



Navigating the Medical Marijuana Landscape

Tuesday, February 22, 2022

Virtual Session – 12:00 to 1:00 p.m.



WHO WE ARE

- Nonprofit, nonpartisan educational organization based in Topeka.
- Established in 1995 with a multi-year grant by the Kansas Health Foundation and located directly across from the Statehouse.
- Committed to convening meaningful conversations around tough topics related to health.



KANSAS HEALTH INSTITUTE

Informing Policy. Improving Health.



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2022 Bring It! Health Policy Session:

Navigating the Medical Marijuana Landscape

TODAY'S AGENDA

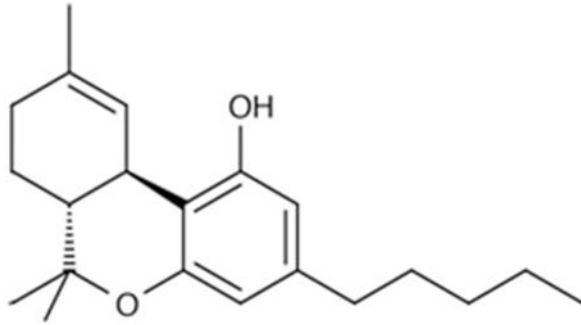
1. Efficacy and public health impacts
2. Medical marijuana laws across the country
3. Kansas medical marijuana bills

WHAT IS MARIJUANA?

- Marijuana refers to dried leaves, flowers, stems and seeds from *Cannabis sativa* plant
- Cannabis refers to marijuana and other organic products derived from *Cannabis* plants
- For simplicity, “marijuana” is primarily used in this presentation

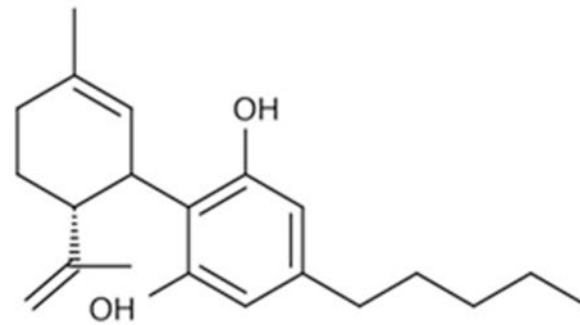


THC AND CBD



Delta-9-tetrahydrocannabinol (THC)

Click to add text



Cannabidiol

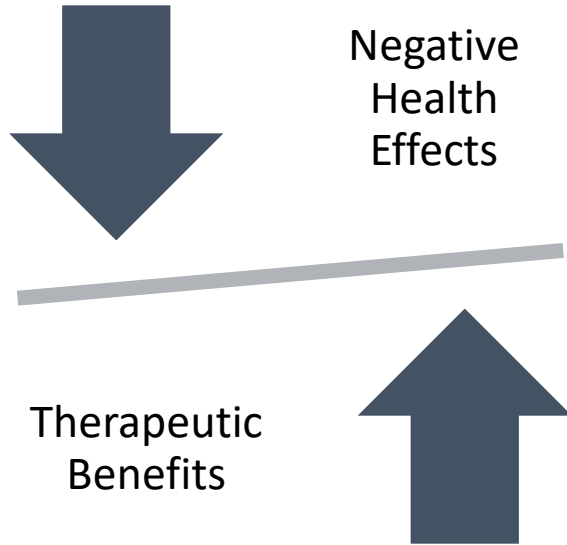
- Delta-9-tetrahydrocannabinol (THC) is the main psychoactive compound
- Cannabidiol (CBD) is nonintoxicating

Source: Atakan, Z. (2012)

1.

