

ALASKA LEGISLATURE COMMITTEE FILES 1999-2000 8672

10052 SENATE HEALTH EDUCATION & SOCIAL SERVICES



# Alaska State Legislature

Please enter into the record my testimony to the Senate HESS  
committee name

committee on SB 94, dated 3/24/99  
bill/subject

My Testimony: By Edward E. Woolley

Concerning the rights to use marijuana for medical purposes,

I would really like to not have any stipulations on the medical right to use marijuana. We, the people voted for the use, and won. I need to use it to help relieve my back pain, muscle spasms, and tension. My wife needs to use marijuana to help control her seizures, she has had grand mal seizures since 1994. They occurred about once every 3 months, when she smoked a little they eased her. Now she has them about once a week, because she is not allowed to use marijuana.

I would feel better if I could grow it or control the growth of it myself. You don't know what kind of chemicals and poisons you're getting from someone else.

Marijuana helps sick people. It's not like using alcohol, tobacco, crack, cocaine, heroin. Those are the killers. Even certain pills kill. There has never been an overdose on marijuana. It has helped cancer, AIDS, seizure patients and more. I think these sick people should be able to relieve ~~themselves~~ their suffering by being able to use marijuana if that's what helps. Life is short, let people enjoy what they can in it.

Signed: Edward E. Woolley  
Testifier

Representing (Optional)  
HC 33 BOX 3038A WASILLA AK 99654  
Address  
373-0527  
Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the S'HEG  
 committee name  
 committee on SB 94, dated 3/24/99  
 bill/subject

THERE IS OBVIOUSLY NO POINT IN SHOWING UP AND WAITING <sup>FOR 1 1/2 HOURS</sup> TO GIVE TESTIMONY IN PERSON. THERE IS ABSOLUTELY NO REASON FOR THE FURTHER RESTRICTIONS IMPOSED BY SB 94. DOES ANY OTHER MEDICINE REQUIRE YOU TO REGISTER WITH THE STATE UPON BEING PRESCRIBED? IS LIMITING THE USE TO CANCER, GLAUCOMA, AND AIDS REALLY GOOD MEDICINE? MARIJUANA IS GROWN, PREPARED AND DISPENSED BY THE U.S. GOVT TODAY FOR TREATMENT OF AILMENTS OTHER THAN CANCER, GLAUCOMA, AND AIDS. MARIJUANA AS MEDICINE ONLY AFTER ALL OTHER TREATMENTS HAVE PROVED INTOLERABLE IS NOT GOOD MEDICAL PRACTICE. ONLY SIX PLANTS WITH ONLY 3 CAPABLE OF PRODUCING USABLE MARIJUANA, BUT USABLE MARIJUANA INCLUDES LEAVES. SO 3 OF THE SIX PLANTS CAN HAVE NO LEAVES?

Signed: JAMES GARNHART  
 Testifier

DUH

SELF  
 Representing (Optional)  
P.O. BOX 872533 WAZILLA  
 Address  
746-2828  
 Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the SHES  
committee name  
 committee on SB 94 . dated 3/24/99  
bill/subject

I DON'T UNDERSTAND THE POLICE  
 CONFUSION. YOU HAVE UNDER 1 OZ  
 AND A DRs RECOMMEND OR YOU DON'T.  
 SIX PLANTS OR LESS OR NOT.  
 IT WORKS NO DIFFERENT THAN  
 ANY OTHER MEDICATION. YOU ARE  
 IN COMPLIANCE OR NOT.

SB94 IS NOT NEEDED, ONEROUS,  
 NOT GOOD MEDICINE, AND TOO RESTRICTIVE,  
 JUST SAY NO TO SB94

Signed: JAMES GARMART

Testifier

SELF

Representing (Optional)

P.O. BOX 872533 WASHILLA

Address

746-2828

Phone No.



# ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the Senate Health + Soc. Servcs  
Committee Name



## TELECOPY COVER SHEET Fairbanks Legislative Information Office

Office • (907) 452-4446 Fax • (907) 456-3346

TO: (S) HES FAX: 456-3883 PHONE: \_\_\_\_\_

FROM: VARIOUS PHONE: \_\_\_\_\_

INSTRUCTIONS: WRITTEN TESTIMONY FOR SS 94

RECEIVED: Date 3/24/99 Time 3:00pm

SENT: Date 3/24/99 Time \_\_\_\_\_

DISPOSAL OF ORIGINAL: Discard \_\_\_\_\_ Hold for Pickup \_\_\_\_\_

NUMBER OF PAGES: 4 (Not counting cover sheet)

SENT BY: h. weedy

SIGNED:

[Signature] LCSW

Testifier

Truth Justice + Re-American Way (Myself)

Representing

P.O. Box 283, Egan, AK 99725

Address / Phone Number

(907)-457-1230

# CORRECTION

THE FOLLOWING DOCUMENT(S)  
HAVE BEEN REFILMED TO  
ASSURE LEGIBILITY OR PAGINATION



Rev. 6/98

Central Microfilm Services  
Department of Education & Early Development  
State of Alaska



# ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the Senate Health + Soc. Servcs  
Committee Name



## TELECOPY COVER SHEET Fairbanks Legislative Information Office

Office - (907) 452-4448 Fax - (907) 456-3346

TO: (5) HES FAX: 455-3883 PHONE: \_\_\_\_\_

FROM: VARIOUS PHONE: \_\_\_\_\_

INSTRUCTIONS: WRITTEN TESTIMONY FOR SB 94

RECEIVED: Date 3/24/99 Time 3:00pm

SENT: Date 3/24/99 Time \_\_\_\_\_

DISPOSAL OF ORIGINAL: Discard \_\_\_\_\_ Hold for Pickup \_\_\_\_\_

NUMBER OF PAGES: 4 (Not counting cover sheet)

SENT BY: h. wealy

SIGNED:

[Signature] LCSW

Testifier

Truth, Justice, & The American Way (Myself)

Representing

PO. Box 283, Egan, AK. 99725

Address / Phone Number

(907)-457-1230



# ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the NSS ca  
 Committee on SB 94 Committee Name  
Dated 23 MAR 1999  
 Bill / Subject

*I do not believe in the casual or recreational use of marijuana.  
 I do not believe in the use of any mind altering drug to  
 include alcohol that flows so freely at candidate fund raisers  
 I do believe in medical marijuana as I have listened to  
 people who have used due to terminal or serious debilitating  
 condition that has improved their quality of life.  
 my comments on SB 94 are attached*

Pg 1 of 2

SIGNED: Betty Rollins  
 Testifier  
Self  
 Representing  
P.O. Box 55163, NP 488-6614  
 Address / Phone Number  
99705

Rights are placing all blame for the problems with this bill at the feet of Loren Lemman. HB 94 is merely an extension of what already was contained in the original ballot measure. There was always a requirement for a list, although now AMR is professing that there was an option. The option: Arrest and trial where the individual, instead of being found guilty beyond a reasonable doubt is required to prove by the greatest amount of evidence that they have a right to medical marijuana. Can we imagine the rigors of the terminally ill or seriously debilitated patients who will be required to withstand the expense and rigors of temporary incarceration after arrest. So actually when we talk of options there never was one in the original bill. The requirement has always been there.

And I do not think many people who voted on this issue had read the fine print. I had hoped that the legislature would have seen fit to change the bill to provide rational approach to a serious problem, but Representative Lemmans bill is a far cry from such action. I think it is about time our legislators began to listen to their constituents rather than ignore their rights as citizens.

ROWNS pg 2 of 2



# ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the HES S  
 Committee on SB 94 Committee Name  
Bill / Subject Dated 3/24/99

I've worked as a professional in the Mental Health, Education & Substance Abuse Field for over 25 years (the last 13 years in Alaska). I do extensive volunteer work throughout the community and working for the rights of the disabled is an important part of my life. But even more important to me are my basic rights provided for by our state constitution. I have very serious concerns about SB94 and the rights of Alaskans now and in the future. The voters passed an initiative by a wide margin. This bill attempts to overturn and totally gut the intention and will of the voters. You are our representatives not our parents, doctors or clergy. This bill would dismantle and destroy the law before the state even has a chance to implement the regulations. Please vote no and protect and serve the voters as you are charged to do.

SIGNED: Suzanne Price  
 Testifier

Representing  
Box 84951 Fairbanks, AK 457-5816  
 Address / Phone Number



# Alaska State Legislature

Please enter into the record my testimony to the SENATE HESS  
committee name

committee on SENATE BILL #94 <sup>MEDICAL</sup> MARIJUANA, dated 3-24-99  
bill # / subject

You should know, for the record, that I do not drink alcohol, smoke cigarettes, drink coffee or other caffeinated beverages. I avoid sleeping pills + other addictive substances. I have Multiple Sclerosis and endure many symptoms that are quite painful, but I avoid addictive drugs like Morphine + Demerol - which leave me semi-conscious + basically non-functioning.

The first time I used marijuana was at age 24 after my eyes had been jerking back + forth for 21 days - combined with double vision + seeing colors differently in each eye. I was exhausted but couldn't sleep because I could feel my eyes jerking back + forth + felt nauseated constantly. My doctor could only give me sleeping pills or suggest using Dramamine for the motion sickness. To be brief: besides allowing me to sleep for the 1st time in 21 days, the marijuana stopped my eyeballs from jerking, and corrected my vision. I slept for 14 hours, + when I awoke I was amazed. I called my parents, who know I don't use addictive substances, + they were so happy I found some relief. The marijuana also relieved the excruciating charlie horses in my arms + legs.

My doctors have all been very supportive of medicinal marijuana use + I believe medical care should be between doctors + patients; not police + patients.

Signed: Natalie K. Ringland 3-24-99 →  
Testifier

Self  
Representing (Optional)


50016 Forest Glen St. Kenai, AK 99611  
Address

907. 776. 5834 nringland@touch-alaska.com  
Phone number

I respectfully urge this committee to let the recently passed initiative stand as passed by the people of Alaska. Please give it a chance to work, and please don't create a street registration program. I'm not a sex offender or a drunk driver. I'm a person trying to live as normally as possible with a debilitating disease.

Finally, please do not put my doctor or me on a registration list as if we were criminals. The plan before you reminds me of Hitler's SS - who forced innocent Jews to wear the Star of David on their clothing. It is an ugly thought.

Thank you for your kind attention.





# Alaska State Legislature

Please enter into the record my testimony to the SHES  
committee name

committee on SB 94 MEDICAL MARIJUANA, dated 3-24-99  
bill # / subject

Living with a terminal illness is enough of a burden and stress without being singled out as some kind of a criminal because I feel better when I use marijuana. I want to be at peace with myself when the end comes and not whacked out of my mind on man-made chemical substances meant to reduce my pain and anxiety, which are perfectly legal according to the law and prescribed by my physician. When I came out of my closet on March 5 and asked him for a recommendation for medical marijuana, I sensed a change in our relationship, even though he saw no problem with marijuana. Why must you create more obstacles in my life?

Signed: Ann J. Perry  
Testifier

Representing (Optional)  
P.O. Box 8064 Nikiski AK 99635  
Address  
(907) 776-8483  
Phone number



# Alaska State Legislature

Please enter into the record my testimony to the Senate Health Educ Comm committee name

committee on SB 94, dated 3-24-99

Being a med. <sup>bill #1 subject</sup> patient &

Having worked with people in all profession  
- Lawyer - Doctor, Law enforcement & having  
researched the issue of medical Marijuana  
& found it to be a benign innocuous drug  
meaning no addiction it would seem Mr  
Leman would stop with his agenda. Being  
that Gen McLafrey studies have found  
it to be beneficial & not a gateway drug  
and given the vote of the people of the state  
of Alaska this alone should send a strong  
message to our representatives including Mr  
Leman

Signed: Jessita Griffith

Testifier

Self

Representing (Optional)

HCO1 Box 811 Kenai AK 99611

Address

907-776-5609

Phone number



# Alaska State Legislature

Please enter into the record my testimony to the S HES  
 committee name  
 committee on SB-94, dated MAR 24 1999  
 bill/subject

I OPPOSE SB 94.

THE VOTERS HEARD THE FACTS AND  
 VOTED FOR THE MEDICAL USE OF  
 MARIJUANA. THAT ELECTION  
 SHOULD STAND.

Signed: Bruce Kraft  
 Testifier

Representing (Optional)

PO Box 4498 PALMER AK 99645

Address

745-6149

Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the SHES  
committee name  
committee on SB 94, dated March 2  
bill/subject

My Testimony for legalizing Marijuana:

Why is Alcohol Legal? It Kills. Why is Tobacco legal? It kills.

Why is Marijuana, something that helps some people, medicinally, illegal?

Please help the people, sick people who rely on marijuana to ease pain, keep from having seizures, and relieve the sick.

We want to legalize marijuana for medicinal purposes.

We need the federal government to understand and give the people who need it the rights.

We the people voted for legalized medical use on marijuana and it passed. Now the federal government wants to change the Bill. Why?

Signed: Kathleen M. Walby  
Testifier

Representing (Optional)

HC-33 Box 3038A Wasilla AK 99654

Address

(907) 373-0527

Phone No.

Within these initiatives there is no supervision, no quantity, no dosage, no time limit on how it can be used. This is not medical compassion, it is a stepping stone to legalization. This does not meet appropriate medical criteria. There is no medical follow-up, no current clinical follow-up as to the efficacy of this drug when it is used.

I applaud Senator Lemman's SB94 in attempting to define terms, give some guidelines for "medical" accountability of use. This piece of legislation conveys the real compassion of use for which the voters understood to be the issue at the ballot box. They read the one paragraph ballot wording and thought they understood the issue, after all it was portrayed as compassion in the media. They voted for compassion; they did not vote for legalization. We were told this was not about legalization.

The single ballot paragraph was very deceiving if one explored further and read the actual language that would be placed in statute with passage of the ballot measure. There was lack of definition, lack of procedure and accountability with the registration system, with the patient, with the physician, with the caregiver. SB94 defines all of these necessities that were left out of the initiative that give it the compassion and care conveyed with other medicines. There was also no means by which law enforcement could contain this use of compassionate medical use of smoked marijuana cigarettes without it becoming an issue of legalization of the drug. There must be distinct guidelines to make use clear between medical and illegal use so law enforcement does not encroach on the area of allowed medical use. It would seem to me that the proponents of the initiative would appreciate the distinctions that this bill offers as well. After all, they say they are only interested in the use by people with medical needs.

In reading SB94 I concur with the first section on affirmative defense to a prosecution. After all, if someone is using the marijuana cigarette within the new law, they should have no problem with the guidelines set forth in this section.

The system of registry of patients and caregivers in Section 3 of the bill is vital to providing accountability to the area of compassion with good medical safe guards. If the patient and caregiver are operating within the law in this regard, there should be no opposition to law enforcement having access to the confidential records for criminal investigation purposes. This allows protection for the compassionate user to know that the law will not be infringed upon by others who may be using or transporting marijuana in an illicit fashion. Their use will be protected under the medical provision. This section seems to be a reasonable control to keep the substance LEGALLY used. It will provide a stop gap for illicit use.

I must express my objection to the number of ounces and plants that are designated for possession in this bill (bottom of page 2, top of page 3). Having used a visible demonstration in the past before the vote to recrim. marijuana with the 1989 vote, we used a demonstration of the number of joints that made up the then "legal" 4 ounces.

carefully controlled situations. Patients who are prescribed marijuana should be enrolled in short-term clinical trials that are approved by an oversight strategy such as institutional review boards, and involve only those patients most likely to benefit. Patients should be fully informed that they are experimental subjects and are using a harmful drug delivery system, and their condition should be closely monitored and documented under medical supervision. It is important to stress that the goal of these trials should NOT be to develop marijuana as a licensed drug. Rather, these trials should be done in parallel with

# CORRECTION

THE FOLLOWING DOCUMENT(S)  
HAVE BEEN REFILMED TO  
ASSURE LEGIBILITY OR PAGINATION



Rev. 6/98

Central Microfilm Services  
Department of Education & Early Development  
State of Alaska

Within these initiatives there is no supervision, no quantity, no dosage, no time limit on how it can be used. This is not medical compassion, it is a stepping stone to legalization. This does not meet appropriate medical criteria. There is no medical follow-up, no current clinical follow-up as to the efficacy of this drug when it is used.

I applaud Senator Lemman's SB94 in attempting to define terms, give some guidelines for "medical" accountability of use. This piece of legislation conveys the real compassion of use for which the voters understood to be the issue at the ballot box. They read the one paragraph ballot wording and thought they understood the issue, after all it was portrayed as compassion in the media. They voted for compassion; they did not vote for legalization. We were told this was not about legalization.

The single ballot paragraph was very deceiving if one explored further and read the actual language that would be placed in statute with passage of the ballot measure. There was lack of definition, lack of procedure and accountability with the registration system, with the patient, with the physician, with the caregiver. SB94 defines all of these necessities that were left out of the initiative that give it the compassion and care conveyed with other medicines. There was also no means by which law enforcement could contain this use of compassionate medical use of smoked marijuana cigarettes without it becoming an issue of legalization of the drug. There must be distinct guidelines to make use clear between medical and illegal use so law enforcement does not encroach on the area of allowed medical use. It would seem to me that the proponents of the initiative would appreciate the distinctions that this bill offers as well. After all, they say they are only interested in the use by people with medical needs.

In reading SB94 I concur with the first section on affirmative defense to a prosecution. After all, if someone is using the marijuana cigarette within the new law, they should have no problem with the guidelines set forth in this section.

