island. And that Chafee quickly placed a hold on licensing the centers and that federal prosecutors in or states opening or considering opening dispensaries issued similar threats, Vermont, Maine, Montana, Colorado, and that they felt that the U.S. Attorneys -- and Washington State went a step further. They recently said that the state employees involved in the licensing or regulation or medical marijuana would be subject to arrest and prosecution, and that supposedly as a result of that, their Governor vetoed key pieces of medical-marijuana law saying that she didn't want to place the state employees at risk. Governor Chafee told a delegation in favor of licensing that to grant the dispensary licenses, he would need a guarantee from the Justice Department that we are not going -- they're not going to raid us and shut us down. Do you have new information since this article of the summer of 2011? Through you, Mr. President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

I apologize to Senator Boucher. I know her last sentence was a question; I didn't catch all of it.

SENATOR BOUCHER:

Okay.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Yes. Thank you, Mr. President.

I just wondered if the fact that Governor Chafee said that he would not -- not be in favor of licensing dispensaries or granting dispensary licenses, that he would need a guarantee from the Justice Department that they are going to -- not going to raid us and shut us down. Through you, Mr. President, if he has any further information on that.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Through you, Mr. President, it's my understanding that a medical-marijuana operation is in place in the State of Rhode Island and that activities in compliance with the laws of Rhode Island are occurring with respect to medical marijuana. My information says that about -- probably all of the states but at least seven or eight states -- I have copies of letters that were sent to seven or eight states -- it would be folly, I was told in my contacts with the Department of Justice, to expect a U.S. Attorney or anyone else connected with the Justice Department to put in writing that they're not going to prosecute violations of the law. And you correctly point out that marijuana is a controlled substance.

The folks that I've talked to at the Department of Justice say the best that you're going to get is what is conveyed in the Ogden memo, and there are subsequent writings from the Department of Justice that indicate -- consistent with the Ogden memo. But you're -- I think it would be folly to expect to get some guarantee, particularly a guarantee in writing that would, in essence, say the U.S. Attorney and the Office of the U.S. Attorney is not going to do its job. I wouldn't expect that and I would submit that neither you nor anyone else in connection with this issue should expect a guarantee. Through you, Mr. President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, very much, Mr. President.

I don't have a further question at this time, and I really appreciate the time and care that the Chairman took in answering some of my concerns. I believe that it's quite clear that there is very different opinions on this and that for some of us that it would be unfair for us to ask our state university systems and our departments of public health to proceed in a path that would put them in direct conflict with the federal government and can open them up for litigation.

It has already been conveyed to me that our pharmacists will not voluntarily engage in this activity to dispense medical marijuana because they are very concerned about the federal issues and the letters that are very clear. In fact, in California the good Chairman was correct in pointing out the problems associated with this on a grand scale that could very much be emulated and arrive on Connecticut's doorstep, as it has in other states, that now have found this to be such a problem and will -- hopefully he can comment further on some of those other situations.

The -- in California, it -- it's interesting to note that the argument the caregivers who participate in legalized-marijuana efforts are compassionate is contradicted by revelations, as he's well stated, that all too often cannabis dispensaries are fronts for drug dealers. And there's been a great deal of crime and fraud and a difficulty in being able to enforce. And that is why many of the communities and the counties of California have prohibited them from their area and sued their state government over the issue of the Supremacy Clause, that the federal government's jurisdiction supersedes any state law passed by their General Assembly.

It's interesting to also note that the -- even the author of Proposition 215 believes the program is a -- as he quoted -- a joke. Reverend Scott T. Imler, co-author of Proposition 215 -- because they do things a little differently in California -- the 1996 ballot initiative that legalized medical marijuana in California, expressed his tremendous disappointment with the way the program was -- been implemented in a series of interviews, most recently. He stated that we created Proposition 15 [sic] so patients would not have to deal with black market profiteers. But today it's all about the money. Most of the dispensaries operating in California are a little more than dope dealers with store fronts. When we wrote 215 we were selling it to the public as something for seriously ill people. It's turned into a joke. I think a lot of people have medicalized their recreational use. What we set out to do was to put something in the statutes that said medicine was a defense in case they got arrested using marijuana for medical reasons, Imler stated. What we got was a whole different thing, a big, new industry.

And, in fact, one of the saddest thing was the Sequoia National Forest. Who would think that now it has become a haven for Mexican drug cartels, where they actually are planting fields there? And, in fact, the Country of Mexico has often stated that they wouldn't have the problems they have if the demand wasn't so great from across the border.

In an interview with the National Public Radio, in August 2009, Reverend Imler stated that he believes the law has been subverted. What we have is de facto legalization, the -- the argument continued. He never envisioned that medical pot would turn into a business open to virtually everyone. Reverend Imler's observation that it's all about the money are consistent with financial activities and realities that have been exposed by criminal investigations of cannabis clubs or dispensaries, which is what they call it, and he was very, very disappointed.

It won't be no -- it will not be any different in Connecticut. In fact, in every state where this was promulgated, they have had similar issues, similar problems.

We were so passionate last year about banning fake pot and talked about all of the chemicals that were not, you know, approved for FDA, for human consumption. It's incredible; there's no oversight in the manufacturing process. And it's interesting that fake pot and real pot and the correlation between symptoms are very high, I mean very well connected.

Research shows that THC and its harmful effects are mimicked in the chemicals in fake-pot substances. So with all of the energy we had, we were very concerned about this as a public health hazard, and yet we don't seem to show the same kind of concern in these bodies about the path that we're taking here on a -- on a substance that can be so widely misused.

The good Chairman correctly alluded -- and he also in some of his own statements, I was happy to see -- recognized that there is the possibility that this legislation could be subject to some abuse and some fraud. And for that reason, I am very concerned about the cost to the State of Connecticut. With regards to crime, itself, and the higher instance of crime, the Department of Corrections, the Department of Public Safety, our local law enforcement officers, state substance abuse agencies, and state agencies such as DMHAS, DDS, DCF will need to prepare for the outcomes experienced in other states. And I hope that as we discuss the bill and get to the amendments that we can maybe put in place some safeguards and some accounts that might help us to make sure that our plan, if it goes into effect though I don't support it, would at least do less harm that what has been experienced in other states.

This bill should require the Department of Consumer Protection to hire drug control agents and clerical individuals for help in keeping track of what's going on. It would require a new registration process for doctors that would amount to costs that cannot be determined. Prescribers would have to be closely monitored, due to the fact that controlled substances are being grown and distributed by caretakers and used by patients. These funds cannot be made available within current resources and would need to be appropriated according to OPM.

Otherwise, we will have the outcomes that was just described, such as California. These are costs associated with this bill both for the state and local law enforcement agents, not to mention litigation and other states that are now facing this from counties that are taking the state to course -- to court, as I just mentioned. There are counties that don't agree with the state's actions, that have seen the destructive nature of this business in their communities and are prohibiting them and are willing to spend the money to take the state on in court.

So the State of Connecticut should -- should expect the same. We need to be prepared for that because it's very possible that our communities would take us to court, particularly since we haven't built any safeguards, any option-out as part of this bill, though it was explained that this would have been a very good thing to include in the bill.

Again, we have to ask ourselves: What is the legal and financial exposure if this bill was enacted? Has there been a study on the cost associated by enforcement agencies that would need to close down illegal operations, as has been experienced in other states? Are we just going to wait for the federal government to come in or are we going to take care of business here? Are we going to let crime increase? I can tell you that the mayors of Bridgeport, the mayors of New Haven, the mayors of Hartford, and the mayors of Waterbury don't want crime to increase in their cities. They have enough to deal with as it is. They have rampant drug abuse and crimes associated with it.

As a case in point, Pasadena Police and planners want to abolish or prohibit medical dispensaries from locating within the city, saying that such establishments breed crime and degrade neighborhoods. This is a state that has experienced this for over a decade. The Chief of Police of the Town of Rockland compiled a list of complaints from four city police departments where pot dispensaries currently exist. He reports that -- what is painted as a picture of illicit drug dens that attract an underground culture of street criminals, drug dealers, and dopers. Based on these accounts, police and planners will ask the Pasadena City Council to implement a temporary ban on

dispensaries and cooperatives, unless and until the state or federal government sets tough regulations for sales.

San Francisco Mayor Gavin Newsom called for a moratorium. I mean this is San Francisco; right? Isn't this the place where anything goes and there's an openness to all manners of issues, particularly, I would think, in this case? However, they've called for a moratorium on opening medical-marijuana dispensaries in the city after learning that one planned to open on the ground floor of a city-funded Welfare hotel. That must have been going over the top.

The Associated Press reported that the count -- the Country of Colombia now is faced with a major problem of drug addiction by people between the ages of 12 -- 12-to-25; imagine that. The President of Colombia wants to restore total prohibition in the Country of Colombia. Ten years of legalization of illicit drugs for personal use is devastating the people of Colombia. Ten years, 1994 to 2004; he calls it a "decade of destruction."

News reports have confirmed that the notorious case of an individual who killed the judge in Atlanta had been found with a large amount of marijuana. Twenty-two were killed right outside of San Diego and the Mexican Government states that it is in crisis because the -- the drug cartel gangs are now becoming more common and can easily spread across the border. Their major market? The United States of America.

This increase in drug trafficking and gang activity is now prevalent in every major town in Connecticut and small towns, too. The little Town of Woodbridge apprehended drug dealers in their town and caught with 400 pounds of marijuana, and I can't even begin to tell you about the heartbreaks and deaths that have occurred in the District of Norwalk in the last years that I represented that town as well.

I know that you have your own stories to tell, and unless you're incredibly, incredibly lucky, it seems like every family has one of these stories to tell these days.

If you think that this bill will not have material impact on the cost to the state law enforcement, I think you're very wrong. Back in the Clinton Administration, citing new figures that showed a growing tie between drug use and crime, President Clinton unveiled a budget proposal that aimed at curving drug use by prisoners, probationary -- probationers, and parolees. He announced a $200 million plan which included funds to help state and local governments drug test prisoners, probationers and parolees. He wanted to send a message; and that is, if you wanted to keep your freedom, you have to keep free of drugs, he said. Those still in prison should expect to remain there if they stay on drugs. I guess this was at a time when there were some surpluses and not in the kind of financial conditions that we are today.

The White House announced the new initiatives came shortly after a new Justice Department report showed about three-quarters of U.S. prisoners were involved with alcohol or drug abuse prior to their arrests, and the results of a 1997 survey of the nation's prisoners, by the Bureau of Justice, shows a notable increase in the tie between substance abuse and the commission of other crimes over a period of time. In fact, in state prisons, 57 percent of inmates used drugs or alcohol prior to their crime, up 50 percent in the -- a 1991 survey. In fact, now it's substantially higher than both of those numbers.

Things have changed; however, they have changed for the worst. In 2002 statistics -- and remember, we were talking about statistics that showed state prisons, where 57 percent of inmates used drugs or alcohol -- in 2002, RAND Corporation reported that 80 percent -- not 50 -- but 80 percent of national arrests were drug related. Nearly 40 percent -- nearly 40 percent of the 80 percent in prison for -- was for marijuana. And I'm sure it wasn't for possession, because here in Connecticut we've made a slap on the wrist. But typically it's for dealing drugs or drugs with a -- a weapon or a violent crime.

San Diego Council of Governments' Justice Division released this report: Over two-thirds of local arrests -- two-thirds of local arrestees test positive

for drugs. In fact, there's also some statistics about local jails. Nearly 70 percent of local jail inmates were found to be dependent on drugs or alcohol or abusing them.

You want to talk about costs? This is where our costs go, whether it's a crime, imprisonment, Department of Children and Families for foster care, Department of DDS, the Department of Mental Health and Addiction Services that has to pay for the treatment and housing and care of individuals that can no longer have a normal life.

And it's interesting since we talked about the connection between drug abuse, the supposed benign drug of marijuana and the cases of psychosis and other mental illnesses, it's interesting to note that the Bureau of Justice statistics for 2006, tells us that about 74 percent of state prisoners have a mental health problem; 74 percent of state prisoners have a mental health problem. And of that, 56 percent of those were dependent on or abused alcohol or drugs. By specific type of substance, inmates who had a mental health problem had higher rates of dependence on or the abuse of drugs than alcohol, more on alcohol -- on drugs than alcohol. So when people say, well, you know, alcohol is just as bad; it's worse, that's not necessarily the case.

Other national surveys show that nearly 70 percent of probationers, those on probation -- and we know those on probation, just remember the Petit case; they were on probation -- had reported past drug use, and 32 percent that they were using illicit drugs in the month before their offense. Marijuana was the most commonly used drug among probationers at the time of the offense. Again, marijuana was the most commonly used drug among probationers at the time of the offense. So is there a direct relationship between crime and marijuana use?

Now that 18-year-olds will be considered juveniles in Connecticut's Criminal Justice System, we should consider the following: The National Center on Addiction and Substance Abuse, CASA, at Columbia University, talked about the fact that four-out-of-every-five children in teen arrests in

state juvenile justice systems are under the influence of alcohol or drugs while committing their crimes. They test positive for drugs, are arrested for committing an alcohol or drug offense, and admitted to having a substance abuse and addiction problem or shared some combination of these characteristics. In this particular study, it was even more compelling; 92 percent of arrested juveniles who tested positive for drugs tested positive for marijuana. Ninety-two percent of arrested juveniles who tested positive for drugs tested positive for marijuana. How about cocaine? It was 14.4 percent for cocaine. What an amazing difference between the two.

Taking a look at our most recent information coming from our closest ally, England, cannabis is linked to raising child crime and harder drugs. In Britain, they have 327,000 hard drug addicts, higher use due -- due to falling street prices. Magistrates are calling for tougher laws on -- on cannabis to halt a crime wave. Interesting, isn't it that their -- their magistrates are calling for tougher laws on cannabis, specifically, to halt a crime wave among children who are stealing to buy drugs and graduating to more dangerous drugs. This is a country where the demand to move the drug back to Class B from Class C for young offenders came as these reports show that Britain's drug problems continue unabated. They've had that experiment; they've tried it. And, as I stated before, even their national newspaper pleaded for a change and that they were very concerned that their previous advocacy was -- moved the country in the wrong direction.

This toll of hard drug abuse in England and Wales has -- has been put at more than $15 billion a year in economic and social costs according to the house office figures. They -- you can see by this, the cost to federal government. And the number of addicts has risen to 327,000, as Britain's elicit drug trade is now estimated to be generating $5.3 billion for traffickers and dealers.

Their government said that the downgrading of cannabis has sent out a wrong message to vulnerable young people, and he cited the case of a 15-year-old boy who came before the Bradford Crown Court accused of

murdering one of his brothers in a frenzied knife attack after drinking up to seven cans of lager and smoking several joints. Mr. Davey said the message has been sent out that having cannabis is not a serious offense so many more people have started to use it. Who knows how many? But I am convinced that many of the vulnerable youngsters I see in court is a gateway to harder substances.

The mental stability of those who continuously abuse pot has come into question. It is interesting to note that the connection between the 22-year-old Jared Loughner and his reported abuse of marijuana, which was the principle reason he was rejected from the U.S. Military, the Arizona man was arrested in connection to the deadly shooting of 6 people, including a federal judge, 13 others who were injured, including Arizona Congresswoman Gabrielle Giffords.

The connection between increased crime, increased usage cannot be denied. We also have a problem with this particular piece of legislation and its implementation in that it raises a number of legal issues.

It also raises a number of insurance issues, and this has been experienced by a number of states as well. The campaign to legitimize medical marijuana is based on two propositions, is what I feel; first of all, that science views marijuana as medicine, and secondarily, that the DEA targets sick and dying people using the drugs. And, as you've learned, neither is true. The DEA is not targeting sick people; that has been stated both by them and by the Department of Justice. But they will pursue -- pursue others. First, smoked marijuana has not withstood the rigors of science, is not medicine, and it's not safe. Moreover, the DEA targets criminals engaged in cultivation trafficking of marijuana, not the sick and dying.

This bill has a problem in that it states in it that dispensaries are not subject to prosecution or penalized in any way for acquiring, possessing, distributing. What would be the cost to the State, if I may say -- Mr. President, I wonder if I could trouble the good Chairman for a moment to ask him

about this language in the bill, if I could, through you, Mr. President?

THE CHAIR:

Senator Coleman, please prepare yourself.

Senator Boucher, please prepare your question.

SENATOR BOUCHER:

Thank you, Mr. President.

Mr. President, House Bill 5387 says that a dispensary is not subject to prosecution or penalized in any way of acquiring, possessing or distributing medical marijuana. What do you believe would be the cost to the State to defend those that follow this State's statutes, so to be challenged both locally or on a federal level? Through you, Mr. President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

If I understand the question correctly --

SENATOR BOUCHER:

He's just --

SENATOR COLEMAN:

-- Mr. President --

SENATOR BOUCHER:

-- a little bit.

SENATOR COLEMAN:

-- it is what would be the cost of defending either a physician, patient, caregiver, producer or dispensary; is that the question?

SENATOR BOUCHER:

That is the question, through you --

THE CHAIR:

Senator --

SENATOR BOUCHER:

-- Mr. President.

THE CHAIR:

-- Boucher.

SENATOR COLEMAN:

I think it would vary, and I guess it would depend on a lot of factors including who the attorneys were and what kind of experts might be required. The provision in the bill applies to, I guess state prosecutors and -- and state court systems and state judges, and the provision in the bill specifically says that there would be no criminal penalties or civil liabilities that any of those parties that I've mentioned, patients, caregivers, physicians, producers, and dispensaries would be subject to under this bill. So I don't think that there would be any cost as far as a state prosecution would -- would be involved. And whether or not a federal prosecution occurs, I guess is in my mind anyway, doubtful as well. Through you, Mr. President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Mr. President.

The reason for my concern is the bill is mandating that the State and grower commit an illegal act by obtaining marijuana in a way that doesn't appear to be legal according to the federal government, and if we have considered that there may be legal challenges

both at the local level and even at the state level, are there enough fees and accounts in -- in place in this bill to consider that there may be legal costs associated with those particular challenges? Through you, Mr. President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Again, Mr. President, through you to Senator Boucher. Under the provisions of the bill, there would be no state prosecution nor would there be any civil liabilities, as far as the State as a jurisdiction, is concerned. And I would reiterate, and I know we have a difference of opinion, but my considered opinion is that even a federal prosecution would be doubtful if the medical-marijuana operation proceeds as is contemplated under this bill. Through you, Mr. President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you for the answer, Mr. President.

The question, through you, Mr. President, would be if a town or city challenged the State in court, have there been any thoughts put into providing a fund or would they just then use the services of the Attorney General? Through you, Mr. President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Mr. President, I'm struggling because I'm trying to think under what circumstances or what basis a town or city in the State of Connecticut would rely upon in

order to mount such a challenge to the State -- such a legal challenge to the State.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Mr. President.

My concern is that we have not provided a mechanism for local municipalities to either reject or approval a dispensary or grower in their area, and as such, if one were to be proposed, it would be the State deciding that they could engage in that activity. There's no -- no mechanism for the local community. The only way they could challenge this is to take the State to court based on federal law. And this has been occurring in California. My concern is how the State would deal with such an eventuality and if there are costs associated with it; maybe they're not. Through you, Mr. President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

There probably would be costs associated with such a legal action. I think I would agree that the Attorney General's Office would be involved in some way or another, and maybe the cost of being represented by the Attorney General would be within the available resources of the Attorney General's budget. So there may not be much cost associated in terms of legal representation. Through you, Mr. President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, very much, Mr. President.

I would conclude my questions at this moment. The reason for my inquiry is that there have been some cases brought, in fact, that a case at the United States Supreme Court in the case of United States v. Oakland Cannabis Buyers' Cooperative where they ruled that there is no medical necessity exception to the Controlled Substance Act prohibition on manufacturing and distribution of marijuana. In other words, this has been tested. And I can foresee that there may be other cases like this that might occur here in Connecticut, and it would rise to some legal issues.

In fact, there were -- there's some legal cases that might even prompt those in our state that might even want to challenge Connecticut's legislation, should this pass this session this year, and to preempt any implementation to this particular program, and the concern would be what that might entail. And I -- I accept the -- the answer that our Attorney General would then, in that case, if I'm not mistaken would -- would defend the State Statute, should it be enacted.

It is interesting to note that or it may have been mentioned before that Connecticut actually has a medical-marijuana law on its books -- I'm surprised it hasn't come up yet -- since the mid-eighties that a licensed physician can possess and supply marijuana for the treatment of glaucoma or the side effects of chemotherapy. It's also interesting to note that they have not done so, either because they leave it would do more harm than good to their patients or that they might be breaking federal law. I don't see anything in this -- in this proposal that would change that, even with the caveats that the State would not prosecute. But even back in the mid-eighties, there was concern about federal law and preempting it.

Again, the question of the Supremacy Clause of the United States Constitution would put and cast a shadow over this program and this legislation, and I am very concerned about that. As we mentioned, several counties in California are suing the state because they believe that California's medical-marijuana laws are preempted because they conflict with federal statute. They assert that they should not be required to implement California's medical-marijuana laws, and

as such, I am concerned that it's possible that some of the same actions could happen here as well.

And it's also interesting to note that since the courts haven't settled some of those cases, although we saw one -- they did uphold the county -- however, since some of them have yet to settle the case under California law or federal law on medical use, of which would prevail, it's interesting that as an example of a county taking these matters into their own hands, San Jacinto City Council decided to basically ban any dispensaries from really siting themselves in their particular county. They reported that these cities are caught in a conflict as to the legality of medical marijuana. So the city resolved it for itself, whether as a land-use matter medical-marijuana's dispensaries should be -- should be permitted, regulated or prohibited. So a temporary moratorium on medical-marijuana outlets was established as a stop-gap into the -- until the courts could decide.

They -- I'll go on to say that conflicting rulings have left a lot of local governments with an unresolved conflict between these state and federal laws, but beyond the legality, several cities have permitted the establishment of medical-marijuana dispensaries. Those, they have found that such dispensaries has resulted in a very negative and harmful secondary effects, including significant increases in traffic, crime, and noise. In fact, the California Police Chief Association presented a report recently that said among the problems that have cropped up at dispensaries are marijuana smoke spreading to other businesses through the ventilation systems, robberies, loitering, assaults, thefts, weapons possession, a car jacking, and even homicide. Recently they had a person who was killed during an attempted takeover robbery by five people armed with automatic rifles at one of their dispensaries. Does Connecticut need more of this in our major cities? Do we have enough problems with drugs; should be -- be adding to their burden? Think of the enforcement costs on governments.

I believe that the good Chairman of the Judiciary Committee alluded to a problem in Oregon that was recently cited by some of our state news' outlets that

point to one of our other concerns, and that is facilitating an illegal act that it cannot enforce or monitor well, that can be prone to fraud and abuse. Again and again, we see this. Would we need an army of agents to monitor this and ensure that there's no abuse and harm to the neighbors and communities that we represent, as has happened in Los Angeles and San Diego and San Francisco, and Colorado, for that matter?

I think the case that the good Chairman was alluding to was the case of Medford, Oregon, where six men have been charged in the first federal prosecution in Oregon of medical-marijuana growers. The six men were charged and arraigned on Tuesday in U.S. District Court, and two were slated to appear Wednesday, and the other two in -- later in the week. They were accused of conspiring and selling thousands of pounds of marijuana, some of it to Oregon State, which is across the border, grown on four medical-marijuana gardens in Jackson City. The gardens were raided last fall when federal agents ripped out hundreds of plants with backhoes and hauled them off to dump trucks.

The U.S. Attorney Marshall says she hopes this will serve as a deterrent to people trying to use their program as a cover for illegal sales. Again, my concern is that the State of Connecticut is positioned and prepared to intervene in these kinds of cases; and does it open itself up for this kind of abuse?

Sheriff deputies destroy more than a thousand marijuana plants today in Porterville. The County Sheriff's Department said neighbors of the pot-growing site in the 300-block of South Baxley Street complained that the smell of plants and feared that it would bring violence their way. A total of a thousand thirty-eight plants were destroyed. Deputies learned that the arrests involved had posted medical-marijuana recommendations that allowed them to grow 468 plants. Again, enforcement and prevention of fraud is costly and difficult to achieve.

In Denver, feds seize 800 pot plants. Federal drug agents seized 800 medical pot plants from three Denver-area growers, including two who registered to grow the plants for medical purpose.

Hartford, Connecticut: Indoor Marijuana Farming Becoming More Widespread. From California to Connecticut, marijuana plants are budding behind a -- a veil of suburban normalcy. Legalization advocates say there's a lot more indoor weed that cops don't know about, both in large grows and clusters of plants tucked in back rooms. And all in -- in -- and all signs, they say, show an upward trend in housing the nation's most popular, illegal drug.

2001, according to the DEA, annual seizures of indoor marijuana plants increased from 236,000 to 401,000 in one year. And in Connecticut, state police say that police have seen more indoor pot operations than ever before. The question is: Will this add to those numbers?

We have to also recognize that we're creating some insurance issues, and I know that we have some insurance experts in this Circle. And we should consider cost issues. As a nation, we are very worried about the highest cost of car insurance, home insurance, health insurance, yet we pursue public policies that put further financial strain on these costs.

It is so much more expensive to fix a problem after it's created than to present it in the first place. I'm sure that you all would agree to that. Look at the costs we are paying now, due to tobacco. The cost to the taxpayer when individuals become a ward of the State or a client to our DDS and DMHAS is extraordinary. We spend billions of dollars on various programs and in treatment rehabilitation and family reentry programs. Think of the cost to businesses if they are forced to close.

There was an interesting article recently, and we should take very, very much note of this: Insurance issues may actually kill medical pot in this county. An insurance company, OneBeacon Insurance, will not protect against marijuana liability issues. The county commissioners in that county would consider a ban on medical-marijuana facilities in Unincorporated La Plata County because insurance problems prompted the reversal after the county spent months working to

develop its regulations for medical-marijuana operations.

I would hope that these considerations are taken, should this bill pass this evening. Because they found that they do not have liability coverage for their medical-marijuana activities, and as such the county's insurance carrier, OneBeacon, essentially said that they could not write a plan for them, they pointed to the fact that the insurance company cited conflicts between state and federal law. Again, we come back to the issue of the federal government prohibiting an activity that the state government is putting in place.

So here are all the other myriads of other things to have to consider, insurance, and these insurance companies cite the very problems we've talked about all afternoon and evening, and that is they cite the conflict between state and federal law, just like our pharmacists cite the conflict between state and federal law, which classifies marijuana as an illegal drug in explaining its refusal to cover the county's related regulatory activities. Other counties find themselves in the same position with their coverage because the policy wording allowing OneBeacon to decline coverage is common in insurance policies, they remarked. We were the first county to ask the question, she said, so now they have to consider the marijuana facility's ban.

They went on to say that this is going to be a hard recommendation to make, adding that county officials know some local business owners will experience deep financial losses and some people would lose their jobs because they were all building this on the supposition that there was going to be no problem, that they're within the state laws and that they could proceed with their operation. But something as simple as an insurance policy derailed the entire thing, so all of the funds that were expended to build the process and the program were lost.

If approved, the ban will immediately halt an issuance of new land-use permits and licenses for commercial growers and producers in the county. And the permits already issued to businesses in the county, including

a new permit issued this week, will expire June 30th. At that time the medical-marijuana businesses in the unincorporated areas will be forced to close. It is something we really do need to consider.

It is not just that. We talked about the cost of litigation and that federal judges dismiss lawsuits by medical-marijuana advocates that aim to halt the Governor's efforts to close dispensaries. In other words, the closure of dispensaries was supported by federal judges.

The other costs that we have to consider are the health care costs and the cost of a possible tobacco settlement that could translate into a marijuana settlement down the road. The cost to businesses; we have in this bill language that says businesses are prohibited from discriminating. We hopefully will talk about some protections for businesses should this program come in place, because they're really at risk. A study found 480 individuals that -- who smoke marijuana frequently but did not smoke tobacco have more health problems, miss more workdays than nonsmokers. Many of the extra sick days among marijuana smokers in the study were for respiratory illnesses; so there will be a cost to business from a health perspective.

The cost to governments; we talked about the four-fold increases in the chances of individuals suffering major depressive illnesses and the cost of that to the Human Services' budgets of either countries or states.

Could we also be increasing the cost to physicians? We all know the cost of medical malpractice insurance; that's a debate that we've had time and again. Since there's no scientifically established, acceptable margins of safety for the use of marijuana, even under medical supervision, this has implications for the practice of medicine for physicians in Connecticut. By recommending marijuana, an unregulated drug to their patients, physicians will be increasing the risk of exposure to medical malpractice lawsuits. I just wonder what that will do to the medical malpractice premiums or will, in fact, insurance companies deny covering the physicians as it is? They already have a very difficult time in their rates.

Remember, physicians will not be protected from civil actions or malpractice lawsuits because they have recommended the use of non-FDA-approved drug. Any waiver signed by a patient will be useless and will not withstand judicial scrutiny. This is an important issue that may not have come up before in the discussion of this, during the Judiciary testimonies.

I hope that it's something people will consider because, after all, I do believe they're looking for a recommendation from a doctor in order to preside a certificate, even though we've seen in other states, particularly California, where there are fraudulent prescriptions done all the time. We hope that that doesn't occur in Connecticut, but as such, would doctors be opening themselves up for medical malpractice suits or would they also be prohibited or and -- and not allowed to obtain medical malpractice insurance? And if they do, at what price? How much higher would those premiums be?

We've previously discussed the regular use of marijuana can be even more damaging than the use of tobacco. The World Health Organization No World -- World's No Tobacco Day predicted that within 14 years tobacco will become the leading cause of death and disability, killing more than 10 million people annually. The cost for -- oh -- tobacco-related illnesses are estimating at being at $200 billion per year. Think of costs if we pass this law in the State of Connecticut. If, in fact, at some point in time -- maybe we're not here any longer -- in the future that would result in complications duing to medical-marijuana use in the person's physical and mental health. Not only is it decisively against federal law, but this puts the State and agencies at great risk, such as the tobacco settlement.

Consider that the CDC tells us that cigarette smoking is the single most preventative cause of premature death in the United States. Each year more than 400,000 Americans die from cigarette smoking; in fact, one-in-every-five deaths in the United States is smoking related. Every year, smoking kills more than 276,000 men and 142,000 women. In fact, three-out-of-the-four parents in our household, my father, my

husband's mother and father all died from tobacco smoke.

It makes all kinds of common sense to predict that by putting marijuana smoke in the lungs, that is four-to-five times more potent, that is equal, one joint, to five cigarettes, that we won't [sic] be creating the same kind of public health hazard as we've done with tobacco smoke. Why don't we wait for an aerosol that bypasses the lungs or a tablet that can be more potent than what we have right now?

And how about that second-hand smoke? We just talked about earlier how second-hand smoke of pot can be detected in the blood stream for up to a month. We can go on and on and on about second-hand smoke. We all get bent out of shape about the dangers of second-hand smoke and yet we're engaging in a bill and a new policy that actually promotes smoke in someone's lungs. And although there's safeguards in the bill, that I appreciate, that talk about not exposing to others to second-hand smoke, there no way you're going to be able to prevent this. You can't be in someone's home, although we'd like to try to prevent if someone's smoking in their home and certainly in a car if they have a child in it. I don't see any of those prohibitions in this particular bill.

You know, it's interesting. We also need to consider that maybe we need to put a warning on some of those licenses that we are going to be distributing to some of these individuals that are going to become patients of this, something that we put on a packet of cigarettes as well. Proper labelling of so-called "medical cigarettes" should include things like carbon monoxide, hydrogen cyanide, ammonia, acetone, phenol, well-known carcinogens, benzopyrene, benzene, nitrosamines, and all sorts of other things that I could hardly pronounce here. Many of these cancer-causing substances are -- find higher amounts in marijuana smoke than in tobacco. So wouldn't it make sense that if we're going to provide a license that we should require that we put some of these warnings on this as well? Because it so emulates the tobacco industry.

When people start to sue us after getting sick from eating or smoking or state-authorized, state-sanctioned cigarettes, bongs or brownies or otherwise, will public officials, physicians, caregivers, and others who recommend them offer ignorance of their harmful effects as a -- as a defense? I wonder if that could happen. Would that be accepted? What can doctors truthfully tell their patients in recommending -- not prescribing but recommending -- marijuana cigarettes for their maladies? When smoked as directed, this toxic, medical cigarette can give you lung, mouth, throat cancer and perhaps a heart attack? Would that be something that we should put on the pot that's going to be prescribed? Maybe we should add that in both marijuana and tobacco cigarettes that there is a direct scientific link to lung cancer or should you put as a warning that prescribing pot is against federal law and would jeopardize a doctor's medical license?

What really concerns me is the hypocrisy that sometimes I'm trying to justify in my head. How can the State of Connecticut accept cigarette money from the tobacco settlement or sue tobacco companies, and they're so against this, that they can turn-around and then legalize or facilitate the approval of a marijuana cigarette to patients? I just don't get it.

And, trust me, I really respect and dearly like and am incredibly fond of the individuals around this issue, the upstanding, fine, ethical individuals that work with us in this Legislature that feel strongly that this is a benefit of somehow -- all -- the benefit somehow overrides some of the concerns that I've tried to impact on anyone. But, again, I'm having such a hard time justifying this when we worked so hard against tobacco smoke. How could we turn-around and justify marijuana smoke in your lungs? And it's not me telling you this; it is some of the most reputable, highly regarded, national public health institutes, not just in America but throughout the world.

Will health insurance companies and organizations which are often co-plaintiffs in states in tobacco suits be obliged to provide medical-marijuana cigarettes to patients later on? Will hospital be -- be forced to allow people who smoke their medicine in

hospital rooms and halls? How will children, caregivers, and other citizens avoid exposure, again, to second-hand smoke that contains some of the highest cancer-causing substances known? And how do you prevent, as a business or a day care center, from your employees using this or a company that has trucks and delivery services, from prohibiting that in their employees?

Not being in the line of sight does not prevent marijuana smoke from penetrating ventilation systems and have been found, this to be the case, in California, because there's currently towns that are suing just specifically on this issue. I know the legislation says we are not supposed to have second-hand smoke as a danger to anyone around it, but they have found in actual practice in California this is occurring. It's penetrating ventilation systems and has been found in California, and currently towns are suing on this issue. It may be the very towns that say you can't smoke in any public place, on any public grounds, and at any public restaurant or any public building or private, and yet they're having problems with second-hand smoke of marijuana penetrating their ventilation systems. These are questions that must be considered before officials go forward with plans to substitute one toxic, tar-laden cigarette with another in the guise of medicine.

You know, there's a wonderful organization in the State of Connecticut that has made its primary mission -- we have lots of fabulous organizations, the Rotary Clubs, the Lions' Clubs, the Kiwanians -- there's an Elks' organization, and one of the things that they have made their mission is on drug awareness, and their directors have been and have come to the Legislature, provided testimony, and their director says to us, What I find disturbing today is that our state leaders voted on a bill to ban smoking in all public facilities, including restaurants. I understand what promoted this vote was second-hand smoke. So if second-hand smoke is so bad for you, then how on earth can we attempt to pass House Bill 5389, medical marijuana? How can you, your State Representatives and Senators vote yes to a federally illicit drug? Their own brochure states this: Marijuana has big money behind it.

The national organization founder for the normalization of marijuana laws admits receiving drug dealers' money to advocate for the legalization of all drugs. Their argument is: Make it medical, legalize it, tax it, and live with it just like we do tobacco or alcohol.

Note that tobacco and alcohol taxes don't even come close to paying for their social cost, not even close. In fact, we have been criticized for taking tobacco settlement money and using it for nursing home care because we have so many people with emphysema, by the way, some of them, including my mother-in-law -- God rest her soul -- Mary Katherine Lawlor O'Sullivan -- that's the Irish side of the family -- that not only was in a nursing home with emphysema, on oxygen, smoking a cigarette whenever she could get her hands on it. It was so sad.

Those costs are enormous. And watch out for your neighbor, because there's also a lawsuit around the corner there as well. A Redwood Valley man was awarded $1,610 verdict last week after a four-day jury trial against his former neighbors for damages caused by their marijuana-growing operation. When people buy their medical marijuana from local dispensaries, they should definitely be careful about what they're getting into. Who knows what kind of toxic chemicals have been applied and what adverse health effects they might have.

Several homeowners' insurance companies in California have been asked to pay claims for medical-marijuana thefts. A mother in California has given her 7-year-old son marijuana muffins for a mental problem. One heavy equipment operator is suing to be able to use his medicine on the job. A medical pot smoker is suing Delta for not being able to smoke at the airport nor take his pot on the plane.

There is no scientifically established margin of safety for the use of marijuana, even under medical supervision. This has implications for the practice of medicine in Connecticut. By recommending marijuana, an unregulated drug to their patients,

physicians will be increasing their risk of exposure, as I said before, to lawsuits.

Finally, Madam President, I want to discuss something that does move a lot of individuals that are very concerned about our youth, about the message to our youth, about the increased use by our youth, and its perceived harm. One of the things that the national proponents of -- and they're honest in saying that they really want to use medical marijuana as a red herring to make the issue less harmful sounding, more benign. And this perception of harm, it's called the "reduction of harm" is the unintended -- I'm sure -- unintended consequence of affecting the mindset of our youth.

In fact, the 2010 National Survey on Drug Use and Health shows a significant rise in youth marijuana use. Drug policy experts including those of the Office of Natural [sic] Drug Policy -- Policy believe that this rise is a direct -- this is interesting. This is from our President Obama's national -- they -- from his Office of the National Drug Control Policy. This is an office that's been there throughout many different Administrations, but the current one, under the Obama Administration, pointed and had this language in it, which I thought was very significant. Because we often hear about the rise of usage by our youth for various things, like drugs, alcohol, tobacco, and cigarettes, and so on; however, in this particular survey, they included a remark that stated many drug policy experts believe this rise, this significant rise, after many years of decline, particularly after the 1970s, when we took the schedule of marijuana from II to I1 because there was such usage, it was significantly reduced; all of a sudden now there is a significant rise.

It clearly stated they believe this rise is a direct result of marijuana legalization efforts, the direct result of marijuana legalization efforts. Research indicates that when people have a perception that a risk is declining, usage rates increase and that states that have legalized marijuana under the guise of medicine continuously rank towards the top of the chart for youth marijuana-use rates, the top of the chart.

Again, current information, not old data or surveys as some might apply. And this is of May 1 -- oh my goodness -- May 1, a couple days ago. We're doing a lot of good work in here for kids, particularly with my wonderful Co-chair of the Higher Education Committee; it was very gratifying. And I -- I apologize to all to -- to the late hours and the long discussions on this, but you can tell I feel that this is a public health and a youth-health issue. This May 1st --

THE CHAIR:

Senator?

(President in the Chair.)

SENATOR BOUCHER:

Yes, ma'am?

THE CHAIR:

You -- you continue until you finish.

SENATOR BOUCHER:

Thank you, Madam President. I appreciate your great consideration and the respectful tone of the day is -- is -- been tremendous, I must tell you.

But this particular study came out just this week, May 1st. National Study: Teen Heavy Marijuana Use up 80 Percent Since 2008. My God; 2008, in four years. In four years, one-in-ten teens reports using marijuana at least 20 times a month. Only half of teens, 51 percent now say they see great risk in using marijuana regularly. And, of course, we know that there are other abuses as well.

Over-the-counter-medications, they're at a very high level. New nationally projectable survey results by the MetLife Foundation, the Partnership for a Drug-Free America and the MetLife Foundation found that in the past month marijuana use, particular heavy use has increased significantly among U.S. high school

students since 2008. Nine percent of teens, nearly 1.5 smoke marijuana heavily, at least 20 times; and we know what that does to the body and the mind, the younger and younger you are, what it does to the brain.

In fact, we've had -- 60 Minutes did an interesting program on it. HBO has done significantly interesting programs about how this attaches itself to the brain and how hard it is to break an addiction, particularly at the -- in the very young brain as its developing. That's why we have laws, like you can't drink until you're 21 for alcohol. In fact, I have been told that if you start drinking at a very young age -- and that's an affliction that many families endure as well -- if you drink alcohol in the very early teen, preteen years versus waiting until you're 21, the instance of addiction goes up four-to-five times. And that's why it's a good idea to wait until the brain has fully developed. And it's still developing at 18.

And that's why we probably will entertain an amendment that talks about raising the age to 21, if we want to put a plan like this in place. And I hope that I get a lot of support on that because, as you can see, we have a significant problem with our youth; 9 percent of teens, nearly 1.5 million smoke marijuana heavily, at least 20 time in the last month. Overall, the past month, heavy marijuana use is up 80 percent of U.S. teens since 2008, coinciding with a -- a trend. This marks an upward trend in teen marijuana use over the past three years.

The last time marijuana use was this widespread amongst teens was in -- in 1998, when past-month use of marijuana was 27 percent; 27 percent. These findings are deeply disturbing as the increases we're seeing in heavy marijuana use among high school students can spell real trouble for these teens later on. We just talked about -- how the fact that many of these things show themselves, just like smoking when you're young, all of a sudden your middle-age or older and all of a sudden you have lung cancer and other ailments, heart disease and so forth.

The President of -- of the partnership at Drug Free stated heavy use of marijuana, particularly beginning

in adolescence bring the risk of serious problems, and our data shows it is linked to involvement with alcohol and other drugs as well. They begin using drugs as teenagers are more likely to struggle with substance abuse and disorders when compared to those that start using after the teenage years, again, emulating the alcohol and the drug problem as well.

Teen marijuana use is becoming normalized behavior. They see more of their teens smoking. So, again, they don't see the perception of harm. I only have to talk to my school nurses who say what we're discussing here is being noted locally and it is having a very negative impact on their programming, the anti-drug programs and the perception of harm.

Also, 71 percent of teens say they have friends who use marijuana regularly, up from 62 percent in 2008. Another very important -- very important statistic -- and I'm sorry to see this -- as teen drug use takes a turn for the worse, a heavier burden is placed on the shoulders of parents to play a more active role in protecting their kids from the health risks posed by drug and alcohol abuse.

I wonder how they're going to explain this legislation to them. One of the things that is really concerning to me is that teen boys and Hispanic teens leading marijuana increases, and my concern is about our educational system and how they have to deal with some of these issues, because these are students that come to school, and as noted, that marijuana lingers within the system for up to 30 days.

Note: Marijuana reduces short-term memory, comprehension, alters the sense of time and reduces coordination and energy level. The survey confirms that teen boys are leading the overall increase in marijuana use; girls are doing better, though. And, boy, that's interesting how that correlates to success in school and on tests and college admittance. And I take no solace for the fact that girls are doing slightly better and they have lesser usage, because I want our boys to succeed.

According to the new data, half of Hispanic teens,

50 percent report that they have used marijuana in the past year versus 40 percent of Asian American -- excuse me -- let me go back to this; okay? This is a very interesting statistic; particularly, I think it would be interesting to our Chair of our Judiciary Committee. According to the new data, half of Hispanic teens, 50 percent report they have used marijuana in the past year versus 40 percent of Afro-Americans and 35 percent for Caucasian. This means Hispanic teens are nearly twice as likely -- 43 percent as Caucasian teens, to have smoked marijuana in the past year; 50 percent versus 35 percent, and 25 percent more likely than Afro-American teens.

Teens are starting to view medicine abuse as less socially acceptable, and the percentage of teens who strongly disapprove using prescription drugs to get high has gone up significantly. That's interesting; isn't it, that someone marijuana abuse is somehow more acceptable? And yet what's interesting is that smoking rates of cigarettes has actually declined in the same population. So marijuana smoking has gone up, tobacco smoking has gone down; again, perception of harm. Think of how many ads we see on TV that talk about the dangers of tobacco smoke, children that are left with parents that die from that. We don't -- we don't have the same kind of ramp-up in the perception of harm, and as such, we see an increase in use.

Discussing and debating issues such as this, no question undermines a message to children that taking drugs is bad for you. It also undermines our drug treatment efforts as well. You know, in 1979, numerous states decriminalized marijuana and the White House supported it, and the marijuana-smokers' lobby was at its peak. The result of that time was that we had the highest level of youth drug use of any nation with one-in-ten high school seniors stoned on pot every day of the week. The outcry from parent group reversed these policies with strong education enforcement and treatment, and this trend was reversed.

But by passing this bill, there could be erosion of that progress made over these past, difficult years. And now we've just seen that within the last four

years, 19 -- 2008 to 2012, we had a precipitous increase.

We have heard from various police departments that may actually even consider -- this is really unfortunate -- consider removing their DARE program because we will now be sending a message that will undermine their efforts. No question that what we are doing or saying to the -- our youth is by far the most damaging thing that we will do by passing this bill. This is what Ginger Katz has maintained all the time and why she spends so much of her -- her time and her life trying to -- to give a strong message.

I think attempting to blur the line between the use of an addictive, illegal drug and the use of -- of a medicine undercuts the goals of stopping the initiation of drug use and preventing addiction. Do we really wish to do more harm to our children when there are good alternatives that we've talked about previously? Many of these organizations supporting this effort have, in fact, been trying to legalize these and other drugs for a long time.

We have a serious drug problem in this country. It is -- marijuana is a much bigger portion of this problem than most people realize; in fact, it is the most widely used, illicit drug in America. Of the approximately 20 million, current illicit drug users, 14.6 million or 75 percent are using marijuana. It is the primary drug cited as reasons for emergency visits, which have risen 176 percent since 1994, surpassing heroin. I'm going to repeat this because this is really important. Marijuana is now the most widely used, illicit drug in America. Of the approximately 20 million current, illicit drug users, 14.6 million, about 75 percent are using marijuana. It is the primary drug citing for the reason for emergency room visits which has risen 176 percent since 1994, surpassing heroin.

Everyone seems to think that this is benign and yet we have them going to emergency rooms. What is so benign about the drug that will send you to the emergency room?

Metropolitan areas have reported drug abuse deaths. Nearly 80 percent of these deaths involve marijuana or at least one other substance, so a combination of marijuana, a combination of crime, putting yourself in a dangerous situation. More young people are now in treatment for marijuana dependency than alcohol or for all other illegal drugs combined.

In 2002, over 4000 patients came into treatment in Connecticut citing marijuana as their primary drug problem; 4000, marijuana is their primary drug problem. Over 700 of these patients were between 12-and-17-years-old, and these are the only ones that I'm talking about; they actually came in for treatment. Think of all the ones that haven't.

How many of us have children or grandchildren that are between 12-and-17, and we want to talk about an achievement gap? How could a child between 12-and-17, a minor, be treated for this drug in emergency rooms and in treatment centers and still be able to function at a high level in our educational system? Remember, marijuana today is twice as powerful and ten times, it says, than 20 years ago. It contains between two-to-ten times the concentration of THC, so its chemical effects on the brain are even more damaging.

Kids who are regular marijuana users have shortened attention span, decreased energy and ambition, lack of judgment, high distractibility, impaired ability to communicate and relate to others, a set of symptoms called "amotivational syndrome" by psychologists. We send a very bad and mixed message to our children. We undermined our current anti-drug efforts and substance abuse programs.

States voting marijuana as medicine have an increase in drug trafficking under the guise of medicine, and kids are smoking pot because they think it's safe. This is provided to us by Drug-Free America that's been tracking these bills throughout the country for a long period of time.

Madam President, I could go on about the problems in California, the problems in San Diego where high school kids in a recent article were found, a loophole in the Compassionate Act by paying a doctor $150 for a

card and then buy all the pot they want. I can show you pictures of ice cream parlors that have pot as one of the items they can purchase along with their ice cream and school officials in San Diego that actually sent letters to parents at the unified school district warning that some students are getting the medical-marijuana cards and selling them to other students and the results of an increasing number of kids arriving at school stoned. He warned parents to supervise their children, explained that some clinics are even marketing to these kids, medical marijuana under names like "Reefer's Peanut Butter Cup" or "Baby Jane."

The unintended consequences of nonprescription, medical-marijuana legalization is that some kids are making an industry out of it, the kind of entrepreneurship that we don't want. We, instead, want to create internships at our manufacturing plants for our students, not running illicit pot operations.

I guess I've spent some time trying to convince you that suggesting marijuana as -- has medical value sends a very wrong message to our young children and that this mixed message damages the enormous work and investment that parents, schools, and our local communities have made in trying to keep our kids from drug abuse. It's an uphill battle as it is, and this measure will only add to the challenges of protecting our children.

Madam President, I hope that you'll allow me to just ask a few questions, if I could, to the proponent of the bill so we can get onto the bill, because I've spent enough time trying to convince you that maybe this is the wrong direction. But if this is the direction that the State is going to go, I'm going to -- and others will try to attempt to fix the bill and make it a little bit less damaging and a little more -- more user friendly.

Through you, Madam President, if I could, please?

THE CHAIR:

Please proceed, ma'am.

SENATOR BOUCHER:

And if I could indulge our good Chairman with some patience for some of the questions?

THE CHAIR:

He definitely has patience, ma'am.

SENATOR BOUCHER:

He certainly --

THE CHAIR:

Please --

SENATOR BOUCHER:

-- does.

THE CHAIR:

Please proceed.

SENATOR BOUCHER:

And so does everyone in the Circle. And I can promise you that I won't take up this amount of time on probably any other issue that comes before us. I will only have wonderful things to say about education and education reform that I am so looking forward to because that will definitely brighten my day, as this puts a shadow on some of the things that I feel positive about.

Through you, Madam President, the good Chairman, who will police the dispensaries, the producers and growers once we put this into effect?

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Thank you, Madam President.

And first let me say that I admire Senator Boucher's persistence and perseverance so much that she can spend as much time as she cares to --

SENATOR BOUCHER:

You're so kind.

SENATOR COLEMAN:

-- making her point.

SENATOR BOUCHER:

Thank you.

SENATOR COLEMAN:

And I will continue to respect that.

SENATOR BOUCHER:

Thank you.

SENATOR COLEMAN:

And now the --

SENATOR BOUCHER:

I'm almost (inaudible).

SENATOR COLEMAN:

The -- the answer to the question who will police, D -- DCP, the Department of Consumer Protection is the state agency that is primarily responsible for the oversight of all the activities connected to medical marijuana in the State of Connecticut, if this bill were to become law.

And I suppose I anticipate where Senator Boucher might be headed, but the --

SENATOR BOUCHER:

Go ahead.

SENATOR COLEMAN:

The separate account that will be created will probably be most utilized in order to pay for whatever expenses might be connected to the supervision, monitoring, and oversight of all those activities connected to the medical-marijuana operation in the State of Connecticut, if this bill were to become law. Through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

And through you, then, if there were criminal activities then, would that then be under the heading of -- if they saw that things were not being followed according to the law -- through our Department of Public Safety, should they be involved and in partnership with the D -- the Department of Consumer Protection? Through you, Madam President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Through you, Madam President, if there were to be discovered abuses in connection with the activities related to medical-marijuana operation in the State of Connecticut, I would envision that DCP would not hesitate to call upon the state police. And I forget the new name of the agency, but you know what I'm --

SENATOR BOUCHER:

I --

SENATOR COLEMAN:

-- talking about.

SENATOR BOUCHER:

I do. I do. I do. Yup.

SENATOR COLEMAN:

If there is investigation or enforcement or arrests to be made, I'm sure that the state police would be involved in that at the request of DCP, through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

I appreciate that answer. I have a couple of other questions, if I may. How would these plants be protected from being stolen or used by our youth or others that might have other desires for their purposes? Would there be penalties for misuse, through you, Madam President?

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Thank you, Madam President.

And through you to Senator Boucher, I think earlier I remarked that there will be some very stringent requirements and criteria that those who are interesting in being producers would have to meet. And I think financial wherewithal would be a very relevant criteria, for among other reasons the producers would be required to construct indoor growing facilities and in connection with that would also be required to institute security measures that would be satisfactory to the Department of Consumer Protection, security measures that would minimize or address the potential for burglaries or thefts,

whereby others would have access, others not connected to the company might have access to the product that's being cultivated. So I think DCP would have to be satisfied that the producer selected will have the wherewithal and the ability in order to prevent unauthorized access to their facilities.

And it might be relevant to your question that a consideration is that no person who has a criminal record would probably be selected to be a part of a producer's operation or for that matter, I think it probably goes without saying, since pharmacists are involved, would not be connected -- no person with a criminal record would be connected with a dispensary.

No person with a criminal record would be authorized to act as a caregiver for a patient who has been certified and qualified to use marijuana for medical purposes. Through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, very much, Madam President.

And I thank him, the Chair, for his answer. I think -- I hope that Department of Public -- that Department of Consumer Protection is listening in on our conversation, because I -- I noted in the language that the word "secure" was not included. And I actually had a -- an amendment to that effect, but hopefully in promulgating regulations that secure facility would be a part of that and as well as the requirement of security would be a part of that application process and that the D -- Department of -- of Consumer Protection would institute some of those safeguards. Thank you for that.

And, also, I believe that the good Chairman already answered my concern and questions about where his supplies would originally emanate from. I'm still a little concerned about that, but I further am concerned about the fact that there might be excess supply, particularly if the individual receiving a

one-month supply and also have a one year's permit, so to speak, what would happen to the excess supply if the person recovers, don't need it anymore or if a -- if the person passes away? Would they be trusted to -- to dispose of this supply personally or would we have some safeguards where they would turn it in to one of our state agencies so that it might not fall into others' hands, particularly if a person were to pass away and they had a one month's supply of marijuana in their home? How would we know that that wouldn't get in the hands of a youngster or someone that shouldn't have it? Through you, Madam President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Thank you, Madam President.

The best answer that I can give to that question at this time is that DCP would be responsible for the promulgation of regulations and questions, such as the one that Senator Boucher raises, as well as others will be, I'm sure, specifically addressed in the rules and regulations that the Department of Consumer Protection comes up with. Through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you for that response.

Some of my concern around that was some language that allowed the patient to dispose. And so I would hope that maybe the regulations would cover that area for the concerns that we might have.

A further question, through you, Madam President. The safeguards in place to prevent unethical physicians from issuing certification without seeing the person that needs to be treated or verifying that they have a

disease specified in the bill. Who would be checking on this for the State? Through you, Madam President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

And thank you, Madam President.

Through you to Senator Boucher, there is a provision in the bill that addresses fraudulent activity with respect to aspects of certification and licensing. And the -- there is -- that is one of two places in the bill where the potential for criminal penalties and criminal prosecution exists. It would be a Class A misdemeanor for someone to act fraudulently in the certification or licensing process that is contemplated by the bill. And, again, it would be the Department of Consumer Protection that would be primarily responsible for overseeing those kind of activities.

And as far as investigation and arrest and prosecution is concerned, again, it would probably be in consultation with state and local police. And if there are costs to be incurred in any of those activities, those costs would probably be met through the funds that are generated and deposited into the special account. Through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you for the response; much appreciated.

I'm going to combine a couple questions together, because I had a little bit of concern about the Department of Public Health, that seemed to be absent from a lot of this bill, that we would like to have assess the benefits versus the harm over time of this bill and also annual surveys to be conducted by the Department of Mental Health and Addiction Services or

the Department of Consumer Protection to measure the increase in marijuana use, especially by our teens over time, that both -- that the Department of Public Health assess benefits versus harm to health and also surveying usage, because as we see in other states, there has been a cause and effect of implementing policies such as this.

So would the good Chairman entertain the possibility of enacting some provisions to require assessments and reporting back to us so we know exactly how this is being played out? Through you, Madam President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Thank you, Madam President.

Senator Boucher, during the course of this evening and -- and all of the -- our discussions that we've had with respect to this legislation has been very honest with me. I'll be very honest with her and simply say that at this point I would not be favorably inclined toward any amendment on this bill.

THE CHAIR:

Senator --

SENATOR COLEMAN:

Thank you --

THE CHAIR:

-- Boucher.

SENATOR COLEMAN:

-- Madam President.

SENATOR BOUCHER:

Thank you for that very honest answer. Madam President, I hope that if that type of amendment would not be able to be implemented, then it is my hope that it is something that the Legislature and your committee and others might propose, going forward, so that we can assess the public-health consequences of this very serious policy change. Through you, Madam President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Through you, Madam President, that would go without saying. I think in -- in all of the legislation that -- that we worked on, if it is determined after a review of this piece of legislation or any other legislation that's come through the Judiciary Committee, at a point in the succeeding session or at some point in the future, refinements certainly would be contemplated and pursued.

Through you, Madam President, I would -- I would just say that on the issue that the good Senator raises in the bill, each individual's physician who is examining a patient and -- and providing some written certification would have to do the analysis that you're talking about, at least with respect to that individual patient, and that is to provide a professional opinion concerning whether or not the benefits of this patient using medical marijuana or using marijuana for medical purposes outweighs the potential health risks that would be associated with this particular patient's use of marijuana for medical purposes. Through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President, and I appreciate the response.

And I, to further the process along, I'm -- I'm not going to direct my questions to the Chairman of the Judiciary Committee but, in fact, bring forward some of the concerns this raises. I think that it's well and good that a physician in the privacy of a physician/patient relationship can assess this, but I think as a state, as has been seen in other -- other locations, we do need to assess if there has been an impact to this policy change, and it's possible just by the reporting requirements. And we'll probably discuss some bills further about not reducing reporting requirements by, say, the Department of -- of -- of Mental Health and Addiction Services, so we would know if there's an increase in caseload and also if there's been an increase in the use by teens through different reporting mechanisms, so a point in time when we can assess the actual outcome of this bill.

And I, as I said, I -- I won't bother the good Chairman further on the question other than to state them, so that we can get right on to the amendments and move -- move this process along so others can weigh in on this important bill.

I was very concerned that the Department of Public Safety should be required to keep records to assess law enforcement issues and problems over time due to this bill, but it's very possible that they already have to do some of this when they report on their activities as a matter of a department. And hopefully the Executive Branch will assess if they come forward and need more funding and more staffing requirements, because we will either see a commensurate rise in crime and issues for our communities or a good control over this.

It's also a concern that the enormous amount of marijuana joints being generated here, a one-month's supply could essentially, if one has three joints a day over a seven-day, year period, you're talking about over a hundred joints in the matter of a month and that this supply could raise a problem to a black market, as it's been seen in other states.

We also have concern about who would regulate the certificates and plants, and it appears that our

Department of Consumer Protection, although I would imagine that the department would need a substantially larger staff to put in a program that is so complex, such as this, with so many issues.

And also we are concerned about if there were children allowed in the areas where productions were being grown or would they be prohibited? Would teenagers have access to medical-marijuana joints, because between the ages of 18 and 21, and why the age of 21 was not considered? And it might be something we want to discuss shortly.

Again, what potency is another question I would pose, without having you to get up and respond, but the potency that producers and growers would be allowed in that plant because, as we've seen with tobacco, the potency can go up or down and that they -- the -- the THC in marijuana range -- ranges widely from 10 milligrams to 150. So you can see that there is some regulatory need in that area, very important.

The safeguards in place to prevent prescriptions from being forged, that's hard to say. It just depends on the doctor, right, or oversight?

Will there be a data bank, listing every patient, dispensary, and production facility? At least the State might have it, the Department of -- I would imagine -- of Public Consumer Protection would have that. And, again, the confidentiality of that is in question and raises questions about who has access to that.

And are employers prohibited -- and are employers prohibiting from testing and doing drug testing, particularly those in very sensitive areas of work, the banking industry, the brokerage business, law enforcement? Although I did notice that you had a -- an exception for law enforcement, but there are other types of organizations that have very high-level security clearances that may need access to that. And we hope that this is flexible enough as to not cause a problem for our employers.

Would patients receiving medical marijuana have this noted on their driver's license? What if they get stopped and they're tested?

Will an employer be mandated to keep the employee on the job if using and be required to cover them under Unemployment Insurance programs, particularly as we saw that you could not ingest it? But if you do so right before work or the night before, it still is in the system and could, in fact, impair your job and performance.

Under the present, federal law, insurance companies will not cover a marijuana patient who, for example, has adverse effects and has an accident. Then who pays for that? Would it be covered under homeowners' insurance? It raises some insurance issues.

Is the State of Connecticut liable for passing the law or supplying the plants or failing to property manage cultivation distribution of these plants; could someone take us to court on this?

If a patient dies -- again, we talked about that -- will the supply of pot be returned to the State or the -- or the agency administering this? And I think you already answered that question for us well.

Safeguards, you know, to protect Connecticut's citizens. Will pilots, bus drivers, train engineers, mechanics, doctors, and police who are being treated for marijuana be allowed to work, and who would determine if there's a safety risk?

Will we be exempting registered patients from driving-under-the-influence penalties? All of these are questions, and in order to answer some of those, through you, Madam President, I do have some amendments.

THE CHAIR:

Please proceed, ma'am.

SENATOR BOUCHER:

Madam President, the Clerk has Amendment Number

LCO 4520. Will the Clerk please call and may -- maybe may I be allowed to summarize? And I move the amendment, please.

THE CHAIR:

Mr. Clerk, please call LCO 4520.

THE CLERK:

LCO Number 4520, Senate "A," offered by Senator Boucher.

THE CHAIR:

Senator Boucher, there -- your motion is on passage. Will you please remark?

SENATOR BOUCHER:

Yes. Madam President, this amendment, I do move adoption. I believe I -- did I say that already?

THE CHAIR:

Yes, you did, ma'am.

SENATOR BOUCHER:

Thank you, very much. I appreciate it.

I have some very helpful colleagues that are making sure I follow the right procedure and I'm very grateful for --

THE CHAIR:

And you're doing --

SENATOR BOUCHER:

-- their counsel.

THE CHAIR:

-- fine, ma'am.

SENATOR BOUCHER:

Thank you.

In this amendment, we strike line 5 through 13 that talks about a debilitating condition and describes it. A debilitating medical condition means an active and progressive illness that results in a patient being diagnosed by a physician as terminally ill with a prognosis of six months or less to live. And I think the reason for this amendment is fairly self-explanatory, as I've mentioned it several times during the discussion today about the fact that there are so many negative consequences to ingesting or smoking marijuana into the lungs, to the heart, to so many -- of an individual, that may have a prolonged, chronic illness that should be able to live a fruitful life, and that if this bill was really restricted to those with a terminal illness that it -- that it would not be an issue about any further damage to an individual.

So on that, Madam Chair, I hope that we can all think about this as being a good compromise in moving the bill forward in an expeditious manner. We won't probably have to discuss any of the other amendments if this were the case.

Thank you, Madam President.

THE CHAIR:

Thank you, Senator Boucher.

Will you remark? Will you remark?

Senator Coleman.

SENATOR COLEMAN:

I would reiterate what I said a few minutes earlier, and that is as we go forward and we examine how this system works, I would be amenable to -- assuming that both Senator Boucher and Senator Coleman return to the Legislature next session, to the State Senate next session -- I would certainly be amenable in discussing whatever modifications might be appropriate. But at this date, on this day, I would have no alternative

but to urge opposition and rejection of this amendment.

Thank you, Madam President.

THE CHAIR:

Thank you, Senator Coleman.

Will you remark further?

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Madam President.

Through you, Madam President, a question to the proponent of the amendment.

THE CHAIR:

Could you stand at ease for a moment then, sir?

SENATOR McLACHLAN:

Thank you, Madam President.

I -- I would like to --

THE CHAIR:

Go, Toni, go.

SENATOR McLACHLAN:

-- first thank Senator Boucher for her dedication to this topic. We must all admit and honor anyone who serves in the Legislature who feels so passionately about a topic. We saw some of that last night. We probably see it nearly every day here in the Legislature. There certainly have been things that I have felt very strongly about, but I doubt very much that anyone at this point, today certainly, perhaps in this session, cannot grant Senator Boucher due credit for the homework that she and her able staff have done in preparation for this debate.

It seems that this amendment before us addresses limiting the palliative use of marijuana to fewer patients, and it also seems that based upon Senator Boucher's presentation over the last several hours that she has identified probably a realistic way to limit the use of -- the palliative use of marijuana.

It seems also that this amendment before us is looking or seeking to limit that use to hospice patients, and I do believe, based upon my personal experience with hospice patients, that it is those situations where prescriptions and easing pain are probably the most difficult. And so based upon the limitation that she's requesting this legislative body to consider, it seems reasonable and appropriate. And I would support this amendment.

Thank you, Madam President.

THE CHAIR:

Thank you.

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

I -- I also rise to support this amendment. I struggle with the underlying bill for a number of reasons, and I -- I think this amendment goes a long way to alleviate some of them.

One of those reasons is the broad nature of lines 5 through 13, where we talk about and define debilitating medical condition to include ailments such as cancer. Well, there's a lot of kinds of cancers; not all of them are -- are terminal, thank God, and I think Senator Boucher mentioned that. Two-thirds was the number she threw out there, and not all of them are -- are life-threatening, if dealt with soon enough. And so that's just a small example of -- of maybe the overbroad nature of the definition, a debilitating medical condition.

In addition to the specific diseases and ailments listed in lines 5 through 10, we have an -- an open-ended definition or an open-ended ability to expand that definition through lines 11 and 13, which discuss the Department of Consumer Protection and the regulations that it's going to set up under Section 14.

And so I think the amendment before us has a couple of -- of benefits, one in narrowing the scope, and two, broadening the scope but broadening the scope, I think, in a way that has bounds and -- and makes sense. As time goes on, as science improves, as our understanding of what -- what kinds of bacteria or viruses or even genetic makeup could cause a -- a terminally ill prognosis within six months, this definition allows us to reach beyond lines 5 through 10 and into, I guess, a line 11 to 13 but does so with bounds that I think are -- are reasonable. So I will be supporting this amendment.

And if I may, on another note, just thank Senator Boucher for her advocacy here. She obviously has a lifelong -- lifelong passion for this issue and she's done a lot of hard work, and we're seeing the -- the fruits of that tonight.

Thank you, Madam President.

THE CHAIR:

Thank you, very much.

Senator Fasano.

SENATOR FASANO:

Thank you, Madam President.

Madam President, I rise to support the -- the amendment being brought now, and here's the reason. As the bill is written, it says a debilitating -- well, it lists a bunch of diseases or -- or circumstances for which you've described -- prescribed marijuana as a -- as a drug to help. But it leaves open-ended that any debilitating medical condition could allow you to have such a redress. And the

problem with that is it's subject to abuse, and here's why: A pain is a subjective view. If I say my back hurts and it makes me debilitated because my back hurts, that's subjective; you can never prove whether or not my back really hurts or not.

And I raise this issue because what happens is the abuse inherent in the law can cause problems. And I will say I know of a college student out in Colorado who claimed that he had a migraine that came with tension, and when he took his exams he would get a debilitating migraine. And therefore in Colorado he qualified to have a prescription, which he has shared with me that he carries in his wallet that allows him to get the medical marijuana for the migraine. Now, I'm not certain that he actually has this migraine or not but clearly someone can make the same argument, the stress of the day, the stress of the job, the stress of the holiday seasons, what have you, lead to migraines. And those of us who do suffer from migraines know they can be debilitating, but if I tell you I am having a migraine and I'm having this debilitating condition, you can't prove that I'm not. You have no idea that I'm having a headache or not; you've got to take it for that faith. That's the abuse that's inherent in this law that makes it on its face a dangerous proposition.

What this amendment does is to say we recognize in those instances where there's terminally ill issues, in a short prognosis of life, that for the quality of life, the long-range effects that we heard Senator Boucher talk about no longer become a problem. And the all -- the other effects that Toni Boucher -- second-hand smoke issues, and so forth -- that Senator Boucher talked about no longer becomes a problem; so you could erase all those issues. And you've defined a -- a -- a disease certain, if you would, and a time certain for which it is used. And it's for those reasons that I strongly urge the adoption of this amendment.

Thank you, Madam President.

THE CHAIR:

Thank you.

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I, too, rise in favor of this amendment. And, quite honestly, I've been struggling with this issue for quite a bit. I can see the compassion in the underlying idea of providing -- providing these individuals who suffer extreme conditions under these terminal illnesses.

I think -- being handed a piece of paper by a lobbyist earlier today -- I think it was called "Barry's Law," and I could understand and feel for what Barry, the intended person on -- on the flier must go through with his illness that he must have. So I could understand the type of conditions that are some of which, underneath the underlying bill.

What I don't agree with is what Senator Fasano was talking about, is these other conditions that albeit painful in their own way, don't live up to the category of what are considered the type of illnesses that the real individuals who need this and can benefit from this occur as well. So I do believe this is a good amendment and would certainly make my mind, I'd feel a lot better in my mind in supporting the underlying bill, because I have a cousin with MS and who suffers greatly with that debilitating disease. And there is many terminal individuals who would benefit from this as well, so I can understand what takes place in -- in -- this those extreme circumstances but I can't wrap my arms around individuals who, as Senator Fasano said, may have a migraine or back pain or other incidences that you and I deal with every day.

So I, too, am standing in favor of this amendment, and I thank Senator Boucher for all her work and advocacy.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator McKinney.

SENATOR McKINNEY:

Thank you, Madam President.

I, too, rise in support of the amendment. You know, Madam President, a lot of times on issues that are discussed a lot in the public news media, people are aware of the issue, in general. Medical marijuana, should we allow it, should we not, is the issue before us. And there have been times in -- in the time that I've been fortunate enough to be a State Senator, I have voted against bills where people have known that I've supported the general issue. And oftentimes they say, Wait a minute; what -- what happened? And my response has been -- because it is what happened those times -- we have to read the bill. So you may be in support of something but then when you read the language, you understand that maybe it -- it doesn't do as much as you wanted or maybe it does too much of what you wanted. And -- and that is part of the bill that troubles me and where this amendment strikes.

Now, this amendment may be too restrictive. And I heard Senator Coleman, the -- the good Chairman of the Judiciary Committee talk about perhaps having the opportunity to work in the next legislative session. And -- and I would argue that when we're doing something new and something for the first time, in many instances it's better to be overly narrow than overly broad. Because if you -- if you didn't go quite far enough, you can continue to build into it, sort of that incrementalism we've seen in this building so many times. But if you're overbroad and you allow too much, how do you pull back?

And -- and what -- what I was surprised to see in this year's version of the bill, a bill we've all seen and debated for many years, a bill that has seen so many different changes mostly around the -- the mechanisms, the procedures, the distribution, how you have it, how you grow it, where you get it from because of -- of the so many hoops we need to construct to jump through because at -- at the outset, and that's -- we'll talk

about this a different time -- it's illegal under federal law, what we're doing.

But I thought we would also see a narrower definition of who could be prescribed. And I understand the doctors don't make a technical, legal, medical prescription, but that's what it is, who could be prescribed marijuana for palliative use. And so what caught my eye most was in the definition of debilitating medical conditions is -- is not so much -- I mean, we could talk about cancer and that means all cancers. And -- and I won't -- I don't want to get too much into that. We all have -- we all know people with cancer. I have family members who have different types of cancer, sisters, parents, grandparents, et cetera.

But skin cancer is something that is very prevalent in my family, several siblings, mother, grandmother, aunt, all with different degrees of skin cancer. I, myself, a year ago, went to a dermatologist and had about eight things picked off because of concern and a family history. No skin cancer is good but there are widely varying degrees of skin cancer that can be easily treatable and cured and others that are very dangerous and life threatening. So it seems to me that we've used an incredibly overbroad term just in the first definition.

But even if you get beyond that, and -- and certainly the hope there would be that the doctors would understand that not all patients with cancer need medical marijuana and that only those who do need it would get it. That's obviously the hope of this, and -- and I do hope that is the case.

But what -- what struck me was the phrase at the end of definition of debilitating medical condition that says any medical condition, medical treatment or disease approved by the Department of Consumer Protection. Any medical condition approved by Department of Consumer Protection. I understand that in Section 13 and 14 there's a process for how the Department of Consumer Protection is going to set up a group and -- and have a procedure for what -- when they would approve a medical condition. Part of that, I think, is eight physicians who have a history of the

palliative use of marijuana. And I think part of what that group would naturally do is look at where it's being use and how it's being used in states that have authorized this. I think that's natural. If we're going to look at other medical conditions, well, what are -- what are those other medical conditions?

Senator Fasano, I believe, talked about the example where someone in Colorado got a prescription for medical marijuana for migraines. Just earlier today a member of our staff talked about a, I think it was a college roommate of his who got a card in California for migraines. I -- I don't know if you could ever test to determine whether someone is suffering from a bad migraine. So the idea that we could have -- and -- and I think there's a web site; I'm not sure if it's the exact name, but it's something along the lines of marijuanadocs or marijuanadoctors.com, where you can literally Google doctors who will prescribe medical marijuana. So we're talking about the term "debilitating" but we're including headaches and migraines; we're including back pain.

Now, as someone who spent a-year-and-a-half crawling to the bathroom because of a disc problem in my lower lumbar, I know how hard lower back pain is. But as someone in my twenties at the time, physical therapy, exercise, diet was the recommended prescription for me, and I can't imagine what my life would have been like if it had been medical marijuana.

And I think -- I think that's what's missing from this debate. Out in the real world, beyond the walls of the State Capitol; the debate out in the real world is: Should we allow this or not? Nobody's asked -- I -- I -- strike that. I haven't had the types of discussions with my constituents when we talk about this is are you okay with medical marijuana for migraine headaches? Are you okay of -- for medical marijuana of back pain? Are you okay for medical marijuana for that person with cancer, perhaps Stage 3 or 4, who's going through horrendous chemotherapy, who can't keep food down? I think you get very different answers, depending on which question you ask. I think overwhelmingly people understand the need and the idea and the want to give almost anything to that person

who has a terminal illness or to that person who has a life-threatening illness who -- who -- who need something. The Marinol is not working, something. But I think we do a lot more, a lot more in this bill than that and to me that's a problem. To me that's a flaw and to me that is -- is something I have trouble overlooking.

If I had the choice of not allowing marijuana for medicinal use for some people who should have it, and the first time we pass it, the first instance, versus the choice of giving it to virtually any medical condition, which is what we do, I would choose the former and that's why this amendment, although much more narrowly drawn than the underlying bill, and maybe at the end of the day too narrow, maybe at the end of the day too marrow -- narrow, is still a better start than the bill before us.

And that's why I rise to support it.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Musto.

SENATOR MUSTO:

Thank you, Madam President.

I would rise to oppose the amendment. The reasoning behind my opposition to this amendment based -- is based on the merits of the amendment, not so much the procedure. When someone is using marijuana for palliative care for a condition like Crohn's Disease or glaucoma or something, that disease will last with them for quite a while and certainly with glaucoma the -- the benefits of marijuana have been proven. I don't think there's any question about that.

But what I find ironic about the amendment is that for cancer patients specifically it is very often the treatment itself that the marijuana is palliative for. The treatment that is going to give these people the ability to live beyond six months, hopefully for many years, hopefully to cure the cancer itself, and to deny them that ability to use marijuana for palliative care when the very treatment that's going to extend their lives puts them in the serious Catch 22 situation.

And I would suggest that it is inappropriate to deny them the fix for -- the fix that is causing them the problem in the first place. If they didn't have cancer they wouldn't be going through chemotherapy. If they didn't have chemotherapy, they'd be dead. But if they're having chemotherapy they should have the ability to minimize the effects of that.

So there's that point and of course I'm sure we've all heard of people who, and our family's friends or even anecdotally, we hear you have six months to live, you have two months to live, you have five years to live. Doctors don't always have the right answers. And very often the people who'd be living with these problems for longer than six months would be denied the care even if they're -- in reality their life span was four months.

So for those two reasons I would stand in opposition to the amendment.

Thank you, Madam President.

THE CHAIR:

Thank you, Senator.

Will you remark? Will you remark?

Senator Coleman.

SENATOR COLEMAN:

Madam President, I simply rise to ask that when the vote on this amendment is taken it be taken by roll.

THE CHAIR:

It will be taken by roll call.

Will you vote -- will you remark, sorry? Will you remark?
If not, Mr. Clerk, would you please call for a roll call vote on Senate "A” and the machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate. Senators please return to the Chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

If all members have voted, if all members have voted, the machine will be closed.

And Mr. Clerk, will you call the tally.

THE CLERK:

Senate Amendment Schedule "A".

Total number Voting	34
Necessary for Adoption	18
Those voting Yea	11
Those voting Nay	23
Absent, not voting	2

THE CHAIR:

The amendment fails.

Will you remark?

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

Madam President, I rise for the purpose of an amendment.

THE CHAIR:

Please proceed, Ma’am.

SENATOR BOUCHER:

Thank you very much.

Madam Chairman, the Clerk has Amendment Number LCO 4184. May I please have it called and allowed to summarize and I move adoption as well.

THE CHAIR:

Mr. Clerk, will you please call LCO 4184.

THE CLERK:

LCO Number 4184, Senate “B” offered by Senator Boucher.

THE CHAIR:

You made a motion on adoption, so will you remark, Ma’am?

SENATOR BOUCHER:

Yes, thank you, Madam Chairman.

Madam Chairman, this simply strikes glaucoma as one of the conditions in line 5 and, Madam Chairman, the reason for this -- this amendment I will summarize in a moment.

THE CHAIR:

Please -- please proceed, Ma’am.

SENATOR BOUCHER:

Thank you very much.

The reason for this is that we did receive testimony this year on March 7, 2012 from the American Academy of Ophthalmology and also the Connecticut Society of Eye Physicians before the Judiciary Committee and in their testimony they made a very compelling case.

They were in opposition to this bill for several reasons, chiefly because it includes glaucoma in the list of conditions for which marijuana may be used for the palliation of a debilitating medical condition. Their concern specifically is with regards to listing glaucoma, a condition that they maintain, and they're the experts, that is rarely debilitating and is not responsive to any palliative effect that has been attributed to marijuana.

Palliative use, as defined in the bill, means to alleviate a qualifying patient's symptoms or the effects of such condition. Loss of vision, the primary symptom that occurs with glaucoma, does not abate in response to marijuana. So there is no opportunity to use it for its palliative effect. And so there they made a clear line to say that this would have no use and that maybe could be open to abuse and, for that reason, I would move to strike it.

Thank you very much, Madam Chair.

THE CHAIR:

Thank you.

SENATOR BOUCHER:

Madam President.

THE CHAIR:

Will you remark?

Senator Frantz.

SENATOR FRANTZ:

Thank you, Madam President.

I rise to ask a few questions of Senator Boucher, through you.

THE CHAIR:

Please proceed, sir.

Senator Boucher.

SENATOR FRANTZ:

Thank you.

Through you, Madam President.

Senator Boucher, you've been absolutely amazing tonight and I want to thank you for your incredible presentation of the -- of your side and our side of this issue. I haven't missed a word of it. On this amendment my question to you is this, is that as long as I can remember marijuana has been used to -- to alleviate the symptoms of glaucoma. It's the only reason that I've heard of my entire life, adult life anyway, that has been somewhat legitimized and I -- I'm curious why in this amendment you're -- you're focusing on glaucoma as -- as the first one as opposed to all of the other ones that could be more far-reaching in terms of being able to address?

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

And good Senator, I thank you for your very kind words and for your kind attention and patience this evening. I would say that I was likewise surprised to receive this testimony that the experts, the ones engaged in this practice and know as much about this issue as anyone, have proclaimed that they do not feel that it would be useful for glaucoma.

And for that reason I felt that it could open it to some abuse in that particular malady and that's the reason for the amendment.

Through you, Madam President.

THE CHAIR:

Senator Frantz.