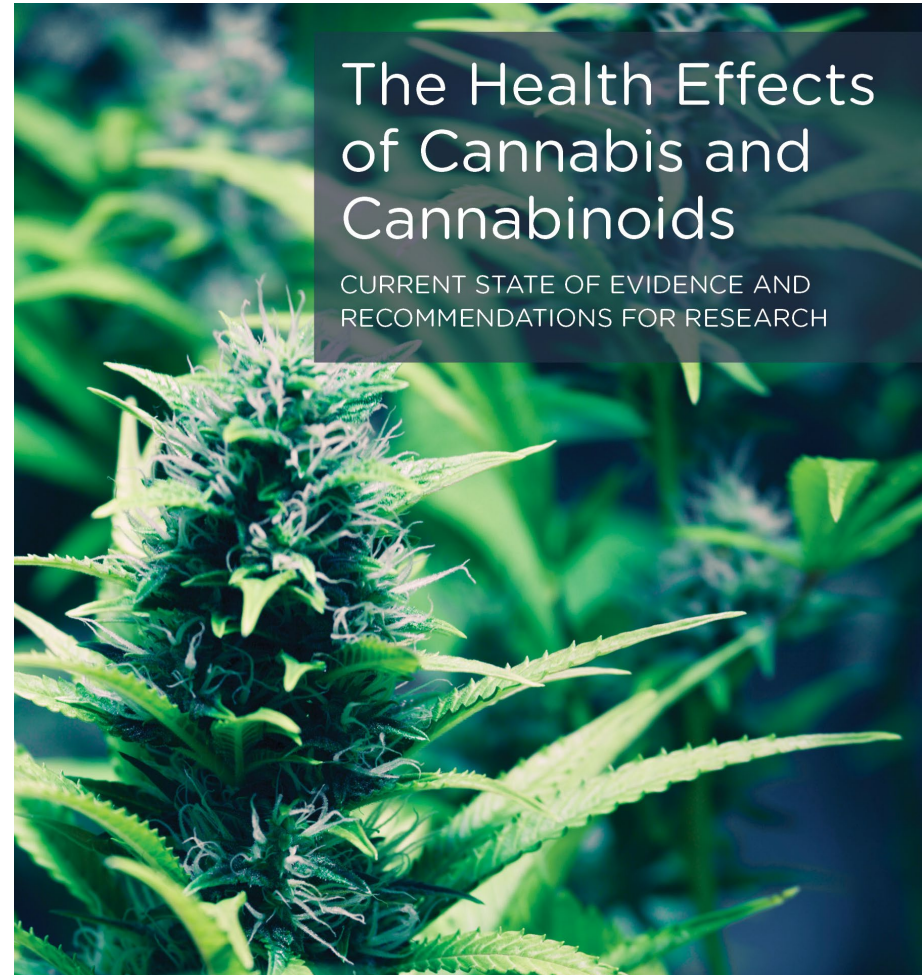
EFFICACY AND PUBLIC HEALTH IMPACTS

NATIONAL ACADEMIES, 2017



The Health Effects of Cannabis and Cannabinoids

CURRENT STATE OF EVIDENCE AND
RECOMMENDATIONS FOR RESEARCH



POLL



According to the 2017 National Academies, for which of the following conditions does **substantial** evidence exist to support medical marijuana efficacy? Select all that apply.

LEVEL OF EVIDENCE FOR EFFICACY

Condition	Conclusive/ Substantial	Moderate	Limited
Chronic pain in adults	✓		
Chemotherapy-induced nausea/vomiting	✓		
Patient-reported multiple sclerosis spasticity	✓		
Short-term sleep outcomes <ul style="list-style-type: none"> • Obstructive sleep apnea • Fibromyalgia • Chronic pain • Multiple sclerosis 		✓	

Note: Refers to effectiveness of cannabis or cannabinoids.

Table 1 of 2

Source: National Academies of Sciences, Engineering, and Medicine, 2017.

