NORML®
Working to Reform Marijuana Laws

My name is Carly Wolf, State Policies Manager with The National Organization for the Reform of Marijuana Laws (NORML) – a Washington, DC based advocacy organization that opines in favor of evidence-based cannabis policy reforms.

NORML objects to several explicit provisions included in House Bill 1317. We also question the broader motivations of certain groups that are pushing for this legislation.

House Bill 1317 places additional and unreasonable hurdles for those patients ages 18 to 20 who are now eligible to receive medical cannabis authorizations. Specifically, it requires "two physicians from two different medical practices … to diagnose the patient as having a debilitating or disabling medical condition after an in-person consultation." This requirement places an undue burden on young adult patients, many of whom may not have access to even one primary care physician – much less two. This requirement also places an undue financial strain on many patients who can least afford it. Further, proponents' contention that such stringent requirements are necessary in order to limit potential abuse among this demographic is not persuasive. **To date, young adults comprise less than five percent of all registered patients in Colorado** (Medical Marijuana Registry Program Statistics, January 2021: https://drive.google.com/file/d/1MfrM4wETU1tmJTjD-OkUzzMVbElaA5cs/view). **Further, this percentage has remained consistent** throughout the period of time that regulators have been tracking medical cannabis use by age (2016-2021).

More problematically, **House Bill 1317 also provides overly burdensome requirements upon physicians** issuing medical cannabis recommendations. Specifically, for the first time, it requires physicians to create an explicit dosing regimen for patients. This plan must include instructions regarding the potency of THC to be used by the patient, the specific type of cannabis formulation to be consumed, and the precise amounts that patients should be taking daily. Currently, **no other state medical cannabis access program places such burdensome requirements upon authorizing physicians.** Further, dozens of surveys of health professionals, from both the United States and abroad, report that physicians and nurses are highly uncomfortable counseling patients in this manner. **Most will likely not recommend such highly explicit treatment plans, thereby leaving patients without the access they have grown accustomed to.**

In addition, the need for such explicit treatment plans is largely unnecessary. Unlike most prescription medicines, cannabis is incapable of causing lethal overdose and its dependence liability is lower than that of many other commonly prescribed substances, like opioids. Most importantly, **most patients consume cannabis ad hoc – ingesting it only when necessary to offset symptoms.** For example, a patient using cannabis for migraines would only consume cannabis when necessary, but arguably not on a daily basis. In addition, these patients have historically self-titrated their dose – consuming only as much as needed at that particular point in time. As a result, **a daily dosing protocol would likely be unnecessary and inappropriate for**

most patients, specifically those using cannabis to mitigate intermittent symptoms – such as those using it to address spasms, nausea, pain, or seizures.

Moreover, HB 1317 adds a new requirement that a health care provider must conduct a "full assessment" of the patients' "mental health history." **Such an assessment may be beyond the scope of expertise of many primary care providers – thus forcing patients to seek multiple doctors and thereby unduly limiting their access.** Further, while such a requirement may be reasonable in instances where physicians are recommending cannabis for mental health conditions, this is simply not the case in most cases in Colorado. According to the state's most recent statistics, the overwhelming majority of recommendations are made to address patients' pain (87 percent), followed by muscle spasms (35 percent) and severe nausea (20 percent). **It is unreasonable to require that these patients receive a mental health assessment prior to receiving medical cannabis when there is no indication that these patients possess any history of mental health issues, nor are seeking cannabis to treat a mental health indication.**

Finally, it has been well-established by the statements and actions of the primary proponents of this bill that their ultimate goal is to recriminalize certain cannabis products above an arbitrary percentage of THC. That said, at this time there exists no persuasive data indicating that these products are either a) particularly popular among Coloradoans (most of whom gravitate toward more moderately strength products) or b) that these products pose such a unique and significant danger to public health that they warrant being banned from the market. Proponents already know these facts, which is why they have left this specific mandate out of this bill, and instead have proposed the creation of a scientific review counsel to further look into the issue.

In reality, more potent varieties of cannabis, such as hashish, have existed for decades and many patients enrolled in medical access programs have grown to rely on these higher potency products to treat their medical conditions. **Just as conventional medicines are readily available in a variety of strengths and potencies in order to meet individual patients' needs, medicinal cannabis products should also be available to patients in varying potencies and formulations.** Currently, the United States Food and Drug Administration regulates the production and sale of dronabinol, a pill containing 100 percent THC. Several years ago, the agency rescheduled this drug from Schedule II to Schedule III because of its remarkable safety profile. Furthermore, studies have thus far failed to identify any independent, causal relationship between cannabis use and mental, physical, or psychiatric illnesses. **Prohibiting patients from accessing these products at legal dispensaries will only push these patients to seek out similar products in the unregulated illicit market.** This scenario is not in the best interests of either patients or public health.

In conclusion, NORML does not oppose the notion of tweaking or amending elements of Colorado's medical access program. The law is 20-years old and lawmakers and regulators have already made several changes to it in the past and no doubt will continue to do so in the future.

That said, these proposed changes must have the best interests of the patient community in mind, and they should be made with proper input from this community and from other important stakeholders. This measure does not. In fact, **stakeholders have largely been left out of this process**, and this effort has been primarily crafted by organizations – such as Project SAM – that are on record – opposing the very existence of laws permitting patients access to cannabis flowers, even in instances where such activities are authorized by a physician and in full compliance with state laws. However, even groups like SAM recognize that this position is entirely out of step with public and political reality, as well as with the available science. Therefore, they are now trying to get a foot into the door to begin to roll back these voter-initiated laws, starting here in Colorado.

For these reasons, I urge you to reject this cynical effort that will only negatively impact Colorado's patient community and to vote 'no' on House Bill 1317.