The system of registry of patients and caregivers in Section 3 of the bill is vital to providing accountability to the area of compassion with good medical safe guards. If the patient and caregiver are operating within the law in this regard, there should be no opposition to law enforcement having access to the confidential records for criminal investigation purposes. This allows protection for the compassionate user to know that the law will not be infringed upon by others who may be using or transporting marijuana in an illicit fashion. Their use will be protected under the medical provision. This section seems to be a reasonable control to keep the substance LEGALLY used. It will provide a stop gap for illicit use.

I must express my objection to the number of ounces and plants that are designated for possession in this bill (bottom of page 2, top of page 3). Having used a visible demonstration in the past before the vote to recrim. marijuana with the 1989 vote, we used a demonstration of the number of joints that made up the then "legal" 4 ounces.

carefully controlled situations. Patients who are prescribed marijuana should be enrolled in short-term clinical trials that are approved by an oversight strategy such as institutional review boards, and involve only those patients most likely to benefit. Patients should be fully informed that they are experimental subjects and are using a harmful drug delivery system, and their condition should be closely monitored and documented under medical supervision. It is important to stress that the goal of these trials should NOT be to develop marijuana as a licensed drug. Rather, these trials should be done in parallel with

the development of new, safe delivery systems of drugs related to the compounds found in marijuana."

Stanley Watson, the co-principal investigator of the report stated, "marijuana's future as medicine does not involve smoking. It involves exploiting the potential in cannabinoids such as THC, the key psychoactive ingredient of marijuana....For new drug development, cannabinoid compounds and delivery systems that are produced in the laboratory are preferable to plant products because they deliver a consistent dose and are made under controlled conditions."

Senator Leman is correct in limiting the definitions of "debilitating medical conditions" in the bill. It parallels this new study. It is unfortunate timing that Alaska must deal with the implementation of the ballot initiative now. The IOM report states otherwise. We should not be putting our Alaskans through such methods of smoking marijuana cigarettes when it has just been reported that a better delivery system needs to be developed and more research has to be done on cannabinoids.

Smoked marijuana as a medicine is dead. Marijuana cigarettes as medicine is not about compassion, it is about deception and harm. False compassion must not replace science. This study should serve as a death knell for the ballot initiatives and state laws allowing the recommendation of marijuana to virtually any patient.

Keep the definitions of "debilitating medical conditions" in SB94 on the short list.

SB94 is a good piece of legislation that should be given serious consideration in light of Alaska having to deal with the passage of Ballot Measure No. 8. Please put the compassion and accountability in the initiative by passing SB94 as soon as possible.



TELECOPY COVER SHEET  
Ketchikan Legislative Information Office  
Office - (907) 225-9675 Fax - (907) 225-8546

TO: Senate HESS Committee

ATTN: Senator Miller FAX: 465-3883 PHONE: \_\_\_\_\_

FROM: Senator Leman 465-3810 PHONE: \_\_\_\_\_

INSTRUCTIONS: Testimony for TCM 90419 on SB 94

SENT: Date 3/24/99 Time 2:56pm

DISPOSAL OF ORIGINAL: Discard \_\_\_\_\_ Hold for Pickup \_\_\_\_\_

NUMBER OF PAGES: 4 (NOT counting cover sheet)

TRANSMITTED BY: [Signature]

Testimony to Senate HESS Committee on March 24, 1:30 PM

My name is Lynda Adams. I'm pleased with the opportunity to testify before the committee on SB94, An Act relating to the medical use of marijuana. I am the founder and now retired executive director of Alaskans For Drug-Free Youth, a statewide parent organization dedicated to drug prevention for our youth. I am presently the Alaska State delegate for the national organization, Drug Watch. I served for six years on the national drug prevention board of directors of the National Family Partnership. I also served for four years on the Alaska Governor's Advisory Board on Alcoholism and Drug Abuse.

Many of you may know that it was a long, hard battle to recriminalize marijuana in Alaska in 1990 after 15 years of liberal laws condoning private use. During that time the youth of Alaska were using marijuana at twice the national average. It became clear during that time that our laws certainly give messages to our young people. Sometimes they are not the messages we wish to convey. They believed that if adults could use, it must not be harmful. These marijuana initiatives in the country under the guise of "medical use" are giving a similar message to our kids. Just the other day a 16 year old remarked, "what's the big deal about marijuana--cancer patients use it. They're even talking about making it legal." During the 70's and 80's Alaskan youth got the message that marijuana is "legal" so it's okay. Now if it's medicine, it's healthy and good. This is the new message for Alaska's future! The National Household Survey shows that one year after the initiatives passed in California and Arizona in 1996, adolescents' perception of risk of using marijuana is lower and illicit drug use is higher in these two states than in the rest of the nation. These initiatives have caused use by kids to increase.

Another obstacle this state faced during our liberal marijuana years dealt with the fact that in 1975 when marijuana was allowed for use by adults in their own homes, the THC, psychoactive ingredient in marijuana, was less than 1%. Before the 1989 vote to again make marijuana illegal in Alaska, the potency level had increased to as high as 29.86% in Alaska of tested samples, the highest in the national.

With the increased potency and increased use by our kids, the voters said we had had enough of liberal experimentation of marijuana use.

Now because of huge amounts of "outside" money impacting our state on an initiative issue last fall and the campaign focus of COMPASSION by a pro-drug using group in California, the voters of Alaska swallowed the compassion spin that will allow marijuana cigarettes to be smoked as medicine.

I have been opposed to these ballot measures cropping up around the nation promoted by the drug culture. These initiatives do not place any of the medical restriction on marijuana that occurs with ALL other medicines which have been FDA approved. This quasi-medical measure in Alaska is not FDA approved, but is only voter approved. The voters have no scientific authority to declare anything a medicine.

Within these initiatives there is no supervision, no quantity, no dosage, no time limit on how it can be used. This is not medical compassion, it is a stepping stone to legalization. This does not meet appropriate medical criteria. There is no medical follow-up, no current clinical follow-up as to the efficacy of this drug when it is used.

I applaud Senator Leman's SB94 in attempting to define terms, give some guidelines for "medical" accountability of use. This piece of legislation conveys the real compassion of use for which the voters understood to be the issue at the ballot box. They read the one paragraph ballot wording and thought they understood the issue, after all it was portrayed as compassion in the media. They voted for compassion; they did not vote for legalization. We were told this was not about legalization.

The single ballot paragraph was very deceiving if one explored further and read the actual language that would be placed in statute with passage of the ballot measure. There was lack of definition, lack of procedure and accountability with the registration system, with the patient, with the physician, with the caregiver. SB94 defines all of these necessities that were left out of the initiative that give it the compassion and care conveyed with other medicines. There was also no means by which law enforcement could contain this use of compassionate medical use of smoked marijuana cigarettes without it becoming an issue of legalization of the drug. There must be distinct guidelines to make use clear between medical and illegal use so law enforcement does not encroach on the area of allowed medical use. It would seem to me that the proponents of the initiative would appreciate the distinctions that this bill offers as well. After all, they say they are only interested in the use by people with medical needs.

In reading SB94 I concur with the first section on affirmative defense to a prosecution. After all, if someone is using the marijuana cigarette within the new law, they should have no problem with the guidelines set forth in this section.

The system of registry of patients and caregivers in Section 3 of the bill is vital to providing accountability to the area of compassion with good medical safe guards. If the patient and caregiver are operating within the law in this regard, there should be no opposition to law enforcement having access to the confidential records for criminal investigation purposes. This allows protection for the compassionate user to know that the law will not be infringed upon by others who may be using or transporting marijuana in an illicit fashion. Their use will be protected under the medical provision. This section seems to be a reasonable control to keep the substance LEGALLY used. It will provide a stop gap for illicit use.

I must express my objection to the number of ounces and plants that are designated for possession in this bill (bottom of page 2, top of page 3). Having used a visible demonstration in the past before the vote to recrim. marijuana with the 1989 vote, we used a demonstration of the number of joints that made up the then "legal" 4 ounces.

Testimony to Senate HESS Committee on March 24, 1:30 PM

My name is Lynda Adams. I'm pleased with the opportunity to testify before the committee on SB94, An Act relating to the medical use of marijuana. I am the founder and now retired executive director of Alaskans For Drug-Free Youth, a statewide parent organization dedicated to drug prevention for our youth. I am presently the Alaska State delegate for the national organization, Drug Watch. I served for six years on the national drug prevention board of directors of the National Family Partnership. I also served for four years on the Alaska Governor's Advisory Board on Alcoholism and Drug Abuse.

Many of you may know that it was a long, hard battle to recriminalize marijuana in Alaska in 1990 after 15 years of liberal laws condoning private use. During that time the youth of Alaska were using marijuana at twice the national average. It became clear during that time that our laws certainly give messages to our young people. Sometimes they are not the messages we wish to convey. They believed that if adults could use, it must not be harmful. These marijuana initiatives in the country under the guise of "medical use" are giving a similar message to our kids. Just the other day a 16 year old remarked, "what's the big deal about marijuana--cancer patients use it. They're even talking about making it legal." During the 70's and 80's Alaskan youth got the message that marijuana is "legal" so it's okay. Now if it's medicine, it's healthy and good. This is the new message for Alaska's future! The National Household Survey shows that one year after the initiatives passed in California and Arizona in 1996, adolescents' perception of risk of using marijuana is lower and illicit drug use is higher in these two states than in the rest of the nation. These initiatives have caused use by kids to increase.

Another obstacle this state faced during our liberal marijuana years dealt with the fact that in 1975 when marijuana was allowed for use by adults in their own homes, the THC, psychoactive ingredient in marijuana, was less than 1%. Before the 1989 vote to again make marijuana illegal in Alaska, the potency level had increased to as high as 29.86% in Alaska of tested samples, the highest in the national.

With the increased potency and increased use by our kids, the voters said we had had enough of liberal experimentation of marijuana use.

Now because of huge amounts of "outside" money impacting our state on an initiative issue last fall and the campaign focus of COMPASSION by a pro-drug using group in California, the voters of Alaska swallowed the compassion spin that will allow marijuana cigarettes to be smoked as medicine.

I have been opposed to these ballot measures cropping up around the nation promoted by the drug culture. These initiatives do not place any of the medical restriction on marijuana that occurs with ALL other medicines which have been FDA approved. This quasi-medical measure in Alaska is not FDA approved, but is only voter approved. The voters have no scientific authority to declare anything a medicine.

Within these initiatives there is no supervision, no quantity, no dosage, no time limit on how it can be used. This is not medical compassion, it is a stepping stone to legalization. This does not meet appropriate medical criteria. There is no medical follow-up, no current clinical follow-up as to the efficacy of this drug when it is used.

I applaud Senator Leman's SB94 in attempting to define terms, give some guidelines for "medical" accountability of use. This piece of legislation conveys the real compassion of use for which the voters understood to be the issue at the ballot box. They read the one paragraph ballot wording and thought they understood the issue, after all it was portrayed as compassion in the media. They voted for compassion; they did not vote for legalization. We were told this was not about legalization.

The single ballot paragraph was very deceiving if one explored further and read the actual language that would be placed in statute with passage of the ballot measure. There was lack of definition, lack of procedure and accountability with the registration system, with the patient, with the physician, with the caregiver. SB94 defines all of these necessities that were left out of the initiative that give it the compassion and care conveyed with other medicines. There was also no means by which law enforcement could contain this use of compassionate medical use of smoked marijuana cigarettes without it becoming an issue of legalization of the drug. There must be distinct guidelines to make use clear between medical and illegal use so law enforcement does not encroach on the area of allowed medical use. It would seem to me that the proponents of the initiative would appreciate the distinctions that this bill offers as well. After all, they say they are only interested in the use by people with medical needs.

In reading SB94 I concur with the first section on affirmative defense to a prosecution. After all, if someone is using the marijuana cigarette within the new law, they should have no problem with the guidelines set forth in this section.

The system of registry of patients and caregivers in Section 3 of the bill is vital to providing accountability to the area of compassion with good medical safe guards. If the patient and caregiver are operating within the law in this regard, there should be no opposition to law enforcement having access to the confidential records for criminal investigation purposes. This allows protection for the compassionate user to know that the law will not be infringed upon by others who may be using or transporting marijuana in an illicit fashion. Their use will be protected under the medical provision. This section seems to be a reasonable control to keep the substance LEGALLY used. It will provide a stop gap for illicit use.

I must express my objection to the number of ounces and plants that are designated for possession in this bill (bottom of page 2, top of page 3). Having used a visible demonstration in the past before the vote to reprimand marijuana with the 1989 vote, we used a demonstration of the number of joints that made up the then "legal" 4 ounces.



# Alaska State Legislature

Please enter into the record my testimony to the Senate HESS  
 committee name

committee on SB 94 - Medical Use Marijuana dated 3/24/99  
 bill/subject

(PLEASE SEE ATTACHMENT)

Signed: Michael A Barnes  
 Testifier

Representing (Optional)

814 Lake Louise Dr Kodiak 99615

Address

907-487-2768

Phone No.

legislation

3/24/99 12:16 PM.

To my Alaska Legislature and to my elected representatives Mssrs. Mackic and Austerman :

My name is Michael Barnes

I am a registered voter

I am a registered Republican

I am 56 years old

I have five ( 5 ) children

Two of my children serve in the United States Armed Services

I was a Sr. Vice President of three ( 3 ) Fortune 500 companies  
as well as an Officer and Director.

I have been disabled since December 1990 when I was no longer able to work

I have Multiple Sclerosis

Even while disabled most people would describe me as a positively engaged  
member of my community.

If you were to enact SB 94 you would not only be reversing the stated will of  
the people in a fair and square referendum; you would make people with  
Multiple Sclerosis criminals for taking a drug which has now been proven  
to help them

Please don't do that

Respectfully; Michael A. Barnes





# Alaska State Legislature

Please enter into the record my testimony to the Senate H.E.S.S.  
 committee name

committee on SB 94 - Marijuana/Medi, dated 3/24/99  
 bill/subject

PLEASE SEE ATTACHMENT

Signed: Madelyn L Poland

Testifier

Representing (Optional)

PO Box 64 Kodiak 99615

Address

No Phone

Phone No.

PO Box 64  
Kodiak, Ak 99615

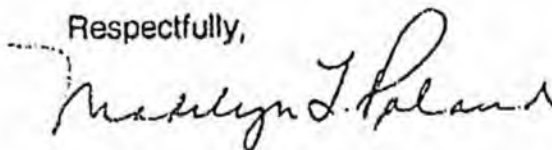
25 March, 1999

I wish to make known my opposition to Senate Bill 94, introduced by Senator Loren Leman. In 1998, the voters of Alaska adopted Ballot Measure 8, which was carefully crafted to allow the medical use of marijuana for a variety of serious and chronic illnesses for persons under the supervision of a physician.

Senate Bill 94 would effectively gut much of the initiative's intent, by restricting medical use of marijuana to a very narrow group of illnesses: cancer, glaucoma and AIDS. Particularly in light of the recent Federal Advisory Panel report, as well as concurrence by several medical associations as to the usefulness of this drug in a number of serious medical situations, I respectfully ask that Senate Bill 94 not be enacted into law.

If Ballot Measure 8 does not work as envisioned after medical marijuana use has been in place for a while, that will be the time to repeal it. I'm certain that I don't have to remind you that this has been done a number of times in other instances. One that comes to mind was the law which lowered the drinking age in Alaska to 19, which was later repealed, with the age of 21 again in place.

Respectfully,



Madelyn L. Poland

# CORRECTION

THE FOLLOWING DOCUMENT(S)  
HAVE BEEN REFILMED TO  
ASSURE LEGIBILITY OR PAGINATION



Rev. 6/98

Central Microfilm Services  
Department of Education & Early Development  
State of Alaska

PO Box 64  
Kodiak, Ak 99615

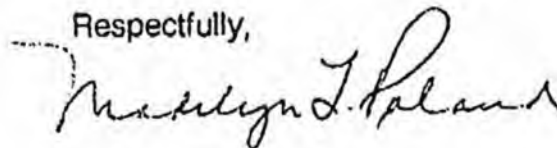
25 March, 1999

I wish to make known my opposition to Senate Bill 94, introduced by Senator Loren Leman. In 1998, the voters of Alaska adopted Ballot Measure 8, which was carefully crafted to allow the medical use of marijuana for a variety of serious and chronic illnesses for persons under the supervision of a physician.

Senate Bill 94 would effectively gut much of the initiative's intent, by restricting medical use of marijuana to a very narrow group of illnesses: cancer, glaucoma and AIDS. Particularly in light of the recent Federal Advisory Panel report, as well as concurrence by several medical associations as to the usefulness of this drug in a number of serious medical situations, I respectfully ask that Senate Bill 94 not be enacted into law.

If Ballot Measure 8 does not work as envisioned after medical marijuana use has been in place for a while, that will be the time to repeal it. I'm certain that I don't have to remind you that this has been done a number of times in other instances. One that comes to mind was the law which lowered the drinking age in Alaska to 19, which was later repealed, with the age of 21 again in place.

Respectfully,



Madelyn L. Poland

**SB 94 Marijuana**

There is a CS for Sponsor Substitute to be **adopted** in committee today

✓ Dean Guaneli, Chief Asst. Atty. General, will be on line from Anchorage

**Dave Finkelstien** will be give testimony in committee

**Del Smith**-Dept. Comm. Public Safety will be present

**Elmer Lindstom**-Spec. Asst. Comm., HESS, will be present

MAY 03 1979



# Alaska State Legislature

Please enter into the record my testimony to the S HESS  
 committee name

committee on SB 94, dated 4-28-79  
 bill/subject

I AM OPPOSED TO SB-94. THE VOTERS HEARD ALL THE FACTS AND VOTED FOR THE MEDICAL USE OF MARIJUANA. THIS CHRISTIAN ACT OF COMPASSION FOR THOSE WHO ARE SUFFERING SHOULD BECOME LAW UNCHANGED.