SENATOR FRANTZ:

Thank you.

And through you, Madam President.

The -- the fact that the answer coming back from this authoritative source is that glaucoma may not be alleviated as a result of marijuana use raises my -- my red flags and my antenna. Of all these other 57 different circumstances and -- and conditions that patients feel, or experience, does marijuana do it for them as well? If it doesn't do it for glaucoma, which is the age-old reason for allowing people to smoke marijuana, does it apply to all the others as well is the question that I'm asking rhetorically, not of -- not of you, Senator Boucher, not through you, Madam President, but rhetorically.

I -- I don't think there's anybody who sits in the Circle today who doesn't want to make a sick person's life better in any way that we possibly can. But I think the caveat that goes along with that is that we can't do it without opening any sort of Pandora's Box that will invite abuse and -- and contribute to many of the problems that Senator Boucher has amazingly and articulately outlined over the last five and a half hours.

So to -- to me the -- the amendment that's proposed here raises a very serious question which is recent research, recent scholarship, has -- has said unequivocally that the condition of glaucoma may not be improved by use of marijuana. I don't know whether that's true or not but the fact that it's being questioned should make all

of us question some of the other research that's come out here on some of these other conditions.

So keep an open mind everybody.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark?

Senator McKinney.

SENATOR McKINNEY:

Thank you, Madam President.

And I want to thank Senator Boucher for providing me and I think others with some of the -- the evidence, and I think that's important also in this debate when we talk about the palliative uses of marijuana. What are physicians, what are doctors saying? Have there been studies? What is the evidence? And as I read this report which was last reviewed in 2009, workshop on the medical utility of marijuana report to the director of NIH, which is the National Institute of Health by an ad-hoc group of experts, and -- and it's interesting to -- to read this report, Madam President.

It -- it talks about studies starting in the early 1970s and how those studies showed that marijuana lowered the intraocular pressure, IOP, in people with both normal pressure and those with glaucoma. Obviously glaucoma, as -- as an eye disease, is associated a lot with increased fluid pressure inside the eyes that damages the optic nerve. It causes vision loss. Is a leading cause of blindness and -- and pressure and pain as a result of that increased pressure causes pain.

But the studies that continued throughout the 70s and 80s showed that while some of the derivatives

of marijuana, whether it was smoked, whether it was treated orally, although topically on the eye did not work, how there was a transient lowering in pressure. The studies also demonstrated conclusively, and I'll read it just a -- one sentence, Madam President, that none of the studies demonstrated that marijuana or any of its components could lower the intraocular pressure as effectively as drugs already on the market.

The study also went on to show how some of the side effects of marijuana, such as high blood pressure, increased heart rate, et cetera, were dangerous as well and we know that. So there have been significant medical studies that have been done that showed, while there's some lowering of the pressure by using marijuana, that you cannot get the relief that you can get from drugs currently on the market.

And so it -- it's not a surprise that the ophthalmologists and the National Eye Institute have come out against the use of marijuana for glaucoma. And I know several people with glaucoma and it's not something that I wish they had.

I guess, Madam President, if I could -- well before I ask Senator Boucher a question about the amendment, the testimony before the Judiciary Committee today from a Mr. Steven Thornquist, and I don't know Steven Thornquist other than to say that he's a practicing board-certified ophthalmologist in Trumbull, Connecticut, past president of the Connecticut Society of Eye Physicians and he testified before the Judiciary Committee representing over 90 percent of the ophthalmologists in Connecticut, over 90 percent, and the American Academy of Ophthalmology was -- which represents 29,000 members.

But let's just talk about in Connecticut over 90 percent of the ophthalmologists have said we don't agree with this. And so I guess, Madam President, if I could, through you, ask Senator Boucher a couple of questions.

THE CHAIR:

Please proceed, sir.

SENATOR McKINNEY:

Thank you, Madam President.

Senator Boucher, in -- in terms of the studies that are indicated there that have been done by the -- by the NIH, through you, Madam President, are you aware of similar medical studies done by organizations of -- of the nature of that that show opposite results or opposite findings with respect to the palliative use of marijuana for glaucoma?

Through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Madam President, through you.

Every one of the medical conditions and harm to various parts of a person’s physical health dealt with some of the various serious things listed, however, none of them dealt with glaucoma because the Glaucoma Society -- the National Glaucoma Society, in addition to this testimony we have, has pronounced the same and has the same position as our State of Connecticut Society of Eye Physicians as well as the American Academy of Ophthalmology.

So they have come out against using this for their patients and have had their own studies that were referenced here in their testimony and, as such, no one really gave it that kind of serious consideration in these national studies.

Through you.

THE CHAIR:

Senator McKinney.

SENATOR McKINNEY:

Thank you.

And through you, Madam President.

Then Senator, practically speaking if over 90 percent of the ophthalmologists in Connecticut are opposed to this bill, and understand that medical science demonstrates that this will not help glaucoma patients to the extent that treatments currently on the market -- parenthetically, Madam President, treatments that get better year after year thankfully -- even when these studies were done in the 70s, I don’t know that laser surgery was around the way it is today, but practically speaking who -- who would be available to write a prescription, my word, I know that’s not what we’re calling it in the underlying bill, but who would be available to write it to a glaucoma patient?

Through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

The good Minority Leader of the Senate makes an excellent point -- he raises an excellent point. It would seem that it would take a very unique and unusual circumstance, maybe that is why they continue to include it, but both the national organization and the state organizations have maintained that there is no medical purpose for the administration of this particular drug and so I would presume that -- and the reason for my amendment was to remove it since it wasn’t a part of what was considered beneficial in any medical way.

And what this raises, and previous individuals that have decided to weigh in on -- on this issue, it

raises the reason for my initial and first amendment and that is if we made this bill for those that are terminally ill, and maybe that was too restrictive and I take the good Chairman of the Judiciary Committee at his word that we might want to revisit this because I would -- you know I would hope that he would like to have an ally in -- with some of us that have spent some time on this should it become a program for those that are terminally ill and maybe that definition of who is terminally ill could be much more flexible and more wide ranging, I think he would appreciate having support to argue this before the federal government that would agree with him that this might be something that could be palliative care for those that are terminally ill because then you wouldn’t have to define an ailment.

It would be somebody that is in hospice care or has, you know, between six months, a year, maybe two years to live and that their condition would increasingly decline and that, although there are better medications as been proved for actual pain, if the properties of THC that allows a person to not be conscious or lose his memory and feeling that might help them in some palliative way, then -- then the program makes some sense.

But if we can’t actually point to a -- a real benefit for certain maladies that you can’t possibly delineate in this bill, and it ranges widely from serious illnesses of cancer all the way down to any chronic condition and in other bills have even pointed to migraine headaches and any other, leaving it wide open to any condition that someone might come forward.

And, in fact as I pointed out, would be a decision on the -- on -- on a part of an agency that, as a consumer protection agency, doesn’t have anything to do with the medical profession even though they would have some physicians on a board but they would not be the ultimate arbiter and they also set up a process where anyone could come and -- and go to a public hearing and make their case for whatever medical condition they perceive might help them in some way.

And that -- that -- again that’s too wide open and this is one really good example, as you’ve just

pointed out, where there's really no one advocating for this, particularly in the specialty in its field both at a state level or at a national level and it -- it has not been seen where it can help in any way in a medical way.

Thank you, Madam President.

THE CHAIR:

Thank you.

Senator McKinney.

SENATOR McKINNEY:

Thank you, Madam President.

And -- and thankfully Senator Boucher answered another question that I had without my having to ask it but that is even the ophthalmologists have said, you know, we don't believe this helps and we don't support its use in Connecticut because treatments currently available are better. But they also said but if you're going to this, it's shocking to us that you would have the Department of Consumer Protection, not the Department of Public Health, be doing it. Shocking, my word, let me be clear. They -- they did not approve of it.

But I think if you were a doctor you'd be pretty surprised, if not shocked, that prescription medical treatments were being managed by the Department of Consumer Protection rather than the Department of Public Health.

Madam President, I guess, through you, and -- and I'll ask Senator Boucher, if she's unaware perhaps Senator Coleman may know, but through you, Madam President, to Senator Boucher, if -- if an ophthalmologist does not support the medical use of marijuana and therefore is not going to prescribe its use for that person or patient, and let me again put up a parenthesis, Madam President, that we're talk -- we're talking about medical doctors who swear a Hippocratic Oath and -- and that's very important.

These aren't people who are, you know, afraid that since it's illegal under the federal government, another issue we'll talk about later, that we're going to tell you that medical science says one thing even when it doesn't and I think that's very important. We all know that you can do studies and -- and a lot of times what you input determines what the output is.

We all know that if -- and I don't, you read medical journals or science journals and the like you could have differing opinions about certain things and -- and that's nothing new. But here we have all of the ophthalmology organizations and over 90 percent of the ophthalmologists in Connecticut represented in an organization saying the studies show this doesn't do what we need for glaucoma patients and, more importantly, that treatments on the market work better and don't have some of the negative side effects. I'm not versed enough to know whether the treatments on the market have different side effects but certainly don't have the side effects that -- that the marijuana has.

So I guess my question then, Madam President, is through you, is if an ophthalmologist is unwilling to prescribe its use for someone suffering glaucoma, could another doctor prescribe its use?

Through you, Madam President.

THE CHAIR:

This is to Senator Boucher, sir?

SENATOR McKINNEY:

Correct.

THE CHAIR:

Senator Boucher.

SENATOR McKINNEY:

So base -- basically, under the underlying bill as it's written, if an ophthalmologist wasn't willing to

prescribe its use for someone suffering from glaucoma, could another doctor prescribe it?

Through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

Madam President, I think the language of the bill allows for any physician that has a par -- a patient/physician relationship may prescribe medical marijuana for any debilitating condition enumerated in this bill. It does not tie in but I do believe the good Senator's question leads very nicely into an amendment that we will shortly entertain that might include that area specialty in -- in the process of -- of not prescribing but recommending medical marijuana.

Through you, Madam President.

THE CHAIR:

Senator McKinney.

SENATOR McKINNEY:

Thank -- thank you, Madam President.

So Madam President, then through you to Senator Boucher, does that mean that a glaucoma patient who has an ophthalmologist who cares for them but also, as we all do, has a primary care physician who we go to to have our annual physicals and the like, obviously your -- your primary care physician is aware of all of the conditions you have, whether it's high blood pressure, or glaucoma or cancer or the like, even if they're not the specialist to treat some of the things you have, they're aware of it.

So through you, Madam President, is -- is it correct then that a -- a patient's primary care physician could give a prescription to their patient who has

glaucoma even if their patient's ophthalmologist won't?

Through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

Madam President, it appears to me from the way that the language is written in this bill that yes that a physician that has a patient/physician relationship with the patient can prescribe medical marijuana for any of the conditions that are listed, or potentially could be listed, with the Department of Consumer Protection.

It -- it does raise quite an interesting issue that would lead to that whole discussion we had about medical malpractice insurance, lawsuits and such should a negative outcome occur in the prescription of that medical marijuana. It's possible that the patient could take that physician on and say that he prescribed something that produced another outcome that was not anticipated and it would be up to the courts to decide. It certainly does open up a whole other area of questioning.

Thank you.

THE CHAIR:

Senator McKinney.

SENATOR McKINNEY:

Thank you.

And -- and obviously those questions aren't relevant to this amendment so I don't intend to get into them but, Madam President, if -- if I --

SENATOR BOUCHER:

Thank you.

SENATOR McKINNEY:

-- if I could, through you to Senator Coleman, just simply ask the question whether he concurs with Senator Boucher's interpretation of the underlying bill and -- and if the Senator did not hear my entire question I certainly would be happy to re-ask it.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Through you, Madam President, to Senator McKinney.

I think I did hear the entire question and the dialogue between the two Senators and, through you Madam President, I don't agree exactly with Senator Boucher's interpretation. I do believe that any physician could write a certification for a patient. That does not automatically make them a qualifying patient. They would still have to present that certification to the Department of Consumer Protection and I would hope anyway that the Department of Consumer Protection would match the alleged debilitating condition that's being claimed with the specialization of the physician that's writing the written certification.

Through you, Madam President -- Madam President.

THE CHAIR:

Senator McKinney.

SENATOR McKINNEY:

So -- so -- and I -- I think Senator Coleman did a great service for my understanding of the bill and I appreciate that but just to -- just to drill down a little bit more then, if the Department of Consumer Protection can verify that the patient has glaucoma and glaucoma is in the bill as something that you can

certify, I -- I've been saying prescription, I understand it's not technically a prescription it just seems to be an easier way to say it, but certifies medicinal marijuana for this person who has glaucoma and the Department of Consumer Protection agrees that this patient has glaucoma, are you saying that if the certifying physician is not a specialist in glaucoma that it would be rejected even -- even though that physician is their personal physician?

Through you, Madam President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Thank you, Madam President.

Suddenly I'm having this experience of déjà vu. It seems like similar healthcare provider versus qualified healthcare provider all over again.

SENATOR McKINNEY:

Madam President, that phrase was used by Senator Roraback as we were talking about this. I didn't want to go there, Senator Coleman, not in the least.

SENATOR COLEMAN:

But in response to the good Senator's question I do believe that it would be within the -- the discretion of the Department of Consumer Protection not to qualify that patient or not to authorize that patient for the use of medical marijuana because the primary care physician certainly may have the capacity to diagnose glaucoma but the primary care physician may not be involved in the specialty that's directly connected to glaucoma.

And I say I would hope that that would be a consideration of the Department of Consumer Protection. There may be other factors regarding the primary care physician where they would go ahead and certify and authorize that patient's use of mari --

marijuana but I hope that the inquiry -- I hope this response to the question, I hope that the inquiry at the Department of Consumer Protection would be a little bit more in-depth than just receiving the written certification.

Through you, Madam President.

THE CHAIR:

Senator McKinney.

SENATOR McKINNEY:

Thank -- thank you, Madam President.

And -- and because I -- I like Senator Coleman's answer so much. Look I -- I think that's -- I think that's important because for some of us who clearly have concerns that the reach of this bill will go beyond those who need it. That makes a better case that that fear is not as strong as it was before you made that statement so I appreciate that.

I -- I guess I would ask the Senator, and perhaps this, you know, I beg too many questions and I'm not going to get the answer I like, but would -- would you say, Senator Coleman, that it is our intent as a Legislature in this bill that we want the Department of Consumer Protection, when making that inquiry, to insure that it is the -- the specialist in that field who writes the certification and not just any physician who doesn't practice in that field be it cancer or glaucoma or Parkinson's or the other diseases listed in here?

Through you, Madam President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Thank you, Madam President.

And through you to Senator McKinney.

It is actually my hope that a very stringent approach would be applied at every stage of this process so that we can avoid some of the concerns that Senator Boucher expressed in her, I agree very well put together, presentation.

I think the -- the more -- the more stringent we are and the more tight our regulation and control the less we have to worry about federal intervention. Having said that I think it would be advisable for the Department of Consumer Protection to rely upon the Board of Physicians that's provided for in the bill in making its -- the Department of Consumer Protection that is, in making its regulations that will provide further detail to what's provided in the bill, I think would be well advised to rely heavily on the Board of Physicians on questions of this very kind.

Through you, Madam President, to Senator McKinney.

THE CHAIR:

Thank you.

Senator McKinney.

SENATOR McKINNEY:

Thank you.

And -- and Senator Coleman I -- I did not intend to ask you a lot of questions but -- but each answer I think has been a good one. I -- I respect and appreciate your answer there because I think that is important that there is very stringent review at all the steps. I want to ask you a question that you related to about the -- the eight physicians and the Board but that's not related to the amendment so --

THE CHAIR:

Thank you, Senator.

SENATOR McKINNEY:

-- I -- I might get there at a later time but it - it was just waiting there. But thank you, Senator Coleman, I appreciate you answering my questions.

And -- and I think -- you know, Madam President, I -- I think this might be one where we let emotions trump science and we let emotions trump the evidence and the evidence that I've seen, and I -- I obviously stand here as one who cannot say I've seen everything, but the evidence that I've seen and the evidence that was presented to the Judiciary Committee of the Connecticut General Assembly is that the ophthalmologists, the eye doctors, the very people who care for people with glaucoma, don't support medical marijuana for glaucoma patients.

And we've heard it here ourselves that the -- op -- ophthalmologist organizations in Connecticut that represent over 90 percent of the ophthalmologists are opposed to this bill and say, as a -- as -- as a medical fact to them or maybe others that dispute it, but as a medical fact to them there are treatments in the market that do a much better job and oppose that.

And -- and so -- and that's why I make my comment about emotions trumping science and evidence because the only reason why you would then support its use for glaucoma is because of an emotional need to want to help someone who's suffering with that severe eye pressure and pain that that can cause. That you want to help someone who has a disease that you know can lead to a loss of vision and is a leading cause of blindness for some many.

And I know that it is difficult to over -- overcome that tug of emotion but I think in this instance it's warranted and deserved and a good amendment to pass.

Thank you.

THE CHAIR:

Thank you.

Will you remark?

Senator Coleman.

SENATOR COLEMAN:

Madam President, first of all I apologize to the Minority Leader if his intention was to close the debate on this amendment in speaking after him but on the issue of -- two quick points. First may I request a roll call vote on the amendment?

THE CHAIR:

A roll call vote will be taken.

SENATOR COLEMAN:

Two quick points. On the issue of studies, I respect every study that Senator Boucher identified in her presentation and I think Senator Boucher and probably every other member of the Circle will probably agree with me that -- when I say that we can probably find a study that will contradict every single study that Senator Boucher has presented this evening.

And on the issue of an ophthalmologist's conclusions or opinions regarding whether marijuana is acceptable or appropriate for the treatment of glaucoma, we can probably find a number of ophthalmologists who will reach the exact different conclusion.

On what we heard in the Judiciary Committee's public hearing, Gary Blick attended the hearing, I believe Senator Kissel made reference to appearance of Dr. Blick and his 90 year old mother, Gloria Blick, who actually suffers from glaucoma and was recommended to undergo selective surgery -- selective laser surgery to reduce the very high intraocular pressures that could result in -- in blindness associated with glaucoma and she went on to testify that the only relief she could find was from ingesting marijuana.

She was a law-abiding citizen, or wanted to remain a law-abiding citizen, so she was obviously conflicted and in a dilemma of sorts regarding the use of marijuana but she did say that she did find some

relief for her glaucoma condition in ingesting marijuana.

Similarly William Campbell also testified in front of the Judiciary Committee and he had indicated that he suffers from glaucoma, Anridia, also corneal blisters. It appears to be the case that he had only one good eye and that -- that good eye was afflicted with glaucoma. He also said that he experiences a lot pain and discomfort and he’s been prescribed different medications and painkillers, none of it was actually effected -- as effective as his use of marijuana and he actually became addicted to Percocets after several surgeries.

And then an ophthalmologist, a Dr. Mark Weitzman, said a patient under his care has severe glaucoma and despite maximal medical therapy his intraocular pressure is still somewhat suboptimal and Dr. Weitzman went on to say if he’s able to obtain medicinal marijuana his glaucoma control should improve.

So I guess I would continue in my opposition to this amendment because of the conflicting authorities with respect to -- and the conflicting experiences of actual patients with respect to the issue of glaucoma to ask rejection of the amendment.

Thank you, Madam President.

THE CHAIR:

Will you remark? Will you remark further?

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

I did ask Senator McKinney if -- if it was his intent to end the debate on the amendment and he assured me that it was okay if I got up and spoke and I thank you for your indulgence as well, Madam President.

I -- I must confess, you know, I struggled with this amendment. When -- when Senator Boucher called it,

Senator Kane and I kind of looked at each other and said glaucoma well we must vote against this one because isn't that the rationale that has really driven, in large part, some of the debate that we're having -- having today and -- and listening to the discussion about the amendment it really I think for me underscores two things about the amendment and also about the topic that we're talking about.

And -- and one that a lot of the rationale that has kind of driven this discussion is based on premises that I think many of us have accepted as Senator McKinney probably would say it, all -- correctly albeit from a -- an emotional standpoint rather than from a scientific standpoint.

And the other thing is something that Senator Roraback shared with me earlier is that when we're thinking about doing something this significant, this serious, it's probably appropriate to walk before we run which I think of some rationale with respect to the first amendment that -- that we discussed.

I think, Madam President, I am less concerned about a non-ophthalmologist prescribing or recommending or certifying marijuana for glaucoma because I know our statutes 20 -- excuse me Section 370 -- Chapter 370 of the General Statutes which is what is the reference for a physician actually require that a physician can only practice -- and -- and let me -- I have it right here, no person shall, for compensation, gain or reward, received or expected, diagnose, treat, operate for or prescribe for any injury, deformity, ailment or disease, actual or imaginary, of another person nor practice surgery, except within the branch that they're actually licensed in.

But -- but what Section 370 and the debate that I just listened to does cause me to question is that's also the same section that licenses homeopathic doctors. Now I -- I'm actually a -- a proponent of natural medicine. I myself if there's a natural option as opposed to a synthetic option would chose a natural option which again is another reason why I -- I think hard about the debate we're having today and -- and I say that also much to I'm sure the chagrin of the pharmaceutical lobby out there.

But I wonder if that's really what we want to do as well rather than have a podiatrist prescribe or recommend marijuana for glaucoma. We could have a -- a homeopathic doctor do that and I'm not sure that that is the original intent because I don't think they can even prescribe now a Schedule 2 drug. In fact I -- we couldn't even get them to get in -- injectable B12 this session because of federal laws.

So I think those are some other points that we ought to consider as we think about this amendment and again as the underlying debate continues as well.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark?

Senator Suzio.

SENATOR SUZIO:

Good evening, Madam. I thought you might miss my voice for awhile so I'd say a few words. It's been a few hours.

I rise in support of the amendment. I'm no doctor, I'm certainly no ophthalmologist but I do have three ophthalmologists in my district who wrote to me about this bill and all three of them took the position that there's no demonstrated scientific basis to substantiate the acclaimed medical benefits for treating glaucoma with marijuana use.

Senator Coleman pointed out in his response that -- to Senator Boucher's studies that -- that there probably are conflicting studies that would come up with counter-conclusions to the -- say -- sen -- cited by Senator Boucher. I would just point out that as far as I know standard medical practice in this country is not to prescribe medicines for which there's no unequivocal scientifically demonstrated proof that they're therapeutic.

In fact the convention in this country is to rely on the federal Food and Drug Administration for that process to test drugs and to determine their -- not only their efficacy but their safety. And when we have a situation in which there is -- let's grant that there's conflict in this, that there's no unequivocal evidence that -- that cannabis is beneficial to patients for this purpose for glaucoma.

We don't just go in and say well there's nothing that proves it's not effective or there's conflicting evidence that says it is effective and there's some evidence that says it's not effective. The approach in this country for the well-being of patients is to make certain that drugs that are being administered for therapeutic ser -- purposes have a demonstrated efficacy and safety and that -- those standards are very, very high and rightfully so to protect patients and the well-being of our citizens.

So I -- I think to, with all due respect to Senator Coleman, the fact that there may be studies that conflict with the studies cited by Senator Boucher, if anything underscores the inappropriateness of prescribing marijuana for glau -- glaucoma treatment when there is no agreement in the scientific community about efficacy.

We don't prescribe drugs for therapeutic treatment when there's no unanimity or even a general consensus in the community about their efficacy. We don't try it out until we prove it's good or bad on -- on the population in general. We do limited test control studies.

So I would just respectfully suggest that the point raised by Senator Coleman in rebuttal to Senator Boucher's point actually proves Senator Boucher's point that this should not be allowed for treatment of glaucoma because there is conflicting evidence.

And with that I would just urge everyone to support the amendment.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark further? Will you remark further?

If not, Mr. Clerk, will you call for a roll call vote and the machine will be open on Senate Amendment “B”.

THE CLERK:

Immediate roll call has been ordered in the Senate. Senators please return to the Chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

Have all members voted? Have all members voted? If all members have voted, the machine will be locked.

Mr. Clerk, will you call the tally please.

THE CLERK:

Senate Amendment Schedule "B".

Total number Voting	34
Necessary for Adoption	18
Those voting Yea	10
Those voting Nay	24
Absent, not voting	2

THE CHAIR:

Will you remark? Will you remark?

Senator Boucher.

I’m sorry amendment failed.

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

Madam President, I have -- the Clerk has an amendment, LCO 4182. May I be allowed to summarize and I move adoption.

THE CHAIR:

Mr. Clerk, will you please call 4182 LCO.

THE CLERK:

LCO Number 4182, Senate “C”, offered by Senator Boucher.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, thank you, Madam President.

Given the dis --

THE CHAIR:

You now move the adoption, Ma’am?

SENATOR BOUCHER:

Yes now I move adoption and I’ll deliver (inaudible).

THE CHAIR:

The motion is on adoption.

SENATOR BOUCHER:

Thank you.

THE CHAIR:

Will you remark further, Ma’am?

SENATOR BOUCHER:

Yes this will go rather quickly because we already --

THE CHAIR:

Thank you.

SENATOR BOUCHER:

-- had the discussion on this amendment just previously when we tried to remove glaucoma as one of the debilitating conditions. The discussion pretty much laid up this particular amendment because it -- it showed very clearly that there was quite a bit of discrepancy and controversy as to whether or not the expertise was there to decide whether or not glaucoma should be pres -- medical marijuana should be prescribed for glaucoma.

This simply brings to the qualifying patient's lines adding or optometrist in each of the places where we have a qualifying patient's physician, includes or optometrist. Though -- so that should help to resolve some of the conflicts and questions that we had previously and I think the amendment is self-explanatory.

Thank you.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

If not -- oh Senator Coleman.

SENATOR COLEMAN:

Just to urge rejection of the amendment, Madam President.

THE CHAIR:

Thank you.

Senator Musto.

SENATOR MUSTO:

I was in a heated conversation with Senator Kelly on a different matter. Was a roll call asked for this?

THE CHAIR:

No but are you now asking for it? I hope not.

SENATOR MUSTO:

No, Madam.

THE CHAIR:

Okay, thank you. That’s a great idea. I like that, thank you so much.

All in favor of the bill please say aye -- amendment say aye.

SENATORS:

Aye.

THE CHAIR:

Opposed?

SENATORS:
No.

THE CHAIR:

Amendment fails.

Will you remark?

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

Madam President, the Clerk has LCO 4523. Would the Clerk please call and I be allowed to summarize.

THE CHAIR:

Mr. Clerk, will you please call LCO 4523.

THE CLERK:

LCO Number 4523, House “D”, offered by Senator Boucher.

SENATOR BOUCHER:

Madam President, I move adoption.

THE CHAIR:

Senate -- well excuse me, that is Senate “D”, sir, right?

THE CLERK:

Yes.

THE CHAIR:

Thank you very much.

The motion is on adoption.

Will you remark?

SENATOR BOUCHER:

Yes, Madam President, I think we had quite a bit of discussion about the effects of marijuana on young people in particular, how it could affect not only brain function, heart, lungs, the immune system but also the brain development and the -- the propensity for addiction just as alcohol has been placed that it could not be used until the person had reached the age of 21.

I feel very strongly that we should strike the age 18 in this bill on line 34 and substitute 21 for all the reasons that were previously mentioned.

Thank you, Madam.

THE CHAIR:

Thank you, Senator.

Will you remark? Will you remark?

Senator Kane -- I mean Senator Welch -- I did that again, I apologize.

SENATOR WELCH:

That’s fine, thank -- thank you, Madam --

THE CHAIR:

I apologize.

SENATOR WELCH:

-- President.

I sit right next to Senator Kane. We do talk a lot and I appreciate that.

Madam President, if I may through you, a question to the proponent of the amendment.

THE CHAIR:

Please proceed, sir.

SENATOR WELCH:

So, Senator Boucher, I -- 18 to 21 it’s -- it’s a three year difference. I know you said for all the reasons we -- we discussed below but I confess I didn’t catch them all and I’m not asking you to -- to recite but is there something different that occurs within the human body within those three years that makes, you know, this -- that much a difference?

Through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Yes, thank you very much, Madam President.

And I thank the good Senator for his question. Yes some very important developmental changes occur in a growing young person's body as well as mind and brain development during that time.

It has been shown that the younger the individual is the more addictive they are -- susceptible and more addictions that they are susceptible to that includes other drugs as well. Alcohol in particular that had -- had been a great deal of research done on that. In fact if you start drinking alcohol at a adolescent stage in high school -- younger high school, you have four to five times the probability that you will develop an addiction. That is also true with illicit drugs. It -- it is -- there's conclusive medical evidence that shows, in fact brain scans have been done, that show that the younger you are the more likely it is that you will have a permanent addiction that is very difficult to uncover and that is why it makes perfect logical sense that we don't subject, even if a -- if a young person is seriously ill, unless of course they have a terminal illness as I stated before, then we don't have to concern ourselves because the person hasn't had prospects for a long-term quality of life.

And so I -- I feel very strongly that we should change this bill to reflect the research that has been done with regards to addiction because in trying to allay some other maladies we can actually be developing a much worse health risk and problem for this young person that could plague them for the rest of their lives and dramatically change their prospects for achieving success, both in school and in their personal life as well.

Through you, Madam President.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

And I thank Senator Boucher for her answers.

And -- and with that I will be supporting this amendment.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark?

Senator Frantz.

SENATOR FRANTZ:

Thank you, Madam President.

I rise in favor of the amendment and I do have a question for Senator Boucher, through you, Madam.

THE CHAIR:

Senator Boucher.

Senator Frantz please -- please proceed.

SENATOR FRANTZ:

Thank you.

Through you, Madam -- Madam President.

Senator Boucher, clearly you’ve done your research on just about every single aspect of this entire issue and as it relates to some of the other areas of substance abuse and we all know for a fact that alcohol abuse below the age of 21 increases the odds of there being a serious substance abuse problem, not just with alcohol but with other substances as well, by a factor of three and four and five hundred percent, in many cases, just as it is the same with marijuana uses as you clearly pointed out before.

So my question for you, through you Madam President, is do the scientific studies show that between the ages of 18 and 21 as opposed to 15 and 21 or pick a number, 12 and 21, does it show a clear -- a clear -- a conclusion that there are problems that evolve between those years of 18 and 21?

SENATOR BOUCHER:

Yes this is what I understand, through you Madam President, that our drug and alcohol treatment centers have a great deal of research and data based on this fact and actually a lot of state laws are predicated on this state. We often ask ourselves why not 18 for alcohol consumption and many states have changed from 18 to 21 and apparently they're backed up by good research that shows that -- that the brain is more fully developed at that age and as such can't be as impaired as it is -- as when it's in its developing stage.

Just like much of the research that we talked about today with regards to pregnancy and newborns and infants that even through the mother's use it can affect the brain of the child because it's in that very beginning stages, particularly in the first two to four months of conception within the womb that many -- things are occurring, hormonal changes that develop the brain. That is why they tell pregnant women not to drink or smoke.

Marijuana is now also conclusively a part of that part -- part and parcel of that same issue with regards to developing brain. So we want to get that brain to the point of maturity before we subject it to toxins and contaminants and things that affect its growth.

Through you, Madam President.

THE CHAIR:

Senator Frantz.

SENATOR FRANTZ:

Thank you.

And through you, Madam President.

Thank you for the answer to my only question on this amendment here tonight. I think -- and since you're offering here and very helpful in the debate, I -- I think this is an important amendment, perhaps the most crucial one going forward, if this bill is to be voted into law.

The reason for that is that we've all had our experiences with teens. We were teens at one point. We know what goes on out there and it changes and it -- and it vacillates up and down in terms of drug use and in terms of alcohol abuse and so on and so forth.

But some of us have had more direct experience with what the teens are doing and for 21 years now, as of this evening, I'm been very involved with a teen center back in my district helping it get off the ground and helping it survive against all odds because the average age of a teen center in the United States of America is 2.7 years. We are celebrating our 21st year tonight and I'm proud to be here fighting for the right thing to do with respect to this issue.

We all want to help people. We all want to make those who are sick better but we need to do this in the proper way. We have precedent. We have other states who have done this before that indicate there are problems with this and it must be done properly and until then we can't vote this into law and I know there's a bona fide effort. Senator Coleman has done a great deal of work to make this a perfect bill but we know that coming close to perfection or -- or having a perfect bill is nearly impossible.

And while I miss being at this festivity tonight and proud to be here to fight for what is right for younger people, I can tell you first hand that there are numerous kids between the ages of -- not 18 but say 17 and 21 who started to experiment with marijuana, not because they needed it but because that was the thing to do and that drug led to other experimentation and two are not here today, Madam President, unfortunately and it's so sad and there's no question, maybe there were other factors involved,

but there is no question that marijuana had a complicit ingredient in -- in what happened.

So if for no other reason other than the livelihood, the health and well-being of younger people, children, young people between the ages of 18 and 21, should be highly regarded and they should be highly considered in this debate going forward in terms of where ultimately we may end up being today, tomorrow morning, Sunday morning, whenever, in terms of being able to protect them.

Yes they might be subject to some of the circumstances that we're talking about here tonight in terms of their health and they may need this possibly, depending on what some scientific study has said in terms of marijuana possibly being a panacea or -- or just something that, you know, provides some -- some immediate relief as Senator Musto pointed out before and I think, you know, justifiably.

But we need to protect the younger people from the unknown effects of marijuana use whether it's for palliative use or whether it's for recreational use or whatever the case may be. So you know in the same way that alcohol we know has damaging effects on younger minds, younger brains, and can lead to all sorts of problems in terms of addiction and substance abuse going forward, I have to believe the same is true for marijuana and it's been pointed out by Senator Boucher here numerous times that there are connections between early drug use, marijuana use, and problems later on in life.

So I would plead with everybody in the Circle to at least, if you're going to vote for this in favor of it, and there are justifiable reasons I understand that, but if you're going to do that, please vote in favor of this amendment.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Coleman.

SENATOR COLEMAN:

I'd ask a loud no and a rejection of this amendment.

Thank you, Madam President.

THE CHAIR:

Thank you.

Those in favor of the amendment please say aye.

SENATORS:

Aye.

THE CHAIR:

Opposed?

SENATORS:

No.

THE CHAIR:

The negatives have it, amendment fails.

Will you remark? Will you remark?

If not, we will ask -- oh Senator Boucher, sorry, I was trying.

SENATOR BOUCHER:

I have to get a little quicker on my feet.

THE CHAIR:

I hope so, Ma'am.

SENATOR BOUCHER:

Madam President, I have an amendment. LC -- if

the Clerk would please call LCO 4750.

THE CHAIR:

Mr. Clerk, will you call LCO 4750.

THE CLERK:

LCO Number 4750, Senate “E”, offered by Senator Boucher.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Yes, Madam President, very briefly --

THE CHAIR:

You want a motion to adopt, sir -- Ma’am?

SENATOR BOUCHER:

Yes thank you I -- I move adoption.

THE CHAIR:

The motion is on adoption.

Will you remark please?

SENATOR BOUCHER:

Yes very quickly one of the troubling aspects of this bill which led some to question the fact that we were labeling this a medical marijuana bill was the fact that everywhere in the bill the word certification was placed and not prescription as the public might be understanding it to be.

So this amendment simply strikes certification and adds prescription in each of the lines where a -- a certification has been designated.

Thank you very much, Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Fasano.

SENATOR FASANO:

Thank you, Madam President.

If I can to Senator Coleman, if I may, I know it’s Senator Boucher’s --

THE CHAIR:

Regarding the amendment to Senator Coleman, sir?

SENATOR FASANO:

With respect to the underlying bill as well if I can.

THE CHAIR:

Senator Coleman.

Please proceed, sir.

SENATOR FASANO:

Thank you.

Senator Coleman, it didn’t dawn on me until I heard this amendment, is there a reason why certification versus prescription is used, through you, Madam President, in the underlying bill?

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Through you, Madam President.

It -- there is a reason. Prescription would complicate matters considerably. We've been counseled to stay away from prescription. I think it has something to do with the schedule of drug that marijuana is and with the federal licensing for pharmacists. So we can't use prescription with respect to our system of medical marijuana without implicating adversely the licensing of the pharmacist that may be involved.

Through you, Madam President, to Senator Fasano.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

Thank you, Madam President.

If I can to Senator Coleman then, so it's -- it's my understanding because the word of art, prescription, relates to the ability to -- as a word of art, prescription, to prescribe as per federal law and therefore using the word prescription would cause a problem. Is that the -- the basic understanding without getting into real details?

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Thank you, Madam President.

Through you, yes that is the basic problem and by way of further example if a dispensary were allowed -- a dispensary has to be in connection with a pharmacist. A pharmacist has to be connected to a dispensary but if, for example, a dispensary is located in a pharmacy, it would not be able to be in the same area of the pharmacy as where prescription drugs are distributed. It would have to be some place separate

within -- it can be within that same building or within that same pharmacy, as a matter of fact, but it would have to be probably next to the film development concession or somewhere apart from the prescriptions.

Through you, Madam President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

Thank you, Madam President.

To Senator Coleman, then is there anywhere else in our state statute where certification is used in lieu of prescription that you may be aware of?

Through you, Madam President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Not that I'm aware of. There -- there may in fact be but I wouldn't be aware of it. I apologize.

Through you, Madam President, to Senator Fasano.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

And does this -- therefore this change, as per the amendment, the issue is that the overall bill is in defiance, if you would, of the -- or a conflict maybe perhaps is a better word with the federal law with respect to the classification and the ability to prescribe in a -- in a layman's sense medical marijuana. Would that be an accurate statement?

Through you, Madam President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

It wouldn’t be an accurate statement -- it would be an accurate statement if this amendment were adopted. It -- the way that arrangements are contemplated in the bill would not be a problem however.

Through you, Madam President, to Senator Fasano.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

And because we’re creating a new term of art, that is to say when someone prescribes a prescription I’m guessing, I don’t know, but there must be some guidelines and requirements that a doctor must have that goes with writing a prescription. That must be defined someplace either by case law perhaps or by regulation federal or regulation state.

If we are creating a new word for prescription, if you would, calling it certification therefore not running into conflict of the federal law, would there be the same standards that typically apply to prescription other than the drug classification but the same due diligence, the same standard of care, if you would, for prescriptions, would those apply -- this is maybe more legislative intent, would those apply for certifications now?

Through you, Madam President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Thank you, Madam President.

I think I understand the question and I'll have to answer no tho -- those wouldn't apply. The only thing that the written certification under this bill accomplishes is the identification of the patient as suffering from a debilitating condition and the professional opinion of the physician who's signing the certification that the potential benefits of using marijuana outweigh the potential health risks of using marijuana for this particular patient.

Through you, Madam President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

See and I guess I have a real concern here and this is what I'm -- I'm really trying to get to if I may. I know that when doctors fill out prescriptions for pain medication there's several obligations. The first obligation is they're audited for their pain medication versus the prescriptions that they give, that's number one.

Number two they have an obligation that if someone is abusing the Vicodins or what have you, there's an obligation of the doctor to intercede on that abuse, either refer the patient to treatment, re-- reduce the dosage, et cetera, et cetera, and that obligation, as I understand it, is tied in their authority to deliver prescriptions.

Since we're dealing with a controlled substance, marijuana, and we're dealing with the potential of substance abuse and we're no longer using the word prescription, I guess what I'm trying to get my arms around is what is the responsibility, if any, of the doctor who's prescribing, certifying, the marijuana as a drug?

What are their obligations against abuse knowing that when we throw in this context, if I may, pain is subjective, you could have a migraine and be taking it and so forth, what -- in the case that there is abuse,

and I think we could all admit that there -- potentially those cases exist, would this doctor have the same requirement as it has for like Vicodin or no there are no requirements. All they have to do is determine that the patient is disabled relative to pain and so forth. I give it to them after that. If they're abusing it, I'm off.

If -- if the Senator understands my question, I apologize for the length.

Through you, Madam President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Madam President, I think I understand the good Senator's question. Let me approach it in this manner. The certification that any doctor signs off on, under the provisions of this bill, is good for a year. The actual dosage that a patient would be entitled to in terms of quantity would be a one month's supply. Determination of what would constitute a one month's supply would be arrived at by the Department of Consumer Protection in consultation with the Board of Physicians which is comprised of eight physicians that have some knowledge and expertise regarding the palliative use of marijuana.

I'm not sure if I can add any more to that. Hopefully that is responsive to the Senator's questions.

Through you, Madam President.

THE CHAIR:

Thank you.

Senator Fasano.

SENATOR FASANO:

Thank you, Madam President.

I thank Senator Coleman for his answers. You know one of the concerns I have, and I'm going to get to this a little later on, is obviously the conflict between state law and federal law and I'm going to get to that later one. But what has to be admitted by virtue of changing the language of what is otherwise a prescription is an admission by the proponents of the bills and the supporter of this bills -- of this bill is that this is a direct conflict with federal law that's why they can't use prescription because prescription absolutely runs the train into the wall and you can't do that.

So they come up with another term called certification to get around yet again what the federal law is saying. But a component of that is no one's watching out for the patient and there's no obligation under certification for a patient as there is for prescription to the patient.

A doctor has a responsibility when it has a prescription to do a whole host of things. One if they lose a prescription pad, there's a whole host of things they have to do. Two they're responsible to know how much and where and the effect that the drug is having on the patient. All of that disappears because you change the term of art and there's nothing that makes it clear that although we change the term of art all the ben -- all the requirements under prescription follows certification.

And why are we doing this? Why are we massaging this bill in and out of all the different places we have to do it? Is because it violates federal law which is in place to protect people and because we have the desire to pass this bill we're throwing away all the protections that's in place.

Therefore, I would support the amendment by Senator Boucher.
Thank you.

THE CHAIR:

Thank you very much.

Will you remark?

Senator Suzio.

SENATOR SUZIO:

Thank you, Madam President.

I rise to support the amendment and in my opinion this may be the most important amendment of the night because I think it hits at what the real underlying issue is here. This changing of the terminology from prescription to certification exposes the fact that this is not only an attempt to circumvent federal law, as Senator Fasano has just pointed out, it's also circumventing more than 80 years of well-established medical practice when it comes to the development and regulation of drugs to protect our citizens from the quackery and snake oil salesmen that pre -- prevailed in the days before the FDA.

This focus on whether it works or it doesn't work or whether it's effective or not effective is just avoiding a bigger issue which is the -- are we going to throw overboard the systems, the procedures, the protocols that have been established since the federal Food and Drug Administration were establish -- was established I believe back in the 1930s, to protect us from the kind of quackery and snake oil salesmanship that occurred prior to the advent of the FDA?

I for one see that as an even larger issue than whether we should legalize marijuana or not. We're messing around with a well-established system that was developed to protect all of us from the kind of crude medicine that existed before the FDA when it was not uncommon to have sn -- really literally snake oil -- oil salesmen out pervading the -- all sorts of remedies for all sorts of problems.

This is the greatest danger in this legislation we're debating tonight. If we approve the underlying bill without amendments like this, we are looking at a situation where we're threatening the system that protects all of us. Forget this argument about cannabis, that's really a side distraction in this as far as I'm concerned. The real issue is that we're tearing down a system that was established to protect

all of us and this is a direct assault on that system and that's why we should think twice before we go ahead and throw away what's been a well-established system that served us all very, very well for all these years.

The amendment before us hits at the real nub of the issue. We have a duty to protect our citizens and we shouldn't be so quick to throw overboard a system that's worked so well, served us so well for 80 plus years. And make no mistake about it once the camel's nose is under the tent other exceptions will be developed.

So we ought to be very, very careful about what we're about to do. And again this amendment before us right now really hits at the heart of the issue. So I do support the amendment and I hope that my colleagues will think twice about voting any support of this legislation tonight.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark?

Senator McLachlan.

SENATOR McLACHLAN:

Thank you, Madam President.

I rise in support of this amendment. I spent some time looking at Senator Boucher's proposed amendments while she was giving her presentation and as I looked at this one I recall saying to myself well that seems to be somewhat innocuous until Senator Fasano had a -- a Q&A with our distinguished chair of Judiciary and -- and now to hear Senator Suzio put it into perspective it's clearly not innocuous.

I was alarmed though by a response that I frankly hadn't picked up on prior to this time that the dispensary, which can reside in a pharmacy, has to be

separate from the pharmacy which is sort of that gated area in the back of the store so to speak and Senator Coleman suggested that maybe it should be placed up by the photo processing booth.

Maybe it should be with the junk food or the cigarettes I suppose. It -- it just -- it just doesn't sound -- nothing about this sounds right. When I go into the drugstore, obviously a lot of the stores sells things unrelated to prescription drugs, but when I go to the back of the store to pick up a prescription these days frankly they even have drive up which is very convenient but there's always a pharmacist there to talk to.

So what I'm trying to figure out is now is the pharmacist going to run from the back of the store to the junk food aisle to dispense medical marijuana and then run back to the pharmacy to dispense other legal medications, legal under federal law of course?

Senators aren't you seeing what we're seeing here? Aren't you seeing what Senator Fasano just very clearly showed us, certainly what Senator Boucher has been ringing the bell of alarm to us?

The United States Attorney for the -- Connecticut wrote a letter in response to a request for an opinion on this bill, the underlying bill. You've all seen the letter. It's been referenced dozens and dozens of times. And if this debate goes for another six hours we may have to keep talking about the letter. And I've heard that that same message went to other legislatures across the country but they were pretty clear.

Other U.S. attorneys responding to other elected officials in other states with the same message, state legislatures you're breaking federal law and -- and this amendment brings that into very clear focus because the word -- the word art of certification is how we break the federal law. But this is medical marijuana, palliative use, commonly referred to as medical marijuana.

I must say I'm -- I'm -- I've become more frustrated by the minute listening to us trying to wiggle our way

around federal law. This is really out of control. We are state legislators. I think we all raised our right hand but this is not doing what we're supposed to be doing. This is wiggling around the law. We're creating new law flying in the face of federal law.

I'm supportive of this amendment. Thank you, Senator Boucher. Thank you, Senator Fasano for bringing it into focus with your questions and I urge adoption.

Thank you.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Suzio.

SENATOR SUZIO:

For the second time, Madam, I'm sorry.

Through you, Madam President, to the proponent.

THE CHAIR:

Senator Boucher, prepare yourself.

Senator Suzio, please proceed.

SENATOR SUZIO:

Yes, prepare yourself.

Senator Boucher, I was reading through the testimony that had been given during the hearings and I saw that the Connecticut State Medical Society had given testimony about the proposed legislation in opposition to it and they had cited again the protocol that had been used for years with the FDA being entrusted with the responsibility to scrutinize, to test and examine and then to eventually license potentially any kind of therapeutic drugs.

Do you know did they take any position about this? Did they express any concern about this term certification versus prescription and what its implications are for conventional medical practice?

Through you, Madam President.

Or through you, Mr. President.

(Senator Duff in the Chair.)

THE CHAIR:

Senator Boucher.

SENATOR SUZIO:

You look so nice.

SENATOR BOUCHER:

Thank you, Mr. President.

And thank you for that very helpful sign. It helps to -- you know we -- we get so used to having our wonderful Lieutenant Governor there in the President's Chair and one tends to forget that it is often occupied by our other distinguished male members of the Circle of which one is also Senator Coleman who also does a wonderful job.

Mr. President, in answer to the question, it seems that this term, certification, has escaped a number of individuals as well as a number of polling organizations when taking the barometer of a public's opinion on this. That the word prescription lends a great deal more weight and credibility to the entire issue so that the certification aspect of this has been often mis -- missed.

I think that the standard of care issue with regards to the medical profession causes a great deal of concern and why, as we mentioned before, Connecticut actually has a medical marijuana provision in its statutes dating way back to the 1980s and has not been

used because doctors feel that it would conflict with their oath and with the standard of care that they are required to follow and, as such, one gives pause to the fact that this would be a recommendation.

I'm not sure if the medical profession would be put more at ease by this or would give it more concern but I think, through you, Mr. President, that the Connecticut Medical Society as -- as well as the AMA and others have testified consistently over the last ten years in Connecticut and other places where they do not feel that this is the proper protocol and would be helpful and, in fact again, creates more harm than good and their oath of do no harm would be breached.

So I think that the certification is more I think a way to get around some federal issues that, in trying to test this in Connecticut, having seen the problems that occur in other states. But again I -- I don't know if this would open up the medical profession to more medical malpractice suits, if this would open them up obviously to prosecution on the part of the federal government.

Remember again we just received a decision by the Department of Justice in Connecticut that they can and will pursue those engaged in the business of medical marijuana not the patient directly. But they did list the physician as a part of the network of which they can pursue and thereby sending a warning which would give me pause as to how this actually would work if in fact it would create a different marketplace as has happened in California and some other states where fraudulent scripts have been written, in their cases prescriptions, in this case again recommendations.

And I think maybe this is just a test on the part of those promoting this particular policy to see if they can skirt and get around some of the very major issues that have come up in other states.

So I believe that their blanket opposition to this, the medical societies may have felt that they needn't even focus on that issue since they were already in opposition to this particular policy.

Through you, Mr. -- Mr. President.

THE CHAIR:

Thank you, Madam.

Senator Suzio.

SENATOR SUZIO:

And through -- through you, Mr. President.

I want to say thank you to Senator Boucher for her comprehensive answer and in the -- and just to show that I'm fair by the way, Mr. President, I'd had complimented Madam President about the color of her jacket today so I have to compliment you about the color of your tie. I admire it. Thank you very much.

THE CHAIR:

Thank you, Senator, we're bold today.

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

I -- I do support this amendment and I think what Senator Fasano said is really for me the heart of my opposition to this bill in general and that is this unreconciliable conflict between federal law and state law. Look we can't -- a doctor cannot prescribe a -- a Schedule 1 drug today which is part of the reason why this bill seeks to reclassify marijuana as a Schedule 2 drug.

But also with respect to Schedule 2 drugs, doctors can only prescribe three 30-day -- 30-day doses and yet with this bill we're talking about 12 30-day doses as it were in that this is a certification for a year. And I think all of the other protections that the FDA has built into the prescription process when talking about a drug which, at this point, the FDA considers to be on par with LSD and heroin by having it as a Schedule 1 drug, are appropriate in this case as

well.

And so if I may, through you Mr. President, I do have one question because I agree with Senator Fasano but I just want to make sure I am not missing anything with respect to the intent of -- of this amendment. If I may ask one question, through you, to the proponent of the amendment.

THE CHAIR:

Please proceed, sir.

SENATOR WELCH:

And -- and that is, Senator Boucher, why -- why are you seeking to have certification changed to prescription?

Through you, Mr. President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Mr. President.

Mr. President, in response, I have some information and research from the Institute for Behavioral Health that talked about recommendations for medical marijuana regulations regarding the role of physicians. And in this they were very concerned about the various states and the District of Columbia that have passed laws by ballot initiative or legislation establishing affirmative defense against state laws prohibiting marijuana possession and for the use of individuals whose physicians have recommended that they use marijuana for certain medical conditions.

And they specifically talk about the role of the physician and their concern about that role of the physician by stating that the use of marijuana as a substance is not approved as all other medicines by the Food and Drug Administration and remains illegal.

So the role of the physician in recommending the use of -- is of intense concern to the medical profession.

So that guidelines for physicians are needed not only to ensure that their medical decisions are informed to provide the best patient care, this is under the standard of care, but also to ensure that appropriate procedures have been followed by -- to protect physicians from potential litigation. As you well know and we all know that they're subject to many, many numerous medical malpractice lawsuits particularly here in Connecticut.

And here they state the physicians who recommend marijuana to patients may expose themselves to civil litigation from marijuana users who have adverse outcomes and to others harmed by those patients used such as those interstate and highway crashes.

And they suggest that before recommending the use of marijuana physicians should be required to have an established physician/patient relationship covering at least one year's duration and that they further state that they should not serve as medical marijuana specialists or conduct a practice solely or significantly comprised of issuing marijuana recommendations.

So some of this surrounds the fact that -- that they may have better protection particularly as it involves litigation if they're required to have a prescription that more clearly sets marijuana up as medicine. Again we've labeled this bill, come forward, as medical marijuana, that it's medicinal but a recommendation does not identify it as medicine. A recommendation is just a guess, maybe, maybe it could help you, maybe it can't.

At least with a prescription they could be more definitive and be able to point to the -- and have the safeguards and put the warnings on the positive properties as well as the ill effects. As we've seen in a lot of medications, you know, that it purported to help you, there's always warnings on them and I don't believe that just a recommendation would do all of that. I believe that a prescription is an order if

we're going to do something of this nature and the seriousness of such as -- as I said.

The general public believes that this bill is about a doctor prescribing something as medicine. If we're talking about marijuana as medicine, then this should be a prescription for that medicine, otherwise it's not. And as others have mentioned this could be open to fraud and it may be perceived as not being legitimate medical treatment at all and I would say would further expose, as has been shown by some of this documentation, that it would open up the doctor for more lawsuits.

Through you, Madam -- I mean through you, Mr. President.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

I -- I guess I get and I appreciate why the use of the word certification. In -- in essence you cannot prescribe a Schedule 1 drug which is what we have here. But I -- I think it's unwise for us to then abandon by certifying rather than prescribing all of the protections that are inherent in that term in that process that are set forth by the F -- FDA and especially the 90 day limitation as opposed to the -- the one year limitation that's currently under the bill and the required follow-up that would be incumbent upon a situation of 90 days as opposed to a year.

So I do support this amendment.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark further on the amendment? Will you remark further on the amendment?

If not, I'll try your minds.

All those in favor please signify by saying aye.

SENATORS:

Aye.

THE CHAIR:

All those opposed, nay.

SENATORS:

No.

THE CHAIR:

The no's have it. The amendment fails.

Will you remark further on the bill?

Senator Boucher.

SENATOR BOUCHER:

Thank you, Mr. President.

Mr. President, the Clerk has an amendment, LCO Number 4815. Will the Clerk please call the amendment and may I be -- may I be allowed to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 4815, Senate "F", offered by Senators McKinney and Boucher.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Yes, thank you, Mr. President.

Mr. President, I move adoption.

THE CHAIR:

On adoption, will you remark?

SENATOR BOUCHER:

Yes, thank you very much.

As we discussed earlier in the day there are some other states that have experienced a serious problem after the enactment of medical marijuana laws and that was the problem of drugged driving. In fact the problem became so severe in Colorado that their General Assembly and state senate recently passed a marijuana blood standard for drivers that appeared headed that is going to be approved.

They were concerned about this because they felt that the abuse in the State of Colorado has taken from the medical marijuana industry which has led to an epidemic in marijuana related fatalities, automobile accidents and, in fact, has produced such a problem that even those that had opposed these types of bills in the past have changed their direction and have -- are now supporting it and feel that the pot DUI bill needed to move forward as quickly as possible.

They felt that it was past time to have a driving blood limit test very much in the way of alcohol limits and that they felt that they were on a dope driving epidemic that was very serious and, in fact, even the federal government has -- and the White House has urged all states to set a blood level drug driving standard and as such I

think we've taken a lead from the State of Colorado. They have come up with a good level and as such in this bill -- I mean in -- in this amendment, LCO 4815, we have added that language in lines 20 to 22 that would prescribe exactly what that blood level would be and I think that this is a safe and important direction to take and I hope that my colleagues would agree that this is a safety issue and should be supported.

Thank you very much, Mr. President.

THE CHAIR:

Thank you, Senator.

Senator Frantz.

SENATOR FRANTZ:

Thank you, Mr. President.

Through you, I'd like to ask the proponent of the amendment a question or two.

THE CHAIR:

Please proceed, sir.

SENATOR FRANTZ:

Thank you.

And through you, Mr. President.

Senator Boucher, let me -- let me give you a little preamble and then I'm going to ask you the question. Three years ago in the State of Colorado, which you have cited here as being a place where they've recognized this problem and they're going to make a legislative change, we lost two of the most wonderful selfless people in our community to a drunk driving accident.

They were librarians known to nearly everybody in the community of 61,000 people believe it or not. Alcohol was complicit in the accident but there

was also a suspicion that cannabis or marijuana was involved as well. This was devastating to the community. The focus was on the alcohol that was involved in the incident as opposed to anything else.

So my question for you, through you Mr. President, to Senator Boucher, is is there a national standard or a state standard in at least a few states that -- that substantiates five nanograms or more of tetrahydrocannabinol per milliliter that substantiates that as a comparable level of a substance that impairs a driver as what we have as -- as state standards in alcohol?

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Yes thank -- thank you, Mr. President.

Yes I believe that that is in fact the case and I believe that our local police departments are looking for this change as well. There have been long established alcohol levels that are easily tested and, in the past, it was a little bit more difficult to -- to have a good test for drug driving but that has changed dramatically. In fact we’ve had several nationally known businesses that have approached the Transportation Committee this year and last to show us some of the technology that they now can use.

Our local police departments are looking for this and particularly if the state is going to embark upon this kind of a policy change it becomes critical for us to get ahead of this issue because there’s no question that the incidents of drug driving has eclipsed that of drunk driving in the states, particularly in Colorado.

They -- they are, as I said, those that were a little bit tenuous about this or a little

concerned about ever going in this direction, they thought it was a little too extreme, now they have all admitted that things have gotten so bad that they have to go in this direction. They've got to get tougher on it and so if we're going to again pass this bill in the General Assembly this year, this I think test is going to be critical and we should absolutely have it in place.

I think as I said our law enforcement is looking for this. Additionally you'll know that as we've talked about marijuana, as it differs greatly from alcohol and other drugs, alcohol will leave the blood -- your -- your blood system within four to six hours but that in fact marijuana can reside in your system for up to 30 days, sometimes longer, and it has a cumulative effect.

So if someone is smoking a joint one day or again in the next, again the levels can increase. That's why it's even considered a gate (inaudible) -- gateway drug because your tolerance level starts to build up but the effects of it are still within your system and that means your slower response time, your erratic driving behavior, your inability to concentrate or react quickly to an accident or something that can happen on the road right away.

So this I think is important from a public safety perspective. Certainly you are on the Transportation Committee, Mr. President, and I'm sure have a keen interest in this. I've actually been considering this type of legislation and again, if it doesn't pass this evening, it's certainly something that will be a high priority I believe for future Transportation Committee meetings should we all come back and have the same priorities in the following session.

So I -- I don't know if that answers your ques -- question completely, Mr. President, and I appreciate the question from Senator Frantz.

Thank you.

SENATOR FRANTZ:

Thank you and through you, Mr. --

THE CHAIR:

Thank you.

Senator Frantz.

SENATOR FRANTZ:

Thank you.

And through you, Mr. President, I appreciate the opportunity to ask that question. I have one more and I will say this that it’s -- it is truly wonderful having someone as knowledgeable about this issue in all the different facets that you can think of having to do with marijuana, its abuse, its medical benefits and medical downsides.

The -- the other question I have for you, through you Mr. President, is in my research, which is limited compared to yours but nonetheless delving into the issue of the effect on younger minds as well as more mature minds, the evidence appears that -- to show that those driving or flying airplanes it -- it pra -- it inhibits you from having the kind of skills that you really need to operate safely and that, in fact, compared to alcohol because of the change in vision in particular and -- and also because of the change of sense of equilibrium brought about by marijuana use, that it may in fact be worse.

And I don’t know whether you can compare five nanograms of tetrahydrocannabinol to .08 alcohol blood saturation with alcohol, but in -- in your research do you find that if -- if you’re comparing those -- roughly those two different levels of intoxication, do you find that marijuana has a more damaging effect on being able to control large equipment or something as simple as a car?

SENATOR BOUCHER:

Mr. President, the answer to the question --

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

-- is absolutely. That is true. Again because of the cumulative effect the fact that it lasts in your system for much longer, particularly again not just motor vehicles, although this talks about drug driving, but we've had cases where there's been major ferry accidents in the New York area. So we're talking about the air, we're talking about our waterways, recreational boating, we're talking about our highways, our trucks and, in fact, it's even affected our rails for those that are conductors and so on that -- where there's been some usage of this.

And again where this bill brings me great concern is that it -- it prohibits someone from ingesting or using it right before they engage in this activity without considering that this is very different. It doesn't leave your system in four to six hours. So if you were out having a social evening somewhere and you had dinner at 6:00 and you had a couple of beverages at 7:00 or 8:00, you know, by the time midnight or 1:00 or if you're on the road again some of that is leaving your system. That's not the case with this drug and, in fact, other drugs as well, but particularly in this case.

So I do believe that it is much more serious that -- and this is not anecdotal, we only have to look to our states that have had this in place for some time to see the gradual problems that are building up now to a point, as they maintain in their state senate, to epidemic proportions which means law enforcement is upset. They come to advocate for these changes and towns and cities and certainly has put a great deal of -- of effort behind making sure that they address it

now.

We should be learning from that. As I said the delay in bringing this issue forward from year to year has given us an advantage in understanding what's occurring in other places and finally has brought this issue to the forefront and I'm very glad that your -- that you sound like you'd be supporting this measure.

Thank you very much, Mr. President.

THE CHAIR:

Senator Frantz.

SENATOR FRANTZ:

Thank you.

And through you, Mr. President.

I thank Senator Boucher for that answer and I think the lesson here, Mr. President, is that whether we -- is that if you have a drug that is legal and is prescribed to people, that we have to pay very, very close attention to what the effects are on driving ability and ability to control any kind of machinery for that matter even if it is again legal and -- and prescribed to an individual and that's why the amendment is a good one.

Thank you.

THE CHAIR:

Thank you, Senator.

Senator McKinney.

SENATOR McKINNEY:

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator McKinney.

SENATOR McKINNEY:

Thank you.

Mr. President, it’s no surprise that I stand in support of the amendment as it has my name on it and I understand that the hour is late and I understand that -- that for justifiable reasons we’re not all here and I understand that there -- there will be a future time to deal with this I hope but every good idea, every great idea, has to have a start and -- and this is the start.

Mr. President, this is not -- this is not an idea. This is a -- a proven fact and in looking at a study that was prepared by the National Institute on Drug Abuse done for the Institute for Behavior and Health and -- and this was -- this was commissioned by our President, by our government, because as this report shows 2010 really became the tipping point for drugged driving in our country.

Listen -- listen to what -- and I’m -- I’m only going to refer to the executive summary. I don’t want to get into the very lengthy detail of this report. It is my hope that all of our colleagues will look at this report at some point. In 2009, 33 percent of all driver fatalities with known drug tests resulted with a positive test for a drug other than alcohol.

One-third of all fatalities where they were tested for drug or alcohol came in with a test positive for a drug other than alcohol. In a national study that was done, and there -- there have been incredible studies all document, all scientific, in a national study that was done drugs were present more than seven times as frequently as alcohol among weekend nighttime drivers in the United States. Seven times more common than alcohol were drugs in drivers.

Among those weekend nighttime drivers who were tested, 16 percent tested positive for drugs

compared to 2 percent who were at or above the legal limit for alcohol. Drug driving has become a serious problem in our country and we do not have the laws to deal with it.

In -- in a study done by the Maryland Shock Trauma Center of seriously injured drivers, 51 percent of the samples tested positive for illegal drugs compared to 34 percent that tested positive for alcohol. Seriously injured drivers, 51 percent tested positive for drugs, 34 percent tested positive with alcohol and -- and despite all the incredible strides we’ve made in this Circle, in this Legislature and in the state to combat drunk driving we have yet to attack and deal with a problem worse and that is drug driving.

Some studies show, Mr. President, that in 2009 10.5 million people in the United States drove under the influence of drugs. And here’s -- here is perhaps one of the more frightening statistics from the studies and that is almost one quarter, studies 23.2 percent to be exact, of high school seniors said they drove or rode with a driver after he or she had used marijuana while 15.8 percent said they drove or rode with someone after having drunk a number of alcoholic drinks.

Think about that. High school seniors, more of them admit to driving with somebody or driving under the influence of drugs than driving under the influence of alcohol, absolutely frightening, frightening statistic.

And, Mr. President, this is not just an American problem. We all -- and it is something to be proud of, like to talk about how we and instances in Connecticut can be ahead of others. How we in America can be ahead of others and sadly this is one area where we as a country have fallen well behind, well behind what others in the world are doing.

As this study demonstrates New Zealand, Australia, Canada and all of Western Europe are significantly ahead of the United States in

dealing with the issue of drug driving. In British Columbia one study showed that slightly over 10 percent of the drivers had tested positive for drug use compared to only 8 percent who'd tested positive for alcohol, a difference significantly lower than what we have in the United States because they have laws to help combat drug driving.

And we know ourselves that our drunk driving laws have lowered the number of people driving drunk on our roads and highways and in Western Europe and Canada and other places around the world they are seeing how their laws on drugged driving are limiting the instances of that in their countries because they're dealing with it.

These studies also look at what drugs cause drugged driving, what drugs -- excuse me, Mr. President, we all know that all of the drugs can caused drugged driving but what drugs the drivers are actually using. And those statistics are also startling, maybe not surprising but startling.

In a study of seriously injured drivers, 26.9 percent tested positive for marijuana, 11.6 percent positive for cocaine and 5.6 percent tested positive for either methamphetamines or amphetamines. Those who tested positive, if I do the numbers correct, Mr. President, for marijuana are almost double those who tested positive for all other drugs. Those are -- those are drivers in serious car accidents or fatalities, 29 per -- .6 percent tested positive for marijuana.

We have to tackle that issue of drugged driving in our state. A National Highway Transportation Safety Administration national roadside survey that was done in 2007 found that 8.6 percent of weekend nighttime drivers tested positive for marijuana, only 3.9 percent positive for cocaine and 1.3 percent positive for methamphetamines.

Again those who tested positive for marijuana were almost twice as much as those who tested positive for all other drugs, not alcohol, but

all other drugs combined. So not only is drugged driving becoming a serious problem and is a serious problem in our country it is clear -- clearly a serious problem with marijuana more than all other drugs combined.

Clearly one of the issues that we've had to deal with in the past is that it is more difficult to test for drug driving than it is for drunk driving. That's not the case anymore though, Mr. President, and we can know when people are driving under the influence of drugs through tests and we also now know when drug use causes crashes and how it impacts highway traffic safety.

We have those facts and information. The research has been done. There was a fatality analysis report system which was a census of fatal motor vehicle traffic crashes which provided data on the presence of drugs among drivers. In 2009 of the 12,055 drivers with known test results, 33 percent tested positive with drugs. One-third of all people known to have been tested in fatal motor accidents tested positive for drugs.

And what's remarkable on the good news is that the number of drivers killed in motor vehicle crashes has declined in the last five years according to national studies. That's the good news. The bad news is the one area where it's on the rise is those who test positive for illegal drugs and that number is increasing.

And I would submit to you that it's obvious why. We have educational programs about drunk driving and the dangers of drug -- drunk driving. It is something we talk about. It is something we educate society especially kids about. We have very tough laws with harsh penalties for those who get caught for drunk driving and we have programs to help those with problems as well.

We don't do any of that with drug driving. No education programs. No tough laws and if you're caught no rehabilitation program. So on the one

hand where you educate you provide penalties and rehabilitation you lower the incidents of fatalities. On the other, and you do nothing, fatalities are on the rise.

Mr. President, I would argue that those statistics and facts are undeniable. They are overwhelming and they should bother all of us. We have spent a great deal of time in this Circle so many people. I remember -- I remember the -- the very first year we had a vote in this Senate Circle lowering the blood alcohol level to .08 and I remember Senator Prague, myself and on the first round of votes 19 of us were in favor it and there -- there was then an amendment offered that stripped the .08 and added significantly tougher penalties for people who were exceeded a much higher level.

And then when Senator Prague and I tried to offer another amendment to add .08 back in we -- we lost by a margin of 19 to 17 on an amendment we had won earlier. But she persisted, many others in the Circle persisted and we ended up lower that blood alcohol level to .08.

We have made our society safer because of that. It’s time that we address this issue as well and we don’t have to worry that we can’t test for it. We don’t have to say this is an experiment that’s unproven because they’re doing it in Colorado and why did they do it in Colorado? Obviously they care about the issue. Obviously they want people on the roads to be safer. But they did it specifically in response to the medical marijuana law that had been passed earlier.

That’s why this is such a good amendment. For those who oppose the underlying bill this doesn’t change it and many may still oppose it after this amendment, if it were to be adopted, were on the bill but when you consider the facts and problems we have with drugged driving, when you consider that we now have a test for drugged driving and when you consider that one of our sister states who passed medical marijuana afterwards said we need to come back and do this, why don’t we learn

from that mistake and do it now.

I will make one prediction, Mr. President, and I -- I don't try to make predictions, partially because I'm not very good at them. We will, in this Legislature, pass a drug driving law that looks similar to Colorado's. We will join other states that have tackled this issue. We will catch up to what the rest of the world is way ahead of us on and my guess is that will happen very soon.

But we have the evidence, we have the information, we have the facts, we have the language from Colorado and we have the experience from Colorado to do it right now, to do it right now and I think we should, Mr. President. It does not, as other amendments that have been offered tonight, alter or change the underlying bill. It does not.

This is a very different amendment in that respect and that's why I think, Mr. President, this is an amendment different than the others and an amendment that we should look at adopting.

Mr. President, can I just -- one second for leave of the Chamber.

THE CHAIR:

The Senate will stand at ease.

(Chamber at ease.)

The Senate will come back to order.

SENATOR McKINNEY:

Thank you, Mr. President.

If -- if I could, Mr. President, I -- I don't know if others want to speak on the amendment. Obviously they're free to do so but if I could ask that when we vote we vote by roll call.

THE CHAIR:

When we vote, the vote taken will be taken by roll.

Will you remark further on the amendment?

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

This is a necessary amendment. It's necessary for all the reasons that Senator McKinney just so eloquently stated and I think it's necessary because the -- the bill, as written, gives me cause for concern and should give us all cause for concern in that Section 2 essentially provides immunity to individuals falling under this statute.

Under Section 2 you're not going to be liable -- you're not going to be subject to arrest or prosecution, penalized in any manner including, but not limited to, being subject to any civil penalty and it then sets forth a few, and I -- I emphasize a few exceptions, one of which is the ingestion of marijuana in a motor bus or school bus or any other moving vehicle but there isn't an exception for somebody who ingests prior to operating such a vehicle.

So I think one could make a colorable argument, and I -- I hope that's not what's intended here, but I think this amendment will crystallize that intent that there would be some sort of immunity. So I stand with Senator Boucher and Senator McKinney and I strongly urge the members of this Chamber to support this amendment.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark further on the amendment? Remark further on the amendment?

If not, Mr. Clerk please announce pendency of a roll call vote and the machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate. Senators please return to the Chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

Have all members voted? Have all members voted? Please check the board to make sure your vote is accurately recorded. If all members have voted, the machine will be locked and the Clerk will announce the tally.

THE CLERK:

On Senate Amendment Schedule "F".

Total number Voting	34
Necessary for Adoption	18
Those voting Yea	14
Those voting Nay	20
Absent, not voting	2

THE CHAIR:

The amendment fails.

Will you remark further on the bill?

Senator Boucher.

SENATOR BOUCHER:

Thank you, Mr. President.

Mr. President, I had all intentions of raising a few other amendments but I think in respect to the Chamber and for others that may wish to speak at more length on the underlying bill I will just discuss a few of the amendments that were

originally going to be proposed.

One in particular that I would like to comment on and then yield to Senator Fasano. It is an amendment that would talk about the fact that the written certification by physicians should include in fact on the certificate of registration a statement that is not less than 10 point bold face that the issuance of such a certificate of registration does not limit the power of federal law enforcement agencies to arrest or prosecute the qualifying patient or primary caregiver pursuant to federal law and I think this is important because they should know what they're getting into when they proceed.

In addition there was a section of the original amendment that I was to have proposed that would have essentially talked about the fact that -- that this particular bill and statute would not -- shall be construed to supersede any federal law concerning the criminalization, acquisition, cultivation, distribution, dispensing, possession, sale, transportation and use of marijuana and of paraphernalia relat -- related to marijuana.

(THE PRESIDENT IN THE CHAIR.)

THE CHAIR:

Senator Boucher, can you hold on please.

Senate come to order please.

Please proceed.

SENATOR BOUCHER:

Thank you very much.

Having discussed what this potential amendment would have requested to include, again a licensure with a warning, that you could have been prosecuted and that federal law supersedes, I would like to please yield my time for the time

being to Senator Fasano.

Through you, Mr. President.

THE CHAIR:

Senator -- Senator Fasano do you accept the yield?

SENATOR FASANO:

Yes, Mr. President, I do. Thank you.

And I want to thank Senator Boucher as -- as others have for her hard work and I know she respects this Chamber but she feels very passionately about the issue and I -- I want to thank her for what is important to her to display in this Chamber what she feels is a bill that isn't -- that just goes against the very heart and soul and being of what she believes in.

When we all came into this Chamber we took an oath and the oath was you do solemnly swear or affirm, as the case may be, that you will support the Constitution of the United States and the Constitution of the State of Connecticut so long as you continue as a citizen thereof and that you'll faithfully discharge according to laws the duties of the office to the best of your ability so help you God.

That's the oath that we all took before we sat in a chair which we don't own, as a chair of trust that for just a moment in time we have the privilege of sitting in. But we agreed that we were going to support the Constitution of the United States. That's what we did when we took the oath. We knew that obligation when we ran and we knew that obligation when we took it. Without a doubt there isn't anybody who supports this bill who will not tell you that this bill violates federal law.

Whether you believe it's the right thing to do or you believe it's the wrong thing to do, each of us can weigh and make an independent judgment but

what we all have to agree upon is that it is clear that it violates federal law.

There's a Supreme Court case, Gonzales v. Raich, which dealt with the case in Montana and they raided areas where they had the medical marijuana and the Judge Malloy said, and I quote, whether the plaintiff's conduct was legal under Montona -- under Montana law is of little significance here since the alleged conduct clearly violates federal law. We all are bound by federal law, like it or not.

Your first year law school student can tell you that's called a supremacy clause. I won't go into the history of the supremacy clause but it does have a legal history and a historical history, the bottom line is it is the law for which the entire United States operates.

And clearly this bill violates the law I would argue. We violate the very oath that we took if we pass this bill because we're acting outside the oath of office we swore to. If you argue I know it violates the law but there's this growing trend, I don't understand what that means, but let's say that argument is made, then you're saying federal law doesn't matter.

We should do what we think is right irrespective of federal law because it should have no bearing on this Chamber in this state. What, is that the oath we took? We are not part of the United States, we get to do what we want because we think it's right. That isn't what we took our oath for and that isn't what the law says.

In fact in that case there was an argument that the federal government said we're not really going to come down all that hard on these medical marijuana facilities when in fact that isn't what happened. The federal government said no we never said that. We never said that. I'll tell you what's really interesting in a case of United States of America v. the Michigan Department of Community Health. The court said in that case a few things and I've got to tell you this would

make me nervous if I were someone involved in wanting to take advantage of this law.

It said, talk about scary, the supremacy clause unambiguously provides that if there's a conflict between federal and state law, federal law shall prevail. Federal power over commerce is superior to that of the states to provide for the welfare and necessities of -- of their inhabitants and then it goes on to say in that case, which was really interesting, the federal government was looking for the documents from these facilities as to who the distributors were from -- from the state offices, from the Department of Public Health, who the distributors were and who was receiving the marijuana.

They went document searching to find out if they could go after other defendants. They did go after other defendants and the Department of Public Health said no you can't and this court said I beg to differ, I beg to differ. To argue that the medical marijuana law provides protection against the supremacy clause and the enforcement of the federal law is wrong and it gave the right for these folks to get all that documentation, all those names, HIPAA didn't apply, none of it applied because it's against the federal law. You cannot enact that's criminal and then hide behind HIPAA and say but HIPAA says we don't have to give it out. This court said you do. That's a problem.

Nothing that we could do in here, and I know we've got all sorts of clauses that say you know what whatever the federal government says we say it's -- it's not a crime, it's not going to be a crime, you can't be prosecuted. We could promise them everything they want, it doesn't matter, federal law trumps.

We may not like it. Just like when we tell towns what to do, they may not like it but we do trump. They trump and they've got teeth to trump and the -- their people who are voting on this bill are betting that the federal government isn't going to trump. Well I think to the extent that it was

happening isolated across the United States you may be right.

But as Senator Boucher brought up in Oregon just a couple of days ago seven folks were arrested and these were plants that were authorized by state government to produce marijuana for the medical marijuana distribution and they were arrested because it violated federal law. Even when they were authorized by the -- that state to grow it, it violated federal law and they were arrested.

What can we do in this bill to say I'm giving you a halo of protection against the federal government? The answer is nothing. There's not a darn thing we can do about it but awkwardly enough the folks who are going to use the medical marijuana, believing that we've given them some sort of protection, are not protected. The only cutout that the federal government has agreed to is a seriously terminal patient they said we will not go there.

So we pass this bill. I believe we're violating our oath, number one. Number two we're putting people in danger because they're going to believe in the good faith of this Chamber and of this legislative body that we would never put the -- pass a law that would put them in jeopardy of losing their life liberty by virtue of enforcement of a federal act and we have.

The other thing that's amazing to me in this bill is this bill talks about that we're going to change the classification of marijuana from a Class 1 to a Class 2 or 3 or 4 or whatever it is and that somehow the federal government's going to say okay. In Montana they tried that and the Department of Justice said no, no this is a Class 1 drug. It's going to remain a Class 1 drug. Thank you for asking, the answer is no.

Do you really, really think deep down inside that in this building say oh well that was Montana, you're Connecticut, we're going to give it to you. If there was a hope, those proponents

probably would have done it by now but they know that's not going to happen. So it's still going to violate federal law and if you're resting on your laurels say well you know they're going to ask for it, we'll get it.

It's already been asked by I understand other states but I could -- in my quick research could only find Montana who did it and they said petition denied. You cannot do it.

In L.A. they're cracking down. In Seattle, or in Oregon, they're cracking down. In Montana they're cracking down because the good intention that this Chamber is doing this for, and I appreciate that, is not the good intention that's happening in the real world and that's why there's been this huge federal crack down on medical marijuana.

What I really found interesting, if you don't think this is big business driving this, in my research, and I'm really amazed at this, is a company called Medbox, Inc. and Medbox, Inc. put an ad in saying to Connecticut hey it just passed the House, it's going to pass the Senate, this is right after it passed the House, give us a call and we'll tell you how to comply with the House -- with the bill that's coming up and get a head start in starting your own medical marijuana business.

It's an ad. It's already out there. They've already figured out our bill and how to make money and how they're going to do it, not skirting law, and how they're going to do it. That's incredible, that's just incredible. You may want to jump in because Medbox is a publically traded company, just for the record.

Now I think it was Senator McLachlan who talked about this Department of Justice letter and I know the people at home don't have this letter. And it was asked whether or not this bill violated federal law and what do you think? And it says growing, distributing, possession of marijuana in any capacity, other than that as

part of a federally authorized research program, is a violation of federal law.

The core priority of the Department of Justice is to take drug trafficking out. Accordingly why the Department of Justice doesn't focus its limited resources on the seriously ill individuals who use it, we will go after, and I'm paraphrasing at this point, anybody who seeks to use this law to distribute marijuana.

In addition federal money laundering and related statutes that prohibit financing activity involved in the mu -- in the movement of drug proceeds may likely be utilized which gets to the second part of this bill that I think is a huge fallacy and in my view a trap. This bill says to the pharmacies, now understand what we're doing because I think this is important, we use prescription and certification because prescription we can't authorize doctors to prescribe illegal drugs so we use certification, first (inaudible).