LEVEL OF EVIDENCE FOR EFFICACY

Condition	Conclusive/ Substantial	Moderate	Limited
Increasing appetite and decreasing weight loss associated with HIV/AIDS			✓
Clinician-measured multiple sclerosis spasticity			✓
Tourette syndrome			✓
Social anxiety disorders			✓
Post-traumatic stress disorder			✓

Note: Refers to effectiveness of cannabis or cannabinoids

Table 2 of 2

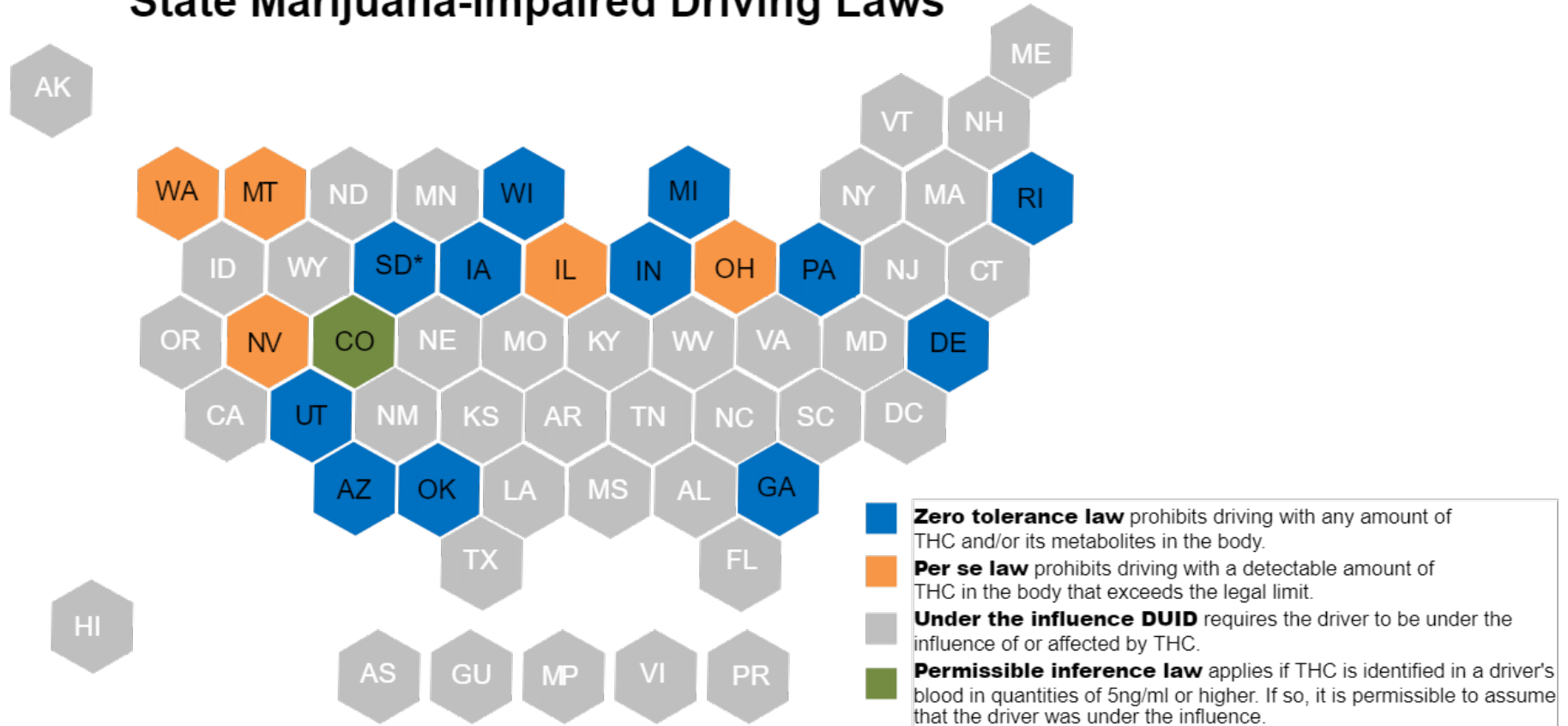
HEALTH RISKS

- Respiratory problems
- Lower birth weight in offspring of women who smoke marijuana during pregnancy
- Psychosocial impairment
- Mental health problems