Legislative Information Office  
 600 E. Railroad Avenue  
 Wasilla, Alaska 99654

Signed: Bruce Wright  
 Testifier

Representing (Optional)  
PO Box 4498 PALMER AK 99645  
 Address  
745-6149  
 Phone No.

HC03 Box 8291  
Pulmer, Alaska 99645  
March 11, 1999

Mike Miller, Chairman  
Health, Education and Social Services  
Alaska State Senate  
State Capital  
Juneau, Alaska 99801-1182

Re: Bill SB 94 Introduced by Senator Loren Leman

Dear Chairman Miller,

I am writing to request that you submit the following as testimony for any hearings regarding Bill SB 94.

Alaskans overwhelmingly voted to allow patients with debilitating conditions to use medical marijuana. Why? Because there are many Alaskan citizens who pay staggering prices for prescription drugs to help make these conditions more bearable. Because many of these same Alaskans have limited or no health insurance to cover the cost of their medication. Because Alaskans (half of which live in rural areas) can have their receipt of medicine interrupted by inclement weather ..... you name it ..... Alaska has it. Medical Marijuana just makes sense for Alaskans.

Confidentiality is a must for people having to deal with medical marijuana. Pharmacies aren't required to publish a list of patients taking prescription drugs (some many times more addictive and stronger than marijuana).

A police officer's job includes search and seizure of a person's property with a warrant if there is suspicion of crime. There is absolutely no relativity to the medical use of marijuana and that. This law clearly identifies a person's rights and responsibilities to deal with the issue.

By voting against SB 94, I believe you would give many Alaskans an undeniable right that is theirs.

Sincerely,



Linda Osgood

Patricia A. Hong, RN  
P.O. Box 321  
Girdwood, AK 99587

March 24, 1999

Senate Health Education and Social Services Committee  
Alaska State Legislature  
Juneau, AK

Committee members:

I am writing in support of the current law regarding the use of medical marijuana and in opposition to SB 94, introduced by Senator Loren Leman.

During my career as a registered nurse, I have cared for patients experiencing intractable nausea and vomiting as a result of chemotherapy. I have also cared for patients who have experienced wasting (cachexia) as a result of cancer and AIDS. There have been patients who did not respond to available medications ordered by their physicians; words cannot express the level of frustration experienced by both the patients, their physicians, and myself, as we sought to find some kind of therapy that would provide relief from these horrible symptoms. Now the Institute of Medicine has found that the therapeutic effects of medical marijuana have such potential that marijuana should be seriously studied for clinical application. This strong support based on scientific evidence, coupled with the strong support that the current law received from the public, is good reason to leave the law as it stands. Senator Leman's bill would unduly limit access to a substance that has been shown to be effective for patients with intractable nausea, vomiting, cachexia, and muscle spasms. Alaskans deserve the right to experience relief from these symptoms.

The columnist Richard Brookhiser (ADN, March 24, 1999) eloquently relates his own experience with chemotherapy and the benefits of medical marijuana. I urge every committee member to read his comments.

Sincerely,



Patricia A. Hong, RN

HC03 Box 8291  
Palmer, Alaska 99645  
March 11, 1999

Mike Miller, Chairman  
Health, Education and Social Services  
Alaska State Senate  
State Capital  
Juneau, Alaska 99801-1182

Re: Bill SB 94 Introduced by Senator Loren Leman

Dear Chairman Miller,

I am writing to request that you submit the following as testimony for any hearings regarding Bill SB 94.

Alaskans overwhelmingly voted to allow patients with debilitating conditions to use medical marijuana. Why? Because there are many Alaskan citizens who pay staggering prices for prescription drugs to help make these conditions more bearable. Because many of these same Alaskans have limited or no health insurance to cover the cost of their medication. Because Alaskans (half of which live in rural areas) can have their receipt of medicine interrupted by inclement weather ..... you name it ..... Alaska has it. Medical Marijuana just makes sense for Alaskans.

Confidentiality is a must for people having to deal with medical marijuana. Pharmacies aren't required to publish a list of patients taking prescription drugs (some many times more addictive and stronger than marijuana).

A police officer's job includes search and seizure of a person's property with a warrant if there is suspicion of crime. There is absolutely no relativity to the medical use of marijuana and that. This law clearly identifies a person's rights and responsibilities to deal with the issue.

By voting against SB 94, I believe you would give many Alaskans an undeniable right that is theirs.

Sincerely,



Linda Osgood

Patricia A. Hong, RN  
P.O. Box 321  
Girdwood, AK 99587

March 24, 1999

Senate Health Education and Social Services Committee  
Alaska State Legislature  
Juneau, AK

Committee members:

I am writing in support of the current law regarding the use of medical marijuana and in opposition to SB 94, introduced by Senator Loren Leman.

During my career as a registered nurse, I have cared for patients experiencing intractable nausea and vomiting as a result of chemotherapy. I have also cared for patients who have experienced wasting (cachexia) as a result of cancer and AIDS. There have been patients who did not respond to available medications ordered by their physicians; words cannot express the level of frustration experienced by both the patients, their physicians, and myself, as we sought to find some kind of therapy that would provide relief from these horrible symptoms. Now the Institute of Medicine has found that the therapeutic effects of medical marijuana have such potential that marijuana should be seriously studied for clinical application. This strong support based on scientific evidence, coupled with the strong support that the current law received from the public, is good reason to leave the law as it stands. Senator Leman's bill would unduly limit access to a substance that has been shown to be effective for patients with intractable nausea, vomiting, cachexia, and muscle spasms. Alaskans deserve the right to experience relief from these symptoms.

The columnist Richard Brookhiser (ADN, March 24, 1999) eloquently relates his own experience with chemotherapy and the benefits of medical marijuana. I urge every committee member to read his comments.

Sincerely,



Patricia A. Hong, RN

# SENATE COMMITTEE REPORT

## First Committee of Referral

DATE: 4/21/99

FURTHER: Judiciary

Date of 5-Day Notice: 3/18/99  
(in accordance with Uniform Rule 23)

DATE TURNED  
IN TO OFFICE: 5/13/99

HESS Committee considered

SPONSOR SUBSTITUTE FOR SENATE BILL NO. 94

"An Act relating to the medical use of marijuana; and providing for an effective date."

and recommends:

be replaced with CS SSB 94 (HESS)

adopt previous CS (        )

attached amendment(s) (3)

adopt Letter of Intent by          Committee

further referral to the Judiciary Committee

**Senate Bill:**  
 same title  
 new title  
**House Bill:**  
 same title  
 technical title  
 new: SCR#         

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	NR	DNP	AM
<i>[Signature]</i>	✓	<i>[Signature]</i>	✓		
		<i>[Signature]</i>	✓		
		<i>[Signature]</i>		✓	
CHAIR: <i>[Signature]</i>	✓	CHAIR:			

**NEW FISCAL NOTE(S):**

Department                      Date              Zero              Fiscal


**PREVIOUS FISCAL NOTE(S):\***

Department                      Date              Zero              Fiscal


APPROPRIATION -- no fiscal note

\*include fiscal notes accompanying Governor's bill



Police Chief Mel Brown averts his gaze when the card-toting citizens around him light a joint

AMERICAN SCENE

Margot Hornblower/Arcata

# Here's My Marijuana Card, Officer

In the capital of legal pot, you don't need much of an excuse

IT IS NOT THAT MEL BROWN, police chief of this tie-dye-and-tofu town, set out to flout federal law. But here he is, a 53-year-old father of two who has never inhaled, issuing laminated and embossed get-out-of-jail-free cards for partakers of the infamous Humboldt bud, a potent local variety of marijuana. "You can photograph me," he tells a reporter genially, "but not reclining on a bearskin rug and smoking a joint."

Arcata (pop. 16,000) lies in the heart of the Emerald Triangle, the three lush California counties of Humboldt, Mendocino and Trinity, 275 miles north of San Francisco as the spotted owl flies. In the '80s, capitalist hippies defended their marijuana plantations here with booby traps and shotguns. George Bush sent in U.S. Army troops to battle the domestic druglords. And even now, early fall is signaled less by migrating geese than by helicopters swooping over redwood forests and dropping

camouflaged, machete-wielding agents into any telltale patch of sparkling green. Last year state and local officials eradicated 136,957 plants, many 10 ft. tall, with a wholesale value of \$450 million.

But what's a conscientious cop to do when California voters pass a ballot measure legalizing the cultivation and possession of marijuana for medicinal purposes? And when all it takes to prove need is the approval, written or oral, of a friendly doctor? And when not just patients with AIDS, cancer and multiple sclerosis are clamoring for the drug but also people with backaches, stress and drinking problems? One arrested planter told sheriff's deputies he was suffering from an ingrown toenail, an excuse that did not impress them. Lucy Mae Tuck, a volunteer who edits the newsletter at the Humboldt Cannabis Center, a co-op that grows the drug for medicinal use, has a physician's certificate to treat her hot flashes with the weed.

Since Prop. 215 passed more than two years ago, says Police Chief Brown, "everyone we try to arrest has a recommendation from Dr. Feelgood."

Though six states—Alaska, Arizona, California, Nevada, Oregon and Washington—have voted to legalize medicinal marijuana, federal law still requires them to prosecute any wheelchair-bound granny smoking a bong. But they aren't doing so, and that has federal drug czar Barry McCaffrey muttering about a new "Whiskey Rebellion," the unsuccessful 1794 far-



Arcata's ID card allows its holder to use medical marijuana

mer's revolt against federal liquor taxes. In Arcata, however, where 74% of voters approved the state's marijuana measure, Chief Brown considers his policy one of common sense. "Out of self-preservation," he says, he set up his own system. Now about 100 local residents have sat for mug shots, agreed to let Brown talk to their physicians, and walked away with a "City of Arcata Proposition 215 Identification Card." Flash it as you are toking up and you won't be arrested, unless you've got more than 10 marijuana plants—a limit imposed to distinguish users from illegal dealers.

Other jurisdictions, including Mendocino County, plan to follow Arcata's example, and a task force appointed by Bill Lockyer, California's new attorney general, is looking at Arcata as a possible statewide model. Although other communities might be less mellow about the idea, no dissenters showed up at public hearings when Arcata's city council—composed of two Green Party members, a Libertarian and two Democrats—approved Brown's ID system. That's to be expected, perhaps, in a town that has declared itself a "Nuclear Weapons Free Zone"; that in 1991 passed a resolution—albeit quickly rescinded—offering sanctuary to Persian Gulf War resisters; and where students from Humboldt State University hold an annual Hempfest, promoting a nonpsychoactive form of cannabis for use in clothing, paper and food.

"My Mexican-American aunts used marijuana poultices for their arthritis," says Arcata Mayor Bob Ornelas, a ponytailed electrician. Ornelas boasts of running marathon races while high on the weed but insists, "I don't get stoned that much."

“Everyone has a recommendation from Dr. Feelgood.” —ARCATA POLICE CHIEF MEL BROWN

A M E N D M E N T

OFFERED IN THE SENATE

TO: SSSB 94

1 Page 2, lines 6 - 16:

2 Delete all material.

3 Insert "and"

4 Renumber the following paragraph accordingly.

5 Page 2, lines 24 - 25:

6 Delete ";

7 (5) "usable form" has the meaning given in AS 17.37.070"

8 Page 8, lines 9 - 10:

9 Delete ".

10 (b) A"

11 Page 8, lines 22 - 27:

12 Delete

13 "(3) THE] patient and the patient's [HIS OR HER] primary caregiver  
14 may be issued a waiver by the department to allow the [CARE-GIVER WERE  
15 COLLECTIVELY IN] possession of amounts of marijuana in excess of the amount  
16 permitted under AS 11.71.090(a)(4) when possession of greater amounts is  
17 medically justified. The State Medical Board shall adopt guidelines to assist the  
18 department in determining when a waiver is medically justified [ONLY"

19 Insert

20 "(3) THE PATIENT AND HIS OR HER PRIMARY CARE-GIVER  
21 WERE COLLECTIVELY IN POSSESSION OF AMOUNTS OF MARIJUANA

1 ONLY"

2 Page 8, line 29:

3 Delete "(c) [(b)]"

4 Insert "(b)"

5 Page 9, line 4:

6 Delete "(d) [(c)]"

7 Insert "(c)"

8 Page 9, line 26:

9 Delete "(e) [(d)]"

10 Insert "(d)"

11 Page 9, line 31:

12 Delete "(f) [(e)]"

13 Insert "(e)"

14 Page 10, lines 21 - 24:

15 Delete "or

16 (3) sell or distribute marijuana to any person who is [KNOWN TO  
17 THE PATIENT] not [TO BE EITHER] in lawful possession of a registry  
18 identification card [OR ELIGIBLE FOR SUCH CARD]."

19 Insert "this paragraph does not prohibit a patient or primary caregiver from  
20 possessing marijuana in a place open to the general public if

21 (A) the person possesses, in a closed container carried on  
22 the person, one ounce or less of marijuana in usable form;

23 (B) the marijuana is not visible to anyone other than the  
24 patient or primary caregiver; and

25 (C) the possession is limited to that necessary to transport  
26 the marijuana directly to the patient or primary caregiver or directly to  
27 a place where the patient or primary caregiver may lawfully possess or

1                   use the marijuana: [OR]

2                   (3) sell or distribute marijuana to any person, except that a patient  
3                   may deliver marijuana to the patient's primary caregiver and a primary  
4                   caregiver may deliver marijuana to the patient for whom the caregiver is listed;  
5                   or

6                   (4) possess more than

7                                   (A) one ounce of marijuana in usable form; and

8                                   (B) six marijuana plants, with no more than three mature  
9                   and flowering plants producing usable marijuana at any one time [WHO  
10                   IS KNOWN TO THE PATIENT NOT TO BE EITHER IN LAWFUL  
11                   POSSESSION OF A REGISTRY IDENTIFICATION CARD OR ELIGIBLE  
12                   FOR SUCH CARD]."

13 Page 10, line 25:

14                   Delete "wilfully"

15                   Insert "knowingly"

16 Page 10, line 28, following "year.":

17                   Insert "In this subsection. "knowingly" has the meaning given in AS 11.81.900."

A M E N D M E N T

OFFERED IN THE SENATE

TO: SSSB 94

1 Page 9, line 31, through page 10, line 13:

2 Delete all material and insert:

3 "[e) ANY PROPERTY INTEREST THAT IS POSSESSED, OWNED, OR  
4 USED IN CONNECTION WITH THE MEDICAL USE OF MARIJUANA, OR ACTS  
5 INCIDENTAL TO SUCH USE, SHALL NOT BE HARMED, NEGLECTED,  
6 INJURED, OR DESTROYED WHILE IN THE POSSESSION OF STATE OR  
7 LOCAL LAW ENFORCEMENT OFFICIALS WHERE SUCH PROPERTY HAS  
8 BEEN SEIZED IN CONNECTION WITH THE CLAIMED MEDICAL USE OF  
9 MARIJUANA. ANY SUCH PROPERTY INTEREST SHALL NOT BE FORFEITED  
10 UNDER ANY PROVISION OF STATE OR LOCAL LAW PROVIDING FOR THE  
11 FORFEITURE OTHER THAN AS A SENTENCE IMPOSED AFTER CONVICTION  
12 OF A CRIMINAL OFFENSE OR ENTRY OF A PLEA OF GUILTY TO SUCH  
13 OFFENSE. MARIJUANA AND PARAPHERNALIA SEIZED BY STATE OR  
14 LOCAL LAW ENFORCEMENT OFFICIALS FROM A PATIENT OR PRIMARY  
15 CARE-GIVER IN CONNECTION WITH THE CLAIMED MEDICAL USE OF  
16 MARIJUANA SHALL BE RETURNED IMMEDIATELY UPON THE  
17 DETERMINATION THAT THE PATIENT OR PRIMARY CARE-GIVER IS  
18 ENTITLED TO THE PROTECTION CONTAINED IN THIS SECTION AS MAY  
19 BE EVIDENCED, FOR EXAMPLE, BY A DECISION NOT TO PROSECUTE, THE  
20 DISMISSAL OF CHARGES, OR ACQUITTAL.]"

A M E N D M E N T

OFFERED IN THE SENATE

TO: SSSB 94

1 Page 7, following line 27:

2 Insert a new subsection to read:

3 "(m) A copy of a registry identification card is not valid as proof that a  
4 person is a registered patient or a listed primary caregiver. A registry  
5 identification card is not valid as proof that a person is a registered patient or  
6 a listed primary caregiver if the card has been altered, mutilated in a way that  
7 impairs its legibility, or laminated."

