

Senate Health and Human Services Committee

Kyle Baker 271-2609

SB 15, relative to the law regarding therapeutic use of cannabis.

Hearing Date: January 10, 2017

Time Opened: 1:30 p.m.

Time Closed: 2:45 p.m.

Members of the Committee Present: Senators Bradley, Avard, Gray and Hennessey

Members of the Committee Absent: Senator Fuller Clark

Bill Analysis: This bill adds a new qualifying medical condition for the purposes of receiving cannabis for therapeutic use.

Sponsors:
Sen. Reagan

Who supports the bill: Gary Woods, Temescal Wellness; Matt Simon, Marijuana Policy Project; Devon Chaffee, ACLU-NH; Dan Stockwell, RADNH; Robert Reinhard; Anthony Parrinello, Temescal Wellness; David Syrek MD; Lisa Woodrow APRN; Rep. Al Baldasaro, Rock 5; Gail Devoid; Dan McGuire, NH Liberty Alliance

Who opposes the bill: Elizabeth Sargent, NH Assoc. of Chiefs of Police; Kate Frey, New Futures

Who is neutral on the bill: Michael Holt, DHHS; Jim Potter, NH Medical Society

Summary of testimony presented in support:

Senator Reagan – Senate District 17

- Introducing this bill that is needed to modify the current law regarding medical cannabis for patients with cancer and other serious diseases.
- Read a letter from a doctor that described many different benefits of the use of cannabis.
 - Reduction in the growth of cancer cells
 - Reduction in the use of opioids, less deaths from opioid overdose
- There are hundreds of reports that can be found on the national institution of health website that outline the success of the use of medical cannabis. There is a lot of research being done in the treatment of different types of cancer.

- SB 15 make changes in indexing of the paragraphs and adds severe pain that cannot be treated by other means to the list of qualifying medical conditions
- Opioids have a lot of negative side effects that can be detrimental to quality of life. Medical use of cannabis has almost no adverse side effects so patients can have a better quality of life.

Senator Bradley: Would this be at the discretion of the physician who is recommending the use of cannabis.

Senator Reagan: Yes. Current law is clear that the doctor must recommend that the patient would benefit from the use of cannabis

Dr. Gary Woods –Temescal Wellness

- Has researched and looked at the medical use of cannabis for many years
- Current law is set up with a physician identifying a patient that qualifies for the use of cannabis under current law and then the physician writes a recommendation letter that, once approved by DHHS, allows a patient to get a cannabis card.
- The physician is responsible for advising the patient in the best use of cannabis and how to be use the products for best therapeutic benefit.
- Safety is always at the forefront in the discussion on the use of cannabis.

Dr. David Syrek – Sanctuary Alternative Treatment Center, Plymouth

- Cannabis can provide a large increase in quality of life for many different diseases.
- 44 people in USA die each day from opioid overdose.
- Enough opioids were prescribed in 2010 to provide a one month supply for every adult in the country.
- 1 in 3 opioid prescriptions filled today are being abused. Something needs to be done
- Cannabis patients can often wean themselves off of opioids with the use of cannabis.
- Patients that are on a pain management plan involving opioids are often struggling to live functional lives due to the severe side effects that the come with the use of opioids.
- Often the dose of opioids must increase to continue to treat the pain and with the increase in opioids comes bad side effects.
- Many patients receive quick relief from the use of medical cannabis.

Anthony Parrinello – Executive Director, Temescal Wellness

- There are currently 2229 patients in the program to date. 952 patients are served by Temescal Wellness.
- Began operations in May of 2016.
- Patients are looking to get off opioids and get relief for their pain.
- The conversation is changing, many states have passed pro cannabis laws and in the states that did not pass laws, large pharmaceutical companies were major funders of the opposition.
- No one has ever overdosed from cannabis

Dan McGuire – NH Liberty Alliance

- In support of this bill.
- Want to let doctors be doctors.
- The state works hard to make sure that medical practitioners are licensed and qualified to do their jobs and then the state limits the doctors ability to be medical professionals.

Senator Avar – Are there Second Amendment repercussions for the use of medical cannabis? Do people loose rights by being medical cannabis users?

McGuire – Not sure. This would be a good question for a lawyer or the ACLU.