Secondly we tell the -- the drug companies, or sorry pharmacies you've got to set it up differently. You heard Senator Coleman talk about the way the bill is set up. You've got to put it in a different part because it can't be connected to where you do, for lack a better term, legitimate drugs.

The Department of Justice says we're going up the food chain. That's not a Chinese wall, that's a paper wall. You don't think they're going to say wait a minute you're telling me that that pharmacy over here that's selling marical -- medical marijuana and your pharmacy over here because you're in a different building you're not connected, you're not connected.

Try telling the IRS you have two different companies that are not related companies although they're identical companies. They're related companies. You think you're going to fool the Department of Justice and say you know that's our other business across the street, we don't have

in, so they're not connected. Everybody goes, everybody goes. There's no safe haven and to suggest we're doing that to create a safe haven is disingenuous to our folks.

Another very interesting factor about this Department of Justice bill, or letter, and I kind of take this two ways and frankly I don't think it's the way they meant it but nevertheless, others who knowingly facilitate the actions of the licensees including property owners, landlords, fin -- financers should also know that their conduct violates the law. Facilitates the actions, makes it easier is another way of saying that, assists in the progress of.

I would suggest that that sentence says by voting in favor of this bill and assisting all this to happen you have violated federal law. I would suggest that's what it says. If you assist in the operation, we are condoning and supporting the operation. This is not a political statement. This is an objective letter from the Department of Justice dated April 3, 2012, April 3, 2012.

This isn't even a close call and I don't think anybody in this building believes this is a close call. I know we all take our job serious -- seriously and we all do the best we can as we stay in these chairs for the time that we have them but when we swear that we're going to uphold the Constitution of the United States and we tell the people of the State of Connecticut trust us we're here to protect you and do what's in your best interest, how can we tell them, straight face, we're going to pass a law that allows you to create a business that violates federal law that puts you in the target, if they wish, of the DEA and all the things we talk about, you have no liability, you're not subject to being arrested, doesn't mean anything because of the supremacy clause.

At the very least we should be in bold type we did this, do it at your own risk. We put a warning label, I can't remember just a few days

ago, I -- I can't even remember the issue, we put a warning label on -- on -- I wish I could remember, it was with Senator Hartley, we put a warning label on something -- on the cell phone, we're putting a warning label on cell phones and here we have an idea that someone could be arrested and hauled off to jail and their operation taken and -- and be subject to criminal penalties and loss of freedom and there's nothing in here to say caveat, heads up, iceberg ahead, nothing, nothing.

And the thing is there isn't a person in this Chamber who's going to stand up, I don't believe, and say this is compliant with federal law. There's no -- there's no problem here. I -- I believe we have a better, bigger and more important obligation to our constituency. Whether you believe this is the right remedy for the aliments or not, is to me not the issue. I can see both sides on that and I don't know which way I would vote if that were the issue.

If that were the issue I'm not sure exactly what I'm going to do with this bill but I can't get over the first box which is can we do it legally and the answer is no. Could we do it? Yeah we could pass it here but I think we all should think should we do it. That's the important question. Should we pass a bill that violates federal law?

I would suggest -- I would suggest we lack the authority but more importantly I would suggest it violates our oath.

Madam President, I would like, with all due respect, to yield this to Senator Boucher who yielded to me so if I could give it back to her.

Thank you, Madam President.

THE CHAIR:

Senator Boucher, will you accept the yield, Ma'am?

SENATOR BOUCHER:

Yes thank you very much, Madam President, I do accept the yield.

And as I said previous to your arriving in the Chamber, I will spare out of due respect to the Chamber calling the rest of the amendments so that others may have an opportunity to discuss this bill before we have concluding remarks. I will, however, just quickly, briefly review some of the issues that prompted these amendments so that we -- so that the good Chair of Judiciary can consider these concerns and might be able to pass on these concerns as part of the official record and also that the Department of Consumer Protection considers these issues as well should we ultimately proceed down this path and the federal government doesn’t intervene.

Some of the issues that were to have been brought before you were recommending that one could prescribe again -- excuse me -- again I make the same error that the rest of the public is making that this bill does not prescribe but recommends a supply of one month and I be -- do believe that that would be too long a period of time, might involve too large a supply on the part of the patient and could conceivably be over 100 joints in one’s possession and open themselves up for either theft or any kind of other behavior for those individuals trying to access that drug that for some still is considered illicit. So I would have put in an amendment to make it a one week prescription or ten days versus one month.

We also were concerned that the Department of Public Health should determine what a -- if that were to fail, what a one month’s supply would be rather than the Department of Consumer Protection given that their physicians board would not be given the actual decision-making authority. In fact it would even be better to consider that the Department of Public Health should actually put together and assemble that board of physicians.

Additionally we wanted to bring to the good

Chairman's attention that -- that in -- through the bill does restrict the primary caregiver from engaging as a primary caregiver if there's a violation of any law, we would have wanted to add even if they have a violation of the possession of less than half an ounce of marijuana as well that was passed last session.

We had the idea of deleting more than one patient for one caregiver because this bill does allow for more than one patient to an individual caregiver opening it up to fraud and to creating sort of a sub-business.

We also felt that a certificate that would be provided would be for one month, not one year. It is too long we felt and could be subject to abuse. Additionally the issue that a patient in this bill would destroy their additional supplies once their need was concluded would be again subject to some abuse and may get this particular drug into the wrong hands, particularly our young people. We felt that it would be better if they -- the patient was required to bring them to the Department of Consumer Protection and they would destroy that supply within a certain time period.

Additionally we have learned very much so that California and other states have experienced a tremendous amount of fraud by those both the patient to the physician claiming medical issues but also physicians giving out fraudulent scripts. Some of them never seeing the patient at all and we felt that the penalty listed in this bill was too low. In fact it should be raised to a Class D felony in order to really prevent the abuse -- widespread abuse that is occurring in so many of the other states.

We also felt that -- that the provisions in this bill that would require qualifying patients or caregivers to give a report of change such as their address or name should have a penalty which was not provided if they should not report these changes. Otherwise it wouldn't be the kind of incentive to do so particularly for reporting changes to their address. Additionally -- and

that’s very important because it -- they would have to be a resident of Connecticut given the laws that have here pertaining to this issue.

We also raised a concern that used medical pot as a defense against -- or to avoid specifically being arrested and using this fraudulently claiming falsely that they needed pot for a medical purpose should also be raised from a Class C misdemeanor to a Class A misdemeanor.

Some of the other issues, and we’ll conclude, which is that there should also be a higher penalty for those patients bringing a flaw -- false requirements to a doctor that again has been seen in other states providing quite a bit of fraud within their process. Why we see instead of the 500 estimated patients we’ve seen in the 20 to 30,000 patient category.

One of the other areas that was of great concern was risk, risk insurance, particularly for the dispensaries that are operating there and that we felt that it might be a good idea to require a policy of commercial risk insurance which would provide coverage in the amount of not less than $2 million for dispensaries that may be subject to closure given what has happened to other states and many of them have found themselves in a terrible financial bind due to the legal complications of putting this in place.

We also felt that it might be best to proceed cautiously and possibly only pilot two dispensaries and possibly in our two major cities, maybe Hartford or New Haven or another two that might want to be the subject of a pilot program to see how it would work and -- and also later on assess how well it was functioning.

There was another issue that we wanted to talk about and that is having the Commissioner of the Department of Public Health complete an assessment of the various pilot programs to see what the legal and public health issues would rise during that operation and include that when they were considering the expansion of the

program throughout the state. We felt that that would be judicious, would save the state a lot of financial and legal problems.

Additionally, in this particular bill, there were no limits on the number of dispensaries in Connecticut. This was a cause for great concern and the thought would be that we should add a limit to this or at least the Department of Consumer Protection in their regulations should consider some limits. One of those we thought might be reasonable would be to just have five dispensaries in each of the counties in Connecticut.

Dispensaries, the bill did not set but did allude to the fact that there should be a fee for dispensaries and licensures and we felt that a fee should be included, a fee of $2,000 we felt would be reasonable.

Additionally we thought that instead of a five-year certification for producers for producing this product it should be restricted to two years so that we can keep a better eye on how well that was going and if there were any problems with it. Just as we only serve two year terms, and some feel that that is a good idea not to have term limits, but have an every two year renewal to make sure that we're doing the public's business and they're still satisfied with our service.

We felt that it might be wise for the state instead of giving a five-year permit, it might be better to review it after two years. It also -- we -- we thought best if we could issue two producer licensures at any one time since this did not have any limits with regards to this issue.

And let's see if there are any others. As you can tell we had quite a number of other proposals such as adding different fee structures to the producer licenses and the licensures for the dispensaries as well, in addition to some penalties for the growers and producers should they not do what they are supposed to do,

particularly as we saw in other states when they decided to create a business across state lines as has happened between Oregon and Washington. We thought that at that point, if there's an escrow account being built, that they should forfeiture their escrow account and the state would take that over.

We felt also that there should be the ability for drug testing for those sensitive professions that we alluded to previously in a lot of our discussions and not restrict employers from drug testing or disciplinary actions as they have the right to do that right now. And I know we have someone in our Caucus that is a business owner that was quite concerned about this and it would be important to do that.

One of the other areas that also gandered -- garnered a great deal of interest, in fact, was a bill that I know Senator Markley was very concerned about and that is allowing, and I think we discussed it be -- between ourselves and the Chairman of the committee, was that it really needed to have local town approval, P&Z approval for both the dispensary and -- and producer in order to preclude any challenges that many of other states have -- have unfortunately had to get involved in. So that might help to facilitate the process and not have any kind of contest, war, opposition between state governments, local governments and county governments as well so we felt that that would be an incredibly important thing to do and we were concerned as well, as was talked at great length by our Minority Leader, that the issue of driving while under the influence using medical marijuana as an excuse would -- should be, in fact, precluded because that would be subject to a great deal of fraud.

We were concerned very much about the idea of school bus drivers that might be under a doctor's care and prescribed medical marijuana and whether or not they would be authorized to -- to drive our school buses and even though the bill does state that they cannot ingest we were very

concerned about the fact that they could conceivably use medical marijuana within days or even a week before, and as we talked about the fact that it is in the blood stream for a very long time, we may be risking the safety of our school children.

So finally I think some of the other issues, one that I particularly was concerned about and I talked a great deal about, we had an amendment that would examine other delivery methods that were not smoked as a way -- as a compromise to allow for the use of this drug should someone feel that it somehow helped in some way for their particular chronic illness and they would not then have other side effects that were potentially much more damaging to their health because smoke again was not a healthy delivery system and we thought it would be a good idea for the state to look at the other delivery methods.

That being said, Madam President, I conclude my review of this particular number of amendments that I think would have saved us a number of hours of further discussions. As I said I do appreciate the patience and the -- of the Chamber and of the seat of the President Pro Tempore of the Senate in allowing me and others to engage in a lengthy debate on an issue that we feel very strongly about.

If I can, through you, Madam President, I'd like to yield -- well I don't need to yield, I can just I believe have a seat and hopefully later be allowed for the second time to give some concluding remarks that should only take a minute or two.

Thank you, Madam President.

THE CHAIR:

Will you remark?

Senator Kane, I believe she was going to yield to you anyway, sir.

A VOICE:

That’s a good guess.

THE CHAIR:

It’s a very good guess.

SENATOR KANE:

Thank you, Madam President, good morning.

THE CHAIR:

Good morning, sir.

SENATOR KANE:

You know obviously we’ve been debating the issue for a number of hours now and I’ve listened to a great deal of it and Senator Boucher has done an amazing job of bringing out all the different intricacies of this bill, especially, quite honestly, the actual use of marijuana in our society today.

And although we can debate the merits of the healthfulness and the usefulness and certainly that has been highlighted by a number of amendments that have already taken place, there -- it still begs the question in my mind of how this substance, which as -- as we know is a controlled substance and against federal law, how it affects our society in general and how this bill will affect that somewhere down the road.

So, through you if I may, I have a number of questions to the proponent of the bill.

THE CHAIR:

Senator Coleman prepare yourself.

And Senator Kane, proceed please.

SENATOR KANE:

Thank you, Madam President.

I didn't want Senator Coleman to get too tired sitting over there so I figured I'd get him up and going for here -- for a few minutes and have a little discussion if I may.

Senator Coleman, I don't serve on the Judiciary Committee so -- and you are, of course, the Chair of that committee and been involved in this issue through that committee process so I'd -- I'd really like to ask some questions about the public hearing that took place and your knowledge on the issue and quite honestly a lot of this comes from an op-ed that I read about a day or two ago in the Waterbury Republican American and how they're feeling -- this publication is feeling on the issue and how it is going to affect our society going forward.

So my question to you, through you Madam President, is do you feel that this measure -- this bill that we have in front of us will it dampen the thriving black market that we currently have for marijuana?

Through you.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Thank you, Madam President.

Through you to Senator Kane.

It's my opinion that this legislation will have absolutely no affect on what you term the thriving black market. The objective of this is to provide relief to many people who pleaded because of debilitating conditions to be authorized to use marijuana. It is further my opinion that the processes and procedures that are provided for in this bill will be so tightly controlled and regulated that the marijuana

that's produced and distributed will be accessed only by those individuals who are intended to benefit by it.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

And through you to Senator Coleman.

Well let me just take those words that I used and -- and break it down for a minute. As the first thing would be thriving because maybe you can speak to this, I hope you can, marijuana use, forget palliative marijuana for a minute here, marijuana use is it up, down, steady? Where -- do you know where those statistics lie? Where -- if -- is it a growth industry? Is -- are more people smoking marijuana down -- any -- any idea?

Through you, Madam President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Through you, Madam President.

I have no research or no data, nothing scientific to rely on. It is my sense that drug activity in general is pervasive.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I accept that answer and -- and I agree with you. The other half of the sentence was black market. We obviously know that it is a federally controlled substance and is illegal so I wouldn't call it a free market. It's -- it's certainly not an open market. I -- I think it best can be described as a black market.

Through you, Madam President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

I -- I really have no opinion on that. Black market is as apt a description as any I suppose.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

And the reason I ask these questions because, and I'll get to the overall societal issue in a second, but the reason I ask these questions is because the individuals that came to the public hearing that you have heard from or just in general who are asking for this bill currently they would have to use that black market as we describe it, or however you want to phrase it, we can term it something else, but I guess they would have to get the -- the marijuana illegally.

Through you.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

That is the case and I can think to the public hearing. There was a 90 year old woman who suffered from glaucoma who found relief in the use of marijuana but was conflicted because she knew she was breaking the law in obtaining marijuana even though it provided her significant relief when she did smoke marijuana.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

And my next question is those individuals, the 90 year old woman you mention and certainly many others that are suffering some of these debilitating diseases are they at risk for arrest?

Through you, Madam President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

They certainly are.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

And -- and I agree with that except and -- and I

don’t have the statistics in front of me either but I would also venture to guess because that -- these individuals, although subject to arrest, most likely would not be prosecuted because of the situation that they are under. Unlike a teenager going out and -- and buying marijuana for a party. Unlike you or I for that matter buying it for recreational purposes.

I’m guessing, and I’d -- I’d like your opinion on it as the Chairman of Judiciary, that these individuals, the 90 year old woman with laco -- glaucoma or -- or anyone suffering with these debilitating diseases I’m guessing that they would not be subject -- they’re -- they are subject to arrest but probably would not be prosecuted.

Do you feel the same? What’s your feeling on that?

Through you, Madam President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Thank you, Madam President.

First you can leave me out of me and you engaging in recreational use of marijuana. I have no interest in that.

SENATOR KANE:

I agree.

SENATOR COLEMAN:

It’s an interesting question that you pose because other than prosecutions for large scale trafficking of marijuana, I am not at all familiar with particularly the federal government prosecuting the individual’s use and possession of marijuana. And I do believe -- well it’s

obvious that in the State of Connecticut we've certainly decriminalized use and possession of small amounts of marijuana so I don't see many prosecutions occurring in many instances where the question is an individual's use of marijuana -- use and possession of marijuana.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

And -- and first let me say I apologize. I didn't mean anything by that.

SENATOR COLEMAN:

No apology necessary.

Through you, Madam President, I'm trying to be as light and maybe I shouldn't at this hour of the night and on this particular subject but I wasn't being very serious in my comment.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

Right and -- and I agree with that. I -- and -- and I was only using that as an example but certainly neither one of us entertain that -- that recreation but -- but the average person I guess is -- is probably what I should have said.

But I agree with you and -- and -- or -- I -- it sounds like you agree with me as well. Senator Boucher, in her comments, said that the message that we're sending with this bill and with

marijuana in general is that it is helpful or maybe even -- even healthful by using this product -- this marijuana for medicinal purposes.

So do you think we are sending that message as well?

Through you, Madam President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

No I don't.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Well we found one we disagree on because --

THE CHAIR:

I'm sorry?

SENATOR KANE:

I -- I said we found one we disagree on because I -- I think I tend to agree with Senator Boucher that we may be sending that message that it's -- well it's okay because they've made it legal for people who suffer different types of illnesses and then it actually works, it helps. It's something, you know, like Tylenol or any other drug that we may take for certain ailments.

And the reason that that bothers me, if you will, is -- and -- and again Senator Boucher did a -- a great job of speaking to this but teen use is on the increase and -- and I think you and I kind of discussed this earlier that -- that it is

pervasive I think is the word you used. And as a matter of fact the Partnership for a Drug-Free America came out with a statistic that said use of 20 times per month, and that seems to me like a lot so that's -- even if -- if let's say that's once a day, 20 out of 30 days is a lot, it could be more than that, but use of 20 times a month is up 80 percent since 2008 and that's from a Partnership for a Drug-Free America. That's not my statistic, Madam President.

So that's incredible. That seems like the use of this drug is -- is up and the continued use or greater use of it is -- is up as well, 80 percent is -- is an amazing figure.

Through you, Madam President, to Senator Coleman, have you heard of a drug called Sativex?

Through you.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Through you, Madam President, I have not.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

Apparently there's a -- a drug that is being -- in development -- and I shouldn't say in development, it's actually used in many countries including Canada that is a non-intoxicating marijuana based spray that this British pharmaceutical company came up with that again is in using -- used in many countries including Canada and is actually likely for federal FDA approval.

And apparently it would have the same effect as the medical marijuana but again non-intoxicating and lessened the negative effects that Senator Boucher spoke of for -- for quite some time.

So my question to you and -- and not to put you on the spot about this particular drug but hypothetically let's say because it is likely, from the reading that I've done, that this drug would be FDA approved. So let's say next year we come back into session and this drug has FDA approval. Is it likely that we would repeal this law that we're debating here today?

Through you.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

I have difficulty commenting on this hypothetical. I'm going to say for purposes of discussion no it's not likely.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

So even if we found a drug that would do the same thing, that is FDA approved, because I believe marijuana is not and if I'm incorrect please correct me, but we -- we find a drug that would have the same effect, non-tox -- intoxicating, is FDA approved, we would not repeal this law.

So my next question to you then, Senator Coleman, and this is -- ultimately I've taken us down a bit of a road but I'm -- I'm getting to the destination I think, so my next question to you is this a move towards legalization?

Through you.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Thank you, Madam President.

It’s certainly not my intention nor do I think it is the intention of the people who were involved as proponents of this bill to give any thought to legalization of marijuana down the road. The whole objective of this bill is to respond to the request -- actually the pleas of many people who are suffering from debilitating conditions and who had indicated that they found some relief when they used marijuana. So the whole objective of this effort is make marijuana available, under tight regulation, to those individuals who made those pleas for medical purposes.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

The reason -- and -- and I appreciate that answer. Thank you, Senator Coleman. The reason I ask that question is because in Colorado, and I know that this -- the name Colorado has been bantered about many times today where they have medical marijuana, there’s a ballot on -- I’m sorry there’s a question on the November ballot for legalization.

So my question isn’t too far off because November is just months away, you know, in Colorado and I believe Washington State is the other one. So the reason I -- I bring that up is because what we’ve said is that this would not dampen the

pervasive, and I said thriving black market. The individuals who need this drug are of little risk for arrest and prosecution. Drug use is up among teenagers. There are alternatives available but we're not going to repeal the law. So where are we going?

It sounds like Colorado to me. If that's the case, and I know you said no, but if that's the case, then could we look at this as a revenue opportunity?

Through you, Madam President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Through you, Madam President.

While the system that is provided for in the bill that's before us will generate revenue, that is not -- certainly not the primary objective of the bill.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

Senator Coleman, through you Madam President, are you familiar with Statute 12-651?

Through you.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Through you, Madam President.

Only to the extent that Section 12 has to do with state taxes. Specifically I'm not familiar with 12- --

SENATOR KANE:

651.

SENATOR COLEMAN:

-- did he say 651? I am not.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

And that's -- that's certainly an unfair question. I -- I don't expect you to be familiar with that. You're right it is to deal with state taxes but I -- I apologize. I don't expect you to know which one that is but maybe you do because I've talked about this a couple of times before.

But it is the marijuana and controlled substance tax that we have on our books and I'm wondering if that law -- that tax -- that statute that's been on the books since 1991 which says a gram of marijuana portion $3.50. Are we going to be using that basis in our calculation?

Through you, Madam President.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Madam President, whether this bill is passed or not, sales of illegal marijuana will be subject to state taxation. It is now, even if we pass this bill, it will continue to be subject to that tax.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I thank Senator Coleman for answering all my questions. I appreciate your forthright and -- and willingness to participate in my questioning and actually enjoyed the -- the banter that we had with one another.

Madam President, the Clerk is in possession of an amendment, LCO 5048. I'd ask that the Clerk call the amendment and I be allowed to summarize.

THE CHAIR:

Mr. Clerk, will you please call I think it's 5048.

THE CLERK:

LCO Number 5048, Senate "G", offered by --

THE CHAIR:

Senator Kane.

THE CLERK:

-- Senator Kane.

THE CHAIR:

Senator Kane.

SENATOR KANE:

He was so used to saying Boucher I guess.

Thank you, Madam President.

I move adoption.

THE CHAIR:

The motion is on adoption.

Will you remark sir?

SENATOR KANE:

I -- I will remark, thank you and I ask that the vote be taken by roll.

THE CHAIR:

The vote will be taken by roll.

SENATOR KANE:

Thank you, Madam President.

What this amendment does, Madam President, as Senator Coleman and I have already discussed, Section 12-651 of the General Statutes is in place, has been in place since 1991 and this is something that I've actually tried to work on and tried to bring forth in this Chamber many times and Senator Coleman is right it -- it has to do with the illegal substances that are currently being used or available or -- or what have you, and we do have this on our books.

My amendment changes it a little bit because we are applying it to the palliative use of marijuana as well but more importantly, Madam President, the State of Connecticut does not collect this tax. If you think about, as Senator Coleman said, it's a pervasive problem in our -- in our state, I said is a thriving market, there is a great deal of marijuana that's being --

taking -- being sold if you will throughout the State of Connecticut and the state is not collecting on it.

Here we have a palliative use of marijuana that we're actually going -- likely to pass today and I'm wondering if the state will collect upon it as well. My amendment what it does is allows the municipalities to collect this tax because the state is not doing it. Now we all stand up here and we -- we try to do things for our towns and we say that we need more money for education. We need more money for a whole host of things, road projects, you name it.

And one of the big things is the war on drugs, if you will, and our police forces that -- that dutally benefit our -- our society and our towns and what this would do is give that money to those towns and specifically towns with populations of 25,000 people or less.

So, Madam President, I believe that this is a -- an opportunity for our towns to have some revenue gain from a -- a -- marijuana that is both illegal and legal seeing that we have an opportunity to help our communities.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Coleman.

SENATOR COLEMAN:

Thank you, Madam President.

Madam President, I rise to speak against the amendment. I also rise to inform the members of the Senate that those sales of marijuana for palliative use, under the provisions of this bill, would be subject to our sales and use tax

and would generate revenue for the State of Connecticut.

And I know that Senator Kane has made valiant effort from year to year to have the municipalities in the State of Connecticut authorized to collect the tax on illegal sales of marijuana and I hope he continues in that valiant effort but on this bill, on this day, at this time, is not the time for the adoption of this amendment.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

If not, Mr. Clerk, will you call for a roll call vote and the machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate. Senators please return to the Chamber. Immediate roll call has been ordered to the Sen -- in the Senate.

THE CHAIR:

Senator Boucher, could you vote please? Not that I wanted that vote but I know you needed it.

If everyone has voted, the machine will be locked and Mr. Clerk, will you call the roll call.

THE CLERK:

Senate Amendment Schedule "G".

Total number Voting	34
Necessary for Adoption	18
Those voting Yea	12
Those voting Nay	22
Absent, not voting	2

THE CHAIR:

The amendment fails.

Will you remark? Will you remark?

Senator Suzio.

SENATOR SUZIO:

Thank you, Madam President and good morning to you.

THE CHAIR:

Good morning, sir.

It’s the same outfit though, keep going.

SENATOR SUZIO:

I was going to say you look the same as you did yesterday but you still look good.

During -- I noticed as I reviewed the public hearing testimony that Dr. Mark Kraus appeared on behalf of the Connecticut State Medical Society in testifying against the proposed legislation and in his public testimony he -- he pointed out that not only the Connecticut State Medical Society and the Connecticut chapter of the American Society of Addictive Medicine but also the American Medical Association has rejected an approach in which state -- states would sanction the -- the distribution of drugs for medical purposes without FDA approval or scrutiny.

As I said in my remarks earlier the FDA was instituted back in the 1930s to protect Americans from the kind of quackery and snake oil salesmanship that was pretty ubiquitous actually in American society. We’ve forgotten about it, well many of us weren’t exposed to it because it’s been stamped out for well-nigh 80 years now.

But if you’re familiar with history you’ll realize that it was not an uncommon experience to

see a literally snake oil salesman peddling their goods and medicines to solve all sorts of maladies. In the 1930s the Food and Drug Administration was established to basically protect us from that kind of quackery and to submit any kind of therapeutic drugs or medicines to a rigorous scientific protocol to not only establish the efficacy of proposed therapeutic treatments but also the safety of those treatments.

And furthermore to establish protocol with respect to, for example, dosages and purity of the therapeutic drug that's being administered. This is sadly lacking in the proposed legislation which is an obvious circumvention of this long established protocol to protect Americans from uncontrolled medical distribution of drugs.

He also pointed out in his testimony that there's a -- a dramatic lack of scientific evidence to confirm the efficacy of the various claimed therapeutic value of cannabis and beyond that there's a notable lapse or lack of information with respect to again the administration of quantities of the drug, dosages, the kinds of things that would be subject to the rigorous testing and FDA protocol.

In fact he said that because of the conflicting scientific evidence no doctor could really ethically prescribe the drug because there's just not enough scientific evidence to substantiate its efficacy and it's a violation of the Hippocratic Oath to do no harm and you're prescribed or prohibited from prescribing drugs that haven't established -- or met the established standards of the Food and Drug Administration protocol.

I worry about what we're about to vote on not just because of my concerns about marijuana itself and its use or misuse but because again this is establishing a precedent for the circumvention of well-established protocols that have protected Americans for at least eight decades now.

I think it's important for us to consider the ramifications of this. We don't use American society as a -- as a laboratory for testing different drugs with little or no control. I think -- I -- I greatly appreciate Senator Boucher's focus on the issues surrounding cannabis and its efficacy or lack thereof but I would also respectfully suggest that that is -- while it's a very important part of the debate tonight it's only one part of the issue that's confronting us which is are we going to sanction the circumvention of well-established procedures that were intended to and have effectively protected Americans from the kind of quackery that prevailed before the FDA itself was established?

I think it's incumbent on us to protect our constituents from this kind of snake oil salesmanship and I fear -- I fear that this law is opening up the door to a return to the quackery and snake oil salesmanship that we had back in the early part of the 20th century before the regiment of the FDA was approved and established and put into effect.

So as you're about to cast a vote on this momentous bill I would urge you to think of it in the broadest context, not just in the context of one particular drug because once you establish it for one particular drug what's to prevent it from being established from other -- for other drugs. It is the camel's nose under the tent and I don't think you can or should be oblivious to this.

I won't dwell on marijuana itself and all the other issues it raises, whether it's addictive or not addictive, whether it's effective or not effective for treatment of various medical conditions. We know this that basically without the rigorous protocol established by the FDA there's no assurance of any kind of reliable consistent dosage that's reproducible. There's no control over contamination with pesticides or whatever else may happen. There's no established standardization and there's just a lack of

quality control, the kinds of things -- protections that we need to prevent tragedy from occurring when using drugs for medicinal purposes.

I would urge everyone here tonight to think carefully before casting their vote and consider these broad implications beyond the immediate issue of cannabis itself and I want to conclude by thanking Senator Boucher for the unbelievable job that she did tonight educating all of us on this very complicated and large issue. I felt like I got a college education tonight in this issue and no one in this Capitol, maybe no one in the country, is as well-informed or as educated as Senator Boucher and I thank you on behalf of all of us for your presentation tonight.

Thank you, Mr. President.

I urge all of you to reject the proposed bill and to be careful and think about the broad implications.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

I do want to just take a moment to briefly summarize how I approach this bill and the problem that it seeks to solve. I -- I do have great feeling and compassion for those that are terminally ill or find themselves with chronic pain and -- and are convinced that -- that marijuana is really the -- the only avenue that they have for relief.

And -- and I do -- my hat's off to Senator Coleman and those that put this bill together because at the end of the day I do think it's a better model, a better scheme, than some of the other ones that are out there in this country.

But with that said I -- I can't support it and I can't support it I think for two fundamental reasons. One I -- I think there still are some technical shortcomings, some of which we talked about tonight, not all of which we talked about tonight. Fundamentally the scope with respect to the ailments, the individuals that might be certifying this drug, the -- the immunity that this bill presents but I trust that -- I hope that those that -- that are going to be involved in implementing this at Consumer Protection and those that are still going to be working on this legislation in the years to come will take the discussions we have to heart and -- and look to refine this further.

But I think even more fundamentally is -- are the concerns that Senator Fasano so eloquently shared and -- and that is the conflict between federal and state law and I really struggle finding a way to reconcile those, not only for myself, but for those that are going to be impacted by this legislation, the patients, the doctors, the physicians, and -- and that really brings it home for me so I will not be voting for this bill tonight.

I thank Senator Boucher for her advocacy as well and the time she's obviously put into this.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark?

Senator Musto.

SENATOR MUSTO:

Thank you, Madam President.

Just briefly I've sat through the debate on this bill. I have read the bill. I've talked to Chairman Coleman about the bill. I want to thank Chairman Coleman and the Judiciary Committee for bringing up a bill this year that solved a lot of the problems from last year.

The system that is in -- going to be in place hopefully, if this bill passes, will be the best in the country to date. There have been problems in other states. There have been especially problems in California as Senator Boucher has pointed out repeatedly. But there are other states that have done -- that have learned from California and the process goes on for the 16 or maybe 17 now states that may have medical marijuana.

The benefits of marijuana to certain people certainly exist. I don't think there's any question that certain people will be helped by this bill and that is the purpose of any drug really. If we're taking marijuana in isolation, there are certainly problems with it. Smoking causes its own problems. There's nothing in the bill that requires marijuana to be smoked.

But ingesting it may cause its own problems but if you're taking one drug in isolation you would have problems reconciling some of the bad side effects with the benefits but we have many drugs in this country and it's a bit hypocritical to focus on just marijuana. We have opiates in this country. We have Morphine. We have Vicodin. We have Codeine. We have Valium which is a little bit different. We have things you can buy over the counter that will cause a high, if you will, cough syrup that some people are actually addicted to.

The drugs that many of us and our friends have in our medicine cabinets right now are more addictive and more dangerous that marijuana. There was an article just recently in the papers

that said that accidental deaths from overdoses of prescription drugs are now the leading cause of death in the United States, no longer automobile accidents.

There are certainly problems with drugs but the solution to the problems with drugs is not to abandon the good that they can do. The solution is to regulate them, to use them only under a doctor's care, to make -- to put in place any number of safeguards to make sure they are not abused and to make sure that those who do abuse them can get the help they need to get off of abusing them.

I can almost guarantee that everyone in this Circle knows someone who is addicted to a prescription drug. I throughout my life have known many, many, several. There are probably other people who are addicted that I don't know but it is pervasive in our country. The fact that there is abuse is no reason to throw out the baby with the bathwater.

We use certain drugs for certain reasons under a doctor's care. That is the point of this bill and to put in a system where some of the problems that have been raised here will be taken care of: not allowing anyone under 18 to get it, not allowing people to just go to any dispensary they want, to put a licensed pharmacist in charge.

Drug use in general is not the issue. If it were, we'd be talking about bigger issues. The harmful effects of something that's legal is not the issue. We have cigarettes which are perhaps the leading cause of our healthcare costs and one of the leading causes of death in this country, heart disease, lung disease, mouth disease for dip, cigars, et cetera.

We have alcohol which has its own addiction problems. These things are legal and they're for adults. We do not send a bad message to children when we allow adults to use something. We do not send a bad message to children about the dangers of driving when we allow adults to do it just

because children can't do it or drinking or smoking or anything else.

And I'm not sure frankly -- my experience with the schools has been a little different from Senator McKinney's. My children come home constantly with drug, I hate to say paraphernalia because it's the wrong word, but educational materials. Don't use drugs for this reason, Cocaine, Heroin, Marijuana, alcohol, cigarettes. We warn our children about the dangers of these things even though we allow some of our own adults to use them without any restriction and certainly prescription drugs fall into that category. Opiates, things derived from poppy seeds and Opium are the most addictive things we allow people to use under a doctor's care and with prescriptions.

But to this bill today, what this bill is most about is allowing people with debilitating diseases the compassion to use what is best for them and their loved ones. We have also probably known, maybe in this Legislature I'm almost sure of it, and certainly in our own lives, people who have been living through cancer, who go through cancer treatments. Some of their relatives who are otherwise law-abiding citizens will do anything they can to support their loved ones when they are suffering and these otherwise law-abiding people are being forced to go to the thriving black market that Senator Kane referenced to buy marijuana in order to alleviate some of the symptoms of chemotherapy for example.

It's not the best place to put our citizens if we can control the quality of it. Senator Suzio was correct that in some growing of marijuana there could be things we don't want in there. They could also be laced with other drugs. We don't want that for our citizens who are already suffering from cancer, chemotherapy or other debilitating diseases. We want to make sure that the drugs that their loved ones are going to get them anyway are worth using and they're not going to cause other problems.

Again the -- the system that Senator Coleman and the Judiciary Committee have put in place solves that problem. So I stand in support of the bill for those reasons. I do have to object to one point raised and the point raised by Senator Fasano regarding whether we are violating our oath by voting for this bill, absolutely not. The fact that the federal government has outlawed something does not mean that the State of Connecticut has to do the same thing.

I would give you the example of simply saying if we legalize this would we be violating federal law? If we just said our police are no longer going to enforce Connecticut state law against marijuana because there is no Connecticut state law against marijuana. It's clearly not a violation of federal law for Connecticut not to outlaw something.

He's right to the extent that this law will not protect people from enforcement of federal law. But to say that we are violating our oath or we are facilitating an illegal act is completely incorrect. We are simply not doing any such thing. Connecticut, if it legalized marijuana completely and tomorrow said we're just not going to arrest people anymore for it, we'd be doing nothing of the sort regarding federal law. The feds could still come in and arrest anyone for a violation of federal law. It has nothing to do with Connecticut law.

Our oath is to uphold the Constitution of the United States, the State of Connecticut and to do the best we can with the chairs in which we sit for the period of time we sit there.

This bill helps our constituents who need the help. It does nothing else. It does so in a reasoned way learning from the mistakes from other states and I would urge the Circle to support it.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark?

Senator Coleman.

SENATOR COLEMAN:

Thank you very much, Madam President.

And the first comment that I'd like to make is this. A number of hours ago Senator Kissel asked a question whether or not he should claim or be entitled to any credit regarding how this bill was crafted and what it includes and I would say absolutely, most certainly. Senator Kissel, as a very able and contributing member of the Judiciary Committee, deserves an enormous amount of credit for this bill and many others that have come out of the Judiciary Committee.

When I acknowledged the participation of some individuals at the beginning of this debate, I didn't intent it to be to the exclusion of Senator Kissel or any of the other members of the Committee that I'm privilege to serve as the Chair of.

I also want to thank Senator Boucher. I would say this was a very informative debate and I would be among those who would defend her right to present in behalf of her convictions and her principles for as long as she feels she needs to.

I would be very complimentary of Senator Boucher. The one criticism I do have is that the studies that she cites, the conclusions of those studies would be the conclusions of those studies whether this system of medical marijuana came into place or not. The statistics that she cited are the result of marijuana usage but have nothing to do with medical marijuana in the State of Connecticut because medical marijuana doesn't exist in the State of Connecticut.

The data that she relies on I guess I'm -- I

wasn't necessarily making the connection, it didn't seem to be relevant to what I think that this bill that we're considering this evening is all about.

Senator Boucher and I have what I would refer to as a difference of opinion on a number of issues and the first would be regarding the individuals who came pleading to the Judiciary Committee for medical marijuana. I suppose that some think that those pleas were insincere. I happen to have been very moved by the pleas and I found them to be very credible and very sincere.

Additionally, some people I believe view this system of medical marijuana that's set forth in this bill as prone to abuse. I'm feeling rather proud of the fact that many people who have reviewed this bill were very complimentary about it and said that it was the best that they've seen on the subject of medical marijuana.

One of the big points that were made during the course of this evening, and obviously there is a difference of opinion on this point, is that the federal government will prosecute if we implement this system of medical marijuana in the State of Connecticut and I am privy to some of the same information that Senator Boucher and others referred to during the course of this discussion and I think that there are some common characteristics to what has occurred in those states where prosecutions have occurred.

All of the letters that have come from the U.S. Attorneys have indicated that wherever there's large scale trafficking of illegal drugs that would be a priority for prosecution by the U.S. Attorneys offices. Additionally wherever there is noncompliance with the state laws that have been set forth with respect to medical marijuana there will be prosecutions by the federal government.

In most of the states, California being the most notorious, where there were abuses, where there were, you know, ten percent of what was being

produced was being made available to qualifying patients and 80 percent was going out the door and obviously when the federal government becomes aware of that there's going to be a prosecution.

In Rhode Island, reference has been made to Rhode Island, Rhode Island's system is somewhat similar to ours but I think the concern that the U.S. Attorney's Office had in Rhode Island is that that legislation in Rhode Island provided for qualifying patients to receive 12 plants. And I think in the view of the U.S. Attorneys in Rhode Island that was too large a volume to be distributed at one time.

In Montana there was noncompliance with the state laws in Montana surrounding medical marijuana and there were prosecutions there. It is my fervent hope, as a matter of fact I'm confident, that if things are done the right way in the State of Connecticut as outlined in this bill, that we can avoid any difficulties or any prosecution issues regarding the State's Attorney's Office in the State of Connecticut -- I'm sorry the U.S. Attorney's Office in the State of Connecticut.

Additionally earlier in the day Senator Kissel made reference to Barry Williams, among other people, and like Senator Kissel I know Barry Williams and for as long as I've known Barry Williams it never even remotely for a second occurred to me that Barry Williams was a pothead. When Barry Williams came before the Judiciary Committee, Barry Williams was obviously suffering from Parkinson's Disease and he took the time to explain what he was experiencing as a result of his condition and he took the time to plead to me and the members of the other -- the other members of the Judiciary Committee that marijuana helps him and he would like to have access legally to marijuana to ease his condition. He seemed sincere to me and I have no problem whatsoever with this bill being referred to as Barry's bill.

And finally, as I indicated, many who've reviewed this bill, including many from other states, were very complimentary about this bill and some have

even called it the best bill that they've seen on the subject of medical marijuana. They said that it could serve as a model for other states to follow and I'm extremely proud of those kind of compliments directed at this work of this Committee that I chair and are -- ask my colleagues here in this Senate to pass this bill.

Thank you, Madam President.

THE CHAIR:

Thank you, sir.

Will you remark? Will you remark?

Senator Markley.

SENATOR MARKLEY:

Thank you, Madam President.

Let me say as briefly as I can how much I admire the passion and the expertise that Senator Boucher has brought to this issue this evening and throughout the time I've served with her in the Caucus and also the excellence and the insight that Senator Coleman has brought in bringing out this bill.

And I would say honestly maybe I'm not alone in saying I have mixed feelings about this issue but simply that the response I have received from the people in my district who deal with the youth, who have fought to keep them on the straight and narrow as much as possible and the requests they have made that I oppose this bill in order not to send them a signal that would lead them astray, make me confidentially reject the bill as proposed to us.

And I thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark?

Senator McKinney.

SENATOR McKINNEY:

Thank you, Madam President.

Madam President, this is not the first time we've debated this issue in this Senate and so I don't want to repeat my comments of previous years and I will -- I will try to be brief. In -- in previous years we've talked about it and -- and we could talk about whether this bill is overbroad and concerns that I think that some of us have how in Colorado and California prescriptions, again I understand this isn't a prescription but my word, have been given for people with migraines and -- and whether that -- whether or not that's what we're really trying to do here.

I would make one comment though when -- when others have said tonight, and in past debates, that we have legal drugs, prescription drugs, that are as bad or maybe far worse, I don't doubt that for a second. The difference, and it is a seminal difference, is that all of those drugs have gone through an FDA approval process and, if we were going to let marijuana go through that same FDA approval process, I'd say that's fine, let's do it.

But instead of an FDA approval process to legalize a drug we're doing it as a Legislature. That to me is fundamentally different and shows a fundamental flaw in the argument that well we have other prescription drugs that doctors prescribe that are just as addictive or more addictive or worse. Well those drugs have gone through a process and this one is not.

Not too dissimilar from the other night when we talked about arguing and advocating for the voiceless and those who need help, many who supported this bill in the House and in the Senate debates this year and past years have

referenced and talked about those who have suffered greatly. And I read this bill this year and I've read it every year it's been introduced and staring right in the face is the fact that this will be used for people with HIV and AIDS and I know that suffering on a personal level.

I remember walking out of my car one day in high school -- sorry in college to go pick up my father from the train station. I hadn't seen him in about six months. I was in college and he was in D.C. and I didn't recognize him because he had lost 40 or 50 pounds because he was dying of AIDS.

I understand, I understand that suffering and that pain and I've had friends come to me as recently as in the last couple of weeks who've lost children and brothers and sisters to horrible cancers and in tears they've said I would do anything for that person even it meant walking down to a street corner in Hartford and risking prosecution and jail time to get them what I thought would be needed. I understand that and as a parent I would do the exact same thing and I don't hold it against anybody else who would want to do that exact same thing.

At the end of the day I have never been able to get around and I cannot get around the fact that what we are authorizing to be done is a violation of law and I don't know if we've ever done that in this Circle before. And I have no doubt because I have seen the good work of this Legislature and all of the many advocates who have consistently worked on a number of issues to make what we do in Connecticut better than what's been done in other states, to look at what's been done and improve on it.

And I have no doubt that this bill as written is probably better than in Colorado and in California. That doesn't change the flaw in all of those bills that is a violation of federal law. And I would want my comments to reflect that I could not say it better than Senator Fasano said it. I don't mean to criticize or be

critical in any way shape or form but I did take an oath of office to uphold the Constitution, that is the Constitution of the United States and of the State of Connecticut and the United States government has told us repeatedly that because marijuana is a Schedule 1 controlled substance that growing, distributing or possessing marijuana in any capacity other than as a part of a federally authorized research program is a violation of federal law regardless of state laws permitting such activities. That's the United States Justice Department, April 23, 2012.

We've seen prosecutions in Oregon. We've seen prosecutions in other states. We saw what happened in Montana when they wanted to reclassify marijuana as a Schedule 2 drug and the Justice Department was clear. It doesn't matter whether the plaintiff's conduct was legal under Montana law since the alleged conduct clearly violates federal law. We are all bound by federal law like it or not.

We can pass any bill we want here. That's not in dispute but that doesn't mean that anything we pass is constitutional or that anything we pass is not a violation of law.

I'll read you a quote again from our Justice Department and it will be brief. The supremacy clause, the exact same clause the Justice Department is using in its case against the State of Arizona over its law regarding immigration policy, the exact same clause. The federal government is saying the -- we get supremacy over you states and you can't do that in Arizona and you can't do it in Montana whether it's immigration or marijuana.

The supremacy clause unambiguously provides that if there is any conflict between federal and state law, federal shall prevail. There is no doubt that there is conflict here between what we are doing and federal law.

So we know we are passing a bill that violates federal law and I cannot do that. Madam

President, I would like to -- and I'm going to, out of respect, allow Senator Boucher to close for our side and for herself but I just want to ask the Senate's indulgence for a minute about my friend.

I watched her sometimes in here sometimes in my office for almost four hours, not scream like I like to do in the Circle, not make accusations like some of us like to do, talk about facts and studies and yes there may be disagreements and there may be studies that show something different than her studies, talk about issues of which she's passionate.

And I know we've all been subjected to things in the past and it is what it is with the life of a public servant in today's world but I have not witnessed the abuse and the attacks and the outright disgusting things that have been said and sent and written to this fine person by people in the outside world.

Nobody in this Circle obviously I don't even want to come close to applying that, Madam President. I don't even know if I feel that she can walk to her car alone tonight because of some of the stuff I've read that people have sent her watching this very debate tonight and for her to continue to fight for what she believes in, in the face of that, to me shows enormous courage.

So with that, Madam President, I would like to yield to Senator Boucher.

THE CHAIR:

Senator -- Senator Boucher, will you accept the yield?

SENATOR BOUCHER:

Thank you, Madam President.

And I thank our Minority Leader for his very kind remarks. I hope I can get through this now. One of our leading newspapers just this week of one

of our largest cities remarked that American political history is replete with stories about mild reforms evolving into potentially toxic social changes.

Connecticut lawmakers ignore these urgent lessons as they prepare to enact medical marijuana law. They believe they'll be able to create a licensing and enforcement mechanisms that limit access of marijuana to the generally ill. They feel that that is wrong, that the measure won't dampen the thriving black market and has been pointed out by many states with medical marijuana laws have lawless doctors writing marijuana prescriptions for patients who are willing to pay $150 or more for a ticket to use the drug.

Growers do sell across state lines. Dispensaries do dispense to some without prescriptions or recommendations. It also stated that the law sends a wrong message that authorization of marijuana use for sick people sends a message that smoking pot is healthful. Concurrently with medical marijuana legalization movements in Connecticut and other states, as we've talked about, teen use of marijuana has increased sharply. Heavy use, 20 times or more in a month, is up to 80 percent since 2008 according to the studies that we talked about and that even Connecticut's Governor's Prevention Partnership in Connecticut states that the heavy use of marijuana, particularly beginning in adolescence, brings the risk of serious health problems and our data shows that it's linked to involvement with alcohol and other dregs -- other drugs as well and that the Governor's Prevention Partnership believes that this law is a stepping stone to legalization.

We also talked about, and I know that Senator Kane mentioned that there are alternatives medicines in the pipeline particularly Sativex, a nonintoxicating marijuana based spray developed by the British firm GW Pharmaceuticals which is available to patients in a number of countries including Canada and likely will win Food and Drug Administration approval next year.

If they emerge, such drugs will eliminate the need for the medical marijuana licensing and enforcement sishion -- system envisioned by the Connecticut Legislature. That's certainly my hope as well.

And they do not believe that these prescription drugs would, for some, lead to the repeal of medical marijuana laws because some feel that the objective is not to help sick people by giving them access to a healthful drug but a move towards full legalization as been in so many other states.

Those are their words. For me this session was to be focused on bold new education reform and I'm still hopeful that that will be the case but today education reform is taking a backseat to a bill which I believe sends exactly the wrong message to our children. I think we can all agree that Connecticut students already face an uphill battle, many barriers to success and a significant number of Connecticut students live in homes where substance abuse creates a difficult learning environment and a difficult personal environment as well.

Many of those students' mothers tell me they want the drugs and their negative influence out of their neighborhoods. When I represented Norwalk I went to many of their HUD housing projects and those mothers, some of them multiple generations in those HUD housing projects, couldn't understand that in that year Connecticut Legislature was actually contemplating removing the drug-free zones around schools.

It was inconceivable to her because she says every night there are drug dealers outside her window that she wants her children protected from and we chatted about that how it would be wonderful if we could actually put a drug-free zone around the State of Connecticut, never mind about her schools.

This committee -- this -- excuse me this Senate

should seriously consider the cost implications of the bill. The cost to our families and children could be severe. Consider that few states that have taken this path have seen an alarming increase in marijuana use, in crime, higher cost to communities and state services, law enforcement, lower property values and negative changes in the quality of life in their communities.

As shown by the experience in these other states, the abuse inherent in a bill such as this is very difficult, if not impossible, to prevent. Let us all work to continue to keep our children and our neighborhoods safe by not approving this bill in the Senate this morning.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark?

Senator Williams.

SENATOR WILLIAMS:

Thank you, Madam President.

I rise to support the bill. I want to start by thanking Senator Coleman and all the advocates and individuals who have worked very hard to bring this version of this bill to the floor here today.

I also respect the passion of Senator Boucher and the arguments that she has made tonight and I want to say to Senator Boucher that I understand because I too voted against and opposed other versions of the medical marijuana bill in years past.

When I looked at some of the other states that took what I thought was almost a Wild, Wild West approach of allowing people to grow plants at

home and the lack of oversight and regulation, I did not believe it was the right thing for Connecticut to do to emulate those states and those versions.

What I've seen is a progression, a progression that is embodied in this bill such that now marijuana is being treated in almost the same way that other controlled prescription drugs are treated and that's exactly as it should be.

I'm not going to repeat the comments of other supporters who have made a very persuasive case for those individuals who desperately need the helpful medical effects of marijuana. My concern has been throughout how do we do this in a way that most closely mirrors getting a prescription drug at a pharmacy. This bill does exactly that and it builds on a history in the State of Connecticut because we have a medical marijuana law in the State of Connecticut.

We were one of the first states in the country to pass a medical marijuana law. It's on the books. It's been on the books for 31 years. In the years since there has not been a push for full legalization of marijuana in the State of Connecticut.

In 1981 the Legislature passed a law allowing physicians to prescribe marijuana for those suffering from glaucoma and the side effects of chemotherapy. It also provides that the Department of Consumer Protection may license a physician to prescribe that marijuana and it also provides that an individual may possess the amounts of marijuana so prescribed in order to treat the side effects of chemotherapy and glaucoma.

The problem, the problem with Connecticut's long-time medical marijuana law that's been on the books since 1981 has been the inability to procure marijuana in the same way that we procure any other controlled prescription drug. With the bill that we have here today we finally make the link back to 1981, back to what the Legislature

did so many years ago, 31 years ago, to provide the relief that men and women and children have been seeking since that time.

So, Senator Coleman, thank you for your work. The advocates who have fought for this, thank you as well.

And, Madam President, with that I support this bill.

THE CHAIR:

Thank you.

Will you remark? Will you remark further?

If not, Mr. Clerk, will you call for a roll call vote and the machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate. Senators please report to the Chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

Have all members voted? If all members have voted, the machine will be closed.

Mr. Clerk, will you please call the tally.

THE CLERK:

House Bill 5389.

Total number Voting	34
Necessary for Adoption	18
Those voting Yea	21
Those voting Nay	13
Absent, not voting	2

THE CHAIR:

The bill passes.

JOINT
STANDING
COMMITTEE
HEARINGS

JUDICIARY
PART 4
951 - 1300

2012

are not familiar with our process here, on days -- today being one of them, there is a lot of activity in the building. It is the case that many of the members of the Judiciary Committee also serve on other committees which are meeting today, and other activities are taking place in the building which might require the attendance or presence of members of the Judiciary Committee.

Please, if you're testifying before the committee today, do not be disheartened if you see that members of the committee are getting up and leaving and returning to the room. They are probably trying to comply with the responsibilities of other -- that they have to other committees. You should be aware that all of the members of the committee have access to the transcript that will be prepared regarding this hearing and you're testimony, as well. There are monitors in the individual offices of the Legislators, as well as throughout the building, where they will be able to keep up with what is taking place regarding this public hearing.

I guess the important point is your -- whatever you're providing to the -- whatever information you're providing to the committee today is considered to be very important. We will be attentive to it, and that is the case whether or not you have a full house, in terms of committee members or not.

Any other items, housekeeping or otherwise? If not, turning to our state officials list, the first person signed up to testify before the committee is Senator Toni Boucher.

Welcome, Senator.

SENATOR BOUCHER: Thank you so much, Senator

HB 5389

Coleman, Representative Fox, Senator Kissel, Representative Hetherington, and other distinguished members of the Judiciary Committee.

Thank you for your consideration of my testimony in opposition of House Bill 5389 AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA.

It is disappointing that in this year's session filled with hope for educational reform we should be considering a bill that would send such a negative message to our families and children; the very ones that education reform is meant to assist in making the most of their potential.

I think we can all agree that Connecticut students already have so many barriers to success. Many Connecticut students live in homes where substance abuse creates a difficult learning environment. Many of those student's mothers tell me that they want the drugs and their negative influence out of their neighborhoods.

The destructive influence of drugs is everywhere we turn. Just pick up any newspaper to read about those whose lives are ruined and whose talents are wasted due to drug use. Turn on TV news to see stories about the collateral damage families endure because of drugs.

I would also ask you to think about Connecticut's foster children. Consider this fact, 80 percent of our foster children are taken from homes affected by addiction.

I have reams of data which speak to the unhealthy effects of marijuana on the heart,

lungs, immune system, and the brain. Doctor's tell me that it's particularly harmful for post-traumatic stress disorder. Going over that data with you would literally take me days.

If in fact this is about helping the afflicted manage pain, there are many alternative drugs that would keep patients alert and functional as they look forward to recovery from a serious illness. If it does not matter that a smoked substance can further harm the heart, the lungs, the brain, then change this bill to apply palliative care for the terminally ill.

And this may surprise you, but I've mentioned this often and talked to proponents about this. If it was restricted to just those cases, I would actually be here encouraging you to support this initiative. I repeat, I would be here in support of this initiative because we're not concerned about putting deadly smoke in the lungs of someone that has no prospects of recovering.

Instead, House Bill 5389 would increase substance abuse, crime, and legal challenges in Connecticut that have characterized medical marijuana programs in other states. Please consider that the committee is deliberating on a serous policy change that puts us in direct conflict with the United States Department of Justice. California voters approved use of medical marijuana in 1996, but its use remains illegal under federal law.

Note that just a couple days ago, March 5, 2012, in San Diego a federal judge dismissed a lawsuit brought by San Diego medical marijuana advocates that aimed to halt the government's efforts to close dispensaries. The dispensaries we're proposing to open here.

The suit was one of several filed in California in November followed by efforts by U.S. attorneys to shut down dispensaries.

Letters were sent to dispensaries and landlords ordering them to close within 45 days or risk prosecution and forfeiture of assets. The judge concluded that federal law does not allow marijuana to be dispensed or prescribed for medical use as other drugs can, and it is not a fundamental right protected by the U.S. Constitution.

Lawsuits are sure to follow as the bill changes marijuana to a Schedule II drug in Connecticut. U.S. law supersedes Connecticut law, and marijuana is still a federal Schedule I drug, as explained in the addendum to this testimony that you have hopefully in -- in your information. This bill also sends a powerfully negative message to young people, especially after last year's reduction in penalties for possession.

I get this information from our treatment centers in our -- in our state of Connecticut, who tell me it is having a debilitating effect on their work to get their kids off of drugs.

I strongly urge the committee to vote against House Bill 5389. And I thank you so much for your kind consideration and this opportunity to testify on this bill. Thank you very much, Mr. Chairman.

SENATOR COLEMAN: Thank you very much, Senator. Are there questions for Senator Boucher? Senator Kissel?

SENATOR KISSEL: Thank you very much, Chairman Coleman.

Senator Boucher, it's always great to see you. And if there was one person in this building noted for being a strident opponent of this proposal and the decriminalization of marijuana it would be you. And you and I were on the same page last year when it came to decriminalization.

I do feel that that sent the wrong signal to our young people, but we're not on necessarily the same page when it comes to the medical use of marijuana. One of the things that I believe in in this bill, which is a change from past years, is that we're trying to move away from the notion of dispensaries, which have been extremely problematic in California and other states. And I was quite surprised last year that representatives of the Pharmacy Association -- pharmacists said, listen if we're going to go down this road, we're the folks that dispense medications that are dangerous. It should be done through us.

And so I think that this bill contemplates not the utilization of dispensaries, but the utilization of pharmacies and pharmacists to dispense the -- this controlled substance in a manner consistent with whatever prescription is given out by a physician.

Does that assuage any of your concerns whatsoever? And -- and if not, is there anything that we can do if this bill goes forward that could make a bill, that you will still probably vote against, better?

SENATOR BOUCHER: Thank you for the question, Senator Kissel.

And you're correct in framing my point of view on this for sure. The -- it's interesting that a couple of years ago the proponent of

this bill -- the esteemed at the time Representative Michael Lawler challenged me to a debate in the district on this issue -- on the medical properties of this bill.

And bringing both a doctor, a M.D. -- a proponent and I was suggested to bring a doctor that was against this proposal. And it was interesting that during the debate, the good representative suggested that he knew it wasn't as sure about the medical issues behind this, because it's a powerful case to be made that smoke in the lungs from whatever the source is not a good thing for anyone. We have a tobacco settlement that shows that.

And purportedly, if this continues we might actually have a marijuana settlement someday, as well. Actually, the -- the -- one of the leaders of this effort -- this national movement with Normal, actually is dying from lung cancer right now as we speak. And so, you know, the -- he -- he wasn't sure about debating the medical aspects, but was more interested in the fact that it's been on the books. We don't prosecute so we should take it off the books.

So there was some thought about the decriminalization aspect of this, but what's even more interesting was when the doctor's came up to make their case, the proponent of this bill -- a doctor, who practiced in California, who is now currently practicing in Connecticut in part of my district in one our major hospitals. She, in presenting her very powerful PowerPoint presentation, shocked all of us. And I think everybody's mouth dropped when she said, you know, I never studied it to the degree that I have here. And I might have prescribed it in California, but now that I've looked deeper into this, I cannot, in good

conscious as a doctor, prescribe this any longer. So I'm off the reservation on this.

It was compelling that a doctor when looking more closely could say that the underpinnings of this bill that is somehow a -- a way to help alleviate pain or -- or a chronic condition is actually not helpful at all.

So the -- just -- just on the mere point of -- of it being a prescribed medicine for me is problematic. Not even considering the problems we have of sending the wrong message to young people. Not considering the increase in drug use in states that have gone this path. Not even considering that it is against federal law. Not even considering that it is increased crime, increased cost to states and quite frankly, in California really debilitated a lot of the various communities and different counties that no longer is attractive to families and to tourism, but people run away from it.

I've just recently talked to someone before coming up to testify that talks about what it's done to the state of Colorado and how they were a proponent of this, but when they see what it's done to that state, they changed their position.

So what would I consider? I would consider that if this is truly about assuaging some sort of pain, even though there are other drugs that -- that far exceed the effectiveness of this particular drug, which by the way is in a tablet form that is legal, but rarely prescribed because doctor tells -- tell me that's it not as effective as our new drugs. Then by all means, you can give someone that has a terminal illness, anything that might be perceived as helping them.

So if this were restricted to those that are terminally ill and you can set a timeframe of your own. As I said, I would certainly be here to support it along with all of you.

SENATOR KISSEL: Well, I very much appreciate your insights. You -- there are very few Legislators that do the amount of research on specific issues as you have. I know that you've taken time over the years to present everyone in the House and the Senate with reams of information regarding this.

The fact that you've taken a step this afternoon to say that in a hospice setting, is what I'm hearing, that you would --

SENATOR BOUCHER: Absolutely.

SENATOR KISSEL: -- that would -- would be okay with the utilization of medical marijuana. Is -- is a step in -- in a different direction. And I appreciate you -- you moving in that direction. And at the same time I have no doubts regarding your ultimate sincerity and -- and doggedness in -- in fighting this proposal year in and year out.

We cannot help but respect that whether one agrees or disagrees. And for what's it's worth, on a very personal level, I just consider myself very lucky to be working side by side with you in our -- our Senate Republican Caucus. And you do a fabulous job on the Education Committee, as well. So thank you for taking the time to come and testify.

SENATOR BOUCHER: Thank you for kind words. Much appreciated, Senator.

SENATOR COLEMAN: Are there others with questions?

Representative Shaban, then Representative Adinolfi.

REP. SHABAN: Thank you, Mr. Chair.

Separate and apart -- and thanks for your testimony. Separate and apart from the medical user lack of use of medical marijuana, I was hoping you could comment on some of the other issues that have arisen around the country regarding federal prosecutors. And the reason I ask this, and I raised this on the floor, and I raised it last year, is that it's sort of a pet peeve of mine to how we as the state view federal preemption kind of willy nilly.

At one point it's different conversations we say, oh, you know, we're preempted by the feds, ergo we have to follow what the federal government is saying, but at other times when it's convenient we say, you know what, who cares about that federal preemption. We are going to do what we want to do.

Leaving that comment aside, could you comment? What other states? I'm actually looking from an email and I found -- I actually have a Toni Boucher file on this, dealing with federal prosecutions around the country.

SENATOR BOUCHER: Well, as you know there is probably around 16 states that have moved in some direction on this and -- and it's interesting because the new administration was perceived as being fairly supportive or would have a laissez faire attitude about this particular issue, but I think their minds have been changed dramatically. And I found, as of last year, they took a dramatically different turn on this and, again, problems in New Mexico, problems in Colorado, problems in

California, and other states are so new to this that they've yet to experience, but they at least have a body of knowledge, have caused them great concern.

And as a result, they took that very strong action of -- and I have all the letters if you wish to see them in a file, that are directed at the Attorney Generals of those states to say that in fact they will and can prosecute. It is still illegal and that includes caregivers, it includes doctors, it includes state officials and -- and the legal community -- I mean, the -- the -- certainly the -- the judiciary side of -- of states functioning.

So there -- it was a clear message that they found that this was having more negative effects than positive effects. And quite frankly, there's so much money behind this that this effort it continues to come up year after year because, again, the proponents of this have been documented in saying that the medical marijuana issue can be effectively used as a red herring to have a perception that there is little harm from this particular drug.

And both with the decriminalization and particularly the medical piece, they felt that they would somehow cause sympathy within the -- the states to -- to promote this type of bill and then at that point get to the ultimate goal and that's been stated repeatedly. The ultimate goal is for legalization. And if that's the case then we should be honest about that and put forward bills that -- that discuss the fact as a state, do we want it legal or illegal. And do we care whether there's preemption on the part of the federal government.

It is interesting that we kept this as a Schedule I drug, being in America at the federal level under both Republican and Democratic Administrations. And I think once in office and having purviewed you into the -- the kind of data documents and -- and experience from state to state that's probably why there's probably a change of heart and a stronger direction as far as trying to reduce that demand.

The demand has gotten so great we're a great consumer in this country. That the Mexican cartels have grown stronger and stronger. And the Mexican government has actually stated that that's their problem. The problem is they can't keep a lid on drug cartels because of the great demand in America.

The Sequoia National Forest now has growers that have -- have actually started to grow crops there even though they weren't legally allowed to. In other words, people do circumvent the entire licensure process because, again, there's so much money behind it.

REP. SHABAN: One follow up if I may? Are you -- you've been -- you've been at this up in Hartford for a fair amount of time. Other than with respect to this marijuana, appellate abuse and -- and the decrim bill last year, are you aware of any other state policy effort that was in direct conflict with federal law being pushed through the General Assembly?

SENATOR BOUCHER: Are we talking about the state of Connecticut or other states?

REP. SHABAN: State of Connecticut.

SENATOR BOUCHER: And myriad of other laws where we

tried to preempt? Well, not right off the top of my head. As you said, I am laser focused on education and improving the quality of the educational environment for our children in Connecticut particularly those in disadvantaged communities and -- and some of which I grew up in, as well. And focused on a number of other issues, so I leave it to the experts on my other committee to bring those issues forward.

SENATOR COLEMAN: Representative Adinolfi.

REP. ADINOLFI: Thank you, Mr. Chair. Good morning Toni.

Question for you. I'm -- I'm very troubled about this -- this bill. The mere fact, and since you're probably the most knowledgeable person in this building on this, we are violating federal law, correct, if this passes. Now, if the federal law decides to go after people that are doing this and we implement it, who would they arrest? The governor that signed the bill? Will they arrest all the representatives that voted for it? I -- I don't know. Would you have any knowledge on that or maybe our Chair's would? I -- I'm --

SENATOR BOUCHER: Well they're -- they're certainly having an effect on the legal process, particularly now in California, as we've seen just this week about their Court system now overturning varied facilities that -- that originally were put in place. That -- that is certain, but with regards to how it would work in Connecticut, should this happen, that's -- that's a very good question.

It leaves us open for a litigation for sure. As I mentioned, the tobacco settlement was far

reaching, and for our state to promote this would give the public some, I would think, credence. I'd leave it up to the attorney's certainly to more accurately answer this, but certainly they would have some amount of credibility in going after the state for promoting this if they should suffer some fiscal ill effects or even their family members in doing that, as well.

Now, we also -- when you talk about litigation, in this bill it appears that we make sure that no one is discriminated against in their school, or in their work place and other locations, and yet, it could very well be that someone that is under the influence, which by the way marijuana stays in your system -- could be up to 30 days and it is cumulative unlike nicotine or even alcohol.

So the -- the effects of what could happen in the work place or in an area where a customer or a student could be affected might open up that business to litigation as well, putting the public at harm by having someone there, so we're -- we're creating a conflict in this bill already. We're saying don't discriminate if a person does have a script for medical marijuana, but on the other hand they shouldn't be using it in certain settings. And I -- I think that that has gone to Court in other states time and again.

REP. ADINOLFI: I'm not concerned about the people using it. I'm concerned about the people in this room, the Legislators, we are being asked to willfully, if we vote for this, to violate a federal law. We are asked to go against our -- our rules -- our obligations.

SENATOR BOUCHER: And --

REP. ADINOLFI: And I -- if it was up to me, if I was the Chair, I would just box the bill because it's illegal and you're asking us to vote for something that's illegal.

SENATOR BOUCHER: I understand your frustration --

REP. ADINOLFI: I've very troubled with that.

SENATOR BOUCHER: I understand your frustration.

REP. ADINOLFI: Getting back to the -- I was a certified hospice volunteer for many years. And I -- depending on what stage the individual is, they might have to mix the pot in with their oxygen going in the nose. They don't even know what's going on. Admittedly, when they first go in they might, but it's very soon they're under so much medication and they -- they don't even know what's going on.

I've been there. I've watched it. And what do you have, a nurse over there holding a joint so they could smoke it or puff it? I don't think they'd know how to puff it.

SENATOR BOUCHER: Well, Representative, you -- you mentioned something that is really important and that is that it's a hard way to administer any drug to -- to smoke and through a lung, no question about it.

And, but I do concur that if it's somehow helpful to someone that's in hospice or is terminally ill, there isn't anything that we wouldn't hold back from if it provided some amount of help.

But it would be, I think, the wrong direction for those that just have a chronic illness and need to be functional and have a long life ahead of them. What I have heard from MS

patients that might have illicitly obtained this that they were ending up with a double problem. Not just the fact that they were suffering from MS, but also had an addiction problem afterwards and they never thought that they could be addicted to marijuana.

Marijuana is ten to 50 to, in some cases, 100 times more powerful than it ever was. To become more addictive, just like tobacco has been engineered. The plant has engineered to be more addictive to sell more product. So has the marijuana plant. And it is very different than it used to be. So we could be potentially putting that individual -- that patient, with a chronic illness to further harm on giving them a -- a double problem.

And certainly when we talk about our veterans, that's the last thing we want to do when they come with so many other issues, as well.

REP. ADINOLFI: Thank you.

SENATOR COLEMAN: Senator McLachlan.

SENATOR MCLACHLAN: Thank you, Mr. Chairman. Thank you, Senator Boucher for being here, and for your advocacy. I've always been amazed at the volumes of information that you have made available to fellow Legislators. In fact when the debate came to the Senate floor, I still recall fondly your suitcase on wheels coming onto the floor to sit behind your desk with -- with the necessary information to back up your argument. So I applaud your efforts.

No matter what, when we're -- feel strongly about an issue you are one who shows us all how to really do our homework, and you've done that. And -- and I'm intrigued by in your written testimony you mentioned the San Diego

federal case, "On March 5th, 2012, a federal judge dismissed a law suit brought by medical marijuana advocates, when it came to the case of closing the dispensaries, and I wonder if you could just share with us what was the genesis of -- of that closure of dispensaries and why and who sent letters ordering -- ordering the dispensaries to close within 45-days or risk prosecution and forfeiture of assets?

SENATOR BOUCHER: Many states, particularly California, have now passed laws to allow local counties to regulate. And when they find that there's been widespread abuse that has become detrimental to the quality of life in their communities, they proceed in that path. And when they're challenged by the proponents of this, we're finding now more readily that the Courts are backing up those that would like to shut those down.

The abuse is very widespread. Many proponents in some states, I think it was New Mexico, when they were presenting this to the Legislator, said, well we only think we'll have about 500 patients that really need this. Well, 25,000 scripts later and individuals later, they found that -- that of the area of -- of spending $150.00 to get a prescription was so easily obtainable.

California, particularly, they had students smoking pot in the classroom that would pull out their scripts. And many senior citizens in HUD housing or other type of senior housing complaining bitterly to the elected officials that -- that they've become a den -- a den for drug abuse and at 2:00, 3:00, and 4:00 in the morning.

So it was this kind of widespread abuse -- the

fact that it really wasn't being directed to those whose conditions it was meant for that has led to some of these actions. And I -- I would caution us to be careful and more deliberative to see how this is playing out in other places before we move in this direction. Once you go in this direction, it's hard to unravel.

The country of England actually went in this direction. Their main newspaper which is akin to the New York Times, the Telegraph, has written extensive articles about the fact that they so regret their original support of this kind of action. It has played out in such a negative fashion that they now are working hard to change that and restrict those laws and their marijuana laws back up to a much more restricted area.

You're right about the amount of the time I've spent on this. It's not because I've wanted to do this, I just know that every family -- all of our families are affected in some way or another by drug use. And there have been too many classmates of my own children and family who found their son or daughter dead, often times in their home just before going to another treatment facility after many more. And they all started with marijuana and gradually went to other things as well, and how it's ruined their lives and their prospects.

These are brilliant talented people and, you know, it doesn't have to be the high profile names that we see in the newspapers, but it could be within our own families and communities. And I -- before -- and this is why I feel so incredibly emotional about the issue. I just see the kind of destruction that is happening within our own communities

and even in our own schools.

As the rate of -- by the way, smoking pot has gone beyond even drinking alcohol. And the rate of automobile accidents now has risen so much so, as well, particularly as states -- some move in this direction. I'm hoping that Connecticut preserves this quality of life and holds the priority of healthy family and healthy children as their number one priority as they are trying to do, as I said, in this time of -- of educational reform. Let's be focused on improving the lives of our children rather, again, moving in an opposite direction with this bill.

SENATOR MCLACHLAN: Thank you, Madam -- or Mr. Chairman. Thank you Senator Boucher. I wonder if you could comment on just one more thing, the statement you made in your testimony about in California the U.S. attorneys were shutting down dispensaries. And do you believe that the U.S. attorney's in Connecticut will be doing the same with pharmacies in Connecticut as a result of this bill being implemented here in Connecticut?

SENATOR BOUCHER: Well, one can't anticipate what can happen. All you can look at is other state's experience, but there's no question if that's where the drugs are. If that's where the marijuana is, then that would be a target. We have very high profile individuals -- those that where the perpetrators of the petit crime both explained that their drug use and the burglary that came around that because the need to either find the money or -- or the drug led them to a life of burglary, as well as many of the students I was just talking about, including those individuals that died.

In order to get the funds led them to

burglarize and that was part of the pattern. So there's no question that those pharmacies could become a target and would be more at risk in their operations. Would this be more than having oxycontin and other drugs there? I would maintain that, yes, it might actually attract more abuse because again, the perception of harm -- the more widespread abuse in this particular drug than others might cause issues to be had.

But whether or not we as a state will prosecute them is really going to be up to the fact of who we have in positions -- in leadership positions and what their point of view is and how far they want to go as far as challenging the federal government on the issue.

SENATOR MCLACHLAN: Thank you, Senator Boucher. Thank you, Mr. Chairman.

SENATOR COLEMAN: Thank you Senator. Are there other questions for Senator Boucher? Representative O'Neill.

REP. O'NEILL: Yes. Thank you.

I have, I guess, a couple of questions. The first one is, and hopefully you can tell me a relatively brief answer to it because the second one is going to take a -- need a little more time consuming. Does the federal government distinguish between medical marijuana that's used for only terminally ill patients versus those patients who have chronic pain?

SENATOR BOUCHER: That's a very good question. Right now they're maintaining that it is a Schedule I drug and have pronounced the fact that it does not have medical use as it -- as

it currently has been researched. So I'm not certain of that point. That would an interesting clarification and I would think if we were to move in that direction which again, is something I would support because they do allow for morphine and other drugs to be administered on -- in a controlled manner. That it would be something that I would, as a state, ask for an opinion by the Attorney General of the United States.

REP. O'NEILL: Okay. The second question, which I think is a harder one is, as you know I've been on your side of this issue since it started ten years ago or however long ago it started, but when I go home tonight I'm going to sit down with my wife who had shoulder surgery about two months -- not quite, and has not had a decent night's sleep since then.

The narcotics that the doctors prescribed -- they gave her two or three different kinds that didn't work because she is extremely intolerant -- become extremely nauseous in response to those. The anti-nausea drugs have a whole set of side effects that are extremely disruptive to any kind of sleep or anything else that you want to do. And the amounts of things like Tylenol that you could conceivably take are very high and dangerous for people to take on a sustained basis.

I don't know if there are other drugs that you're familiar with that the medical doctor's that we've been consulting with haven't told us about, but when I go home and she says, so about medical marijuana, last year you changed the law so that -- she's a college professor -- so that my students can, with relative impunity, get enough marijuana to keep themselves going for a month, but if I wanted it for pain relief I couldn't.

And obviously recovering from a serious shoulder injury -- or surgery, rather, is not life threatening. It's not a terminal illness type of condition, but how would -- what would your response be when she asks me that question tonight?

SENATOR BOUCHER: That's a very good question, Representative O'Neill. I had a similar situation with a nephew that from the age of seven to 11 had to undergo severe chemotherapy right here in Hartford at the Children's Hospital and they were confronted with the pain issue, as well as the nausea issue. And there were -- there's a list of 30 medications and there's new ones that have come out.

He didn't have any nausea and his appetite remained because of those new sophisticated drugs. I would be happy to provide you with that list.

Additionally, there are more acceptable forms of the delivery of the THC that you're talking about in the marijuana plant. There is a pill form called Marinol that is prescribed. Doctors say they have access to it, but they don't -- they don't prescribe it often because it doesn't have as good of an -- of an effect on the pain as other more sophisticated drugs. That's one issue.

There's also now an aerosol form that bypasses the lungs called stavics and that is, I think, having success going through the FDA process and could probably be available to her, as well.

What I would hate to see is if she recovers from this surgery that she's also put her lungs at risk, her heart at risk and other

associated issues, as I said, with some of my MS patients who found that they had an addiction to marijuana after the fact of prolonged use. Not unlike having a -- an addiction to over-the-counter prescription -- well, not over-the-counter, but strong pain pills that a lot of folks are having issues with, as well.

So I would love to have a conversation with her and I would love to provide you with that list because I did inquire as well. I was amazed at how well my nephew did. That he's in remission. We hope forever, or for at least a time being. But that was the particular question I -- I asked them. And it was happening as we were debating this bill, and the legislature, as well. And they were very clear that they would never have gone this direction. They were very pleased with the outcome, and that most of the young people, you know, children that were dealing with this issue, were also provided with some very good medications that were working much more effectively.

Doctors will tell me, they said that it really, really helps, but it does, it makes you forget about it. And in fact I sat here listening to one of your testifiers last time in a wheelchair who basically said that, you know, when asked doesn't it alleviate the pain. It -- it doesn't help my condition, but, you know, it makes me forget about it for a while.

Well, you can take the pill form of Marinol and it will do the same thing. It has the same psychological effects.

SENATOR COLEMAN: Representative Holder-Winfield.

REP. HOLDER-WINFIELD: Thank you, Mr. Chair. Good afternoon, Senator.

First, let me say I appreciate your efforts on education reform particularly because that's one of my major issues. You -- you said several things so I'm going to ask you quite a few questions and try to be quick about it just to make sure I have clarification on the facts and your opinion.

So you talked about crime and the increase in crime that would come if we were to pass a bill like this. I guess my question is, many of us could assume that, but where could you point me to demonstrate such a thing?

SENATOR BOUCHER: Thank you. And it's not something I say lightly. I -- I can't say it at (inaudible) I can only get it from large files that I have on all the states that currently have bills like this in place, and what they have found through their law enforcement organizations and their experience both at a state level or a county level where this is in place. I'd be happy to provide that for you.

REP. HOLDER-WINFIELD: And -- and let me just say, one of the reasons I'm asking is because I'm sure you're aware that at least many organizations, law enforcement organizations assume as much, but I -- I think you probably are aware of the Rand Corporation's study that happened last year around, the closing of dispensaries in Los Angeles, and that crime actually increased after the closing of the dispensaries, and so I guess that's something to think about. But also I would like to get your commentary on that.

SENATOR BOUCHER: Thank you Representative. I did

read the Rand report and I found that it had a lot of conflicting information in it. Statistics can show a lot of things. It's just as those -- my -- my question whether or not the rate of car accidents has gone up particularly in the area of drug use versus alcohol use. And so I would say that I agree with some and disagree with some of the data in that Rand report.

REP. HOLDER-WINFIELD: On the issue of the illegality of doing what we're doing because of the federal government's position. I'm a little bit confused, to be honest with you, about your position, because when you talk about those who would be terminally ill and your -- what seems to me, willingness to engage the federal government on whether it's a Schedule I drug or not. I'm not understanding how part of your argument can rest on the fact that it's a Schedule I drug at all. So if you could expand upon that a little bit.

SENATOR BOUCHER: Schedule I is highest level of danger to the public. And along with that you would get statements by either the FDA or others that would along with that say that in fact they have not found it to be medically significant in helping individuals. And yet, I would join with Connecticut should there be leadership that wanted to do this to petition the federal government to be able to waive that for the terminally ill.

I -- I would imagine that that argument would carry a lot of weight. There's very little that you can -- would want to prohibit from administering to a terminally ill patient if it should be perceived as helping them somewhat, particularly in the early stages of the terminal illness. The later stages of

course, someone would not even have the strength to be able to take in smoke in their lungs unless it was again, a spray form or what have you. Should that help to -- and I wouldn't say even alleviate pain. This is about not being conscious enough to know how you're feeling at that point.

So the jury's still out as whether this really does help to alleviate pain more than it helps to alleviate the feeling of in that painful situation, but I would join together with challenging the government on the fact that it should be used for terminally ill.