8 Page 7, line 28:

9 Delete "(m)"

10 Insert "(n)"

11 Page 7, line 30:

12 Delete "(n)"

13 Insert "(o)"

14 Page 8, line 2:

15 Delete "(o)"

16 Insert "(p)"

AMENDMENT

OFFERED IN THE SENATE

TO: SSSB 94

1 Page 4, lines 22 - 23:

2 Delete "stating that the patient is a resident of the state;

3 (C)"

4 Page 4, line 25:

5 Delete "(D)"

6 Insert "(C)"

7 Page 5, line 6:

8 Delete "18"

9 Insert "21"

10 Page 5, lines 7 - 8:

11 Delete "is a resident of the state;

12 (3)"

13 Page 5, line 11:

14 Delete "(4)"

15 Insert "(3)"

AMENDMENT

OFFERED IN THE SENATE

TO: SSSB 94

1 Page 6, line 2:

2 Delete "and has not been falsified"

3 Page 8, line 3:

4 Delete "enforcing"

5 Insert "administering"

AMENDMENT

OFFERED IN THE SENATE

TO: SSSB 94

1 Page 4, line 2:

2 Delete "within three months of the date of the patient's application"

3 Page 11, line 26:

4 Delete "indefinitely"

Proposed Amendment No. 1 to SSSB 94 (I draft)

- Prevents a patient from selling marijuana to another patient
- Limits possession to one ounce plus six growing plants
- Allows patients and caregivers to transport marijuana

Page 2, lines 6-16: *Delete all material and renumber.*

Page 8, lines 22-28: *Delete all material.*

Page 10, line 25: *Replace "wilfully" with "knowingly" and provide an appropriate definition, having the same meaning as given in AS 11.81.900(a).*

Page 10, lines 15-24: *Replace all material with:*

**Sec. 17.37.040. Restrictions on medical use of marijuana.** (a) A [NO] patient or primary caregiver may not [IN LAWFUL POSSESSION OF A REGISTRY IDENTIFICATION CARD SHALL]

(1) engage in the medical use of marijuana in a way that endangers the health or well-being of any person;

(2) engage in the medical use of marijuana in plain view of, or in a place open to, then general public; except that a patient or primary caregiver may possess marijuana in a place open to the general public if

(A) the person possesses one ounce or less of marijuana in usable form, in a closed container carried on the person;

(B) the marijuana is not visible to anyone other than the patient or the primary caregiver; and

(C) the possession was limited to that necessary to transport the marijuana directly to the patient or primary caregiver or directly to a place where the patient or primary caregiver could lawfully possess the marijuana;

[OR]

(3) [SELL OR] distribute marijuana to any person, except that a patient may deliver marijuana to the person listed in the registry as the patient's primary caregiver, and a primary caregiver listed in the registry may deliver marijuana to the patient for whom the caregiver is listed [WHO IS KNOWN TO THE PATIENT NOT TO BE EITHER IN LAWFUL POSSESSION OF A REGISTRY IDENTIFICATION CARE OR ELIGIBLE FOR SUCH A CARD]; or

(4) possess more than

(A) one ounce of marijuana in usable form; and

(B) six marijuana plants, with no more than three mature and flowering plants producing usable marijuana at any one time.

Proposed Amendment No. 2 to SSSB 94 (I draft)

- Allows police officers to handle possible crimes involving medical marijuana in the same way as other drug crimes are handled

Page 9, line 31 to Page 10, line 13: *Delete all material.*

### **Proposed Amendment No. 3 to SSSB 94 (I draft)**

- **Prevents tampering with or copying registry identification cards**

Page 7, line 29: *Insert a new subsection to read, and renumber accordingly:*

A copy of a registry identification card is not valid. A registry identification card is not valid if it has been laminated or if it has been mutilated or altered in a way that impairs its legibility.

### **Proposed Amendment No. 4 to SSSB 94 (I draft)**

- **Requires caregivers to be at least 21 years old**
- **Allows caregivers from out-of-state to temporarily care for a patient**
- **Allows patients from out-of-state to be temporarily cared for in Alaska**

Page 4, line 22: *Delete all material.*

Page 5, line 6: *Change "18" to "21"*

line 7: *Delete all material.*

### **Proposed Amendment No. 5 to SSSB 94 (I draft)**

- **Removes the requirement that DHSS investigate the applications to determine if they have been falsified**
  - **Makes clear that DHSS has administrative responsibility only**

Page 6, line 2: *Delete "and has not been falsified"*

Page 8, line 3: *Replace "enforcing" with "administering"*

### **Proposed Amendment No. 7 to SSSB 94 (I draft)**

- **Removes unnecessary impediments on the physician-patient relationship**
  - **Removes burdensome recordkeeping requirements for physicians**

Page 4, line 2: *Delete "within three months of the date of the patient's application"*

Page 11, line 26: *Delete "indefinitely"*

Proposed Amendment No. 8 to SSSB 94 (I draft)

- Allows alternate caregivers to assist when the primary is absent
- Requires a caregiver to be in physical possession of a valid caregivers ID card to be able to possess marijuana

Page 11, line 23: *Insert a new definition to read:*

"alternate caregiver" means a person who assumes the responsibilities of a primary caregiver in the absence of the primary caregiver;

Page 11, line 28: *Insert a new definition to read:*

"caregiver" includes primary caregivers and alternate caregivers;

Page 13, lines 25-30: *Replace all material with:*

**(10) [(7)] "primary caregiver [CARE-GIVER]"** means a person, other than the patient's physician, who [IS 18 YEARS OF AGE OR OLDER AND] has significant responsibility for managing the well-being of a patient who has a debilitating medical condition;

Page 6, lines 4-5: *Delete the phrase "and a duplicate of that card to the primary caregiver of the patient, if any," and replace with:*

**and, if a caregiver for the patient has been listed in the registry, the department shall issue the patient a duplicate of the patient's card, clearly labelled as the caregiver's card, with both cards**

Page 2, lines 17-18: *Replace all material with:*

(3) if the defendant is a caregiver, the defendant is currently listed in the registry under AS 17.37.010 as a caregiver for a patient, and was in physical possession of a valid registry identification card for caregivers issued under AS 17.37.010.

line 20: *Insert and renumber accordingly:*

(1) "caregiver" has meaning as given in AS 17.37.070;

*Throughout the bill, the term "primary caregiver" appears over 25 times, and should be replaced with terms, such as "caregiver", "caregivers", "caregiver in possession of a valid registry identification card", "primary caregiver or alternate caregiver", or another similar term, as appropriate in the context.*

STATE OF ALASKA  
1999 LEGISLATIVE SESSION

BILL NO. SS SB94

Revision Date: \_\_\_\_\_ Dept. Affected: Health and Social Services  
 Title: An Act relating to the medical use of marijuana; and BRU: State Health Services  
 Component: Bureau of Vital Statistics  
 Sponsor: Leman COMPONENT SERIAL NO. 961  
 Requestor: Senate (HES) See also (SN#): \_\_\_\_\_

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY00	FY01	FY02	FY03	FY04	FY05
PERSONAL SERVICES	37.7	38.0	39.0	40.0	41.0	42.0
TRAVEL						
CONTRACTUAL	40.0	40.9	41.8	37.3	38.1	38.9
SUPPLIES	3.0	1.5	3.0	1.5	3.0	1.5
EQUIPMENT	7.0					
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>87.7</b>	<b>80.4</b>	<b>83.8</b>	<b>78.8</b>	<b>82.1</b>	<b>82.4</b>

CAPITAL EXPENDITURES						
----------------------	--	--	--	--	--	--

CHANGES IN REVENUES ( )						
-------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	82.7	75.4	78.8	73.8	77.1	77.4
1005 GF/Program Receipts	5.0	5.0	5.0	5.0	5.0	5.0
1037 GF/Mental Health						
Other (please specify)						
<b>TOTAL</b>	<b>87.7</b>	<b>80.4</b>	<b>83.8</b>	<b>78.8</b>	<b>82.1</b>	<b>82.4</b>

POSITIONS:

FULL-TIME	1.0	1.0	1.0	1.0	1.0	1.0
PART-TIME						
TEMPORARY						

Estimate of any current year (FY99) cost: \_\_\_\_\_

**ANALYSIS:** (Attach a separate page if necessary)

The Department estimates that changing the registry from voluntary to mandatory will double the workload. The department will also have to redraft the regulations covering medical marijuana and reprocess them through public hearings. The department will have to contract for the medical expertise to evaluate waiver requests. These will require the following:

Line 100 One Administrative Clerk III for data entry and review of records  
 Line 300 Redraft existing regulations to conform to amendments. Contract for the medical expertise to evaluate waiver requests and operational contract costs.  
 Line 400 Card stock and miscellaneous computer and office supplies  
 Line 500 Computer and workstation for new position

*[Signature]*  
4/23/99

Prepared by: Peter M. Nakamura, MD, MPH  
 Division: Public Health  
 Approved by Commissioner: Karen Perdue, Commissioner  
 Agency: Department of Health & Social Services

Phone: (907) 465-3090  
 Date: 04/23/99  
 Date: 4/27/99

PREPARER TO PROVIDE ALL DISTRIBUTION COPIES TO GOVERNOR'S LEGISLATIVE OFFICE  
 For further distribution information, call the Governor's Legislative Office

## Highlights – Sponsor Substitute for Senate Bill 94 (draft 1-LS0524\I)

Prepared by: Mike Pauley, Office of Senator Loren Leman (907-465-3841)

Last updated: April 28, 1999

In response to concerns raised by law enforcement agencies, SSSB 94 proposes the following changes to the Medical Marijuana Act (MMA):

**Registration:** To protect all medical marijuana patients, require registration with DHSS. The MMA establishes a state registry, but participation is not required. Without registration, it becomes difficult for police to distinguish between medical use (legal) and recreational use (made illegal by Alaska voters in 1990).

**Access:** Law enforcement must have access to information in the state registry while in the course of a criminal investigation or prosecution. The MMA unreasonably limits access only to those occasions when an officer has “stopped or arrested” a person claiming a medical use, and wishes to verify registration.

**Possession Limits:** The MMA allows possession of unlimited amounts of marijuana if it can be “medically justified,” without defining what that means. SSSB 94 establishes firm possession limits of one ounce in usable form and six plants.

**Display Registry ID Card:** SSSB 94 requires all patients & primary caregivers to be issued a state ID card, just as we issue permits to Alaskans who qualify to carry concealed weapons. If a police officer questions a patient or primary caregiver about the medical use of marijuana, the person must display a registry card.

**Limitations on Primary Caregivers:** SSSB 94 establishes wise precautions to prevent abuse. Each patient can have only ONE primary caregiver, and each primary caregiver can care for only ONE patient (with limited exceptions). A person who has violated drug laws of Alaska or another state cannot be a primary caregiver. A person who is on probation or parole cannot be a primary caregiver.

In addition to the above changes requested by law enforcement personnel, SSSB 94 makes the following changes:

**Consider other available treatments:** Requires physicians recommending marijuana to explore “other approved medications and treatments that might provide relief.” This change is consistent with the recommendations of the federal Institute of Medicine study on medical marijuana, released last month.

**Closes loopholes:** The MMA contains numerous drafting flaws, such as using the word “section” where “chapter” is more appropriate. If left uncorrected, these errors create gaping loopholes which, contrary to the initiative sponsor’s intent, will allow marijuana to be smoked in public places, on school grounds, on a school bus, in state prisons, and at the workplace.



# SENATOR LOREN LEMAN

Northwest Anchorage

716 W 4th Ave, Suite 520, Anchorage, AK 99501 (907) 258-8189  
Web Site: <http://www.akrepublicans.org/Leman.htm>

Session: State Capitol, Juneau, AK 99801 (907) 465-2095  
Email: [Senator\\_Loren\\_Leman@legis.state.ak.us](mailto:Senator_Loren_Leman@legis.state.ak.us)

## Sponsor Statement - SB 94

### "An Act relating to the medical use of marijuana; and providing for an effective date."

Senate Bill 94 proposes several amendments to AS 17.37.010 – 17.37.070, the "Medical Uses of Marijuana for Persons Suffering from Debilitating Medical Conditions Act."

In the 1998 Official Election Pamphlet, the sponsors of the medical marijuana initiative (Ballot Measure No. 8) stated their proposal was designed to help "terminally ill patients and others suffering from debilitating medical conditions." The sponsors further stated, "Marijuana would still be illegal for non-medical use. Ballot Measure No. 8 provides full protection against abuse of the new law."

However, scrutiny of the marijuana act by legal experts and people who work in law enforcement and youth services has revealed defects that create enormous potential for abuse. The initiative is rife with legal "loopholes," ill-defined terms, and vague language. SB 94 corrects these deficiencies – it will still allow use of marijuana for "medical" purposes, but ensures that use of marijuana for "recreational" and other non-medical purposes remains illegal. The legislation was written with input from employees of the Department of Public Safety, the Department of Law, and local law enforcement agencies.

Earlier this decade, in 1990, Alaska voters approved Ballot Measure No. 2 to re-criminalize marijuana. In the 1998 election, the sponsors of Ballot Measure No. 8 advertised that they were not seeking a general legalization of marijuana – in effect, they were not proposing a repeal of Ballot Measure No. 2 from 1990. Therefore, it is prudent to conclude that most Alaska voters who supported Measure 8 last year did so with the understanding that they were not acting to repeal the tough anti-marijuana laws made effective with the passage of Measure 2. SB 94 is designed to reconcile the provisions of these two different initiatives – both of which represent the majority will of the Alaskan people. It does not repeal the medical marijuana initiative, which the Legislature is prohibited from doing under the constitution. Rather, SB 94 will ensure the initiative works as it was intended.

One of the more curious deficiencies in the medical marijuana initiative can be found at AS 17.37.010. This section outlines an elaborate registration system for medical marijuana patients – but no one is actually required to sign up to legally use marijuana. This glaring omission makes it difficult for law enforcement to distinguish valid users from recreational users. SB 94 corrects this flaw by making registration mandatory for both patients and primary caregivers, and requiring users to present a registry identification card when questioned by a law enforcement officer.

SB 94 places reasonable limits on the places where marijuana can be manufactured, exchanged, or used for medical purposes. The legislation also creates new standards for those persons who are designated as "primary caregivers" for patients using marijuana. Only one caregiver can be registered for a patient at any given time, and this person must be at least 21 years of age, not currently on probation or parole, and never convicted of a felony violation of the drug laws of Alaska or other state.



# SENATOR LOREN LEMAN

Northwest Anchorage

716 W 4th Ave, Suite 520, Anchorage, AK 99501 (907) 258-8189  
Web Site: <http://www.akrepublicans.org/Leman.htm>

Session: State Capitol, Juneau, AK 99801 (907) 465-2095  
Email: [Senator\\_Loren\\_Leman@legis.state.ak.us](mailto:Senator_Loren_Leman@legis.state.ak.us)

## Sectional Analysis – SB 94

### “An Act relating to the medical use of marijuana; and providing for an effective date.”

The following is a sectional analysis of Senate Bill 94 (draft 1-LS0524\D), which proposes several amendments to AS 17.37.010 – 17.37.070, the “Medical Uses of Marijuana for Persons Suffering from Debilitating Medical Conditions Act,” approved by voters as “Ballot Measure No. 8” in November 1998.

This analysis addresses substantive changes only. The drafters of SB 94 have also incorporated dozens of minor changes affecting the style, grammar, and sentence structure of the Medical Marijuana Act. These alterations are designed to add clarity and bring the initiative language into conformity with the drafting style of Alaska statutes. Unless an amendment results in a substantive change to the initiative, it will not receive attention here.

In the interest of brevity, the statute created by Ballot Measure No. 8 will hereinafter be referred to as the “Medical Marijuana Act” or simply “the marijuana initiative.”

#### Section 1

This establishes a new section under Title 11 (Criminal Statutes), Chapter 71 (Controlled Substances). It provides that a defendant charged with violating Alaska’s controlled substance law may utilize as an “affirmative defense” the fact that the defendant is a patient or a primary caregiver permitted to use or possess marijuana under the terms of the Medical Marijuana Act.

This affirmative defense provision replaces the broad-based immunity language now found in Sec. 17.37.030(a)-(b) of the Medical Marijuana Act (*see page 8, lines 29-31 & page 9, lines 1-16*). It also replaces the broad “exception clause” the marijuana initiative added to the state’s controlled substances law at AS 11.71.190(b) i.e., “Marijuana is a schedule VIA controlled substance except for marijuana possessed for medical purposes under AS 17.37.” This underlined language is deleted in Section 2 of SB 94 (*see page 2, lines 22-24*).

The affirmative defense requirement proposed in SB 94 closely follows the model of state law relating to concealed weapons at AS 11.61.220(b). This statute provides that a person who “knowingly possesses a deadly weapon... that is concealed on the person” is guilty of a Class B misdemeanor. However, a person charged with this offense may invoke as an “affirmative defense” the fact that he or she is “the holder of a valid permit to carry a concealed handgun.”

Under state law at Sec. 11.81.900(b)(1), the term “affirmative defense” means that “some evidence must be admitted which places in issue the defense” and that “the defendant has the burden of establishing the defense by a preponderance of the evidence.” This is appropriate in

circumstances where the defendant has special custody of or access to information (e.g., a registration card, written medical diagnosis, etc.) that would clearly demonstrate to law enforcement officials that the person is protected by a statutory exception.

The affirmative defense provision in SB 94 contains appropriate safeguards to ensure marijuana will be legally used only for valid medical reasons and not for "recreational" use. Under Alaska's existing controlled substance law, a person can be charged with the following marijuana-related offenses:

- 1) manufacture
- 2) delivery
- 3) possession
- 4) possession with intent to manufacture or deliver
- 5) use
- 6) display

For any of the six charges referenced above, SB 94 requires defendants who invoke the medical marijuana "affirmative defense" to satisfy each of the following requirements:

- 1) Defendant must be a patient, or a primary caregiver for a patient.
- 2) The patient must be currently registered with the Department of Health & Social Services as a person entitled to use marijuana. The registration must not have expired or been revoked.
- 3) Within the previous six months, patient must have been personally examined and diagnosed by a physician as having a debilitating medical condition, and this diagnosis must have occurred within the context of a "bona-fide physician-patient relationship," a new requirement established by SB 94. This term is defined in Sec. 17.37.070 as meaning that *"the physician obtained a patient history, performed an in-person physical examination of the patient, and documented written findings, diagnoses, recommendations, and prescriptions in written patient medical records maintained indefinitely by the physician."*
- 4) The physician who has personally examined and diagnosed the patient must provide a written statement that the patient might benefit from the ingestion of marijuana and also that *"there are no other legal treatments that can be tolerated by the patient that are as effective in alleviating the debilitating medical condition."* This new language sets a higher standard and requires greater accountability from physicians who recommend ingestion of marijuana. The higher standard is prudent given the following facts:
  - A) The Drug Enforcement Administration classifies marijuana as a "Schedule I" drug: dangerous, addictive, and without medical benefit. Under federal law, it cannot be legally prescribed – regardless of what Alaska statutes say. A doctor who recommends that a patient ingest marijuana is effectively advising the patient to engage in activity that is prohibited by law. Out of concern for

the welfare of the patient, it is reasonable to require that all other legal treatments be considered first.