KEY FINDINGS: DUI

- Marijuana use impairs driving skills, increases motor vehicle crash risk
- Research findings on impact of legalization on crash risks have been mixed
- Research is challenging due to lack of standard for marijuana impairment

State Marijuana-Impaired Driving Laws



* South Dakota has a zero tolerance law for drivers under the of age of 21

KEY FINDINGS: EXPOSURES

- Rates of pediatric exposures increased significantly in states that legalized marijuana, while there were no significant increases in states that did not
- Most pediatric exposures are due to ingestion
- Marijuana exposures account for less than 1% of total exposures reported to poison control centers, but have increased

KEY FINDINGS: OPIOID MORTALITY

- Conflicting evidence
- Earlier studies regarding the impact of Medical Marijuana laws - potential declines in opioid overdose mortality, while newer studies did not confirm these results

KEY FINDINGS: CRIME

- Mixed results as to impact on crime
- In some cases, dispensary location was correlated with increased crime
 - However, dispensaries are more likely to open in areas with higher crime

2.

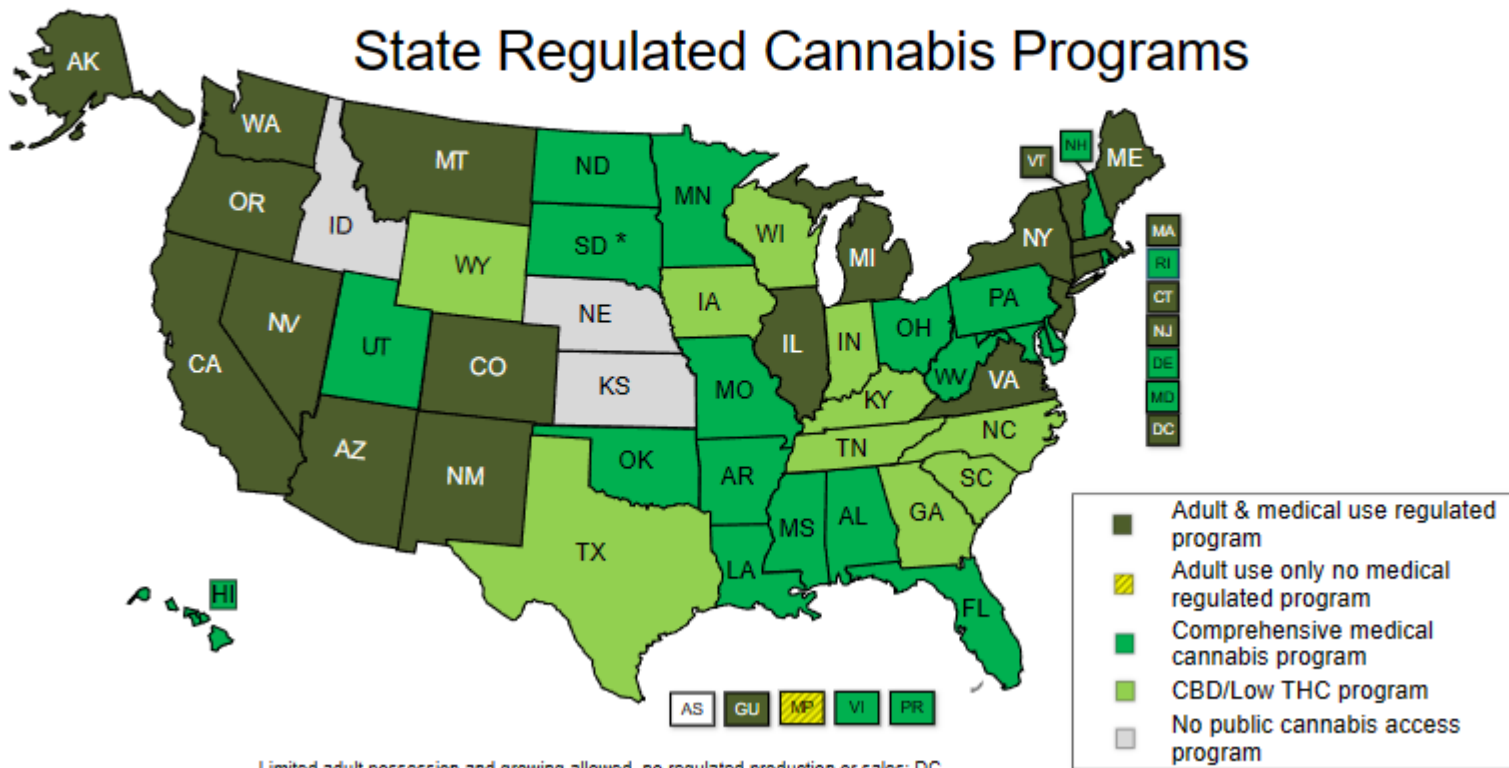
STATE MARIJUANA LAWS

POLL



How many states have **comprehensive** medical marijuana programs?

February 3, 2022: This map DOES NOT reflect the Mississippi legislation signed on Feb. 2, 2022. It will be updated soon.



Limited adult possession and growing allowed, no regulated production or sales: DC

February 2022

States with Comprehensive Medical Marijuana Laws

A-1. State/Jurisdiction	B-1. Organization and Program Name*	C-1. Statutory Language (Year)	D-1. Registry or ID Card	E-1. Fee to Receive Card/ Register (for Patients)#	F-1. Cultivation**	G-1. Possession Limits***##	H-1. Dispensaries	I-1. Specifies Conditions	J-1. List of Conditions###	K-1. Recognizes Patients from Other States	L-1. Recreational Use (Adult Use)