We would still be at their crosshairs. It could still be denied and I understand that. I would say the greater good is to protect the general public at large and our young people. And on that I would continue to support the federal government listing as a Schedule I drug.

If there's at least something we can show to young people that this is a dangerous direction, even if we decriminalize here in Connecticut, or even if we say that somehow in certain medical conditions that it is okay. I think we still need to be able to tell the public and our students and our children that this is a dangerous drug.

It affects the psychology of the brain. It affects the heart, the lungs and even more disturbing is that there are now medical research that say that the THC -- the proponents of this actually lodges itself in the fatty tissues above the brain and the reproductive organs. And in fact could affect offspring and not just in one generation.

So that -- that has, for me, a lot of concern

and should there be much more research on this. And I really would support the federal government doing more research on the marijuana plant and the THC in it and how it can be extracted for good, just as nicotine can be extracted for good in certain cases and use it in a manner that is safe. It's a safe delivery and you could actually get this product by pharmaceutical companies. Get the aerosol by pharmaceuticals. It could be dispensed properly in the proper dose by doctors.

It would be very interesting to see how doctors would come up with exact dosage of how many joints it would take for a particular malady. I -- I still am scratching my head to learn a little bit more of this, I have to say.

I'm sorry about going a little too long there -- on your answer on that question.

REP. HOLDER-WINFIELD: No. That's fine. I -- I think we actually want the most clear and concise at some times that a little bit of exposition to do. I -- I'll finish up with a comment on what you just said and then one final question.

I recognize and appreciate your -- your response, but I have to tell you that I'm still -- still a little confused by you -- you on the one had say that if there's any value for those people who are at the end of life, then we want to do it and -- and on the other hand you refer to the fact that because it's a Schedule I drug the federal government indicates that there's no value.

That to me is confusing and I think either it has value or it doesn't. And I will ask you a

question, because you talked about the doctor who changed her opinion, but either you didn't or I wasn't clear about it, why did she change her opinion?

SENATOR BOUCHER: She currently practices, as I said, in lower Fairfield County in one of our major hospitals. She said that she had not spent the time or the research until being asked to debate this issue on the medical aspects of the bill and the delivery system. And I think that she concluded that the kind of smoke in the lungs and the 400 and some odd ingredients that are in marijuana smoke as well as in tobacco smoke, as well, would do much more harm than good for their patients. And she came to the same conclusion, that she had now access to, so many alternative drugs that are so much more effective that would not have the negative side effects.

In fact, you know that Yale University actually did a study that they had to actually stop. They actually had to stop the study because their subjects that were undergoing this had such negative ill effects from this that they found that it was not in good conscious and ethical for them to continue that study, but I would maintain that we need to do a lot more study of the drug.

If there are really good medical uses then we should use them and in a manner that is a safe delivery. And if it's not, then again, a case to be made before the federal government about what level of scheduling should this be under. But currently right now, as it stands, there's much more harm than good.

I would continue to support, unless we got better evidence, of it continuing to be a Schedule I drug.

REP. HOLDER-WINFIELD: Thank you. Thank you, Mr. Chair.

SENATOR COLEMAN: Are there other questions? Senator Boucher, I have a couple of questions that I need to pose for my own clarification and -- and first has to do with the -- the posture of the federal government. And my recollection seems to serve me that at least at one point in time the federal government's posture, as far as, medical marijuana was concerned was that so long as the states passed laws to permit it, that they would not be prosecuting or initiating any enforcement action regarding that.

And then your testimony seemed to suggest at least with respect to California and how many other states permit - there are 15 other states, and I think you actually clarified or gave the -- the response that is consistent with my understanding, but I don't know if it's the case that other members are confused, but the initial testimony seemed to leave the impression that we were violating federal law and putting ourselves in some sort of jeopardy with respect to the federal government if we pass this bill.

Isn't it the case that in California, unlike some other states like New Mexico that there is these enforcement efforts on the part of the federal government because the dispensaries in California are viewed as not having strictly complied with the requirements of state law that concern dispensing and the other permitted uses of -- or in connection with the law that permits the use of -- of marijuana for medical purposes?

SENATOR BOUCHER: With your first assessment, Mr.

Chairman, that originally it appeared that the federal government was going to take a very lenient position on states that had moved in this direction, but it seems that they took a turn and a change in -- in their point of view as of, I believe it, was even last spring or late winter when this started to change and they started to send out letters to the Attorney Generals stating that they would in fact -- and they had decided in fact to and could in fact prosecute certain states.

With regards to California, it was interesting that in the judges --

SENATOR COLEMAN: Can I stop you, one second?

SENATOR BOUCHER: Certainly.

SENATOR COLEMAN: Are you saying that the enforcement activities in California and the threat of prosecution in California is based on something other than, the dispensaries abuse of the state law in California regarding medical marijuana?

SENATOR BOUCHER: Apparently the judge did say that he concluded in his concluding remarks that "the federal law does not allow marijuana to be dispensed and prescribed for medical use as other drugs can, and it is not a fundamental right protected by the U.S. Constitution." So it seems to say to me and again, I would be happy to -- if you wanted me to do research and on the entire decision by that court and that judge I don't have it in front of me.

This has only been as of Monday so I -- I would do the research of I could, but I can only tell you what's been reported and it seems to that they went far beyond any jurisdiction or local laws or state laws with

regards to that decision.

SENATOR COLEMAN: Okay. The context of the dictum that you just read seems to me to suggest that the court and I would agree with this, that the court was rejecting the Plaintiff's idea that they had some fundamental right in order to dispense marijuana.

SENATOR BOUCHER: Right. It -- according to their state law. Correct.

SENATOR COLEMAN: Okay.

SENATOR BOUCHER: That's what I'm -- that's what I am also, interpreting this to mean.

SENATOR COLEMAN: That seems to be different -- I don't think any of the states -- any of the 16 states that are involved -- well, apparently some of the Plaintiff's in the California case may take a different view, but it would appear to me that none of the 16 states have taken the position that there's a federal right or that they're granting a fundamental right in order to dispense, but by statute their granting a right for marijuana to be dispensed through these facilities for medical purposes.

And it just seems to me that the -- the court in that particular case that you cite is reiterating that there is no fundamental right, but it's whatever rights are connected to and based upon the statute that the respective states have passed.

SENATOR BOUCHER: Mr. Chairman, I defer to your long, long experience and expertise in the matter of the law. As you know, I come from a finance background and a business background so I can't --

SENATOR COLEMAN: Okay. I'm -- I'm --

SENATOR BOUCHER: -- to have that kind of background --

SENATOR COLEMAN: I'm sufficiently flattered with that statement.

SENATOR BOUCHER: Well, but -- but my -- my -- all I can tell you is that there are other states as well, that are challenging those enacted state laws, whether it's law enforcement organizations or actual towns and cities or communities that are -- that are making that challenge. Based on what they're seeing now coming from the Department of Justice.

SENATOR COLEMAN: Do -- do you know of any other states where the federal government -- specifically any other states where the federal government is initiating enforcement activity and threatening prosecution?

SENATOR BOUCHER: Well, that's a very good question since we're only less than a year since they've sent out their warnings, in other words, the letters of warning. It would be an interesting project to go in and take a look at what's transpired since then.

I know that there's a number of cases that are pending in the various states. If they've concluded and on whose side they concluded on it would be interesting to find. Most of the ones --

SENATOR COLEMAN: They did send these letters of warning to California dispensaries I -- is that correct?

SENATOR BOUCHER: I think -

SENATOR COLEMAN: At least some of the dispensaries in California.

SENATOR BOUCHER: Well, I know that they've sent them to other states as well, to their Attorney Generals to let them know ahead of time that --

SENATOR COLEMAN: Do you know which other states those are?

SENATOR BOUCHER: I do. I have a file on it. Senator Coleman, I'd be happy to bring it to your office sometime this week if that's okay with you.

SENATOR COLEMAN: That would be fine.

SENATOR BOUCHER: Thank you.

SENATOR COLEMAN: And the other thing is, and I think you and I are both agreed, that putting anything into the lungs is probably detrimental. And one of the things that I was pleased to learn is that there are a number of methods of ingesting marijuana.

You mentioned the pill form. I guess in some discussions with people who are more familiar with the subject matter than I am, they also indicate that marijuana has been used as an ingredient for cooking. I guess in a -- in a -- might be part of a recipe I suppose. That's another form of ingesting, which I guess was talked about as being much more healthy and much more safe than smoking marijuana.

Would you entertain -- I guess I should say, would you support a provision in this bill that's before us today if we did restrict the method of using marijuana to eliminate smoking

marijuana as a particular use?

SENATOR BOUCHER: I do believe that prescribing a pill form, prescribing an aerosol form, however, I might challenge you on the part where it is mixed with food, as those dosages are problematic, difficult for doctors and patients to both assess that there is harm involved. It does not negate the aspects of what it does to the person's brain and/or heart and the immune system, as well.

So I think that if in fact we are entertaining a bill that would talk about the pill form and the FDA approved aerosol, which, again, has gotten very positive responses, then I think we would be having a little bit of a different discussion here. And particularly the control of dosage -- the doctor's being able to control dosage and monitor the patient on a regular basis. I think we've run into a lot of problems where you have a one-month supply or greater and there's just no control whatsoever and folks have gotten very ill from experimenting with this in a very uncontrolled environment.

With that being said, remember that -- that there are doctors that are still troubled by the aspect of using this as medicine.

SENATOR COLEMAN: Okay. Thank you. Are there others with questions for Senator Boucher? Representative Smith.

REP. SMITH: Thank you, Mr. Chair. I apologize for speaking after the Chair, but you raised some thoughts in my mind, so just a few questions, if I may?

It seems to me based on the dialogue that I have heard so far that, you know, we already

allow it. We allow the pill form, which I guess is legal right now; is that accurate?

SENATOR BOUCHER: Yes, that is accurate.

REP. SMITH: So I'm just wondering how -- how do we distinguish, then, the difference between THC which is allowed in a pill form versus THC which is smoked as, I guess, as a joint?

SENATOR BOUCHER: Well, first of all, you're talking about putting the substance in your lungs and -- and in not any kind of dosage, being able to monitor a dosage and the ability for this to be abused at a very high rate. And as I said that doctors are finding that it's probably the least thing that they prescribed, even though they have access to it, because they find that it's not effective in many, if not most cases, that when they're dealing with a serious illness.

REP. SMITH: Thank you for that answer. I'm not sure of all the nuances of the dispensaries yet, I have not gone through the bill in detail, but would that not also be controlled by the physician if it were in a cigarette form versus a pill form. A pill form right now would be a certain milligram or whatever it may be and I would assume, you know, if you get a prescription from a doctor that there would some -- be some type of regulation as to the quantity, et cetera. So isn't that the same?

SENATOR BOUCHER: When I talked to doctors they actually find this troubling that when they are telling their patients don't smoke cigarettes, this is 355 times more lethal for you with regard to heart disease, lung disease and other illnesses, but they couldn't even abide by their ethical code to be able to hand

over a joint that has -- it's not the same -- if not maybe more issues.

The one joint itself is like smoking five cigarettes in a row. The puff volume is greater and it's retained in the lungs for a lot longer. You can get throat cancer. You can get cancer of the mouth. There's a lot of issues with regards to this smoked form of this drug.

Not to mention, again, the inability to really control a dosage and -- for an individual and be -- and the propensity for there to be abuse of the process and abuse of the drug and to be able to contain it within a particular household.

Not to mention as secondhand smoke. We've had emergency room nurses that have served in the legislature with us that have told me that in their emergency rooms that they can detect secondhand smoke of marijuana in patients that they get that were just with others that were smoking.

REP. SMITH: Thank you, Senator. Then is it Marinol, is that the name of the pill -- okay. So Marinol, is that prohibited by the federal government at all?

SENATOR BOUCHER: No.

REP. SMITH: So this is where I'm having the, you know, the logical conclusion here is, if THC is allowed by the federal government in a pill form, but it's not allowed in a -- in a joint form -- and I guess they have reasons for that. I just don't understand what the reasons might be. I -- I understand what you're saying that there's other medical complications from smoking, putting the smoke

into your lungs, et cetera, but ultimately what we're talking about is the drug THC and the use of that.

And we're just talking about the use of it versus a pill form or a cigarette form, unless there's more to it, but that's how my mind is working right now.

SENATOR BOUCHER: Let -- let me help you a little bit with that. You know when you extract the -- it's like extracting the bark of a tree for some form of aspirin. You don't smoke a tree, but you do take some ingredients from it and you isolate it and you can use it. There are 400 some odd other ingredients in the leaf -- the -- the leaf of a -- of a marijuana plant. So I think that is the concern that we are not -- we're getting all the bad along with whatever's perceived to be some good in it. And the jury's still out about that good.

REP. SMITH: Thank you, Senator for your answers and for your passion with this subject. Thank you, Mr. Chairman.

SENATOR COLEMAN: Thank you, Senator, as well, for the opportunity to engage with you and for your position on this issue.

SENATOR BOUCHER: Thank you, Mr. Chairman. Your consideration has been very much appreciated.

SENATOR COLEMAN: We have exhausted the first hour of the public hearing with Senator Boucher. So we will begin to call from the public list. Before I do that, let me announce that an overflow room has been set up in LOB Room 2A and I don't see very many people standing in this room, but anyone who wants to take advantage of the overflow room can view this televised hearing in Room 2A.

SECRETARY OF THE STATE DENISE MERRILL: Thank you.

SENATOR COLEMAN: Are there other questions? Seeing none, thank you very much, Madam Secretary. Mattie Dunham is next.

HB 5389

MATTIE DUNHAM: (Inaudible) representing myself. I came here to speak on a bill concerning marijuana. I feel -- just myself -- I feel as a recovering addict, 12 years clean and sober, no drug should be legalized. No drugs under any circumstances.

Marijuana for medical purpose only. I don't know if any of you all ever been in jail, ever been homeless, ever had drug mental health issues. I had. And just coming from my point, don't legalize no drugs under no circumstances.

If you have to for medical purposes, maybe, but only for that. If you do, you all are responsible for signing America's death certificate.

Marijuana is the lesser of all street drugs. You responsible for legalizing marijuana, you're responsible for signing America's death certificate. Thank you.

SENATOR COLEMAN: Thank you, Ms. Dunham. Any questions for Ms. Dunham? Senator Kissel.

SENATOR KISSEL: I just want to thank you for coming to testify and congratulations on making so many years with rehabilitation. And certainly I think that some of the concerns that you raised this afternoon are similar to the concerns that Senator Boucher raised earlier, and it's not an easy decision that any of us have to make regarding medical

marijuana, but thank you.

SENATOR COLEMAN: Others with questions? If none, thank you, Ms. Dunham.

MATTIE DUNHAM: Could I just say one last thing?

SENATOR COLEMAN: Please.

MATTIE DUNHAM: I have this boarder party certificate. I've served time in jail. I got my record clean. Not worth the paper it's printed on. It has all the charges on it. Why would I show this to any employer? You all get a check this Thursday and every other Thursday on the state pay schedule. I've got priors from jobs now I'm unemployed praying that unemployment will hear my -- hear my case and approve it, you know, it just are not fair for you all law makers to sit around here and debate about drugs. You know deep down in your heart drugs destroy dreams. Thank you.

SENATOR COLEMAN: Thank you. Eric Baier is next -- or Baier.

ERIC BAIER: We're actually waiting for one of the doctors who was going to sit in with us. So I think he's right outside, if that's okay?

SENATOR COLEMAN: We can pass you and come back to you.

ERIC BAIER: I can start off on my own and then when he comes in -- I think it will be fine, but my name is Eric Baier. I'm, you know, I'm a medical marijuana patient. I've been diagnosed with severe fibromyalgia. I'm 18 years old and, as well as, mood disorders and sleep disorders, insomnia, PPSD, delayed sleep phase syndrome, cervical kyphosis, ADHD and depression, so a lot of different things.

HB5389

Over the past seven years I have been prescribed almost three dozen different medications to treat my medical disorders and not only have all of them failed to alleviate my symptoms, but some have had dangerous paradoxical effects.

Only recently when it became available was I able to receive genetic testing which indicated that my genetic makeup predisposes me to not being -- to not being able to successfully be treated with standard pharmaceutical medication.

I'm deficient in the CYP2D6 and 2DA4 and marijuana is digested by the -- in your body -- or broken down rather by CYP450, which I'm not deficient in. So it's the only thing that doesn't build up into toxic levels in my body.

And within the past few weeks, alone, I've -- I've been seeing a pain specialist who I've had several bad reactions to the stuff he's been giving me. One of these medications was Butrans, which is a transdermal pain patch that's supposed to release a very small amount over a seven-day period, and for whatever reason -- well, actually because of my genetic deficiency I -- we had used it as directed, but it -- I still overdosed, since it built up to toxic levels, because my enzymes can't process it through fast enough, which resulted in loss of motor control and consciousness, nausea, incoherent, labor breathing and constricted pupils.

And this is my third overdose from trying pharmaceutical medications in the past two months. So pretty much what my doctor has told me is -- it's a -- it's a trial and error so, you know, it -- it -- being on three

different dozen medications and being, you know, treated like -- you almost feel like a guinea pig because you're trying these things just to find out if your body can accept it or not, you know, because of the enzyme deficiency.

So pretty much from the research that I have done, and I feel as though medical marijuana might be my only hope of ever being able to live a normal pain free and productive life, and being able to get a job, and hopefully go to college, because after high school I wasn't able to do anything because the pain has just been keeping in my bed.

So with this being able to be passed this would allow me to be a productive member of society. It takes away my pain better than the Butrans, which is 20 times the potency of morphine, which is obviously why I overdosed pretty easily, taken as prescribed.

So I'm -- I'm just tired of trying medications that don't work so I would -- I'd really just, you know, I need this to be able to live a happy and successful life. So that's about it.

SENATOR COLEMAN: Thank you very much. Are there questions for Mr. Baier? Senator Kissel.

SENATOR KISSEL: Thank you for taking the time this afternoon and come to testify. I mean, you're very articulate for an 18-year old and your parents must be very proud of you.

When did you first realize that you had these medical conditions?

ERIC BAIER: Back about seven -- eight years ago. So it started in fifth grade and I got kicked

out of school actually because of my behavioral issues. They wouldn't -- I still was able to get my GED and graduate just about with honors, so I'm capable, it's just because of the pain stuff and the environment with the ADHD and everything. It -- it -- I'm -- I'm not able to work as effectively as I know I'm capable of.

And literally instead of taking ten pills a day, which is what I'm doing right now, marijuana makes it so I only need, you know, one -- one thing that takes care -- one hit payoff, so.

SENATOR KISSEL: And if we were to move forward with this legislation, would you say that we should be cognizant of a certain age restriction? You said that back when you were 11 you had the onset of -- or 11 or 12 and as I'm thinking about medical marijuana, I'm thinking more your age or older.

ERIC BAIER: Right. Right.

SENATOR KISSEL: I think I would probably have a concern if a 12-year old wanted to use it. What's your read on that?

ERIC BAIER: I definitely, actually, agree with that because I think there are a lot of people who don't have the genetic issues that I have that can digest these medications and be fine and hopefully, you know, improve their -- their mental and whatever symptoms they might be having, whether it be pain or, you know, emotional.

And I think for an age limit, personally, I would say minimum of 16 because I -- medical marijuana for a 10-year or 11-year old is not okay. That's not something that I personally

feel even though I -- I benefit from it, that you should be having that young of an age. You should try to go through with other methods and if those don't work you resort to medical marijuana, you know, instead of starting out with that. That's my take on it. So I -- I would say, like, the minimum age would -- in my opinion would be 16-years old.

SENATOR KISSEL: And what -- what town do you live in?

ERIC BAIER: I live in Farmington.

SENATOR KISSEL: Okay. Let me just say this for -- I appreciate the folks that are very concerned about medical marijuana and have misgivings, but when I see a young man like you that, but for this illness, is perfect in every way, articulate, someone that I would be proud to have as my son, taking the time to participate in this process, being thoughtful about the recommendations and actually taking what I view as an extraordinarily thoughtful approach as to try everything else in the physicians toolbox.

One of the things that I learned from this whole Jackson's Laboratory hearing, as much as I voted against it, and I had misgivings about the state's efforts in that direction, was in their initial presentation to myself and some of my colleagues they said currently the state of medicine, while very, very good a lot of it is hit or miss.

ERIC BAIER: Yes.

SENATOR KISSLE: You do these assessments. You figure out where you as an individual fall and the physician says poor folks typically in that range, I'll try X, Y and Z.

They were making the pitch that with more genetic investigation you can really drill down deep into a person's chemical and physiological makeups --

ERIC BAIER: Exactly.

SENATOR KISSEL: -- so that the prescriptions can be much more fine tooled.

ERIC BAIER: Exactly.

SENATOR KISSEL: What you're telling me follows along those lines. That we're not to that point yet as a society and, so given the fact that they tried, I mean, God forbid something bad happened when you had these overdose incidents in the last couple of months. That would be heartbreaking. So to the extent we're not there yet, it doesn't strike me as -- as that unreasonable to allow you something so that you can be a functioning human being --

ERIC BAIER: Right.

SENATOR KISSEL: -- in our society. So I really want to thank you for taking the time and coming to testify but, because putting a face and -- and a name and a story behind this I think makes a big difference as to how this legislature is going to respond.

ERIC BAIER: Well, I really appreciate that. Thank you.

SENATOR COLEMAN: Are there other questions? Representative Smith.

REP. SMITH: Thank you, Mr. Chair. And good afternoon and I echo Senator Kissel's

statements. It's brave for you to come up here and testify and I'm sure, you know, a few butterflies perhaps. You maybe have gone through a few more things that are much more difficult than this it sounds like so, I commend you on being here.

You may have been here earlier when I was asking the questions about Marinol and I'm just wondering if that was one of the drugs that were -- was prescribed to you?

ERIC BAIER: Well, actually it's not legal in this state. So I'm not allowed to get it prescribed. So I mean -- right. I mean, I don't think a synthetic form is really going to be as effective. If you're worried about carcinogens from smoke because I have anxiety and acute -- I have acute anxiety and panic attacks so, the smoke is a quicker method of ingestion, because it goes straight to your lungs and into your blood stream. So that can calm me down better than a Xanax can or a Klonopin, which are addictive, Benzodiazepines that you can actually die from the withdrawals. It's the same as alcohol.

So -- and you can even take all the plant matter out of the -- of the marijuana and create hashish which will then have, you know, a lot less carcinogens because you're not burning plant matter which is, the main source of carcinogens to begin with. Or you could just vaporize it or make it in your meals.

You can have lasagna for dinner -- for dinner and that could help you get to sleep. There's so many -- there's cookbooks on this, hundreds of pages. So there's so many ways of ingesting. You can put it in gel capsules. Your own -- weigh -- weight out your own doses so everyone knows what they need for

themselves because everybody's body is different, obviously. So, you know, everyone decides what they need. They -- they decide weigh it out and their individual doses and go from there, but I don't think synthetic are the right alternatives, you know. That's -- but that's just my opinion and I've done some research on that, but that's just me.

REP. SMITH: Thank you for that answer. It sounds to me like you have a -- a future in the medical field. So I'm hoping you continue. I wish you the best of luck and thanks again for coming.

ERIC BAIER: Thank you.

SENATOR COLEMAN: Other questions? There's none, thank you, Mr. Baier. Lindsey Beck is next.

LINDSEY BECK: Hello.

SENATOR COLEMAN: Hi.

LINDSEY BECK: How are you today?

SENATOR COLEMAN: Very well, thank you. How are you?

HB 5389

LINDSEY BECK: Good. My name is Lindsey Beck. This is my second year coming here for this. I am 27-years old and I am a lifelong resident of Connecticut. I have Crohn's disease, which is a chronic digestive disorder, as well as PTSD and fibromyalgia.

As you know, last year when I came here I still had the precancerous cells to my cervical cancer left, but that is now gone as of this past July. So after seven years I am cancer free.

Both of these disorders, the Crohn's and the PTSD have led to me becoming disabled. Both of these disorders have been significantly improved through my use of marijuana to the point where I believe if given the right to utilize it medicinally to its full effect, my status as disabled would no longer necessary.

I came here last year for my first time, as many others in position, requesting you to do what is right. As elected officials of this state it is up to you to ensure that the public is listened to; however, I am afraid we were not heard.

We spoke loud and clear, the polls supported us astronomically and still we did not succeed. This year I am not so humble. Humility is a constant for the disabled, but it is not I who should feel humiliated at this juncture. The lack of common sense displayed here has overwhelmed me leaving me unsure in which direction to proceed.

For this reason my appeal to you today will be a straight forward and simple as I can make it. I am a human being. Whatever it is you are able to feel, I can feel. Whatever it is you are able to dream, I am can dream. My life is no less valuable than yours.

I put my faith into this system at a young age. It was how I was raised. What I was taught is the right thing to do. And I've prided in myself on my morality. I have made it point in life to do what is right even when that is not always easy. I have not always s been successful, but I can at least say that I've always tried.

That is why at the age of 24, when my doctor's told me to apply the Fentanyl patch to my

body, I listened. I thought as most do that they knew better than I did. I knew that narcotics were dangerous, but the thought of not being able to play with my child, not working, and not continuing my education was too much to bear. Therefore, I did what I was told would make me feel better.

Unfortunately, this did not make me feel better. In fact, I can go so far as to say that this medication that is legal and often prescribed to those in chronic pain completely devalued my life and ruined my body. I did not detail my experience to you last year, as it was still too much of a reality for me to communicate.

I will take the opportunity to tell you now. For two years I was bed ridden. Two years ago today I was stuck in a bed. I -- if I left my house, I was confined to a wheelchair. My hair fell out. I developed bedsores and it was not uncommon for rashes to cover my entire body. I was lucky to shower once a week and my teeth became so riddled with cavities I spent one day every week at a dentist this past summer for almost two months.

I do not remember a time when my body was not lined in a film of sweat. I often looked as though I had exited a shower, the sweat dripping from my hair and face constantly. This is far from the worst of it though. You see this permitted -- particular medication has the ability to change your personality.

In this time that I was secluded from society I had also secluded myself from all those who loved me. I tend to think that had I not been forced to tolerate myself -- I'm sorry can I continue a couple more paragraphs.

In this time that I was secluded from society I had also secluded myself from all those who loved me. I tend to think that had I not been forced to tolerate myself I would not have. I was quick to anger, but besides that in frustration there were few moods I experienced. For these two years I was as good as alone in my head with a monster.

What I find so disenchanting though this was not once due to my illness. It was due to my treatment. I want this point to sink in so, let me repeat myself. It is not Crohn's disease or Post Traumatic Stress Disorder that left me in this state of distress. It was the medicine prescribed to me approved by you that took these two years of my life from me.

I am fortunate that this was all that was taken; however, part of me continues to wonder why anything was taken at all when it's -- it was so obviously unnecessary.

About a month after I spoke with you last year, my son and I were playing at home. He began having an anxiety attack. He is 8-years old. As I held him in my arms rocking him back and forth simply trying to do whatever it was I could do to calm him I could not help but wonder why this was happening.

Once he was able to calm himself and return to a return to a regular state of mind, I asked him what was wrong. He said he was scared. Scared I would get sick again. It was his fear that I would return to the state I had been in for too much of his life that triggered this anxiety.

It is the feeling of guilt, no matter how little may be my fault, which I will live with forever. I told my son that I would never

again be sick like I was. I let him know that surely there will days that I do not feel well, in fact these days will be quite common, but never again will I be confined to a bed because never again will I allow other to dictate what is put into my body in way of treatment when common sense, along with all the facts says better.

I cannot change his past and I cannot change mine. What I have endured at the hands of this system is unfair, but what is done is done. What I must do now is to ensure that no one else is treated in this manner. The idea that this is singular situation is unfounded. And I will tell you why, my brother also suffers from Crohn's disease and went to a pain management clinic this past December. He was prescribed the Fentanyl patch.

Therefore, the reality that this is a problem does not seem to escape me. After a few weeks, he refused to put that patch near him again. He said he could not imagine a few years. I have educated myself more fully on this drug since my detox off it. And let me enlighten you to the fact that the Fentanyl patch is 27 times the strength of pure heroin.

It does not take a rocket scientist to figure out that it is more likely for this patch to be a gateway drug than marijuana. The only reason it is not is that it is legal. What kind of a society is this where drugs such as these are prescribed to people like me without a second thought, and something as simple as marijuana in its natural state is viewed upon as dangerous?

There are so many things that I wish I had time to say, but I am sure we all feel this way. So let me end by saying this.

If you had asked me when I was in grade school what I thought I would be doing today, my answer never would have been to be sitting before you right now in hopes of appealing to your sense of humanity and compassion. I would have told you that I wanted to be an anthropologist, or an archeologist, or maybe an infectious disease specialist. Not in a million years did I think as a young adult I would become all the things I have been. But when I look at my son, I am reminded that all of those dreams I had can still come true. I am going to do great things with my life one way or another, and I know that he will too.

I ask you that we start acting like adults and put these silly games behind us. The time that has been wasted on such trivial dates should be over. More specifically, I wish to stop wasting my own time, which I am being forced to do as long as this is an issue. It would be nice to be given the opportunity to manage my disease the best way I know how. Currently, that way is using marijuana.

So I beg of you to please let me go back to school. All I want to do is become a contributing member of society. It would be wonderful if that while I did this, I could stop being so afraid that what is helping me progress could also, lead to my incarceration.

The most important thing that is to be done today, though, is to listen. Listen to your people, the ones who gave you the privilege of the positions you hold right now. Listen to us and realize that your decision here today, no matter how silly the topic is no small matter in our lives. Listen to us and remember that we are just as human as you are. Whatever it is we feel, you may one day feel

too.

Therefore, the relief we seek today, you may one day find yourself seeking, too. Thank you.

SENATOR COLEMAN: Thank you, Beck. Are there questions? Senator Kissel.

SENATOR KISSEL: I just want to thank you for coming and testifying. I definitely remember you from the last year or so. First of all, congratulations on being cancer free.

LINDSEY BECK: Thank you.

SENATOR KISSEL: And -- and there you go, there's the smile. I notice such a huge change in your disposition. I love the fact that you're fired up in your speech. That was good. You know, the previous speaker I think is going to go into medicine. I think that's Representative Smith's said, I can see you going into the legislature sometime in the future. So that's a good thing.

Representative Hovey said then I guess that's an opportunity for a vaccine or something else like that to -- to help you out.

A VOICE: (Inaudible).

SENATOR KISSEL: I am not.

A VOICE: (Inaudible).

SENATOR KISSEL: I have two boys.

A VOICE: (Inaudible).

LINDSEY BECK: No, I did not. It was not available at that time.

SENATOR KISSEL: So Representative Hovey's in the know on something's that I'm not in the know, but fundamentally, I see the world the way you see the world. I understand that there are concerns about this, but when I look at what's behind the counter in any pharmacy in the state of Connecticut, there are things that would curl my hair. There are some very heavy-duty drugs.

I appreciate the fact that physicians can prescribe them with as much precision as their medical knowledge will allow, but I'm also sensitive to the fact that it's very hard to make that assessment and sometimes what's right for one person is not right for another. And yet, there's ample testimony year in and year out that for a vast number of individuals suffering differing diseases that medical marijuana helps a lot. To just be a normal functional adult.

LINDSEY BECK: It has.

SENATOR KISSEL: The other thing I'm going to leave you with is this, I find it hard to believe that you have an 8-year old. You look so young, but -- and it was a little boy?

LINDSEY BECK: Yes.

SENATOR KISSEL: Well, he has a lot to be proud of and you're absolutely correct. You're at the -- 27 is a young as anything. You have all your dreams ahead of you so do not be discouraged at all. Architect -- I mean, archaeologist and all those things -- back when I was young I thought I'd be in those things too. So keep your dreams alive and -- and we're listening believe me.

LINDSEY BECK: Thank you.

SENATOR COLEMAN: Are there other questions? Seeing none, thank you, Lindsey, and congratulations on the improvements in your health.

LINDSEY BECK: Thank you.

SENATOR COLEMAN: Barry Williams.

BARRY WILLIAMS: Thank you for allowing me to testify today. My name is Barry Williams and I'm here to ask you to please pass HB 5389 AN ACT CONCERNING THE PALLIATIVE USEAGE OF MARIJUANA.

Until 2006 I was a lobbyist here at the Connecticut General Assembly. I couldn't love (inaudible). At the end of the 2006 session I realized that I had to stop because of the my Parkinson's Disease. Since my diagnosis in 2004, my world has grown smaller and smaller. It takes me an hour to get dressed every morning trying to figure out a new way to put on your pants every day.

It takes me an hour. I have to figure out a new way to pull -- and I can't wear shirts with buttons. I can't do the normal things that -- that other dads can do with their sons. I can't play basketball. I was the best (inaudible) athlete at Waterford High School at one time, but I can't even make it to the car some days to go to a movie or a restaurant. To go to the beach it's like walking through a -- a cement -- it's just too difficult to do a lot of times.

Recently I've reached the stage where I'll be shuffling along and I lose my balance and fall for no reason. My friends ask me what

happened. What did you fall on? I just tell them it could be something as small as a grain of sand. It's there and I -- and I fall.

When I come to a doorway or an open threshold crossing through it is like climbing Mount Everest. I haven't been able to sleep through the night for several years because of -- once I'm in a position you bet I have to stay in that position. I don't know if you're aware of this, but Parkinson's patients we take a special course in how to turn over. That's something that, you know, I used doing and a lot of people would just do normally. Now it's like post series of movements that you have to make.

In recent months I've had to sleep in a chair. I tell you this not to complain because I realize how lucky I am just to wake up every morning and there's always something to find joy in. When my symptoms started getting really bad and I felt afraid of what the future was one of my doctor's told me a little secret. And that if I smoked marijuana there's a good chance I could be symptom free for a while. I tried it and the doctor was right. The first time in a long time I felt normal.

Though it may not seem much to you, but to me it means the world just to feel normal without worrying about the symptoms of the disease. I ask you to please give me and others like me the chance to feel disease free and normal. I ask you to please pass Senate Bill 5389. Thank you.

SENATOR COLEMAN: Thank you, Barry. Good to see you.

BARRY WILLIAMS: Thank you.

SENATOR COLEMAN: Questions? Senator Kissel.

SENATOR KISSEL: Barry, we go way, way back. The more I thought about it the more I -- I realized that it was the Hartford Courant that did a photo piece on me and you working together when I was first elected, 20 years ago now.

BARRY WILLIAMS: (Inaudible). First day even.

SENATOR KISSEL: It could have been -- could have been. They -- they were Johnny on the spot back then, and over the years my family has bumped into your family in Providence Town and it's always been a pleasure working with you. I may not have always agreed with your issues when you were lobbying, but that's par for the course, right?

But the notion that your physician confided in you that given the Parkinson's that you're facing that it could afford you some relief, I think is very important. Hey, you know, if it enhances the chance that you get some kind of lung disease or asthma or cancer by a fairly minute amount, and -- and I only -- I have to take a step back. I mean, as much as there's been lawsuits and settlements we still tax the heck out of cigarettes and it's a legal product in Connecticut. And I'm guessing that the dangers of -- of cancer from tobacco is probably more than marijuana. I haven't heard -- I haven't heard anybody ever say that marijuana's worse than tobacco.

So one's legal and one's illegal. So there's a complete disconnect when you look at that. I'm so glad that the last year has seen you making some progress and that you're here back with us again testifying in favor of this

bill. I don't know if this is the magic year. It's a short session and clearly this is controversial and people have strong feelings on both sides, but as someone who woke up one day and had a very difficult time walking and the doctor said because I was trying to do something healthy, I bruised a bone and I've been hobbling around this building for a couple of months and luckily it's getting better, but it's your health and illness is one of those things where out of the blue, lightning strikes and then, all of a sudden you're wondering God what's the challenge, what's the reminder, what's going on here.

For individuals that are facing these kinds of day to day traumas where you're having difficult just living, I can't see creating some sort of criminal penalty for you to -- to smoke this. And I'm not too worked up about what's the proper dosage. You're going to take care of yourself.

The last thing on your mind is worrying about that stuff. When you said it takes an hour to just get your clothes on and -- and get your day going, that's the important thing. And so my heart goes out to you, Barry. I mean, it's been a real pleasure working with you for the last 20 years and I'm glad you're still lobbying albeit for something different today.

BARRY WILLIAMS: Thank you.

SENATOR KISSEL: And I -- I really just hope that there's a miracle that God blesses you with in the -- in the months and years to come, because you're a great guy and I appreciate your testimony.

BARRY WILLIAMS: Thank you. I appreciate it.

SENATOR COLEMAN: Other questions? Representative Gonzalez.

REP. GONZALEZ: Thank you, Mr. Chair. Barry, I know you for so many years and I also, feel your problem -- your problem (inaudible) report. And for many, many years I was totally against it. And sometimes I think why I was really against it. Well, it's not a secret I got two kids. And everybody knows they got in trouble, you know, smoking marijuana. It's difficult and I don't want to cover this (inaudible) with my hands. You know, it happened it happened.

That it took me like maybe last year to listen to a female that came here with the same problems. She couldn't eat and she was so skinny and the only thing that really help her was the marijuana. And again, thinking about why I'm against it. I'm against that because the media is going to say, you know, many kids are -- Representative Gonzalez kids they were using marijuana, which I know is bad, or I will do the right thing.

So I'm going to do the right things because there are a lot of people that really benefited of that or do I really care about what the papers said. And last year, I support legalizing marijuana and I will say again, I don't care what people say. I don't care what the media say, but I will say if people benefit out of that, I will support this. Thank you.

SENATOR COLEMAN: Representative Hewett and then Senator Gomes.

REP. HEWETT: Good afternoon. Barry, I remember when my first year up here, I remember you riding on that Segway. That was one of my

first introductions to the General Assembly watching you ride on that Segway.

BARRY WILLIAMS: It's a momentarily (inaudible)

REP. HEWETT: Yeah. And all of a sudden you disappeared and I didn't see you anymore and I didn't know what happened to you. And -- and then you came -- I think you testified before this committee last year and then I -- it came to light that that's what had happened.

I think the problem with -- with -- I think prescription drugs is the problem. And I'll give you a little example of what I'm talking about. About four years ago I busted my patella tendon in my knee, and one night before I got ready to go to sleep and my -- my wife was having trouble with her car. And I had to -- I had dropped her off earlier that day and I forgot at 11:00 I had to pick her up, but about a half an hour earlier I took an oxycontin and I want to tell you something. Then I had to go pick her up.

I barely made it to her job. I don't how anyone -- I -- I understand a lot of people have pain. I -- I get that, but I almost didn't make it to her job and I almost didn't make it back home because of the oxycontin. And I found myself I couldn't go to sleep without taking one. It took me almost two months to get right again. And I don't ever want to see another one as long as I live.

So Barry, I voted for this bill last year. And this is for anybody else in the room that has a terminal illness or an illness that they need medical marijuana to just deal with everyday life, by God if you want medical marijuana, if it takes my vote to get it to you, you're going to have it.

BARRY WILLIAMS: Thank you.

SENATOR COLEMAN: Senator Gomes.

SENATOR GOMES: Barry, people are talking about you and how long you've been up in here and everything. As a matter of fact you remember you taught me how to use that Segway.

BARRY WILLIAMS: It was very good (inaudible).

SENATOR GOMES: He let me ride on it. I'm proud to say that me and you friendship goes beyond you being a lobbyist -- long before you were a lobbyist we were friends. I remember when your hair used to be red and mine used to be black.

BARRY WILLIAMS: Still is, isn't it?

SENATOR GOMES: But, you know, it's -- it's very -- very heartening to see that you're out here and you're out here where you can finally be on your own, moving and ever -- whatever and come up here and testify.

People talk about marijuana in such disregard so, and how it's supposed to have been detrimental to people and you -- addictive and so on and so forth. I come from an era when back in the 60's when they said it wasn't who was smoking marijuana back then, they talked about who wasn't smoking marijuana; that's how open it was.

Now that we've come up with a use for it -- a used to help people like that young lady that testified before you and for you and like you said, you weren't even able to -- you had to learn to roll over and so like, for your health and so on and so forth like that. I

can't see anybody going against the palliative use of marijuana.

I was for it from the beginning and I -- and to see you here Barry, I'm glad that you -- you're getting some help from that. And I will be voting for it again. Thank you.

SENATOR COLEMAN: Are there any other questions or comments? There's none. Barry, it's so good to see you. Thank you for your testimony.

BARRY WILLIAMS: Thank you.

SENATOR COLEMAN: Penny Bacchiocchi -- Representative Bacchiocchi.

REP. BACCHIOCHI: Good afternoon Chairman Coleman, Ranking Member's Senator Kissel and all the esteemed members of the Judiciary Committee.

For the record, my name is Penny Bacchiocchi. I'm the State Rep from the towns of Stafford, Summers and Union.

You have my written testimony so I'm not going to read it. I'd just like to share a few of my thoughts on the bill, how I came to be here, and what's gone on over the last ten years.

I'm here to speak in favor of Bill 5389 for the palliative use of marijuana. Many of you who have been here at ten years or more, probably remember me as freshman Legislator standing up on the floor of the House in 2003 and telling a story about my husband at the time, this was 28 years ago, was diagnosed with Ewing Sarcoma while he was in the Navy.

He has surgery to remove the tumor, which left him paralyzed. And then the radiation and the

chemotherapy made him so sick that he had no quality of life. He lost 80 pounds and he basically could only lay on the couch with a wheelchair beside him.

He was in the VA hospitals and the doctors gave him every type of possible pain reliever and anti-nausea medication that was known. Nothing helped him.

And I remember in 2004 when I was standing on the floor of the House and a Republican colleague of mine stood up and said, "We don't need medical marijuana because there are pills that do the same thing." And I was so insulted and I always will remember the feeling I had of thinking how dare you stand there and call me a liar, because I've seen it. I've seen it with my own eyes in my own life.

There are people -- and maybe it's a small number, but there are human beings who are suffering because this legislature cannot find the will to pass this compassionate bill.

28 years ago, I actually didn't have to buy marijuana because back then people knew my husband and they knew me and they knew he was really sick. People gave it to us. I may have bought it once or twice, I don't remember, but I know I was very, very scared because I was smart enough to know that what we were doing was against the law. And I knew that if I were arrested and prosecuted I would have a drug arrest on my record for the rest of my life.

And looking back now 30 years -- 28 years later, I think that was so unnecessary for me to have some much fear as a young woman when my husband was literally dying of cancer. And

all's we were trying to do was find some relief.

By the time I came to the legislature, believe me most of the emotional part of all of this was gone. But I just saw the opportunity to do something right. And as a freshman or a new Legislator by then it was 2004, I was really excited about being part of a change in Connecticut that was going to protect so many people who really didn't have the ability to come into this building and fight for themselves.

But in 2004 the bill passed on the floor of the House and it was referred back to committee. I was so new I didn't even realize at that time that the bill was dead. I still felt excited, but the bill was dead.

In 2005 we weren't able to get it to the floor, but we did what we're doing today. We stood here and sat in this circle and we talked about medical marijuana and respectfully people commented about how this is an important and compassionate bill and once again, it died. And I have been the person who receives the medical marijuana stories from across this state. And I sit with people like Barry and others tears rolling down my eyes, not for me, but for what these people have to go through every day and I wonder how is that the people here in Hartford don't understand, and I -- I don't -- I don't understand.

In 2007 it was a really great year. We passed this bill and people here in this circle and here in this building worked so hard, and we passed this bill in both chambers of the House. I remember looking at my colleagues and they were smiling at me and they were

happy for me. I wasn't happy for myself. I was happy for the people in the state of Connecticut who weren't going to smoke marijuana in fear that they were going to get arrested or their caregivers weren't going to go get some and think oh my God who should have to have that kind of fear when they're trying to relieve the pain and suffering of someone they love?

But anyway the bill, as many of you know, in 2007 was vetoed by the Governor. We were back to square one. Over the last few years, I've been such a disheartened Legislator on this bill because I sort of came to realize that it doesn't matter what I have to say or what a lot of people that came here to say today, because at the end of the day it's this group of Legislators has to have the will and the courage to pass the bill.

I don't think I can talk anyone of you into it. I just pray that you don't come to the conclusion to pass this bill by having to go through the experience that I went through or that so many of the people in this room are going through. I hope that this year, even if you've never fortunately had to look at someone you love waste away, can't eat, can't keep food in their stomach, cry -- grown men cry because they're in so much pain. I don't want any of you to ever have to see that or go through that before you understand that marijuana works for some people when no other drug does.

The bill that you have before you is a restrictive and conservative approach to provide medical marijuana usage in the state of Connecticut. It's sets up a medical board to review what debilitating medical conditions will be and it asks for eight doctors to serve

on that board.

It also states that marijuana should be a last option. That doctors will make a decision that other recommended medical drugs simply won't work for that patient.

It restricts where a patient can use it and it limits the patient to having one caregiver. It also clarifies that health insurance will not be required to cover it.

It protects doctors who recommend marijuana to their patients and it sets up finally, a producing and dispensary system so that we no longer have to stand on the floor of the House and throw that baseball back and forth and say, where is that first seed coming from. That question is put to bed forever with this bill.

I can't convince you that medical marijuana is necessary. I can only tell you that I'm not lying when I'm telling you that some people need it, and I think that the testimony that you've heard before me states it better than I can put it in my own words today. So I thank you for the time and the opportunity to once again on my tenth year here in the legislature talk to you about the need for medical marijuana. Thank you.

SENATOR COLEMAN: Thank you, Rep -- thank you, Representative Bacchiocchi. And just for the benefit of people in the audience, just because we have so many people on our list what we'd like to do and what we customarily do here at the Judiciary Committee is ask you to refrain from any expressions of support or opposition for any of the speakers. I believe Senator Kissel has a question or comment.

SENATOR KISSEL: Penny, I am so honored to be your State Senator and I'm going to be honest, I think your words this afternoon are one of your finest moments. You didn't just read from a script you -- you spoke from your heart.

For some reason, even though this is short session, I think this is the year. I would like to believe somebody out there and I believe that under Secretary Lawler had a lot to do drafting this bill, but a lot of the concerns that I raised and I actually offered as amendments last year, amazingly are incorporated into this bill.

The fact that pharmacists stepped up and said if this is going to be a reality we voted, we would like to be the dispensing agents just like we would with any other controlled substance. That's now in this bill.

How we can get secured allotments of medical marijuana, as opposed to, this notion that someone can grow it in their home. I love to garden, but I've stated a many a time depending on the weather and the shade of my backyard, not going to happen.

God forbid, I mean, I had this thing happen with my knee, it's just a, you know, a bruise, but it's God willing it'll be all better before I grow anything to try to alleviate any kind of pain.

We've heard from other people this afternoon as to the serious, serious medical situations they're facing. 18-years old, starting at 11-years old, you don't know. It's the old saying, if you've got your health you got everything. It really is true. And it can be just like a lighting out the blue. It can be

a crazy car accident. It could be just something you wake up one morning and something just doesn't feel right. You go to the doctor and your world is 180 degrees in another direction.

We don't know God's magic plan. I -- I am mere mortal, I do not presume to know what it is all about, but we owe it to our constituents, we owe it to the people in the state to be compassionate. And like I said earlier, you know, smoking marijuana we tax the heck out of cigarettes and we're happy to get the money. And we know they're killers. What's the double standard? It makes no sense. So I know you want to chime in and I do have a meeting in a couple of minutes so the other folks in the room I -- I've been called out for a few minutes, but it doesn't mean that I'm not very much interested in everybody's testimony.

But I really think this is one of your finest moments. I am so darn proud of you coming this afternoon, again. And I'm hoping ten times is a charm in this building, but man oh man oh man. The way you said it, I don't think it can be stated anymore succinctly or better. Good job.

REP. BACCHIOCHI: Thank you, John.

SENATOR COLEMAN: For the second time this afternoon, I find myself in total agreement with Senator Kissel.

REP. BACCHIOCHI: It's a good day.

SENATOR COLEMAN: I -- I think you also for your very effective testimony. Others with questions? Representative Hovey.

REP. HOVEY: Thank you, Mr. Chairman. And welcome, Penny. We all think that the Senator is very lucky to have you as his -- one of his Representatives so, but I -- Penny just because I want to kind of -- we've had a lot of conversations about this and -- and actually to the point about the differences between marijuana and -- and tobacco, you know, there are a large number of people in the state who believe that it should be legalized and we should be taxing it right along with cigarettes. I'm not sure that that's, you know, where people want to go, but that is the topic of conversation out there.

But you and I've specifically had conversations because I actually spent some time in Colorado and that Colorado was one of the states that did legalize medical marijuana and they -- the way in which they seem to do it from my perspective was a little disturbing. So Penny, for the sake of the record and since, we are televised and all that, could you just contrast this piece of legislation compared to -- I know you're my expert on this area and so could you just contrast that? Not only for me -- I think I have the understanding of why Connecticut's law is so much more succinct and actually so much better.

The possibility of it being passed would be so much better versus the Colorado law, but I think also for the audience's purpose too. Thank you.

REP. BACCHIOCHI: Thank you, Representative Hovey for the question. I'm going to say I'm not the expert. I know you like to think I am, I'm not the medical marijuana expert, but what I have found in most cases is, some states like Colorado and California do not what do

what his bill does regarding -- we authorize the Department of Consumer Protection to come up with a specific number of dispensaries that would be necessary to meet the needs of people who have registered and shown a need for medical marijuana.

In the states like you're referencing they don't have those parameters. So there could be 20 people with a certificate in need of medical marijuana and 20 dispensaries. Obviously, that's not a good ratio.

Under this bill it's a very limited -- the number of producers and dispensaries are very limited by the Department of Consumer Protection. So I feel that's the parameter that makes our bill more conservative. I hope that answers your question.

SENATOR COLEMAN: Representative Hetherington and then Representative Holder-Winfield.

REP. HETHERINGTON: Thank -- thank you, Mr. Chairman. Penny, it's nice to see you and I certainly congratulate you on your persistence and bringing this to attention.

I think this maybe the year and I think it -- this bill takes care of at least some of the concerns I had particularly with the distribution system that existed in the past. So I -- I think that this bill goes a long way to resolving those problems and I think you may -- you may see success this year.

Thank you, Mr. Chairman.

SENATOR COLEMAN: Representative Holder-Winfield.

REP. HOLDER-WINFIELD: Thank you, Mr. Chair. Good afternoon. How are you? I want to echo what

others have said, I want to thank you for your persistence. You know, you said something similar to what Representative Gonzalez said about the fear that resides in some of us here. And -- and it kind of blows my mind to be honest with you. I'm trying to figure out what people are afraid of.

We're talking about whether we're helping people or not. We're not talking about legalizing the drug. We're not talking about sending messages that aren't good. Actually we're talking about sending a good message to all of the people of this state, which is that the people in this building get it, understand that they're people that are hurting and their circumstances may be different than those that we generally understand, but if we get that we can make decisions to help people. We're vested with the power to do that.

And if we want to send a good message to the people of the state that message might be that we actually listened. So thank you for your testimony. Thank you for your persistence. You know, your -- your persistence is part of the reason that I'm a co-sponsor on that bill so to your point about what you can do with your testimony, and what the people who sit in the audience can do with their testimony, they can do a lot, to make this happen. So thank you again and hope -- I hope that we don't have to see you testify again.

REP. BACCHIOCHI: It'd be my pleasure not to testify on this bill again.

SENATOR COLEMAN: Others with questions or comments? Seeing none. Thank you again, very much, Representative Bacchiocchi.

REP. BACCHIOCHI: Thank you very much.

CHARLENE DUTKA: Thank you.

REP. FOX: Thank you. Are there other questions? Seeing none. Thank you --

CHARLENE DUTKA: Thank you.

REP. FOX: -- for being here today.

CHARLENE DUTKA: Have a nice afternoon.

REP. FOX: Thank you. Next is William Campbell. Is Mr. Campbell here? How about Don Montouri? All right. How about John McDonald?

JOHN MCDONALD: Right here.

REP. FOX: Hello and good afternoon.

JOHN MCDONALD: Mr. Chairman, honorary members, good afternoon.

My name is John McDonald and I'm from Central Village in Plainfield. I'm not here to try to advise you on the HB 5389 about whether you should or should not legalize medical marijuana. I am not qualified to do that. I'm not a physician. I've had no training in pharmacology.

What I'm here to do is try to convince you that if this bill is indeed passed and medical marijuana is legalized that we have a responsibility and an opportunity to put some positive controls on it.

I've written up my ideas and handed them out to you. I hope that you've got a copy of them, but I feel that we should test all patients prior to putting them on marijuana to see if they are indeed using it now, and whether or not that it would help them at all

to add more to it.

I've come up with an idea about a blind second opinion prescription program that I think should be looked into. And I think there should be a single licensed company to grow the marijuana in the state of Connecticut. If we turn loose people to grow their own, we're going to have a bunch of pot dealers in every town and no control whatsoever.

There should be limited ways in which the marijuana goes to the patient and the pharmacy is I think the probably the best choice. And I also, think that we should absolutely stop any idea of filling any out of state prescriptions in [inaudible] Connecticut. We have no way to control or vet those prescriptions, so we don't know who's writing them.

We have the responsibility to control the flow of this drug. We can have -- also have an opportunity to set up a system in medical marijuana that can be used as a template by other states. We can lead the nation in this. If we're going to do this thing let's do it right. Right from the start and so we don't wind up with the kind of travesty, in my opinion that they've got in California and Colorado.

They've lost total control over medical marijuana situation that really was nothing more than a thin, veneer to put over legalized marijuana, but their veneer was made out of Saran Wrap, you can see right through it. Thank you for your time.

REP. FOX: Thank you sir. Thank you for your testimony. Are there any questions? Thank you.

JOHN MCDONALD: Thank you very much.

REP. FOX: Next is Joey Adamaitis.

JOEY ADAMAITIS: Hello. How are you doing? I submitted -- this is a sheet of all of the other chemicals in marijuana besides THC and all the medical benefits they have to. You can see some is an anti-oxidant, antibiotic, anti-inflammatory -- it's online with my testimony.

HB 5389

I'd like to start off by saying I'm a botanist so I know a lot about plants in general. I know about a lot of herbs and stuff. I was on News 8 yesterday -- got interviewed -- they were interviewing me about all the herbs I grow. So I have a lot of knowledge about these types of things.

My name is Joey Adamaitis. I am another human being with a different perspective. I have grown up in a nice place my whole life. I was somewhat -- no, very much sheltered from the world around me. I did understand anything about politics, was completely uninterested. It wasn't until I was about 18-years old my perspective began to change radically. I'm now passionately devoted to things I personally perceive to be injustices around me.

I am going to demonstrate and perhaps try to convince you to just take a look at things from my perspective. I started writing this speech back in February because I really wanted to get through to you guys, and I really wanted to make my point as clear and concise as possible.

The drug laws in place right now are wrong.

You are hurting people by allowing these laws to stay in place. For you to make any plant illegal is wrong no matter what it does to our human consciousness, that is unjustifiable.

I believe in our country's core philosophy that we have freedom of choice. We have the freedom to choose what religion we want, what religion we want to follow, what school we want to go to, what state we want to live in, who we want to vote for, but for some reason we don't have the right to choose which medicine we can put into our own body.

If I have a headache I have the right to choose if I want to take Advil, Tylenol or eat a cannabis brownie. Advil and Tylenol have killed thousands of people and are perfectly acceptable ways of treating your ailments in our society. On the other hand if you choose a plant that grows from the ground, does not cost billions of dollars to produce, hasn't killed anyone, does not cause brain damage, stomach lining damage or any other organ damage, you can face prosecution. What happened to my freedom of choice?

I would like to share a short story with you about coffee and the Ottoman Empire in the 16th century. The sultan at the time, Murad IV would walk the town in disguise just to hear what the townspeople would say about him and his government. The first day he stopped into a tavern where he saw people get drunk, laugh and sing.

On the next day he walked into a coffee house and he witnessed people talking of politics and the Ottoman Empire. The people blamed society's problems on the government and Murad himself. The sultan was concerned what he had just witnessed, so he went back to his palace

to think about what he should do about it.

After some time of thinking he came to the decision that in order to stop the people from talking bad about the government he would ban the drinking of coffee. Here is a list of the plants that have been throughout human history.

In 7th century Islam, alcohol was banned. 11th and 12th century Egypt, cannabis was banned. 14th century Islam, recreational use of cannabis was banned, but the medicinal use was permitted. 14th century Mesa and South America, [inaudible] and mushrooms, among other sacred plants. The government there claimed them to be the works of the devil. In 15th century Europe, coffee was also banned, claimed that to be the work of the devil. And 15th to 18th century Ethiopia coffee was also banned there. And 18th century China opium was banned. And now today worldwide any plant or fungi that alters your body, mind except alcohol, tobacco and coffee.

So if you look throughout history you will see that people have always had a fear about drugs, and that fear is largely fantasy. If you look back at the list I've made you will see that in Europe and the Americas where our culture was born, there was an irrational fear that using these plants was the workings of the devil. This fear has transpired into today's drug war.

No we don't think -- think it's the workings of the devil, but there is still this moral dilemma about using these types of plants which is the wrong attitude to have. I believe in the right to the pursuit of happiness. What exactly is the pursuit of happiness? Well, I think it is going after

your dreams. Whatever that dream may be.

One of my dreams is to get a bunch of friends together, we all eat some cannabis brownies and go on a camping trip. The laws say that that is wrong and I am a criminal. I deserve to be locked in a cage. Now, isn't that infringing on my right to my own pursuit of happiness?

I also believe in our freedom of religion. And in my case, I don't know of any organization -- organized religion that I feel I really belong to. I studied a lot of world religions from Christianity to Jainism and I found a lot of their philosophies rang true with my spirit, so I never felt I could choose just one. Although, I also felt organizations themselves weren't for me. So what I practice is my own, unorganized, chaotic religion and that is what I believe in. I believe spirituality is chaotic and can't be put on a regimented schedule like every Sunday at 10:00 a.m.

REP. FOX: Mr. Adamaitis? The -- the bell went off a few minutes ago. If you could just try to summarize.

JOEY ADAMAITIS: Oh, I'm sorry. Okay.

REP. FOX: Yeah.

JOEY ADAMAITIS: Sorry about that. As far as what I think about medical marijuana regulation goes, I think any person should be able to use it, whether that person has a headache, menstrual cramps, stomachache, sleeping problem, cancer, glaucoma, AIDS or depression. Cannabis has been used to treat all of those conditions throughout human history, and no law is going to prevent me from using it as I

see fit. I also think you take down the list of diseases and just replace it with a doctor's recommendation, meaning you go to a doctor and tell him what ails you and after running a few tests he confirms whatever ailment you have and signs off on the paperwork. That way it is not restricted to people with just serious diseases. I believe that everyone can benefit from marijuana not just deathly sick people.

REP. FOX: Thank you for you testimony.

JOEY ADAMAITIS: Thank you.

REP. FOX: Are there questions for Mr. Adamaitis? Is that --

JOEY ADAMAITIS: Adamaitis.

REP. FOX: Adamaitis.

JOEY ADAMAITIS: Yeah. Thanks.

REP. FOX: Thank you very much. Thank you for your testimony.

JOEY ADAMAITIS: Yeah. Thank you.

REP. FOX: Next is Dr. Michael Marks. Good afternoon.

MICHAEL MARKS: Good afternoon, Representative Fox, and distinguished members of the Judiciary Committee. I thank you for the opportunity to present this testimony to you as strong opposition to Senate Bill 243 AN ACT CONCERNING CERTIFICATE OF MERIT.

I'm Dr. Michael Marks. I'm currently the Vice President of Business Development in Norwalk Hospital. Before taking this position in

to have been doing it lately.

MICHAEL MARKS: And -- and that is actually something that -- that other states have done that what you have to do you actually -- actually have to actively be doing, but that's why you asked me could I -- could I? Would I? I wouldn't sign a certificate of merit because I wouldn't consider myself really an expertise in -- in my opinion you should, if you're going to sign a certificate of merit, you really should have the capabilities to then go forward and be an expert to testify in court because that's going to then hold it to a specific standard.

REP. FOX: Thank you. Other -- other questions. Thank you very much, doctor.

MICHAEL MARKS: Thanks for letting me.

SENATOR COLEMAN: Alexander Krupp.

ALEXANDER KRUPP: I'd like to thank the Chairman and the committee.

HB5389

My name is Alex Krupp and I'm from New Canaan. I'm here today to testify in support of the medical marijuana bill. I'm here not as a patient, but as an expert in the science of medical marijuana and the public policy.

And what I'd like to propose today is actually an amendment to the affirmative defense portion of this bill. So the affirmative defense portion of the bill as it currently stands it allows someone -- a medical patient who's arrested, you know, for possession of medical marijuana to assert that yes they did have marijuana, but it was for medical purposes so, they should not go to jail. The problem I see with the bill as it currently

stands is -- is that I provides only very limited benefit because if it essentially it currently requires a patient to have complied with all of the requirements of the act, but if a patient has already complied with all the requirements of the act they shouldn't have been arrested in the first place.

So in order to make this bill more consistent with the best practices from other established medical states like, Oregon, Michigan and Rhode Island, I would propose expending this measure to add an additional safety valve to the affirmative defense clause. This extension would allow patients who have received a valid medical marijuana recommendation from another state to assert their affirmative defense in trial.

To be clear, this would not legalize marijuana for those with a palliative use recommendation from another state, nor would it allow those with a recommendation from another state to use the proposed pharmacy or dispensary system. These individuals caught with marijuana would still be subject to arrest and prosecution so, this would not be a get out of jail free card rather it would merely provide a safety valve to keep people who don't belong in the prison system, out of the prison system.

So the proposed amendment to Section V Affirmative Defense Clause would read as follows:

"Any person may assert the palliative use of marijuana as an affirmative defense to any prosecution involving marijuana or paraphernalia relating to marijuana under Chapter 420(d) of the General Statutes or any other provision of the General Statutes. This

defense shall be presumed valid where the evidence shows that either of the two following clauses; one is that such person has strictly complied as a qualifying patient or caregiver with the requirements of Sections one through 15 inclusive of this Act. As the bill currently stands or two, additionally that such person has held a recommendation for the palliative use of marijuana valid under the laws of any state within the last five years."

So that would be the addition. So thank you, that's it for today. I'm happy to answer any questions you have to sort out the science of marijuana public policy about that generally.

SENATOR COLEMAN: Does anyone have a question for Mr. Krupp? Seeing none. Thank you for your testimony.

ALEXANDER KRUPP: Great. Thank you.

SENATOR COLEMAN: Dr. Steven Thornquist.

STEVEN THORNQUIST: Before I get started I have a quick question, I'm actually technically signed up to testify on both 243 and 5389, how does that work? Do I get time on each? Do I share the time?

SENATOR COLEMAN: Well, you get three minutes.

STEVEN THORNQUIST: Okay.

SENATOR COLEMAN: And we've been sort of accommodating people beyond the sound of the chimes, so what we would ask you to do, if you signed up on both bills, is to give us your input on both of those bills at this time.

STEVEN THORNQUIST: All right. So you'll get the

Reader's Digest version, I guess, which is probably good for all of us at this point, but if I may.

I want to thank you for allowing me the opportunity to address this August body and I will start will Bill Number 243 the -- excuse me I'm just going to pull this out -- the bill dealing with certificates of merit. Now, you've heard a lot on this already and I'm going to echo a lot of what you've heard from my medical colleagues, which is that this bill would be a disaster for us.

Complications in medicine occur in every office, clinic, hospital, and operating room every single day of the year. Risk of injury is an inherent part of the practice of medicine and none our therapies, medicines, or operations guarantees perfection. Even without negligence treatments may sometimes not work well. They may not be everlasting and constantly improving technologies and therapies bring unique changes and unique challenges in advances to every medical specialty.

That's why the good faith basis for filing medical malpractice lawsuits depends so much upon the quality of a variable opinion from an expert on the standard of care being used in the same field of medicine and intimately understands those challenges and accepts the standards and accept the standard of care in the particular field of medicine being questioned.

I believe it was Representative Harrington -- Hetherington rather, who brought up the point that we are discussing here a witness who is addressing the standard of care and a violation thereof, not the actual procedure

performed or the quality of the care being given. This is not the expert witness on whether the practice was negligent or whether it was being done properly, it's on whether the standard of care within a given section of practice was violated.

For that you need someone of very similar practice, not someone who is generally licensed to practice in that field and that is the issue of concern to my colleagues and myself. We ask that you oppose SB243 because it will undermine every aspect of tort reform embodying the Connecticut General Statutes 5290A and Public Act Number 05-275 while retaining everything the medical community conceded in order to obtain a balance and modest protection the laws have provided.

In closing, on behalf of the medical community I ask you opposed the bill because by requiring an expert whose identity is hidden from a Defendant we -- the -- we are ensuring that the basic standard for an expert in the medical specialty is -- excuse me -- I misread that -- by -- by requiring an expert whose identify is hidden, but a similar provider we are insuring a basic standard. This basic standard will be violated by removing the assurance that a similar provider is being used especially if his identity or hers is being hidden.

I would like to then (inaudible) -- how do we do this? I move on to my -- to 5389 and then -- okay.

Now, I am going to change pace here, put on my other hat. I am again representing both Connecticut Society of Eye Physicians. I'm currently its Legislative Chair and I'm also, representing the opinion of the Academy of --

American Academy of Ophthalmology in addressing the bill AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA.

We have deep concerns about this bill -- all right -- largely because it includes glaucoma in the list of marijuana -- of conditions for which medical marijuana may be used for palliation of debilitating medical conditions. Our concerns specifically here, is with regard to the listing of glaucoma. You may do what you want in the other fields, but glaucoma is a condition that is rarely debilitating and is not responsive to any palliative effect that has been attributed to marijuana.

Palliative use is defined in the bill means to alleviate a qualifying patient's symptoms or the effects of such symptoms. Loss of vision the primary symptom that occurs with glaucoma does not abate in response to marijuana. So there is no opportunity to use it for palliative effect. As such, it does not meet criteria for inclusion of the provisions of the bill and should be removed from the list of covered conditions.

The only eye attributable to marijuana is an extremely weak and short-lived pressure lowering effect that while not harmful, is hardly helpful in light of the significant uncertainty entailed in the dosing and use of a plant based modality. No ophthalmologist would ever prescribe an eye drop that was so weak or so short lived in effect, the pressure lowering effect of cannabis is so unrealizable that even if it had no other side effects at all it would not support the case for use of marijuana as a medical entity.

Inhaled marijuana is a regressive treatment because it suggests the entire body to the

effects of the drug, not just the organ at interest, and we ask that the committee remove glaucoma from the list of conditions.

This opinion is being supported by the American Academy of Ophthalmology and the National Eye Institute. There are a couple of other concerns we have about the bill, as well, it's the establishment of a medical board that may add debilitating medical conditions to the list, but does not have the latitude to then remove them if there are better treatments that come out, is a bit of a problem, and we would ask that the ability of that board to rule -- both to add and to subtract conditions be given.

And we question the practice of placing the oversight and definitions of portions of medical practice under the Department of Consumer Protection, rather than the Department of Public Health which, covers all other issues regarding medical practice and medical decision-making.

This duplicates infrastructures the governance of medical practice in the state and could create conflicts that might impact the care and safety of our patients. Further, we have concerns about the sequestration of the licensing fees solely for the purpose of administering this bill.

We would ask that this also be further reviewed, and that consideration also be given to similar sequesting medical licensing fees for use by the medical board for administering and reviewing medical practice, as well as, for other licensed professions. If you're going to set a model for this one that model might be useful in other conditions.

In closing, without scientific support -- without scientific studies supporting the use of marijuana as a palliative agent for glaucoma, we cannot support this bill. We undersign and empathize with patients who may be desperate for relief of pain and who envision that the use of marijuana will relieve symptoms attributed to glaucoma, but our job is to ensure that therapies be made available and promoted by the state are proven to be safe and effective.

I urge you to vote against the bill in this form. Thank you.

SENATOR COLEMAN: Are there questions for Mr. Thornquist? Representative O'Neill.

REP. O'NEILL: Thank you. Do -- do you ever find -- have you ever found occasion to utilize either of the available medical versions of marijuana or at least the active ingredient, the THC; Marinol and the inhalant? Have -- have you ever seen those or have you ever actually prescribed those or thought about prescribing them?

STEVEN THORNQUIST: No, I do not, because, again, the effect on intraocular pressure as a glaucoma agent, there are so many far better drugs with a lower side effect profile that are used for that purpose that it -- it just doesn't really even enter into the -- the therapeutic regiment at all.

REP. O'NEILL: One of the testimony's we got was from a lady who apparently had glaucoma and I was out of the room for a while she may have testified, you may have heard her testimony, but she --

STEVEN THORNQUIST: I did not hear that one.

REP. O'NEILL: -- apparently one of her sons or maybe both of her sons were physicians, they arranged for her to smoke marijuana for a month or so. She didn't tell her ophthalmologist and her glaucoma -- her eye pressure went down substantially to the point where she didn't need surgery, and then for some other reason she stopped taking it and the next time she took a visit to that doctor it went right back up, which seems very different from what you're describing, in terms of short term effect.

Have you ever seen an occasion where someone -- or are you familiar with any literature that would support this anecdote that we're being given?

STEVEN THORNQUIST: I'm not familiar with literature that would support that anecdote. The literature that I have seen and am familiar with would not support that anecdote. I kind of have to go on the basis on the literature and the scientific studies that's based on what is going to happen in most patients. We can all find anecdotes of exceptions to pretty much any rule, perhaps except the law of the speed of light, but the -- although that was contested recently, too, I understand.

But the -- you know, the scientific -- the science isn't there, the studies don't show it. On any given patient walking through my door the odds that they will be that particular patient, and there are patients who respond much better to certain modalities than to others. Some respond better to laser treatment, others to surgical treatment, others to a certain combination of medications. I -- it's not absolute. Nothing

in medicine is, which gets to our problem with the other bill, but the fact of the matter is that I have to base my decision on what the science shows me is going to work for most people who come through my door.

With the ability to tinker here and there, I have never found the need for recourse to a marijuana based drug.

REP. O'NEILL: Okay. And -- and the drugs that you would administer are eye drops and things like that are specifically targeted for the eye --

STEVEN THORNQUIST: Yes.

REP. O'NEILL: -- so they don't necessarily go through the system? Do people have adverse reactions to those sometimes?

STEVEN THORNQUIST: Certainly, to any drug you can have adverse reactions to a perfume you breathe in a restaurant. I mean, any content of any type if you are predisposed to react to that medication or that chemical you can have an adverse reaction. People can have adverse reactions to -- to marijuana. I mean, you -- adverse reactions happen to any kind of chemical, any plant, people are allergic to peanuts. People are allergic to penicillin. Yes, people -- there are side effects to drugs. There are adverse effects to drugs.

REP. O'NEILL: But you're able to find a FDA authorized drug in your practice. You can find one -- something that's able to alleviate the condition for the benefit of your patient?

STEVEN THORNQUIST: Between the (inaudible) of drugs that are currently offered and -- and the various laser and surgery -- and other surgical modalities, yes. And I speak for my

colleagues, too, because we have solicited opinions from a number of my colleagues, as well. And I know of no one who has felt a need to resort to a marijuana-based drug for pressure lowering.

REP. O'NEILL: Okay. Thank you, Mr. Chairman.

SENATOR COLEMAN: Are there other questions? Representative Shaban.

REP. SHABAN: Thank you, Mr. Chairman. I'm going to try and marry your testimony. Let's say the palliative use bill passes and you were called to opine under the current state of the law about the standard of care for ophthalmologist, what would your opinion be if a doctor prescribed marijuana for the treatment of glaucoma? Would that be below the standard of care, above the standard of care? Can you opine on that?

STEVEN THORNQUIST: That's a difficult thing to opine on since currently if I prescribed it -- if it were currently standard of care we would all be potentially in danger of being arrested since, it's illegal. So illegal modalities typically, don't fit the definition of standard of care. Since if you just make it legal then it would have to be based, on a scientific studies, and on the general practice.

Standard of care is what is standard at both in the community and known to be effective. Given my opinion that it is not effective and the opinion of most of the experts in my field it is not effective, if it is still a legal treatment and you happen to be that one person for whom it works and you can demonstrate in the case that the pressure was effective lowered and they were out of danger I would

say that that would constitute standard of care, because you are effectively lowering the pressure with a valid therapeutic agent that is useful and available.

If it -- if you solely gave them a joint and said go have fun and their pressure stayed at 36 and they lost vision, I would say he probably violated standard of care, but not because of the marijuana, per se, because you failed to follow-up and -- and provide due diligence.

REP. SHABAN: What's -- what's the current state of the research, though?

STEVEN THORNQUIST: The current state of the research is that the pressure lowering effect from -- especially from the herbal form of marijuana, is minimal in most patients; that you would have to be a bigger fan than Bob Marley in order to get an effective lowering of your intraocular pressure in most cases.

REP. SHABAN: So if we passed palliative use of marijuana and passed the standard of care bill it sounds to me -- I mean, I'm trying to run out this hypothetical -- (inaudible) --

STEVEN THORNQUIST: I'm trying to stay with you.

REP. SHABAN: Yeah. Right. And if I fall, forgive me. It -- it seems to me that you said, based on the current state of the research, that the standard of care would suggest that use of marijuana probably would not meet the standard of care; however, if we passed the certificate of merit bill, somebody could still testify or still could sign a certificate of merit, say, yeah, go ahead, have a lawsuit. Go for it.

STEVEN THORNQUIST: Yeah. You could find someone

who is not, you know, does not practice glaucoma or is not particularly trained in it because they would fit -- if you deem them an expert if you take away the similar requirement then they could say that not giving marijuana violated standard of care even though it's not felt to be a particularly effective drug. That would be problematic for me frankly, and I think that that gets back to why we're opposed to the other bill.

REP. SHABAN: And -- and I kind of agree with you that's why I was trying to draw the link. I mean, the same expert whether it's you or someone else who would opine that the use or not -- non-use of marijuana fell above or below the standard of care wouldn't actually be testifying about -- wouldn't actually be swearing to that on a certificate basis. They would just be saying there's a possibility of a good faith case here, however, that same expert then six months or year later would say well, you know what it's below the standard of care. That's -- I -- I'm trying to connect the dots.

STEVEN THORNQUIST: Yeah. No, and I would agree with that. Yeah.

REP. SHABAN: Thank you, Mr. --

STEVEN THORNQUIST: Thank you.

SENATOR COLEMAN: Chairman Fox.

REP. FOX: Yes. Thank you, Mr. Chairman. I'm just -- follow-up on that last question. I mean, are you saying that the Legislature would be able to establish the standard of care as to the doctor's ability to treat their client?

STEVEN THORNQUIST: I would hope not.

REP. FOX: I -- I would hope not too. I don't think that we can. That's why I don't know what we do --

STEVEN THORNQUIST: Well --

REP. FOX: -- would be able to --

STEVEN THORNQUIST: -- the loosening the requirement that the person making a judgment of standard of care violation could be whoever the Plaintiff's attorney feels is appropriate is problematic for us, because it could lead -- I mean, you could -- the whole idea of keeping them, you know, keeping their identify secret so that they could -- so that you could encourage people to testify against colleagues was the assurance for the medical -- for the medical Defendant was that, at least it would be someone who knew what they were talking about.

And if you remove that assurance then it's a free for all. That's what we're concerned about. The Legislature is not determining in any of these cases what the standard of care is.

REP. FOX: Oh, and I know they're not.

STEVEN THORNQUIST: It's -- it's the expert --

REP. FOX: I just wanted to make sure I was clear.

STEVEN THORNQUIST: -- that is determining or claiming to determine what the standard of care is. We would just like that expert to actually be an expert.

REP. FOX: Yeah. And if the bill says an individual who's qualified to testify as

expert at trial, would that as to the standard of care would that be an expert?

STEVEN THORNQUIST: Depends, we would -- that's not necessarily the case because the judgment for how he is -- who is qualified rests with the Plaintiff's attorney, in that case, because he just simply finds someone who says he's qualified and files the case. This -- what we currently have is that someone who has a similar practitioner has at least reviewed the case, that's what we'd like to keep.

REP. FOX: Because it seems to me like the big distinction is the difference between the words similar as is defined in statute versus the term qualified.

STEVEN THORNQUIST: Well, if you want to tighten it up that's fine with us. If you want to go to, you know, similar training as demonstrated by track record with and ability for the Defendant to review that training that's fine with us. We'll go with that, but simply saying qualified and leaving the judgment of qualified up to the Plaintiff's attorney is a little bit problematic.

REP. FOX: Well, what if it said something like a practitioner who meets the satisfaction of the court, possession sufficient training, experience, and knowledge as a result of practice or teaching in a related field of medicine so as to be able to provide expert testimony as to the prevailing professional standard of care? Would that be something that would work?

STEVEN THORNQUIST: I would have to think about that to be honest, because you just ran it off pretty quickly.

REP. FOX: Yeah. I'm sorry. I'm just reading off the definition that was referenced in the bill that's all.

STEVEN THORNQUIST: Right. Referenced in the bill.

REP. FOX: Yeah.

STEVEN THORNQUIST: This definition that was given by the Supreme Court in Bennett versus New Milford, that definition? The one that we've all be arguing about --

REP. FOX: The statute -- I'm just reading from the statue itself.

STEVEN THORNQUIST: Right, but -- well I'm going further than what the statute --

REP. FOX: Okay.

STEVEN THORNQUIST: -- says. I'm saying what the court has defined. I guess, I'm not sure why with what the court has already told you is their satisfaction is a problem because as -- as Senator Coleman even eluded to the number of cases that -- that get bounced and then, come back with appeal -- with a new expert is -- and then -- then continue to get bounced is -- is negligible. So if you're not missing cases, why do you need to change it?

REP. FOX: Okay. All right. Thank you. I appreciate it.

SENATOR COLEMAN: Are there other questions? Seeing none, thank you, doctor.

STEVEN THORNQUIST: Thank you.

SENATOR COLEMAN: David Kimmel.

DAVID KIMMEL: How are you?

SENATOR COLEMAN: We're fine. How are you?

RICHARD LISE: Just fine, sir. My name is Richard Lise I'm vice president and partner in Vintage Foods. This is my associate David Kimmel. We were both on the roster so rather, than take up twice as much time we'll try to address this way if that's okay.

SENATOR COLEMAN: That's fine.

RICHARD LISE: And I'm addressing Co-Chair Coleman and Co-Chair Fox and members of Judiciary Committee. My name again is Richard Lise. I am a vice president and partner in Vintage Foods Limited and a longtime resident of Ledyard, Connecticut.

I represent what the business face of medicinal marijuana should look like in Connecticut. I am here today to lend my support to Bill Number 5389 AN ACT OF CONCERNING -- AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA.

I would like to recognize the effort of the Connecticut Legislature, advocates -- and advocates responsible for bringing us to this moment. Some have said this bill is a job engine, a tax generator and a business opportunity; however, it is the relief and compassion and assistance this homeopathic medicine will bring to many of patients suffering throughout our great state that you should be commended for.

As a Connecticut small business owner our mission will be to operate a growth facility, functional food-manufacturing kitchen, and dispensary to serve to the registered patients

within our state. Our food products will be rich in antioxidants to boost the immune system, support cardiovascular health, and build overall wellness.