Dave Stockwell – Americans for Safe Access, RADNH

- Americans for Safe Access is one of the largest groups advocating for the safe and therapeutic use of cannabis
- Last month the DEA moved all cannabis products such as CBD oil into schedule 1 which would be detrimental for many patients that get relief from serious illness for CBD.
- Many patients want to get off of fentanyl and other opioids but the doctors hands are tied by current law.

Matt Simon – Marijuana Policy Project

- The bar is much higher for the use of cannabis than it is for the use of opioids
- We often here from patients with rare conditions where they need to go through a long process to petition the Department of HHS to get a card and it is not always granted.
- VT recently changed their law that already allowed severe pain to allowing chronic pain.
- On this issue of firearms, under federal law all cannabis use if illegal so the ATF currently views all patients that use cannabis treatment as unfit for firearm ownership and there are other areas where a cannabis user could be effected such as holding a commercial driver's license.

Gail Devoid PhD – Medical Cannabis Researcher

- Shared a story about how a serious injury left her with severe pain and was prescribed opioids. The side effects were terrible. She was able to obtain a medical cannabis card and had almost immediate relief from side effects and shortly after beginning treatment was able to nearly stop all use of opioids.
- A medical doctor is the only person who is truly qualified on whether or not a patient would benefit from the use of cannabis.

Lisa Withrow – APRN – Bedford Treatment Center

- Not all patients in the program are terminally ill
- Of the patients that have been certified at this center, 95% have some sort of severe pain and suffer from many different diseases that cause severe pain.
 - o Fibro myalgia, Rheumatoid Arthritis, Osteoarthritis, Phantom limb pain, Diabetic Neuropathy
- About 95% of patients who qualify for cannabis were on different types of opioids and muscle relaxers and within a short period of time have shown a significant reduction in the amount of opioids and other types of pain control medications
- Starting this year to work with different college programs to collect and review data.

Rep. Baldasaro – Rock 5

- Was originally against the use of cannabis but after a discussion with the doctors and nurses at Dana Farber was swayed.
- Veterans are benefiting greatly from the use of medical cannabis and we need to make sure that they can access the treatment they need.

Summary of testimony presented in opposition:**Kate Frey – New Futures**

- Opposed
- Not opposed to the concept but opposed to the fact there is no review process by the governing oversight body to really look at the outcomes of the program.
- The original legislation created the Therapeutic Use Advisory Council that was comprised of legislators, doctors, public health advocates, ACLU.
- The council has many responsibilities such as looking the effectiveness of the program and making recommendations to the legislature on ongoing needs of the program.
- In the latest report from the council there was no mention of the efficacy of the use of cannabis treatment. The council only met twice in 2016.

Sen. Bradley – Are you concerned that medical cannabis is helping reduce the use of opioids and by not going forward with legislation such as this, these patients that suffer from severe pain that don't have a qualifying medical condition would be forced to use opioids?

Frey – There are some studies that show that cannabis is a harm reducer but there needs to be a review process.

Neutral Information Presented:

Michael Holt- DHHS – Policy Administrator for the Medical Cannabis Program

- Current law states that in order to qualify for the program a patient must have both a qualifying condition and a qualifying symptom. Severe pain is currently a qualifying symptom but is not a qualifying condition.
- What this bill would do is make a qualifying symptom into a medical condition
 - o Severe pain is currently a qualifying medical symptom but this bill would make it a stand-alone medical condition.
- There is a lot of public interest in this issue.
- Providers want greater discretion in who qualifies for the program. This bill would do that.
- Because cannabis is debatably more of a palliative medicine than a curative medicine, the qualifying symptoms should take precedent over the specific condition.
- Of the 2000 patients the department has issued 50 denials. The majority of those denials were because the patient had severe qualifying symptoms but not a qualifying condition.
- Because the program is self-funded, there will be an increase in workload but not an increase in cost to DHHS.

James Potter – NH Medical Society

- This bill would keep the decision making at the physician level.
- There are a wide range of thoughts on how to move forward.
- Cannot look at the use of cannabis as a substitute effect and more of a complimentary treatment. All analgesic regimens have side effects.
- The Society does not have a position at this point and will look at it closely at the next meeting.
- The medical society would be against cannabis being used as a first line treatment for the pain.

Future Action: Ought to Pass

KRB

Date Hearing Report completed: January 13, 2017