Alabama	Alabama Medical Cannabis Commission	SB46 (2021)	Yes	\$65	Yes	60 daily doses at one time (1 dose=50mg)	Yes	Yes	Autism Spectrum Disorder (ASD); Cancer-related cachexia, nausea or vomiting, weight loss or chronic pain; Crohn's Disease; depression; epilepsy or a condition causing seizures; HIV/AIDS-related nausea or weight loss; panic disorder; Parkinson's disease; persistent nausea that is not significantly responsive to traditional treatment, except for nausea related to pregnancy, cannabis-induced cyclical vomiting syndrome, or cannabinoid hyperemesis syndrome; Post Traumatic Stress Disorder (PTSD); Sickle Cell Anemia; spasticity associated with a motor neuron disease, including Amyotrophic Lateral Sclerosis; spasticity associated with multiple sclerosis or a spinal cord injury; a terminal illness; Tourette's Syndrome; a condition causing chronic or intractable pain in which conventional therapeutic intervention and opiate; and therapy is contraindicated or has proved ineffective.	No	No
Alaska	Department of Health & Social	Measure 8 (1998) SB 94 (1999) Statute Title 17, Chapter 37	Yes	\$25	Yes, 6 plants with maximum	1 oz. per day	No, but recreational retail stores	Yes, for AK approved conditions,	Cancer, glaucoma, HIV/AIDS, any chronic or debilitating disease or treatment for such diseases, which produces conditions that may be alleviated by the medical use of the marijuana: cachexia; severe pain; severe nausea; seizures, including those that are characteristic of epilepsy; or persistent muscle spasms, including those that are	No	Yes, Ballot Measure 2 (2014)

States with Limited Access Medical Marijuana Laws (Low THC/High CBD-Cannabidiol)