Each dose will be standardized and labeled to identify the cannabinoid profile and active ingredient potency. This is fundamental in allowing the doctor to assist the patient in choosing the correct medicine for their individual needs, as well as, to determine how much to use.

Food is medicine, is an excellent delivery system for medicinal marijuana, but should not be precluded -- preclude a smoking option for those in need of immediate relief. Bill 5389 makes no provision for smoking, delivery -- for a non-smoking delivery system specifically food and beverage products. On the patients behalf I strongly urge that the language be included to address this need.

Our advisory team includes Dr. Sheldon Hendler, Editor and Chief of the Journal of the Medicinal Foods -- of Medicinal Food and author of the PDR for Nutritional Supplements. Also Fran Well Incorporated, who was awarded the bid to provide a radio frequency identification system for the state of Colorado Medicinal Marijuana Department of Revenue to track the states medicinal marijuana program on a web based platform. So there's your controls.

Our in-house management team includes expertise in organic farming, food production, logistics, as well as management skill sets in business, agriculture, culinary arts, licensed alcoholic beverage dispensing, retailing, and pharmacology.

I come before the Judiciary Committee not to tout my company's business plan or corporate expertise, but to use this to illustrate our serious -- how seriously we take the medicine, the program, and most importantly, the patient it would benefit. Our obligation is to follow the proposed legislation, if passed, to the letter and spirit of the law.

We understand the sense of community that needs to be developed and maintained on behalf of the patients wellbeing and we will offer a compassion assistance program providing help for veterans, fixed income seniors, and terminally ill patients.

Our mission is clear, to ensure the safe, secure and controlled medicine be made available to the patient. To achieve this goal effectively and efficiently we ask for a business environment that is well designed, practical, and sustainable. We believe that it is imperative that any regulation not favor large existing out of state corporations, some of who are here today visiting Connecticut for the first time.

Ladies and gentlemen of the Judiciary Committee, we are the face of medicinal marijuana, a face that can be trusted and depended on. I give you my word that my -- I give you my word that my company, if my company is -- excuse me -- I give you my word that my company will do exactly as I have outlined today and more. We will help make the state of Connecticut's medicinal marijuana program the most professional and most secure in the country. Thank you very much. Now you can ask any -- I can answer any questions.

SENATOR COLEMAN: Mr. Kimmel, do you have anything to add?

DAVID KIMMEL: No, thank you, Chairman, Coleman.

SENATOR COLEMAN: Are there questions for either Mr. Kimmel or Mr. Lise? Representative Hetherington.

REP. HETHERINGTON: Thank you, Mr. Chairman. You described marijuana as a -- as a medicine for these purposes and I think there's a lot of persuasive arguments brought forward why this bill should be -- should pass, but I wonder if marijuana is not approved by the FDA as a medicine, correct?

DAVID KIMMEL: That is correct, sir, but that's base -- okay. That's correct. I'll just (inaudible).

REP. HETHERINGTON: Well, and I believe to get FDA approval you have to show that a medicine is safe and effective. Do you think we ought to have medicines that have not been established as safe and effective?

DAVID KIMMEL: You raise an excellent point and I think this has clearly been a point of discussion not only today, but ongoing in the 16 states that have gone forward and legalized medicinal marijuana. I think you should please take note of the fact that this is a homeopathic remedy. That is it say it's used in its naturally occurring state. This is not a manufactured product, as all other pharmaceuticals are. This is something that as you understand grows in the ground and by and large after being dried and processed it is consumed by some, using a smoking delivery system, but certainly by us we are promoting a food delivery or non-smoking system.

REP. HETHERINGTON: By the way, how is the non-

smoking delivery system; what are the options under that?

DAVID KIMMEL: Probably the most effective, and I'm not a doctor and I can't speak as authoritatively as some of the other doctors in this room who will hopefully be addressing the issue, but a delivery system using MIP's or marijuana infused products not only last longer that is you get more palliative relief, but as -- for most understanding is less expensive for the patient to use. Furthermore, there is a silver lining here ladies and gentlemen, which is that as my associate said, food is medicine. You are what you eat. And one of the benefits of a food delivery system is you add nourishment to the patients dietary need and for most of us who've been sick we all understand that nourishment is a key to wellness and health.

REP. HETHERINGTON: So it sort of becomes a salad ingredient for these purposes?

DAVID KIMMEL: There are other non-smoking delivery systems such as vaporization, but again, speaking on a personal level, as well as professional level, we believe because of the benefit of the nutrients delivered with food, food is one of the most appropriate delivery systems for medicinal cannabis. Furthermore, I would like to add one thing please, there has been some discussion regarding the control of both potency and dose. And I do want all of the committee members to understand that there are many opportunities and options to control the potency being delivered to the patient, as well as, the dosage in a non-smoking delivery system.

And by and large that's done through laboratory analysis. It's been proven quite

successful in some of the other states that have legalized medicinal cannabis.

REP. HETHERINGTON: So is it -- it just going back to the original question, is it -- is it fair to say that then we would view marijuana as the things you might find at a -- like the things you might buy in a health food store that -- that say that this isn't represented as a cure or prevention for any particular disease or condition?

DAVID KIMMEL: Yes. I wouldn't obviously suggest that we sell it in a health food store, but I do agree that yes that's how the proper labeling would be enforced and I'm also, a believer as my associate Richard is, is that we should follow the standards set by not only the FDA, but the USDA in food labeling so that there is some continuity between this medicine and other, if you will, supplements and certainly medicines in the marketplace.

REP. HETHERINGTON: Okay. Thank you.

DAVID KIMMEL: Thank you.

SENATOR COLEMAN: Are there others with questions? Representative Shaban.

REP. SHABAN: Thank you, Mr. Chairman. So who would determine dosage? I mean, is it in the Physician's Desk Reference?

DAVID KIMMEL: In the PDR, no, regrettably it does not exist yet.

REP. SHABAN: Not even none of those 14 or 15 states?

DAVID KIMMEL: No, not in the PDR, but I will say

the following, that it first begins with the doctor. And the doctor should meet with the patient to understand what the patient's needs are finally, what the best strain of medicinal cannabis might best serve the patient's needs. You should understand that there are many different strains of cannabis in the marketplace, and each strain has a number of different cannabinoids or active ingredients that can address different needs.

Regrettably and what I've heard today even from the ophthalmologist who I know treat eyes, but sometimes I don't think they see very well. It's not just about smoking a joint. Everybody refers to this thing where they go to the mouth with smoking. This is not what this is about and it's truly unfair to characterize this issue as a 1960's pot smoking issue.

Certain cannabinoids in cannabis can address a number of needs that don't specifically get you high. And really that's what this is about. It's not about getting high; it's about addressing the medical need of the patient. And as one looks further and lifts up more stones, flips through the pages of research becomes more apparent that unfortunately the moniker is it's about getting high, but truly it's -- it's much deeper than that.

REP. SHABAN: Follow-up, Mr. Chair. So if there's no dosage information out there by either the FDA or additionally PDR, you said they're going to go to the marketplace, what marketplace would that be?

DAVID KIMMEL: What happens in -- in the states where medicinal cannabis is legal there are now laboratories that are able to analyze the

potency of a specific strain and/or specific crop. Not unlike a tomato and forgive me for the base analogy, but an heirloom tomato is significantly different than a genetically modified tomato and those differences can easily be ascertained to determine in a laboratory.

Medicinal cannabis is similar. Once you have the product and can analyze it and determine through any number of specific tests what the active ingredients are in that particular strain, as well as, the strength of that strain one can make a determination, but a good doctor and I want to be clear about this, a good medicinal marijuana doctor starts a patient out slowly. They use a minimal dose and then they build accordingly to the patients' needs, as well as, tolerance.

Every human being is different. We all have different needs. Some of us need to eat a lot of steak for dinner, others need to eat a salad and it's similar -- forgive me for the basic analogy, but in medicinal cannabis. Some are very sensitive to the medicine, others are much more tolerant. So there is no yet, defining line and -- and part of that Representative Shaban is it -- forgive me -- is that we've not been able to do any real research on this.

If I had my druthers and could rewrite this bill, I would bring the University of Connecticut into this. We would love and will reach out as we have already to them, because they've not only done some research on it but, they have the analytical laboratory and expertise to really get into this conversation deeply and help set a standard for this subject.

REP. SHABAN: You mentioned labs, are any of these state run labs in these 14 of 15 states?

DAVID KIMMEL: To my knowledge, no. They're all independent; hence my comment about the University of Connecticut and why I think that would be an appropriate target for this state to embrace.

REP. SHABAN: So you would ask the state of Connecticut to be the first of the 50 states to take a state position about determining whether, how much or what kind of dosage marijuana may have in medicinal use as opposed to the FDA?

DAVID KIMMEL: I'm believer that's the -- first let me say that because the FDA doesn't recognize this particular homeopathic medicine, we -- we really can't go there. Secondly, I'm not sure I trust the FDA because they're under the thumb of the federal government and there's a lot of controversy as to their position. More importantly I am believer that this bill that the state of Connecticut has produced, thank you to the Legislators and to the advocates, one of them in this room, who I have the utmost respect for who I know, Mr. Williams has put a tremendous amount of work into this bill.

That -- moving in this direction, making Connecticut the best medicinal marijuana program in the country should in fact, take into consideration a testing laboratory and research program that can at some point do true clinical analysis on this medication. Thank you for your question.

SENATOR COLEMAN: Are there others with questions? Seeing none. Thank you, gentlemen.

medical malpractice they don't have the money. It's a violation of their due process.

So I plead to you all, continue with this process that you're doing. You're going in the right direction and I support this bill.

REP. FOX: Thank you, Mr. Traylor. Are there any questions? I think we all do recall your testimony from last year, as well, so -- so thanks for coming back again.

SYLVESTER TRAYLOR: Thank you.

REP. FOX: Next is Kathleen O'Callaghan.

KATHLEEN O'CALLAGHAN: Hello. As you know my name is Kathleen O'Callaghan. HB 5389

So you know a little bit about me, my background, I worked for the State of Connecticut for 22 years as a court reporter -- official court reporter and I served a two-year stint as acting supervisor of transcript services. So I was pretty happy up there. I'm now on disability retirement, though.

I was diagnosed with Multiple Sclerosis in 1995, and I'm one of the lucky ones as I was able to walk in here and stand here today, even though I'm not standing now. Many people that have had MS for 17 years, they're not walking. They're not standing. They're in wheelchairs.

So throughout those years I've used marijuana as a medicine to help my coordination, balance, and spasms. In particular, I've proven to myself how well it works with an exercise given by my physical therapist where I stand in tandem one foot in front of the other. If I do that on a regular basis -- if

I make -- if I can make it ten seconds without some stability, I'm lucky if I make it that long.

One night I was at home and I was doing my exercises and I was high and I did that stance for over ten minutes. I couldn't believe it. I was in awe. I couldn't understand. I asked my neurologist why. He said something about neurotransmitters and I don't understand. I'm not a doctor, but I know it works. I know it helps.

I mean, I was sitting back there and I'm trying to raise my -- my leg because it hurts -- just hurts to be sitting there and be sedentary, but anyways. I've taken other medications over the years to theoretically slow the progression of the disease, but does nothing to relieve my symptoms.

Again, I've asked my neurologists about Marinol. Can I get some of that? He said that Marinol wouldn't help my issues, that it's more geared towards other things, and I don't know if it's because that's the THC in it versus all those other chemicals that are in the plant itself. I don't know. I'm not -- I'm not -- I don't know.

So anyways, I don't use marijuana socially or recreationally, it's strictly for medicinal purposes, only by myself. And I'm asking you to please approve this bill so I can access my medicine safely. Now, I have to take risks where I need to buy it, in a lot of ways. And I -- I just want to be assured that it's natural and not mixed with other substances, whether illegal or legal.

And I just wanted to rebut one little thing that Representative Boucher said, I mean, I

could rebut lots of things, but again I'm not an expert, and that is that marijuana is addictive. After all these years I'm not addicted. I could go nights without it. Yeah, my body might hurt, but I don't need it. But that's only me and I can't speak for the rest of the world, but it's not. That's all. Thank you.

REP. FOX: Thank you. Are there questions? Senator Kissel.

SENATOR KISSEL: I want to say thank you for being here all these hours this afternoon as painful as it is. And I think it's, you know, it's a little nerve racking to -- to come and testify on this and say to -- to the world on the CT Network that because of my disability and challenges that I feel that I had to go and do something that heretofore is illegal, but I -- I just have this sense that with the way this bill is constructed right now, and it may not be absolutely perfect, we may have to tweak it a little bit, but I think the fact that we have, you know, some real comfort as to where this is going to come from, how it's going to be dispensed.

I love the fact the pharmacists are going to be involved just like any other controlled substance medication. I -- I think we'll have a construct that we can set up so that someone in your position doesn't have this to worry about anymore. And God bless you for the progress that you've made. I mean, you've gone a long way with something that's very, very challenging.

KATHLEEN O'CALLAGHAN: It is, thank you.

REP. FOX: Thank you. Are there other questions? Thank you very much for being here --

REP. FOX: Thank you. Are there any questions? Thank you very much for your testimony. Next there are two individuals who we missed earlier a William Campbell, is he here? And is it Dan Montouri? Are you two together is that?

WILLIAM CAMPBELL: Yes. William Campbell is (inaudible).

REP. FOX: Okay.

WILLIAM CAMPBELL: How are you doing today?

REP. FOX: Good afternoon, sir.

WILLIAM CAMPBELL: I'm honored to be part of this democratic procedure here. I am here for hopefully you guys passing the medical marijuana laws. I suffer from glaucoma aneuridia, also corneal blisters, which I have across the front of my eye. I suffer from a lot of pain and discomfort from it. I've been prescribed different painkillers and stuff. I actually became addicted to Percocet's after several surgeries. HB 5389

And the use of marijuana has absolutely helped me with my discomfort. And the fact that it -- that I've proven it's not an addictive substance because I've traveled out of the country several times and, you know, not partake in it when I'm not in the United States.

I would really like this to be passed because it helps me. You've seen everybody in here that it helps. The fact that the rhetoric about it and the myths about it that are portrayed about it -- somebody like me that uses it for a medical reason, I'm basically a

criminal in the state of Connecticut because I choose to use an organic substance to treat my -- my glaucoma and my discomfort from it.

The fact that I can go out and get anything prescribed to me, which actually a few of the drugs that I were prescribed at one time and now no longer on the market because they've been proven in later years that they kill people, give people heart attacks and stuff like that.

Now, all I want is the ability to be able to medicate myself, be able to grow it for myself. I know what's going into it. I don't want, you know, I feel like me and everybody that's been up here talking to you for it is basically a criminal. You're making us into criminals just for -- because I want to feel -- when I go home and sit on the couch at night I don't want to be in pain and discomfort.

And I don't want to choose not to use pharmaceuticals because of all the problems that go along with them. I'm sure you've heard that all day long from people that have had, you know, bad -- bad reactions to different drugs, and the side effects of them all everything.

And I want to thank everybody that is fighting for this because you're fighting for me and other people that it's been proven to help. You can read all the studies you want about this stuff, which you need to, do is the people that are against need to get out and talk to people like me and people that are actually helped by this. And I think that, you know, if one person out of five is getting help from this that it should be okay for somebody -- this is America.

I mean, I can go to the state of California. I have a California medical card. I can choose if I want to, to move to Rhode Island or New Jersey, but I live in Connecticut. I love this state and I want to stay here, and I want to be able to, you know, not be in pain and discomfort, and not have to choose just what I can get prescribed with a doctor or pharmacy.

And I just want to thank you. All people that are fighting for it -- for me and for the ones that aren't, I would say to really go out there and try to educate yourself. Don't look at studies, don't look at reports, come out and talk to these people that are sitting out there in pain. And I don't know, if you can sit there with a straight face and tell somebody that, you know, they don't deserve to be able to sit in comfort in the privacy of their own house because they're worrying about, you know, school children getting a hold of it or whatever the latest rhetoric on it is.

That -- that you guys go out and get educated on it, really, and sit one on one with some of these people and talk to them. I know you've seen enough of them today that you can pick any of them, and if it's helping there should be no reason at all why this should be illegal for medical use in the state of Connecticut.

REP. FOX: Thank you.

WILLIAM CAMPBELL: So I want to thank you guys. I -- I couldn't write anything down because I can't really read it, but I wanted to thank you guys for your time and for the people that are fighting for it, keep fighting for it. I'm hoping this is the end of it. I mean, once upon a time everybody thought the world

was flat and people, you know, things change and it goes to show you that all the people that showed up here today for it, that there is a legitimate use for it.

So I thank you all for your time.

REP. FOX: Well, thank you, sir. There may be questions if you want to -- does anybody have any questions? Well, I -- I actually do then. You -- you said that the use of marijuana helps you with your glaucoma?

WILLIAM CAMPBELL: Yeah. From the -- from actually my glaucoma because of the effects I get from the high pressure in my eye and the fact that I have -- now I have corneal blisters which are basically blisters on the outside of my eye so, if you've ever had anything stuck in your eye it's kind of a permanent thing. And I mean, I could be doing Percocet's or -- or oxycodone's or oxycontin, but everybody I've ever seen -- anybody in -- people that have been on these things just -- it's not good for you.

REP. FOX: That kind of leads me to my next question, have you taken other medications and found that they don't --

WILLIAM CAMPBELL: I have yes. I was addicted to Percocet's for quite a while after a few major surgeries and it's probably the worst time in my life. And after I got off of them I mean, since I've been just using the marijuana for my -- for my eyes it -- it does the trick. I can't speak for everybody that's got the problem, but for me it works. And my doctor's one of the -- you know, I have some of the top glaucoma surgeons that -- in the world that I've been with and one of them -- my doctor now is, you know, says that it is good for

you. He recommends it, but I wouldn't even want to say his name right now because of the fact it is illegal and I wouldn't want any repercussions coming on him because of the fact that he stood up for something that he believes in too.

REP. FOX: Well, thank you very much. Senator Kissel.

SENATOR KISSEL: I want to thank you obviously, with your -- your vision impairment it took you extra special effort to come to the Legislature today to testify. Yeah, once upon a time I get stuff in my eyes too and to have that perpetual I can't imagine the discomfort that that would engender. I think that on the medical marijuana issue and I haven't -- I know some of the newspapers have reported that this year's -- I changed my position, but I haven't actually.

I just think that this bill is crafted in a much more balanced way for protections especially with the pharmacists component and, you know, basically the chain of control of the elements, but when I've served on other committees and we -- and we talk about medications for psychiatric and psychological illnesses, the thing that always came to bear was that one size didn't fit all and that it's something that's very precise as far as dosage and which medicines interact with others, and what I'm hearing time after time after time.

And I really appreciate the candor of your testimony, as well as, no one's out here saying that this is the be all and end all and this is the best thing for everyone, but they're very much stating that I tried everything else, I've had bad experiences with some other things and this seems to work for

me.

And so how nice it would be if we didn't have to worry about the legal ramifications just to have this in our toolbox, just to be able to have this. And I -- I look you and I see someone who's happily facing life's difficult challenges and are just looking for us to afford them some means towards some small comforts. And I think I really am hoping that this is the year that we can make this happen in Connecticut and then, we could actually have a bill that will take the best of all of the other states and put it together in a way that's reasonable and rational and uses our good New England common sense.

So thank you for coming to testify.

WILLIAM CAMPBELL: Absolutely, and thank you everybody up there for letting me speak.

REP. FOX: Thank you. Next was -- is it Dan Montouri?

DAN MONTOURI: Good afternoon.

REP. FOX: Good afternoon.

DAN MONTOURI: I'm sorry I had to leave and come back due to my illness. I had to go lay down for a while. I appreciate you letting me come back.

HB 5389

My name is Dan Montouri. In 1990 I came down with Lyme disease. They really didn't know how to treat it back then, and so I ended up with chronic Lyme disease.

By 1994 I suffered a neck injury trying to get better. I have rheumatoid arthritis in all of my joints from the Lyme's disease. So I was

riding (inaudible), I hit my neck and I now have an injury on my neck which causes, if I hold my head up too long, the muscles swell up, the fluid goes into my head and crushes my brain. I need to go to the emergency room and they knock me out. They used to use morphine, but it didn't work anymore, now they knock me out with delaine and they give me spinal taps to relieve the pressure.

In 2000 my work asked me to get a paper saying that I was well enough to work. My doctor -- my pain doctor suggested that I go on Social Security and start taking a lot of medications to try and compound my illnesses.

By 2001 and 2002 I had a visiting nurse coming to my house because I had become bed-ridden. I was on 11 different medications. I -- I couldn't tell you what day it was. I rented a movie one week, watched the movie every day for a week and don't remember what the movie was.

My emergency room visits continue to get higher and higher. I went from four times a year to six times a year to 12 times a year to 16 times a year I was going to the emergency room. The doctors had told me that by 2005 I would have a stroke and I would either die from it or I would become a vegetable.

In 2003 -- between 2002 and 2003, because of my medications, one weekend I blacked out for the whole weekend and they had added a 12th medication and luckily the doctor that had added the medication had enough sense to call me and see how I was doing. I told him I just keep taking medicines so I don't feel pain anymore. They assumed I was trying to commit suicide. That Monday morning when I woke up and was like what happened to the weekend,

they told me what had happened and I decided at that point that if I was going to die I wanted to know what was going on.

It took me about a year and half to wean off of all the medications and I would say it took about five years before I finally was rid of all the symptoms. I had to keep taking Percocet. I need some kind of pain medicine. Unfortunately, Percocet was the only thing that worked, but it had destroyed my stomach. I'm almost in need of a colposcopy bag. I can't take Percocet's. My gastrointestinal doctor said, you know, take any more pain medicine and you might have to strap a bag on, that's where you're going.

So for me, OPOAs aren't even a choice anymore. I took Marinol. Marinol was too strong. The pain doctors treat the neuro-receivers with the pain medicine and it gets an equal amount in your brain. So to treat the severity of my condition I would be out of it all the time. With marijuana, they say how do you do your doses? Well, I -- I take a couple puffs until I feel better. I mean, I'm not going to overdose. You try it a couple of times and you know what you need.

It's not a fix all. It's not a cure all. It is the last choice I have. It's the only choice I have. When you suffer from chronic pain, and I've been suffering from chronic pain for 20 years, and I've tried everything. I've had patches. Right now, because in Connecticut they didn't allow pain stimulators, in 2006 I was able to get a pain stimulator; it's connected to my head. It's kind of an experimental thing and I average one trip to the emergency room a year now, and I take one medication, it's a very mild dose of muscle relaxer, and I am a criminal because

once in a while I do use marijuana to keep me -- to get me to sleep.

Basically, my -- my thing with pain is if you can't sleep and you're in too much pain, and with my condition, fibromyalgia, Lyme disease, arthritis, I'm always in pain. When I sleep I can only sleep for two hours, maybe three at a time and I wake up, and whatever side I'm laying on hurts. Sometimes I can roll over on the other side and go back to sleep, sometimes I need to take three puffs of marijuana and it's enough to knock me out.

I don't think having large dispensaries is an answer. I think that not just -- I just can't go on the street and buy marijuana from somebody. There are certain grown strands for certain types of pain or anxiety and so I think we do need growers and we do need some facilities to teach me which one is best for me before I start growing it. I don't just think people should be willy nilly smoking marijuana.

And I think it should be an alternative, not for somebody who needs pain medicine for 90 days, this is for somebody who needs medicine you can't take for 90 days or longer because you can't take, you know, you just can't take this medication for that long of a time.

And I'm hoping that this bill will get passed for people like me who I -- you know, with chronic pain sufferers you come down to one choice, you either live with it or you die from it. You know, you can talk to pain management doctors. You will commit suicide; the pain will drive you to commit suicide. And I just want to have other people -- I'm not going to commit suicide over my pain, but I know other people have and I would just like

for them to have a chance. And I thank you for your time.

REP. FOX: Thank you. Senator Kissel.

SENATOR KISSEL: I want to thank you for your courage. I don't know how folks in this room that are battling some of these disease and illnesses do it. It's just an uphill struggle every single day, and you don't seem hugely bitter; you seem still a little bit optimistic about things. And the fact that you've taken time today, despite how badly you felt, and you're saying I just want this as a -- as a last ditch option for people who have no choice and might be contemplating suicide, that's heavy duty. That's very, very serious. And --

DAN MONTOURI: My pain doctor, knowing that I have this -- I -- I used to give another person a ride to the same pain doctor. He's given the same medicines. He -- I went to call him one day and he wasn't there. He was in the hospital with his stomach cut open because his intestines blew open and he had an infection. And he was there for -- I almost had the same thing happen to me, and he was still prescribing me Percocet's if I would show up without marijuana in my blood system. Even though he knows it will kill me, he will still prescribe them to me.

SENATOR KISSEL: Well --

DAN MONTOURI: Because he really doesn't have a choice.

SENATOR KISSEL: Well, I -- I'm hoping that we as a Legislature afford you this choice and I would like to think that we as a state can be sensible enough to set up parameters so that

it's not abused, but certainly is made available for those that are facing the difficulties that you are. So thank you for taking the time.

DAN MONTOURI: Thank you, sir.

REP. FOX: Thank you, sir. No other questions. Erik Williams. Good evening.

ERIK WILLIAMS: Good evening, Chairman Fox, members of the Judiciary Committee. My name is Erik Williams and I'm the executive director of Connecticut NORML, that's National Organization to Reform Marijuana Laws. I'm also a resident of Coventry, Connecticut.

NORML's the nation's oldest and largest marijuana reform organization with thousands of Connecticut members. In fact, I could spend my entire three minutes listing the names of members who are too sick to be here today. In fact, two members went into surgery today. I'm here to testify in favor of HB 5389 AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA.

We support medical marijuana, as do a vast majority of Connecticut residents, almost 80 percent spanning all ages, races, religions and political persuasions.

They and we support this Legislation because it is the right humane and compassionate thing to do. The medicinal benefits of cannabis, whether ingested, taken as a tincture in a drop or spray form, vaporized, smoked, or used as a topical cream have helped millions legally across the country and thousands of seriously ill Connecticut residents illegally.

We at Connecticut NORML support allowing

doctors and patients to make the best decisions together and with all available options. Safe, legal access to medicine is all patients, their family and friends, are asking.

While I personally do not have a need for medical marijuana as defined in this bill, I and some of the others are supporting it because the time to legalize the medicine you need is not the day after you've been diagnosed.

My family dies of cancer. I, my wife, or my children, God forbid we should ever get it, but if we do that is not the time for us to start fighting. I want all options to be on the table.

I will not testify further towards the medical benefits of marijuana, you've heard so many stories here today. And, Senator Kissel, if I may, I really appreciate all of your sentiments here today. This committee has had a lot of three-minute snap shots. I've had the pleasure, honor, and horror of hearing those three-minute snap shots thousands of times in two and three hours at a time. It's -- it's tough. And -- and I know from these stories I'm not embarrassed to say that they've moved me to tears many, many times. And especially when I meet folks face-to-face, and even when I have to go to their homes to meet them.

Your fellow citizens, constituents, friends, families and neighbors are suffering and without enough -- they're suffering enough without the indignity of having to be called criminals at their times of need.

As I said, we fully support this bill. We

think it is a fantastic bill, incredibly well written. It addresses so many of the issues that we found objectionable in the past and, particularly, we've learned from other states. This is not a California model in any way shape or form. We've taken the best from other states and put this into this Legislation. I think it's absolutely fantastic and clearly not that it will serve as a model for other states, it is currently serving as a model for other states.

In fact I know that New York is looking at this exact Legislation once they saw it here, in Connecticut. I do feel that there are a few issues that need to be solved with the bill, though, and I'll do this quickly.

First and foremost, I think that we should be defining a manufacturer. There's been an awful lot of talk today about smoking marijuana. We believe that smoking marijuana is not the best way to go, for some patients it's necessary, but we've heard an awful lot about -- about edibles. There are of course topical creams which have absolutely no psychotic effects whatsoever, and there are also an awful lot of options in cooked products, whether it be juiced or if they're actually within a brownie or a power bar or something like that. And the big benefit to that is a lot of patients will take it before they go to bed at night and they have no psychotic effects whatsoever in the -- in the -- the cannabinoids within -- within the medicine will carry out throughout the next day.

There are many patients who have gone years without having any effects of getting high, but only the medicinal effect. So we think that you should be defining manufacturers to

make sure that there is the ability to manufacture these products that are very often the best option or an alternative to smoked method.

Secondly, I think you should make sure that you're defining everything as Connecticut residents or citizens. I think this is, again, part of more of control that the state can assert over any of the individuals or companies that are going to be involved in the medical marijuana industry. And, further, I think it will not only help our local economy more, but also serve to address some of the federal issues.

With that, I'll be happy to take any of your questions. And, again, thank you very much for your time and all of your hard work on this bill.

REP. FOX: Thank you. Senator Kissel.

SENATOR KISSEL: Yeah. On the notion that some of this can be done through a food product or something else like that, let's say I'm the registered pharmacist and I'm the dispensing agent. If I have to weigh out a certain amount of dry marijuana, to my mind that -- I can get my arms around that. But let's say, you said like an energy bar, a brownie or some other kind of food item, how are pharmacists going to get their arms around that? Is there any kind of training available for this? How would the physician do the prescription? Just how would that all be sort of flushed out?

ERIK WILLIAMS: Well, thank you for the question. First of all, I want to disagree with a bit of a premise of that which is when we're talking about an awful of the hard opiates that are out there, the pharmaceutical drugs, the

things that are coming out with in most pharmacy's there are a many, many side effects. I don't think you could look at a magazine and fit any single fine print on one page; it's usually two or three pages for the -- the pharmaceuticals that are being advertised.

With marijuana it's a very different story. In fact there's an awful lot of trial and error that patients in medical marijuana states are using right now. You can actually try two, three, four different dosages throughout the same day. There is no effect that's going happen to you afterwards as opposed to some of the other medications that are currently prescribed; where it might take 30 days to build up to an effective level and then another 90 -- another 90 days to try if it works and then another 90 days to wean off of it.

That's simply not the case of the medical marijuana, but to specifically answer your question. It's generally one gram is what you would consider a dosage and then from that -- and that is very standard and then from there you say, with your food products that his has the equivalent of a gram within and then patients of course will try.

They'll quarter it, they'll half it, they'll do whatever they need to do, but the big answer to -- to your question is there's not a negative health effect to overdosing on medical marijuana. There is no known quantity of overdosing on marijuana. There's a theoretical -- there's a theoretical quantity and that is 12 -- 1,200 pounds in three minutes. It's -- it's simply not possible for it to happen so I understand your concern. I -- I just don't -- don't agree that it's a --

that it's a concern that would have a negative health effective on the patients.

SENATOR KISSEL: I -- I appreciate that answer, but I have another concern too. We're going to ask some very talented, very qualified professionals participate in this, physicians, there are going to be making up lists, we're going to have pharmacists and they have licenses on the line and they're going to take this very seriously. And also at the same time, as much as dosage amounts may not have a negative impact if someone takes an undue amount, we want a system where the typical order is not a huge amount such that some of this can get into the hands of people we don't want it to get in the hands of, you know, young people and things like that. That is a concern.

It's always been sort of a cloud over this issue is there's very few people that will look to any of the people that testified this afternoon that have an illness, it would begrudge them, but the concern has always been what if this fell into the wrong hands. We don't want to send the wrong messages and I don't want anybody who's participating in this system to jeopardize their license unduly either.

So to the extent you have concrete recommendations regarding the areas you think that we need to work on with the bill, if it isn't already in your written testimony that would be helpful because part of it is an assurance not just on the ill patients part, but on the professionals that are involved in this because one of the things over the years that has come to my attention is that I -- I believe and -- and you're an expert in the field here being associated with NORML, I

believe that for years we've had something on the books that would allow a physician to prescribe marijuana, but no one ever does it because no one wants to lose their license because of all the other things associated with that.

That's why I really applaud, and I think that it was under Secretary Lahla that I think helped draft this. I think that a lot of stakeholders got input. I would like to believe that when I offered amendments regarding pharmacies last year and controlling the chain of custody of where the marijuana comes from that -- I would like to think that -- that the input I had in the discussion was helpful to get us to where we are today.

So I say this -- I -- I hear where you're coming from, but there's a lot of other stakeholders in this --

ERIK WILLIAMS: I -- I agree wholeheartedly and I -- and I think you for that contribution. I think that one of the brilliant parts of this bill is the way that it's crafted it very much deals with the federal issue, and -- and of course that was a big issue with the law that's on our books right now is doctors can't prescribe because then they'd be -- their prescriptive authority would be revoked by the federal government.

So there -- there's an awful lot in here that does address that, and I understand that there's an awful -- there's a large concern about the medicine going out the back door. And I can assure that there is no one who would have a greater interest in making sure that the program is run well, safely and securely with the utmost attention to detail than the patients, the caregivers, the growers

and the dispensaries because they want to see this -- this happen.

I -- I'm a volunteer. I do this as a volunteer. I'm passionate about this as are so many people who've sat here in pain -- many, many people have sat here in excruciating pain all day long because we care deeply about this. We've seen it work. And so I -- I would join with you and anyone else who wants to stand up to make sure that this is the best, safest, most secure medical marijuana law in the nation.

SENATOR KISSEL: Thank you. Thank you, Mr. Chairman.

SENATOR COLEMAN: Thank you, Senator. Other questions? Representative Hetherington?

REP. HETHERINGTON: Thank you. You -- you raise a point that -- that I think merits some attention. If a doctor has contemplated by the -- by the proposal writes a prescription what is to protect the doctor from having his/her right to prescribe medication vitiated by the DEA?

ERIK WILLIAMS: Thank you for the question. The doctor would not prescribe the medication; the doctor would write a recommendation to the patients. So that's -- that's how it would -- how it's worked in other states and that's how I -- it would work according to this bill.

REP. HETHERINGTON: The doctor -- I -- that's -- I think -- the way I read it, too, the doctor in effect would certify to the condition of the patient --

ERIK WILLIAMS: Correct.

REP. HETHERINGTON: -- and -- and that would be sufficient to go to the dispensary and -- and get the (inaudible).

ERIK WILLIAMS: Well, I believe that you would still have to have another step in between going to the state to get a register and to get a card before you go to the dispensary.

REP. HETHERINGTON: Okay. Yeah. All right. Thank you.

ERIK WILLIAMS: Thank you.

SENATOR COLEMAN: Are there others? Representative Shaban.

REP. SHABAN: Thank you, Mr. Chairman. Where does the dispensaries get the marijuana?

ERIK WILLIAMS: The dispensaries would get the marijuana from the licensed producers as defined in the bill.

REP. SHABAN: From the licensed producers?

ERIK WILLIAMS: As defined in the bill.

REP. SHABAN: Well, before there's licensure, I mean, I guess the initial acquisition of marijuana would be by theoretically illegal means, correct?

ERIK WILLIAMS: I -- I think what you're -- you're eluding to is the whole first seed question.

A VOICE: (Inaudible).

ERIK WILLIAMS: Yeah, exactly. And -- and of course that -- that is a great concern. I think that it would be a far cry for anyone to believe that there's not currently marijuana

in the state of Connecticut. There are quite a few -- we -- we've heard from some folks today and I can tell you that there are an awful lot of very, very talented producers out there who are supplying for medical marijuana patients. In fact there's -- there's one breast cancer club that's been in operation for about 15 years rotating by people who have it at the time or -- or they've gone through and they're healthy. It's no money changes hands in any way shape or form.

And so I would hope that they would be donated clones would be the first thing. And -- and that - that would be how I -- I assume it would happen.

SENATOR COLEMAN: Others with questions? Representative O'Neil.

REP. O'NEILL: Could you explain to me, because I'm looking for the bill, I'm not quite seeing, how do we avoid the federal issue? You said that we -- this bill avoids the federal -- deals with the federal issue?

ERIK WILLIAMS: Right. Well, the -- the federal government of course we -- we know that the Holder and Ogden memos which outline that while -- of course the Department of Justice does not make laws they enforce the laws, and so when we have these U.S. Attorneys letters where you ask the U.S. Attorney, will you enforce the laws, they have absolutely no choice whatsoever, but to say that this is the case similar if you ask the Commissioner of Public Safety will you enforce this speed limit if someone is going 66 in a 65, they would be derelict in their duty if they didn't say yes.

So what -- what we have here is the ways that

the federal government, Department of Justice, has used their limited resources. And in fact they've issued a memo from the California United States Attorney, the DEA, HIDTA and Federal Task Forces, which lay out some keys -- some key parameters for Federal Law Enforcement action. They've also said that they don't want to have -- (inaudible) they issue the Holder Memo they didn't anticipate that there would be these massive facilities in -- in California. Essentially, they didn't anticipate California.

Luckily we've seen California. We've seen what's gone wrong. We've seen these massive dispensaries. We've seen anyone who can get a prescription immediately the recommendation or medical card in a matter of minutes for almost anything.

We've seen that there's been tremendous breaking of both local laws and state laws and people have used medical marijuana as a ploy. They have and they aren't the safe guards within the California laws to protect from that. Those safeguards are in here simply by having the best -- a fantastic regulatory system in place.

REP. O'NEILL: Well, but -- what's happening in California is that actions are being taken to arrest people, to take criminal law action against people involved in the dispensing of marijuana and I believe in the growing of the marijuana. And I'm not sure if the doctors are involved or not that have been writing the -- the recommendation letters, but I'm assuming, but maybe I'm wrong, that the DEA could start to take action against doctors who write letters of recommendations instead of just prescriptions.

And what I'm trying understand, and I'm sorry, but you -- I don't think you -- either you didn't understand the question or maybe I didn't understand your answer, but how does this law prevent the federal government from -- for a Federal U.S. Attorney for the state of Connecticut from reaching the conclusion that the federal marijuana laws are being violated?

I mean, is there something in the Holder memo that says or some other directive coming out of the justice department, particularly coming from the Attorney General's Office that says if you do all the stuff that's in the Connecticut law we won't pursue you?

ERIK WILLIAMS: Well, thank you for the question, and it is a very, very important question. First of all, I want to -- I want to rebut part of the notion that there have been raids on medical marijuana actions throughout the country. To date there has not been a single federal action against patients, a caregiver, a grower, or dispensary that is in compliance with all state and local laws.

I know we spoke earlier about San Diego. Well, San Diego County has decided that they do not want them, and so they are in violation -- all the dispensaries are in violation of those local laws. Similarly, if you look at most of the cases, I challenge you any time you hear about a medical marijuana bust, to read the full article and not just the headline and you'll see that they are clearly in violation of some other laws. But further to that there's not only the Holder memo that we -- we rely on which says it's the recommendation of the federal government that the U.S. Attorneys and Department of Justice not waste precious resources on prosecuting prosecutorial actions against patients,

caregivers, growers that are in full compliance with state and local laws.

Further to that, we also had testimony directly -- direct questions were asked by Congressman Jared Polis of Attorney General -- of our U.S. Attorney General and asked him, will you prosecute patients? Will you prosecute the state employees? Will you prosecute any dispensaries who are in full compliance with Colorado state law? And he directly answered, no, we will not use our resources to do that.

REP. O'NEILL: Now, the dispensaries in Colorado, and I assume the other 15 or 16 states, they are not licensed pharmacists?

ERIK WILLIAMS: No -- no.

REP. O'NEILL: Right. And whereas this bill, if I understand it correctly, it is pharmacists who will be doing the dispensing; am I correct? Okay.

ERIK WILLIAMS: Yeah.

REP. O'NEILL: And so they have a license from the DEA to dispense medications that are approved by -- in other words, they -- they have to go through a whole DEA regulatory regime that says you've got to only dispense things that are prescribed by a physician and it has to have a DEA number associated with it and it has be something that's on the right code or list. So they've got a regime that they have to follow.

Clearly medical marijuana doesn't fit anywhere into that federal regulatory scheme, so they're going to be out of compliance with at least that aspect of the DEA rules, which --

it would different if DEA didn't mention marijuana at all, but it clearly does. I mean, the DEA and all of these federal agencies clearly recognize there is a thing called marijuana. They've got it on the list and it's on a list that says you can't dispense it or it's not a prescribable drug and things like that.

Unlike, say, if you were dispensing cinnamon as a pain reliever or something, I get -- I'm assuming that's not on a DEA list anywhere, but marijuana is -- it's not even a matter of, well, you know, it's -- it's not mentioned at all anywhere, so it's no -- no regulation zone of some sort.

How are the pharmacists going to be able to avoid dealing with the DEA aspect of this unless the DEA just simply chooses not to -- to pursue them?

ERIK WILLIAMS: Well, first of all, it says it's pharmacists that are going to be dispensing license -- or -- or actually pharmacists that will have that hold the license; that's different for pharmacies. Pharmacists are licensed by the state of Connecticut; pharmacies have the license to dispense from the federal government. I certainly do not see this happening within pharmacies. I see there being pharmacists having a -- a role in the dispensing, being on-call or actually being on premises at all times that there's dispensing so that they can talk with patients should they need to do so.

But there's a clear distinction that there's the pharmacist's that are state licensed versus the pharmacies, and clearly this is not -- this is not something where we would ideally have someone just going into a CVS and

saying, hey, do you have any questions. This is much more of -- of a serious debilitating conditions, and I would hope that within the place where the pharmacists are -- are dispensing their medicine that it's more of a holistic approach where there's counseling, where there's the ability to have other meetings and such with other -- with other patients, massage therapy, physical therapy. We really hope that'll it'll be much more of a medical facility in whole body health.

That's ideally what I would like to see where the pharmacists are dispensing as opposed to within a pharmacy.

REP. O'NEILL: Okay, but that -- that kind of context that you just described, that's not called for in this bill?

ERIK WILLIAMS: It's not called for.

REP. O'NEILL: Okay. Because that does sound like a much more benign kind of environment in which this could occur, as opposed to someone walking up to CVS and handing them a piece of paper -- a letter from the doctor making this recommendation and then the pharmacist just reaching and picking up a container of -- of marijuana.

ERIK WILLIAMS: Correct.

REP. O'NEILL: And we don't really know for sure how the federal government is going to react -- unless there's some document that I'm unaware of that says that if it's being handled through a licensed -- by a pharmacist or by someone else who's licensed to dispense that, they won't prosecute those people either.

Is there any kind of indication from the DEA that they will just not pursue the pharmacies or the pharmacists or any action against them for -- because what's -- they're -- they're the ones -- I mean, we -- we have -- I think you mentioned, for example, the -- the Breast Cancer Club, where no money changed hands, but my understanding is that money is going to change hands here. I mean, people are going to produce the marijuana --

ERIK WILLIAMS: Correct.

REP. O'NEILL: -- they're going to sell it to the pharmacists or pharmacy or whoever is going to hold it, and then the patient is going to come in and get it and pay for it just as they would any other product that they were buying in that kind of location. It's not going to be distributed for free.

ERIK WILLIAMS: Correct. And -- and, again, Representative, I want to make the distinction that I believe that it was within a pharmacy where there are -- as defined where there are other Schedule I or Schedule II narcotics being -- or -- or all of these opiates -- all of the things that we've heard so many patients say they were trying to get off of. If it was dispensed there in conjunction with those other drugs I would fully expect that the DEA would have (inaudible) issue with that and would come in and pull their license.

But the DEA does not license pharmacists, they license pharmacies, and so they would have no addiction other than towards pharmacies. But I -- I don't think that there would, in the DEA's eyes, be any -- or the federal government in general, I don't think there would be any distinction between pharmacists and any other person who's dispensing.

I think that ideally they would look at it and look at the state of Connecticut and say that that is exactly what we had hoped for when we had originally come out with the Holder memo and before California had blown up.

REP. O'NEILL: Okay. Now, I mean California has some rules and --

ERIK WILLIAMS: Not enough.

REP. O'NEILL: -- and what you're describing is that they're just flagrantly ignoring -- in some cases, flagrantly ignoring those rules. So what would -- what could happen here, because no matter what rules we write, we could have -- this bill is 23 pages long, we could have it be 123 pages long, but if someone decides to violate those rules on some sort of regularized basis you could end up with the same kind of problem we have in California.

In other words if somebody has to enforce the system, which apparently is the problem in California, the state authorities are just not doing anything much about people ignoring the -- their own rules out in California.

That's what I'm getting from the conversation we're having.

ERIK WILLIAMS: Well, Representative, first of all, there's -- there's some very clear differences between what we have here and what we have in California. California is there are some rules, most of them local zoning rules and -- and they -- and a lot of enforcement through tax policy, both from the state county and local level.

But in general you can for -- a doctor can make recommendation for almost anything. And the dispensaries can buy their product from almost anyone off of the street. There's no licensing for that whatsoever. People don't have to register. There's -- there is so many loopholes that you can drive Mack trucks through them any day of the week.

And further from that it's -- it's permeated into the notion where you can go in and have advertising -- people will be advertising towards you to please come and get your medical card and then come on into our dispensary. That's certainly not the model that we're having here. We have a clear relationship defined with -- with a doctor and a patient and a recommendation.

I don't see any need for any advertising whatsoever for any dispensaries because you'll have -- you'll know once you have the medical card where those few dispensaries are, which one is closes to you and that's where you'll go.

So I think that the industry as a whole is -- is -- wants to move ferociously with -- with such ferocious speed away from -- from California and into this model that we have here. I -- I hope I answered your question.

REP. O'NEILL: Yeah. I understand what -- where -- where you think people would like to go, but I mean, somehow the things got different, very much off track in California, and in part it may be they just didn't have any kind of regulatory regime or an adequately developed regulatory regime to deal with aspects of it.

But, you know, we have problems -- I mean, there are things that get off track even if

you have lots and lots of statutes, and regulations and enforcement is always an issue. And you raise an issue about advertisement. And your -- you're saying you don't think there will be any need or you don't -- or you assume that people probably won't want to advertise things -- I think that's kind of like what you were saying, but there's nothing in this bill that would prohibit someone from advertising.

ERIK WILLIAMS: I -- I don't see anything in here, but I would assume that that went -- I would assume and hope that that would be something that would be addressed by Department of Consumer Protection, frankly as business model it makes no sense to do that. It would be absolutely no need to advertise that. I would hope and pray that they would put any money into further advocacy or dump those any money that we -- that they would spend on advertising into reduced or free medication for low income patients.

But I -- I did want to address that certainly there's going to be a need for enforcement just as there is in almost every single profession. And certainly there are going to be -- there are going to be people who want to try to come into the state of Connecticut who are going to look to profit here, and they are not going to have the patient's best interest in mind. They are going to want to cut corners and we have that the Department of Consumer Protection and, further, the industry, the patients and the advocates, will hold their feet to the fire and make sure that that's not what happens.

We just saw in the front page of the Hartford Courant today four doctors who were being paid to prescribe drugs. They got fined. I'm not

sure if they ended up getting jail for it, but there is abuse -- widespread abuse in many, many, many professions. In fact, I think that they're pretty hard pressed to find -- for you to find one where there isn't abuse, but this industry is going to make sure that we are not only self-governing, but make sure that the Department of Consumer Protection in any of their controls are clear, they're safe, they're secure, and I mean, security to the Nth degree. Tracking the -- the product from seed to sale is what -- what I would like to see be the goal.

REP. O'NEILL: I mean, one of the problems we have as a state is that we have enormous numbers of laws and regulations and often times we have very, very little enforcement. And that's -- that's -- this is non-partisan, this stretches over decades in the state of Connecticut. And that it's -- we have some of the best laws we can imagine writing. We have all sorts of requirements and provisions and look great and then there's one person or a half a person at Consumer Protection or DMV or wherever it is whose job it is to actually enforce any of these (inaudible) call up saying that you bought a lemon from a car dealer, you know. You wait a while before you get a response or call up DEP and tell them that someone is doing something and dumping toxic waste, it may take a while before anybody comes out because we have so very few people to enforce any of the laws that we have.

And so part of this is dependent on a -- an aggressive enforcement effort, which means people, because that's the only way you enforce any of this, and people would have to be detailed to handling this at the exact moment that we're -- we reduced the workforce in the state of Connecticut, the Governor said

the other day by 6 percent, with few desire to -- relatively few rehires. I was reading a memo that there was like 17 points now that you have to satisfy before you can go and get a refill of a position or hire a new person for a new position.

So that's a -- as a practical matter, looking at this as a, you know, putting aside the larger issues and so forth, just the enforcement of this -- this strict regime that we're talking about in an area that I -- I agree with you, I mean, doctors have -- unfortunately have been getting into trouble with prescribing drugs and becoming drug addicted themselves, then writing prescriptions for their other drug addicted colleagues so that they don't show up on the DEA computers as quickly as they might otherwise if they just did it themselves over and over. I mean, there are lots of cases. These four are just -- just the most recent batch; it's happening all the time.

So people who have access to controlled substances -- powerful drugs, you know, the temptation seems to be very powerful to abuse the position of trust that they have in that regard. And so that's -- that's a -- we're going to have a system that sounds good on paper, I just -- I just wonder how effective -- how effectively enforced it will be. And it's going to depend heavily on that enforcement to -- to make this thing work so it doesn't turn into a California type situation.

And -- and as far as the advertising is concerned, I don't know how under the First Amendment you can really give -- I mean, we could say, well, it's an illegal substance, even though we've said it's okay to take it,

but it's still federally illegal so maybe we can have an amend -- I mean infringement of your First Amendment rights on the grounds that somehow it's in a special category onto itself. But, you know, for the state to start passing laws saying -- or somehow limit advertising and -- and I -- I can just imagine people want to advertise to let people know that they're open for business and it's available and make sure the maximum number of people who have pain or discomfort or whatever condition it is find out about their opportunity to get access to it.

ERIK WILLIAMS: Representative I -- I missed -- I misspoke about the advertising bit, what -- what I really meant to -- to address is the on the street advertising. The notion that there would be walk-ins. There will be no walk-ins for the medical marijuana dispensaries. And so -- but there are of course, you know. It's more about signage than advertising is what -- what has been a major concern in some of the other states where it's been an issue, but to the monetary effect of enforcement I -- I know that this Legislature has many times over the years created dedicated funds for a great number of things and I think that they can certainly do that with this and look at any extra revenue that they want to put on -- on to -- to make sure that they have funds available to enforce this law as they see fit.

That could be done through the fees from the dispensaries, the patients, the growers, the producers. I think that there would be adequate fees there to be added on top of that to make sure that it's not our case.

REP. O'NEILL: I have one more question and I'll let go because I know I've taken a long time here. We had the ophthalmologist and in fact

their official spokesman, one of the doctors come and testify -- I don't know if you were here when he testified --

ERIK WILLIAMS: I was.

REP. O'NEILL: They were pretty emphatic and I haven't been here for all day, but I've been looking through most of the testimony, and I think goodly portions of the hearing. I think they're the only ones -- they're the only specialty sort of speak that came out as strongly for saying don't include us. Don't include glaucoma in the list because it is non-therapeutic. I mean they were very, very emphatic about that.

I'm just curious, what would your reaction be if that ophthalmology -- not ophthalmology, but glaucoma were deleted from the list. I know you don't want it deleted, but given the strength of their opposition to it, I'm curious.

ERIK WILLIAMS: You know, I'd look at two speakers before me and I would look at the doctors who've -- who are working with patients and some doctors who have spoken today and I -- I really don't quite understand what his reasoning would be for taking an option off the table when just a few minutes into his -- his questioning he admitted that, yes, it is -- it may very well work for some patients. And so with that being the case I -- I frankly am baffled by their strong opposition, and then moments later saying that, yes, it does have some positive effects.

I don't see why anyone would want to take that option off the table. So my -- my reaction to it was at first I was a little disappointed and then baffled when I heard the questioning.

SENATOR COLEMAN: Thank you. Are there others with questions? Quick question, if I may. Just wondering whether or not you're aware of any other states that have permitted medical marijuana having the same kind of problems or allegations of abuse that are leveled toward California?

ERIK WILLIAMS: Well, or course there -- there have been some actions in other states, but I'll refer back to my -- my previous statement, there's not been federal action against anyone who's operating under state and federal -- state and local laws.

Yeah, we hear about California all the time, but we don't hear about Rhode Island. We don't hear about Maine. We don't hear about Vermont. We don't hear about actions in Colorado. So I -- I think that California was -- has served as a bright shining beacon of what not to do, if you want to do this right.

SENATOR COLEMAN: Are you aware of any other states receiving the kind of threatened prosecution letter that Senator Boucher referred to in her testimony?

ERIK WILLIAMS: Thank you for the question, Senator. It's frankly anyone can get that letter. It's a very basic thing. As I said before, if you asked the Commissioner of Public Safety if they will be enforcing the speed limit if someone's going 66 in a 65, he would have to say, emphatically, yes, he would do so. And so if you ask any Federal Law Enforcement Officer if they will enforce the laws they have a duty to say, yes, they will. So yes, we've seen the Washington state and Rhode Island both had their Governors ask -- ask that. It's -- it's a tactic used by the

opposition to this to -- to essentially muddy -- muddy the waters on it.

They have to say they'll do it, but when you talk about the -- talk with the policy on a much broader level from the Attorney General himself, he talks about available resources. He's not saying that they will give up and not enforce any law. Frankly, he doesn't have the power to do that, but yes, there are other states where that letter has been sent and anyone who requests it can get it.

SENATOR COLEMAN: And so is my recollection faulty or accurate concerning information that had been received last year concerning the federal government's posture and maybe it was an executive order that basically said, that federal government would not prosecute in those states where medical marijuana statutes have been enacted so as the parties involved in the dispensaries were complying with the dictates of the state law?

ERIK WILLIAMS: You're absolutely correct. You're referring to the Holder memo. There has been a supplemental memo, known as the Ogden memo which came out after that in which frankly did address a lot of the problems that we see with California saying when the Holder memo was put out which still holds that they were not anticipating these facilities where there's 10,000 plants.

They were not anticipating dispensaries that have tens of thousands of patients and are doing 5, 6, 7 million dollars of business a week. They were not anticipating that and they see great flaws in the system there and they are, in fact, are empathic that if states are going to have a medical marijuana law that it be well regulated, secure and -- and

protect the patients first and foremost.

And I think that when they're looking at California they're seeing a lot of the industry out there and saying this has nothing to do with the patients and they're going after those places. The vast majority are looking out for the patients. There are hundreds of -- of small farmers and -- and botanists and -- and growers and dispensers who are doing right for their patients, but there are in fact, some profiteers out there and people who are not putting the best interest of the patients in mind.

And that's what the federal government's going after, but of course the Holder memo still stands.

SENATOR COLEMAN: Of those states that have permitted the use of medical marijuana, which of those states do you think is doing the best job of regulating?

ERIK WILLIAMS: I would say that Colorado at this point is doing the best job of regulating, but also the state of Colorado had to play catch up. They -- they -- I believe it was a Constitutional Amendment that was passed by the voters and then, the growers and the dispensers popped up and they also had the medical doctors' offices that are focused on nothing but, medical marijuana and the state said we need to catch up on this because we believe it's the right public policy and while it didn't matter if they believed it or not it was a Constitutional Amendment, and so they wanted to put the regulations and controls in that and like I said, Mr. Chairman, we've benefited here in this Legislation by talking with some of the people who set up the regulatory system in Colorado, doctors and

advocates who -- who are involved there and -- and found out hey what did you do right. What did you do wrong? And so it's -- it's apart from this Legislation before us, if I had to say the most -- the best laws out there right now would be Colorado.

SENATOR COLEMAN: And that being the case, considering the bill before us today, if that is enacted how do you think the provisions of that bill would compare with what is occurring in Colorado or any other states where regulation has been cycled?

ERIK WILLIAMS: Well, I don't have to guess about it I -- I speak with advocates around the country, doctors, attorneys, patients and this -- this bill of this language is being reviewed -- looked at across the country. It's -- its near consensus that this is the single best legislation that will be proposed and in fact, I know in the state of New York they're actually looking at this very same language as an absolute model Legislation. I'm sure that answers your question.

SENATOR COLEMAN: Yes, it does. Thank you. Any other members with questions for Mr. Williams? If not, thank you very much for your input.

ERIK WILLIAMS: Thank you, sir.

SENATOR COLEMAN: Next is Daniel Malo.

DANIEL MALO: Good evening, remaining members of the Judiciary Committee. I'm here to speak in support of HB 5389. My name is Daniel Malo, a Connecticut resident from the town of Canterbury and also, editor of Free the Leaf. It's a global cannabis grass roots activism community of 17,000 members from dozens of countries.

I'm also here as a town DTC member, and PNZ member and Quiet Corner Democrat, speaking on behalf of friend, neighbors, classmates, teachers, patients and politicians who cannot be here to speak on this issue themselves.

I wish we were here on more constructive terms to discuss the restoration of natural homeopathic rights to all people, but now for my testimony.

First I must inform committee members who still misuse the term marijuana. This issue is actually around the cannabis plant and cannabis itself is illegal because of industrial potentials. It -- the affects it would have the allegorical economic structure and because it can make everything in this room it really angers some industries.

This has been pretty transparent for a long time and readily Google able. I would like to also bring up the Schaffer Commission, which was ordered by Nixon about 40 years ago. Former Pennsylvania Governor Raymond Schaffer was ordered by Nixon to form a panel and study cannabis and the results were found that marijuana cannot constitute a danger to public safety. No significant physical, biochemical or mental abnormalities and most users young and old demonstrate an average or above average degree of social functioning, academic achievement and job performance.

And former Pennsylvania Governor Schaffer also, recommended that marijuana be decriminalized and at least removed from Schedule I status, forty years ago.

We should be here talking about finalizing the findings of the Schaffer Commission and

implementing a much broader system than we are doing here today. When Nixon received the results -- the findings of that study from the Schaffer Commission he turned around and declared a war on drugs contrary to the findings of that report.

Ten years after that, thereabouts, 1981 Connecticut passed its first medical marijuana law and here we are 31 years later. I would like to point out using the Schaffer Commission findings that cannabis is not dangerous and it shouldn't be illegal by numerous Constitutional Amendments, but here we are discussing a bill, even though that this bill gives hopes to the movement at large and patients, it's still a forum and the bill we are discussing here we're among an exclusive group doling excusive privilege and granting exclusive oversight, where I believe none might be required considering this is a plant.

We have Legislators who have admitted blocked progress on this, and if that continues to be the case it's unfortunate because they paint -- they -- they position themselves as enemies against the people on this issue and the polls do support that. Any questions?

SENATOR COLEMAN: Are there questions? Seeing none, thank you very much.

DANIEL MALO: Thank you.

SENATOR COLEMAN: Joseph Brooks is next.

HB5389

JOSEPH BROOKS: Good evening. Thank you. My name is Joseph Brooks. I'm a retired Manchester, Connecticut Police Captain. During that time I ran the Detective Division and oversaw the Tri-Town Narcotics Task Force, which is now

the Eastern Task Force.

A lot of the people that you had shown difference to today respect for, et cetera such as Ms. Bacchiocchi and Barry; I was the one who would have put them in jail at some point in time. Every person who has come here with some kind of a physical abnormality or disability who is using marijuana, I was the one who would put them into jail and/or prison. And it still goes on today. People are afraid to tell me that they use marijuana because they don't know if I'm going to run to the police department and -- and tell on them again.

But what I'm here for is that I represent LEAP, Law Enforcement Against Prohibition. We are an international organization. Speakers must have a law enforcement background and that's everything from the patrolman walking the beat to judges, DEA, FBI, Border Patrol, wardens, et cetera. We have some very distinguished people; Judge Gray out of California is one of our primary speakers. But you must be -- some -- have some kind of law enforcement background in order to speak for LEAP.

Our objective is to legalize, control and medicalize all drugs, but we can't even get to the other drugs until we get marijuana out of the way because every time we get into some kind of a situation such as this, it comes down to marijuana. Everybody wants to know about it. It's in the paper all the time.

Why we're here talking about this is really something to wonder about. Back in 1937 Dr. Woodward from the AMA went to the committee to testify against making marijuana illegal. Senator Rayborn didn't even know what

marijuana was when he was passing the information onto the -- to the whole Legislature to pass that Bill, the 37 Marijuana Tax Act.

Why hemp was included along with marijuana nobody seems to know, but hemp and marijuana, yes, they are from the same family, cannabis certiva, they're from the same family, but they're not the same plant. You don't get high from hemp, but hemp is in the same category as marijuana. It's a hypocrisy of the federal government and the federal policies. Something that should be changed.

We know that approximately 25,000 different products can be made from hemp. We want startup businesses. We want people to have jobs. And we want tax money to -- to come in. Canada right now has legalized commercial hemp growth. And here's our neighbor to the north saying yes this fine. Yes it's a good thing for us, and here we are saying no.

Some of the questions that you've come up with gentlemen, ladies, there is an answer, but there is no solid answer to them. You -- you were talking about possibility of -- of a -- people getting their hands -- the wrong people getting their hands on it. There's no way to stop that. No more than we can stop young people from getting cigarettes or young people from getting alcohol. Young people will get it. But right now we know that pharmaceutically produced drugs have caused more deaths from overdose than, any illegal drug on the market today or in our society today.

So if you want to have a situation where it cannot be accessed by anyone other than those that it's prescribed for, it's impossible to

do. Any more than you can stop your children from going into your medicine cabinet and taking about Vicodin or hydrocodone or any of the other opiates that being abused and causing overdose deaths today.

SENATOR COLEMAN: Is that your testimony?

JOSEPH BROOKS: That's all I need.

SENATOR COLEMAN: Thank you very much. Thank you.

JOSEPH BROOKS: Appreciate it.

SENATOR COLEMAN: Are there questions? There's currently no questions, thank you very much for your appearance here and the information that you've provided.

JOSEPH BROOKS: And thank you for listening.

SENATOR COLEMAN: You're welcome. Robert Whalen.

ALAN SHACKELFORD: Mr. Chairman, Mr. Whalen (inaudible) next week. I'm Dr. Alan Shackelford (inaudible).

SENATOR COLEMAN: Welcome, Dr. Shackelford.

ALAN SHACKELFORD: Thank you. Good evening, Chairman Coleman, Chairman Fox and distinguished members. I'm Dr. Alan Shackelford, as I said.

HB 5389

I'm a -- I trained in internal medicine at the Harvard Medical School and did some specialty level -- a fellowship level subspecialty training in nutritional and behavioral medicine and was also, a research fellow -- held a research fellowship at Harvard Medical School.

I followed the debate around the Connecticut medical marijuana Legislation with great interests and felt that it was important for me to come to Harvard from Colorado to speak with you from a physician's perspective about the many compelling reasons why this -- the passage of this Legislation is important for the people of Connecticut.

I have had the privilege of advising several state Senators and Representatives in the Colorado -- during deliberations in 2010 on Colorado's medical marijuana Legislation and since that time -- and as you may know that Legislation established a regulatory system to govern the medical marijuana industry in Colorado.

I also served on the Department of Revenue Medical Marijuana Enforcement Divisions Medical Marijuana Advisory Work Group and have been privilege to work in similar capacity for the city and county of Denver. Above all and -- and most importantly and rewardingly, however, in the past several years I've been privileged to care for hundreds of patients who use medical marijuana to treat a wide variety of medical conditions and symptoms and I have observed firsthand the many impressive benefits that have -- they have realized from its use.

In many instances patients have been able to significantly reduce or even eliminate prescription medications including opiate pain medicines, resume productive work and provide for their families and many others have seen the pain and suffering of their final illnesses significantly reduced and were able to end their lives in -- in relative peace and dignity.

Of the average of medical marijuana patients in Colorado is 44. My patients are generally older. Our oldest in fact is 102. Medical marijuana made it possible for that energetic woman to stop taking the stultifying narcotic pain medicines she was prescribed and interact again in meaningful ways with her children, her grandchildren, and her many great-grandchildren. And hers is no isolated experience.

We've seen similar benefits in the vast majority of our patients. Now, you have heard I think during testimony today that marijuana is addictive and an estimated 5 to 9 percent of people may have some withdrawal symptoms. Those are primarily irritability, disrupted sleep, decreased appetite, and are generally mild and resolved very quickly for the majority of people.

If you compare that to the withdrawals symptoms from opiate medications -- prescription medications they are of course significantly worse and I would propose and have experienced it myself that the withdrawal symptoms from the most widely used psychoactive substance in the United States, caffeine, are significantly worse and include muscle and joint pain, nausea, severe headaches, which explains why there's a coffee shop on every other corner.

And you may hear that marijuana causes schizophrenia of other mental illnesses, in fact there is no causative relationship. If there were we would see increasing numbers of psychosis diagnosis including schizophrenia along with increasing use of cannabis and in fact, exactly the opposite is the case.

Marijuana has been characterized as being

dangerous because it's not regulated by FDA and in -- in fact FDA regulation does not ensure that a particular treatment is safe. And there are many reason why marijuana is not FDA regulated, but danger is not one of them. There has never been a death from a cannabis overdose in the more than 5,000 years of recorded use of cannabis.

You can't say that for prescription medications. A recent Centers for Disease Control study shows that nearly 38,000 people die in the United States -- or died in the United States in 2009 from overdoses from prescription medications or a prescription drug interactions. And another 20 to 30,000 died from the effects for over the counter medications in this country every year.

In fact, unintentional prescription drug overdoses now kill more people than traffic accidents in the United States. Marijuana does not suppress the immune system. Some have maintained that it's dangerous for HIV and AIDS patients to use it, that is not the case recent research from California has shown that in fact, there is no negative effect on HIV viral load or CD4 cell counts and other research has indicated that the exact opposite may be the case.

Marijuana is not a gateway drug. There is no creditable research evidence according to the Institute of Medicine to suggest that marijuana use leads to the use of other drugs. The gateway in fact is, the back alley and the drug dealer that has other substances available for sale to -- to people who frequent that particular provider.

A regulated medical marijuana industry with state oversight removes the back alley dealer

and the gateway from the equation entirely.

I would like to address the question of smoked marijuana being -- not being medicine and that it damages the lungs. Research -- a research paper published in the Journal of the American Medical Association this year, showed that smoking marijuana is not harmful to the respiratory system. And other studies suggest that it may in fact, prevent the development of cancers of the head and neck and marijuana does not cause cancer.

In short, and in summary, I think that it's -- allowing physicians in Connecticut to add medical marijuana to the treatment options available to them to help their patients will improve the quality of life for a great many people, and the foresight and compassion that you and the Legislature are showing in -- in considering adoption of this Legislation is exemplary.

It will make available to the people of Connecticut the same sorts of benefits that are realized by patients in 16 other states including -- and Washington, D.C. and it's important to note that the medical marijuana statutes were approved by the U.S. Congress which has direct oversight of Washington, D.C. itself. Thank you very much.

SENATOR COLEMAN: Are there questions for Dr. Shackelford. Senator Kissel.

SENATOR KISSEL: Thank you very much, Chairman Coleman. Dr. Shackelford, nice to see you. Do you currently reside in Colorado?

ALAN SHACKELFORD: I do.

SENATOR KISSEL: And what -- what motivated you to

come out to Connecticut is it a private group that helped fund this? And I'm just wondering given what we've heard about Colorado how do you feel about the statute that we have proposed before -- or the bill that we have proposed before us?

ALAN SHACKELFORD: I came to Connecticut actually on a vacation trip last summer and a nurse who practices -- pardon me -- in Connecticut had heard a talk I gave in Colorado and asked me to meet with her last summer. She in turn knew Mr. Williams and I read the Legislation and had followed it previously, but found it compelling. And have been back to Connecticut once since then private trip, but used that opportunity to meet yet again with Mr. Williams and others.

This is an extremely well-crafted bill and it benefits I think from some of the experiences that we have had in Colorado -- and I agree with Mr. Williams that Colorado has one of the best regulated medical marijuana industries in the country and I'm proud to say that I was part of crafting the Legislation, as well as, the rules in the rulemaking post -- post passage rulemaking process that -- that govern the way that Colorado's medical marijuana industry functions.

There have been problems. One of those problems has been signage and I -- it seems like a small matter, but there are prejudices that exist and pre-existed the passage of medical marijuana Legislation, most of which are -- are not justified by the facts supporting cannabis use in any form, nonetheless being able to -- to in a sense prevent some of those for example signage errors that occurred in Colorado is a wonderful step forward. There are many other

provisions of the bill I think that are exemplary and profited from the Colorado experience.

One thing that Colorado did quite well actually was a vertical integration model. That essentially means that a -- a dispensary must be license by the state. It is subject to inspection by -- by the marijuana enforcement division in the Department of Revenue. The growing operations in Colorado are -- have to be included in the -- within the structure of that licensing with that particular individual dispensary, and it makes inspection and verification of adherence to all the rules easier and one of the problems with California, which has been spoken about extensively is that there is a, not only a relative, but a true dearth of regulatory opportunity in California.

The Legislation passed there does not provide for it. I think that the model in Colorado, as well as, this model proposed here for Connecticut profits from that experience as well.

SENATOR KISSEL: I don't anticipate that there would be vertical integration if we're going to have a dispensing entity, pharmacists or -- I mean, I'm just wondering how that would work because I don't -- I don't see a vertical integration in our proposal?

ALAN SHACKELFORD: No, there isn't one. Nonetheless, it does provide for -- for the regulation of -- of the growing operation and the dispensing operation. And -- and the -- the vertical integration model sprang in Colorado from concerns about diversion. I think this -- this bill addresses that. I think the concerns are real, but diversion is

a problem with -- with all -- all substances from relatively benign muscle relaxers straight through to -- to oxycontin and I -- I would submit that it's important to -- to prevent any treatment substance -- or -- or physiologically active substance from getting into the hands of those for whom it's not intended.

SENATOR KISSEL: I appreciate it and -- and again, are you here today as a private visitor or --

ALAN SHACKELFORD: Yes. No. I'm here as a private individual.

SENATOR KISSEL: Wow, because it's not cheap to go from Colorado to Connecticut and back and I appreciate you taking the time and interest in following this, and as much as know that you must take great credit in -- in pride in what took place in Colorado and I've had an opportunity to visit there a couple of times and it's a beautiful state. But I do hope that should we be lucky enough to pass this bill this year that we take the lead in the nation as far as crafting Legislation.

ALAN SHACKELFORD: Senator I think that's a given.

A VOICE: (Inaudible).

ALAN SHACKELFORD: No, I was not there for the Democratic National Convention. That was a good one, Senator.

SENATOR COLEMAN: Any questions for Dr. Shackelford? Representative O'Neill had a question for you.

REP. O'NEILL: Thank you.

ALAN SHACKELFORD: Thank you.

REP. O'NEILL: In looking at your testimony one of the things that I note is that, you refer to 108 beneficial compounds that are degraded by combustion thereby making smoked marijuana less desirable than I guess vaporized or some other form of ingestion. And I'm -- the one that I always hear about is THC because my understanding is that that's the active ingredient that interferes with the transmission from one neuron to another of information which is how marijuana basically works in terms of stopping nausea and things like that.

It's -- it's an interference with nerve -- nerve transmissions. What are the other 107? I mean, I don't expect you to list them all out, but the one that I always hear about and, for example, when the FDA approved Marinol, or I forget the other one, Statiston or something, it's the aerosol version, the -- the thing that they were approving is the THC and the delivery system for it. What are the other compound -- I mean, if you can give me a few of the other compounds that are in marijuana that have a beneficial effect?

ALAN SHACKELFORD: Well, Marinol is in fact only synthetic THC. There's another prescription called Nabilone available in the United States and Sativex is the aerosol you're referring to, which is not yet available by prescription in the U.S.

Sativex is THC and cannabidiol. Cannabidiol is one of the other major constituents of cannabis. The other 106 are available -- are -- are present in much smaller quantities within the plant, but they -- they are also physiological active. We do not understand fully how all of the individual cannabinoids

work either individually or in concert with the others.

In fact the August British Journal of Pharmacology was entirely devoted to cannabinoid medicine and there effects and one of the major articles focused on chirpings which are essentially typically aroma producers, but also work in some fashion synergistically or together with these other compounds to activate receptors or deactivate receptors which makes them more available for -- for the action.

Now, cannabidiol itself is a powerful anti-inflammatory for example. In concert with THC cannabidiol is also an anti-oxidant and on that basis has been postulated and research has supported that postulation to prevent oxidated damage in the central nervous system. Now, essentially what that means is that it can protect the brain from the interruption of blood flow.

In fact the Department of Health and Human Services in Washington owns a patent that was issued to it 2003, I believe, for the purpose of -- of protecting the central nervous system from damage either mechanical or ischemic using THC and cannabidiol.

It has also been postulated that it could prevent Alzheimer's disease. Now, these are powerful substances. We have looked at CBN, CBC cannabivarin, which is THCV and is not psychoactive. THC acid or the non-psychoactive metabolite THC also, has a metabolic function. CBD and THC are -- I'm sorry THC acid and CBD together can blunt the psychoactive effect of THC so, taking these compounds in isolation as we have experienced with Marinol and -- and Nabilone takes away

some of those synergistic effects. Making, as you heard earlier, in earlier testimony, THC in the form of Marinol is so psychoactive that a lot of people don't even want to use it.

They -- the FDA warning says don't operate any machinery or drive a car until you know how this affects you. And in some studies as many as 70 percent of people find that are non-functional using THC only. That is not the case with Sativex because it has the blunting effect of cannabidiol.

The concern though, is that it is extraordinarily difficult, if not impossible, to study cannabis in the United States due to really what is in essence an institutional bias against doing research through the auspices of a National Institute on Drug Abuse, which must approve any application to study cannabis.

A spokeswoman said in an interview in January of 2010 that NIDA generally does not approve or fund studies that may show medical benefit to marijuana. So there is an absolute need for investigating these other hundred plus compounds, to really fully understand how they work.

What we do from practical experience is that together they are extraordinarily effective at treating not only nausea, but pain by blocking the receptor in the brain and the pathways in the spinal cord by stimulating appetite by in -- possibly reversing the damage in the central nervous system that is experienced in -- in MS as I eluded to possibly preventing Alzheimer's or Parkinson's disease and a variety of other quite significant physiological effects.

REP. O'NEILL: Well, the studies that were done that you cited were in your testimony were they NIDA approved or what was -- story with them?

ALAN SHACKELFORD: Yes. One moment is I may. The --

REP. O'NEILL: Because a lot of them seem very recent like 2010 or 2012, 2011.

ALAN SHACKELFORD: Yes, the -- the study Dr. Abrams Reference Six, Short Term Effects of Cannabinoids in Patients with HIV I Infection. That was a NIDA approved study. I've spoken with Dr. Abrams about that process and his -- in his study design which was the original study design he wanted to see if in fact cannabis had a positive or negative effect on viral load; that application was rejected by NIDA.

When he reformulated the -- the research protocol to say he wanted to show that cannabis has a negative effect it was approved. The -- the results here were essentially byproducts of the -- if -- if you will unexpected byproducts of that particular research.

The same is true for a study that was performed by the Dr. Tashkin -- I've forgotten his first name, from UCLA, who intended -- actually his -- his postulation was that marijuana has a significant -- smoked marijuana has a significantly negative impact on the pulmonary system. That study was also, approved by NIDA.

What came out from that study was in fact that not only does not have a negative impact, but in following patients who smoked marijuana at

sometimes very high amounts for many years there was no instance of lung cancer and in fact, had net cancer rates were lower in those patients.

That was also an unexpected result which prompted Dr. Tashkin who initially was an -- against the use of marijuana as -- for any purposes to say that it should be legalized because there is absolutely no -- he could see no negative impact.

So those two studies in particular were NIDA funded, however, and forgive me for the -- for the -- such a deep -- answering in such detail, but I think it's important.

There is a website maintained by NIH called clinicaltrials.gov. It's a fascinating website. There are about 106,000 clinical trials currently underway worldwide and it tracks all of them. 54,000 of those are in the United States. There is a search function on this website and you can search for -- it's a bully insert so you have to put in certain search terms, but United States and cannabis shows about 247 out of 54,000, searching worldwide shows about 350 studies out of 106,000.

Now, given that we knew in 1975, this is the Munson Study published in the Journal of the National Cancer Institute that THC and cannabidiol together, could reduce the size of cancerous tumors and prevent the spread of cancer cells. It -- it's surprising to me that we aren't actually actively studying cannabis if for that reason -- if not only for that reason. And -- and yet, out of 106,000 there may 350.

So the fact that these two studies were NIDA

approved is important because they yielded very important information, but NIDA funds 85 percent of the world's research into substances like marijuana. So there's a significant obstacle here to -- to -- for whatever reason and I'm not sure what that is to actually investigating this -- this -- and -- and as a treatment or preventative.

REP. O'NEILL: Well, in listening to what you were saying you said there were about 106,000 studies I think and 54,000 of them in the United States, which means that 52,000 of them are outside the United States and it sounded like about two-thirds of all of the marijuana studies because I think you gave some numbers where 300 and change all together and 200 and change were U.S. and again that left approximately 120 or 30 outside the U.S.

So I mean, I guess, in countries such as Canada or other place in the world where marijuana has been either legalized or substantially deregulated, I'm -- I guess I'm wondering why the Europeans for example where this has become more and more widespread, you know, they do medical research all the time and there are things that come to this country that were discovered in Europe in their laboratories and during their -- as a result of their studies.

Because you were saying that NIDA has this bias and I'm -- I'm not arguing that, but it presumably doesn't exist in England or some of these other countries that -- or Canada that have taken a different position as why their research labs aren't doing this work to because if somebody comes up with a cure for cancer they're going to be, you know, from a pharmaceutical standpoint their industry is going to be a big winner.

ALAN SHACKELFORD: Yes, that's correct. One of the -- one of the problems with doing research on a substance like marijuana is that it's not patentable. So the opportunity to -- to if you spend funds on -- on doing research into a plant -- regardless of how effectively it may treat certain conditions. You may have -- have some wonderful discoveries at the end of it, but you can't patent it and you can't then realize the immense profits that one can realize from being able to prescribe the results of that research. That's one obstacle.

Another obstacle is that --

REP. O'NEILL: Let -- let me interrupt for a second --

ALAN SHACKELFORD: Sure.

REP. O'NEILL: -- you said that the -- I forget who it was -- has a patent on the cannabidiol and the THC -- I forget the -- but they're two things that they have a patent for?

ALAN SHACKELFORD: Yes. Its Patent Number 6630507 that patent is -- was issued in 2003, it's owned by the Department of Health and Human Services. You're absolutely right, Representative, there is -- there are -- I think major problems with the issuance of that particular patent because I -- I think prior and probably subsequent a judicial decisions said you can't patent plants, but no one has attacked that particular patent on that basis.

I do think it's probably not a valid patent. Nonetheless, the patent was issued and is owned by an entity of the United States Government for those medical purposes;

suggesting that in fact the DEA position that marijuana has no medical benefit is not true. So I -- I suspect that if someone actually did challenge the patents on that basis it probably would be sustained.

The second point, I think, in terms of research is -- and -- and I have been in the position of applying for both NIH grants and grants in Germany, where I went to medical school. NIH ranking scores are going up dramatically; it means that this is a great study. We need to do this. There's no money to do it. That is one of the roles I think of government is to be able to fund research basic inquiry for which private interests either are reluctant to come up with funding or because there isn't the opportunity to -- to profit on it either immediately or in the near term, or -- or simply because there isn't any way to profit at all from it.