- B) The main psychoactive ingredient in marijuana, Delta-9-tetrahydrocannabinol (THC), is already available in synthetic form in the drug Marinol, which can be legally prescribed. Unlike marijuana, it is "pure" and can be administered in precise, controlled doses. As the American Medical Association has stated, "Marijuana doesn't fit neatly into traditional protocols because the dosage is inexact, the quality and strength of marijuana varies, and each puff contains more than 400 chemicals, not just a single agent to be isolated." (*Source: editorial of American Medical News, April 7, 1997*)
- C) The American Medical Association has recommended that marijuana remain classified as a prohibited, Schedule I drug (i.e., illegal to prescribe) until further research can demonstrate whether the substance has any medical utility: "What patients and physicians deserve now is some much-needed clinical research that will decide the issue of whether medical marijuana is even worth talking about... Certainly medical marijuana has a loyal following of patients. As the ballot measures indicate, it has also captured the imagination of the public at large. Unfortunately, unproven therapies often do." (*Source: Report 10 of the Council on Scientific Affairs, American Medical Association & editorial of American Medical News, April 7, 1997*)
- D) The American Cancer Society has questioned the efficacy of medical marijuana: "Marijuana has also been suggested as a treatment for pain, loss of appetite and depression associated with cancer. To date, there is no scientific evidence that marijuana is as useful as currently available medications in controlling these symptoms. Claims that marijuana smoking can improve some patients' general sense of well-being cannot be readily verified by scientific research. Some states have recently passed legislation intended to promote access to marijuana for patients with cancer and other serious diseases. Evaluation of any medication involves weighing its benefits against adverse effects and other disadvantages. As a medication for controlling nausea and vomiting associated with cancer chemotherapy, smoked marijuana appears to offer little if any benefit over legally available medications (including dronabinol)." (*Source: statement posted on the American Cancer Society web page, available at [www.cancer.org/murphy/week2.html](http://www.cancer.org/murphy/week2.html)*)
- E) Marijuana is a dangerous substance and it is the most commonly abused illegal drug in the United States: "Today's street version [of marijuana], however, is 10 times more potent than what was available a decade or two ago. And it is that many times more dangerous. Marijuana... is far from harmless. It contains more harmful chemicals than cigarettes. The chemical ingredients can stay in the body for up to a month after the smoking of a single joint (marijuana cigarette). Marijuana affects every tissue in the body. It slows down brain activity and impairs concentration, depth perception,

reaction time, and the ability to evaluate situations and outcomes. It can damage short-term memory and bring on a totally 'I don't care' attitude... Meanwhile, the smoke from one marijuana joint causes more lung damage than that from a whole pack of cigarettes. Over time the chemicals and smoke can cause lung cancer and emphysema. The body's ability to fight infection may be lowered because marijuana often lowers the white blood cell count." (Source: "The Perils of Pot," by Dr. Richard Heyman, Chairman of the Committee on Substance Abuse of the American Academy of Pediatrics, published in the American Medical Association book "Teen Talk.")

- 5) A patient or primary caregiver charged with a marijuana-related violation (possession, delivery, etc.) would have to demonstrate that the entire amount of marijuana in question was intended for ingestion by the patient, in accordance with the doctor's written statement.
- 6) The patient and primary caregiver must possess, in the aggregate, no more than one ounce of marijuana in usable form and six or fewer marijuana plants with no more than three mature and flowering plants capable of producing usable marijuana.
- 7) If the defendant is a primary caregiver, the defendant must be currently registered with DHSS as the primary caregiver for a patient entitled to use medical marijuana.

In addition to the above requirements, which apply to all potential marijuana-related violations, the following additional requirements apply depending on the specific nature of the offense:

For the **POSSESSION, USE, or DISPLAY** of marijuana, the conduct must have occurred only:

- 1) inside the residence of the patient or primary caregiver; or
- 2) under the supervision of the patient's physician in a hospital, medical clinic, medical office, or other medical premises.

For **DELIVERY or POSSESSION WITH INTENT TO DELIVER** marijuana, conduct must have occurred only:

- 1) inside the residence of the patient or primary caregiver; and
- 2) the patient and the primary caregiver were the only parties to the conduct.

For the **MANUFACTURE or POSSESSION WITH INTENT TO MANUFACTURE** marijuana, conduct must have occurred only:

- 1) inside the residence of the patient or primary caregiver.

Section 2 of SB 94 concludes with a series of definitions (*see page 3, lines 5-21*). Several of the terms are different from those used in the Medical Marijuana Act. Most of the new or amended terms are merely referenced in Section 2, and are fully delineated only in Section 7 of SB 94

(and therefore, only in Section 7 of this analysis). However, two terms are fully defined in Section 2 as follows:

- 1) “**residence**” is a term not used in the existing Medical Marijuana Act, but it appears in the new “affirmative defense” section of SB 94. It is defined as *“a person’s primary place of abode, where the person intends to reside indefinitely; ‘residence’ does not include a correctional facility or a facility monitored by the department or the Department of Administration.”*
- 2) “**usable form**” (of marijuana) – SB 94 uses the same definition as the Medical Marijuana Act, except that “stalks commonly used in ingesting marijuana” are included in the definition of “usable form,” whereas the Medical Marijuana Act excludes all stalks of the marijuana plant.

## Section 2

As described earlier in this analysis, Section 2 of SB 94 eliminates the broad exception clause the marijuana initiative added to the state’s Controlled Substances Act: “Marijuana is a schedule VIA controlled substance [EXCEPT FOR MARIJUANA POSSESSED FOR MEDICAL PURPOSES UNDER AS 17.37.]. The deleted language (in brackets) is replaced by the new “affirmative defense” provision described earlier in Section 1.

## Section 3

This section of SB 94 proposes several amendments to AS 17.37.010, the first section of the Medical Marijuana Act which establishes a registry under DHSS of patients entitled to use marijuana:

- 1) To be placed in the registry, a patient must provide the department with a signed statement from the physician stating that the patient has been diagnosed with a debilitating medical condition and *“setting out the grounds for the physician’s conclusion that there is no other legal treatment that can be tolerated by the patient that is as effective in alleviating the debilitating medical condition and that [the patient] might benefit from the medical use of marijuana.”* Additionally, the signed statement must be generated *“in the context of a bona-fide physician-patient relationship.”* These new requirements are fully explained in Section 1 of this analysis.
- 2) The registry must include not only the patient, but also the patient’s primary caregiver, if one is designated. Only one primary caregiver can be designated for each patient. The date of birth and social security number of the primary caregiver must be provided, as well as the name and address. SB 94 also adds new eligibility requirements for primary caregivers: these persons must be at least 21 years of age, never convicted of a felony offense under the drug laws of Alaska or other state, and not currently on probation or parole. A person can be the primary caregiver for only one patient at a time, except in circumstances in which the person is caring for two or

more patients who reside in the same household and these patients are related to the caregiver by at least the fourth degree of kinship by blood or marriage.

- 3) If the patient is a minor, the registry application may be filed by the parent or guardian. The application must include a statement by the minor's parent or guardian that the physician has explained the risks and benefits of medical use of marijuana and that the parent or guardian consents to serve as the primary caregiver for the patient. SB 94 further requires that the parent or guardian, as primary caregiver, "*control the acquisition, possession, dosage, and frequency of use of marijuana by the patient.*"
- 4) SB 94 deletes much of the sweeping confidentiality language at AS 17.37.010(a) & (b) because it unreasonably restricts the ability of law enforcement to access registry information for official purposes (*see page 3, lines 26-31 & page 4, lines 1-23*). In its place, SB 94 stipulates that registry information is confidential and not considered a public record under AS 09.25.100 – 09.25.220, the public records statute under the Code of Civil Procedure. However, law enforcement personnel are permitted to access registry information while "in the course of a criminal investigation or prosecution..." This specific type of access is not currently permitted under the Medical Marijuana Act.
- 5) DHSS is permitted to deny a registration card to a patient who "is not... qualified to be registered" (*see page 6, line 4*). This authority is somewhat broader than what is currently permitted under the Medical Marijuana Act, which authorizes a denial only if the patient (1) did not provide the required information; or (2) provided information that was falsified.
- 6) If a patient's application designates a primary caregiver and DHSS determines that the caregiver does not meet the statutory requirements, the department shall proceed to review the patient's application as if there were no designation of a primary caregiver. The patient may apply to have a new primary caregiver listed at any time.
- 7) When an application is approved, the department will issue a registration card not only to the patient but also to the primary caregiver, if one has been designated.
- 8) The Medical Marijuana Act states that if DHSS fails to act on an application within 35 days of receipt, then the application is considered to have been automatically approved. SB 94 retains this provision, but adds a stipulation that if the department subsequently registers or denies registration to a patient or primary caregiver, this action revokes or supersedes the previous "automatic" approval.
- 9) A patient or primary caregiver who is questioned by a law enforcement officer regarding the medical use of marijuana must present proper identification to the official, and also one of the following documents: (1) the person's registry identification card; or (2) a copy of an application that has been pending before the department for more than 35 days, along with proof of the date of delivery to the department.

- 10) The existing Medical Marijuana Act states that a person may not apply for a registry identification card more than once every six months, regardless of individual circumstances. SB 94 deletes this provision. Since the person will pay a fee with each application (which is intended to defray the costs of administering the program), there appears to be no reason to establish an arbitrary limit on the number of times a person may apply. In place of this provision, SB 94 grants DHSS discretionary authority, depending on individual circumstances, to refuse to review additional applications for a six-month or one-year period for a patient who has had a previous registration revoked for cause (*see page 8, lines 6-21*).
- 11) The Medical Marijuana Act states that a denial of a registry identification card is considered a final agency action subject to judicial review, and that only the patient has the standing to contest the denial. SB 94 amends this language to state that, in addition to a denial, the revocation of a registry identification card or the removal of a person from the registry (e.g., a primary caregiver) also constitutes a final action subject to judicial review. In addition to the patient, a parent or guardian of a patient who is a minor also has standing to contest the agency action.
- 12) The Medical Marijuana Act requires a patient to notify the department within 10 days of any changes in the patient's name, address, physician, or primary caregiver. SB 94 expands this 10-day notice requirement to include any changes in name or address of the primary caregiver.
- 13) The Medical Marijuana Act requires the patient to return his or her registry identification card within 24 hours of receiving a physician's diagnosis that the patient no longer has a debilitating condition. SB 94 expands this requirement to also require the primary caregiver to return his or her registration card within 24 hours of the new diagnosis.
- 14) SB 94 adds a new section (*see page 8, lines 6-15*) permitting the department to revoke a patient's registration and refuse to consider a new application for a defined period of time, if the department determines that:
- A) the patient is not qualified to be registered; or
  - B) the patient has not provided accurate or current information; or
  - C) information provided to the department in connection with the patient's application is false or misleading; or
  - D) the patient has violated a provision of AS 17.37 (the Medical Marijuana Act) or AS 11.71 (Controlled Substances Act).
- 15) SB 94 also adds a new section (*see page 8, lines 16-21*) allowing the department to remove a primary caregiver from the state registry if it is determined that:

- A) the primary caregiver did not adequately control the acquisition, possession, dosage or frequency of marijuana use by a patient who is a minor; or
- B) the primary caregiver is not qualified to be registered or has violated a provision of AS 11.71 (Controlled Substances Act).

#### Section 4

This section of SB 94 proposes several amendments to Sec. 17.37.030 of the marijuana initiative, entitled "Privileged medical use of marijuana."

- 1) In subsection (a), all material is deleted and replaced with new language. This subsection is the most problematic in the entire Medical Marijuana Act, as it grants sweeping immunity to both patients and primary caregivers, even if the patient and primary caregiver are not registered with DHSS. This language is replaced by the new "affirmative defense" provision described in Section 1 of this analysis. The new subsection (a) reads as follows: *"A patient or primary caregiver registered with the department under this chapter has an affirmative defense to a criminal prosecution related to marijuana to the extent provided in AS 11.71.090."*
- 2) Subsection (b) is another portion of the Medical Marijuana Act that grants sweeping immunity from prosecution, though at least this subsection limits the protection to those who are in "lawful possession of a registry identification card." Similar to the change in subsection (a), SB 94 deletes the general immunity language in subsection (b) because protection for medical marijuana use is covered by the affirmative defense provision in Section 1. However, the revised subsection (b) retains the immunity language insofar as it relates specifically to the act of applying to be listed on the state registry: *"Except as otherwise provided by law, a person is not subject to arrest, prosecution, or penalty in any manner for applying to have the person's name placed on the confidential registry maintained by the department under AS 17.37.010."*
- 3) Subsection (c) of the Medical Marijuana Act provides that a physician who advises a patient regarding the medical use of marijuana shall not be subject to prosecution or other disciplinary action for providing such advice, provided certain conditions are met. SB 94 adds a new condition to those already listed – specifically, that the physician's advice must be based on a contemporaneous assessment of *"other forms of effective legal treatment that may be tolerated by the patient."*
- 4) Subsection (d) of the Medical Marijuana Act contains an exclusionary clause stating that a person is not "entitled to the protection of this section" (i.e., AS 17.37.030) for the non-medical use of marijuana. SB 94 expands the scope of this exclusionary clause to state that no person is "entitled to the protection of this chapter" (i.e., AS 17.37.010 – 17.37.070) for the non-medical use of marijuana." In other words, the non-medical use of marijuana makes a person ineligible for the protections in the entire Medical Marijuana Act, not just one section as the initiative language provides.

- 5) Subsection (e) of the Medical Marijuana Act (*see page 10, lines 14-31*) contains cumbersome language apparently intended to address circumstances in which law enforcement officials might damage “any property interest that is possessed, owned, or used in connection with the medical use of marijuana.” SB 94 proposes to delete the entirety of subsection (e). It is the sponsor’s belief that this language is unnecessary, as the various state and local law enforcement agencies in Alaska are run professionally and already have operating protocols designed to prevent abuses of the type envisioned in this section. Also, the new requirements of SB 94 (mandatory registration & restrictions on places where medical marijuana can be legally used) make it extremely unlikely that law enforcement officials would ever mistakenly seize marijuana and other paraphernalia from a patient who is later found to have been legally entitled to possess or use it.

## Section 5

In this section, SB 94 proposes several amendments to Sec. 17.37.040 of the Medical Marijuana Act, entitled “Restrictions on medical use of marijuana.” Unfortunately, as the analysis below demonstrates, the “restrictions” in the initiative are illusory:

- 1) The existing Medical Marijuana Act, now in force, provides in subsection (a) that a patient “in lawful possession of a registry identification card” shall not:
  - A) use medical marijuana “in a way that endangers the health or well-being of any person.”
  - B) use medical marijuana “in plain view of, or in a place open to, the general public.”
  - C) sell or distribute marijuana to any person not in lawful possession of a registry identification card, or eligible to possess such a card.

Curiously, the limitations above do not apply to:

- A) a primary caregiver; or
- B) a patient who is not in “lawful possession of a registry identification card.”

Therefore, under the terms of the initiative, a person who qualifies for medical use of marijuana, *but who refuses to participate in the optional registration process*, is not prohibited by this section from: (1) using marijuana in a public place; (2) using marijuana in a way that endangers the health and safety of another person; or (3) selling/distributing marijuana to persons who are not in lawful possession of a registry identification card or eligible for such a card.

SB 94 corrects these problems: it applies the restrictions to both patients and primary caregivers, and they apply regardless of whether one has a registration card or not.

Also, SB 94 deletes all material in paragraph (3) that prohibits a patient from selling or distributing marijuana “to any person who is known to the patient not to be either in lawful possession of a registry identification card or eligible for such card.” This language is no longer necessary because Section 1 of SB 94 requires any exchange of marijuana to occur only between the patient and his or her primary caregiver (*see page 2, lines 20-25*).

- 2) Subsection (b) of the existing Medical Marijuana Act provides that a patient found to have willfully violated a provision of this chapter shall not be allowed to obtain or use a registry identification card for a one-year period. SB 94 proposes to delete this material, as it has been replaced by more comprehensive language in Section 3 that also applies the restrictions to primary caregivers (*see page 8, lines 6-21*). The revised subsection (b) reads as follows: “*A patient may not distribute marijuana other than to the patient’s primary caregiver, and a primary caregiver may not distribute marijuana other than to a patient for whom the caregiver is responsible.*” This language is consistent with the limitations on delivery of marijuana contained in Section 1 of SB 94 (*see page 2, lines 20-25*).
  
- 3) Subsection (d) of the initiative states that “nothing in this section shall require any accommodation of any medical use of marijuana” in a place of employment, a correctional facility, school bus, etc. (*see page 11, line 22*). Once again, the initiative employs the word “section” instead of the word “chapter” – which effectively renders the restrictions meaningless and creates a gaping loophole. SB 94 corrects this problem by deleting “section” and inserting “chapter” in its place. In addition, SB 94 adds a new provision stating that marijuana use need not be accommodated in a “medical facility, or facility monitored by the department of the Dept. of Administration” (e.g., juvenile detention facility, Pioneer Home, etc.).

