Tennessee (2022): HJR 742, Testimony in Support of Establishing Medical Cannabis Program

My name is Jax James and I serve as the State Policy Manager for the National Organization for the Reform of Marijuana Laws (NORML). I would like to thank the House Health Subcommittee for considering House Joint Resolution 742. NORML is supportive of legislative efforts to expand medical cannabis access to patients in need.

House Joint Resolution 742 proposes an amendment to the state Constitution to establish a medical cannabis program. The bill would amend the language of the Constitution to allow qualifying patients to consume cannabis for medicinal purposes, including for the treatment or alleviation of cancer; glaucoma; acquired immunodeficiency syndrome; severe, persistent nausea or cachexia resulting from these or other chronic or debilitating medical conditions; epilepsy and other disorders characterized by seizure; multiple sclerosis and other disorders characterized by muscular spasticity; or other conditions approved pursuant to law for such treatment, according to the bill’s text.

Passage of this legislation will offer qualified patients state-sanctioned access to a therapy that may offer them significant benefits. More than three dozen US states and territories already offer similar patient protections. Data from other states finds that the enactment of medical marijuana access is associated with lower rates of opioid abuse and mortality, and does not negatively impact workplace safety, teen use, or motor vehicle safety.

Previously enacted legislation that sought to provide patients with legal access to cannabidiol, a single compound in the marijuana plant, is not sufficiently addressing patients’ needs. This law also provides no legal, in-state, consistent, standardized source for medicine and leaves far too many patients suffering needlessly. Tennessee patients deserve the option to legally access a botanical product that is objectively safer than the litany of pharmaceutical drugs it could replace.

It is paramount to the success of the medical cannabis program and to the alleviation of patients’ symptoms to allow for the smoking/combustion of medical cannabis, which this bill does not explicitly address. Limiting patients’ options to extracted oral formulations is not in their best interests. Herbal cannabis contains more than 100 distinct cannabinoids, many of which act synergistically with one another. Many scientists believe that the combined administration of all of these parts of the plant produce a synergistic effect that is necessary in order for patients to achieve maximum therapeutic benefit. As acknowledged by famed neurosurgeon Dr. Sanjay Gupta: “[A]ll these components of the cannabis plant likely exert some therapeutic effect, more than any single compound alone.” Restricting patients’ access to inhaling herbal cannabis limits their exposure to these therapeutic properties, as many of these constituents are no longer present in formulations produced following the extraction of individual cannabinoids.
Furthermore, orally administered non-herbal forms of cannabis possess delayed onset and their effects are far less predictable than those of herbal cannabis. Once inhaled, cannabinoids like THC or CBD rapidly pass from the lungs to the bloodstream —resulting in the rapid onset of drug effect. By contrast, pills must be metabolized by the liver over a period of up to several hours before the patient experiences any therapeutic benefits. This delayed onset and high degree of variability of drug effect makes it extremely difficult for patients to accurately self-regulate their dosing. As a result, many patients seeking rapid relief of symptoms such as pain, nausea, or spasticity will not particularly benefit from cannabis-infused pills, tinctures, or edibles and may even turn back to the illicit market if the medical market does not offer various forms of medicine.

At present, Tennessee is one of only 13 states that does not permit full medical cannabis access to patients in need. NORML urges Tennessee lawmakers to thoughtfully consider their constituents and support HJR 742 to ensure that individuals can safely access regulated and tested medicine.