And due -- to economic conditions, primarily, and -- and the need for funding of other probably more pressing matters, public funds aren't available here or abroad, which means that it would fall to the private interests. But since you can't patent it, the research is not going to get done, which is not to say there isn't research being done.

Much of it is, -- as -- as my friend Jerry Groopman from the Beth Israel Deaconess Research Department in Boston published in 2009, THC in the laboratory and that's a relatively cheap study. THC in the laboratory was shown to kill and prevent the spread of relative -- actually very difficult to treat non-small cell lung carcinoma.

That needs clinical trial and yet that study will not be done I fear. There are many

similar studies that have been done on breast cancer, prostate cancer, pancreatic cancer, colon cancer, melanoma, and many others -- in fact much of the research is laboratory simply because it's cheap and quick, but to capitalize on it and take it to the clinical level requires funding and that's difficult to do.

One thing that GW Pharmaceuticals did quite well was garner funding -- private funding with the assistance of the British government into the study of THC and CBD which is ultimately resulted in -- in the production of Sativex, which has now been approved in many countries for two indications -- one indication in Canada is the pain -- cancer -- in cancer patients that's not responding to conventional treatments, as well as, spasms and multiple sclerosis.

Now, that was private money and the figures are staggering. The licensing fees that GW is realizing in -- in -- is licensing to bear $265 million, I think, I may be wrong on the exact figure, similar figure for licensing in -- in North America and in Asia. That's a tremendous return on investment for a private firm and they actually have patented an extraction process, but not the actual plant from which the THC and CBD are derived.

There's a great deal of research into synthetic cannabinoids worldwide. Quite a lot of those being done in Israel and Israel actually -- Israel has a prescription medical marijuana program and there are hospitals in Israel which have vaporizers in patient rooms for patient use.

They, of course, are not governed by the same sorts of -- of law as we are in the United

States, but they do I think provide an example of -- of where this potentially could go and given a little encouragement and a bit of -- I guess relaxation of -- of the prohibitionist.

REP. O'NEILL: Thank you, Mr. Chairman.

SENATOR COLEMAN: Thank you, Representative. Other questions? Seeing none, thank you, Doctor and good seeing you back in Connecticut.

ALAN SHACKELFORD: Thank you, sir.

SENATOR COLEMAN: Thank you. John Watkins.

JOHN WATKINS: I thank you for having me today. I promise my testimony won't run over three minutes. HB 5389

Originally I had intended to stand here as a man of science, I wanted to point out all the scientific research that had been done on cannabis. Then I intended to stand here as a man of finance and point out that cities like Oakland, California generated 1.5 million tax dollars last year to throw into their general pool, not to mention the job creation that has come from this new industry.

I come today not as a man of science, finance, or business, I come here today only as a humble man who is both a loving husband and a father who will do anything for his family.

This bill has a personal impact on my family, which is one of the reasons that I support it so passionately. Recently my wife and mother of our three children has begun to display signs of leukemia. The prescription for now is wait and watch as it's too early to begin any treatments. To know that this disease is waiting in the shadows and to know at the same

time that not every treatment is available in Connecticut right now is horrifying to me.

Medical cannabis could aide in preventing a variety of cancer types and could ease the side effects of commonly used chemotherapy medications. I urge you to vote yes on this bill so that when the time comes my wife and others like her -- excuse me -- and others like her will have the option of using medical cannabis as a doctor approved part of her treatment plan.

Also, my daughter was born with epileptic condition that caused her to have an upward of 80 noticeable seizures per day. And those were just the ones we were catching. Over time this has become more manageable through the aids of surgery and medicine, but the side effects from the medications at times can become difficult, mood swings, aggression, in cognitive impairment are some of the side effects she faces from the medications every day. In the long-term these medications will have a serious impact on her liver, possibly shortening her life span. Cannabis reduces seizures -- seizure activity in epileptics by over 60 percent in cases reported by institutes such as Berkeley, Harbor Side Health Center and Epilepsy Foundation.

Please vote yes on this bill so that one day these treatments may be made available to my daughter and others like her throughout this state.

The medical benefits of cannabis are widely known. As states continue to pass medical cannabis regulations we not only show our compassion for those who are chronically ill, we as a society get closer to the research goals that will someday save the lives of the

people we love. Wouldn't you want to know that every available treatment was there for you or a loved one to ensure their wellness?

May I finish? I only have two more sentences.

SENATOR COLEMAN: Please continue.

JOHN WATKINS: I ask you as a husband and a father that you share a concern for the suffering of chronically ill residents of our state so that tomorrow we can ensure their quality of life through appropriate and safe use of medical cannabis. Thank you for your time. Please vote yes on Bill 5389.

SENATOR COLEMAN: Any questions for Mr. Watkins? Seeing none, thank you for your testimony.

JOHN WATKINS: Thank you.

SENATOR COLEMAN: Good luck to you.

JOHN WATKINS: Thank you.

SENATOR COLEMAN: Frank Santoro.

SB 243

FRANK SANTORO: Senator Coleman and members of the committee thank you very much for your attention. I'm a defense attorney who handles medical malpractice cases and I'm here speaking as an individual in opposition to the certificate of merit bill.

I handle most of these cases the appellate level so I've never personally filed a motion to dismiss and I know the -- the time is short and the hour is late and I don't want to repeat what's in my written testimony or what other people have said so, I really just have two thematic points.

COURTLAND LEWIS: Thank you.

SENATOR COLEMAN: Jim Bakuzi and Brian Lynch.

BRIAN LYNCH: Senator Coleman, Representative Fox, I'm Dr. Brian Lynch, Dr. Bakuzi couldn't stick around so, with your permission our give our joint testimony.

I'm Dr. Brian Lynch. I'm a private practicing optometrist in Branford, Connecticut. I'm also, the Legislative Chairman for the Connecticut Association of Optometrist. The bill relating to the palliative use of marijuana HB 5389 permits a physician to certify and individual debilitating medical condition so, that the patient can be eligible for the provisions of the bill.

One of the debilitating conditions listed is glaucoma. A multitude of Connecticut residents rely upon optometrist to treat their glaucoma. We must indicate to the committee that there are numerous drugs that effectively treat glaucoma currently and while, the utility of marijuana has not been proven yet and may be somewhat burdensome.

The Connecticut Association of Optometrists would request however, that if you are going to advance this bill that you include an optometrist licensed under the statutes Chapter 380 as having the authority to make such certifications in the case of glaucoma for the patients that they care for.

Please let our Legislative Representative Linda Kowalski know if you have any questions or concerns about our testimony. Thank you.

SENATOR COLEMAN: Thank you. Any questions? Chairman Fox.

JOINT
STANDING
COMMITTEE
HEARINGS

JUDICIARY
PART 5
1301 - 1641

2012

REP. FOX: Thank you, Mr. Chairman. And thank you, doctor. There -- there has been some testimony throughout the day and now evening regarding glaucoma and whether medical marijuana has benefits that would alleviate that condition. There was a -- I don't know if you were here during the testimony of one individual who said that it does help him and I think there was also some -- a doctor previously who had said that he would not prescribe that. And I -- is it a gray area or is it an area that at this point there's some uncertainty?

BRIAN LYNCH: Well, there's a -- there's a uncertainty. Glaucoma is a disease of elevated eye pressure that causes damage to the optic nerve which is the cable that connects the eyeball to the brain. If that pressure is left unchecked it kills off the individual nerve fibers responsible first for our peripheral vision, and then central vision. Now, glaucoma is a disease that affects that optic nerve 24 hours a day.

And we currently have many medications that help to lower that pressure so no further damage is done. These medications can -- are usually in the form of eye drops, although there are some orals, also. And these drops are administered maybe once a day or twice a day or thrice a day. So they're fairly easy to use and even with that ease of use, one drop a day compliance is a major issue for us as patient's providers.

Getting them to use the medications appropriately every day and continue on, because glaucoma is a disease of which there is no pain. So a patient doesn't wake up and say oh, my eyeball really hurts me today; I

think my glaucoma's acting up, much like many of these patients suffer from pain who would benefit from marijuana.

Medical marijuana in glaucoma -- in its treatment of glaucoma has not really been proven. We know that it lowers the eye pressure in about 60 percent of patients who use it, but the duration of action for which it lowers the pressure is rather reduced, four hours, five hours depending on whose study you read. If indeed a patient is only getting relief from that 24-hour pressure for four to five hours, then there's the possibility that a patient would have to either smoke marijuana six to eight times per day in order to control the pressure for a full 24 hours.

The oral, I don't know -- I don't know that the literature is different for oral consumption of cannabis and whether or not you would get a longer action of duration. I think it's an area that needs to be studied. It may be a useful adjunct to some of the current medications we use to treat our patients' glaucoma.

REP. FOX: Thank you, doctor.

SENATOR COLEMAN: Thank you very much, Dr. Lynch for your testimony.

BRIAN LYNCH: Thank you.

SENATOR COLEMAN: Andrew Packer.

ANDREW PACKER: Good evening, Senator Coleman, Representative Fox.

SENATOR COLEMAN: Good evening.

ANDREW PACKER: The last two Legislators standing

SB243

SENATOR COLEMAN: But it was not lost on me that in the discussion the voice of the patients is not necessarily being heard.

JEAN REXFORD: Thank you.

SENATOR COLEMAN: Any questions for Ms. Rexford?

JEAN REXFORD: Thank you very much.

SENATOR COLEMAN: Thank you. Dr. Shackkelford has testified already. Dr. Gary Blick and Gloria Blick.

HB 5389

GARY BLICK: Good evening members of the Judiciary Committee, and I guess brave enough to spend now your ninth hour here for this day of public testimony. Both my mother and I are here to speak on behalf of the medical marijuana legislation.

My name is Dr. Gary Blick. I'm an HIV/AIDS specialist. I've been practicing in Connecticut now for the past 25 years. I have seen well over 2,000 HIV and AIDS patients. I'm not going to go over my specific testimony with you because you certainly can read that, but I would like to focus on several areas. I'm also a clinical researcher, having been a principle investigator on over 100 clinical trials and have authored and co-authored over 50 medical papers during the last 22 years.

So I think it was February of 1997 it was spoken very negatively about the federal government, but the federal governments National Institute of Health did dictate back in February of 2000 -- 1997 that medical marijuana was worthy of investigation in five main areas based on anecdotal early evidence.

The first area you've heard plenty about

that's patients with anorexia, cachexia and wasting, including many of my HIV/AIDS patients, many of whom are no longer with us.

The secondary is that of nausea and vomiting due to say chemotherapy, anti-viral therapy like in HIV and AIDS.

The third area is also you've heard a lot about with neurological disorders, movement disorders.

The fourth area you've already heard a lot about and that's medical marijuana for analgesia and many chronic pain conditions.

The fifth area seems to be a point of controversy and I would like to just focus on that area with you tonight. And the fifth area that was recommended for research for medical marijuana was that of glaucoma.

So -- so in background I was very, you know, unusual to hear a gentleman from the ophthalmological society say that he wanted it taken out of the medical marijuana bill because we do have evidence and the National Institute of Health acknowledged this. We have evidence from the -- the Hepler French (sic) Study that was done 1971 and also, the Hepler Petrus Study was done 1976 that inhaled medical marijuana is statistically significantly reduced intraocular pressure in patients with glaucoma.

This 1976 study actually showed a 27 percent reduction in intraocular pressures similar to all the other glaucoma eye drops that we have on the market right now, and those two studies were rigid, randomized, placebo controlled studies; the kind of studies we live to see. So there is evidence out there.

The study that you -- you keep here quoting essentially was a small study not even randomized or placebo controlled, but said the high dose of marijuana necessary to produce a clinically relevant effect on intraocular pressure in the short term requires constant inoculation, as much as every three hours. So you're not going to be expecting an elderly person to be smoking eight times a day, a joint, right?

So -- so with that in mind, I'd like to share with you my personal experience of witnessing the beneficial effects of inhaled marijuana on reducing high intraocular pressure associated with refractory glaucoma. That is glaucoma that has been responsive in the past to eye drops, but is no longer responding to it. Okay.

So for this experience I would like to first introduce you to our Circle Care Center's Billing Specialist, my 90-year old mother Gloria Blick, who actually suffers from glaucoma and was recommended to undergo selective laser surgery to reduce the very high intraocular pressures that, as you heard today, could result in permanent blindness associated with glaucoma.

So upon conclusion of her testimony I would like to just conclude, very shortly, with a couple of brief statements. So now I want to let you -- let my, mother Gloria Blick, speak to you.

GLORIA BLICK: Thank you all for having me here today. It is really a pleasure to be able to be speaking publicly because as a senior I am extremely active in all areas of our senior lifestyle. I've been Chairwoman of the

Stamford Senior Center. I was on the Commission on Aging in Stamford. I'm on the Board of Stamford's only -- second only city owned nursing home, The Smith House. So I'm involved and with me life means staying alive, seeing what I'm doing.

Well, only a couple months ago my medications that I had been taking was surviving beautifully. I was doing well. Everything was great. And then on the visit in and around, I think October or November --

GARY BLICK: June.

GARY BLICK: -- June. I'm glad I have a son who has a good memory. In June my doctor said, uh-uh, I'm a little worried. What are you worried about, doc, because I've got to know everything? Your pressure is much, much too high. I think we're going to end up with surgery. I says no sir. Not me.

I cannot afford the risk of surgery at my age. I have to be able to know that there's something available that will help me. If the drops are not working, you'll find another way, but I've got to be helped. I'm not going for surgery.

Well, at any rate somehow or other my doctor and Dr. Thimons and my son got together and somehow or other Gary must have mentioned let's try something for the mom. Let's see if we can work it out. And so he got the idea of giving me -- I call it a cigarette. I still haven't learned the terminology because in my kids days I would have floored them if they ever thought of going into drugs, and now it embarrasses me to have to think that I'm going to go into the drug scene.

So at any rate, Gary brought -- Gary and Scott came over and said look, mom, we can do something for you. We'll get you some cigarettes or marijuana, whatever you call it, and we'll try it. See if it helps you.

They got me a pipe and I puffed it -- I really didn't know what to do and I had been a smoker in my youth. So for about -- I go to the doctor every three months, so about two months' time I was playing with this, but I was choking and I was doing well, but I was great. Go to the doctor and he said to me, boy this is great. Your pressure is down. So I had no idea if I should tell him because this is the thing that's a secret.

So he said, how's everything? Oh, it's great. Go back, you know, I'll see you in three months. Three months' time, in that interim I was inhaling this smoke from the cigarette and I was really choking and I stopped using it and I didn't tell anybody because it was embarrassing for me and I didn't want anybody to know what I was doing. So come back from my next checkup and my pressure went way past where it had been prior to that visit, and he panicked. And he scared the heck out of me. And he said I got to speak to Gary right away, so don't go away. I'm going to call him.

Well, that meant trouble for me because for me if I can't see and if I can't drive, and if I can't go, forget it, bury me. So at any rate, somehow or other they got together and Gary and Scott came over and said, mom we're going to really give it to you now. You're going to have to learn to smoke carefully and properly so that you can treat it or you're going to have -- you're going to lose your sight and, therefore, I said, teach me. Please teach me.

And as result it is now, I think seven months, something like that that I'm on it. I take two puffs before I go to sleep. I'm in my nightgown. I'm in bed and I take my two puffs and then I turn off my light and I watch TV for a couple of minutes and off I am asleep. This has been going on now and my pressure has been down and I don't fear surgery anymore. That was to me the greatest gift that God could give me, other than the fact that my son just gave me a surprise 90th birthday.

GARY BLICK: So -- so essentially what we have here is this anecdotal evidence, but let me give you some hard evidence. I mean, you know, once -- once intraocular pressure goes up above 17 1/2 we're talking about damage with peripheral vision, then central vision, then blindness. So -- so June 23rd mom's pressures were about up to 19 in both eyes. That's where the panic came in.

Once we taught her to smoke from the pipe, she went in there and immediately, you know, the pressures were down to, you know, 15 and 16, and let me remind you we said short-term benefits from medical marijuana. So mom smokes around 9:00 every night. On August 1st when she went in there about four weeks later she went in to see Dr. Thimons at 9:30 in the morning. This is 12 to 13 hours later, inhaling just two to three puffs every night, and the pressures were down.

Then she discontinued this (inaudible) pressures rose again and we got her then to smoke from a joint and then - then, sure enough about 16 hours after smoking she goes in for another appointment and pressures are back down again. And -- and she's gone in there 12, 14, 16 hours after smoking so you -- we can say it only works for two to three

hours, but she's got hard evidence that it saved her vision, no longer needs surgery and she no longer has to worry about blindness, you know, as the time goes now.

So -- so in summary, I mean, I agree. I'm a scientist, also, rigid, randomized, controlled trials are desperately warranted, but we're not going to see them. There's no money for it. You've heard all that testimony about that tonight. Certainly, you know, medical marijuana is very, very hot -- is a very highly favorable risk benefit ratio. It deserves the kind of research we want, but I've witnessed now through all my patients and now through my 90-year old mother the -- the medical marijuana benefits through all the areas that the National Institutes of Health said warranted research.

So -- so first of all, I would like to offer to you that if we do get legalization I offer myself to serve on your medical board, to share that evidence since I am a HIV/AIDS specialist and have this experience with it.

I would also ask you just to -- to answer this for me, are you asking, since this is going to be a state sponsored bill, that hopefully will get passed this year, are you going to ask for Connecticut Medicaid to cover this? I'm assuming not because they don't even cover the 20 percent left over from Medicare. We took a 20 percent Medicare pay cut ten years ago when Medicaid stopped paying, so if you don't have Connecticut Medicaid paying for it then you're essentially not making this available to the poor and the disabled.

Now, if you do make it available to Connecticut Medicaid patients and don’t make it available only to the wealthy and those

that are working, then are we going to make it available through Anthem Blue Cross Blue Shield and United and Aetna here, in Hartford?

And if we make that available through Anthem let's say, well, you're familiar that all the state and government employees of the state are now dictated on Anthem to use CVS pharmacy. And if they're on chronic maintenance medications, chronic maintenance monthly medications they have to use mail order CVS Caremark. There's no way CVS Caremark is going to ship medical marijuana across state lines. You know that's happening and you know that no CVS pharmacist, is going to be dispensing this out.

So at least I'd like to be on advisory committee with you to determine how we're going to do this because we're not going to see this in stop and shop, we're not going to see this in Walgreens. And if we're going to see this in the mom and pop family pharmacies very few of them still exist anymore, because they've all been bought up in conglomerations. So there's a lot of issues, that need to worked our here.

I think the bill is so well written. I'm highly in favor of it. I applaud all four of you that are remaining here tonight, on behalf of the other 20 who are not here. That you've done a really excellent job and I hope we do pass it this year. So I'll make myself and my mother available for any questions and answers that you might -- might -- questions you might have before we're go.

SENATOR COLEMAN: I want to thank the two of you. You've been very informative and enlightening and very entertaining and heartwarming way.

GARY BLICK: Thank you, Senator.

SENATOR COLEMAN: We appreciate your appearance here. Are there questions? Senator Kissel.

SENATOR KISSEL: Once again I'm in full agreement with you, Mr. Chairman, on your statements.

GARY BLICK: Five times tonight --

SENATOR KISSLE: Ma'am, you're a dynamo. I mean --

GLORIA BLICK: Thank you.

SENATOR KISSEL: -- you've got more -- 90-years old, you've got more pep and energy right now than I think --

GLORIA BLICK: I should be asleep by now.

GARY BLICK: Well, 12 hours she's been waiting to talk to you, Senator.

SENATOR KISSEL: Somehow I know what you're going to do when you get home. So, you know. But, you know, I couldn't tell from -- from here. No, you know, when you say doctor that it's anecdotal, it's anecdotal, but I have a person right here in front of me that's saying this is what took place. And there's only one thing that sort of changed and the fact that she sort of went off of this without telling anybody and the adverse consequences kicked in. I mean, you -- you can't make that kind of stuff up.

I mean, again, I analogize the -- the medical marijuana situation to what I encountered when I was on the Human Services Committee when we were talking about psychotropic drugs and like people with mental health issues that, you

know, part of the push for economizing always was to go to generics, go to standard formula and that advocates would always come up to us and say, listen, each individual is very unique in their composition, their genetics, and that especially when you're dealing with mental health issues it's -- it's, you know, it is just not apples to apples, every single one is different.

Well, it's strikes me from everything that I've heard year after year after year is that when it comes to the effects of marijuana on an individual, it's substantially similar; that everybody seems to react differently. And when I have one person with multiple sclerosis and one person whose got ocular eye pressure that's getting into a situation where their sight is in peril, when I have another individual who actually has gone blind and has these lesions on their eyes and that he can't even, you know, operate without any discomfort; when you have people from such disparate, you know, array of discomfort and pain and troubles and tribulations, first of all, the first thing that happens to me is I thank God that I have the health that I have.

Second of all, thank God for the loved ones in my family. But then it's the third thing is this, what can we do that is a compassionate thing to do? And I've said, you know, we're dancing around this whole marijuana issue and I know there's downsides to it. I voted against decriminalization, I don't want to send the wrong message to young people.

At the same time, let's not kid ourselves we have a lawful tobacco that you go to any pharmacy, CVS, anywhere and it's this hundreds of these packs right behind the register and people buy it and use it all the time, and we

know we do not need huge amounts of scientific studies to tell us you're going to get -- the higher chance of cancer, heart illness, stroke, I mean, the list goes on, and on, and on. So there's a real historic disconnect between these two discussions.

So I appreciate your testimony here at 8:30 at night. I am hopeful that we can push this bill through this year. I have been in support of it. I love the way it's put together. The one thing I don't want to say that you rained on the parade a little bit, but this whole notion as to the financing, if there's a huge fiscal note on this bill, that's the def no. It will not get through this building if there's a big fiscal note.

It's my understanding that while it's not a Governor's bill the Governor is supportive of the notion, but I don't know of any kind of major funding that has been built into the budget. I don't think there's been a penny.

When it comes to trying -- luckily up in my neck of the woods, as much as there's some smaller, local pharmacies still alive, I know they're struggling with the reforms that went forward. I had wanted to see Governor Malloy actually build into his savings more a push to get to a generic use level similar to the Commonwealth of Massachusetts, as opposed to going to a CVS Caremark kind of model.

I'm hoping that maybe there's some headway going on in this building trying to help the smaller pharmacy's, but you're right the funding streams whether, it's through private insurer or not, but I'm a half a loaf kind of guy. And if we can actually get the Legislation through right now the way it is, then I think as time goes on we can circle

back, find out what things we need to sure up, looking at different funding formulas, but I would love it ma'am if you could in a few months go through your nightly ritual and know that you're completely obeying the law and that there's no downside to it whatsoever because from what I can tell you've got another 10, 20, 30, 40, 50 years so. Congratulations.

GARY BLICK: Thank you, Senator.

GLORIA BLICK: Thank you so very much.

GARY BLICK: Senator, I'll leave you these quotes. Mom had done a couple of interviews for Channel 12 and this is what she said, "I fear every day of my life that I don't lose my sight. If marijuana is going to help me and if it's going to help someone else, I'm all in favor of marijuana's legalization for medical use. I want to see until I close my eyes permanently. And if marijuana is it and the means to save my vision I want to be on medical marijuana for all the years that I have left."

GLORIA BLICK: And that's my prayer.

SENATOR KISSEL: Amen.

GLORIA BLICK: Thank you. Any questions?

SENATOR COLEMAN: Chairman Fox.

REP. FOX: Thank you, Mr. Chairman. I just wanted to say thanks, Ms. Blick, for sticking around all day, and Dr. Blick, it's -- I know you were here at the start of the meeting, and you've listened to all the testimony, but I know you feel very strongly about this and it's -- it does matter that you stuck around,

and thanks again for being here.

GARY BLICK: Thank you, Chairman Fox, appreciate it. Thank you all.

SENATOR COLEMAN: Thank you. Sandy Staub.

SANDY STAUB: Good evening, Senator Coleman, Representative Fox, members of the Judiciary Committee. My name is Sandra Staub and as the Legal Director for the ACLU of Connecticut I am here to express our support for raised Bill 5389 CONCERNING PALLIATIVE USE OF MARIJUANA.

And usually I speak on behalf of abstract concepts; liberty is what I'm here for tonight. The liberty for people to be able to prescribe marijuana, physicians for their patients, without fear of arrest; the patients caregivers for helping the patients; and, for the patients themselves, but that's not an abstract concept when I get to follow someone like Mrs. Blick, because it's her liberty interests that are at stake here.

And a lot of time the ACLU's policies with respect to criminalization of drugs and other laws are under the umbrella of opposition to victimless crimes. I mean, that's what we're looking for here is to -- to get rid of criminal laws that don't have any victims, but here if you don't pass this bill this term, it's not a simple matter of -- of victimless crime still on the books, by criminalizing medical marijuana the state creates victims.

Victims like Mrs. Blick or any number of the other people who came before you today. And I know there's a great deal of support for this bill, but I urge you and the ACLU urges you to push this bill and -- and work for passage so that the state no longer victimizes people who

need this option.

And I'm not going to say my whole testimony, I've submitted it in writing, and I'm not going to speak to the medical expertise you've heard a lot of that today. It's been a long day. I'm not going to speak to the other states that have developed the map that got us here, including Colorado and gave us the opportunity to pass Legislature that can -- Legislation that can be a model for the rest of the country, but the people living in our state deserve and should be at liberty to access this treatment when it is authorized by a physician simple as that.

And the ACLU of Connecticut welcomes the opportunity to express our continued support for this bill and respectfully request this committee to work of its passage. Thank you.

SENATOR COLEMAN: Thank you. Are there questions? Seeing none. Thank you.

SANDY STAUB: Thank you.

SENATOR COLEMAN: Dr. Scott Gray.

SCOTT GRAY: Good evening, Senator Coleman, Representative Fox, distinguishing remaining members of the Judiciary Committee. Thank you for the opportunity to present this testimony to you in strong opposition to Senate Bill 243 AN ACT CONCERNING CERTIFICATE OF MERIT.

My name is Dr. Scott Gray and I'm a Secretary Treasurer for the Connecticut Orthopedics Society. I represent over 200 orthopedic surgeons in the state of Connecticut and I'm a Board Certified orthopedic surgeon with a subspecialty in foot and ankle surgery and I'm in private practice in Danbury, Connecticut.

REP. CARPINO: Not necessarily a question, but I wanted to say thank you for answering my question. I've been waiting all day for an answer. So thank you very much.

SCOTT GRAY: We'd be happy to leave the statistics with you. They are real. They are compiled. It's in a letter signed by Denise Funk who's the Chief Operating Officer of CMIC.

REP. CARPINO: Thank you.

SENATOR COLEMAN: Other questions? Seeing none, thank you very much.

SCOTT GRAY: Thank you.

SENATOR COLEMAN: Salvatore Sodaro.

HB 5389

SALVATORE SODARO: Hello. Before I begin I would just like to take this chance to say thank you to everyone (inaudible) I'm still here, for allowing me to speak to you today. It shouldn't take up too much of your time.

My name is Salvatore Sodaro. I'm a student at the University of Connecticut over in Storrs where I've been studying history for the past three years. I've lived in Connecticut my entire life, New Haven, for, you know, forever up until now when I live in Willimantic, which is where I live -- where I attend UCONN.

I've gone to schools public, private and home-based. When I was 12 -- when I was 12-years old I was diagnosed with Crohn's disease interplanetary condition with digestive system. Associated with my Crohn's disease is also a diagnosis of arthritis in most of the joints of my body.

Both of these conditions are chronic and have

no cure, only treatment to lessen the symptoms and the pain. Over the past decade my prescribed treatments have varied greatly in form. There have been times when my treatment consisted of taking dozens upon dozens of pills a day. No fun.

There have times when I must get regular day long protein infusions via IV, which leave me feeling woozy and weak for days afterwards, as well as increasing my chance for malignant cancer. I've have had some doctors even on occasion prescribe me opiates for my pain. Opiates, as I'm sure you know these are incredibly dangerous and addictive drugs. We've heard obviously, earlier tonight.

While not being entirely useless by any sensible use of the word, these costly and cumbersome treatments have not provided me with an absence of symptoms nor an absence of pain. The agent -- the active agents in marijuana, you've heard it said tonight, THC and CBD have been shown to have anti-inflammation properties.

Marijuana has been shown in studies to reduce debilitating symptoms of disease such as Crohn's disease, IBS and ulcer colitis, and even reduced the amounts of medication required by patients.

What I can tell you from personal experience is this; sure enough using marijuana relieves pain and discomfort throughout my body in both my joints and digestive tract. I often get stress headaches related to my Crohn's disease, pain begets pain. These two all but disappear while using marijuana.

I use marijuana -- when I use marijuana my appetite increases. To me this is more than a

silly stereotype. This is a matter of staying healthy. I struggle to maintain a healthy weight or a regular appetite and using marijuana has allowed me to enjoy a regular enough diet to maintain a healthy weight.

Truly I owe much of this plant -- this medicine, yet I must use it in secrecy in fear of personal persecution -- prosecution. The question has been raised and debated on this bill to legalize medical marijuana. What message does the passing this bill send to the citizens of Connecticut? What message does this send to people?

Well, I can tell you that the message that I and many other citizens in a position similar to my own, the message that we receive is that we would now be able to be prescribed and legally use a safe and effective medication to treat our chronic illness. The message my parents would receive -- I would ask them the question -- is that they would no longer have to worry about their son being in chronic constant pain, nor about the state tracking him -- only one more paragraph -- or the state tracking you down for trying to alleviate myself of that pain.

The message a cancer patient may hear is that following the next dose of chemotherapy they may have an alternative to the nausea that they have become so used to and be able to eat normally once again.

Regrettably it is impossible to know what everyone thinks about everything. This is why Representatives such as yourselves have been elected to make decisions on issues such as these based on a perceived mandate or desire from constituents.

Now, I understand that such a mandate interpreting or finding one can be a tricky, time consuming and divisive task, except in this instance because in March of last year Quinnipiac University polled Connecticut voters on this very issue. The poll found that 79 percent of those polls -- of those polled were in favor of legalizing medical marijuana in Connecticut. That's nearly four out of every five people you walk by on the street in support of this Legislation. That's clear a mandate as I've ever seen.

In the very same poll only 65 percent, still a majority, but still far few -- only 65 percent of people supported the decriminalization of marijuana in that same poll. That's 14 percentage points less than medical marijuana. And remember the bill decimalize possession of small amounts of marijuana, I believe its Public Act 1171, that passed in the Senate and the House.

That's more evidence that the path to this bill's passage is one to be followed at all costs. I for one am very happy to live in a state whose residents and representatives are responsible enough to discuss this issue openly and maturely. Free from scare tactics and in respect to fact because this is bigger. This is bigger than the law. This is bigger than any one individual here today. This is about allowing real individuals with real health problems to treat themselves with a real plant -- a real medicine that really works and I can tell you that for a fact, it does work. Thank you for hearing me.

SENATOR COLEMAN: Thank you good job. Questions? Senator Kissel.

SENATOR KISSEL: I want to thank you for being so

patient to wait, jeepers --

SALVATORE SODARO: It's a virtue.

SENATOR KISSEL: -- Eight hours, 45 minutes -- nine hours.

SALVATORE SODARO: Midterm in the morning. It's cool.

SENATOR KISSEL: Nine hours and 45 minutes. The level of testimony today has been incredible. I -- I've been lucky enough to be a State Senator for 20 years and this bill proposal's been around for at least ten if not more. And first of all the room used to be packed and I -- and I hate to say it -- I don't want to mischaracterize anybody, but it just -- people that seemed really sort of out in left field and I'm just trying to be as nice as I can, but they didn't -- the advocates didn't necessarily come from folks that were suffering from disease.

I think they had in some instances, not all --

SALVATORE SODARO: At least not visibly.

SENATOR KISSEL: -- a different agenda. Now, maybe it's -- maybe it's because the decriminalization of marijuana bill went through last year, I didn't support that -- God bless you. I do have concerns as to the message it sends to young people, but when it comes to this perhaps it's because the passage of time quite often it takes a number of years for things to get through this building.

Maybe it's because some of the concerns that myself and others have raised and have built into this bill as far as dispensing it and using pharmacists and having a chain of

control over the product -- or -- or maybe our society has just changed.

But you're a young guy, first of all, I feel very bad for you from the bottom of my heart giving your illnesses --

SALVATORE SODARO: It's cool.

SENATOR KISSEL: But boy you're articulate. You've got great promise. If this can help you get through the rest of your life and reach all your dreams, who am I to say no and we have protections in here. I don't want you to be an outlaw. I don't want you to be a criminal. And if this alleviates your pain so that you can go on and do all the other things in your life, then I'm completely in support of that and I really appreciate you taking the time to come forward and share your -- your story with us.

SALVATORE SODARO: Thank you very much. I would -- I would also just like to say until you mentioned protection -- I would like to see possibly some language in the bill that protects students living on campus at public universities, such as UCONN from being persecuted -- prosecuted in any other way say by the institution itself for using mere medicine, which they are legally prescribed. I know that University of Connecticut has additional punishments for the possession of cannabis on their campus that they impose additionally that are more than the law in Connecticut.

And I would like to make sure that, you know, in terms of decriminalization of marijuana that's not what we're talking about today, but if someone has -- if a student is living on campus in a dorm and they are legally

prescribed this medicine they should be allowed to have it and use it where it is sensible.

SENATOR KISSEL: If I may, Mr. Chairman. I would think that since we have control -- (inaudible) control at least over what takes place at the University of Connecticut it's branch campuses, the State University System in our community colleges, I would hope that they would be in compliance with the protections afforded in this law and we have to spell it out we will spell it out.

SALVATORE SODARO: Thank you.

SENATOR KISSEL: I understand why they're coming at it from a zero tolerance point of view, but if this is something health related then just like if you had any other kind of controlled pharmaceutical in your dormitory or where you were living that you could only get what the prescription -- I think that, you know, you can't bust someone for that. So this should be treated similarly and I also, would hope that for those individuals if they happen to be in college at our private colleges throughout the state of Connecticut that those places would be sensitive too.

My guess is that that shouldn't be a problem.

SALVATORE SODARO: I would hope not. Thank you.

SENATOR COLEMAN: Other questions or comments? If not, thank you very much.

SALVATORE SODARO: Thank you very much. Have a good one.

SENATOR COLEMAN: Dr. Claudia Gruss.

providing access to primary care physicians for our state. So I'm concerned that Connecticut patients will be the ones will be suffer, experiencing longer wait times for appointments and having a harder time finding physicians who are accepting new patients.

So I think right now the compromise that was decided on in 2005, the existing certificate of merit process is working and I see no reason to break what really does not need fixing. Thank you.

SENATOR COLEMAN: Thank you. Are there questions? Seeing none, thank you for your testimony. Peter Smith.

PETER SMITH: Good evening.

SENATOR COLEMAN: Good evening.

PETER SMITH: Senator Coleman, Representative Fox, and members of the Judiciary Committee, my name is Peter Smith and I'm here to testify in support of House Bill 5389 AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA.

I have a client that has an interest in the bill before you today, but I'm not here to testify on their behalf. My testimony is as a parent of a young adult who was diagnosed with cancer. I thank the committee for raising the medical marijuana bill being heard today and appreciate the opportunity to add my perspective to the discussion.

On July 11th, 2008 my 21-year old son, Mike, was diagnosed with Burkitt's lymphoma and our family's journey into the world of cancer and chemotherapy began.

I can still remember that Friday when I got

the call. Our world began to move at 100 miles an hour. My wife and I were suddenly pushed to make life and death decisions for our child without the experience or the expertise to make those decisions. Looking back I can honestly say we were fortunate.

Yes, fortunate in the fact that my sons lymphoma appeared on his neck and not in his abdomen, allowing for early detection he was diagnosed with stage two lymphoma, not stage four. Fortunate that my wife had great health insurance and fortunate that Yale Cancer Center was just ten miles from our home.

We met with Mike's medical team and his treatment was mapped out. It quickly became clear the chemotherapy regimen needed to destroy the cancer and save his life would create significant short and long-term side effects. The questions and concerns began to roll in. That 100 mile an hour world began to move faster. It was in that meeting we began to think about medical marijuana as an option to help our son.

As a parent you will do whatever you have to do to help your child. If the medical team's use of oxycodone and other regimens of pain and anti-nausea medications didn't work we were prepared to find marijuana.

If Mike had said Dad, I need it, we would not have hesitated and been off to who knows where to find it, to buy it and supply it.

There we were a couple of 50-year old parents wondering where to buy marijuana for a 21-year old son. If this were 1976 and I were still in high school I probably could have figured that out. But in 2008 our knowledge of the supply chain was long gone.

In hindsight the question appeared before the need arrived, but that's what caregivers do, they plan ahead, prepare for the next obstacle, or challenge in their path.

As we said -- as I said before we were fortunate, throughout the six hospitalizations and 30 days in hospital, Mike never asked for it. His body tolerated the treatment despite having ten out ten pain, which the oxycodone only decreased to six. He actively chose to avoid taking oxycodone in the time the pain was not excruciating because of the cognitive side effects.

We learned from his oncologist that each patient is different and genetics have a lot to do with tolerance and again we were fortunate. Today in Connecticut we have a situation where caregivers and patients are forced to find illegal sources to supply their loved ones with treatment that could help alleviate pain and discomfort.

The bill before you can ensure that caregivers are not forced onto the street to buy marijuana with no safeguards, no protection and no quality control for the product.

HB 5389 creates a well-defined system of marijuana -- or marijuana producers and pharmacists to run dispensaries that must be licensed and regulated by the Department of Consumer Protection.

In 2008 my son joined a growing list of cancer survivor's or as he likes to call it the club of cancer survivors. At the same time his family joined the club of caregivers who will do whatever it takes to care for our loved ones.

Please make 2012 the year that Connecticut joins with 16 other states around the country and allows parents to access medical marijuana without going to streets to find a drug dealer. Thank you very much.

SENATOR COLEMAN: Thank you. Are there questions? Senator Kissel.

SENATOR KISSEL: One of a parent's scariest things.

PETER SMITH: Absolutely.

SENATOR KISSEL: And take everything for -- I wouldn't say that we take everything for granted, but life has sort of a pace to it and, you know, colds and hiccups and car accidents and things like that, but, you know, there's an old saying that any problem that money can solve is not that big of a problem. Of course that doesn't help if you don't have any money, but still it puts in perspective because there are some things where it's like what do we do, and you portrayed that really well with 100 mile an hour.

I'm assuming that your son has gone four years being cancer free?

PETER SMITH: Yeah. He's into his fourth year now.

SENATOR KISSEL: I hope that continues for the rest of his life. I -- I appreciate where you're coming from again, the quality of the testimony today is -- is just heartfelt and there's no ulterior motives. This is all from people that have gone through this and I'm one of those 50 something dads that God forbid I was in that spot. You're exactly correct. I would have no idea what to do, how to do it and then once you start doing it then it's

like well what if I get busted. You know, oh my God. I mean, yeah, I could throw myself on the mercy of the court and apply for accelerated rehabilitation of whatever I need to do, but that doesn't solve the immediate problem.

The immediate problem is I've got a loved one that needs this folks. And whatever it takes to get them to where they need to be I'm willing to do. And so to the extent we can create a construct in Connecticut that gives some reassurance to law-abiding citizens and yet makes this available for those folks that are facing all of these traumas, whether of a loved one or themselves.

I think we got to go there and I think we've got to do it now. And so thank you for being so patient and being here all day to testify.

PETER SMITH: And Senator, if I may? You raised the sort of exact point as you know, as you -- as the bill has been around and around, and around folks make the comment oh you can find it. You can do this. When -- when you are a 50-year old parent you really have no idea. And, you know, I -- I guess in hindsight you could -- some of Mike's friends probably could have found some or something like that, but the reality is there are 16 other states that actually have some structure in place, and I think that the good news, and we heard it earlier today, and we've heard it a couple times, is the bill that's before you today is really a -- probably one of the finest crafted pieces of Legislation in the country.

I think it does become a model. I think using the pharmacists as the -- as the licensee for the dispensary gets rid of a lot of those California problems that folks have had

concerns about, but I think you're -- you know the opportunity really is 2012.

SENATOR COLEMAN: Chairman Fox.

REP. FOX: Thank you, Mr. Chairman and thanks Pete for waiting around all day to be here and testify, and I want to thank you for your input in crafting this bill. You've been someone who since the end of last session has really been active in working hard towards trying to put something together that we can look to as a model, as opposed to some of the other states where they have had some problems. And we all here are very privileged to have gotten to work with Mike and get to know him and we know that he's got a terrific future and we wish him the best. And we thank you for your -- your testimony.

PETER SMITH: Thank you. And I -- I just want to point out that your Department of Consumer Protection and your Commissioner in particular has been -- has been very important in the crafting and you know, between under Secretary Lawler and folks in the administration they've really done a good job and -- and very thoughtful. You know, and I think that -- that interim period has produced a much better building center with Kissel and you. You talked about that model a lot last year and it wasn't in front of you when you were talking about, but it really, you know, I think everyone's ideas got put in and a good product came out in the end.

SENATOR COLEMAN: Further questions or comments? If not, thank you for your testimony, Pete. And also, for your assistance to the bill and we are all privileged to have had the opportunity to work with Mike. He's a great fella. I wish him the best --

I hope that we can bring this condition under control. People are being ripped off. People are filing papers that are no good. People are being deported and they ripping families apart. You have a citizen, a father, and undocumented mother, children they go to these people; the mother gets deported now you have a motherless family or a fatherless family. Families going on welfare because of these things.

I hope that you will tonight with reference to the Legislation before you tonight make it very explicit what is and is not permitted and I'll be here again Monday, hopefully I'll be somewhere higher up on the list. Thank you very much and I don't know if you have any questions.

SENATOR COLEMAN: Are there questions? Seeing none, thank you very much for your testimony and we'll see you again on Monday.

PHILIP BERN: All right. Thank you.

SENATOR COLEMAN: L. Godfrey.

HB5389

LORRAINE GODFREY: Good evening, gentleman, Mr. Chairman, members of the board. My name is Lorraine Godfrey. I'm a lifelong resident (inaudible) of Connecticut. For many years, up until seven years ago, I was a very productive member of society. Unfortunately, life has a way of throwing you a curve ball. And in my case, I was diagnosed with severe (inaudible) throughout -- throughout my body. I have (inaudible). I have also gone through three hip replacements. I have difficulty walking. I have (inaudible) fibromyalgia. Every day is a challenge. One day I'm not doing too bad, some days it's hard to even get

out of bed.

I have difficulty doing something as simple as putting on my clothes. And my quality of life has diminished dramatically. I am a true believer in medical marijuana. I have been taking opiates for well over seven years. I've actually taken (inaudible) of oxycodone -- excuse me, oxycontin, morphine, methadone, (inaudible) substances back to my pain management doctor.

I don't want to have to do -- I do not want to have to take opiates (inaudible). I suffer with chronic pain. I do the very best I can under the circumstances. I'm in a position where I cannot afford marijuana, nor do I have a source, especially being a single woman, disabled. Sometimes I'm sure you have go into some pretty seedy areas in order to even find a source.

(Inaudible) I'm disabled, I'm a single woman. I'm taking my life in my own hands every time, if have the opportunity, to purchase. It's really -- I'm very heartfelt in my belief that with the ability to have access to medical marijuana my -- my pain levels would decrease, in addition to the fact that the amount of medication that I would need to take also would decrease.

There is such an epidemic today in our society of misuse of prescription medications, and that's a shame, especially when we do have a natural substance of which can help to alleviate pain. And if there is a way that we could pass this bill, and I pray that we do, than people like myself will not have to live in fear of being called a criminal or, perhaps, having something happen to us out on the street with some devious individual.

Like I said, this is heartfelt. I ask you to please, please consider all of us who suffer in silence every day. One other thing I would like to mention in passing, though, and the young man from Yukon brought up a very valid point, myself being an individual who is disabled, I do live in -- in handicap housing. One of my biggest concerns is losing my place of residence, becoming a social pariah within my committee -- or community. I'm not a criminal. I just want quality of life. I just want to try to get some of my life back. I know it will never be the same, but you know what, you do the best with what you have, and you go on.

And if I can make a difference by coming to you and begging my case, it's worth it. It's worth of it for all of us who have been here all day long, who feel passionately about this cause. And I thank you all for your time and for your attention and consideration. Is there anything I can answer for you?

REP. FOX: First, thank you very much for -- for being here all day and now all evening; it does help very much when we hear the life stories of the people who are influenced by -- by these bills. Are there any questions, Senator Kissel?

SENATOR KISSEL: Yeah, I just want to associate myself with the remarks of -- of Chairman Fox. You know, it's almost 10 and a half hours. For us, this is what we do. This is what we love. We run for election to -- to be here. But for you, you have a hard time day to day and you've been here all day. You're speaking from your heart. There's no ulterior motive. There's no big lobbyist here. There's no -- you're not making money or anything like that. You're just trying to have a little bit better

quality of life.

And I really do commend all the people that worked hard on trying to fashion a bill which has been widely touted today as a leader in -- in the nation as far as having constructs that would reassure the law-abiding public, while at the same time allowing folks like yourself to be able to obtain marijuana in some form that would allow you to be able to get through some of these painful situations. And, yet, at the same time, not pose a threat to neighbors or anything else like that.

And your concern regarding housing is well taken. I think when you have a system like California that's out of control, that just brings everybody down throughout the country. But I think that we as a state are -- have learned from that and are trying to take the best from all the other states combined. An so thank you for taking the time; it does make a difference when folks come and talk to their -- their Legislators.

LORRAINE GODFREY: That's why (inaudible). This is a democracy and I thank you all for the opportunity to speak tonight. Thank you, gentleman.

REP. FOX: Thank you. I think there's one more representative.

LORRAINE GODFREY: Oh, yes, I'm terribly sorry.

REP. HOLDER-WINFIELD: No, don't apologize. I just wanted to thank you. I -- I sometimes talk about having the experience of being an advocate and not having to deal with the issues you have to deal with. But how important it was to me that people listened and what the day would be like having sat 10,

12, sometimes 14 hours waiting to testify. But -- so I just wanted to say that I really appreciate the fact that you are still here and I'm sorry I missed part of your testimony; I was in another hearing.

But that there was a story written today in the Connecticut Mirror about this -- this hearing and about the impact of people's stories. And I just walked in at the tail end of your story, and I could tell that there was a lot of passion in your story. So I really wanted to express my appreciation for what you did today. Thank you.

LORRIANE GODFREY: Thank you for your time (inaudible).

REP. FOX: Thank you.

LORRAINE GODFREY: Have a good evening all.

REP. FOX: Any other questions, or?

LORRAINE GODFREY: Oh, anything else?

REP. FOX: I guess that's it. Thank you very much.

LORRAINE GODFREY: Thank you very much.

REP. FOX: Next we have Nancy Parker. And just before you begin, Nancy Parker is the last name we have down as far as testimony this evening. Is there anyone else in the audience who wishes to testify? Yes. Okay.

VOICE: (Inaudible)

REP. FOX: Okay, well, after Ms. Parker. Okay.

NANCY PARKER: It's not good evening anymore, it's good night. I didn't prepare testimony; I

HB 5389
SB 246

just really wanted to quickly urge your support and passage of three bills. I can't believe I've been sitting back there and there's air conditioning coming down on me and its cold and it's only March 7th and they've got air conditioning on.

But I just really quickly want to say, I have -- I live in Hartford. I grew up in California, I went to college in New York City, and I've lived in Hartford for 35 years, and I have been a psychiatric social -- I was a psychiatric social worker for many years; I worked at the Institute of Living, and I worked in corrections, and I worked with Department of Children and Families. For about the last ten years now I've been a lobbyist and advocate here at the Capital, an I'm still a social worker.

I want to quickly urge your support and passage of raised Bill Number 5389 AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA. I don't smoke marijuana. I can't say that I haven't in the past, but I do not need medical marijuana, thank God. But from what I hear and what I've learned, I know that so many people do.

I have a friend who visited me from California last year; she stayed with me for a number of months, and she lives in California. And when she told me that medical marijuana is prescribed in California for anxiety and insomnia I was kind of shocked. And I just thought it makes perfect sense to -- that it should be legal for all the much more serious illnesses that it's used for, also. And it just makes perfect sense instead of all the other drugs that are used for all the diseases we've heard about today.

But it just really struck me when she told me that it's prescribed for anxiety and insomnia. It -- it just really struck me. So that's the main bill I want to support. And the other two I want to urge your support and passage of are, I have been a passionate animal rights advocate and lobbyist for about ten years, and I would just like you -- to ask you to pass raised Bill Number 5289 AN ACT INCREASING THE PENALTY FOR SUBSEQUENT OFFENSES OF CRUELTY TO ANIMALS. And raised Bill Number 246 AN ACT CONCERNING LIABILITY FOR DAMAGE CAUSED BY A DOG.

I only heard one other person testify on that one today. But I strongly believe in the rights of animals, and I strongly would request and ask that these bills be passed. So, thank you very much.

REP. FOX: Thank you for your testimony. Are there any questions?

NANCY PARKER: Thanks.

REP. FOX: Thanks for being here all day.

NANCY PARKER: Have a nice night.

REP. FOX: Okay. And as I said, that concludes the list, but there's one more. Ma'am, if you would like to step forward.

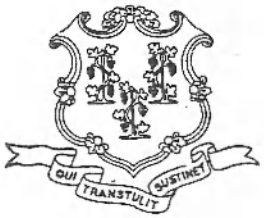
MARIA FODEN: It's not even evening anymore, right?

REP. FOX: If you could please state your name.

HB 5364

MARIA FODEN: My name is Maria Foden, I'm an attorney and practice immigration law down the street, (inaudible). I have been in practice for 32 years, and I practice primarily with very low, low, income. I would say the

DEPARTMENT OF CONSUMER PROTECTION



Testimony of William Rubenstein
Commissioner of Consumer Protection

Judiciary Committee Public Hearing
March 7, 2012

Raised House Bill 5389 "An Act Concerning the Palliative Use of Marijuana"

Sen. Coleman, Rep. Fox, Sen. Kissel, Rep. Hetherington and Honorable Members of the Judiciary Committee, I am William Rubenstein, Commissioner of Consumer Protection. Thank you for the opportunity to provide written testimony in support of House Bill 5389, "An Act Concerning the Palliative Use of Marijuana."

Similar to last year's bill, SB-1015 (2011), this bill allows for the use, acquisition, possession, cultivation and distribution of marijuana under well-defined circumstances to alleviate a qualifying patient's symptoms of a debilitating medical condition. Further, it provides for a prominent role by the Department of Consumer Protection to ensure proper registration of patients and physicians, as well as to provide for the necessary enforcement provisions of this proposal. In addition, this year's bill includes a well-defined system of approved marijuana producers and marijuana dispensaries that must be licensed by the Department. The bill defines a licensed dispensary as a DCP registered pharmacist who is deemed to be qualified to acquire, possess and dispense marijuana acquired from approved producers and specifically registered with the Department for that purpose.

This proposal requires that qualifying patients and physicians that elect to certify the palliative use of marijuana for their patients are required to register with the Department and to

pay a fee which is deposited into a nonlapsing "palliative marijuana administration account." The proceeds of this account are to be used to provide funding to the Department of Consumer Protection for administering the provisions of this act. Likewise, registered Marijuana producers and dispensaries shall pay a licensing and renewal fee that will be deposited to this account.

Additionally, this proposal provides that law enforcement agencies may contact the Department to verify whether a qualifying patient or a primary caregiver is properly registered with the Department. They may also obtain information contained in the registry for law enforcement purposes.

The Department has carefully reviewed the administrative components of this proposal and we are supportive of the requirements and safeguards contained in the bill and we believe that DCP is the appropriate agency to assume these responsibilities.

Significantly, we are confident that the Department's current use of computer technology places us in a reliable position to take on the crucial task of meeting the confidentiality requirements needed to comply with this proposal. Specifically, DCP's Drug Control Division currently administers the State's Prescription Drug Monitoring Program via computer software called the Connecticut Prescription Monitoring and Reporting System (CPMRS). This system is used today by physicians, pharmacists and law enforcement officials to monitor distribution of controlled substance prescriptions. In addition to serving as a repository for prescribed drugs, it provides the capability to monitor distribution of controlled substance prescriptions, to identify patterns of abuse and fraud, and to initiate enforcement action when necessary. CPMRS could readily be used to support the registrants anticipated in to this bill.

Thank you for your consideration of these comments in support of the HB 5389. Please feel free to contact me if I can address any additional questions regarding this bill.

March 7, 2012

State of Connecticut General Assembly

February Session, 2012

Members of the Committee on Judiciary,

My name is Laurie Roberts. I live in the town of Lisbon in southeast Connecticut and I am writing to express my support for Raised Bill # 5389, An Act Concerning the Palliative Use of Marijuana.

I am college educated and hold degrees in Chemical Engineering and Chemistry with some additional graduate level courses in Business Management. I have worked full time in several disciplines of chemistry until mid 2006 when I had to make the very difficult decision, supported by my husband and doctor, to take leave from work due to an inability to perform my job requirements and duties caused by the worsening Chronic Pain I suffer from and the awful side effects of the prescription medication I need to take. Eventually, I had to apply for my Disability Benefits as I am unable to be functionally employed any longer due to my illnesses and medications.

I have been living with Degenerative Disc Disease, Osteoarthritis and severe chronic muscle spasms since I was in my teenage years. Entering my early 20's these conditions continued, along with the development of severe Chronic Pain, Depression and Anxiety/Panic Disorder. In my late 20's my doctor told me I had the cervical spine of a person in their 70's and there was no treatment available with the exception of anti-inflammatory and pain medication. For a long time I sought out natural methods of treatment such as chiropractic, naturopathic, acupuncture and nutritional supplements, to name a few, but none ever provided any long term relief. I eventually was referred to Pain Management treatment, which I have been a patient now for approximately 13 years. My doctor has prescribed many combinations of medication, but none ever work sufficiently and they all have numerous side effects. When I was 48 years old I had a case of Shingles and since then have also been suffering from Post Herpetic Neuropathy (PHN), which is extremely painful. A few years later I was diagnosed with Ankylosing Spondylitis, which is a chronic inflammatory arthritis and autoimmune disease. There is no known cure for this disease, only medication for the treatment of inflammation and pain. Around the same time I was told that my cervical spine was that of a person in their 90's, and again, no treatment or cure is available with the exception of anti-inflammatory and pain medication.

The side effects of the medication I take include nausea, severe constipation, sudden uncontrollable sweating, agitation and mood swings, dizziness, memory problems and sleepiness. There have been a few instances over the years when I have gotten ill with vomiting and was unable to keep my medications down long enough to get in my body

system and I would end up in the hospital because my body would be going through narcotic withdrawal, which is a horrendous experience. I am constantly searching for relief of my Chronic Pain and Depression and came upon research of marijuana being used for a variety of illnesses. I decided to try it to see if it would help me and it did help out quite a bit and I had no detrimental side effects. I would much rather take something natural than the synthetic medications. All the material I have read is positive for the use of marijuana in treating a huge variety of ailments. Additionally, I have a brother with Multiple Sclerosis (MS) and through my research on marijuana; I found it might be beneficial for him from its use.

In summary, over the past 30 plus years, I have been prescribed many, many medications for my illnesses, they all have limited effectiveness and all have side effects that take away from the quality of life which I desperately seek. I think it is my right to be able to use the natural medication of marijuana to treat my illnesses, as well as countless other citizens it may be of beneficial use.

Sincere thanks,

Laurie Roberts

60 Sullivan Road

Lisbon, CT 06351

Brian St. Onge
3 Woods Edge Lane
Westbrook, CT

March 6, 2012

Members of the Board and Chairperson,

Thank you for allowing me the opportunity to submit my written testimony in support of General Assembly Raised Bill #5389, the act concerning the palliative use of Marijuana.

I would like to begin with a brief summary of my medical history. Many years ago I was diagnosed with the following conditions: severe manic depression, bi-polar tendencies, social and general anxiety disorder (also labeled severe). These conditions I consider to be debilitating and without question, affect my daily life. I have been prescribed numerous combinations of drugs, some more successful than others, all of which had horrible side-effects. Side-effects including but not limited to, abnormal weight gain, insomnia, uncontrollable muscle twitches (which I was told these can become permanent), loss of interest in sex with my wife and adult acne.

With all that being said, the options available to me are very limited. Under current law, I am forced to use multiple pharmaceutical poisons to be able to partially alleviate some of the symptoms associated with my medical conditions. Even on a good day, the side effects outweigh the medicinal benefits of these multiple prescription medications.

I believe I would personally benefit from the use of medicinal cannabis, as would many others in the state of Connecticut. I truly believe that the people of Connecticut would not be harmed if there was an additional, natural and holistic alternative to pharmaceutical poisons with horrible side effects. I believe everyone should have the right to freely decide which medication they would like to use. If we were given this choice, many of us would be able to regain our lives lost to debilitating prescription side effects.

There are many in Connecticut, including myself, who are forced to live in fear of criminal prosecution and reprisal due to the fact that we choose to medicate with cannabis, rather than pharmaceutical poisons. Not only criminal prosecution, many of us are faced with the fear of our children being removed by the state and discrimination by employers, landlords and even some uneducated family members. Hopefully with the passage of this Bill, many of us in Connecticut would no longer feel the need to hide.

In my opinion, Bill #5389 would greatly serve to benefit the residents of Connecticut. My only concern is regarding, Section 1 Part 2, the definition of a "debilitating medical condition". As the Bill is currently written, people with similar medical conditions to my own would not be able to legally use medicinal cannabis. I believe it would immensely improve Bill #5389 to amend the language from an arbitrary list of "debilitating" conditions to allowing doctors to decide on a patient by patient basis who they believe would benefit from medical cannabis. My personal doctor supports my choice to medicate with cannabis and would like to see me be able to do so legally, as I am sure many other doctors in the state feel the same way.

Thank you for your time and consideration regarding Raised Bill #5389 (An act concerning the palliative use of marijuana). I hope you will vote in support of this Bill.

Brian St. Onge
3 Woods Edge Lane
Westbrook, CT

Testimony of
The American Academy of Ophthalmology
The Connecticut Society of Eye Physicians
Before the Judiciary Committee
On March 7, 2012
Opposing
R.B. No. 5389 AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA

Good Morning Senator Coleman, Representative Fox and distinguished members of the Judiciary Committee. My name is Steven Thornquist, M.D. and I am a practicing board certified ophthalmologist in Trumbull, Connecticut and a past president of the Connecticut Society of Eye Physicians and current legislative chair. I am here today representing over 90% of the ophthalmologists in CT and the American Academy of Ophthalmology, representing 29,000 members offering you testimony opposing RB 5389 An Act Concerning the Palliative Use of Marijuana.

I am here in opposition to RB 5389, An Act Concerning the Palliative Use of Marijuana, for several reasons. Chiefly, because it includes glaucoma in the list of conditions for which marijuana may be used for the palliation of debilitating medical conditions. Our concern specifically is with regard to listing glaucoma, a condition that is rarely debilitating and that is not responsive to any palliative effect that has been attributed to marijuana. Palliative use, as defined in the bill, "means...to alleviate a qualifying patient's symptoms or the effects of such symptoms". Loss of vision, the primary symptom that occurs with glaucoma, does not abate in response to marijuana so there is no opportunity to use it for a palliative effect. As such it does not meet the criteria for inclusion under the provisions of this bill and should be removed from the list of covered conditions.

The only eye effect attributable to marijuana is an extremely weak and short-lived pressure lowering effect that while not harmful, is hardly helpful in light of the significant uncertainty entailed in using an inhaled chemical with inherent inconsistency in quality and quantity of effect. No ophthalmologist would ever prescribe an eye drop that has so weak or short lived an effect. The pressure lowering effect of cannabis is so unreliable that, even if it had no side effects at all, it would not support a case for the use of marijuana. Inhaled marijuana is a regressive treatment because it requires the entire body be subject to the pharmacologic effects of the drug whereas the topical application of eye drops concentrates the effect of the drug on the one organ where it is needed, the eye, limiting systemic exposure. We ask that this committee remove Glaucoma from the list of conditions qualifying for medical marijuana. This opinion is supported by the American Academy of Ophthalmology and by the National Eye Institute.

RB 5389 is further flawed by the establishment of a medical board that may add debilitating medical conditions, but is not given latitude to subtract conditions that are deemed to be no longer debilitating. Medical science continues to progress at a rapid pace and can be expected to provide treatments for many diseases presently regarded as debilitating.

We also question placing oversight and definition of portions of medical practice under the Department of Consumer Protection rather than the Department of Public Health. This duplicates and fractures the governance of medical practice in the state and could create conflicts that might impact care and the safety and health of patients. Further, we have concerns about the sequestration of licensing fees solely for the purposes of administering this bill. We would ask that this be further reviewed, and that consideration also be given to similarly sequestering medical licensing fees for use by the Medical Board for administering and reviewing medical practice, as well as for other licensed professions.

In closing, without scientific studies supporting the use of marijuana as a palliative agent for glaucoma, we cannot support RB 5389. We understand and empathize with patients who maybe desperate for relief of pain and who envision that the use of marijuana will relieve symptoms attributed to glaucoma. Our job is to ensure that therapies made available and promoted by the state are proven to be safe and effective.

I urge you to vote against this bill.

Respectfully,

Steven Thornquist, M.D.

Suggested Reading-

National Eye Institute
NEI is located on the NIH campus,
31 Center Drive
Bethesda, MD 20892-2510
(301) 496-5248
www.nei.nih.gov
stmt site http://www.nei.nih.gov/news/statements/marij.asp

Statement on Glaucoma and Marijuana Use

June 21, 2005

Glaucoma is an eye disease usually associated with an increased fluid pressure inside the eyes that damages the optic nerve, leading to vision loss or even blindness. The most common form of the disease -- chronic, open-angle glaucoma -- is a leading cause of blindness in the United States and the number one cause of blindness in African Americans.
Studies in the early 1970s showed that marijuana, when smoked, lowered intraocular pressure (IOP) in people with normal pressure and those with glaucoma. In an effort to determine whether marijuana, or drugs derived from marijuana, might be effective as a glaucoma treatment, the National Eye Institute (NEI) supported research studies beginning in 1978. These studies demonstrated that some derivatives of marijuana transiently lowered IOP when administered orally, intravenously, or by smoking, but not when topically applied to the eye.
However, none of these studies demonstrated that marijuana -- or any of its components -- could lower IOP as effectively as drugs already on the market. In addition, some potentially serious side effects were noted, including an increased heart rate and a decrease in blood pressure in studies using smoked marijuana.
A wide variety of therapies are currently used to treat glaucoma, including FDA-approved drugs and laser and conventional surgery. Research to date has not investigated whether marijuana use offers any advantages over currently available glaucoma treatments or if it is useful when used in combination with standard therapies.
The identification of side effects from smoked marijuana, coupled with the emergence of highly effective FDA-approved medications for glaucoma treatment, may have led to diminished interest in this research area.
Workshop on the Medical Utility of Marijuana--Report to the Director, NIH, by the Ad Hoc Group of Experts
Last Reviewed: May 13, 2009

OPHTHALMIC SURGEONS OF GREATER BRIDGEPORT, P.C.

2371 BLACK ROCK TURNPIKE, FAIRFIELD, CONNECTICUT 06825 (203) 371-0141 • FAX (203) 371-6585
1825 BARNUM AVENUE, STRATFORD, CONNECTICUT 06614 (203) 386-1800 • FAX (203) 386-1888

In Support of HB 5389

DAN C. OMOHUNDRO, M.D.
SHELLEY K. DRIESMAN, M.D.
STEPHEN M. RABINOWITZ, M.D.
MARC L. WEITZMAN, M.D.
JOANNA L. SARRACINO, M.D.

KATHLEEN M. SOBIERAJ
ADMINISTRATOR

October 7, 2011

To Whom It May Concern:

RE: William Campbell

William Campbell is under my care for his severe glaucoma in his only seeing right eye. Despite maximal medical therapy his intra-ocular pressure is still somewhat suboptimal. If he is able to obtain medicinal marijuana his glaucoma control should improve.

Please don't hesitate to contact me if I can answer any additional questions about his case.

Sincerely,

Marc Weitzman MD

Marc L. Weitzman, M.D.

MLW/jd

Peter Angelini
North Haven, CT

Testimony Submission for HB 5389
March 7th, 2012

Chairman Eric Coleman, Chairman Gerald Fox, Ranking Member John Kissel, Ranking Member John Hetherington and other distinguished Members of the Judiciary Committee.

Thank you for the opportunity to submit testimony in favor of ***HB 5389 AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA.***

I became involved supporting palliative use of marijuana several years ago after hearing deeply painful stories from families suffering. Not just suffering from ailments, but also suffering from prescription medication. Prescription medication prescribed by doctors to relieve pain; however instead of relieving their pain the medication created new problems with horrific side-effects. Watching and talking with families who since turned to marijuana for help, the almost immediate reversal of symptoms is simply put—a miracle. Lives changed overnight. Although marijuana doesn't completely cure most of these serious ailments, it lets the person tolerate the symptoms more manageably than any prescription pill could ever; it lets them enjoy their life.

The claim (and crackdown) from our Federal Government that marijuana has no palliative use (as declared by scheduling status) is hypocritical. Our Federal Government has been supplying palliative marijuana to eight (four of whom are still alive) federal marijuana patients since 1976. Regulated by the National Institute on Drug Abuse, this federal medical marijuana program is, perhaps, the most self-sustaining of any in the country. States that have such programs in place rely on the patients to grow or legally obtain from a dispensary. Under the federal program, the pot is grown by the government, packaged, and mailed out in metal tins with white labels—delivered directly to patient doorsteps. The four patients still receiving monthly shipments of perfectly rolled joints from the Federal Government have estimated they've received 584 pounds over the years, a street value of more than $500,000.

The American Medical Association results of short term controlled trials indicate that smoked cannabis reduces neuropathic pain, improves appetite and caloric intake especially in patients with reduced muscle mass, and may relieve spasticity and pain in patients with multiple sclerosis. AMA urges that marijuana's status as a federal Schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. AMA believes that effective patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions.

During the early 1980s, Kaiser Permanente studied over 65,000 patients with a ten-year follow-up. About half of these patients, admitted to having tried marijuana. One hundred eighty- two tobacco related cancers were found but no effects of marijuana use on the risk of cancer. Tashkin's (*2005*) research at UCLA-MC showed increased redness, swelling, and white blood cell count in regular marijuana users. Furthermore, because marijuana smoke is very similar to cigarette smoke, it seems quite likely that long term effects may be the same. Doll et al. (*2005*) conducted a 50 year follow-up study of 40,000 volunteers and showed that half of all regular cigarette smokers eventually die of lung, mouth, throat, larynx, pancreatic or bladder cancer or asthma or emphysemas (*Doll, 2005*) but no effects of marijuana use on the risk of cancer.

Some studies indicate that when pot with a higher THC content is smoked users take smaller drags and don't hold it in as long (*Matthias et al. 1997*). Experienced users know how to adjust their smoking to attain a certain high. It may be that smoking joints with higher THC content results in less tar intake. Water pipes and filters reduce the tar before it reaches the lungs. Vaporizes bypass inhaling smoke all together. The body ingests only a vapor of THC; providing a harmless entry in to the body. (*Donald Abrams, M.D. University of California*) Eating marijuana is another harmless entry in to the body. Some state dispensaries and collectives sell lollipops, drinks, and pastries. Home bakers like to make marijuana butter and use it to bake brownies and other foods. This THC delivery method is less reliable than smoking and vaporizing. Smoking and vaporizing produces a rapid and more controllable high and seems to go directly to the cannabinoid receptors in the brain within seconds.

Many multiple sclerosis patients attest that marijuana quells their uncontrollable tremors better than barbiturates and reduces the pain caused by their degenerative condition better than opiates. Research confirmed that symptomatic muscle spasms were reduced by marijuana in clinical measurements of MS patients' symptoms. (*Ellenberer Journal of Clinical Pharmacology, 1981*) In 1987, researchers from the UCLA School of Medicine studied 13 MS patients receiving THC in clinical trials. They concluded, "These positive findings in a treatment failure population suggest a role for THC in the treatment of spasticity in multiple sclerosis." *(Ungerleider, Andrysiak, Fairbanks, Ellison, and Myers, "Delta-9 THC in the treatment of spasticity associated with multiple sclerosis." Advisory on Alcohol and Substance Abuse, Vol. 7, No. 1, pp. 39-50, 1987*)

There are many more different ailments that the palliative use of marijuana can succeed in aiding. Without creating a 15-page testimony I will just name the ones I have read studies associated with them. Cancer, glaucoma, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, Parkinson's disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, epilepsy, cachexia, wasting syndrome, Crohn's disease, Posttraumatic Stress Disorder, HIV/AIDS, depression, Huntington's disease, dystonia, reflex sympathetic dystrophy, colorectal cancer, migraines, atherosclerosis, nausea, bi-polar disorder, Amyotrophic Leteral Sclerosis, skin tumors, Tourette syndrome, psoriasis, insomnia, opioid dependence, inflammatory bowel disease, leukemia, premenstrual syndrome, and Methicillin-Resistant Staphylococcus Aureus (MRSA).

State laws allowing for the legal use of medical marijuana by qualified patients do not increase teen marijuana use, and if anything decrease teen use or have no effect at all, according to data published online in the journal *Annals of Epidemiology*. "Difference-in-differences estimates suggested that passing palliative marijuana laws decreased past-month use among adolescents and had no discernible effect on the perceived riskiness of monthly use," McGill University researchers Sam Harper, Erin C. Strumpf and Jay S. Kaufman reported. "*[These] estimates suggest that reported adolescent marijuana use may actually decrease following the passing of medical marijuana laws"*

It is well established that alcohol increases accident risk. Evidence of marijuana's culpability in on-road driving accidents is much less convincing. Although cannabis intoxication has been shown to mildly impair psychomotor skills, this impairment does not appear to be severe or long lasting. In driving simulator tests, this impairment is typically manifested by subjects decreasing their driving speed and requiring greater time to respond to emergency situations. Nevertheless, this impairment does not appear to play a significant role in on-road traffic accidents. A 2002 review of seven separate studies involving 7,934 drivers reported, "Crash culpability studies have failed to demonstrate that drivers with cannabinoids in the blood are significantly more likely than drug-free drivers to be culpable in road crashes." This result is likely because subject under the influence of marijuana are aware of their

impairment and compensate for it accordingly, such as by slowing down and by focusing their attention when they know a response will be required. This reaction is just the opposite of that exhibited by drivers under the influence of alcohol, who tend to drive in a more risky manner proportional to their intoxication. Today, a large body of research exists exploring the impact of marijuana on psychomotor skills and actual driving performance. This research consists of driving simulator studies, on-road performance studies, crash culpability studies, and summary reviews of the existing evidence. To date, the result of this research is fairly consistent: Marijuana has a measurable yet relatively mild effect on psychomotor skills, yet it does not appear to play a significant role in vehicle crashes, particularly when compared to alcohol.

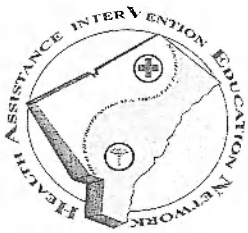
As more states choose to pass legislation for the legalization and regulation of the palliative use of marijuana, more is learned and more mistakes are corrected. The legislation that is proposed is thoughtfully well written. The bill uses the best examples of what each state has to offer combined. Connecticut last year in a Quinnipiac University poll voted **79%** in favor of passing a medical marijuana program. Connecticut can create the best model to date to regulate safe access to patients that are suffering each and every minute every day. It is unjust to deny safe, legal access to those of who desperately are seeking a way to legally tolerate their ailments and live their lives to the fullest. It's overwhelmingly undeniable that this legislation is critically important to pass.

Thank you for your thoughtful consideration of this testimony. I would be happy to provide more information or research studies if requested.

Thank you,
Peter Angelini

HAVEN

Health Assistance InterVention Education Network



Legislative Testimony
Judicial Committee
Raised Bill No. 5389
An Act Concerning the Palliative Use of Marijuana

Senator Coleman, Representative Fox, Senator Doyle, Representative Holder-Winfield, Senator Kissel, Representative Hetherington and members of the Judicial Committee, my name is Maureen Sullivan Dinnan. I am the executive director of the Health Assistance interVention Education Network for Connecticut Health Professionals, which was created in 2007 following the passage of Connecticut General Statute Section 19a-12a. HAVEN is the assistance program for healthcare professionals facing the challenges of physical illness, mental illness, chemical dependence, or emotional disorder. I thank you for the opportunity to present this written testimony in opposition to Raised Bill No. 5389, An Act Concerning the Palliative Use of Marijuana.

Raised Bill No. 5389 appears to follow a minority of states which are recognizing "medical marijuana." HAVEN asks that Connecticut not follow these states at this time. Bill 5389 is fatally flawed as it fails to balance palliative pain management concerns and addiction medicine concerns. This is especially apparent when we consider the role of medical care professionals as patients as well as providers.

Substance use disorders have been increasingly recognized as an illness which takes a tremendous toll on the individual, their family, and society. By 2002, the economic cost of drug abuse in the United States was $180.8 billion dollars.[1] There is no dispute that marijuana is mood altering and addictive. Marijuana has also been described as a gateway substance leading to use of other addictive substances and drugs. In the 1960s, the content of marijuana active ingredients is estimated to have been 2 to 3%. Today the percentage of active ingredients is estimated to be 25 to 30%.

Marijuana is a weed composed of 483 different chemical constituents. 66 are psychoactive cannabinoids, 256 are other psychoactive chemicals and the remaining are carcinogens. There are warnings for cigarettes, but no regulation or warnings for marijuana, because it is not FDA approved, and yet, this Bill suggests marijuana should be given status as a medicine.

Healthcare professionals suffer from substance use disorders at the same rate as the general population. It is accepted that 10 to 15 % of the population will suffer from substance use disorders. This bill puts at risk the far greater number within our state vulnerable to substance abuse in the purported interest of a relatively small number of

[1] Office of National Drug Control Policy, "The Economic Cost of Drug Abuse in the United States in 1992 -2002" Section IV

835 West Queen Street, 2nd floor, Southington, CT 06489
Tel. (860) 276-9196 and Confidential Fax (860) 276-9202
www.haven-ct.org

individuals who may benefit from the use of an illegal substance for palliative or compassionate purposes.

In 2011, HAVEN provided assistance to more than 260 healthcare professionals, for many debilitating reasons including but not limited to anxiety, depression, post traumatic stress disorder, chronic neurologic illness, and/or substance use disorders. For some medical professionals marijuana was the drug choice. For some other professionals marijuana was the drug of relapse. We are pleased to report the professionals have been able to achieve treatment goals without the ongoing use of marijuana. If this Bill had been in effect, there would have been no incentive for the professionals to pursue effective alternative treatment.

While Bill 5389 purports to treat marijuana as a controlled substance, in fact, the Bill gives marijuana a favored status. The Bill makes obtaining a written certificate too easy, and there are no best practices for physicians to follow. The Bill then provides statutory protection including a prohibition against denying a right or privilege or being subject to disciplinary action by a licensing board for a qualifying patient, provider, or primary care giver. In contrast, a nurse or physician who obtains a prescription for oxycontin or percocet is not entitled to any such protections, even if the prescription is obtained for a legitimate medical purpose.

Medical professionals with substance use disorders and legitimate pain conditions require careful monitoring. Often, the professional will enter into a contract with both an addiction specialist and a pain management specialist. Physicians who prescribe controlled substances such as opioids for the treatment of pain are required to follow guidelines set forth by the Connecticut Medical Examining Board in order to be an approved provider for a health professional. Bill No. 5389 does not require any such protections and, in essence, shields potentially negligent conduct.

HAVEN is required by law to represent whether participants in our program are practicing healthcare with skill and safety and without posing a threat to the health and safety of any person or patient in the healthcare setting. HAVEN's position must be that the palliative use of marijuana by a healthcare professional endangers the health or well-being of their patients. There is no data to suggest otherwise. The legislature should consider whether the public would want the professionals providing care and treatment to their loved ones to be using marijuana on a regular basis. If there is an unexpected outcome, is the fact that the professional had a written certificate and deemed need relevant? The risk of a causal nexus without supporting data regarding safety should be sufficient concern to rethink this Bill.

In addition, the public should be concerned regarding who may be a primary caregiver. The primary caregiver may suffer from second hand exposure. If a healthcare professional claims to be a primary caregiver, they will have regular second hand exposure. If a hospital, employer, or HAVEN conducts a urine drug screen which tests positive for THC, it is unclear how we can proceed to rule out active inappropriate use in a professional designated as a primary caregiver or a "qualifying" patient. Patient care in Connecticut will be put at risk. HAVEN's mission would be compromised if HAVEN

could not deny a healthcare professional the right or privilege of being a primary caregiver, especially when the healthcare professional's fitness or behavior is in question.

Currently, if a professional is being monitored by HAVEN for substance use disorders and has a positive random drug test not verified by a legitimate prescription, this noncompliance is reported to the Department of Public Health under Connecticut General Statute Section 19a-12a. Discipline or continued confidential intervention is within the discretion of the Department of Public Health. Under the proposed Bill, if the professional claims that they have a written certificate or they were in the presence of qualifying patient when the patient was using the marijuana, HAVEN cannot assure that the professional is practicing medicine in a state free of substances of abuse. Moreover, the public cannot expect the Department of Public Health or Medical Examining Board to monitor the professional as this bill prohibits the necessary oversight. Again, patient care may be anticipated to be put at risk.

Raised Bill 5389 creates an advisory board limited to eight physicians or surgeons in one of the following specialties: neurology, pain medicine, pain management, medical oncology, psychiatry, infectious disease, family medicine or gynecology. The advisory board criteria is not adequate, as an addiction specialist is not be included on the board. An addiction specialist is essential for such an advisory committee. The omission of a physician board certified in addiction medicine underscores the major flaw in this Bill—the lack of recognition of addiction as an illness and public health risk. Addiction medicine does not preclude palliative care. Addiction medicine supports smart and safe care.

The utility of this board is also suspect as a quorum is satisfied with less than fifty percent of the Board present. The value of the board composition is undermined by the fact that only three members will carry the full weight of board recommendations.

HAVEN respectfully submits that this is not the time for establishing medical marijuana in Connecticut. Other states are struggling since such efforts were initiated. There is much to learn in order to be sure that such a Bill is in the best interest and the correct public policy for our state. As framed, this Bill does not adequately protect patient safety in Connecticut.

I would like to again thank the Committee for allowing me to submit testimony on behalf of HAVEN, the health assistance program for Connecticut health professionals. Should you have any questions I would be happy to make myself available at your convenience.

Respectfully submitted:

Maureen Sullivan Dinnan, J.D.
Executive Director

835 West Queen Street, 2nd floor, Southington, CT 06489
Tel. (860) 276-9196 and Confidential Fax (860) 276-9202
www.haven-ct.org

WRITTEN TESTIMONY IN SUPPORT OF HOUSE BILL 5389:
AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA,
BEFORE THE JOINT COMMITTEE ON JUDICIARY

gabriel sayegh
State Director, New York
Drug Policy Alliance
New York, NY

The Drug Policy Alliance strongly supports – with amendments -- House Bill 5389, *An Act Concerning the Palliative Use of Marijuana.* We urge you to amend and support this important legislation aimed at reducing the suffering of seriously ill patients in Connecticut.