## **Section 6**

This section of SB 94 amends Sec. 17.37.060 of the marijuana initiative, entitled “Addition of debilitating medical conditions.”

The marijuana initiative requires DHSS to adopt regulations governing the manner in which new debilitating medical conditions eligible for treatment with marijuana can be added “to the list provided in this section.” However, this statement is meaningless because there is no list of medical conditions in “this section,” which is Sec. 17.37.060. Presumably the drafters of the initiative were referring to the list provided for in the subsequent section, 17.37.070. To provide clarity, SB 94 amends this section to refer specifically to the list of debilitating conditions defined in Sec. 17.37.070 (*see page 12, lines 23-31 & page 13, lines 1-13*).

## Section 7

This section of SB 94 makes several changes to the definitions section of the Medical Marijuana Act (AS 17.37.070).

- 1) SB 94 adds a definition of the term **“bona fide physician-patient relationship.”** Although this term is used in the Medical Marijuana Act at AS 17.37.030(c)(2), the drafters of the initiative neglected to include a definition. SB 94 defines the term as a relationship in which *“the physician obtained a patient history, performed an in-person physical examination of the patient, and documented written findings, diagnoses, recommendations, and prescriptions in written patient medical records maintained indefinitely by the physician.”*
- 2) The definition of **“correctional facility”** in the Medical Marijuana Act is deleted in favor of a more comprehensive definition already in Alaska law under Title 33, Chapter 30, entitled “Prison Facilities and Prisoners” (see Section 901): *“a prison, jail, camp, farm, half-way house, group home, or other placement designated by the commissioner for the custody, care, and discipline of prisoners.”*
- 3) SB 94 changes the definition of **“debilitating medical condition”** to promote greater clarity. The Medical Marijuana Act defines a debilitating medical condition as including cancer, glaucoma, AIDS, and HIV-positive status. However, it also defines “treatment for any of these conditions” as constituting, in and of itself, a “debilitating medical condition.” Most people readily understand that certain side effects of treatments such as cancer chemotherapy can create a debilitating medical condition (e.g., chronic nausea). But the Medical Marijuana Act does not make fine distinctions in this area – it defines any treatment for the above-mentioned diseases as constituting a debilitating medical condition, *whether or not it produces nausea or pain*. For example, the vast majority of glaucoma cases (more than 90 percent) are of the “chronic open angle” type. This type of glaucoma does not cause pain for the patient, and neither does the treatment in most cases. But a literal reading of the Medical Marijuana Act would allow marijuana to be used to address the condition with no caveats or restrictions. SB 94 redefines “debilitating medical condition” in terms of symptoms and effects, e.g., “severe and chronic pain or nausea resulting from cancer, glaucoma, positive status for HIV, or AIDS, or resulting from medical treatment for any of these conditions.” For any other diseases/conditions beyond those specifically listed (cancer, glaucoma, etc.), SB 94 would require DHSS to first determine that the disease or condition is one that is “susceptible to alleviation by ingesting marijuana,” according to the procedures outlined in AS 17.37.060.
- 4) SB 94 includes a new definition of **“facility monitored by the department or the Department of Administration.”** This definition is necessary because SB 94 states at AS 17.37.040(d)(2) that the medical use of marijuana is not required to be accommodated at any of these facilities (*see page 11, lines 22-26*). The definition includes any “institution, building, office, or home” operated, funded, inspected, licensed, designated, or under contract with DHSS or the Department of

Administration for the care of juveniles, the elderly, and the mentally ill (*see page 13, lines 16-31 & page 14, lines 1-2*).

- 5) A new definition of “**medical facility**” is included, for the same reason identified in (4) above – namely, that no accommodation for the use of medical marijuana is required in these facilities (*page 11, line 25*). Medical facility is defined as an “*institution, building, office, or home providing medical services, and includes a hospital, clinic, physician’s office, or health facility as defined in AS 47.07.900, and a facility providing hospice care or rehabilitative services, as those terms are defined in AS 47.07.900.*”
- 6) “**Medical use**” of marijuana is redefined for greater clarity. The existing definition in the Medical Marijuana Act defines “medical use” as marijuana used, manufactured, etc., to “*address the symptoms or effects of a debilitating medical condition.*” SB 94 defines medical use in somewhat abbreviated fashion, as marijuana used to “*alleviate a debilitating medical condition.*” The reference to “symptoms or effects” is deleted in the new definition because under SB 94 these are included in the definition of a debilitating medical condition.
- 7) SB 94 changes the definition of “**primary caregiver**” to add greater clarity and prevent abuse: “*primary caregiver means a person, other than the patient’s physician, who has primary responsibility for attending to the basic needs of and managing the care and well-being of a patient who has a debilitating condition; ‘primary caregiver’ does not include a person whose primary relationship with the patient is to supply the patient with marijuana.*”
- 8) The definition of “**prisoner**” contained in the marijuana initiative is deleted by SB 94. The need for this definition is not apparent, since the term is not employed anywhere in the main body of the initiative. The only reference to the word “prisoner” is found in the definitions section, under “correctional facility.” Since SB 94 proposes to use the standard definition of “correctional facility” contained in state statute at AS 33.30.901(4), there appears to be no need for a unique, tailor-made definition of prisoner. State law already defines the term “prisoner” at AS 33.30.901(12).
- 9) SB 94 proposes to delete the definition of “**registry identification card**” because it is superfluous. The meaning of this term is self-evident in SB 94 at Sec. 3, AS 17.37.010(e) (*see page 5, lines 29-31 & page 6, lines 1-28*).
- 10) SB 94 proposes to delete the definition of “**usable form**” and “**usable marijuana**” because these terms are defined earlier in the affirmative defense language in Section 1 (*see page 3, lines 19-21*). The new definition includes “*stalks commonly used in ingesting marijuana,*” which is not considered part of usable marijuana under the existing Medical Marijuana Act.

- 11) SB 94 proposes to delete the definition of "written documentation" as the meaning of this term is self-evident in Sections 1 & 3 (*see page 2, lines 3-9; page 4, lines 27-31; and page 5, lines 1-4*).

### Section 8

This section of SB 94 deletes two sections of the Medical Marijuana Act – AS 17.37.020 and 17.37.050.

- 1) Section 17.37.020 of the marijuana initiative, entitled "Medical Use of Marijuana," establishes limits on the amount of marijuana a patient can "use" for medical purposes – no more than one ounce in usable form, and no more than six marijuana plants, with only three mature and flowering. In this context, it is odd that the initiative employs the term "use" rather than "possess." If the language is taken literally, it appears a patient could "possess" an unlimited quantity of marijuana, as long as the patient is currently "using" no more than one ounce in usable form. In fact, the next paragraph of this section [AS 17.37.020(b)] allows even these ill-defined limits to be exceeded if the patient or primary caregiver can prove by a preponderance of evidence that "any greater amount was medically justified to address the patient's debilitating medical condition." SB 94 deletes this entire section of the marijuana initiative, and restates the limits on possession of marijuana in the Section 1 "affirmative defense" provision (*see page 2, lines 29-31 & page 3, lines 1-2*). These limits are reformulated strictly in the context of "possession," not "use." Also, there is no exception clause allowing possession of greater amounts of marijuana at any one time.
- 2) Section 17.37.050 of the marijuana initiative is entitled, "Medical use of marijuana by a minor." It states requirements that must be met if a minor is to use medical marijuana. SB 94 deletes this entire section and instead addresses the use of marijuana by minors in Section 3 of the bill (*see page 4, lines 24-26; page 5, lines 12-16; page 7, lines 20-24; & page 8, lines 16-19*).

### Section 9

This section of SB 94 provides for an effective date. The reference to March 4, 1999 is now moot and will not appear in any subsequent drafts of this legislation.

## **Ballot Measure 8**

### **Bill Allowing Medical Use of Marijuana**

---

#### **BALLOT LANGUAGE**

This bill would allow patients to use marijuana for certain medical purposes. A doctor must find that the patient has a debilitating medical condition that might benefit from marijuana. An eligible minor could use medical marijuana only under the consent and control of a parent. There would be limits on how much medical marijuana a patient could possess. Patients and their primary care-givers who comply with this law would not be guilty of a crime. The state would create a confidential registry of patients who may use medical marijuana. Non-medical use of marijuana would still be a crime.

SHOULD THIS INITIATIVE BECOME LAW?

Yes

No

---

#### **LEGISLATIVE AFFAIRS AGENCY SUMMARY**

This measure lets persons who have certain medical conditions possess, grow, and use marijuana under state law if told by their doctors that they might be helped by the use of marijuana. It allows the medical use of marijuana by persons less than 18 years of age who have certain medical conditions if the person's parent or guardian approves and other requirements are met. The medical conditions include cancer and chronic or debilitating diseases that have certain effects. The Department of Health and Social Services can add medical conditions to the list by regulation. The measure limits the amount of marijuana that a person may have at one time for medical use. A person may not be found guilty of a crime under state law that relates to having or using marijuana as allowed by the measure if the person has met the standards set forth in the measure. A doctor who advises certain patients on the medical use of marijuana may not be punished under state law. Marijuana that a person has for medical use would not be a controlled substance for the purpose of the crime and drug laws of this state.

The measure sets up a confidential way for persons to tell the state of their medical use of marijuana and get an I.D. card from the state. To get and keep an I.D. card, a person has to give the state a written statement from the person's doctor each year. A person who is cured must return the I.D. card. A person with an I.D. card may not use marijuana in plain view of the public or in a public place. A person with an I.D. card may not sell or give marijuana to someone the person knows does not have or is not eligible for such an I.D. card. A person with an I.D. card may not use marijuana in a way that endangers the health or well-being of any person.

---

#### **FULL TEXT OF PROPOSED LAW**

Be it enacted by the people of the State of Alaska:

Sec. 1. AS 17 is amended by adding a new chapter which reads as follows:

**AS 17.35.010. Registry of Patients.** (a) The Department shall create and maintain a confidential registry of patients who have applied for and are entitled to receive a registry identification card according to the criteria set forth in this chapter. Authorized employees of state or local law enforcement agencies shall be granted access to the information contained within the Department's confidential registry only for the purpose of verifying that an individual who has presented a registry identification card to a state or local law enforcement official is lawfully in possession of such card.

(b) No person shall be permitted to gain access to names of patients, physicians, primary care-givers or any information related to such persons maintained in connection with the Department's confidential registry, except for authorized employees of the Department in the course of their official duties and authorized employees of state or local law enforcement agencies who have stopped or arrested a person who claims to be engaged in the medical use of marijuana and in the possession of a registry identification card or its functional equivalent, pursuant to AS 17.35.010(e).

(c) In order to be placed on the state's confidential registry for the medical uses of marijuana, a patient shall provide to the Department:

- (1) the original or a copy of the written documentation stating that the patient has been diagnosed with a debilitating medical condition and the physician's conclusion that the patient might benefit from the medical use of marijuana;
- (2) the name, address, date of birth, and social security number of the patient;
- (3) the name, address, and telephone number of the patient's physician; and
- (4) the name and address of the patient's primary care-giver, if one is designated at the time of application.

(d) The Department shall verify all information submitted under AS 17.35.010(c) within 30 days of receiving it. The Department shall notify the applicant that his or her application for a registry identification card has been denied if its review of the information which the patient has provided discloses that the information required pursuant to AS 17.35.010(c) has not been provided or has been falsified. Otherwise, not more than five days after verifying such information, the Department shall issue a serially numbered registry identification card to the patient stating:

- (1) the patient's name, address, date of birth, and social security number;
- (2) that the patient's name has been certified to the state health agency as a person who has a debilitating medical condition which the patient may address with the medical use of marijuana;
- (3) the dates of issuance and expiration of the registry identification card; and
- (4) the name and address of the patient's primary care-giver, if any is designated at the time of application.

(e) If the Department fails to issue a registry identification card within thirty-five days of receipt of an application, the patient's application for such card will be deemed to have been approved. Receipt of an application shall be deemed to have occurred upon delivery to the Department or deposit in the United States mails. Notwithstanding the foregoing, no application shall be deemed received prior to June 1, 1999. A patient who is questioned by any state or local law enforcement official about his or her medical use of marijuana shall provide a copy of the written documentation submitted to the Department and proof of the date of mailing or other transmission of the written documentation for delivery to the Department, which shall be accorded the same legal effect as a registry identification card, until the patient receives actual notice that the application has been denied. No person shall apply for a registry identification card more than once every six months.

(f) The denial of a registry identification card shall be considered a final agency action subject to judicial review. Only the patient whose application has been denied shall have standing to contest the final agency action.

(g) When there has been a change in the name, address, physician, or primary care-giver of a patient who has qualified for a registry identification card, that patient must notify the state health agency of any such change within ten days. To maintain an effective registry identification card, a patient must annually resubmit updated written documentation to the state health agency, as well as the name and address of the patient's primary care-giver, if any.

(h) A patient who no longer has a debilitating medical condition shall return his or her registry identification card to the Department within twenty-four hours of receiving such diagnosis by his or her physician.

(i) The Department may determine and levy reasonable fees to pay for any administrative costs associated with its roles in this program.

**AS 17.35.020. Medical Use of Marijuana.** (a) A patient may not engage in the medical use of marijuana with more marijuana than is medically justified to address a debilitating medical condition. A patient's medical use of marijuana within the following limits is lawful:

- (1) no more than one ounce of marijuana in usable form; and
- (2) no more than six marijuana plants, with no more than three mature and flowering plants producing usable marijuana at any one time.

(b) For quantities of marijuana in excess of the amounts in AS 17.35.020(a), a patient or his or her primary care-giver must prove by a preponderance of the evidence that any greater amount was medically justified to address the patient's debilitating medical condition.

**AS 17.35.030. Privileged medical use of marijuana.** (a) Except as otherwise provided in AS 17.35.040, no patient or primary care-giver may be found guilty of, or penalized in any manner for, a violation of any provision of law related to the medical use of marijuana, where it is proved by a preponderance of the evidence that:

- (1) the patient was diagnosed by a physician as having a debilitating medical condition;
- (2) the patient was advised by his or her physician, in the context of a bona fide physician-patient relationship, that the patient might benefit from the medical use of marijuana in connection with a debilitating medical condition; and
- (3) the patient and his or her primary care-giver were collectively in possession of amounts of marijuana only as permitted under this section.

(b) Except as otherwise provided in AS 17.35.040, no patient or primary care-giver in lawful possession of a registry identification card shall be subject to arrest, prosecution, or penalty in any manner for medical use of marijuana or for applying to have his or her name placed on the confidential register maintained by the Department.

(c) No physician shall be subject to any penalty, including arrest, prosecution, disciplinary proceeding, or be denied any right or privilege, for:

- (1) Advising a patient whom the physician has diagnosed as having a debilitating medical condition, about the risks and benefits of medical use of marijuana or that he or she might benefit from the medical use of marijuana, provided that such advice is based upon the physician's contemporaneous assessment of the patient's medical history and current medical condition and a bona fide physician-patient relationship; or
- (2) Providing a patient with a written documentation, based upon the physician's contemporaneous assessment of the patient's medical history and current medical condition and a bona fide physician-patient relationship stating that the patient has a debilitating medical condition and might benefit from the medical use of marijuana.

(d) Notwithstanding the foregoing provisions, no person, including a patient or primary care-giver, shall be entitled to the protection of this section for his or her acquisition, possession, cultivation, use, sale, distribution, and/or transportation of marijuana for non-medical use.

(e) Any property interest that is possessed, owned, or used in connection with the medical use of marijuana, or acts incidental to such use, shall not be harmed, neglected, injured, or destroyed while in the possession of state or local law enforcement officials where such property has been seized in connection with the claimed medical use of marijuana. Any such property interest shall not be forfeited under any provision of state or local law providing for the forfeiture of property other than as a sentence imposed after conviction of a criminal offense or entry of a plea of guilty to such offense. Marijuana and paraphernalia seized by state or local law enforcement officials from a patient or primary care-giver, in connection with the claimed medical use of marijuana shall be returned immediately upon the determination that the patient or primary care-giver is entitled to the protection contained in this section as may be evidenced, for example, by a decision not to prosecute, the dismissal of charges, or acquittal.

**AS 17.35.040. Restrictions on medical use of marijuana.** (a) No patient in lawful possession of a registry identification card shall:

- (1) engage in the medical use of marijuana in a way that endangers the health or well-being of any person;
- (2) engage in the medical use of marijuana in plain view of, or in a place open to, the general public; or
- (3) sell or distribute marijuana to any person who is known to the patient not to be either in lawful possession of a registry identification card or eligible for such card.

(b) Any patient found by a preponderance of the evidence to have willfully violated the provisions of this chapter shall be precluded from obtaining or using a registry identification card for the medical use of marijuana for a period of one year.

(c) No governmental, private, or any other health insurance provider shall be required to be liable for any claim for reimbursement for the medical use of marijuana.

(d) Nothing in this section shall require any accommodation of any medical use of marijuana:

- (1) in any place of employment;
- (2) in any correctional facility;
- (3) on or within 500 feet of school grounds;
- (4) at or within 500 feet of a recreation or youth center; or
- (5) on a school bus.

