



State of Connecticut

HOUSE OF REPRESENTATIVES

STATE CAPITOL

HARTFORD, CONNECTICUT 06106-1591

REPRESENTATIVE PENNY BACCHIOCHI
FIFTY-SECOND DISTRICT

Legislative Office Building, Room 4200
Hartford, CT 06106

TELEPHONE
CAPITOL: (860) 240-8700
EMAIL: Penny.Bacchiochi@housegop.ct.gov

RANKING MEMBER
PLANNING AND DEVELOPMENT COMMITTEE
INTERNSHIP COMMITTEE

MEMBER
PUBLIC SAFETY COMMITTEE

From: Penny Bacchiochi, 52nd District

Date: February 26, 2007

Re: **rH.B. No. 6715 AAC The Palliative Use Of Marijuana**

Good Afternoon Senator McDonald, Representative Lawlor, Senator Kissel , Representative O'Neill and Members of the Judiciary Committee:

I want to thank you for the opportunity to submit testimony on an issue that is of great importance to me and to thousands of other Connecticut residents who may not be able to testify for themselves.

I am here in support of **Raised Bill No. 6715--An Act Concerning The Palliative Use Of Marijuana**. If this bill passes in Connecticut, we will join eleven other states in supporting our seriously ill citizens and protecting them from arrest, fines, court costs, property forfeiture, incarceration, probation and criminal records. To be effective, a medical marijuana bill must remove criminal penalties for patients who use, possess and grow marijuana with their doctor's approval. **Removing criminal sanctions is at the core of all effective medical marijuana legislation.**

As a legislature, we are in good company as we consider the passage of this bill. As we speak, several other state legislatures from coast to coast are considering their responsibility to protect patients from prosecution. And protection is needed, with federal penalties up to a year in prison for as little as one marijuana cigarette and up to five years for growing even one plant.

Bill No. 6715 is similar to legislation that has been successfully implemented in many other states. This legislation clearly outlines the responsibilities of the doctor, qualifying patient and primary caregiver regarding marijuana usage and the state's administrative expectations. The bill also clarifies issues for law enforcement officials. The bill clearly outlines that either a person meets the criteria for a medical marijuana usage-or they do not.

There should be little confusion for law enforcement officials. If a person is growing or using marijuana and has a written recommendation from a physician, do not arrest the patient or caregiver. If the person does not have suitable documentation, arrest the person and let the courts decide. I have full trust in our law enforcement officers and I am confident that they will understand and use this law as it was intended.

What is not so clear is how the passage of this law works in conjunction with federal law. Keep in mind that marijuana was legal for all uses until 1937. By the time the federal government implemented the Controlled Substances Act of 1970 medical marijuana use seemed forgotten and marijuana was, in my opinion, mistakenly placed in Schedule I, defining it as having no currently accepted medical use. Because of its Schedule I status, doctors cannot write a prescription for it without breaking the law. This is the problem with the 1981 legislation that was passed by the Connecticut General Assembly. Doctors do not want to risk sanctions by writing a prescription and pharmacies are not allowed under federal law to dispense marijuana. So while the intent of our legislature in 1981 was compassionate and recognized the medical usage of marijuana, the technical aspects have not worked out. Again, I point out that this Connecticut legislature did have the intent of allowing medical marijuana usage more than twenty years ago. (CGS 21a-246 and 21a-253).

So that leads us to today's legislation, and the question, "How can we protect a doctor's ability to recommend marijuana to suffering patients and avoid prosecution for doctors, patients and primary caregivers." The answer is Raised Bill 6715 – which recognizes the fact that no federal law mandates that states must enforce federal laws against marijuana possession or cultivation. States are free to determine their own penalties, or lack thereof, for drug offenses. State governments cannot directly violate federal law by giving marijuana to patients, but states can refuse to arrest patients who grow their own.

It is true that the federal government can enforce federal laws anywhere in the United States, even within the boundaries of a state that rejects those laws. Nevertheless, the federal government cannot force states to have laws that are identical to federal law, nor can the federal government force state and local police to enforce federal laws.

This division of power is extremely advantageous to patients who need to use marijuana for medical purposes; because 99% of all marijuana arrests in the nation are made by state and local – not federal – officials. Favorable state laws can effectively protect 99 out of 100 medical marijuana users. (State and local police make approximately 700,000 marijuana arrests in the U.S. each year, more than 600,000 are for possession - not sale or manufacture). Even if only one percent are medical marijuana users that means there are 6000 medical marijuana arrests per year).

As many of you know, I have personally witnessed the devastating effects of terminal disease and the wasting away of life. I can testify to you, and under oath, in front of this committee or in any court, medical marijuana works. It works for some people who have tried every other drug without success. It works for people who have tried Marinol without success. Medical marijuana can give quality of life to those who have lost it. And as a state government, if we cannot offer these people protection from prosecution, I ask you, who will? Thank you for your time and consideration.