A-2. State	B-2. Statutory Language (Year)	C-2. Registry or ID Card	D-2. Fee to Receive Card/ Register (for Patients)#	E-2. Dispensaries or Source of Product(s)	F-2. Specifies Conditions*	G-2. Recognizes Patients from Other States	H-2. Definition of Products Allowed**	I-2. Legal Protection***	J-2. Allowed for Minors	K-2. Cultivation##
Georgia	HB 1 (2015) (signed by governor 4/16/15)	Yes	\$25	Law allows University System of Georgia to develop a lot THC oil clinical research program that meets FDA trial compliance	Yes, end stage cancer, ALS, MS, seizure disorders, Crohn's, mitochondrial disease, Parkinson's, Sickle Cell disease	No	20 oz. or less THC oil containing no more than 5% THC and an equal or greater amount CBD, by weight	Yes, including parent, guardian, or legal custodian of minor patient	Yes	No
Arizona										
Indiana	HB 1148 (2017)	Yes	Not to exceed (\$50)	No in-state access or production mechanism provided	Yes, treatment resistant epilepsy	No	At least 5% CBD by weight; no more than 0.3% THC by weight	Yes, including patient's primary caregiver	Yes	No
Arkansas										
Iowa	SF 2360, Medical Cannabidiol Act of 2014 (Effective 7/1/14 and repealed in 2017 and replaced), HF 524 of 2017 now Section 124E.	Yes	\$100. If patient receives social security benefits, supplemental security, insurance payments, or enrolled in the medical assistance program (\$25)	Yes	Yes	Yes, for possession or use only, not for purchasing CBD in Iowa	Less than 3% THC	Yes	Yes	No
Kentucky	SB 124 (2014) Clara Madeline Gilliam Act Exempt cannabidiol from the definition of marijuana and allows it to be administered by a public university or school of medicine in Kentucky for clinical trial or expanded access program approved by the FDA.	No	No	Universities in Kentucky with medical schools that are able to get a research trial; doesn't allow for in-state production of CBD product	Yes, intractable seizure disorders	No	No, only "cannabidiol"	No	Unclear	No
Mississippi	HB 1231 "Harper Grace's Law" 2014	No	\$50	All provided through National Center for Natural Products Research at	Yes, debilitating epileptic conditions	No	Cannabis extract, oil, or resin containing no less than 15%	Yes, including the parent,	Yes	No

REGISTRATION

- 36 states and D.C. require registration
- Washington state – voluntary for 21+ but required for minors and caregivers
- Registration fee – 33 states
 - Ranges from \$1 to \$200, with \$50 being most common
 - 9 states – offer fee reduction (e.g., senior, military, SNAP)

APPROVED MEDICAL CONDITIONS

- Mental health conditions covered less commonly than chronic medical conditions
- 34 states and D.C. specify medical conditions
- OK and VA – do not specify conditions
- List of conditions – similar across the states
- Variability in allowable supply

POSSESSION LIMITS

- Jurisdictions quantify their possession limits through mass limits, time-based supply limits, or a mixture of the two
- 16 states – mass limit (common - 2.5 ounces)
- 7 states – time-based supply limit (30 day to 90 day)
- 17 states – mixed (e.g., 2 ounces in 30 days in Vermont)

CULTIVATION REGULATIONS

- 18 states – prohibit cultivation
- 15 states – have restrictions (e.g., # of plants, geographical exceptions for patients who live 25+ miles from dispensary)
- Other conditions (e.g., locked plants)

RACIAL EQUITY: STATES ARE FOCUSED ON THESE ISSUES

- How to create equitable ownership and employment opportunities in the marijuana industry
- How to authentically engage low-income and African American community in medical marijuana policy development
- How to consider prior drug arrests or convictions in background check process for licensing
- How to prioritize diversity of applicants for the limited quantity of available licenses

RACIAL EQUITY: STRATEGIES IN OTHER STATES

Medical Marijuana (Oakland, CA):

- City Council performed race and equity analysis of medical marijuana regulations
- Created formal marijuana commissions comprised of stakeholders diverse in gender, race and ethnicity.
- Initial distribution of licenses focused on equity applicants

Recreational marijuana:

- Portion of tax revenue – home repairs and down payments for Black residents (Illinois)
- 30% of revenue to communities that have been overpoliced for marijuana crimes (Virginia)



DISCUSSION

How can racial equity be more explicitly considered in the medical marijuana policy discussions in Kansas?

3.