**AS 17.35.050. Medical use of marijuana by a minor.** Notwithstanding AS 17.35.030(a), no patient who has not reached the age of majority under AS 25.20 or who has not had the disabilities of a minor removed under AS 09.55.590 shall engage in the medical use of marijuana unless: (a) his or her physician has diagnosed the patient as having a debilitating medical condition;

(b) the physician has explained the possible risks and benefits of medical use of marijuana to the patient and one of the patient's parents or legal guardians residing in Alaska, if any;

(c) the physician has provided the patient with the written documentation specified in AS 17.35.010(c) (1);

(d) the patient's parent or legal guardian referred to in AS 17.35.050(b), consents to the Department in writing to serve as the patient's primary care-giver and to permit the patient to engage in the medical use of marijuana;

(e) the patient completes and submits an application for a registry identification card and the written consent referred to in AS 17.35.050(d) to the Department and receives a registry identification card;

(f) the patient and the primary care-giver collectively possess amounts of marijuana no greater than those

specified in AS 17.35.020(a) (1) and (2); and

(g) the primary care-giver controls the acquisition of such marijuana and the dosage and frequency of its use by the patient.

**AS 17.35.060. Addition of debilitating medical conditions.** Not later than June 1, 1999, the Department shall promulgate regulations under the Administrative Procedure Act governing the manner in which it may consider adding debilitating medical conditions to the list provided in this section. After June 1, 1999, the Department shall also accept for consideration physician or patient initiated petitions to add debilitating medical conditions to the list provided in this section and, after hearing, shall approve or deny such petitions within one hundred eighty days of submission. The denial of such a petition shall be considered a final agency action subject to judicial review.

**AS 17.35.070. Definitions. In this chapter, unless the context clearly requires otherwise:** (a) "Correctional facility" means a state prison institution operated and managed by employees of the Department of Corrections or provided to the Department of Corrections by agreement under AS 33.30.031 for the care, confinement or discipline of prisoners.

(b) "Debilitating medical condition" means:

- (1) cancer, glaucoma, positive status for human immunodeficiency virus, or acquired immune deficiency syndrome, or treatment for any of these conditions;
- (2) any chronic or debilitating disease or treatment for such diseases, which produces, for a specific patient, one or more of the following, and for which, in the professional opinion of the patient's physician, such condition or conditions reasonably may be alleviated by the medical use of marijuana: cachexia; severe pain; severe nausea; seizures, including those that are characteristic of epilepsy; or persistent muscle spasms, including those that are characteristic of multiple sclerosis; or
- (3) any other medical condition, or treatment for such condition, approved by the Department, pursuant to its authority to promulgate regulations or its approval of any petition submitted by a patient or physician under AS 17.35.060.

(c) "Department" means the Department of Health and Social Services;

(d) "Medical use" means the acquisition, possession, cultivation, use, and/or transportation of marijuana and/or paraphernalia related to the administration of such marijuana to address the symptoms or effects of a debilitating medical condition only after a physician has authorized such medical use by a diagnosis of the patient's debilitating medical condition.

(e) "Patient" means a person who has a debilitating medical condition.

(f) "Physician" means a person licensed to practice medicine in this state or an officer in the regular medical service of the armed forces of the United States or the United States Public Health Service while in the discharge of their official duties, or while volunteering services without pay or other remuneration to a hospital, clinic, medical office, or other medical facility in this state;

(g) "Primary care-giver" means a person, other than the patient's physician, who is eighteen years of age or older and has significant responsibility for managing the well-being of a patient who has a debilitating medical condition.

(h) "Prisoner" means a person detained or confined in a correctional facility, whether by arrest, conviction, or court order, or a person held as a witness or otherwise, including municipal prisoners held under contract and juveniles held under the authority of AS 47.10.

(i) "Registry identification card" means a document issued by the Department which identifies a patient authorized to engage in the medical use of marijuana and the patient's primary care-giver, if any.

(j) "Usable form" and "usable marijuana" means the seeds, leaves, buds, and flowers of the plant (genus) Cannabis, but does not include the stalks or roots.

(k) "Written documentation" means a statement signed by a patient's physician or copies of the patient's pertinent medical records.

**AS 17.35.080. Short title AS 17.35.010 -- 17.35.070 may be cited as the Medical Uses of Marijuana for Persons Suffering From Debilitating Medical Conditions Act.**

Sec. 2. AS 11.71.190 (b) is amended to read:

**Sec. 11.71.190 (b). Schedule VIA. Marijuana is a schedule VIA controlled substance except for marijuana possessed for medical purposes under AS 17.35.**

---

## STATEMENT IN SUPPORT

Yes On #8 Helps Terminally Ill Patients And Others Suffering Debilitating Medical Conditions. Ballot Measure #8 would allow patients to use marijuana as a medicine if they have a debilitating disease and an authorization from their doctor. Dozens of scientific studies, including government and university-sponsored studies, have shown that marijuana can help patients with cancer and other diseases to get relief from severe pain, nausea or muscle spasticity.

Yes On #8 would give physicians the option of authorizing medical use of marijuana for patients in pain, protecting them from being treated as criminals. At the same time, Ballot Measure #8 retains current laws against non-medical use of marijuana, and contains strict controls on medical use. This commonsense measure will help thousands of Alaskans and future Alaskans with debilitating diseases.

Yes On #8 Will Help Many Cancer Chemotherapy Patients. Currently, one in three chemotherapy patients discontinues treatment because of severe nausea and vomiting. When standard anti-nausea drugs fail, marijuana can often ease a patient's nausea and permit continued treatment. New scientific evidence is emerging that helps prove marijuana's value as an alternative treatment for other medical conditions, including stroke and neuropathic pain.

Marijuana Would Still Be Illegal For Non-Medical Use. Ballot Measure #8 provides full protection against abuse of the new law:

Non-medical (or fraudulent medical) use of marijuana would still be a crime.

Only licensed physicians could authorize medical marijuana use.

Amounts that patients could possess would be strictly limited.

No use would be allowed in public or the work place.

A State of Alaska registration and ID card system would be established for medical users.

Only specific diseases would be covered, including cancer, acquired immune deficiency syndrome, multiple sclerosis, glaucoma, epilepsy, or severe pain and nausea.

Doctors Should Be Able To Make Recommendations To Help Their Patients. The opponents of Ballot Measure #8 believe that doctors shouldn't be able to recommend medical marijuana for any medical conditions. However doctors are currently allowed to prescribe morphine and even cocaine. Shouldn't we trust them to recommend a less dangerous substance like medical marijuana?

Yes On #8 Is A Humane Policy For Alaskans Suffering Extreme Pain. Alaska law should show compassion for people who suffer severe medical conditions. Yet while polls show most Alaskans support the medical use of marijuana, both patients and doctors are now subject to prosecution for using or even recommending it. Please vote to join the 24 other states that have adopted a policy of compassion.

Please Vote YES On Ballot Measure #8

Alaskans for Medical Rights

M. Walter Johnson, MD; Arndt von Hippel, MD; Frederick J. Hillman, MD  
(907) 277-AKMR

---

## STATEMENT IN OPPOSITION

Marijuana is a debilitating illegal drug. In 1990 the citizens of Alaska voted to "recriminalize" the use of marijuana. Now, at a time when illegal drug use is destroying the very foundation of our Nation and this great State - the family unit - this Act is attempting to legalize marijuana as a "medicine."

This inept Act allows the "patients" and "care-givers" to grow their own "pot." The Act has no provisions to protect against impurities from "street grass." The Act then attempts to hold patients and care-givers, as well as physicians, "harmless" from the use of marijuana. The Act is a license to grow, use, transport and sell marijuana. It is a bad law.

Dronabinol (marinol) is an approved, controlled drug that is the principal "psychoactive" substance in marijuana. Physicians prescribe dronabinol for symptoms ranging from nausea associated with cancer chemotherapy to anorexia in AIDS patients. Due to the "psychoactive" affects of dronabinol, patient supervision, if possible in an inpatient setting is required. Marijuana is no substitute.

The legalizing of street-grade marijuana, grown by its drug-user patients and care-givers, as allowed by this Act borders on "pure folly." What physician would prescribe an illegal drug to patients when there are no quality controls on the purity of the drug? No physician can ignore a basic tenant of medical practice: "Quality care in the best interest of the patient."

This Act is attempting to deceive Alaskans into thinking we are voting for compassion of those having "debilitating" illnesses. The Act is attempting to use the sick, infirm and dying to pry open the door to drug legalization. From 1991 to 1996 marijuana use nationwide among eighth graders tripled from 6% to 18%. Any legalization of marijuana sends the wrong message to the youth of Alaska. Marijuana is the gateway drug to cocaine, heroin and methamphetamine. As a result, this Act is opposed by local, state and federal law enforcement officers.

The use of illegal drugs, including marijuana, leads to lack of individual self respect, as well as lack of respect of others and society in general. Ultimately, marijuana and other illegal drugs destroy an individual's mind, as well as the "soul." Since marijuana users are not able to distinguish between "right from wrong" the burden of use of illegal drugs is ultimately placed on each of us individually and society as a whole.

Legalization of marijuana tells our youth that adults believe illegal drugs can be used responsibly. Within that atmosphere it is very difficult, if not impossible, to reach our youth and convince them that "doing drugs is bad." The youth of Alaska need our support.

Do not be fooled, this Act is not about compassion or care for the sick, infirm and dying. The Act is an attempt to protect those who grow, transport, distribute, sell, possess or use marijuana. Please vote against this Act.

Wevley William Shea  
Anchorage  
(907) 274-0020

---



**Alaska Division of Elections Home Page**



**1998 Official Election Pamphlet Introduction Page**

# BALLOT MEASURE NO. 2

## Initiative No. 88MARI Marijuana Law Amendments

### BALLOT LANGUAGE

(As it will appear on the November 6, 1990, General Election Ballot)

Under Alaska law it is currently legal for adults over 18 years old to possess under four ounces of marijuana in a home or other private place. The penalty for adults over 18 years old for possessing less than one ounce in public is a fine of up to \$100. This initiative would change Alaska's laws by making all such possession of marijuana criminal, with possible penalties of up to 90 days in jail and/or up to a \$1000 fine.

Should this initiative become law?

Yes

No

### LEGISLATIVE AFFAIRS AGENCY SUMMARY

This initiative amends the criminal laws on marijuana. The law now subjects a person who possesses less than an ounce of the drug in certain public places to a \$100 maximum fine. The maximum penalty for a transfer of less than one-half ounce where no money is involved is the same. If the initiative is enacted, the maximum penalty for those crimes will increase to a \$1,000 fine, 90 days in jail, or both.

It would also be illegal to possess up to four ounces in a private place. That is now legal. The maximum penalty would also be a \$1,000 fine, 90 days in jail, or both.

The initiative does not change marijuana laws that now have the same or more serious penalties.

### FULL TEXT OF PROPOSED LAW

*This initiative calls for the repeal of subsection (a) of AS 11.71.060, Misconduct involving a controlled substance in the sixth degree, and AS 11.71.070, Misconduct involving a controlled substance in the seventh degree. What follows is the full text of the wording which would replace AS 11.71.060(a) if the measure is passed by the voters. AS 11.71.070 would not be replaced.*

\* Section 1. AS 11.71.060(a) is repealed and reenacted to read:

(a) Except as authorized in AS 17.30, a person commits the crime of misconduct involving a controlled

substance in the sixth degree if the person

(1) uses or displays any amount of a schedule VIA controlled substance or possesses one or more preparations, compounds, mixtures, or substances of an aggregate weight of less than one-half pound containing a scheduled VIA controlled substance; or

(2) refuses entry into a premise for an inspection authorized under AS 17.30.

(b) Misconduct involving a controlled substance in the sixth degree is a class B misdemeanor.

\* Section 2. AS 11.71.070 is repealed.

### STATEMENT IN SUPPORT

A YES VOTE ON PROPOSITION 2 sends a clear message that marijuana is a dangerous drug. There are many myths circulating in Alaska about the hazards of smoking marijuana. It is time to separate the facts from the myths.

**Fact Number 1:** Marijuana is an addictive, dangerous drug. It has adverse effects on driving skills for as long as 24 hours after smoking the drug. Judgment, coordination and perception are all affected. Marijuana is not a benign substance. It is dangerous to users and society at large.

**Fact Number 2:** A YES vote on Proposition 2 sends a clear message to Alaska's youth — marijuana is a dangerous drug and possession is against the law. Alaska is the only state that allows an adult 4 ounces of marijuana for recreational use in the home. Under current law between 4 and 8 ounces is now a Class B Misdemeanor. Over 8 ounces the penalties are greater. A YES vote on Proposition 2 removes any misunderstanding of Alaska's position on the recreational use of marijuana.

**Fact Number 3:** A YES vote on Proposition 2 does not change the search and seizure laws for our police. Opponents claim a yes vote on Proposition 2 creates a police state and would allow police officers to break down your door without a warrant. THIS IS ABSOLUTELY NOT TRUE!

**Fact Number 4:** It is already against state law for young people under the age of 19 to use or possess marijuana. Proposition 2 applies the same law to parents and other adults. The May 1990, State of Alaska *Adolescent Health Study* reports that 22.6% of teenagers whose parents smoke marijuana said they smoke it as well. Only 5% of the teenagers whose parents do not smoke marijuana said they used the drug.

**Fact Number 5:** Proposition 2 does not impose mandatory jail sentences. Nor does it impose mandatory fines. Each judge will decide appropriate punishment: a fine, community service, treatment or

# BALLOT MEASURE NO. 2

a jail term. The myth that we will fill our jails with marijuana users is simply that -- A MYTH!

**Fact Number 6:** Alaska's Constitution *does not protect* the use of marijuana. In *Ravin vs. State of Alaska*, the Supreme Court stated, ". . . Right to privacy in the home must yield when it interferes with the health, safety, right and privileges of others or with the public welfare. . . ."

**Fact Number 7:** Remember -- 4 ounces is not a small amount of marijuana. More than 200 joints can be rolled with 4 ounces of marijuana.

**WHAT MESSAGE WILL WE SEND OUR CHILDREN WHEN WE VOTE ON NOVEMBER 6?**

A YES vote -- Marijuana is a narcotic drug.  
THE CHOICE IS YOURS

Representative Alyce Hanley  
Alaskans for the Recriminalization  
of Marijuana  
6311 DeBarr Road, Suite 115  
Anchorage, Alaska 99504

## STATEMENT IN OPPOSITION

This initiative will allow government too much power to regulate what adults do in the privacy of their homes. Alaska's Constitution contains the strongest Privacy Clause of any state. Privacy rights must not be abandoned over emotional and factually inaccurate arguments.

Even one trace of marijuana will allow the State to confiscate your personal assets: firearms, cash, bank accounts, vehicles, and maybe your home. If you refuse police entry to ransack your home, you will be charged with a separate criminal violation, fined and jailed. A criminal record will follow you for a lifetime.

Alaska's jails are already filled beyond capacity. New prisons cost \$75 million. We can't afford to house the truly dangerous criminals, let alone large numbers of otherwise, law-abiding citizens. Nor can we bear the costs of more police and courts. Our dollars could be better spent on educational and rehabilitative programs.

It is *our* responsibility as parents and educators to teach our children right and wrong; passing a law is not a substitute. To exaggerate hazards of marijuana while ignoring dangers and abuse of alcohol and tobacco, drugs which have cost our society billions of dollars and millions of lives, does not send our children a clear message about the harms of substance abuse.

Initiative supporters say "Pass the initiative and crime will go down." Not true. They say "If you don't pass the initiative, there will be more cocaine and heroin use." False. They say "Pass the initiative and we'll put the drug pushers out of business." Wrong

again. They say "Pass the initiative and it won't cost you anything." Wrong, wrong again. Lying to our kids is not sending them the right moral message about marijuana or anything else. If we lie to them about marijuana, they won't believe us about the effects of truly harmful drugs.

Marijuana use has not increased since its home use was decriminalized. There is no proof that it causes the use of hard drugs. Almost half of adult Alaskans have used marijuana, while only small percentages have used hard drugs. Marijuana does not induce crime, create psychosis, or have toxic effects.

Smoking marijuana by children is already illegal; as it should be. Let's not confuse the issue. Is it fair to "send a message" to children by taking away basic rights of adults? The Right to Privacy, otherwise known as liberty, is a fundamental guarantee of our Constitution. It should only be limited for compelling reasons. Freedom-loving Alaskans, of all people understand this. Sending a message to children which is hypocritical, confusing, and based on falsehoods will have no positive effect. It is hardly a good reason to put people in jail and ruin their lives.

Prohibition did not stop alcohol use nor will it stop marijuana use. Costly government intrusion is not the answer. Do not destroy our Bill of Rights in a misdirected effort to find shortcut answers to complex problems. Vote NO if you think this government intrusion into your home is wrong!