First, the effectiveness of marijuana for palliative use has been firmly established. Research from publications such as the Western Journal of Medicine, the Journal of Palliative Care, and the Congressionally-chartered Institute of Medicine support the effectiveness of medical marijuana in relieving a range of symptoms including: pain, muscle spasms, nausea, loss of appetite, and wasting syndrome. Doctors must be allowed to use their professional medical judgment to recommend palliative marijuana to help relieve the suffering resulting from debilitating and life-threatening illnesses.

Second, palliative marijuana has strong support in Connecticut among doctors, nurses, lawyers, activists, and workers – and voters. In a Quinnipiac poll from March, 2011 79% of Connecticut residents' support "allowing a doctor to prescribe marijuana for medical purposes." The people of Connecticut know that if their family or friends were seriously ill they would want every medically appropriate option to be available. In Connecticut palliative use of marijuana is supported by the Connecticut Nurses Association, A Better Way Foundation, the Connecticut Department of Public Health, the Connecticut Department of Consumer Protection, the Connecticut Pharmacists Association. In the tri-state area, palliative marijuana enjoys broad support, including New York organizations such as the Association of the Bar of the City of New York, Housing Works, GMHC, New York Aids Coalition, and the Pharmacists Society of the State of New York. In New Jersey a medical marijuana law was passed two years ago with support from the New Jersey State Nurses Association; the New Jersey Academy of Family Physicians; the New Jersey Hospice and Palliative Care Organization; the New Jersey League for Nursing; the Leukemia and Lymphoma Society Southern NJ and Northern NJ chapters

Third, there is strong national support for compassionate use of marijuana by a broad range of groups such as American Medical Association's Council on Scientific Affairs, Physicians Association for AIDS Care, Lymphoma Foundation of America, the American Civil Liberties Union, United Food and Commercial Workers, Law Enforcement Against Prohibition, Addiction Science Forum, the General Assembly of the Presbyterian Church, and the Teamsters Union.
While we support palliative use of marijuana in Connecticut, we strongly urge the Committee to amend the bill to make it workable.

- *Include provision for patient production of palliative marijuana:* In the event that a patient does not live near a dispensary or cannot otherwise afford to procure palliative marijuana from a dispensary, this legislation should include a provision to allow patients – or their caregivers -- to produce marijuana for palliative use. This change will also assure that Connecticut does not make the same mistake as

nearby New Jersey: that state enacted a palliative marijuana law two years ago, yet patients still do not have access to marijuana because of regulatory hurdles that have stymied implementation, leaving patients and families to suffer.

- *Licensed pharmacists should not be the only party eligible to operate a dispensary:* While pharmacists in Connecticut are licensed by the state, they must follow federal drug laws to maintain their licenses. Therefore, a licensed pharmacist may lose their license if they seek to operate a dispensary, given that palliative marijuana is not currently legal under *federal* law. Thus the Legislature
- *Licensed producers:* There should be an option for one entity to produce and distribute to patients so that the law does not require entities to distribute between each other in violation of federal law
- *Unrealistic financial restrictions on producers:* Requiring a $25,000 application fee, and a $2,000,000 escrow account will severely limit the likelihood of a viable dispensary from coming online – these financial restrictions should be reduced.
- *"Pharmaceutical" grade:* There is no such thing as "pharmaceutical grade" marijuana, and if this term is used it should be defined within statute as to what it means.
- *Section 15:* This provision should allow patients and caregivers to cultivate until the distribution system is actually distributing. It also shouldn't be contingent on lack of regulations being in place but whether producers and distributors are actually licensed and ready and able to dispense to patients.
- *Severability:* A severability clause should be added at the end of the statute.

By amending HB 5389 to address the concerns outlined above, Connecticut will have workable legislation to provide care and relief to patients and their families. In passing this legislation, Connecticut will join sixteen other states -- Alaska, Arizona, California, Colorado, Delaware, Hawaii, Maine, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Washington, and Vermont-- and the District of Columbia in allowing seriously ill patients to access medical marijuana with a doctor's recommendation. In addition to Connecticut, seventeen other states are considering bills to allow compassionate use -- Alabama, Idaho, Illinois, Indiana, Iowa, Kansas, Maryland, Massachusetts, Mississippi, Missouri, New Hampshire, New York, Ohio, Oklahoma, Pennsylvania, West Virginia, and Wisconsin.

With the backing of doctors, nurses, scientists, lawyers, activists, workers, and voters, the Drug Policy Alliance urges you to pass this bill. No one should be forced to endure suffering or endure the pain of watching their loved ones suffer while relief exists. We hope you will show compassion and end their suffering with your vote. Thank you.

160 St. Ronan Street, New Haven, CT 06511-2390 (203) 865-0587 FAX (203) 865-4997

Connecticut State Medical Society
testimony on
HB 5389 An Act Concerning Palliative use of Marijuana.

Judiciary Committee
March 7, 2012

Senator Coleman, Representative Fox and members of the Judiciary Committee, on behalf of the members of the Connecticut State Medical Society and the Connecticut Chapter of the American Society of Addiction Medicine.thank you for the opportunity to provide testimony in opposition of HB 5389, An Act Concerning Palliative Use of Marijuana. I am Mark L. Kraus, M.D., and I am the chairman of the Connecticut State Medical Society Committee on Alcohol and Other Drug Education. I have spent my entire medical career in the treatment of addition medicine.

Research into the therapeutic of cannabis and cannabinoids has lagged behind that of other modern medications. The recent discovery and elucidation of the endocannabinoid receptor system, coupled with improvements in technology and new research tools, has facilitated analytical, pharmacological and other preclinical research. Clinical research is also increasing, although only a small number of controlled studies meeting modern scientific standards has been published.

All cannabis-based and cannabinoid medications should be subjected to the rigorous scrutiny of the Federal Food and Drug Administration (FDA) regulatory process. This process provides important protections for patients, making medication only available when they: 1) Are standardized by identity, purity, potency and quality; 2) Are accompanied by adequate directions for use in the approved medical indication; and 3) Have risk/benefit profiles that have been well-defined in well-controlled clinical trials. The FDA has set forth the criteria that must be met if a botanically-based medication is to achieve marketing approval through this process.

All major medical organizations support the FDA approval process. The American Medical Association (AMA) has rejected the use of state legislation to authorize whether a medication should be made available to patients. The Institute of Medicine has also rejected this approach and has called for further research into the development of non-smoked, reliable delivery systems for cannabis-derived and cannabinoid medications. Rigorous research is needed to better understand the significance of different cannabinoid formulations and ratios, as well as methods of administration and dose-response relationships. Cannabis has a range of effects, some of which may be disturbing to patients with serious medical conditions, adversely impact their cognitive skills, or impair their lung function. Such effects should be better understood, particularly in the context of chronic medical use.

"Medical marijuana" currently distributed pursuant to some state legislation, does not accord with critically important aspects of the modern scientific model. It lacks quality control and standardization; it can be contaminated with pesticides and microbes; and it does not assure patients

a reliable and reproducible dose. Increased cannabis potency heightens the risk of adverse events -- especially among cannabis-naive patients -- as well as the dangers of dependence and addiction. There are no effective risk-management measures to prevent diversion and abuse, especially by adolescents.

The practice of medicine must be evidenced-based; all medical interventions should be justified by high-quality data. Despite the paucity of rigorous scientific data, dispensaries are now distributing cannabis and cannabis products to large numbers of individuals. Yet physicians, who are the gatekeepers of this process, under state law, have inadequate information on which to base their judgment if they choose to discuss cannabis as a treatment option with their patients. Physicians should carefully consider their ethical and professional responsibilities before issuing a cannabis recommendation to a patient. A physician should not advise a patient to seek a treatment option about which the physician has inadequate information regarding composition, dose, side effects, or appropriate therapeutic targets and patient populations.

Thank you for your thoughtful and careful consideration of this proposal. We urge you to oppose HB 5389.

Blanchard, Deborah HB 5389

From: Brian C- [calcan22@yahoo.com]
Sent: Tuesday, March 06, 2012 6:08 PM
To: judiciary@cga.ct.gov
Subject: More testimony for 3/7/12

Hello, My name is Brian Calabrese. I submitted written testimony for the public hearing regarding medical marijuana tomorrow 3/7/12. I noticed online, that i submitted two of the same articles accidentally (I was in a hurry to get the mail out). Here is another incredibly interesting article that I meant to submit, hopefully this can be distributed with the rest of my testimony. Thanks for everything! -Brian Calabrese

http://www.independentcollegian.com/news/marijuana-may-help-binge-drinking-brain-1.1822653

Marijuana may help binge-drinking brain

By By Kevin Moore

Published: Thursday, August 27, 2009

Binge drinkers who also smoke marijuana may suffer less brain damage than drinkers who do not smoke marijuana, according to a recent study done by researchers at the University of California, San Diego and published by Neurotoxicology and Teratology magazine.

The study, which was performed and published in late July, analyzed brain scans of 16 to 19-year-old males and females to compare the amount of white brain matter damage. White brain matter contains nerve fibers and is one of the two components of the central nervous system, according to the National Institutes of Health's Web site.
The study compared the damage to white brain matter between those who regularly engage in binge drinking and marijuana usage to those who solely participated in binge drinking and those who did neither. For the purpose of this study, binge drinking was defined as having five drinks during one sitting for males and four drinks during one sitting for females.

The results of the study showed those who only participated in binge drinking had damage in all eight sections of the brain, while those who used marijuana regularly only showed damage in three out of the eight sections. "Clearly, the marijuana group did better," said Director of Communication for the Marijuana Policy Project Bruce Mirken. "The marijuana plant is a heavy carrier of cannabinoids, of which there is much evidence to suggest that they can serve as a neural protector.

In fact, the government holds a patent on cannabinoids as a neural protector of brain matter," Mirken said. The project was meant to track the residual effects of long-term behavior, and did not need to be conducted immediately following binge drinking, Mirken said.

"There is no question alcohol in large quantities is bad for you. This study clearly implies that alcohol is more dangerous than marijuana. This has been confirmed by other studies as well," he said. According to the National Institute of Drug Abuse and Addiction, marijuana generally has a negative effect on smokers' learning and memory abilities.

Research by the NIDAA shows the adverse effects of marijuana on learning and memory abilities can last for days or weeks after the acute effects of the drug wears off. As a result, someone who smokes marijuana every day may be functioning at a suboptimal intellectual level all of the time. The NIDAA reports long-term effects of marijuana abuse can include some changes in the brain similar to those seen after long term abuse of other major drugs, including alcohol.

The National Institute of Drug Abuse and Addiction also reports marijuana smoke contains some of the same, and sometimes even more, of the cancer-causing chemicals found in tobacco smoke.
The study did not examine or report on any brain damage or negative effects posed solely by marijuana usage. "There is some controversy of the neural effects of marijuana. It is questionable if there is any kind of long-term effect. Some tests have shown an effect on executive function, the ability to make decisions. But long term alcohol abuse can actually shrink the brain. The brain of a severe alcoholic is visibly smaller to the naked eye," Mirken said.

The study does not mention the effects concerning casual drinking, but Mirken said it is reasonable to assume there are some, though much less severe, effects related to casual drinking. The Marijuana Policy Project is an organization seeking to change laws and policy regarding marijuana. "We want laws in line with the findings. We want it legalized, yes, but also taxed and regulated just like alcohol," Mirken said

http://www.independentcollegian.com/news/marijuana-may-help-binge-drinking-brain-1.1822653

Connecticut Pharmacists Association

Testimony Submitted to the Judiciary Committee
Wednesday, March 7, 2012

Re: ***HB 5389: AAC the Palliative Use of Marijuana***

Good morning Senator Coleman, Representative Fox and members of the Judiciary Committee. My name is Marghie Giuliano. I am a pharmacist and Executive Vice President of the Connecticut Pharmacists Association, a professional organization representing close to 1,000 pharmacists in the state.

I want to apologize for not being able to attend the hearing. The American Pharmacists Association is having their national convention and I was obligated to attend. However, because we have a strong interest in this legislation I am submitting written testimony to **cautiously support** HB 5389: AAC the Palliative Use of Marijuana. I am pleased to see that changes have been made to the legislation from last year that will offer some securities and stringent oversight of medical marijuana.

Last year our organization supported legislation that would distribute medical marijuana through the current drug distribution process we use for any other controlled substance. We continue to support legislation that would use that distribution process and provide the necessary government oversight.

Recommendations that we continue to support are as follows:

1. **Make Marijuana a Schedule II Controlled Substance**
    - Moving Marijuana to a Schedule II class is in Section 16 (b)(e) of this legislation stating that not later than January 1, 2013 the Commissioner of Consumer Protection shall submit amendments to sections 21a-243-7 and 21a-243-8 of the regulations of Connecticut state agencies to the standing legislative regulation review committee to reclassify marijuana as a controlled substance in schedule II under Connecticut controlled substance scheduling regulations.
    - Federal classification supercedes state classification when federal law is more stringent. However, if our process is in line with state law the DEA would be less inclined to prosecute prescribers, pharmacists, dispensaries, and growers
    - **Because marijuana has a high potential for abuse it would be prudent to follow well established oversight for Schedule II drugs. Schedule II drugs require a "new" order each time a prescription is written. If we are moving Medical Marijuana to a Schedule II drug, it is critical that we follow all the laws regarding this classification. The proposed legislation would allow refills for one year. I strongly recommend amending Section 2 (d) to align with current law. This also would limit any excess marijuana from being available and/or circulated by unauthorized individuals.**
2. **Distribute Medical Marijuana through registered dispensaries**
    - We are pleased to see that this proposal includes using licensed dispensaries to dispense medical marijuana. Clarification is needed on the definition of a

"Licensed dispensary." A dispensary is a site not a person. Suggested change to the definition is "….dispensary means a facility licensed by the DCP which is deemed to be qualified to acquire, possess, distribute and dispense marijuana pursuant to sections 1 to 15, inclusive of this act **and is operated by a pharmacist licensed pursuant to chapter 400j of the general statutes."**

- Regulations should mirror the security requirements for licensed pharmacies.
- Section 9 needs to be amended to again differentiate that a dispensary is a site.
- **It is critical to include language similar to language used for physicians in Section 6 stating that no pharmacist shall be subject to arrest or prosecution. This is somewhat addressed in Section 11 – however it talks about licensed dispensaries – not pharmacists.**

3. **Tracking the use of Medical Marijuana through the Prescription Monitoring Program (PMP)**
    - As with any other order for a controlled substance, each dispensary should be mandated to provide information to the Department of Consumer Protection for "certificates/prescriptions" filled by submitting this information into the state's PMP. This system has several benefits:
        - It allows the prescriber to check the PMP to see if the patient that is requesting medical marijuana has been seen by other prescribers or is potentially "doctor shopping" for it;
        - It allows the pharmacist to check the PMP to see if the patient has had this filled elsewhere and by a different prescriber;
        - The DCP would have reports at their fingertips to track and monitor who is receiving, prescribing and dispensing marijuana. It would make enforcement of these regulations feasible.
        - Authorities would have access to this information to confirm if a patient is eligible to have Medical Marijuana with them if they are "stopped" for other violations.
    - The proposed legislation does not include any language to provide for this tracking. It might be assumed that this would occur since MM would be moved to a Schedule II status. **I strongly recommend that provisions are made to ensure the use of the PMP for medical marijuana**
4. **Require Prescribers to Obtain a Special Designation to Prescribe:**
    - CPA continues to advocate that prescribers be required to get a special designation or license from the state in order to write for medical marijuana. Currently there is a system in place for prescribers who are allowed to prescribe the drug Suboxone which is used in patients to minimize the effects of drug withdrawal. Prescribers get an "X" designation on their DEA number that informs the pharmacist that this prescriber is allowed to prescribe this particular drug. **A similar system should be set up to allow only certain prescribers the authority to prescribe marijuana.** Physicians should be educated on the use of medicinal marijuana and on the prescription process.
    - Again, considering the potential for abuse of this product it is an added process that would provide additional oversight.
5. **All Marijuana should be Grown and Produced by Licensed Growers:**

- There needs to be standards on growing, quality assurance, labeling, packaging and dosing of medical marijuana. Growers should have the responsibility to provide standardized medical-grade marijuana that should arrive at dispensaries packaged, labeled and ready to dispense.

Section 13 of this legislation provides that the Commissioner of Consumer Protection establish a Board of Physicians who are knowledgeable about the palliative use of marijuana. **We would recommend that this board be more broadly defined and include the expertise of pharmacists who are knowledgeable in the pharmacologic properties of marijuana. Pain management pharmacists should also be included since they would have invaluable input in the design of treatment protocols with regard to dosing, dosage venues and projected outcomes for patients using Medical Marijuana.** Their insight can assist in determining if the drug is effective in additional debilitating medical conditions.

In conclusion, the CPA cautiously supports this legislation with the above mentioned recommendations. **We agree with opponents of the bill that if left without strict oversight, medical marijuana will be problematic for Connecticut.** The CPA hopes that the committee will strongly consider the recommendations that we have presented. We recognize that the federal government still considers marijuana an illegal substance. However, the purpose of this legislation is to allow patients who truly need this medication to improve their quality of life without having it for sale through head shops and on street corners. If we can do this, perhaps our state will be a model for the rest of the country.

In essence, we are arguing for a chance to test the scope of the ruling of the U.S. Department of Justice that they will not prosecute people acting in compliance with state medical marijuana laws. Let's do this right.

Thank you for your consideration and please feel free to reach out to me with any questions about our recommendations.

SENATOR MARTIN M. LOONEY
MAJORITY LEADER

Eleventh District
New Haven & Hamden

State of Connecticut
SENATE

State Capitol
Hartford, Connecticut 06106-1591
132 Fort Hale Road
New Haven, Connecticut 06512
Home: 203-468-8829
Capitol: 860-240-8600
Toll-free: 1-800-842-1420
www.SenatorLooney.cga.ct.gov

Good Afternoon Senator Coleman, Representative Fox and members of the Judiciary Committee. I am here today to testify in support of HB 5389, AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA and SB 101, AN ACT CONCERNING UNINSURED MOTORIST COVERAGE FOR BODILY INJURY TO A NAMED INSURED OR RELATIVE DURING THE THEFT OF A MOTOR VEHICLE

HB 5389 would legalize the use of marijuana for medical purposes for our citizens with certain debilitating medical conditions. These citizens deserve compassion rather than arrest, fines, court costs, property forfeiture, incarceration, probation and criminal records. Ideally, I believe that research should be done to compare the effects of marijuana relative to other available treatments; this approach, which might lead to a national policy shift, also represents the view of a panel formed by the Institute of Medicine. However this is not likely in the near term and our citizens suffering from these diseases need our assistance now. I am pleased that this bill contains language which allows

for legal production thus eliminating a flaw in the bill passed in 2007 (but vetoed by the governor) under which the marijuana would have had to be procured illegally. This legislation would create licensed producers and licensed dispensaries. It would allow for patients to procure medical marijuana (that was produced by a licensed producer) from a pharmacist at a licensed dispensary. This would create a level of quality control that should allay some of the fears that people with these debilitating conditions have about the use of medical marijuana. An additional benefit for our state would be the generation of sales tax revenue created by these dispensaries.

HB 101 addresses a quirk in Connecticut's insurance laws that can create an unintended conundrum for the few affected by it. This involves a situation in which a person is hit by his or her own car that has been taken without the owner's permission. When a car is taken without the owner's permission, it is declared uninsured. This is meant to protect the vehicle owner. Connecticut statutes also prevent the owner from filing an uninsured motorist claim on his or her own vehicle; this is to encourage vehicle owners to insure their vehicles. However, if these two statutes operate together, when a vehicle owner is injured by his or her own vehicle that has been taken without permission there is no way to make a claim. This was not the intent of the legislature when it passed these two provisions; there was not an intent to have the two provisions work together in such a way as to deny recovery to a person who is hit by his or her own

vehicle that has been stolen. I am aware of two cases with a similar fact pattern; two judges made opposite decisions as to recovery. In Peirolo v. American National Fire Insurance Company, CV 9455936s (1997), Judge Rittenband held that the named insured could in fact collect under the uninsured motorist policy. He correctly noted that this situation was not in the mind of the legislature in passing that legislation. However, in Maynard v. Geico General Insurance Company, CV06 5004144s (2009), Judge Corradino held that the plaintiff could not recover due to the statutory language. I am hopeful that SB 101 will clarify legislative intent on this issue.

Thank you for raising bills to address these important issues

I fully authorize all of the contents of this letter And the Additional information provided with it (In the form of articles) To be Submitted as formal testimony for the public hearing on 3/7/12 And any other hearing after that For infinity regarding the following matters. HB 5389

B. C. 3/2/12

Dear Lawmakers,

When I heard a democrat was elected as our governor I was absolutely elated, I prayed to the lord that we would finally have a democrat as our governor, it happened, thank god and congratulations. To me, democrats are much more in touch with the middle class then republicans. At this moment where you are preparing a plan to tackle the budget deficit, please consider medicalizing marijuana in some shape or form, as Governor Dannell Malloy indicated in the Hartford Advocate that would be something he would support. And coming from the "city" I'm sure he's familiar with the irrationality of ruining honest people's lives over personal marijuana possession, and the massive costs to enforce these archaic ideals through incarceration and otherwise. Treating ill people like this is more than wrong. Instead of paying money to incarcerate people and cause further problems in society, wouldn't it make sense to make money off of medical marijuana licensing, etc?, and make money for the state?? Along with freeing up space in jail. Massachusetts has been considering this policy for over a year, or outright legalizing it, and has Massachusetts run into more problems by decriminalizing marijuana in 2008? Has Massachusetts turned into "drug heaven"?, a dirty dangerous "slum" plagued state? Do people feel scared to travel into Massachusetts after weed was decriminalized? In fact Massachusetts has been looking at legalizing marijuana for a while. Connecticut would not turn into "drug land" or some "slum". Massachusetts is still as beautiful of a state as it always was, and to be honest, with these ridiculous laws, I'd like to move to Massachusetts, and im sure many other people feel the same way. I also realize after taking a "Drugs and Society" class that investigating and incarcerating people for marijuana is a "business", government doesn't want to see marijuana decriminalized or medicalized because there will be less investigations into the matter, and employees in the corrections system fear losing their jobs. That is a disgusting, selfish fact, that people fear losing their jobs if marijuana was decriminalized/medicalized. In Governor Malloy's inaugural speech he said we need to reduce state government. Alcohol prohibition didn't work and failed miserably, and neither has the war on weed, *making weed illegal* has cost more lives from violence/anger/control (people who are given a record become hardened and don't care anymore), while the substance itself when used by itself has not been known to cause any deaths from overdose or other dangerous health issues (unlike Alcohol and cigarettes or even caffeine can cause fatal overdose), in fact I know first-hand, marijuana holds very beneficial medical properties (contradictory to its scheduling as a class 1 drug because of the DEA's strong-arming and intimidation), it's no wonder to me that pharmaceutical companies want to make marijuana based/derived medicines, and already have (Marinol). Are pharmaceutical companies interested in an alcohol or tobacco based medicine?? Sounds like an implausible concept.... And I know it does, with good reason. **The simple truth is, when you tell people they can't do something, they want to even more-so**, and where we are at with the war on weed is a vicious, violent, destructive, costly, and irrational cycle (over such a benign substance which in reality is medically BENEFICIAL). I'm not sure why people want to do something more-so when they're told they can't, but it could have to do with the fact that this is America which is supposed to be a free country, and good (criminal record free) people like me don't want to be told what they can do in their spare time, which interferes in no shape or form with other people's lives whatsoever, especially when we have a medical need for it.. I obviously

don't condone D.U.I. whatsoever. I'm talking about *strictly personal* activity on private property. I grew up with two alcoholic parents and my whole life I remember nothing but arguing, verbal abuse, physical abuse, & other highly irrational & aggressive alcohol fueled behavior.. The pain and memories of these experiences are unexplainable, unforgettable and occur everywhere, everyday because of alcohol, which is lethally accepted to be legal. My father assaulted me and went to jail because he was drunk, my parents divorced. Lives ruined forever because of a *legal* physically AND mentally addicting substance which kills countless people and shatters lives. While on the other hand, ingesting marijuana does not cause these kinds of hostile, judgment impaired, violent, irrational, addictive, and highly dangerous behaviors. What's the worst thing that occurs when someone ingests marijuana and tries to interact with other people?.. They don't talk much, they're not as active, they don't want to look you in the eyes, and are relaxed and peaceful. Someone who just smoked weed sure as heck isn't going to turn belligerent, abusive, dangerous, irrational, and wreck less, as a drunk would.. If anything they are slumped on their couch. I'm a college student, I have NO CRIMINAL RECORD WHATSOEVER, and have too much of a promising future to be labeled with one. I live an honest, respectful, hardworking, Christian, peaceful life, as do many other marijuana smokers who are wrongfully perceived as criminals. I suffer from diagnosed third stage *chronic* Lyme disease (which was first introduced into this state... **Plum Island**??), have arthritis in my neck/10 -15% disability in my neck.. At a young age, and I **CANNOT** function comfortably without smoking. Lyme disease for me has caused joint pain, joint popping, stiffness, VERY FREQUENT vomiting (it is a very serious **illness**), and muscle spasms among other symptoms I could go on and on about. If I don't smoke marijuana, I can't eat **ANY** food without vomiting it back up (marijuana shuts off the gag reflex and stimulates appetite in the ill). If I don't smoke I'm very much in pain and uncomfortable, and have to deal with obvious muscle spasms, also ironically known as "ticks". In the fall of 2010 I was examined by a forensic psychologist to determine if I had any kind of brain damage after being the recipient of my 6th accidental concussion, I told the doctor before all the testing began that in the past I had smoked weed every day. After hours of testing and days of waiting for the doctor's final lengthy report, I sat down with him and he told me I showed no signs of brain damage from my concussions at all. I then asked him if smoking marijuana has affected my brain function (learning, etc) in any way whatsoever, and he quickly replied "NO it has not." and also remarked on my intelligence, potential, and future with both my musical skills, and my computer sciences education. The outlook on marijuana needs to change in this rich snooty acting state, there are much more benefits to this substance, and medicalizing it is only right because it does show "medicinal benefit" **as 16 other states (NJ, VT, RI, NH, ME, ETC) have realized and recognized including Washington D.C.**. Meanwhile irrationally, people are constantly dying, and having their lives ruined because of alcohol and/or tobacco. I'll even bring caffeine into the picture again, if I drink too much caffeine it can cause shaking and heart problems, or even death.. If you drink caffeine quite regularly and then abruptly stop that routine.. you suffer from severe painful *withdrawal* symptoms as you would with a heavy narcotic. Does marijuana do that? Absolutely not. These are facts that everyone realizes and if people have an interest in marijuana they're not going to be told ignorantly what to do in their spare time, especially when a shot of Espresso is worse. We need rationality, compassion, logic, to stop wasting money on enforcement of this, and by the governors words in the Advocate and him coming from Stamford I do believe he understands what I'm saying. Martin Looney came close with his efforts two years ago, and we also came extremely close to medicalizing marijuana last year but the session

ran out.. Banning this from Ill people is costing too much financially, and is hurting society far more than if it was medicalized and regulated. **Right now it's like the wild west/alcohol prohibition**, things are in the hands of gangs, and hardened individuals bitter over such unjust, invasive laws... ALL OF US are in a more dangerous position then if weed was decriminalized and medicalized. The vicious cycle needs to stop. It costs too much to society in every conceivable aspect. It just doesn't make sense to continue on like this. Budget deficit or not. Every state around us has recognized this. If both of your parents were alcoholics who ruined your life with alcohol fueled craziness, would you want to pick up a bottle..... or a joint, given the two?? I will not be my parents, and I will not have my government tell me it is ok and better to be more like my parents, instead of smoking a green vegetable which helps me have a quality life. Everyone relaxes at the end of the day, whether it be by reading a book, smoking a cigar, having a few drinks, or smoking a joint. I haven't heard any news stories referring to the latter in Massachusetts or elsewhere where that's been decriminalized. Please deeply reflect on this letter, we need to stop ruining honest and innocent lives, make this state safer, and help this budget deficit instead of making it worse because of archaic un-American ideals. I'm all for getting cocaine, heroin, LSD, and other synthetic/processed/dangerous drugs off the street, I have never tried any of these drugs (god is my witness) and I and many others have the self-control not to put themselves into the path of inescapable addiction, therefore with certainty, the concept of marijuana being a gateway "drug" really is not true, that concept is something created and bred in our schools, society and policies. When a cup of dunkin donuts has the potential to cause more problems then ingesting a green vegetable, I don't feel like this is America. As I said, I'm very ill, and this is all I have to provide me relief, and to be to able to ingest food, at this time. Do I sound like someone who belongs in jail for a personal choice that doesn't affect others whatsoever? I would like to also add that I have been diagnosed (by more then one doctor) with Posttraumatic stress disorder as well for many years now, and I have had many people concerned, ask me flat out why I haven't killed myself, and they wonder how I continue to function as a productive member of society. I firmly believe a **massive** reason I haven't done harm to myself or anyone else is because of marijuana's beneficial medical properties and I tell these people this, and like I've said, I've never moved onto harder 'drugs'. Just the massively and horribly addictive benzodiazepines my Dr. gave me. Quick benzodiazepine withdrawal carries an **extremely** high probability of death, while on the other hand, believe it or not, quick heroin withdrawal will never cause death, **just sickness**. I was doped out on benzodiazepines and highly addicted from my doctor for years with no motivation and no mental clarity, a year felt like a week, my life was being doped away, and as I weaned myself off and used marijuana I noticed a massive difference in mental clarity and massively improved motivation. The more the DEA, Big Pharma, and the alcohol industry fight these efforts, the more obvious my points, concepts, and facts become. There are many more people like me, and who feel the same way about what's illegal and what's legal, it doesn't make sense whatsoever, and this policy ruins innocent lives, and puts innocent people in danger... In Conclusion I'd like to say Congratulations, and right now I'm thrilled you were elected. Thanks for your time, and I'm praying deeply for your compassion, understanding, and reflection on this matter (how it can help our state), and my letter. Best wishes..

Sincerely,

Brian C.

B. C. Brian C 3/2/12

P.S. http://www.mapinc.org/newsnorml/v10/n1054/a01.html ~Journal-Inquirer 12/22/10 The writer is a retired Manchester police captain and a speaker for Law Enforcement Against Prohibition.

I fully authorize all of the above contents of this letter to be submitted as testimony, And distributed for the public hearing on 3/7/12 And ANY OTHER HEARING AFTER THAT, FOR INFINITY pertaining to the above matters.

Brian C 3/2/14

Page 1 of 12
B.C.

YAHOO! NEWS

Deadly Alcohol Needs Global Regulation, Health Expert Says

LiveScience By Christopher Wanjek | LiveScience.com – Wed. Feb 15, 2012

When considering the world's worst killers, alcohol likely doesn't come to mind. Yet alcohol kills more than 2.5 million people annually, more than AIDS, malaria or tuberculosis.

For middle-income people, who constitute half the world's population, alcohol is the top health risk factor, greater than obesity, inactivity and even tobacco.

The World Health Organization has meticulously documented the extent of alcohol abuse in recent years and has published solid recommendations on how to reduce alcohol-related deaths, but this doesn't go far enough, according to Devi Sridhar, a health-policy expert at the University of Cambridge.

In a commentary appearing today (Feb. 15) in the journal Nature, Sridhar argues that the WHO should regulate alcohol at the global level, enforcing such regulations as a minimum drinking age, zero-tolerance drunken driving, and bans on unlimited drink specials. Abiding by the regulations would be mandatory for the WHO's 194 member states.

Far from prohibition, the WHO regulations would force nations to strengthen weak drinking laws and better enforce laws already in place, Sridhar says.

Approaching a bottle a day

Alcohol consumption is measured in terms of pure ethyl alcohol to compensate for the varying strengths of beer, wine and spirits. A liter bottle of wine with 10 percent alcohol, for example, would be only 0.1 liter of pure alcohol. According to the WHO, Americans each drink 9.4 liters of ethyl alcohol per year on average. That's equivalent to 94 bottles of the aforementioned wine. [See list of top 20 booze-consuming countries]

As high as that might sound, Americans don't even crack the top 50 on the world charts. Europe, in particular Eastern Europe, dominates the drinking scene. Moldova has the top drinkers, downing 18.4 liters of alcohol per capita yearly. That's equivalent to 184 1-liter bottles of wine, or nearly four bottles a week per person. The legal drinking age in Moldova is 16, and there are few restrictions on when or where alcohol can be sold.

The price of such alcohol abuse is early death. One in five men in the Russian Federation and neighboring European countries dies as a result of alcohol, according to WHO data. Alcohol abuse is associated with cardiovascular diseases, cirrhosis of the liver, various cancers, violence and vehicle accidents. Alcoholic adults have difficulty working and supporting their families, too.

Sobering recommendations

Sridhar argues that the WHO is unique among health organizations in that it can create legally binding conventions. The WHO has done this only twice in its 64-year history: the International Health Regulations, which require countries to report certain disease outbreaks and public-health events; and the Framework Convention on Tobacco Control, which commits governments to making legislative moves to reduce the demand for, and the supply of, tobacco.

No other entity can attack the global problem of alcohol abuse, she said. When it comes to alcohol, though, the WHO has settled on merely recommendations, such as those outlined in the 2010 WHO Global Strategy to Reduce Harmful Use of Alcohol.

"Countries are aware of the problem, but several haven't made a real commitment to implementing the recommendations," Sridhar told LiveScience. "The problem is not with ministries of health but with ministries of finance, trade, etc. who prioritize other interests first."

In her Nature commentary, Sridhar said that the existing WHO recommendations could serve as the framework for a new international convention on alcohol regulation. Yet even the United States would struggle to meet several of the 10 recommended target areas, which

include advertising restrictions, price hikes and tougher laws against drunken driving.

"Ministries of health would have a stronger domestic negotiating position in prioritizing alcohol regulation above economic concerns," with the WHO muscle behind them, she wrote.

Alas, football ads might never be the same.

Christopher Wanjek is the author of the books "Bad Medicine" and "Food At Work." His column, Bad Medicine, appears regularly on LiveScience.

- 10 Easy Paths to Self Destruction
- Raise Your Glass: 10 Intoxicating Beer Facts
- Never Too Late: 5 Bad Habits You Should Still Quit

Copyright © 2012 Yahoo! Inc. All rights reserved. | Yahoo! - ABC News Network | /

Breaking News: Medicinal Cannabis Laws Have No Discernable Adverse Impact On Adolescents' Pot Use

by Paul Armentano, NORML Deputy Director

February 8, 2012

[Editor's note: This post is excerpted from this week's forthcoming NORML weekly media advisory. To have NORML's news alerts and legislative advisories delivered straight to your in-box, sign up here.]

The enactment of state laws allowing for the limited legal use of cannabis by qualified patients has little to no causal effect on broader marijuana use, according to data published online in the journal Annals of Epidemiology.

Investigators at McGill University in Montreal obtained state-level estimates of marijuana use from the 2002 through 2009 US National Survey on Drug Use and Health. Researchers used difference-in-differences regression models to estimate the causal effect of medical cannabis laws on marijuana use, and simulations to account for measurement error.

Authors reported: "Difference-in-differences estimates suggested that passing MMLs (medical marijuana laws) decreased past-month use among adolescents ... and had no discernible effect on the perceived riskiness of monthly use. ... [These] estimates suggest that reported adolescent marijuana use may actually decrease following the passing of medical marijuana laws."

They concluded, "We find limited evidence of causal effects of medical marijuana laws on measures of reported marijuana use."

Previous investigations by researcher teams at Brown University in 2011 and Texas A&M in 2007 made similar determinations, concluding, "[C]onsistent with other studies of the liberalization of cannabis laws, medical cannabis laws do not appear to increase use of the drug."

The findings are in direct conflict with public statements made by Drug Czar Gil Kerlikowske, who in recent years has frequently alleged that the passage of medical cannabis laws is directly responsible for higher levels of self-reported marijuana consumption among US teenagers.

Full text of the study, "Do Medical Marijuana Laws Increase Marijuana Use? Replication Study and Extension," can be read online here.

http://blog.norml.org/2012/02/08/breaking-news-medicinal-cannabis-laws-have-no-discernable-affect-on-adolescents-pot-use/

Study: Passage Of Medical Marijuana Laws Correlated With Fewer Suicides

by Paul Armentano, NORML Deputy Director

February 21, 2012

[Editor's note: This post is excerpted from this week's forthcoming NORML weekly media advisory. To have NORML's news alerts and legislative advisories delivered straight to your in-box, sign up here.]

The enactment of statewide laws allowing for the limited use of cannabis therapeutically is associated with reduced instances of suicide, according to a discussion paper published recently by the Institute for the Study of Labor in Bonn, Germany.

Researchers at Montana State University, the University of Colorado, and San Diego State University assessed rates of suicide in the years before and after the passage of statewide medical marijuana laws.

Authors found, "The total suicide rate falls smoothly during the pre-legalization period in both MML (medical marijuana law) and non-MML states. However, beginning in year zero, the trends diverge: the suicide rate in MML states continues to fall, while the suicide rate in states that never legalized medical marijuana begins to climb gradually."

They reported that this downward trend in suicides in states post-legalization was especially pronounced in males. "Our results suggest that the passage of a medical marijuana law is associated with an almost 5 percent reduction in the total suicide rate, an 11 percent reduction in the suicide rate of 20- through 29-year-old males, and a 9 percent reduction in the suicide rate of 30- through 39-year-old males," they determined.

Authors theorized that the limited legalization of cannabis may "lead to an improvement in the psychological well-being of young adult males, an improvement that is reflected in fewer suicides." They further speculated, "The strong association between alcohol consumption and suicide-related outcomes found by previous researchers raises the possibility that medical marijuana laws reduce the risk of suicide by decreasing alcohol consumption."

They concluded: "Policymakers weighing the pros and cons of legalization should consider the possibility that medical marijuana laws may lead to fewer suicides among young adult males."

Full text of the discussion paper, "High on Life: Medical Marijuana Laws and Suicide," is available online here.

http://blog.norml.org/2012/02/21/study-passage-of-medical-marijuana-laws-correlated-with-fewer-suicides/

YAHOO! NEWS

Marijuana doesn't harm lung function, study found

Associated Press By LINDSEY TANNER | Associated Press – Tue, Jan 10, 2012

CHICAGO (AP) — Smoking a joint once a week or a bit more apparently doesn't harm the lungs, suggests a 20-year study that bolsters evidence that marijuana doesn't do the kind of damage tobacco does.

The results, from one of the largest and longest studies on the health effects of marijuana, are hazier for heavy users — those who smoke two or more joints daily for several years. The data suggest that using marijuana that often might cause a decline in lung function, but there weren't enough heavy users among the 5,000 young adults in the study to draw firm conclusions.

Still, the authors recommended "caution and moderation when marijuana use is considered."

Marijuana is an illegal drug under federal law although some states allow its use for medical purposes.

The study by researchers at the University of California, San Francisco, and the University of Alabama at Birmingham was released Tuesday by the Journal of the American Medical Association.

The findings echo results in some smaller studies that showed while marijuana contains some of the same toxic chemicals as tobacco, it does not carry the same risks for lung disease.

It's not clear why that is so, but it's possible that the main active ingredient in marijuana, a chemical known as THC, makes the difference. THC causes the "high" that users feel. It also helps fight inflammation and may counteract the effects of more irritating chemicals in the drug, said Dr. Donald Tashkin, a marijuana researcher and an emeritus professor of medicine at the University of California, Los Angeles. Tashkin was not involved in the new study.

Study co-author Dr. Stefan Kertesz said there are other aspects of marijuana that may help explain the results.

Unlike cigarette smokers, marijuana users tend to breathe in deeply when they inhale a joint, which some researchers think might strengthen lung tissue. But the common lung function tests used in the study require the same kind of deep breathing that marijuana smokers are used to, so their good test results might partly reflect lots of practice, said Kertesz, a drug abuse researcher and preventive medicine specialist at the Alabama university.

The study authors analyzed data from participants in a 20-year federally funded health study in young adults that began in 1985. Their analysis was funded by the National Institute on Drug Abuse.

The study randomly enrolled 5,115 men and women aged 18 through 30 in four cities: Birmingham, Chicago, Oakland, Calif., and Minneapolis. Roughly equal numbers of blacks and whites took part, but no other minorities. Participants were periodically asked about recent marijuana or cigarette use and had several lung function tests during the study.

Overall, about 37 percent reported at least occasional marijuana use, and most users also reported having smoked cigarettes; 17 percent of participants said they'd smoked cigarettes but not marijuana. Those results are similar to national estimates.

On average, cigarette users smoked about 9 cigarettes daily, while average marijuana use was only a joint or two a

few times a month — typical for U.S. marijuana users, Kertesz said.

The authors calculated the effects of tobacco and marijuana separately, both in people who used only one or the other, and in people who used both. They also considered other factors that could influence lung function, including air pollution in cities studied.

The analyses showed pot didn't appear to harm lung function, but cigarettes did. Cigarette smokers' test scores worsened steadily during the study. Smoking marijuana as often as one joint daily for seven years, or one joint weekly for 20 years was not linked with worse scores. Very few study participants smoked more often than that.

Like cigarette smokers, marijuana users can develop throat irritation and coughs, but the study didn't focus on those. It also didn't examine lung cancer, but other studies haven't found any definitive link between marijuana use and cancer.

—

Online:

JAMA: http://jama.ama-assn.org

National Institute on Drug Abuse: http://www.nida.nih.gov

Copyright 2012 The Associated Press. All rights reserved. This material may not be published, broadcast, rewritten or redistributed.

Copyright © 2012 Yahoo! Inc. All rights reserved. | Yahoo! - ABC News Network | /

POT MAY BE USED TO TREAT PTSD

(Source:Province)

21 Sep 2011

Israel

JERUSALEM--Marijuana administered in a timely fashion could block the development of post-traumatic stress disorder (PTSD) symptoms in rats, a new study conducted at Haifa University has found.

The study, conducted by researchers at the university's psychology department and published in the Neuropsychopharmacology journal, found that rats that were treated with marijuana within 24 hours of a traumatic experience, successfully avoided any symptoms of PTSD.

"There is a critical 'window of time' after trauma, during which synthetic marijuana can help prevent symptoms similar to PTSD in rats," said Dr. Irit Akirav who led the study.

[Read More]

http://www.mapinc.org/norml/v11/n587/a06.htm?134

Cannabis Is "An Effective Treatment" For Cancer Patients, Israeli Study Concludes

by Paul Armentano, NORML Deputy Director

February 1, 2012

[Editor's note: This post is excerpted from this week's forthcoming NORML weekly media advisory. To have NORML's news alerts and legislative advisories delivered straight to your in-box, sign up here.]

Some two-thirds of Israeli cancer patients authorized to use cannabis report long-term, symptomatic improvement from the plant, according to clinical data presented in late January at a conference of the Israeli Oncologists Union and reported this week in several international media outlets.

Investigators at the Sheba Medical Center in Tel Aviv, in conjunction with the Israeli Cancer Association, assessed the efficacy of cannabis therapy over the course of one year in 264 patients with cancer. Israeli media reported the findings:

"Some 61 percent of the respondents reported a significant improvement in their quality of life as a result of the medical marijuana, while 56 percent noted an improvement in their ability to manage pain. In general, 67 percent were in favor of the treatment, while 65 percent said they would recommend it to other patients."

The study concluded that cannabis is an "effective" treatment for certain symptoms of the disease cancer and recommended, "The treatment should be offered to the patients in earlier stages of cancer."

In the trial, the most common types of cancer for which medical marijuana was authorized was lung cancer (21 percent), breast cancer (12 percent) and pancreatic cancer (10 percent).

The study focused primarily on the use of cannabis to relieve various symptoms of cancer or cancer treatment, such as pain and nausea, but did not evaluate whether marijuana therapy could potentially suppress the proliferation of the disease. In preclinical trials, various cannabinoids – including THC and CBD (cannabidiol) – have been shown to selectively target and eliminate malignant cells and cancerous tumors.

To date, some 6,000 Israelis possess government authorization to use cannabis therapeutically. Patients authorized by the federal program may either cultivate cannabis at home or they may obtain marijuana from one of the nation's 12 licensed cannabis farms.

Last summer, the Israeli Health Ministry formally acknowledged the therapeutic utility of cannabis and announced newly amended guidelines to more effectively govern the state-sponsored production and distribution of medical marijuana. The Ministry estimates that as many as 40,000 patients will eventually have access to medicinal cannabis once the Israeli program is fully implemented.

Breaking News: Medicinal Cannabis Laws Have No Discernable Adverse Impact On Adolescents' Pot Use

by Paul Armentano, NORML Deputy Director

February 8, 2012

shareshare

[Editor's note: This post is excerpted from this week's forthcoming NORML weekly media advisory. To have NORML's news alerts and legislative advisories delivered straight to your in-box, sign up here.]

The enactment of state laws allowing for the limited legal use of cannabis by qualified patients has little to no causal effect on broader marijuana use, according to data published online in the journal Annals of Epidemiology.

Investigators at McGill University in Montreal obtained state-level estimates of marijuana use from the 2002 through 2009 US National Survey on Drug Use and Health. Researchers used difference-in-differences regression models to estimate the causal effect of medical cannabis laws on marijuana use, and simulations to account for measurement error.

Authors reported: "Difference-in-differences estimates suggested that passing MMLs (medical marijuana laws) decreased past-month use among adolescents ... and had no discernible effect on the perceived riskiness of monthly use. ... [These] estimates suggest that reported adolescent marijuana use may actually decrease following the passing of medical marijuana laws."

They concluded, "We find limited evidence of causal effects of medical marijuana laws on measures of reported marijuana use."

Previous investigations by researcher teams at Brown University in 2011 and Texas A&M in 2007 made similar determinations, concluding, "[C]onsistent with other studies of the liberalization of cannabis laws, medical cannabis laws do not appear to increase use of the drug."

The findings are in direct conflict with public statements made by Drug Czar Gil Kerlikowske, who in recent years has frequently alleged that the passage of medical cannabis laws is directly responsible for higher levels of self-reported marijuana consumption among US teenagers.

Full text of the study, "Do Medical Marijuana Laws Increase Marijuana Use? Replication Study and Extension," can be read online here.ORML's literature review of the anti-cancer properties of cannabis and cannabinoids is available here.

Wednesday, March 7, 2012

James Prota, RPh
Chief Clinical Pharmacist
The Connecticut Hospice, Inc.

TESTIMONY for BILL 5389–
An Act Concerning the Palliative Use of Marijuana

The physicians and pharmacists of The Connecticut Hospice, Inc., regard THC Tetrahydrocannabinol, the active ingredient in cannabis sativa as having a potentially very useful place in end of life symptom management. There is supportive evidence for its use in the management of nausea, anorexia and neuropathic pain associated with chronic diseases, including but not limited to cancer.

The John D. Thompson Hospice Institute of The Connecticut Hospice, would be an ideal site to study the use of THC as an inhaled formulation. We would welcome the opportunity to study a safe standardized product in meeting the symptom management needs of our patients at end of life.

Oral preparations of cannabis can be found throughout history for a multitude of therapeutic uses. In many other countries, pure cannabinoids have been approved to relieve nausea and vomiting, stimulate appetite, and help treat chronic pain. However, the smoking of marijuana as a form of receiving this medication remains a subject of debate.[1]

A study at McGill University Health Centre found that a single inhalation of 25 mg of 9.4% tetrahydrocannabinol herbal cannabis, three times daily, for five days, reduced the intensity of pain, improved sleep and mood, and was well tolerated in patients with neuropathic pain.[2] In another study conducted in the inpatient General Clinical Research Center at UCSF, smoking cannabis cigarettes three times a day reduced HIV associated sensory neuropathy pain by 34%. This reduction in pain was significantly more than the 17% reduction with placebo cigarettes, over a 5-day period. During this study, smoked cannabis was well tolerated and was found to have effectively relieved chronic neuropathic pain.[4] Oral THC was compared with smoked cannabis in over 1000 patients to treat chemotherapy induced nausea and vomiting. The researchers conducting this meta-analysis found that patients who were a part of the smoked cannabis group had a 70-100% relief from their nausea and vomiting compared with only a 76-88% relief in those who had taken oral THC.[5]

The reason that inhaled cannabis has been shown to be more favorable than oral cannabinoids may be due to pharmacokinetics. Inhaled marijuana has a more predictable effect, which is both more rapid and potent.[1] Smoking cannabis causes a rapid rise in plasma levels of THC. A peak THC concentration is reached within 9 min of smoking a single cannabis cigarette and quickly decreases due to rapid distribution into the tissues.[3] This rapid onset of action is desirable in patients with breakthrough pain or nausea who need immediate relief. It is also possible that THC and other ingredients in the cannabis smoke may also have a pharmacodynamic interaction that may lead to a superior therapeutic result, but this hasn't been studied enough to make any conclusions.[1]

When cannabinoids enter the body, they begin to work on the Cannabinoid-1 Receptor (CB_1R).

The principal actions at the receptor is causes a stabilizing effect of the neuron, depressing neuronal excitability and reducing the release of transmitters.[3] By stabilizing the neuron in this fashion, there is a reduction of pain transmission to the brain.

Undesirable consequences of smoking cannabis were identifiable, however it was a consistent notion that these side effects were acceptable to patients with chronic pain. Overall, cannabis has been found to have minimal toxicity and a good safety profile.[6] Side effects for inhaled or smoked cannabis can include intoxication, an increase of anxiety or psychotic episodes, orthostatic hypotension, as well as bronchial inflammation.[1] When delivered via inhalation cannabis does not have similar health hazards to nicotine-rich tobacco smoking, except for a potential increased risk for bronchial irritation or bronchitis.[6]

FDA indicated medications currently used to treat neuropathic pain have their pitfalls as well. Medications typically used to treat neuropathic pain can include anticonvulsants, antidepressants, opioids, and local anesthetics, which have both varied results and have adverse side effects that can limit medication adherence.[2] These side effects can range from constipation, paresthesias, sexual dysfunction, weight gain, appetite loss, arrhythmias, etc.

Larger more randomized controlled trials are suggested in the future. Many researchers are having a difficult time actually obtaining cannabis to be used as a study drug due to delays in licensing, approvals of the study drug, and too restrictive criteria for eligibility.

With a quick onset of action and high effect profile for the relief of pain, nausea, and vomiting, it

is clear that there is a potential place for cannabis in palliative care.

We at The Connecticut Hospice, Inc. currently employ an oral derivative of Cannabis. We endorse the careful clinical use of all dosage forms of Cannabis to relieve nausea, vomiting, and anorexia at the end of life. We look forward to the approval of additional dosage forms of Cannabis to our Pharmacologic formulary. We would trial the product specifically for Pain and suffering related to serious medical conditions.

The Pharmacy department at our institution is a Preceptor site for students from the University of Connecticut who are completing their clinical requirements for graduation. They have assisted in the compilation of the data presented today and will assist with a trial of an approved Marijuana product for the advancement of end of life comfort for our patients.

1. Kalant H. Smoked Marijuana as Medicine: Not Much Future. *Clinical Pharmacology and Therapeutics*. 2008. 83;4: 517-519.
2. Ware MA, Wang T, Shapiro S, et al. Smoked cannabis for chronic neuropathic pain: a randomized controlled trial. *Canadian Medical Association Journal.* 2010. 182;14: 694-701.
3. Hosking RD, Zajicek JP. Therapeutic potential of cannabis in pain medicine. *British Journal of Anaesthesia*. 2008. 101;1: 59-68.
4. Abrams DI, Jay CA, Shade SB, et al. Cannabis in painful HIV-associated sensory neuropathy: A randomized placebo-controlled trial. *Neurology*. 2007. 68;515: 515-521.
5. Musty RE, Rossi R. Effects of smoked cannabis and oral delta9-tetrahydrocannabinol on nausea and emesis after cancer chemotherapy: A review of state clinical trials. *Journal of Cannabis Therapeutics.* 2001. 1: 29-56.
6. Aggarwal SK, Carter GT, Sullivan MD. Medical use of cannabis in the United States: Historical perspectives, current trends, and future directions. *Journal of Opioid Management*. 2009. 5;3: 152-168.

University of Connecticut
Undergraduate Student Government

Office of the Student Body
President

Members of the Judiciary Committee,

My name is Sam Tracy and I am the President of the Student Body at the University of Connecticut, and would like to express my support of HB 5389: An Act Concerning the Palliative Use of Marijuana. However, there are some issues with the bill of particular concern to college students that should be addressed before its passage.

Lines 92 and 93 of the bill state that the use of marijuana will remain illegal "on any school grounds or any public or private school, dormitory, college or university property." I understand that there may be concerns with exposing children to secondhand smoke, and support prohibiting the usage of marijuana in schools. However, prohibiting the use of medical marijuana on "any… dormitory, college or university property" is discriminatory towards Connecticut citizens who happen to live on a college campus.

I fear that this provision may have been included due to characterizations of college students as a demographic that is more likely to use marijuana for recreation. While this may be statistically true, there are a number of college students who would qualify as patients under this medical marijuana bill. At UConn, we have many students with Crohn's disease, and others who are afflicted with epilepsy or cancer. Also, not all students are 18-22 year olds who came straight out of high school. There are undergraduates at UConn who are older than 50. There are hundreds of student veterans who may be afflicted with Post Traumatic Stress Disorder after having served in the armed forces. Many of these students, despite their health issues, choose to live on campus in order to get the full college experience. Denying these students the right to use their medicine in their own home would impose an undue hardship on them, and possibly drive them off-campus, away from the support networks of the University.

An Equal Opportunity Employer

2110 Hillside Road Unit 3008
Storrs, Connecticut 06269-3008

Telephone: (860) 486-3708
Facsimile: (860) 486-5533
e-mail: info@usg.uconn.edu
web:www.usg.uconn.edu

University of Connecticut
Undergraduate Student Government

Office of the Student Body
President

Yes, students should not smoke marijuana in their rooms, medicinal or not, because of smoke damage and the risk of second-hand smoke to other students. However, there are many other methods of using marijuana, such as vaporization or ingestion in food or drinks, that would not have these issues. Rather than ban it outright, the state of Connecticut should allow only non-smoking methods in dorm rooms, and allow colleges and universities to provide a location in the student health center where medical marijuana patients can use their medicine. Students can use any other prescription drug on campus, and non-smoked medical marijuana should be no different. As to the concern about recreational use, I feel that lines 225-230 of the bill, which make it a misdemeanor to misrepresent yourself as a medical marijuana patient, sufficiently protects against fraudulent claims of medical use.

While I am among the 79% of Connecticut residents who support medical marijuana, I am concerned that the current bill unfairly discriminates against college students. Please modify the bill to allow medical marijuana patients, who happen to be college students, some way to use their medicine.

Sincerely,

Sam Tracy
President of the Student Body
University of Connecticut

An Equal Opportunity Employer

2110 Hillside Road Unit 3008
Storrs, Connecticut 06269-3008

Telephone: (860) 486-3708
Facsimile: (860) 486-5533
e-mail: info@usg.uconn.edu
web:www.usg.uconn.edu

Testimony on HB 5389 Concerning the Palliative Use of Marijuana
Submitted on March 7, 2012
To the Joint Committee on Judiciary
By Calvina Fay, Executive Director, Save Our Society From Drugs

Chairman Eric Coleman, Chairman Gerald Fox, Ranking Member John Kissel, Ranking Member John Hetherington and other distinguished Members of the Judiciary Committee:

We respectfully request that this testimony, on behalf of Save Our Society From Drugs, a national drug policy organization with members in the state of Connecticut, be included in the hearing that is scheduled for March 7, 2012 pertaining to HB 5389.

Save Our Society From Drugs, (S.O.S.) has over ten years of experience in monitoring and making recommendations on drug policy issues, including those pertaining to marijuana as a so-called medicine. We have helped many cities and states to close the loopholes that often exist with these programs. S.O.S. takes a comprehensive approach to promote sound drug policy that includes education, prevention, abstinence-based treatment, scientific research, and community awareness. Our members include doctors, researchers, law enforcement officials, business leaders, lawyers, and parents, just to name a few.

We have analyzed this bill and believe that this legislation will have significant negative impact on the state of Connecticut. Please take this opportunity to review our analysis of HB 5389.

Marijuana is not approved by the Food and Drug Administration (FDA) so its use is unregulated. This has significant implications for patient care, as there are many health risks associated with marijuana use.

Past evaluations by several Department of Health and Human Services agencies, including the FDA, Substance Abuse and Mental Health Services Administration, and National Institute for Drug Abuse, found that no sound scientific studies supported medical use of crude marijuana for treatment. Further, no animal or human data supported the safety or efficacy of it for general medical use.

The FDA's guidelines for a drug's approval require that certain factors be established, such as, the quantity of dose, the frequency and duration of administration, and the impact of interaction with other medicines. Never has smoking been accepted as a method of administering any medicine. Simply put, crude marijuana does not meet the standards of modern medicine

Proponents of "medical" marijuana want you to believe that only those with debilitating medical conditions who have unsuccessfully sought out other approved treatment will qualify for "medical" marijuana. **This is not true!** One only needs to look at the numbers from other states that have passed such legislation to see how widely the programs are being abused.

Available data from states that have passed similar laws show that less then 10% of medi-pot users are cancer, HIV/AIDS, or glaucoma patients. Well over 90% cite "chronic pain," an indefinable term that is being used to cover medical conditions such as headaches and minor arthritis.

The 2010 National Survey on Drug Use and Health shows a significant rise in youth marijuana use. Many drug policy experts, including those at the Office of National Drug Control Policy, believe this rise is a direct result of marijuana legalization efforts. Research indicates that when perception of risk declines, usage rates increase. States that have legalized marijuana under the guise of medicine continually rank toward the top of the chart for youth marijuana use rates.

HB 5389 would increase drugged driving incidents. It will be impossible to determine through drug testing if an individual smoked marijuana before getting behind the wheel or the night before. According to a study conducted by the University of Auckland, regular cannabis users were 9.5 times more likely to be involved in automobile accidents. *Marijuana Use and Motor Vehicle Crashes*, recently published in the peer-reviewed 2012 edition of Epidemiological Reviews, looked at nine studies conducted over the past two decades on marijuana and car crash risk. They concluded, "drivers who test positive for marijuana or self-report using marijuana are more than twice as likely as other drivers to be involved in motor vehicle crashes."

States that have legalized marijuana under the guise of medicine are now working to restrict and in some cases repeal their programs. In fact, Delaware, the most recent state to pass a "medical" marijuana law, has halted implementation of the law due to valid concerns over federal prosecution. Marijuana remains illegal under federal law and a recently released memorandum by the Deputy Attorney General specifically noted that the prosecution of significant traffickers of illegal drugs, including marijuana, remains a core priority of Depart of Justice. This would include commercial operations that cultivate, sell and distribute marijuana.

I hope that you will consider these findings and that you will REJECT HB 5389. We would be happy to provide you with additional information or discuss this issue further with you, if you so desire.

With Respect,

Calvina L Fay

Calvina Fay
Executive Director
Save Our Society From Drugs
5999 Central Ave., Suite 301
St. Petersburg, FL 33710
727-828-0210
www.saveoursociety.org

Department of Correction
Testimony of Leo C. Arnone, Commissioner
Department of Correction

Judiciary Committee
Raised Bill No. 5389, *An Act Concerning the Palliative Use of Marijuana*
March 7, 2012

The Department of Correction (DOC) prohibits the possession or use of drugs or drug paraphernalia by an inmate under its custody, control or community supervision and is pleased to see the language in lines 53 through57 of House Bill 5389, which would exclude from the definition of "qualifying patient" an inmate confined in a DOC facility. While we believe this language would also exclude an inmate who is residing in a halfway house under community supervision of the DOC, the language, as currently drafted, would not exclude an inmate who has been released to parole or to Transitional Supervision. The DOC respectfully suggests amending the exclusion language in lines 55 through 57 to read, "qualifying patient" does not include an inmate as defined in section 18-84 of the general statutes."

Thank you for your consideration of the Department's views on this matter.

March 5, 2012

Chairman Eric Coleman, Chairman Gerald Fox, Ranking Member John Kissel, Ranking Member John Hetherington and other distinguished Members of the Judiciary Committee:

Thank you for the opportunity to speak to you today in opposition of Bill No. 5389. My name is Angela Duhaime and I am the Community Prevention Coordinator for the Southeastern Regional Action Council.

The potential medicinal properties of marijuana are the subject of ongoing research and heated debate. However the FDA has not approved cannabis as medicine. In fact, new research in the past couple years has brought attention to increased health risks associated with its use. Long term risks include sleep impairment, chronic cough, and bronchitis, increased mental health risks such as anxiety, depression, and amotivational syndrome. Marijuana is addictive. According to the 2008 NSDUH, marijuana accounted for 4.2 of the 7 million Americans dependent on abusing illicit drugs. The most current research is exploring the negative effects on marijuana use on the immune system. There are other options available beside smoking marijuana to potentially utilize the benefits of the ingredient THC and they warrant further considerations. Other alternatives could potentially pose less health risks to respiratory functioning as well as possible risks that could be associated with second hand smoke.

We must let medical experts determine without question, that the benefits of marijuana use outweigh the associated risks before passing laws that could possibly discredit the ongoing process of research. Passing such a law without scientific conclusion of its medical benefit will have an adverse effect on the perception of harm of marijuana for all. Laws such as this send mixed messages to our youth making the drug appear "safe," "recommended," and "harmless." This in turn, increases the rate of drug use and the possibilities for developing an addiction.

Through school surveys conducted by SERAC in the past year, we have already begun to see a marked decrease in the perception of harm associated with marijuana use by youth. In turn, the rate of marijuana use among youth is climbing fast; 27% of 11th grader reported using marijuana in the past 30 days. **Marijuana rates currently exceed cigarette use among youth .**

On a personal note I would like to add that I have two family members who used marijuana under the belief that it had medical benefits. I understand firsthand the counterpoints in support of this bill but I would like you to truly consider what quality of life means. Does it include a loss of affect and emotion, increased depression and anxieties, dissociation from loved ones, and an overall detachment from reality? Perhaps we should be considering improved services and supports for individuals and families suffering from these conditions to help them become better equipped to cope with reality rather than "medications" that help them to avoid it.

Thank you for your time.

In Support of HB 5389 Palliative Use of Marijuana

My name is Joey Adamaitis and I am another human being with a different perspective. I have grown up in a nice place my whole life I was somewhat, no very much sheltered from the world around me. I did not understand anything about politics and was completely uninterested. It wasn't until I was about 18 years old my perspective began to change radically.

I am now passionately devoted to things that I personally perceive to be injustices around me. I am going to demonstrate and perhaps try to convince you to just take a look at things from my perspective.

I started writing this speech back in February because I really want to get through to you, why you should support **HB 5389 Palliative Use of Marijuana**. I really wanted to make my point as clear and concise as possible. The drug laws in place right now are WRONG, you are hurting people by allowing these laws to stay in place. For you to make any plant illegal is wrong no matter what it does to our human consciousness, that is unjustifiable.

I believe in our countries core philosophy that we have the freedom of choice, we have the freedom to choose what religion we want to follow, what school we want to go to, what state we want to live in, who we want to vote for. But for some reason we don't have the right to choose which medicine we can put in our own body. If I have a headache I have the right to choose if I want to take Advil, Tylenol, or eat a cannabis brownie. Advil and Tylenol have killed thousands of people, and are perfectly acceptable ways of treating your ailments in our society.

On the other hand if you choose a plant that grows from the ground, does not cost billions of dollars to produce, hasn't killed anyone, does not cause brain damage, stomach lining damage, or any other type of organ damage; you can face prosecution. What happened to my freedom of choice?

I would now like to share a short story with you about coffee and the Ottoman Empire in the 16th century. The Sultan of the time Murad IV would walk the town in disguise just to hear what the town's people would say about him and his government. The first day he stopped into a tavern where he saw people get drunk, laugh, and sing.

On the next day he walked into a coffee house and he witnessed people talking of politics, and the Ottoman Empire. The people blamed societies problems on the government and Murad himself. The Sultan was concerned with what he had just witnessed so he went back to his palace to think about what he should do about it. After some time of thinking he came to the decision that in order to stop the people from talking bad about the government he would ban the drinking of coffee.

Banned Plants & Fungi Throughout Human History:

7th Century Islam – Alcohol
11th & 12th Century Egypt – Cannabis
14th Century Islam – Recreational Use of Cannabis (Medicinal Use was permitted)
14th Century Meso & South America – Datura, Ololiuqui, Peyote, Psilocybin Mushrooms, among other sacred plants. (Claimed them to be works of the devil)
15th Century Europe – Coffee (Claimed to be the devils work)
15th – 18th Century Ethiopia – Coffee
18th Century China – Opium
19th Century World Wide – Any plant/fungi that alters your mind/body except alcohol, coffee, and tobacco.

So if you look throughout history you will see that people have always had a fear about drugs, and that fear is largely fantasy. If you look back at the list I have made you will see that in Europe and the America's (where our culture was born) there was an irrational fear that using these plants was the workings of the devil. This fear has transpired into today's drug war. No we don't think it is the workings of the devil but there is still this moral dilemma about using these types of plants, which is the wrong attitude to have.

I believe in the right to the pursuit of happiness, what exactly is the pursuit of happiness? Well I think it is going after your dreams, whatever that dream may be. One of my dreams is to get a bunch of my friends together and we all eat some cannabis brownies and go on a camping trip. The laws right now say that is wrong, that I am a criminal, that I deserve to be locked in a cage, now isn't that infringing on my right to the pursuit of my own happiness?

I also believe in our freedom of religion, and in my case I don't know of any organized religion that I feel I really belong to I studied a lot of world religions from Christianity to Jainism. I found that a lot of their philosophies rang true with my spirit so I never felt I could truly just choose one. Although I also felt that organizations themselves weren't for me. So what I practice is my own unorganized chaotic religion, and that is what I believe in. I believe spirituality is chaotic and can't be put on a regimented schedule like every Sunday at 10 am.

I also believe that there are certain "sacred" plants that can bring our consciousness to a higher plane of existence, and these plants have been regarded as sacred by many cultures throughout history (so this is not some belief I just made up myself, there is anecdotal evidence). One of the plants I use to bring myself to a higher state of awareness is cannabis, I look at it as a teacher plant it teaches me to be calm and peaceful in the face of adversity, it teaches me to acutely observe my surroundings and not just make snap judgments all the time. It also teaches me tolerance, acceptance, and understanding I feel this plant to be one of my sacraments'.

So if I have this belief of my own and I truly feel that this plant is a sacrament and needs to be held in high regard how can this government arrest me for possessing my own sacrament? I am not the only person on the planet with this belief either there are numerous Indian cultures and Rastafarian cultures that think the same thing.

This is what I think as far as medical marijuana regulation goes; I think any person should be able to use it. Whether that person has a headache, menstrual cramps, stomachache, sleeping problems, cancer, glaucoma, AIDS, or depression. Cannabis has been used to treat all of those conditions throughout human history and NO LAW is going to prevent me from using it as I see fit.

I also think you should take down the list of diseases, and just replace it with "a doctors recommendation". Meaning you go to a doctor and tell him what ails you and after running a few tests he confirms whatever ailment you claim to have and signs off on the paperwork. That way it is not restricted to just people with serious diseases, I believe that everyone can benefit from marijuana not just deathly sick people.

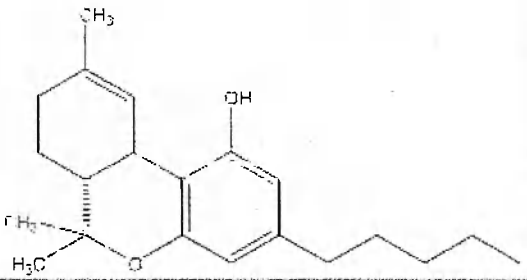
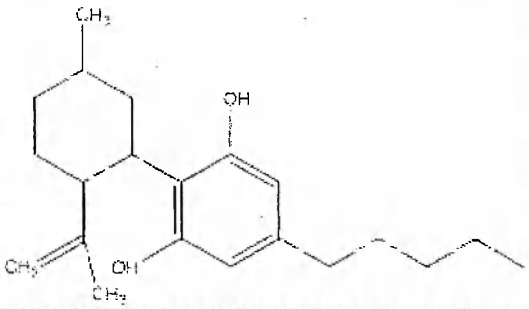
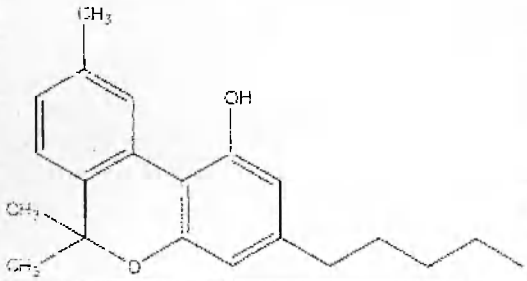
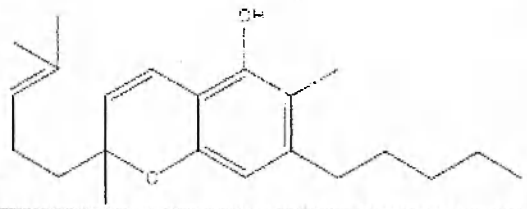
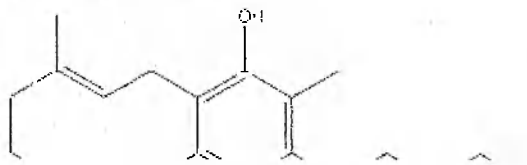
I am a self-proclaimed botanist and (not to be egotistical) have more knowledge on this subject than and experience than others who have testified. If you were to give me 3 hours with anyone of you I know I would change your mind in how you view cannabis and it's impact on our society. I thank you for taking the time to listen to my concerns and desires today, I really hope that what I have said sinks in and persuades you to vote yes on **HB 5389 Palliative Use of Marijuana**.

I wish you all well in your endeavors and I thank you for being concerned about societies well being, because I am too.

Joey Adamaitis – Beacon Falls, CT

In Support HB 5389 Palliative Use of Marijuana

FIGURE 1. Phytocannabinoids Goes with Joey Adamaitis

Structure*	Concentration† (% dry weight)	Boiling Point °C§	Properties
\-9-tetrahydrocannabinol (THC) 	0.1-25%	157	Euphoriant Analgesic Antiinflammatory Antioxidant Antiemetic
cannabidiol (CBD) 	0.1-2.89%	160-180	Anxiolytic Analgesic Antipsychotic Antiinflammatory Antioxidant Antispasmodic
cannabinol (CBN) 	0.0-1.6%	185	Oxidation breakdown product Sedative Antibiotic
cannabichromene (CBC) 	0.0-0.65%	220	Antiinflammatory Antibiotic Antifungal
cannabigerol (CBG) 	0.03-1.15%	MP 52	Antiinflammatory Antibiotic Antifungal

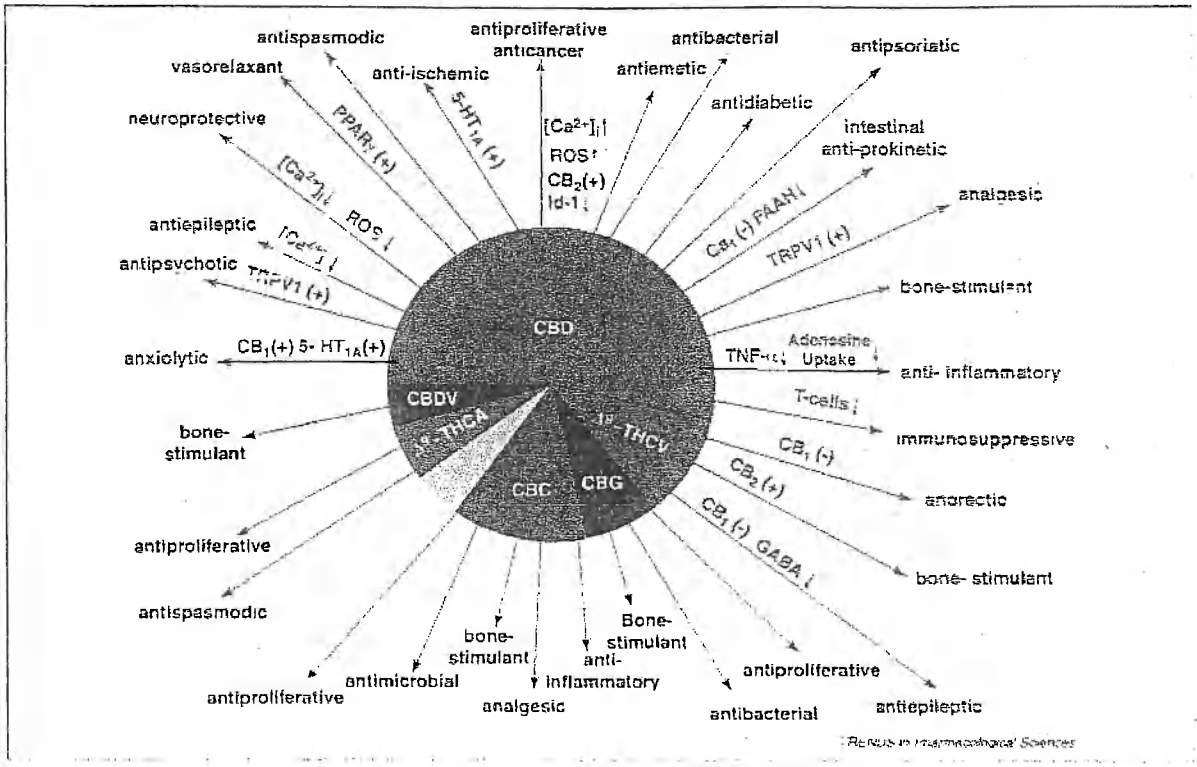


Figure 1. Pharmacological actions of non-psychotropic cannabinoids (with the indication of the proposed mechanisms of action).
Abbreviations: Δ^9-THC, Δ^9-tetrahydrocannabinol; Δ^8-THC, Δ^8-tetrahydrocannabinol; CBN, cannabinol; CBD, cannabidiol; Δ^9-THCV, Δ^9-tetrahydrocannabivarin; CBC, cannabichromene; CBG, cannabigerol; Δ^9-THCA, Δ^9-tetrahydrocannabinolic acid; CBDA, cannabidiolic acid; TRPV1, transient receptor potential vanilloid type 1; PPARγ, peroxisome proliferator-activated receptor γ; ROS, reactive oxygen species; 5-HT$_{1A}$, 5-hydroxytryptamine receptor subtype 1A; FAAH, fatty acid amide hydrolase.
(+), direct or indirect activation; ↑, increase; ↓, decrease.

001599

5389

A WALK on the WILD SIDE:

Paraplegia & Marijuana

by Mark Mathew Braunstein

One unlucky day in 1990, I dived off a footbridge into a river and emerged a changed man. I broke my back and injured my spinal cord. Paralyzed. But not everywhere, just below the waist. And not forever—just the rest of my life.

Walking Zombies

Muscles paralyzed by spinal cord injury (SCI) experience involuntary spasms and intractable pains. Such paralysis cannot be cured, but its symptoms can be medicated. Thus many paraplegics daily pop five different pharmaceutical pills, and some quadriplegics ten, with no telling how many of each.

For spasms, there are tranquilizers such as Dantrium and Valium. Some side effects include liver failure, insomnia, and addiction. For chronic pain, there are narcotics such as codeine, Demerol and sometimes even morphine. Some side effects of those are constipation, sedation, and addiction. Paras and quads would be walking zombies, if they could walk.

Before 1990, for 17 years I neither consulted a physician nor consumed any pharmaceutical drugs, not even aspirin. During and after 1990, except for three occasions totaling four weeks, I've again avoided all pharmaceutical drugs, including painkillers. Especially painkillers. I have a high tolerance to pain.

Upon my induction into the community of cripples, I sought alternatives. I learned of one herbal remedy from the crip grapevine, from testimonies of both doctors and patients shelved in 1988 by the U.S. Drug Enforcement Administration (DEA), and from animal experimentation, the animal being me.

I learned that marijuana relaxes spasms more effectively than do tranquilizers and relieves pains more safely than do narcotics. And it is the one medication for SCI that treats both the spasms and the pains. It does have two side effects: euphoria and paranoia. Euphoria is not a problem. I have a high tolerance to euphoria.

Paranoia about police, however, can be a very real fear. That's fear about surveillance, search, arrest, interrogation, prosecution, attorney's fees, court costs, criminal fines, property forfeiture, prison sentences, parole restrictions and life-long loss of civil rights. And worst of all, they steal your stash.

Gone to Pot

In spite of euphoria and paranoia, my evening meal since 1991 often has included an after-dinner smoke. Also since 1991, I've remained employed full-time as a college librarian, a profession notorious for harboring dangerous criminals. Most paraplegics drop from the workforce; half because of their disabilities, and half because of their debilitating drugs.

For the past 18 years, I have remained productive not despite marijuana, but because of it.

Society owes me nothing. Social Security pays me nothing. No agency or aide assists me. I live independently, alone in a house in the woods. I prepare all my own meals, and grow some of my own food. I await the day where I can grow my own herb. It's the American way!

My body may be broken, but my life is not broken. I may not be whole, but I still am healthy. Both my naturopathic (ND) and my physical rehab (MD) physicians approve of my medicinal use of marijuana. But here in the State of Connecticut, neither can legally prescribe nor recommend it. Not yet.

So in 1996, to cover my ass, I traveled to Holland, the first Western nation to legalize medically prescribed marijuana. I now possess a prescription for one-half gram daily, which, after sifting, fills the space of the filter of a tobacco cigarette. What a big tiff over such a small puff!

With or without a puff, I have not just sat on my duff. In 1991, at one year post-injury, I began to ambulate with crutches. That includes up stairs and down mountains. Spasms, however, hinder my walking. To keep on trekking, I medicate with marijuana. Marijuana may not have promoted my signifi-

cant recovery, but neither has it prevented it.

A Truce in the War on Drugs

Being very visibly crippled may have some perks. With my crutches as swords and my wheelchair as shield, I have promoted social change, by which I do not mean curb cuts.

A turning point in the United States in its failed War on Some Drugs was heralded in November 1996 when California legalized medical marijuana. Two months later, inspired by Californian voters and emboldened with my Dutch prescription, I declared to the world that I had gone to pot, and I did so on page one of the Sunday editorial section of Connecticut's preeminent newspaper. The Hartford Courant even added a very beautiful and very memorable full-color illustration to adorn my public beheading.

Though the frigid political climate regarding cannabis had begun to thaw in California, in early 1997 the rest of the nation was still besieged by the chilling effects of intolerance. After I publicly confessed my crimes, friends and colleagues praised me as valiant and courageous, while my parents called me suicidal and self-destructive.

In anticipation of the worst that could befall me, I imagined myself the target of a pre-dawn police raid. "Come out with your hands up!" they would shout through their bullhorns. "Either I can come out, or I can put my hands up, but I can't do both!" would be my answer. And I wondered: was the state prison wheelchair accessible? So did the police ever come knocking on my door? Never! Instead the news media came knocking on my door. For the twelve years since coming out of the cultivation closet, I have served as the State of Connecticut's primary poster child for medicinal marijuana. That makes me half poster child and keeps me half flower child.