KANSAS: PROPOSED LEGISLATION

2021 LEGISLATURE

H Sub for SB 158

- Passed by the House, as amended, on May 6; Yeas 79, Nays 42
- Bill transferred to the Senate on May 7 but ruled “materially changed” and referred to Federal and State Affairs Committee.

SB 315

- Introduced on May 7
- Referred to Public Health and Welfare Committee on May 26

2022 LEGISLATURE

H Sub for SB 158

- On January 11, presentation by KLRD and Office of the Revisor of Statutes staff in Senate Federal and State Affairs regarding medical marijuana, the history of the House bill and a summary of medical and non-medical marijuana legislation in other states.
- Withdrawn from Federal and State Affairs; referred to Interstate Cooperation on January 13, 2022.

POLICY ISSUES UNDER CONSIDERATION

- Qualifying health conditions
- Appointed members of medical marijuana advisory committee
- Timeline for implementation
- Physician recommendations for treatment
- Advertising restrictions/requirements
- Licensing requirements and fees

QUALIFYING HEALTH CONDITIONS

- ***H Sub for SB 158:*** Established list of qualifying conditions but allows for “any other disease or condition approved by the Medical Marijuana Advisory Committee”
- ***SB 315:*** Established list but provides greater flexibility for licensed physicians to determine additional conditions that would be “a detriment to the patient’s mental or physical health if left untreated”

APPOINTED MEMBERS OF MEDICAL MARIJUANA ADVISORY COMMITTEE

- **SB 315:** Fewer members appointed by the Governor (5)
- **SB 315:** Includes member representing cultivators, to be appointed by the House Majority Leader
- **H Sub for SB 158:**
- 15-member advisory committee
- Eight members appointed by the Governor
- No cultivator representative

TIMELINE FOR IMPLEMENTATION

- ***H Sub for SB 158:***
Sets 2023 as date for adoption of rules and regulations by KDHE, Board of Healing Arts and Director of ABC
- ***SB 315:***
Establishes July 2022 as the date for adoption of rules and regulations (one year if bill had passed in 2021)

PHYSICIAN RECOMMENDATIONS FOR TREATMENT

- ***H Sub for SB 158:***
Requires ongoing physician-patient relationship in existence for at least six months
- ***SB 315:***
Allows relationship to be established by an initial office visit and review of patient's medical records

ADVERTISING REQUIREMENTS

- ***H Sub for SB 158:*** Requires advertisements to be submitted to Secretary of KDHE at the same time or prior to dissemination of the ad. Within 21 days of submission, Secretary required to approve the ad or notify the submitter of “necessary disclosures or changes.” If no action taken within 21 days, ad is deemed approved.
- ***SB 315:*** No requirement for advertisements to be formally approved

LICENSING REQUIREMENTS

- ***H Sub for SB 158:*** Requires at least 15 percent of processor, cultivator, laboratory, distributor and retail dispensary licenses be issued to and controlled by Kansas residents of Black or African American, American Indian, Hispanic or Latino, or Asian descent
- ***SB 315:*** No comparable requirement

LICENSING REQUIREMENTS

- ***H Sub for SB 158:*** Prohibits dispensary, cultivator or distributor licenses to be issued to corporations and other business entities
- ***SB 315:*** allows licenses to be issued to business entities formed in the state and registered with the Secretary of State

LICENSE FEES

- ***SB 315***: Would establish fees for some license categories that appear to be significantly higher than those that would be established under ***H Sub for SB 158***, e.g., cultivator license application would be \$5,000 under 158 but could be \$50,000 under 315.



DISCUSSION

What short-term or long-term issues should be monitored in Kansas if the medical marijuana legislation passes?

RESOURCES

- A Kansas Twist - Digging into State Medical Marijuana Laws (November 5, 2021)
 - <https://www.khi.org/policy/article/21-45>
- Health at the Capitol: Special Edition Summary - Kansas Medical Marijuana Legislation (July 2, 2021)
 - <https://www.khi.org/policy/article/21-36>
- Status of State Marijuana Legalization Decisions
 - <https://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx>



THANK YOU

Any questions?

You can connect with us at:

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