

# Medical Marijuana: Potential Objectives and Issues for Study

by the Health and Human Services Interim Committee of the Utah Legislature  
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## Potential Committee Objectives

1. Determine whether Utah should create a process to facilitate the production, distribution, sale, and consumption of marijuana, a substance with potential medical benefits. Marijuana is a Schedule I controlled substance, meaning that it has "no currently accepted medical use in the United States, [lacks] accepted safety for use under medical supervision, and [has] a high potential for abuse."
2. Determine whether the committee should recommend medical marijuana legislation

## Potential Issues for Study

1. The science of medical cannabis — What is known and not known?
2. Existing regulatory scheme for medical products
  - a. Which products require FDA approval, and which do not
  - b. The FDA approval process (testing and trials for safety and efficacy)
  - c. Use by practitioners of nonapproved products and products for nonapproved uses
  - d. Medical products designed to treat the same symptoms as marijuana
    - i. Products based on cannabis compounds
    - ii. Products not based on cannabis compounds
3. Federal restrictions on marijuana
  - a. How marijuana came to be a Schedule I controlled substance
  - b. Prohibition of possession, use, and distribution
  - c. Department of Justice guidelines for federal enforcement priorities
  - d. Bank Secrecy Act and guidelines from Treasury
  - e. Pharmacy restrictions
  - f. Other federal restrictions
  - g. Section 538, *Consolidated and Further Continuing Appropriations Act, 2015*, prohibiting Department of Justice enforcement against medical marijuana
  - h. Potential changes to federal law
4. The role of the state
  - a. Philosophically, what should be the state's role?
    - i. Permit access to helpful products — How could Utahns be helped?
    - ii. Protect consumers from unsafe products — How could Utahns be harmed?
  - b. 2015 S.B. 259 constitutional note (federal supremacy)
  - c. Existing state statutory and regulatory prohibitions
  - d. What state law can and cannot do
  - e. Minimizing the risk of federal or state prosecution to all parties involved

f. The role of state and local law enforcement in the enforcement of federal laws

5. Regulatory models

a. Generally

- i. Tight regulation (like FDA approved pharmaceuticals)
  - A. Safety and efficacy must be demonstrated first
  - B. Use is limited to patients with specific conditions
  - C. Guidelines minimize misuse by specifying dosages, refills, warnings, etc.
  - D. Production, distribution, prescribing, and sale are highly regulated
  - E. Abuse is discouraged through education and penalties
  - F. Follow-up research ensures safety and efficacy
- ii. Lighter regulation
  - A. Incorporate only a portion of the elements above
  - B. As with Utah's 2014 legislation permitting the use of cannabidiol for intractable epilepsy
- iii. No regulation — use of marijuana for medicinal purposes remains prohibited

b. Require proof of safety and efficacy?

- i. Prior to authorizing production, distribution, and sale?
- ii. After authorizing production, distribution, and sale?
- iii. Authorize, require, and/or fund a study?

c. What should be regulated?

- i. Production?
  - A. License growers?
    - i. Qualifications?
    - ii. Permit home cultivation?
  - B. Types of products that may be produced and sold?
  - C. Certify quality of products? (ingredient amounts, etc.)?
  - D. Regulate packaging?
  - E. Secure the production process?
  - F. Which state agency should regulate?
- ii. Distribution and sale?
  - A. Restrictions on existing pharmaceutical distribution channels
  - B. Use any other existing distribution channels?
  - C. Created single-purpose "dispensaries"?
  - D. License distributors and sellers?
    - i. Limit number based on population?
    - ii. Ownership restrictions?
    - iii. Other qualifications and requirements
  - E. Local zoning requirements
  - F. Secure distribution and sale process?
  - G. Allow sales to nonresidents?
  - H. Federal banking restrictions on money received from sales
  - I. Which state agency should regulate?

- iii. Recommenders (prescribers)?
        - A. Recommendation required?
        - B. Who can recommend?
        - C. Guidelines for recommenders (by the FDA for prescribers of FDA-approved drugs)?
          - I. Limit to certain medical conditions?
          - II. Limit to certain symptoms?
          - III. Recommended dosages?
          - IV. Contraindications?
          - V. Who should develop?
          - VI. No guidelines?
        - D. Create specific liability protections?
        - E. Who should regulate recommenders?
      - iv. Consumers?
        - A. "License" consumers? Qualifications and requirements?
        - B. Create a patient registry?
        - C. Issue patient identification cards?
        - D. Permit one or more caregivers to act on behalf of a patient?
          - I. Require recommendation by a physician?
          - II. Require minimum age?
          - III. Require registration and a background check?
          - IV. Create presumption for family members?
          - V. Limit number of patients per caregiver?
          - VI. Limit caregiver compensation?
        - E. Create safe harbor for possession of specified amounts of marijuana, including immunity from searches?
        - F. Monitor consumption?
        - G. Prohibit distribution?
        - H. Which state agency should regulate?
6. Technology solutions for simplifying the regulation of production, distribution, sale, and consumption
  - a. Existing?
  - b. Proposed?
  - c. Fully-integrated?
  - d. Partially-integrated?
7. Other policy issues
  - a. Taxation?
  - b. Substance abuse?
  - c. Law enforcement?
  - d. Recreational use? (4 states and D.C.)
  - e. Precedent for other controlled substances?
  - f. Other?

8. Experiences of other states
  - a. 23 states (and D.C., Guam, and Puerto Rico) have legalized medical marijuana; 13 additional states (including Utah) have legalized limited access to certain marijuana products
  - b. Regulatory models used by other states
  - c. Effects in states that have legalized medical marijuana
    - i. Opioid consumption (marijuana as substitute for)
    - ii. Prescription drug deaths
    - iii. Patient demographics and outcomes
    - iv. Tourism
    - v. Economic development
    - vi. Taxation
    - vii. Substance abuse
    - viii. Law enforcement
    - ix. Corrections
9. Official positions of various stakeholders