A Connecticut Yankee in Judge Arthur's Court

In my role as adult poster child, I have testified before state legislative committees — so often, that many legislators have come to expect my testimony at their hearings. Some proponents even personally apologize to me for having to welcome me back because of their failure to pass the bill the previous year.

Any bill's course in Connecticut requires passage in several committees, of which the most important is the Judiciary. The first committee to schedule its vote also hears the testimonies at public hearings. Then a bill must pass in the House and the Senate, or is rejected either by being voted upon and failing, or more often by not being voted upon and dying. If passed by both legislative bodies, then a bill is signed or vetoed by the Governor.

In 1997, I was one of two patients who testified to the Public Health Committee in support of a bill to legalize medicinal marijuana. The bill passed in Public Health, which at that time was a newsworthy event, but it died in the Judiciary Committee.

In 2001, I was the sole patient who testified to the Public Health Committee, again with no further progress.

In 2003, I was one of two patients who testified to the Judiciary Committee, and for the first time the bill passed there, and all other committees too, but it died in the House.

In 2004, I was one of the same two patients who testified to the Judiciary Committee. The bill passed all committees, then for the first time passed in the House, but died in the Senate.

In 2005, I was the sole patient who testified to the Judiciary Committee; the bill passed all committees, then for the first time passed in the Senate, but died in the House.

In 2006, the legislative session was short, during which the bill's proponents conserved their resources for next year.

In 2007, I was one of five (count 'em, five!) patients who testified to the Judiciary Committee. The bill passed all committees, then passed both (both!) the House and the Senate, but was vetoed by the Governor.

In 2008, I came to realize that I am not the only one suffering from paralysis.

Two Fallacies Up in Smoke

During past debates on the floors of the House and the Senate, some opponents had loudly called to question the very efficacy of medical marijuana. In 2007, however, such doubts were unvoiced. Their most recent objections instead centered on the tangential issue of marijuana as a recreational drug. Their two main contentions were these: first, that marijuana is a highly addictive drug, and second, it opens a gateway to even more addictive drugs.

I dispute both claims. For living proof, I look to all my friends and to the millions of youths who smoked pot during the Sixties, but eventually tired of and outgrew it in

001601

the decade following. No rehab, no twelve-step programs, no purges. They simply shed it like a winter coat in summer. Now pushing sixty, some of those former pot smokers have infiltrated the ranks of my legislators. Presently as coffee drinkers, those former pot smokers all concede that caffeine is a hundred times more addictive than marijuana, and so they voted for the bill.

Legislators who opposed the bill cited extreme cases of ruined lives gone up in smoke. Some recreational users do become habitual abusers, but they meagerly rank among the rare exceptions, not the far broader rule. Adherents to the gene theory of addiction believe that if marijuana did not exist, born addicts who placate their addictive behavior with marijuana instead would seek far harder drugs, namely tobacco and alcohol.

On a personal note, I can attest that except for one cup of coffee once a month, I abstain from all addictive drugs, whether recreational or medicinal, whether herbal or pharmaceutical. During my lifetime I smoked tobacco only once and got drunk only twice. I must not have been born an addict. Presently, I medicate only once every two or three days. When I refrain from my herbal medication for four days, I experience return of leg spasms and shooting pains that are symptoms of SCI. As for any symptoms of withdrawal from marijuana, I experience none.

Then there's the tiresome gateway theory. It is not true that 99 per cent of all coke, crack, and heroin addicts first started their descent into drugs with marijuana. They first started their descent with caffeine, nicotine, and alcohol. What is true is that 99 per cent of all youths who use marijuana never go on to use coke, crack, or heroin. For that one-percent minority, the relationship of marijuana to other recreational drugs is associative, not causative. If legislators restricted the sale of milk to only nightclubs and bars, then they could say that drinking milk leads to drinking alcohol.

Again on a personal note, I can attest that I have tried coke only once and never tried ecstasy or meth or crack or heroin. Never. And not for lack of opportunity — during my field research into the drug scene in southeast Connecticut, I have borne witness a dozen or more times while people smoked crack and shot heroin. Indeed they were just people, not monsters nor demons. Demons may or may not lurk in the drugs they use. But demons surely reside in our fears of the drugs we do not use and therefore do not know.

Why Testify?

Sometimes I wonder, why bother to testify? After all, I continue my use of marijuana under the public eye, and yet without any hindrance from law enforcement, employer or landlord. Legal or not, I have used marijuana medicinally for the past 19 years, and legal or not, I will continue to do so.

So I testify not on my own behalf, but on behalf of other patients who use marijuana clandestinely, as their senses of self-preservation are stronger than mine. Also I testify on behalf of future patients, who eventually will include the very legislators who vote against the bill. While they not very likely will suffer SCI or contract MS or AIDS, many indeed will be afflicted by and die from cancer. When they undergo chemotherapy, they will be thankful if given the option of using marijuana to alleviate their nausea and their pain.

The movement to legalize medical marijuana is all about offering patients choices, not edicts. To express it in the terse lexicon of bumper sticker slogans: If you disapprove of medicinal marijuana, then don't use it.

In 1937, the United States for the first time declared marijuana illegal, a prohibition which seems almost as silly and useless as making the sun and the rain illegal. The medical community, through its American Medical Association (AMA), opposed the ban. At that time, the AMA protested because doctors wished to keep the herb in their cornucopia of prescription drugs in order to retain options.

Freedom is synonymous with choice. In this regard, our campaigns to declare peace in the War on Some Drugs are issues of civil rights and of human rights. Opponents charge that efforts to legalize marijuana's medicinal use are just steps to eventually legalize its recreational use. I speak only for myself, but I am guilty as charged.

My own use of marijuana is medicinal for below the waist, and recreational above. I advocate for its legalization not just for medicinal use, but also for recreational use. Because, who can judge the crippled from the able? Because, how can be discerned the ill from the well? Because what line can be drawn to separate terminal cancer patients who will die in a month or a year from the rest of us who will die in ten years, or fifty? After all, we all get sick, and we all are going to die. ✤

Mark Mathew Braunstein wrote *Getting High & Staying Healthy: How to Reduce the Health Risks of Smoking Marijuana,* which appeared in the Fall 2008 issue of Treating Yourself.

Mark can be contacted at:
cannabis.sativa@sbcglobal.net

Treating Yourself

Publisher/ Editor in Chief
Marco Renda
weedmaster@treatingyourself.com

Assistant to Editor
Jef Tek
jeftek@treatingyourself.com

Copy Editor
Aendrew Rininsland
submit@treatingyourself.com

Magazine design & layout
Ivan Art
ivan@treatingyourself.com

Director of Sales & Marketing
Michelle Rainey
Michelle.rainey@treatingyourself.com

Technical Writer
Ally a.k.a Pflover
ally@treatingyourself.com

Q&A Advisor
Shantibaba
shantibaba@treatingyourself.com

Text & photography Contributors
Marco Renda, Ivan Art, Michelle Rainey, Harry Resin, Jef Tek, Ændrew Rininsland, Ally, Jeremy Norrie, Shantibaba, Soma, JessE, Jay Generation, Wendal Grant, Chef Uni, Doobie Duck, Georgia Peschel, Trixie, Captain Joint, Zardoz, Diezelwood, Johnstone, Professor 420, Sonic Smoke, Black Rain, Sauron, Jah Hoover, Zanytrails, Mark Braunstein, Chris Thompson, British Hempire, tokecrazy, Krysania, J Angel, Rosanna Mestre, Hody Jae Huh, Frank T.C.C. # 058, Carrie

Cover Pic
Jef Tek

Submissions
submit@treatingyourself.com

Treating Yourself
250 The East Mall,
P.O. Box 36531
Etobicoke, Ontario
M9B 3Y8 Canada
T: + 416 620 1951
F: +416 620 0698

Printed in Canada

Treating Yourself
The alternative medicine journal

Treating Yourself magazine and treatingyourself.com were created to provide adults with information to assist them in their responsible use of medical marijuana.

Subscribe online now:
www.treatingyourself.com

Treating Yourself

Subscription Prices
1 year subscription for North America
$45.00 USD/CAD
1 year subscription International
$75.00 USD

Mail your subscriptions to:
Treating Yourself
250 The East Mall
P.O. Box 36531
Etobicoke, Ontario
M9B 3Y8
Canada

Contact us:
(416) 620 1951 Mon - Fri 8am - 8pm (Eastern)
(416) 620 0698 Fax

3/7/2012

Richard Burgess
229 Branford Rd Unit 423
North Branford, CT 06471

Committee on Judiciary

Members of the Committee,

I am writing you today to personally express my support of HB 5389 which seeks to allow the use of marijuana for medical purposes. My support comes with the urging that the legislature considers eventually removing all regulations and restrictions on Marijuana to stop the drug war we have going on and to allow an easily grown plant that has many benefits and few problems when compared to the drugs prescribed by doctors daily to be ingested freely by the free men and women in this state.

I have personally witnessed good people living through unnecessary pain and discomfort due to medical problems and injuries and their reluctance to use opiate based medications for fear of dependence and the many side effects. I have experienced acquaintances that became addicted to opiate based narcotics because they were legal while the less harmful alternative of Marijuana was readily available but would subject them to being made a criminal by our state. I also know a person who lived with persistent and terrible pain who tried unsuccessfully to take his own life (again making their quality of life drastically worse) when the narcotics the doctor prescribed were not easing the pain any longer and the heavy amounts of legally prescribed opiates they were ingesting were causing severe side effects that made their life worse than before the drugs.

Those same people would regularly speak fondly to me of Marijuana and its effects on pain relief.

Many people who live with persistent pain would greatly appreciate a drug with such few side effects and dependency problems as Marijuana and the benefits of the research and free market that could follow as the state relaxed the laws and regulations around the Marijuana industry. Dispensaries and cultivations in California after their medical Marijuana laws were enacted have been a great example of this evolution.

There is a significant problem with the treatment of persistent and permanent pain in this country. We have made a rather harmless drug like Marijuana illegal and we have kept legal drugs that are terribly addictive and extremely harmful. The majority of these drugs are opiates. We have a growing epidemic in this country of prescription pain medication abuse and much of it is based on need, not greed or a desire to 'get high'. This has many causes and plenty of solutions. Unfortunately, most of the solutions that have been presented or implemented in the past have caused extreme harm and suffering to people with persistent pain by making helpful medications harder to obtain. The right solution is to allow people to freely grow and ingest a plant. That sounds rather reasonable to me.

Respectfully,

Richard Burgess
Ph: 203-208-9577
Email: rich@masterplansoftware.com

117 Old Nod Road
Clinton, CT 06413
March 7, 2012

RE: Raised Bill #5389 – An Act Concerning the Palliative Use of Marijuana

Members of the Committee:

I am writing to express my support for Raised Bill 5389, An Act Concerning the Palliative Use of Marijuana.

My husband is the strongest, most courageous man I have ever known. Nearly 3 years ago, he was seriously injured in an accident at work and has dauntlessly endured multiple surgeries and medical procedures, physical therapy, physical limitations, and forced retirement with his head high and his spirit intact. Every day is a testament to his perseverance and strength.

My heart breaks, though, that he is a man who is in constant pain. He has a wonderful doctor who does his best to prescribe medication to alleviate my husband's pain, but this treatment plan is not sufficient. My husband's pain is unpredictable. He takes his pain medication as prescribed, at regular intervals throughout the day, whether he is in pain at that moment or not. When his pain heightens, it might be at the tail end of a dosage cycle, so his pain is not relieved by the medication as much as it could be, but still he must wait until the end of the 6-hour cycle before he can take more medication. This means he spends most of his day in pain and waiting for relief.

He also spends his days medicated. He is not able to do many of the things he used to do because of his injury-related physical limitations but also because of his constantly being under the influence of narcotics or opiates. He is now undergoing treatment, including psychotropic medication, for depression, directly related to his quality of life and his sense of hopelessness about any relief from his chronic pain. Chronic pain is different from the pain that most of us know. Having a baby, or having your wisdom teeth pulled, is painful. But when you are going through it, you know that things will be better tomorrow. Imagine not knowing that. Imagine knowing that tomorrow will be the same, and next week, and next year. Imagine knowing that this pain will never stop. That is what my husband knows.

Great strides are constantly being made in medical technology and science. Diseases and conditions that killed our ancestors are now fully treatable and each generation is living longer than the one before it. But the reality is that saving someone's life can bring about a new problem, and that is the quality of that life. For people to have to spend their days wishing for relief from pain is simply not acceptable, when there is a remedy just outside the boundary of law.

I am forever grateful to the wonderful medical people who saved my husband's life, but I wish there was a way to relieve his pain and restore his quality of life. Medical marijuana can do that.

Respectfully,

Ellen S. Burgess

Comments to Joint Committee on Judiciary: Public Hearing- March 7, 2012

RE: HB-5389 An Act Concerning the Pallative Use of Marijuana

I feel great empathy for adults in chronic pain, and others who would get medical benefits by smoking marijuana. However, because of the complex nature of the issue, this illegal drug alternative should be one's absolute last option.

I have a few comments for your consideration.

1) **Child Health & Safety**: The law would make it illegal marijuana to use it in view of anyone under 18 years of age--but realistically, how can that be implemented in households? Does that put young people at risk, exposing them to potential health hazards, and exposing them to drug use unnecessarily? Is DSS or the health department or law enforcement going to monitor "at risk" children under 18 residing in homes where palliative marijuana use is practiced? Does the family composition have to be reported to Consumer Protection or some public agency administering the law? Passing this law tends to discriminate against people under 18 with medical conditions covered by this law such as cancer, HIV/AIDS and epilepsy. They have to tough it out. And on the other hand, healthy children might be exposed to marijuana---the procedures involved, breathing second hand smoke that remains in the air after a treatment, etc . The health and safety of children must be addressed appropriately.

2) **Costs to Taxpayers**: What is the cost-benefit to the state? In Connecticut, what is the estimated number of patients, who have tried currently available, legal medications and procedures to resolve their medical issues, and still require palliative use of marijuana? What is the cost to implement this program?

   As written, the law requires staff time and money in Department of Consumer Protection, the State Treasurer's office, interaction with law enforcement officials, interaction with pharmacies, establishment and monitoring of grower sites, maybe even DSS or state health department concerns. How many staff hours are needed to oversee and administer this law? What dollar amount does it work out to per person served, per year?

   And what of the additional professional and administrative costs to doctors that will likely be passed on to patients-- the costs to patients of the medical marijuana and related supplies that may not be covered by insurance, the cost to pharmacies that have to acquire the drugs and meet yet another set of administrative standards.

3) **Program Priority**: You, our legislators, have a fiduciary responsibility to us. In this time of austerity and cuts, where other programs, staff, and services have been substantively reduced or eliminated entirely, it is not enough for a program to be worthwhile, it must be a high enough priority item that have a positive effect on majority of the citizens of Connecticut. We can't afford boutique programs any more. Please, just say no.

Linda D. Cavanaugh, MPA

Linda D. Cavanaugh

4 Winterwood Terrace, Farmington, CT 06032

Submitted 3/7/2012

Comments to Joint Committee on Judiciary: Public Hearing- March 7, 2012

RE: **HB-5389** An Act Concerning the Pallative Use of Marijuana

I feel great empathy for adults in chronic pain, and others who would get medical benefits by smoking marijuana. However, because of the complex nature of the issue, this illegal drug alternative should be one's absolute last option.

I have a few comments for your consideration.

1) **Child Health & Safety**: The law would make it illegal marijuana to use it in view of anyone under 18 years of age--but realistically, how can that be implemented in households? Does that put young people at risk, exposing them to potential health hazards, and exposing them to drug use unnecessarily? Is DSS or the health department or law enforcement going to monitor "at risk" children under 18 residing in homes where palliative marijuana use is practiced? Does the family composition have to be reported to Consumer Protection or some public agency administering the law? Passing this law tends to discriminate against people under 18 with medical conditions covered by this law such as cancer, HIV/AIDS and epilepsy. They have to tough it out. And on the other hand, healthy children might be exposed to marijuana---the procedures involved, breathing second hand smoke that remains in the air after a treatment, etc . The health and safety of children must be addressed appropriately.

2) **Costs to Taxpayers**: What is the cost-benefit to the state? In Connecticut, what is the estimated number of patients, who have tried currently available, legal medications and procedures to resolve their medical issues, and still require palliative use of marijuana? What is the cost to implement this program?

   As written, the law requires staff time and money in Department of Consumer Protection, the State Treasurer's office, interaction with law enforcement officials, interaction with pharmacies, establishment and monitoring of grower sites, maybe even DSS or state health department concerns. How many staff hours are needed to oversee and administer this law? What dollar amount does it work out to per person served, per year?

   And what of the additional professional and administrative costs to doctors that will likely be passed on to patients-- the costs to patients of the medical marijuana and related supplies that may not be covered by insurance, the cost to pharmacies that have to acquire the drugs and meet yet another set of administrative standards.

3) **Program Priority**: You, our legislators, have a fiduciary responsibility to us. In this time of austerity and cuts, where other programs, staff, and services have been substantively reduced or eliminated entirely, it is not enough for a program to be worthwhile, it must be a high enough priority item that have a positive effect on majority of the citizens of Connecticut. We can't afford boutique programs any more. Please, just say no.

Linda D. Cavanaugh, MPA

Linda D. Cavanaugh

4 Winterwood Terrace, Farmington, CT 06032

Submitted 3/7/2012

TESTIMONY OF
PETER C. SMITH
TO THE
JUDICIARY COMMITTEE

H.B. No. 5389 - AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA.

March 7, 2012

Senator Coleman, Representative Fox and members of the Judiciary Committee, my name is Peter Smith and I am here to testify in support of HB 5389 An Act Concerning the Palliative use of Marijuana. I have a client that that has an interest in the bill before you today but I am not here to testify on their behalf, my testimony is as a parent of a young adult who was diagnosed with cancer. I thank the committee for raising the medical marijuana bill being heard today and appreciate the opportunity to add my perspective to the discussion.

On July 11, 2008 my 21 year old son, Mike was diagnosed with Burkitt's Lymphoma and our family's journey into the world of cancer and chemotherapy began. I can still remember that Friday when I got the call, our world began to move at 100 miles an hour. My wife and I were suddenly pushed to make life and death decisions for our child without the experience or expertise to make those decisions.

Looking back I can honestly say we were fortunate, yes fortunate in the fact that my son's lymphoma appeared on his neck and not in his abdomen, allowing for earlier detection, he was diagnosed with a stage II lymphoma not stage IV, fortunate that my wife had great health insurance and fortunate that Yale Cancer center was 10 miles from our home.

We met with Mike's medical team and his treatment was mapped out. It quickly become clear the chemotherapy regiment needed to destroy the cancer and save his life would create significant short and long term side effects. The questions and concerns began to roll in, that 100 mile an hour world began to move faster, it was in that meeting we began to think about medical marijuana as an option to help our son. As a parent you will do whatever you have to do to help your child, if the medical teams use of oxycodone and other regiments of pain and anti nausea medications didn't work we were prepared to find him marijuana. If Mike had said, "Dad, I need it," we would not have hesitated and been off to who knows where to find it, buy it and supply it. There we were a couple of fifty year old parents wondering where to buy marijuana for our 21 year old son. If this was 1976 and we were still in high

school, we probably could have figured it out but in 2008 our knowledge of the supply chain was long gone. In hind sight the question appeared before the need arrived but that is what caregivers do, they plan ahead, preparing for the next obstacle or challenge in their path.

As we said before we were fortunate, throughout the six hospitalizations and thirty days in the hospital Mike never asked for it. His body tolerated the treatment, despite having 10 out of 10 pain, pain which oxycodone only decreased to a 6, he actively choose to avoid taking oxycodone at the times when pain was not excruciating, because of the cognitive side effects. We learned from his oncologist each patient is different and genetics has a lot to do with tolerance, again we were fortunate.

Today in Connecticut we have a situation where caregivers are forced to find illegal sources to supply their loved ones with treatment that can help alleviate pain and discomfort. The bill before you can ensure that care givers are not forced on to the street to buy marijuana, with no safe guards, no protection and no quality control of the product. HB 5389 creates a well-defined system of marijuana producers and pharmacist run dispensaries that must be licensed and regulated by the Department of Consumer Protection.

In 2008 my son joined the growing list of cancer survivors or as he likes to call it "the club" of cancer survivors, at the same time his family joined the club of care givers who will do whatever it takes to care for our loved ones. Please make 2012 the year that Connecticut joins with 16 other states around the country that allow patients to access medical marijuana without going on the streets to find a drug dealer.

Thank you

S389

TESTIMONY OF DR. GARY BLICK

March 7, 2012

To: Members of Connecticut's General Assembly Judiciary Committee

Re: Legislation to Legalize Medical Marijuana

My name is Gary Blick, MD, AAHIVS. I have been practicing medicine as a General Internist and HIV/AIDS Specialist in the State of CT since 1987. Currently I am the Founder and Medical Director of Connecticut's only Department of Public Health-designated Center of Excellence for HIV/AIDS and Sexually Transmitted Diseases, CIRCLE CARE Center, located at 153 East Avenue, Suite 32, Norwalk, CT. Over the past 25 years, I have provided direct medical care to over 2100 individuals with HIV/AIDS. I have also been a Clinical Researcher for the past 22 years, having participated in 109 clinical trials, presented over 90 medical/scientific presentations at national and international scientific conferences, and published over 53 medical articles in peer-reviewed medical journals.

Today I would like to speak in support of CT's Legislation to Legalize Medical Marijuana by sharing with you medical experiences with patients who have utilized inhaled marijuana for various medical conditions and illnesses, including HIV/AIDS, chronic hepatitis C viral infection, cancer, and glaucoma, as well as for various acute and chronic conditions associated with these illnesses, including wasting syndrome or cachexia, severe nausea and vomiting, chronic debilitating pain disorders, and chronic insomnia.

In my 25 years practicing as a Medical Doctor, I can personally testify to marijuana's effects in alleviating moderate-to-severe nausea, with or without vomiting, caused by HIV/AIDS medications, chemotherapy, and/or AIDS-related opportunistic infections. Although we have enumerable prescription antiemetic medications FDA-approved for oral use, the majority of patients with nausea/vomiting are unable to successfully ingest oral medications simply because they are nauseated and vomiting. Inhaled marijuana, in my opinion, is the single most effective anti-emetic, with rapid and prolonged relief and minimal toxicities, aside from euphoria. Oral anti-emetics are commonly associated with significant adverse toxicities, including fatigue/drowsiness, drops in blood pressure that can cause loss of consciousness and musculoskeletal injuries associated with falls and fainting, and, paradoxically, gastrointestinal-associated toxicities including severe heartburn, nausea, vomiting, stomach cramping, constipation or diarrhea, all directly attributable to the anti-emetics.

Although it is true we have relegated HIV/AIDS to a chronic, lifelong, treatable medical condition, HIV/AIDS patients still significantly experience cachexia or HIV/AIDS Wasting Syndrome, at an incidence of approximately 10%. That equates to approximately

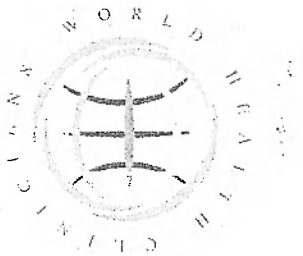
180,000 U.S. patients who experience significant, potentially life-threatening, loss of lean body mass and/or total body weight loss at some point in their disease state. Cachexia and Wasting Syndrome are associated with anorexia, or loss of appetite, and may be associated with chronic nausea/vomiting. Inhaled marijuana is extremely effective as an appetite stimulant, while simultaneously alleviating nausea/vomiting. The other FDA-approved appetite stimulant, megestrol acetate, is laden with significant toxicities, including, but not limited to, erectile dysfunction and loss of libido, abnormal weight gain in the form of fat and water retention as opposed to lean body mass or muscle increase, insomnia, abdominal distention and gas, indigestion, headache, and severe allergic reactions. Although prescription THC, the active component of marijuana, is available as oral dronabinol, many patients are unable to ingest oral medications when suffering from anorexia with nausea/vomiting, a complication not associated with inhaled marijuana.

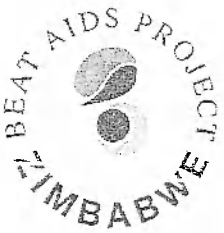
I can also testify to the beneficial effects of inhaled marijuana for chronic musculoskeletal and neuropathic pain conditions associated with HIV/AIDS, cancer and associated chemotherapies, and chronic hepatitis. When oral medications have failed to alleviate the severe burning pain of hands/arms and legs/feet associated with neuropathy that prevents patients from walking or even sleeping with a bed sheet on their feet, inhaled marijuana has significantly, albeit temporarily, reduced the severe burning pain to tolerable, mild-to-moderate pain, allowing patients to ambulate and obtain restful sleep. There is also no doubt that inhaled marijuana has benefitted my patients with significant stress reduction, allowing them to cope with the severe ramifications of HIV/AIDS and other illnesses.

Lastly, I would like to share with you my personal experience of witnessing inhaled marijuana's beneficial effect on reducing the high intraocular pressures (IOP) associated with glaucoma unresponsive to standard FDA-approved glaucoma ocular eye drops. For this experience, I would first like to introduce to you CIRCLE CARE Center's Billing Specialist, my 90-year old mother, Gloria Blick, who suffers from glaucoma and who was recommended to undergo selective laser trabeculoplasty to reduce the high IOP that could result in permanent blindness associated with glaucoma. Upon the conclusion of her testimony, I would like to conclude with a couple of statements.

GLORIA BLICK

To corroborate my mother's story with hard evidence, on 6/23/2011, her ophthalmologic surgeon, Dr. Jim Thimons, phoned me to recommend laser surgery to reduce my mother's high intraocular pressures of 19/19. This is the pressure at which glaucoma damage progresses and at which laser surgery may be effective. During this call, Dr. Thimons remarked, "It is too bad we do not have medical marijuana approved in CT". When it was apparent that my mother was fearful of and adverse to surgery of any kind at her advanced age, my partner, Scott Gretz, and I obtained marijuana and taught





her to inhale 2-3 hits of marijuana from a pipe every night before bedtime. Although the naysayers claim, "The high dose of marijuana necessary to produce a clinically relevant effect on IOP in the short term requires constant inhalation, as much as every three hours", mom inhales her marijuana around 9p nightly, and on 8/1/2011, after smoking for approximately 4 weeks and seeing Dr. Thimons at 9:30AM, approximately 12-13 hours after inhaling small controlled amounts of marijuana, her IOP dropped to 15/16, at which level Dr. Thimons claimed mom would no longer require surgery.

When mom discontinued smoking her marijuana pipe due to cough, her next visit on 8/15/2011, 2 weeks later, revealed a dramatic adverse rise in her IOP to 18/19. After we next taught mom to smoke 2-3 hits of marijuana without coughing from a joint instead of the pipe, her follow-up visits on 11/2/11 at 11:03AM (approx. 14 hours after smoking) and 2/13/2012 at 1:30PM (approx. 16 ½ hours after smoking) revealed normal IOP pressures of 14/14 and 15/14, respectively. Despite the fact that standard prescription eye drops for glaucoma failed my mother, medical marijuana corrected her refractory glaucoma, alleviated the need for her to undergo laser surgery, and thus, saved her vision.

In summary, although I agree that rigid, randomized, controlled clinical trials are desperately warranted to confirm my anecdotal reports, and those of all who are testifying in front of you today, the highly favorable risk-benefit ratio of medical marijuana supports its legalization and also makes it an ideal and ethical candidate for future larger, rigid clinical trials to prove its efficacy in all of the medical conditions referenced today. I have witnessed first-hand how marijuana has not only drastically improved my patients' quality-of-life, but also, in many instances, how marijuana has contributed to saving their lives. I respectfully request that you vote in favor of legalizing medical marijuana in our great and progressive State of Connecticut.

Thank you,

Gary Blick, MD, AAHIVS
Founder, President, World Health Clinicians, Inc.
Medical Director, CIRCLE CARE Center
153 East Avenue, Suite 32
Norwalk, CT 06851
Tel: (203)852-9525
Fax: (203)854-0371
Mobile: (203)550-0242
Email: blickmd@whccc.org
www.worldhealthclinicians.org

PAGE 37
LINE 6
5389

TESTIMONY OF GLORIA BLICK

March 7, 2012

To: Members of Connecticut's General Assembly's Judiciary Committee

Re: Legislation to Legalize Medical Marijuana

To The Honorable Members of the General Assembly's Judiciary Committee:

My name is Gloria Blick. I am the Billing Specialist for my son, Dr. Gary Blick's, non-profit medical and research clinic, CIRCLE CARE Center in Norwalk CT. I am also the former and most recent Chairwoman of Stamford's Senior Centers Board of Directors, former Mayor Dannel Malloy's appointed Commissioner for the Commission on the Aged, active member of the Advisory Board of the Southwest CT Agency on Aging, and active member of the Board of Director's of Stamford's Smith House Nursing and Rehabilitation Center. I also just celebrated my 90th birthday last Thursday and wish to speak to you today in support of CT's Legislation to Legalize Marijuana based on my personal experience smoking marijuana for my glaucoma.

I have been fighting glaucoma of my eyes for the past 7 years. As you know, glaucoma is a condition where the pressures in the eyes can build up so high that blindness can occur. In 2011, my two glaucoma eye drops began failing me, as the pressures in both of my eyes rose to such high levels that my eye doctor, Dr. Jim Thimons, said I required surgery to correct the pressures. I immediately became very frightened of undergoing surgery because of my age and I had nightmares of dying on an operating table long before my time. I told my son on my 88th birthday that I plan to live another 25 years, and I feared surgery could bring an abrupt and unanticipated end to my life.

My son said there was some evidence that smoking marijuana could help people suffering from glaucoma. I feared marijuana all of my life and disapproved of any of my children or family doing drugs of any kind, no less marijuana. But my son helped put my mind at ease and simply asked me to try it. My son and his partner, Scott, bought me a marijuana pipe and taught me to take 2 puffs of marijuana every night before I go to sleep. When I went to see Dr. Thimons for my next visit about 1 month after beginning smoking marijuana, I remember how excited and in disbelief Dr. Thimons was with my new pressures, as they dropped low enough for him to say I no longer needed surgery! I never told him I was smoking marijuana, as I thought this is something one should not talk about, but my son explained to him that it must be the marijuana that helped my eyes, as nothing else had changed.

Next, I stopped smoking because I didn't like the way I was coughing when smoking from the pipe, but I didn't let my son or Dr. Thimons know. So on my next visit to Dr.

Thimons, my pressures rose high again where he said he needed to talk to my son. I knew the pressures must have been bad. Gary and Scott came over that night and said if I didn't want to lose my sight and if I wanted to avoid surgery that I would have to try to learn to smoke without coughing. They brought me two marijuana cigarettes, and I learned to smoke 2 puffs from the cigarette without coughing every night before I go to sleep. When I went for my next eye examination, and for every eye examination since, my eye pressures have dropped so low that I no longer need surgery. I now have the lowest pressures I have had since I started eye drops 7 years ago.

In summary, I believe medical marijuana has the potential to save the eyesight of millions of Americans suffering from glaucoma, just like me. I fear every day of my life that I don't lose my sight! If marijuana is going to help me, and if it is going to help someone else, I am all in favor of marijuana's legalization for medical use. I want to see until I close my eyes permanently, and if marijuana is it and the means to save my vision, I want to be on medical marijuana for all of the years that I have left.

I am asking all of you today to vote in favor of legalizing medical marijuana in Connecticut, not only to help me, but also to help all others suffering from glaucoma and at risk for permanent blindness.

Thank you.

Gloria Blick

Gloria Blick
Billing Specialist, CIRCLE CARE Center
153 East Ave, Ste 32
Norwalk CT 06851
Work: (203)852-9525
Home: (203)357-1616

HB5389
PAGE 32
LINE 2

Originally I had intended to stand here as a man of science. I wanted to point out all the scientific research that has been done on cannabis. Then I intended to stand here as a man of finance and point out that cities like Oakland California generated 1.5 million tax dollars last year to throw into their general pool. Not to mention the job creation this new industry would produce...

I come here today not as a man of science, finance, or business. I come here today only as a humble man who is both a loving husband and a father who will do anything for his family.

This bill has a personal impact on my family, which is one of the reasons that I support it so passionately. Recently, my wife and mother of our 3 children displayed signs of leukemia. The prescription for now is "wait and watch" as it is too early to begin treatment. To know this disease is waiting in the shadows, and know at the same time that not every treatment is available in CT right now, is horrifying. Medical Cannabis could aide in preventing a variety of cancer types and could ease the side effects from commonly used chemotherapy medications. I urge you to vote yes on this bill so that when the time comes, my wife and others like her will have the option of using medical cannabis as a doctor approved part of her treatment plan.

My daughter was born with an epileptic condition that caused her to have up to 80 noticeable seizures per day, and those were just the ones we were catching. Over time this has become more manageable through the aides of surgery and medicine, but the side effects from the medications at times can become difficult. Mood swings, aggression, and cognitive impairment are some of the side effects she faces from her medications every day. In the long term, these medications will have a serious impact on her liver, possibly shortening her life span. Cannabis reduces seizure activity in epileptics by over 60% in cases reported by institutions such as Berkley, HarborSide Health Center, and the Epilepsy Foundation. Please vote yes on this bill so that one day these treatments may be made available to my daughter and others like her throughout this state.

The medicinal benefits of cannabis are widely known. As states continue to pass medical cannabis regulations we not only show our compassion for those who are chronically ill, we as a society get closer to the research goals that will someday save the lives of the people we love. Wouldn't you want to know that every available treatment was there for you or a loved one to ensure wellness? I ask as a husband and a father that you share a concern for the suffering of chronically ill residents of our state so that tomorrow we can ensure their quality of life through appropriate and safe use of medicinal cannabis. Thank you for your time. Please vote yes on Bill 5389.

John Watkins
Naugatuck CT

Supplemental Testimony in SUPPORT of HB5389 An Act Concerning Palliative Use of Marijuana

Daniel Malo, Founder/Editor of Free the Leaf
Canterbury Resident (860-857-3287)

- We would suggest the definition title and definition "Debilitating medical condition" to be AMENDED to read:
  "Evaluated medical condition" meaning any medical condition or medical treatment approved by a licensed medical doctor.

- We would suggest the definition "Qualifying patient" to be AMENDED to read:
  A resident of Connecticut who has been diagnosed by a physician as having a medical condition.

- We would suggest the definition "Doctor Certification" be AMENDED to read:
  a statement signed and dated by the qualifying patient's physician stating that, in such physician's professional opinion, the qualifying patient has legitimate medical need for marijuana.

- We would suggest (lines88-89) be STRICKEN (reason: no second hand danger in palliative use)

- We would suggest Section 2c (lines 102-139) be STRICKEN (reason: arbitrary, exclusionary and labor restriction)

- We would suggest Section 3 (lines 140-177) be AMENDED to read:
  A qualifying patient is protected by doctor/patient confidentiality ethics and federal privacy laws.

- We would suggest Section 9b2 (lines 250-251) be STRICKEN *(reason: a pharmacist stipulation is unnecessary, considering patient experience of self-use; medication is a plant, more suited to botanist oversight.*

- We would suggest Section 13 (lines 378-418) be AMENDED to read:
  The Commissioner of Consumer Protection shall establish a Board consisting of a dozen individuals from various aspects of the community, including Citizens, Public Servants and Medical Professionals; to independently evaluate the application of the State Medical Marijuana Laws and make policy recommendations to the State Executive and Legislative branch.

- We would suggest Section 14b (line 427) AMENDED to read:
  The Commissioner of Consumer Protection shall receive no fee for patient access to a doctor prescribed medication.

- We would suggest Section 14(4) (line 459) AMENDED to read:
  The Commissioner of Consumer Protection shall not exclude any medical treatment or disease, as noted by a Physician.

S 389
PAGE 30
LINE 18

Alan Shackelford, M.D.
2257 South Broadway
Denver, CO 80210

Senate Judiciary Committee Testimony

Chairman Coleman and distinguished members of the Senate Judiciary Committee, it is an honor and privilege to speak with you today. I am Dr. Alan Shackelford. I trained at major teaching hospitals of the Harvard Medical School in internal medicine and did fellowship-level subspecialty training in nutritional and behavioral medicine, including a Harvard research fellowship.

I have followed the debate in Connecticut about medical marijuana with great interest, and felt it was important for me to fly to Hartford from Colorado to speak with you today from a physician's perspective about the many compelling reasons why the passage of this legislation is so important for the people of this state. I would be happy to answer any questions you may have after my remarks.

I have had the privilege of advising several State Senators and Representatives during deliberations in the Colorado legislature in 2010 as well as since on establishing a system regulating Colorado's medical marijuana industry, and serve on the medical marijuana advisory work group established by the Colorado Department of Revenue which now oversees and regulates the industry in Colorado. In that capacity, I have assisted with the drafting of rules governing safety and health-related aspects of the cultivation, labeling, and dispensing of medical cannabis, and am honored to have been designated to perform similar tasks for the City and County of Denver.

Above all, and most rewardingiy, however, in the past several years I have been privileged to care for hundreds of patients who use medical marijuana to treat a wide variety of medical conditions and symptoms, and have observed first-hand the many impressive benefits they have realized from its use.

In many instances, patients have been able to significantly reduce or even eliminate their use of prescription medications, including opiates for pain. Many have been able to resume productive work and to provide for their families. And many others saw the pain and suffering of their final illnesses reduced to tolerable levels, allowing their lives to end in relative peace and dignity.

The average age of the medical marijuana patients in Colorado is 44. My patients are generally older, with our oldest now 102. Medical marijuana has made it possible for this very vital and energetic woman to stop taking the stultifying narcotic pain medicines she was prescribed and to again interact with her children, her grandchildren and her many great grandchildren and to live an active, fulfilling life.

And hers is no isolated experience. We have seen similar benefits in the vast majority of our patients. Indeed, an AARP poll of Americans over the age of 45 conducted in

2004 revealed that 72% of respondents thought that adults should be able to use marijuana for medical purposes if a physician recommended it (1).

During these hearings you may hear that marijuana is addictive, and while an estimated 9% of heavy, chronic users may experience some kind of withdrawal symptoms, including disrupted sleep, decreased appetite and irritability, these are generally mild and resolve rapidly without long lasting negative effects for most people (2). Compare that to the withdrawal symptoms caused by stopping caffeine, the most widely-used psychoactive substance in the United States. Those symptoms include headaches, muscle and joint pain, nausea and diarrhea that can be severe in many cases. Which explains why there is a coffee shop on nearly every corner.

You may also hear than marijuana causes schizophrenia or other mental illnesses. If that were true, the number of schizophrenia cases would rise along with increasing cannabis use. In fact, exactly the opposite is the case, with the number of cases of schizophrenia and other psychoses dropping even as cannabis use increases, as has been observed in Britain (3). Most people diagnosed with schizophrenia also use large amounts of tobacco, yet no one has postulated a causative relationship for tobacco.

Some may tell you that marijuana is dangerous because it is not regulated by the FDA. There are many reasons why it is not regulated, but marijuana is not dangerous. There have been no verified deaths from a marijuana overdose in its nearly 5,000 years of recorded human use. That cannot be said of many prescription medications that have been approved by the FDA. The truth is that almost 38,000 people died in the United States in 2009 from unintentional prescription medication overdoses or drug interactions, according to the Centers for Disease Control, and unintentional prescription drug overdoses now cause more deaths than traffic accidents (4).

In addition, the World Health Organization estimates that 2.5 million people die each year worldwide from alcohol (5), which is considered by many medical scientists to be more dangerous than heroin or cocaine. Any potential dangers marijuana might pose pale to insignificance in comparison.

Some maintain that marijuana suppresses the immune system and might pose a danger to HIV and AIDS patients. In fact, recent studies have shown that cannabis has no negative effects on HIV viral load, CD4 cell counts, or on the efficacy of medications used to treat HIV infection and may in fact improve those measures (6). A 2011 animal study showed that THC may in fact reduce the number of immunosuppressant viruses and improve immune function (7).

Nor is marijuana a gateway drug. There is no credible research evidence that marijuana use leads to the use of other drugs (2). The gateway is the back alley and the dealer who also has other products available for sale. A regulated medical cannabis industry with state oversight removes the back-alley dealer and the gateway from the equation entirely.

Some say smoked marijuana is not medicine and that it damages the lungs. Recent research has shown that smoking marijuana is not harmful to the respiratory system (8). Other studies suggest that it may actually prevent the development of head and neck cancers (9,10). The problem with smoked marijuana is that the temperature of combustion degrades many of the 108 beneficial compounds, which makes smoked marijuana a less effective treatment than alternative dosing forms such as vaporized or ingested cannabis preparations.

In short, allowing physicians to add medical marijuana to the treatment options available to them to help their patients will improve the quality of life for a great many people in Connecticut for whom currently available treatments are not adequate.

The foresight and compassion you and this body are showing in considering the adoption of this legislation establishing a regulated program for the provision and use of medical cannabis is exemplary, and I commend and applaud you for making those same benefits now being seen by patients in 16 other states and Washington D.C. available to the people of Connecticut.

Thank you for your kind attention. I would be happy to answer any questions you may have.

References

(1) Koppen J Medical Uses of Marijuana: Opinions of U.S. Residents 45+. AARP, Washiington, D.C. 2004.

(2) Joy JE et al Marijuana and Medicine: Assessing the Science Base. Division of Neuroscience and Behavioral Research, Institute of Medicine (Washington, DC: National Academy Press, 1999)

(3) Frisher M et al. Assessing the impact of cannabis use on trends in diagnosed schizophrenia in the United Kingdom from 1996 to 2005. Schizophr Res. 2009 Sep;113 (2-3):123-8.

(4) Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control (NCIPC), Drug Poisoning Deaths in the United States, 1980-2009, 2011

(5) Global Status Report on Alcohol and Health 2011, World Health Organization, Geneva, 2012.

(6) Abrams et al. Short-term effects of cannabinoids in patients with HIV-1 infection: a randomized, placebo-controlled clinical trial. Annals of Internal Medicine. 2003 139: 258-266 .

(7) Molina PE et al Cannabinoid Administration Attenuates the Progression of Simian Immunodeficiency Virus. AIDS Research and Human Retroviruses. 2011 27(6): 585-592.

(8) Peltcher MJ et al. Association Between Marijuana Exposure and Pulmonary Function Over 20 Years JAMA. 2012;307(2):173-181 (2012).

(9) Hashibe M et al. Epidemiologic review of marijuana use and cancer risk. Alcohol. 2005 Apr;35(3):265-75.

(10) Tashkin D. Marijuana Use and Lung Cancer: Results of a Case-Control Study. American Thoracic Society International Conference. May 23, 2006, San Diego, California

Erik Williams
Executive Director, CT NORML
12 Boston Turnpike
Coventry, CT

March 7, 2012

Judiciary Committee Testimony in FAVOR of HB 5389

Thank you Chairman Coleman and Chairman Fox, Vice Chairs, Ranking Members and Members of the Judiciary Committee. My name is Erik Williams. I am a resident of Coventry, Connecticut and the volunteer Executive Director of of the Connecticut Chapter of NORML, the National Organization for the Reform of Marijuana Laws. NORML is the nation's oldest and largest marijuana reform organization in the United States with thousands of Connecticut members.

I am here today to testify in favor of HB 5389, An Act Concerning the Palliative Use of Marijuana. We support medical marijuana as do the vast majority of Connecticut residents - almost 80% - spanning all ages, races, religions, and political persuasions.

They, and we, support this legislation because it is the right, humane and compassionate thing to do. The medicinal benefits of cannabis, whether ingested, taken as a tincture in drop or spray form, vaporized, smoked or used as a topical cream have helped millions legally across the country and thousands of seriously ill Connecticut citizens illegally.

We at Connecticut NORML support allowing doctors and patients to make the best decisions together and with all available options. Safe, legal access to medicine is all patients, their family and friends are asking.

While I personally do not have a need for medicinal marijuana as defined in this bill, I and so many others are supporting it because the time to try to legalize the medicine one needs is not after a diagnosis. My family dies of cancer and should I, my wife or my children ever get it, I want all options to be on the table.

I will not testify today as to the medicinal benefits of marijuana today as I am sure you will hear many stories directly from patients, doctors and their caregivers. You will hear of horrible suffering from a number of illnesses, inflictions and ailments and the effective ways in which medicinal marijuana has helped your fellow citizens, your friends, neighbors or even your own family. I know this because I have been told hundreds of these stories from all walks of Connecticut life and I am not embarrassed to say that some of these heartbreaking stories have moved me to tears. Too many of your fellow citizens, your constituents, are suffering enough without having to suffer the indignity of being called criminals in their times of crisis.

Erik Williams
Executive Director, CT NORML

I do, however, want to address a few issues NORML has with HB 5389 and solutions which we feel will make this fantastic bill even better. But before I do, I want to thank and commend the hard work and diligence of the Judiciary Committee Chairman and members who have worked to craft this bill.

Pharmacist Language
We applaud what is being attempted here with the pharmacist language, but do not feel it is being achieved. We support having a licensed pharmacist either on-site at dispensaries during all operating hours, on-site for limited hours or available on-cali to patients. While this is important and beneficial to patients, but making licensing available only to pharmacists is not the way to go. You should open the opportunity to any Connecticut resident or Connecticut company with the pharmacist on-site being mandated. There are other pitfalls to having a dispensary within a pharmacy that would invite scrutiny of the federal government that could shut down the program.

Manufacturer

We see a need to define "Manufacturer" along with "dispensary" and "licensed producer." This should be a separate licensing procedure because of the need for more plant material to produce the non-psychoactive products like creams and topicals as well as the food products, tinctures, etc. and its distinctive nature. Smoking medicine is neither the preferred nor best method of delivery for most patients. Making tinctures, creams, edibles and topicals with clear dosage and standardization available will help make this program successful. Most patients, especially seniors, do not want to get "high," they just want the medicinal benefits. That can best be achieved through alternative delivery methods.

Keeping it in Connecticut
"A Connecticut company or resident" We firmly believe that all definitions should include this language to allow for greater control and oversight by the State. It also will have a stronger state economic benefit and guard against unscrupulous license-seekers who do not have the patients' best interests in mind. This is also another safeguard against federal intervention into the medical cannabis program.

Thank you for your time, for delving into such detail in this bill before you and for crafting what is widely seen as the best piece of medical marijuana legislation in the nation - truly model legislation. We ask you to please support HB 5389 for all the patients who truly need it right now.

I'd be happy to answer any questions you may have.

In Support of HB 5389: Palliative Use of Marijuana

12:00 HB 5389 LOB Room 2D - 2A

My Name is Dan Montuori,

I am 47 yrs old. In 1990 I got lyme disease. I was in Hospital for a wk before they figured out what I had. Sofferd with Aurthritos.

IN 1994 I sofferd a neck injury that caused a kink in my spinal column. The lyme disease never went away. they called it chronic lyme disease of Fibromyalia. Aurthritus from lyme.

My neck injury causes cluster Headaches and siezers. 1999 Doctors told me they would not sins papers saying I was ok to work. They Said ~~meds and~~ in 2000 med would keep me living but by 2005 I would have a stroke from the head aches. (Get living will) Enjoy life!

They give me spinal taps to release pressure. And knock me out with dilaudid. By 2001 I was on 11 differant meds inc. Noeronton Skellaxon, Oxicodane, morphine, Aiprozdan, Fentynal, celebrex, amptitriptalyne. A visiting Nurse had to come everyday to give me my doses. I weghed 89 lbs. By 2002 I had to stop taking meds my disision After not remembering wk end. I told doctor I kept taking pills after they add 12th medication. Doctor at least called to see if I had a reaction.

It took 6 months to wean off of meds but the side affects lasted for years. I still took low dose of percesette and muscle relaxer + but by 2005-2006 I was having a siesur a wk. End of Road family came to say Goodbye. Nephew!

Nurontan

Thats when I got implant to stop seizers and head aches. But my ~~intestins~~ were ~~by~~ dieing from perkacettes. ~~Had~~ Have wk walls from meds. I Had to stop! - By order of Gastrointesinal.

intestines

Ducter

A docter recomended I try ~~sit~~ strong week and since then I weigh 145 take low dose of flexeroll and Average one to two trips a yr to E.R. ~~Every Year I send my doc a pic of my bot and tell him I'm still here. And he is still my doctor.~~ I also work for myself reparing ~~Auto~~ Paintball Gun.

I was disfigured by a C.I. Not a user or a seller but an informant for Madison P.D. And they GAVE Him A.R.

I need a safer place to get it or grow it myself. One dispencery for each county but each self grower can sell to 3-5 people on a list. Some pain sufferess can not grow it themselfs.

Pain sufferers have two choices. Narcodics perscriptions is not one of them. You find a way to live with it or you Die.

HB 5389 PAGE 23 LINE 2

Hello. My name is Kathleen O'Callaghan. So you know a little about my background, I worked for the State of Connecticut for 22 years as a Court Reporter, Official Court Reporter and I served a two-year stint as Acting Supervisor of Transcript Services. I am now on disability retirement. I was diagnosed with Multiple Sclerosis in 1995. I am one of the lucky ones as I was able to walk in and stand here today 17 years after diagnosis.

Throughout those years, I have used marijuana as a medicine as it helps my coordination, balance, and spasms. In particular, I have proven to myself how well it works with an exercise given to me by my physical therapist which is to stand in place with one foot in front of the other without the use of a stabilizer. In a normal state of mind, I can hold that stance for 10 seconds if I am lucky. I surprised myself one night when using marijuana when I held that stance for over ten minutes!

I have taken some medications over the years to theoretically slow the progression of the disease but there is nothing to relieve my symptoms.

I do not use marijuana socially nor recreationally. It is strictly for medical purposes.

I am asking you to please approve this bill so I can access my medicine safely. Now I take risks in places I need to buy it and I cannot be assured it is natural and not mixed with legal or illegal substances.

PAGE 21
LINE 4

Testimony of Richard Lisé
Vice-President and Partner, Vintage Foods Ltd.
Judiciary Committee Public Hearing - March 7, 2012

H.B. No. 5389 (RAISED) JUDICIARY "AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA"

Co-Chair Coleman, Co-Chair Fox and members of the Judiciary Committee. My name is Richard Lisé. I am Vice-President and Partner in Vintage Foods Ltd. and a long-time resident of Ledyard, Connecticut. I represent what the business face of medicinal marijuana should look like in Connecticut and I am here today to lend my support to bill number 5389, "An Act Concerning the Palliative Use of Marijuana."

I would like to recognize the efforts of the legislators and advocates responsible for bringing us to this moment. Some have said this bill is a job engine, a tax generator and a business opportunity however it is the relief and compassionate assistance this medicine will bring to the many patients suffering throughout our great state, that you should be commended for.

As a Connecticut business, our mission will be to operate a grow facility, functional food manufacturing kitchen and dispensary to serve the registered patients within our state.

Our food products will be rich in antioxidants to boost the immune system, support cardiovascular health and build overall wellness. Each dose will be laboratory standardized and labeled to identify the cannabinoid profile and active ingredient potency. This is fundamental in allowing the doctor to assist the patient in choosing the correct medicine for their individual needs as well as determining how much to use.

Food is medicine and it is an excellent delivery system for medicinal marijuana but this should not preclude a smoking option for those in need of immediate relief.

Bill 5389 makes no provisions for nonsmoking delivery systems, specifically food & beverage products. On the patients' behalf, I strongly urge language be included to address this need.

Our advisory team includes Dr. Sheldon Hendler, Editor-in-Chief of the Journal of Medicinal Food and Author of the PDR for Nutritional Supplements. Franwell, Inc. who was awarded the bid to provide a radio frequency identification system for The State of Colorado's Medicinal Marijuana Department of Revenue to track the state's program on a web-based platform.

Our in-house management team includes expertise in organic farming, food production and logistics as well as management skill sets in business, agriculture, culinary arts, licensed alcoholic beverage dispensing, retailing and pharmacology.

I come today before the Judiciary Committee not to tout my company's expertise but to illustrate how seriously we take the medicine, the program and most importantly the patients it will benefit.

Our obligation is to follow this proposed legislation if passed, to the letter and sprit of the law. We understand the sense of community that needs to be developed and maintained on behalf of the patient's wellbeing and we will offer a Compassion Assistance Program providing help for veterans, fixed income seniors and terminally ill patients.

Our mission is clear - to insure that safe, secure and controlled medicine be made available to the patient. To achieve that goal effectively and efficiently, we ask for a business environment that is well designed, practical and sustainable. It is imperative that any regulation, not favor large existing out-of state corporations, some of whom are here today visiting Connecticut for the very first time.

Ladies and Gentleman of the Judiciary Committee. We are the business face of medicinal marijuana, a face that can be trusted and depended on. I give you my word that my company will do exactly as I have outlined today and more. We will help make the State of Connecticut's medicinal marijuana program the most professional and most secure in the country.

Thank you.

5389

An amendment to the affirmative defense clause of Bill ~~5038~~

My name is Alex Krupp and I'm from New Canaan. I'm here today to testify in support of bill 5038, An Act Concerning The Palliative Use of Marijuana. I would also like to propose an amendment to the affirmative defense portion of the bill.

As it currently stands, the proposed bill would allow a qualifying patient to assert an affirmative defense if and only if they have strictly complied with all of the requirements of this act.

This provision unfortunately provides only very limited benefits because if a patient has already complied with all of the requirements of the act, they shouldn't have been arrested in the first place.

In order to make this law more consistent with the best practices established in other states like Oregon, Michigan, and Rhode Island, I would propose expanding this measure to add an additional safety valve to the affirmative defense clause

This extension would allow patients who have received a valid medical marijuana recommendation from another state to assert the affirmative defense in trial.

To be clear, this would not legalize marijuana for those with palliative use recommendations from other states, nor would it allow those with recommendations from other states to use the proposed dispensary system. These individuals, if caught with marijuana, would still be subject to arrest and prosecution. So this would not be a get out of jail free card. Rather, it would merely provide a safety valve to keep people who don't belong in prison out of the corrections system.

This proposed amendment to Sec. 5 would read as follows:

Any person may assert the palliative use of marijuana as an affirmative defense to any prosecution involving marijuana, or paraphernalia relating to marijuana, under chapter 420b of the general statutes or any other provision of the general statutes. This defense shall be presumed valid where the evidence shows:

(1) such person has strictly complied as a qualifying patient or caregiver with the requirements of sections 1 to 15, inclusive, of this act; or

(2) such person has held a recommendation for the palliative use of marijuana valid under the laws of any state within the last five years.

3/7/12

Thank you for allowing me to testify today. My name is Barry William, and I'm here to ask you to please pass HB 5389, AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA.

Until 2006, I was a lobbyist at the Connecticut General Assembly. I truly loved my work. At the end of the 2006 session, I realized that had to stop because of the effects of my Parkinson's disease. Since my diagnosis in 2004, my world has grown smaller and smaller. It takes me an hour to get dressed every morning trying to figure out a new way to pull my pants on, and I can't wear shirts with buttons. I can't do the normal things that other dads can do with -- with their sons. I can't play basketball, go through a museum or go to the beach. Many days I can't even make it into a car to go to a movie or a restaurant. Recently I've reached the stage where I'll be shuffling along and I lose my balance and fall for no reason. When friends ask what happened, what'd you fall on, I just tell them it could a grain of sand. It's just there and I -- and I fall. When I come to a doorway or an open threshold crossing through it is like climbing Mount Everest. I haven't been able to sleep through the night for years because I can't move in bed. In recent months, I've had to sleep in a chair.

I tell you this not to complain. I realize how lucky I am just to wake up every morning, and there's always something to find joy in. When my symptoms started getting really bad and I felt really afraid of what the future was, the doctor told me a little secret. If I smoked some marijuana, there was a good chance I could feel symptom free for a while. I tried it. The doctor was right and for the first time in a long time I felt normal. Though it may not seem much to you but, to me, it means the world just to feel normal without the symptoms of the disease.

I ask you to please give me and others, like me, the chance to feel disease free and normal. I ask you to please pass Senate Bill 1015. Thank you very much.

PAGE 16
LINE 8

A Proposal for consideration of the legislature of the State of Connecticut

Submitted by John McDonald P.O.Box 31 Central Village Ct.o6332

Ph. # 860 564-8246 Cell # 860 303-7250

Concerning H B 5389 a bill proposing the legalization of medical marijuana for use in Connecticut.

Contained herein are suggestions for additions to the above law as to the positive control Of access and supply of medical marijuana.

If this law, legalizing medical marijuana is passed, I firmly believe that if positive controls of Prescriptions, Production, Delivery to the patient, and Confirmation of patient only use is not Made an integral part of such law, Connecticut will have participated in a travesty such has Befallen California, Colorado, and other states that have lost control of this drug.

Point 1 testing prospective patients for marijuana use to eliminate the disingenuous.

If a patient is seeking a prescription for marijuana, first he/she should be tested to ascertain

If cannabis is present now in their system. If a patient complains of symptoms not controlled

By normally used over the counter, or prescription drugs, and tests positive for marijuana, it seems logical the marijuana is not working for them either, and further treatment of this type will not help. This should eliminate the "less than truthful "and "not so bright" from securing a legal supply of "pot"

Point 2 eliminating the "doctor hopping" patient

Many of the above type of person will (if denied) a prescription by one doctor's office, try; going to a new doctor and as the saying goes "try, try again"

Requiring a up-to-date medical history of the patient as a prerequisite for any marijuana prescription, and requiring that doctors add any attempt to secure a marijuana prescription to the patients' medical history will identify these people to a physician and save much wasted time for his/her self and staff.

Point 3 Requiring a "blind study second opinion"

The most powerful tool for use against the unscrupulous doctor who would (for a bribe) sell

Unnecessary marijuana prescriptions to anyone, would be requiring a "Blind second opinion"

On any marijuana prescription.

Under this program, the Health Dept. would assemble a "pool" of volunteer physicians. A primary physician would write a prescription for medical marijuana,

Add to it the pre-prescription test results, and a medical "history" of the patient (with all personal information, redacted, so as to comply with privacy laws).

The above would be sent to the Health Dept. and from the "pool" of physicians one would be randomly selected, and the information (save the name of the primary physician) sent for review. If the "pool" physician agreed that medical marijuana was the next step in the treatment of the patient represented by the history shown, he/she would sign off on the

prescription. If the "pool" doctor disagreed with the choice of marijuana for this "history", he/she would write their objection on the form and add any suggestions they might have for an

Alternative course of treatment. Second opinions are often sought by patients (and doctors) when the prognosis is not good, in the case of medical marijuana, the second opinion not only

Reinforces the system protecting against the unscrupulous, but could serve as a way to aid in any alternative treatment for the patient. This also gives the Health Dept. a "heads up" on any

Physician who might be trying to make the extra cash on "pot" prescriptions.

Point 4 Control of legal marijuana through use of a "single supplier" system

If the bill passes, it should contain provisions for the establishment (by Bid) of a single company to supply all of the medical marijuana sold in Connecticut.

The bid process would be for "low wholesale price" charged to the State of Connecticut Medicare system. This would allow the State to purchase for Medicare use medical marijuana at a low wholesale price and supply it to Medicaid patients through local pharmacies with the

Pharmacy being paid a "handling charge" for delivery to the patient of the prescription. Medicaid would save considerable costs using this system, and the pharmacies would make money on the handling charge. Self or insurance paid prescriptions would be handled the same way that they are now for regular prescription medications.

The single supplier of marijuana would, of course, have to meet ridged security standards

To safeguard against the myriad ways their product could be targeted for theft.

Point 5 Standardizing the product to allow for control.

Marijuana should be available in only one prescribed form, the cigarette.

The Pre-made cigarette allows for control of the dosage of the drug and for ease in prescribing the drug, as the doctor would know the amount of marijuana in each cigarette and be able to decide how best to apply it.

Point 6 No direct ship to patient.

Controlling the available ways for the patient to acquire the prescriptions, will greatly increase the security of the drug. Allowing direct ship to the patient, would put packages of marijuana on the steps of more than 1 home and loss of the prescription from package theft would be an everyday occurrence, as is now seen with many other drugs that are delivered by mail, U.P.S, and Fed-X.

Point 7 Pharmacy only sales

At no time should there be licensed "store-front" shops for the sale to patients of medical marijuana. This drug (like any other) should be available only through legally licensed pharmacies. Also no licenses for the individual patient to "grow-their-own should ever be considered, (as is done in Cal.), this is really just licensing of drug dealers, and is a sure way to lose control of this drug.

Point 8 No out of state'ers

I firmly believe that only prescriptions written (and vetted) by Connecticut standards in Connecticut should be filled for marijuana. Allowing "out-of-state" prescriptions the be honored thru the Connecticut system would be asking for fakes to be used and if we are the Only state using a positive control system, we could not assure that the out-of-state patient Was acting properly.

If medical marijuana becomes a reality in Connecticut, I believe that we have the responsibility as well as the opportunity to make Connecticut a leader in the safe prescribing, production, and handling of the drug.

We can become the template that others use to format their laws in connection with prescription narcotics.

IF WE'RE GOING TO DO THIS, LET'S DO IT RIGHT FROM THE START!!!!!

PAGE 12
LINE 5

State of Connecticut

HOUSE OF REPRESENTATIVES

STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

REPRESENTATIVE PENNY BACCHIOCHI
FIFTY-SECOND DISTRICT

LEGISLATIVE OFFICE BUILDING
HARTFORD, CT 06106-1591

TELEPHONES
CAPITOL: (860) 240-8700
TOLL FREE: 1-800-842-1423

RANKING MEMBER
PLANNING AND DEVELOPMENT COMMITTEE
INTERNSHIP COMMITTEE

MEMBER
PUBLIC SAFETY AND SECURITY COMMITTEE

Wednesday, March 7, 2012
JUDICIARY Committee
Public Hearing Testimony

Raised Bill 5389, AN ACT CONCERNING
THE PALLIATIVE USE OF MARIJUANA.

Dear Chairman Coleman, Chairman Fox, Ranking Member Kissel, Ranking Member Hetherington and members of the Judiciary Committee. I am here today to seek support for Raised Bill 5389.

As many of you know, I have been supporting this bill, or similar versions of this bill, for the past ten years. Over those ten years, I have shared my personal story, a story of both pain and hope. The pain was watching my husband at that time waste away from the side-effects of chemotherapy and radiation. The pain was his inability to find a legal prescription drug that would help him ease his suffering. The hope was in finding a medical doctor at the Veteran's Hospital in Boston who was willing to tell us about the therapeutic effects of marijuana. I soon learned that the medical doctor was correct. For some people, marijuana is the only medicine that can help – while still allowing for a quality of life.

For years now, I have heard stories similar to my own; hundreds of stories from people who desperately want to follow their doctor's advice, but they are afraid. For me, this is no longer about my own experiences with the medical use of marijuana; it is much bigger than that. This is about the thousands of people in CT who are using marijuana, with a doctor's blessing, but who live in fear. This is about the people who want to obtain marijuana for their terminally ill father, or their desperately sick brother, but they fear they will be arrested, incarcerated and ruined. For me, and for these people, this is a battle to give a small comfort, a small peace of mind, to those who need it the most.

An Act Concerning the Palliative Use of Marijuana is a long name for a simple concept – comfort for patients. I ask you today, if you were caring for a very sick loved one, would you not want to try everything possible to ease their pain?

I have worked on medical marijuana laws across the country and I can say that this bill, which is similar to the bill that passed the House and Senate in 2007, is well crafted and can easily work effectively and efficiently in Connecticut. The following areas are addressed providing a very defined regulatory framework:

- Clearly defines what illnesses a doctor can recommend marijuana for. I suggest adding people who are receiving services under hospice to this list.
- Limits the use to private and secure areas and never on any public property or school ground and not in sight of others.
- Limits the number of caregivers to one, and that caregiver cannot have a drug conviction.
- Defines the role of DCP as the regulatory agency.
- States that health insurance will not cover its use.
- Protects doctor's who provide certifications to patients for medical marijuana use.
- Adds a Class A misdemeanor for any person who makes a fraudulent representation to law enforcement relating to the written certification.
- Addresses the distribution system with licensed pharmacists.
- Allows for the collection of fees so the implementation of this bill has no fiscal impact.

As this bill moves forward, members of the General Assembly will be asked to consider the possible message this sends to children. I submit to you that the message is simple: Marijuana is a drug, a strong and powerful drug that should be treated like any other drug in the medicine cabinet. Parents should continue to educate children that medicine can be dangerous and must be used under the supervision of a medical doctor. There are stronger, more dangerous substances than marijuana in most medicine cabinets today.

Additionally, the American Medical Association reversed its previous position and now has stated that more clinical studies should be done on marijuana. (Previously, the AMA stated that there was no therapeutic value to marijuana). Also, the largest association of doctor's of internal medicine, the American College of Physicians, released a policy paper in support of medical cannabis, stating, "The ACP strongly urges protection from criminal or civil penalties for patients who use medical marijuana as permitted under state laws."

I urge the committee to support this bill and finally allow a doctor and a patient to decide what is in that patient's best interest.

PAGE 9
LINE 13

HB 5389

March 7, 2012

State of Connecticut Legislative Office Building
Room 1E
300 Capitol Avenue
Hartford, CT 06115

Good morning. My name is Eric Baier. i have have been diagnosed with severe fibromyalgia as well as a mood disorder and a sleep disorder. Over the past seven years I have been prescribed almost three dozen different medications to treat my medical disorders and not only have all of them failed to alleviate my symptoms but some have had dangerous paradoxal effects. Only recently, when it became available, was I able to receive genetic testing which indicated that my genetic make-up predisposes me to not being able to be successfully treated with standard pharmaceutical medications. Within the past few weeks I have had several bad reactions to prescribed pain medications. One of these medications was BuTrans™ Transdermal pain patches which had been used as directed but caused an overdose which resulted in a loss of motor control and consciousness, nausea, incoherence, labored breathing, and constricted pupils.

From the research that I have done I feel as though medical marijuana might be my only hope of ever being able to lead a normal, pain free, and productive life.

Thank you.
Eric Baier
Eric Baier

S389 PAGE 16 LINE 11

My name is Lindsey Beck. I am a 27-year-old lifelong resident of Connecticut. I have Crohn's disease, which is a chronic digestive disorder, as well as PTSD. Both of these disorders have led to my becoming disabled. Both of these disorders have been significantly improved through my use of marijuana; to the point where I believe, if given the right to utilize it medicinally to its full effect, my status as 'disabled' would no longer be necessary. I came here last year, for my first time, as many others in my position, requesting you to do what is right. As elected officials of this state, it is up to you to ensure that the public is listened to; however, I am afraid we were not heard. We spoke loud and clear, the polls supported us astronomically, and still, we did not succeed. This year, I am not so humble. Humility is a constant for the disabled, but it is not I who should feel humiliated at this juncture. The lack of common sense displayed here has overwhelmed me, leaving me unsure in what direction to proceed. For this reason, my appeal to you today will be as straight forward and simple as I can make it- I am a human being; whatever it is you are able to feel, I can feel; whatever it is you are able to dream, I can dream; my life is no less valuable than yours is.

I put my faith into this system at a young age; it was how I was raised, what I was taught as the right thing to do. I pride myself on my morality. I have made it a point in life to do what is right, even when that is not always easy. I have not always been successful, but I can at least say I have always tried. That is why, at age 24, when my doctors told me to apply the Fentynol patch to my body, I listened. I thought, as most do, that they knew better than I did. I knew that narcotics were dangerous, but the thought of not being able to play with my child, not working, and not continuing my education, was too much to bear. Therefore, I did what I was told would make me feel better. Unfortunately, this did not make me feel better. In fact, I can go so far as to say that this medication, that is legal and often prescribed to those in chronic pain, completely devalued my life and ruined my body. I did not detail my experience to you last year, as it was still too much of a reality for me at the time to communicate. I will take the opportunity to tell you now. For two years, I was bedridden. If I left my house, I was confined to a wheelchair. My hair fell out, I developed bedsores, and it was not uncommon for rashes to cover my body. I was lucky to shower once a week and my teeth became so riddled with cavities I spent one day every week at a dentist this summer for nearly two months. I do not remember a time when my body was not lined in a film of sweat. I often looked as though I had just exited a shower, the sweat dripping from my hair and face constantly. This was far from the worst of it, though. You see, this particular medication has the ability to change your personality. In this time that I was secluded from society, I had also secluded myself from all those who love me. I tend to think that had I not been forced to tolerate myself, I would not have. I was quick to anger, but besides that and frustration there were few moods I experienced. For these two years, I was as good as alone in my head with a monster. What I find so disenchanting, though, is that this was not once due to my illnesses, it was due to my treatment. I want this point to sink in, so let me repeat myself; it is not Crohn's disease or the PTSD that left me in this state of distress, it was the medicine prescribed to me, approved by you, that took these two years of my life from me. I am fortunate that is all that was taken, however part of me continues to wonder why anything was taken at all when it was so obviously unnecessary.

About a month after I spoke with you last year, my son and I were playing at home. He began having an anxiety attack. He is 8 years old. As I held him in my arms, rocking him back and forth, simply

trying to do whatever it was I could do to calm him, I could not help but wonder why this was happening. Once he was able to calm himself and return to a regular state of mind, I asked him what was wrong. He said he was scared, scared I would get sick again. It was his fear that I would return to the state I had been in for too much of his life that triggered this anxiety. It is a feeling of guilt, no matter how little may be my fault, which I will live with forever. I told my son that I would never again be sick like I was. I let him know that surely there will be days that I do not feel well; in fact, these days will be quite common. But never again will I be confined to a bed, because never again will I allow others to dictate what is put into my body in the way of treatment when common sense (along with all the facts) says better. I cannot change his past and I cannot change mine. What I have endured at the hands of this system is unfair, but what is done, is done. What I must do now is to ensure that no one else is treated in this manner. The idea that this is a singular situation is unfounded, and I will tell you why. My brother also suffers from Crohn's disease and went to a pain-management clinic this past December. He was prescribed the Fentynol patch; therefore, the reality that this is a problem does not seem to escape me. After a few weeks, he refused to put that patch near him again. He said he could not imagine a few years. I have educated myself more fully on this drug since my detox off it, and let me enlighten you to the fact that the Fentynol patch is 27 times the strength of pure heroin. It does not take a rocket scientist to figure out that it is more likely for this patch to be a gateway drug than marijuana. The only reason it is not, is that it is legal. What kind of a society is this where drugs such as these are prescribed to people like me without a second thought, and something as simple as marijuana in its natural state is viewed upon as dangerous?

There are so many things that I wish I had time to say, but I am sure that we all feel this way. So let me end by saying this:

If you had asked me when I was in grade school what I thought I would be doing today, my answer never would have been to be standing before you right now in hopes of appealing to your sense of humanity and compassion. I would have told you that I wanted to be an anthropologist, or maybe an archeologist, or maybe an infectious disease specialist. Not in a million years did I think that as a young adult I would become all the things I have been. But when I look at my son, I am reminded that all of those dreams I had can still come true. I am going to do great things with my life one way or another, and I know that he will, too. I ask you that we start acting like adults and put these silly games behind us. The time that has been wasted on such trivial debates should be over. More specifically, I wish to stop wasting my own time, which I am being forced to do as long as this is an issue. It would be nice to be given the opportunity to manage my disease the best way I know how. Currently, that way is using marijuana. So I beg of you to please, let me go back to school; all I want to do is become a contributing member of society. It would be wonderful if that while I did this I could stop being afraid that what is helping me progress could also lead to my incarceration. The most important thing that is to be done today, though, is to listen; listen to your people, the ones who gave you the privilege of the positions you hold right now. Listen to us and realize that your decision here today, no matter how silly the topic, is no small matter in our lives. Listen to us, and remember that we are just as human as you are; whatever it is we feel, you may one day feel, too. Therefore, the relief we seek today, you may one day find yourself seeking, too.

PAGE 1
LINE 4

State of Connecticut

SENATE

STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

SENATOR TONI BOUCHER
TWENTY-SIXTH SENATE DISTRICT

LEGISLATIVE OFFICE BUILDING
ROOM 3701
HARTFORD, CT 06106-1591
CAPITOL: (860) 240-0465
TOLL FREE: (800) 842-1421
FAX: (860) 240-0036
E-mail: Toni.Boucher@cga.ct.gov

DEPUTY MINORITY LEADER

RANKING MEMBER
EDUCATION COMMITTEE
HIGHER EDUCATION COMMITTEE
TRANSPORTATION COMMITTEE

MEMBER
FINANCE, REVENUE AND BONDING COMMITTEE

Testimony for HB 5389: An Act Concerning the Palliative Use of Marijuana

Senator Toni Boucher

Wednesday, March 7, 2012

Dear Senator Coleman, Representative Fox, Senator Kissel and Representative Hetherington and other distinguished members of the Judiciary Committee.

Thank you for your consideration of my testimony in opposition to HB 5389 An Act Concerning the Palliative Use of Marijuana.

It is disappointing that in this year's session, filled with hope for educational reform, we should be should be considering a bill that would send a such a negative message to our families and children- the very ones that education reform is meant to assist in making the most of their potential.

I think we can all agree that Connecticut students already have so many barriers to success. Many Connecticut students live in homes where substance abuse creates a difficult learning environment. Many of those students' mothers tell me that they want the drugs and their negative influence out of their neighborhoods.

The destructive influence of drugs is everywhere we turn. Pick up any newspaper to read about those whose lives are ruined and whose talents are wasted due to drug use. Turn on the tv news to see stories about the collateral damage families endure because of drugs. I would also ask you to think about Connecticut's foster children. Consider this fact: 80% of our foster children were taken from homes affected by addiction.

I have reams of data which speak to the unhealthy effects of marijuana on the heart, lungs, immune system, and brain. Doctors tell me that it is particularly harmful for post-traumatic stress disorder. Going over that data with you could literally take me days.

If in fact this is about helping the afflicted manage pain, there are many alternative drugs that would keep patients alert and functional as they look forward recovery from a serious illness. If it does not matter that a smoked substance can further harm the heart, lungs and brain then change this bill to apply palliative care for the terminally ill. If it was restricted to those cases, I could actually encourage support of this initiative.

Instead, HB 5389 would increase substance abuse, crime and legal challenges in Connecticut that have characterized medical marijuana programs in other states. Please consider that the committee is deliberating on a serious policy change that puts us in direct conflict with the US Department of Justice. California voters approved use of medicinal marijuana in 1996, but its use remains illegal under federal law.

Note that on March 5, 2012 in San Diego a federal judge on Monday dismissed a lawsuit brought by San Diego medical marijuana advocates that aimed to halt the government's efforts to close dispensaries. The suit was one of several filed in California in November following efforts by U.S. attorneys to shut down dispensaries. Letters were sent to dispensaries and landlords ordering them to close within 45 days or risk prosecution and forfeiture of assets. The judge concluded that federal law does not allow marijuana to be dispensed and prescribed for medicinal use as other drugs can, and it is not a fundamental right protected by the U.S. Constitution.

Lawsuits are sure to follow as the bill changes marijuana to a schedule II drug in CT. U.S. law supersedes CT law, and marijuana is still a federal schedule I drug as explained in the addendum to this testimony. This bill also sends a powerfully negative message to young people, especially after last session's reduction in penalties for possession.

I strongly urge the committee to vote against HB 5389. Thank you for the opportunity to testify on this bill.

Addendum

I first began work on this issue after an emotional appeal from a mother and father who had found their son dead from a drug overdose at home in his bed. They and countless others warned that this measure would be devastating to our state and their concerns have been confirmed by medical research studies and the consequences of medical marijuana in other states. After exhaustive study and consultations with many state and national experts as well as cancer patients, I am convinced that the argument that smoked marijuana is medically necessary is untrue.

Marijuana proponents argue that the drug is a useful medicine. In fact, the FDA and other major medical organizations (such as the American Medical Association, the National Multiple Sclerosis Society, American Glaucoma Society and the American Cancer Society) have all opposed medical marijuana. Marijuana bills, such as HB 5389, continue to include glaucoma as a condition for which marijuana can be recommended, even though the American Glaucoma

Society warned patients that marijuana can make their glaucoma worse. In addition, marijuana produces heart problems, suppresses the immune system, and is dangerous to patients suffering from cancer and AIDS. It can even increase the risk of Kaposi's sarcoma in AIDS sufferers.

Modern medical science has other treatments and pain relievers that are more effective than smoked marijuana. There is no FDA approved medication which is smoked, since it is difficult for physicians to determine the correct dosage. Furthermore, smoking any substance introduces harmful particulate matter into the lungs which can lead to respiratory problems. From this standpoint, marijuana smoke is very dangerous, since it contains more cancer causing agents than cigarette smoke, and leaves four times the amount of residue in the mouth and throat. Even if marijuana were the best medicine for any ailment, there are derivatives such as Marinol and Sativex that deliver marijuana's effects without causing the same health problems as inhalation.

In addition to marijuana's unsuitability as medicine, allowing medical marijuana would also present serious legal challenges to Connecticut. Although HB 5389 changes marijuana from a schedule I to a schedule II drug under Connecticut's controlled substances list, marijuana is still classified as a schedule I controlled substance under federal law and would remain illegal regardless of any state law authorizing its use. This discrepancy between state and federal law may leave Connecticut open to litigation by the Department of Justice, which has strongly committed itself to enforcing the Controlled Substances Act. Recently, the U.S. Attorney in Colorado indicated that there were no "safe harbors" for dispensaries in that state, because the federal government considers marijuana an illegal substance.

Similar problems involving dispensaries have arisen in other states. Last year, the state of Montana was forced to overhaul its medical marijuana laws in the face of criticism that the rapidly expanding marijuana industry in the state had led to widespread abuse. In October 2011, the federal government ordered many of California's marijuana dispensaries to shut down, with prosecutors arguing that California's medical marijuana industry is engaged in illegal sales under the guise of supplying qualifying patients. A lawsuit by medical marijuana advocates to oppose the government's efforts to shut down these dispensaries was dismissed on March 5, 2012 by a federal judge in San Diego, who ruled that that federal law prohibits the sale of marijuana. The ever increasing supply of marijuana in states such as California, Montana and Oregon has dramatically swelled the number of marijuana users who are obtaining the drug, under laws which were originally intended to benefit only a small number of very ill patients.

As shown by the experience of other states, the abuse inherent in this bill cannot be prevented. The few states that have taken this path have seen an alarming increase in marijuana use, crime, higher cost to communities and state services, law enforcement and lower property values and negatives changes in the quality of life in their communities. Classifying marijuana as medicine creates the false impression that it is benign, and increases its use. A University of Michigan survey of 46,000 American teenagers concluded that marijuana use has risen to the point where more teens are smoking pot than cigarettes. This survey not only concluded that teenage use of marijuana had risen, but that this rise correlates with an increasingly favorable perception of the drug among high school students.

Marijuana is a harmful, Schedule I, federally illegal drug that does not save or improve lives. It can undermine the seriously ill's best prospect of recovery and is the wrong prescription for Connecticut. I am tremendously grateful and proud that we have fought repeated attempts in the past to take our state down this dangerous path and have not broken a trust with our constituents of doing no harm. Let us all work to continue to keep our children and neighborhoods safe.