

Health and Human Services Interim Committee
350 North State
Salt Lake City 84114-5210

Dear HHS Committee Member,

I have been made aware of the Health and Human Services Interim public hearing scheduled for 3pm on Monday November 26th, 2018. Unfortunately with the short notice and the distance to Salt Lake City on a workday, I cannot attend. ***I ask that this letter be entered into the record as if I had attended the meeting.***

With regards to the Medical Cannabis “Compromise” Bill that is scheduled for a special legislative session on December 3rd, 2018 that bill is simply ***not focused on patients given the restrictions of access, doctor caps, and over-regulations of the medicine.*** Here are some of my concerns and subsequent recommendations:

The Central Fill Pharmacy: One of the most problematic aspects of the “Compromise” legislation is The Central Fill Pharmacy. This Central Fill Pharmacy and the 15-day review period on physicians’ recommendations sets up another layer of governmental bureaucracy. ***This severely undercuts private enterprise and also patient choice.***

Further, ***the lack of appropriate competition will likely create unnecessary cost burdens for patients.*** As a result of these problems the Central Fill Pharmacy section should be completely removed.

Dispensing Locations: The compromise bill reduces the licenses to dispense cannabis from 15 to 7 in addition to the above mentioned state-run central fill pharmacy. ***This puts severe road blocks between patients and their medicine.*** Not only does this hurt patients, but it may actually result in an expansion of the black-market of cannabis products – actually an opposite outcome of the legislature’s desires.

I would strongly recommend starting with the 15 dispensary locations as stated in Proposition 2 and adding the ability to increase the number of locations once demand rises and patient populations grow (and ridding Utahns of the burdensome Central Fill Pharmacy as stated above).

Qualifying Conditions: Another point of concern is that qualifying conditions are more restrictive in the “Compromise” in several respects than in Proposition 2. In the proposed legislation there is ***no mention of arthritis*** which now effects about ***20% of all Utahns over the age of 18*** (adults) as noted by the State of Utah’s own statistics.

Further, it appears that the legislature is excessively concerned that PTSD could be over diagnosed and have written in additional cumbersome requirements. Actually PTSD is a simple diagnosis to make and is not really that easy to fake. It is sufficient to accept a

PTSD diagnoses by any qualified physician that is permitted to recommend medical cannabis under state law. ***The additional bureaucratic barrier serves only to harm our veterans and many others with diagnosable PTSD.***

Limiting the list of qualifying conditions also shackles physicians in their practice of medicine and unnecessarily limits Utah residents from receiving the maximum benefit that results from legalizing the medicinal use of cannabis.

We know that exogenous cannabinoids offer a wide range of therapeutic value. Doctors certified and trained in cannabis medicine should be trusted to make the decision of what conditions may respond to the medical use of cannabis. ***We should be able to agree that an appropriately educated doctor or other approved provider is far more qualified to determine under which conditions cannabis would be beneficial for than the Utah legislature.***

Additional Qualifying Conditions - Pain and Opiates: It is now known that many of the 113 cannabinoid and 200+ terpenes in cannabis have analgesic properties. Several studies have shown efficacy of THC as an analgesic and a 2014 JAMA (Journal of the American Medical Association) article reported a ***25-30% decrease in opiate overdose deaths in states where medical cannabis was legal as opposed to states where it was still illegal.*** It is now known that ***given the opiate epidemic, many medical experts believe that cannabis should be the first choice for pain relief.***

Physician Education: The current educational requirements for physicians of ***“four hours every two years” in the Compromise bill are woefully insufficient.*** Physicians who intend to make more than a handful of recommendations per year should have additional training in cannabis, cannabinoids and the endocannabinoid system (ECS) than are currently proposed. This can be achieved through upwards of 16 hours of CME training. Plus, there should be a requirement that any certified cannabinoid medicine physician pass a comprehensive overview test of their knowledge regarding the history, science, herbology, physiology and current laws related to the endocannabinoid system, cannabinoids and cannabis.

The State of Utah should require or at least support physician post graduate education on these topics. ***Proper education is far more effective than limiting the number of patients a doctor can recommend cannabis to.*** Since the endocannabinoid system is the largest neurotransmitter system in the human body, is critical for homeostasis and a very important modulator in neurotransmission, the state would be negligent not to allocate funds for teaching of the endocannabinoid system in all Utah medical schools and even universities.

Methods of Ingestion: There seems to be little understanding as to why the state wants to require that patients must “fail two other methods” before being allowed to use concentrated cannabis in an inhalable form (particularly vaporizing). ***The respiratory***

route of administration is critical in treating several medical conditions such as debilitating migraines where prompt relief is needed. There should be multiple options, including vaping, which can benefit patients with diverse symptoms.

The Whole Plant: It is also not clear why raw cannabis flowers would need to be sold pre-ground or in blister packs. *This packaging adds an unnecessary cost burden to the patient further discouraging Utahns from using the system.* More importantly and from a therapeutic perspective, it *degrades the quality of the medicine* by delivering it in this manner. Other states have package labeling requirements that allow for dosage assessment. There is no need to reinvent the wheel here.

The above list is not meant to be inclusive of all the concerns as there are many other areas in the latest Compromise Bill (3rd draft) that are simply *unworkable*.

These include the requirement of a Pharmacist needing to be available at every dispensing location, the insufficient cannabis education regarding Pharmacists as well as other dispensing staff in the knowledge of exogenous cannabinoids and the ECS, the medicinal dosage packaging (expensive), and numerous other problems. This committee and the Utah legislature should reconsider enacting a proposed bill that is so restrictive it will be prohibitive in terms of cost that would result in medical patients being unwilling or simply unable to make use of Utah's system and instead utilize "other" less-costly sources.

We know that cannabis has been a safe, effective medicine for thousands of years. In fact, in the 1920s American physicians wrote approximately three million prescriptions a year for medicine that contained cannabis. It is also documented that in 1937 the American Medical Association (AMA) testified AGAINST the Marihuana Tax Act and that the AMA spokesperson at the time, Dr. William Woodward, informed the House Ways and Means Committee that the *AMA knew of "no dangers from the medicinal use of cannabis."* In 1988 the DEA's own Chief Administrative Law Judge, the late Francis Young, recommended rescheduling cannabis. In his Finding of Fact, he found that *cannabis was "one of the safest therapeutic agents known to man."*

I respectfully recommend that the proposed changes to Proposition 2 referred as the "Compromise Bill" be postponed. It is preferred that such legislative changes or amendments occur during the regular General Legislative Session in 2019. This would allow the needed time for additional public hearings and a far more comprehensive vetting of any proposed modifications.

Thank you for your consideration of this important matter.

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