

# Newaygo County Compassion Club

## Response to proposed bills - 2012

The Newaygo County Compassion Club is a small, non-profit organization located in Newaygo County, Michigan. As a club, we pride ourselves with the education and research to be able to inform patients & caregivers about the original Act & newly proposed laws, keep them informed with the latest medical studies, extensive strain research, and up to date Michigan and Federal court cases relative to medical cannabis. To us, cannabis is a cure-all medicine and we advocate not only for patients and caregivers, but for the plant and it's healing properties.

### **HB 4834**

I believe that this bill needs to be split into two.

I believe the first bill for the Medical Marihuana cards needs to address the following issues:

- 1) The proposal to extend renewal applications to 2 years instead of 1 would be beneficial. Most patients that are certified for the use of cannabis suffer from diseases or disorders that are not going to improve. This would also relieve the burden on LARA
- 2) When one presents ones card, one also has to present their state ID or drivers license to prove their card is their card. I believe that the implementation of the photo ID addition to cards will also slow LARA issuing cards. I am neutral on the addition to a photo ID to the card.

I believe the second bill for the Medical Marihuana cards need to address the following issues:

- 1) The information that can be accessed by law enforcement through LEIN does not need to be any more information that name, birthday, and address.
- 2) By adding medical information to the information put into LEIN, it is a direct violation of HIPPA laws.
- 3) With the new implementation of the "Notice of Approval" before a card can be issued, it reduces the violation of HIPPA laws. As it stands now with LARA issuing cards slowly, a patient needs to provide their certification paperwork in lue of their cards. On the front page of the certification paperwork, it states exactly why a patient is certified. The current law needs to be implemented before any changes should be made.

### **HB 4851**

It is my opinion that this bill also needs to be split into two.

The first bill should solely deal with the definition of "bona-fide physician patient relationship".

- 1) On February 1, 2012, the Michigan Board of Medicine made a statement on what they believe a bona-fide doctor patient relationship should be.
- 2) With no area of medicine needing the definition of bona-fide relationship being a precursor to recommending or prescribing medicine, I do not believe that medical marijuana patients need to be isolated into a singular group that needs this standard upheld.
- 3) When a patient suffers from an ailment in the first list of qualifications (HIV, Cancer, Nail Patella) or is

a paralyzed patient or amputee, the patient has already had extensive physical examinations and medical testing. It is unnecessary for patients with lifetime disorders to be subjected into needing “in-person” examinations. Nothing can be gained from having another doctor diagnose them with the same disorder a second time to please this addition to the Act.

4) The amendments to the Act seem to protect the physicians more than it protects the sick.

The second bill should clarify “enclosed, locked facility”. This issue has absolutely nothing to do with a physical-patient relationship and should not be enclosed in the original bill.

1) The language of “stationary” should be removed. With no distribution package available within the committee, patients and caregivers alike are trying to provide all the medication that they themselves or their patients need in a timely manner. If Stationary remains in the language, rooted clones or fully vegged plants will not be able to be removed from the original room and given to another certified patient or caregiver for their own growing. This would slow down the process of producing necessary medication for patients, as well as raise the price for medication.

### **HB 4853**

In the previous Judiciary Committee meeting, Representative Brown referred to Medical Marijuana as a prescription medication to which Representative Walsh corrected her by stating it can only be recommended and certified in the State of MI. In the Agenda, HB 4853’s description states that it will cover “Criminal Procedure; sentencing guidelines; sentencing guidelines for crime of selling or providing medical marihuana to un-prescribed user; implement. With the type of wording being “un-prescribed” that would open up all certified and non-certified medical marijuana patients and caregivers to be prosecuted within the law. No one in the State of Michigan is prescribed medical marijuana. The language in the description of the bill needs to be changed.

### **HB 4856**

Michigan voters approved the Michigan Medical Marihuana Act by 63%. Michigan voters believe that marijuana is medicine. Marijuana then needs to stop being treated like a schedule I drug and needs to begin to be treated as medicine. In no other over the counter or prescription medication are patients forced to have their medication locked in a case, placed in a truck, and/or inaccessible from the interior of the vehicle. With any prescription medication, a patient is allowed to have their medication accessible in any area of their vehicle as long as the patient possessing the medication has the same name on the pharmaceutical bottle. With Michigan already having penalties for driving while impaired, no language needs to be added to the bill to inform Michigan drivers that they should not use their medication while driving. The bill, again, is singling out medical marijuana patients from ‘traditional’ pharmaceutical patients unfairly.

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