Glenda J. Straube,  
Campaign Manager  
Alaskans for Privacy  
3400 Spenard Rd., Suite 4  
Anchorage, Alaska 99503

CLERK'S OFFICE

APPROVED

Date: 4/27/99

Submitted by: Assemblymember CARLSON

Prepared by: Assembly Office

For reading: APRIL 27, 1999

ANCHORAGE, ALASKA

AR NO. 99- 105

**A RESOLUTION OF THE ANCHORAGE MUNICIPAL ASSEMBLY SUPPORTING  
AMENDMENTS TO ALASKA STATUTES GOVERNING THE USE OF MARIJUANA FOR  
MEDICAL PURPOSES**

---

WHEREAS, in November 1998, the voters of Alaska approved Ballot Measure No. 8, to allow certain patients with debilitating medical conditions to use marijuana for medical purposes; and

WHEREAS, the law created by this initiative became effective on March 4, 1999; and

WHEREAS, the law establishes a state registry for patients using marijuana but does not require registration in order for persons to have a legal right to smoke or otherwise ingest marijuana for what are deemed to be medical purposes; and

WHEREAS, the new law allows persons who choose not to register with the State to smoke marijuana in a public place and in a way that endangers the health and well-being of other persons; and

WHEREAS, the new law may result in policies requiring that the "medical use" of marijuana be accommodated at the workplace, in schools, on school buses, and in prisons; and

WHEREAS, the new law completely removes marijuana possessed for medical purposes from the list of controlled substances found in Title 11, Chapter 71 of Alaska Statutes, a list which otherwise includes and regulates all other drugs that can be presented by doctors; and

WHEREAS, the Chief of the Anchorage Police Department has testified before the Alaska Legislature that the lack of a registration requirement and the absence of firm possession limits in the new law will make it difficult for law enforcement to distinguish between legitimate and illegitimate users of marijuana; and

WHEREAS, the Deputy Director of the Alaska Department of Public Safety has testified before the Alaska Legislature that the failure of the new law to include mandatory registration and firm possession limits will make it difficult for law enforcement officers to effectively enforce Alaska's drug laws; and



# The Republican Party of Alaska

Tom McKay, Chairman



## REPUBLICAN PARTY OF ALASKA RESOLUTION 99-001

APR 20 1999

WHEREAS marijuana is an illegal substance which has harmful effects on our communities ranging from increased crime to homicide; and

WHEREAS the American Medical Association recently issued reports stating that smoking marijuana has dubious, if any, medical benefits, and many dangerous side effects; and

WHEREAS the Food and Drug Administration has not approved marijuana as a safe, effective or legal drug; and

WHEREAS the marijuana black market presents a burgeoning and expensive problem for Alaska's communities, law enforcement and local government; and

WHEREAS the potential for rampant corruption and abuse of Alaska's medical marijuana law exists while in its present form; and

WHEREAS for the past decade extensive national efforts and millions of dollars have been expended to teach our children that illegal drug use is wrong, undesirable and dangerous; and

WHEREAS the passage of the initiative in its present form sends a terrible message to our children that smoking marijuana has legitimate medical benefit and is socially redeemable; and

WHEREAS the medical marijuana initiative passed by Alaska voters on November 3, 1998, has serious flaws and loopholes publicly acknowledged by its leading proponent, David Finklestein, which ultimately jeopardizes law enforcement efforts against illegal drug use, production and sale; and

WHEREAS SB 94 has been introduced by Senator Loren Leman in the Alaska Senate, and a companion bill will soon be introduced in the Alaska House by Representative Fred Dyson, to close loopholes and fix flaws to the medical marijuana law.

THEREFORE LET IT BE RESOLVED THAT the Republican Party of Alaska fully supports efforts by Senator Leman, Representative Dyson, and others to fix dangerous flaws to the medical marijuana law.

DATED this 17<sup>th</sup> day of April, 1999 in Valdez, Alaska.

Tom McKay, Chairman



# SENATOR LOREN LEMAN

Northwest Anchorage

716 W 4th Ave, Suite 520, Anchorage, AK 99501 (907) 258-8189  
Web Site: <http://www.akrepublicans.org/Leman.htm>

Session: State Capitol, Juneau, AK 99801 (907) 465-2095  
Email: [Senator\\_Loren\\_Leman@legis.state.ak.us](mailto:Senator_Loren_Leman@legis.state.ak.us)

## MEMORANDUM

**TO: MEMBERS, SENATE HESS COMMITTEE**

**FROM: SENATOR LOREN LEMAN** *Leman*

**DATE: APRIL 26, 1999**

**RE: SB 94 – MEDICAL MARIJUANA LEGISLATION**

I commend to your attention the attached letter from Alaska business leaders supporting SB 94, legislation I have introduced to improve the medical marijuana law.

The following individuals are signatories to the letter:

Matthew Fagnani, Worksafe, Inc. & President-elect, AK Support Industry Alliance  
Bob Tallent, Doyon Universal Services  
Robert Dickson, Esq., Atkinson Conway  
Keith Burke, Natchiq, Inc..  
Greg Champion, InterAlaska Hotels, Inc. (dba Sheraton Alaska)  
Lowell Humphrey, Kanas Telecom, Inc.  
Maynard Tapp, Hawk Consultants  
Randy Ruedrich, Arctic E&P Advisors  
Bob Southall, Anchorage Hilton  
Bob Stinson, Conam Construction Company  
Basil Stewart, Arctic Controls, Inc.  
Scott Hawkins, Alaska Supply Chain Int., LLC  
Mick Brogan, Brogan & Associates  
Ray Latchem, Fairbanks Natural Gas  
John Rense, NANA Development Corporation  
Shaun Pfeiffer, Alaska Sales & Service  
Ann Robinson, Alaska Sales & Service



# WORKSAFE, Inc

OCCUPATIONAL HEALTH & SAFETY

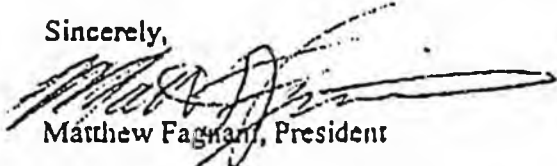
4/21/99

Dear House and Senate Legislators:

We are writing in support of CS for Senate Bill 94, sponsored by Senator Leman, relating to medical use of marijuana. As employers in Alaska, we are concerned about the potential of having an employee in the workplace under the influence of marijuana. For the past decade, great strides has been made in workplace safety to the benefit of both the employee and employer. Research has shown that marijuana impairs coordination and judgment, which can contribute to the cause of accidents.

The Alaska Statute approved by voters does not differentiate between on the job and off the job use of marijuana. Research has shown that the use of marijuana even off-the-job has been found to have a long term physical and mental residual effects on workplace performance. We encourage the Alaska Legislature to do what is in its power to assist us in continuing to provide a safe work environment for our employees and the public we serve.

Sincerely,

  
Matthew Fagnani, President

Other Alaskan Employers Below:

BUSINESS FIRST  
First Commercial Services Inc.

Robert DeLeon  
Atkinson Conway

Dick W. Quinn  
Netcirk Inc.

Steve Amos  
INTERURBAN HOTELS INC., DBA SKERSTON

Lawrence H. Houghton  
Kansas Telecom, Inc.

Alvin H. Hays  
HAWK CONSULTANTS

Randolph G. Ruzsanic  
ARCTIC E+P ADVISORS

Robert W. South  
Hilton Anchorage

Bob Swenson  
CONCRETE CONSTRUCTION COMPANY

Paul G. Adams  
ARCTIC CONTRACTS, INC.

Scott Hawkins  
AK Supply Chain Int., LLC

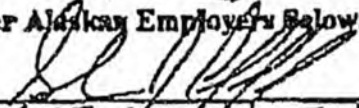
Mark B. Budge  
ASSOC.

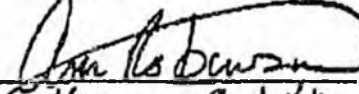
Paul J. ...  
Fairbanks Natural Gas

John A. ...  
NANA Development

(continued)

- Other Alaskan Employees Below:

  
ASST. GEN. MGR Alaska Sales + Svc

  
Human Relations Alaska Sales + Svc

\_\_\_\_\_  
\_\_\_\_\_

APR 28 1999

To: MIKE MILLER - CHAIR - HESS Agency  
 Re: SB 94 - Testimony For 6:00 p.m.  
 Hearing on 4-28-99

aff. 12

I urge your committee to Leave SB 94 as it stands so it can do what the voters intended!! My personal experience with marijuana came as a result of chemo used on me the second time I had breast cancer in CA in 1993. For a two week period each morn for 6 months while on chemo I was highly nauseated - unable to eat and in pain. The only thing that alleviated the above was marijuana it enabled me to eat + eat + eat - thereby keeping my strength up and endure the pain.

Everyone with extreme pain of any kind and for any disease should be afforded the opportunity to use marijuana vs. morphine or more costly and ineffective ~~drugs~~ drugs. The law should not place restrictions on pain and suffering. Only the medical profession and the suffering patient together can + should make that decision together. Please be open minded, empathetic and vote your conscience. Not your Politics!!

Sincerely  
 Barbara Parker  
 Luck - AK

March 22, 1999

Senator Loren Leman  
State Capital  
Juneau, Alaska 99801-1182

Subject: Senate Bill 94

Dear Senator Leman:

I will appreciate your reconsideration of Senate Bill 94 (SB94). As a fellow Professional Engineer registered in the State of Alaska, and a fairly staunch fiscal conservative, I have considerable respect for your professionalism and your political stance on almost all issues. Much of this respect stems from your former presentations at ASPE meetings during the early to mid 1990's, during which you stated you did not intend to be a career "politician". Instead, it was your mission to go to Juneau and fix the problems associated with entrenched government ethics (or non-ethics) and fiscal policy. SB94 hamstring the initiative that we voted on recently regarding medical use of marijuana. As a result I am beginning to question my respect and support for you.

Credibility is something that we, as engineers, tend to value highly. Speaking from a position of experience matters. Although I have no knowledge of your personal life and history, it strikes me that your position on SB94 might be the result of lack of experience.

Have you personally watched a loved-one wither away and die from cancer? Have you held the hand of your loved-one as he or she battles the nauseating affects of the "legal" poison called chemotherapy? Have you guided a loved-one through routine day-to-day activities that they have forgotten how to perform, due to "legal" radiation having literally fried their brain? Have you listened to your loved-one tell you they want to die to put an end to the pain and struggle? Have you provided cancer pain management to a dying loved-one by filling them full of a "legal" narcotic called morphine, which kills them mentally long before physical death arrives? Have you watched a loved-one starve to death from cancer-induced cachexia? I would not wish these experiences on anyone. However, only those who have personally experienced these things can be considered credible in taking a strong position on medical use of marijuana.

The medical marijuana issue is not about smoking, and it is not about the harmful affects of drug abuse on our society. The issue is about reducing the nausea and pain experienced by terminally ill people during the dying process. The issue is about quality of life when there is very little left.

I tried to convince my dying mother to utilize marijuana to reduce the nausea associated with chemotherapy, to better-manage the pain from the growing cancer, and to increase her appetite and thereby improve the remaining days of her life. She refused on the grounds that marijuana is "illegal". It just would not be right to break the law. I reminded her that the legality of the issue is simply a societal choice that changes with time; marijuana was legal in Alaska not long ago. I explained the far greater negative impacts of alcohol abuse on our society, and I clarified that management of her nausea and pain in the last months of her life had nothing whatsoever in common with illegal drug abuse. But she was too good a citizen to do something illegal. It angers me that she suffered more in her last months because of politics and politicians making policy that should instead be made by doctors.

March 29, 1999

Page 2

I will try to add perspective. Chemotherapy is often prescribed to cancer patients. Chemotherapy is poison that is pumped into the patient in the hope that the chemotherapy will kill the cancer sooner than the chemotherapy will kill the patient. Chemotherapy is legal. Radiation is used to fight cancer. Radiation fries human tissue. Radiation is legal. Morphine is a typical drug used for pain management in dying cancer patients. Morphine is not all that it is touted to be. Morphine can be so effective at pain removal that it takes away the mental function of the patient, and thereby lowers the quality of remaining life. After all, morphine is what they administer to soldiers when they get their limbs blown from their body. Morphine, however, is legal.

Marijuana is certainly not a "poison" in the same light that chemotherapy is poison. Further, marijuana does not damage tissue like radiation. Instead, marijuana tends to make the dying person giggle a bit and get hungry; and laughter and food can be good medicine. Marijuana is said to be quite effective at managing nausea during chemotherapy. It is also said to be effective during pain management, to assist in "leveling out" the dosage impacts of the stronger pain killers like morphine. Further, many people with cancer do not actually die of the cancer itself. Instead, they literally die of starvation, the result of loss of appetite. Marijuana stimulates appetite. Compared to the many legal and devastating substances and procedures used in the fight against cancer and its affects, I cannot accept that marijuana could be considered harmful?

During the dying process, the quality of remaining life is tantamount. Each and every extra day spent with grandkids in a reasonably cognizant mental capacity matters.

Alaskans already decided the medical marijuana issue during the recent vote. Please let it be. Under your bill, any doctor who values his or her career will not dare to prescribe marijuana to reduce chemotherapy impacts and augment pain management. It is a matter of liability. As an engineer, you know very well the importance of limiting your exposure to liability. Therefore you most certainly know that SB94 will effectively kill the initiative that we Alaskans voted for. However, on a television clip, I saw you down-play the impact of SB94. This causes me to question your ethics. Have you already become what you went to Juneau to fight against?

As engineers we sometimes make mistakes. It is, in fact, quite ethical and honorable to recognize such mistakes, admit them, and mitigate them. Please recognize that SB94 is a mistake, and proceed as a professional. You have a unique opportunity to reduce, instead of increase, the pain and anguish of dying.

✓ As you see below, I have withheld my identity. Unlike yourself, I have not chosen to enter the political limelight. Aside from dependably casting my vote, this is my first and farthest foray into attempting to impact a political issue. I choose this issue not only because it hits home personally, but also because, in truth, it is not a political issue; it is a purely human issue that speaks to our most basic human needs during our last personal struggle.

Thank you for your reconsideration of SB94.

Sincerely,

, P.E.

cc: Rep. Con Bunde  
cc: Alaskans For Medical Rights

ALASKA HEPATITIS C COALITION



5350 Little Tree Street  
Anchorage, Alaska 99507

April 20, 1999

Senator Loren Leman  
State Senate  
State Capitol, Room 113  
Juneau, Alaska 99801-1182

Dear Senator Leman:

I am writing to you on behalf of the Alaska Hepatitis C Coalition. We are a grassroots organization concerned with providing education and emotional support to Alaskans with the hepatitis C virus (HCV) and their families, increasing public awareness, and advocating for just social policies.

Our Coalition is concerned about Senate Bill 94 introduced by you to modify Measure Eight, the Medical Marijuana Initiative which as you are well aware of passed by a significant majority of voters in 1998. It is our concern that Senate Bill 94 will make it next to impossible for patients who suffer chronic debilitating disease to legally receive the benefits of medical marijuana due to the wording of the Bill. Patients who are infected with Chronic Hepatitis C (HCV) may struggle with symptoms such as nausea, anorexia, muscle and joint pain, and abdominal pain. Many patients have found that smoking marijuana can alleviate these symptoms without the toxic effects of prescribed medication on an already compromised liver. Senate Bill 94 narrows the number of disease diagnosis that may qualify for legal use to only three (AIDS, cancer, and glaucoma), this concerns us because in order for a patient with HCV to legally smoke marijuana for therapeutic benefit the Department Of Health And Social Services would have to add that condition to the list. We believe that would be an unnecessary and extremely cumbersome task. The intent of the law approved by Measure Eight was to restrict use to serious and debilitating conditions subject to the approval of a licensed physician's professional approval.

We hope that you will reconsider the effects of Senate Bill 94. We believe that it will do little to address public safety however it will make it more difficult for not only HCV patients but many others who suffer from chronic disease to have legal access to a therapy that makes life just a little bit more comfortable.

Sincerely,

Kendall Thomas, MS

Board President

c.c. All Senators

## Alaskans for Medical Rights

P.O. Box 102320  
Anchorage AK 99510-2320  
AKMR@alaskalife.net  
Phone 277-2587 • Fax 278-9654

4/16/99

Dear Senator Leman:

We would like to express our concerns about certain provisions of Senate Bill 94. The first problem is the statement the Alaskan physician must sign in order to recommend medical marijuana for a patient. Both existing law and SB 94 require the patient be diagnosed with a "debilitating medical condition," and the physician's conclusion that the patient might benefit from the medical use of marijuana. [AS17.35.010(c)(1)]

Senate Bill 94, if passed, would also require a statement signed by the physician:

"setting out the grounds for the physician's conclusion that there is no other legal treatment that can be tolerated by the patient that is as effective in alleviating the debilitating medical condition;" [AS 17.35.010(c)(1)(B)]

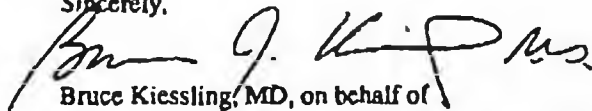
We feel strongly that additional requirements of the physician are not necessary and infringe upon the doctor-patient relationship. If the patient is diagnosed with one of the listed "debilitating medical conditions" and the doctor concludes the patient might benefit from the medical use of marijuana, that should be sufficient. These additional findings would be hard to document for any treatment, and are not required even for use of strong narcotics.

Another unacceptable provision in SB 94 would remove any legal protection for physicians who give advice to patients that is not based on "other forms of effective legal treatment that may be tolerated by the patient." [AS 17.37.030(c)(1)(A)(ii)]

Senate Bill 94 would also restrict the definition of "debilitating medical condition" to "severe and chronic pain or nausea resulting from" cancer, glaucoma or AIDS or treatment for these diseases. [AS 17.37.070(3)] Any additional restriction such as this would unnecessarily preclude doctors from recommending marijuana where they feel it may benefit patients with cachexia, severe pain, severe nausea, seizures, or persistent muscle spasms, as allowed under existing law. [AS 17.37.070(2)]

Thank you for your consideration.

Sincerely,



Bruce Kiessling, MD, on behalf of

Robert Wald, MD  
Michael Davidson, MD  
John Bramante, MD  
Elizabeth Hatton, MD  
Arndt von Hippel, MD  
Walter Johnson, MD  
Charles Aarons, MD  
Richard Neubauer, MD  
Lynn Mickleson, MD

Mary Ellen Gordian, MD  
Les Nyman, MD  
Catherine Schumacher, MD, MSPH  
Rodman Wilson, MD  
Krisine Mitchell, MD  
Fred Hillman, MD  
David Rudolph, MD  
Michael Merrick, MD  
Steve Livingston, MD