



KANSAS HEALTH INSTITUTE

For additional information contact:

Tatiana Lin, M.A.
Kansas Health Institute
212 SW Eighth Avenue, Suite 300
Topeka, Kansas 66603-3936
Tel. 785.233.5443 Fax 785.233.1168
Email: tlin@khi.org
Website: www.khi.org

House Committee on Health and Human Services

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**Neutral Testimony:
A Health Impact Assessment on
Legalization of Medical Marijuana in Kansas**

House Bill 2152

**Tatiana Lin, M.A.
Senior Analyst & Strategy Team Leader
Kansas Health Institute**

To improve the health of all Kansans by supporting effective policymaking, engaging at the state and community levels, and providing nonpartisan, actionable and evidence-based information.

Informing Policy. Improving Health.

Chairman Hawkins and Members of the Committee:

Thank you for the opportunity to provide testimony today. My name is Tatiana Lin and I am a senior analyst and strategy team leader at the Kansas Health Institute, where I lead work on community health improvement. KHI is a nonprofit, nonpartisan health policy and research organization based here in Topeka, founded in 1995 with a multiyear grant from the Kansas Health Foundation.

The Kansas Health Institute does not take positions on legislation. We want to inform the decision-making process by providing evidence-based findings in order to maximize the potential positive health effects of a policy decision, while mitigating the potential negative health impacts. Therefore, we are here to speak neither for nor against HB 2152.

We would like to provide information on the results of our health impact assessment – or HIA – on the issue of legalization of medical marijuana in Kansas. The HIA study assessed how the legalization of medical marijuana in Kansas could affect access to and consumption of marijuana, property and violent crimes, driving under the influence, traffic accidents, accidental ingestion and associated health outcomes (e.g., injury, mortality, mental health, quality of life).

The KHI study assessed potential health effects associated with the legalization of medical marijuana as proposed in SB 9 and its House version (HB 2011) of the 2015 session. As such, our analysis primarily focused on the states that legalized all forms of medical marijuana.

As we understand it, the intent of HB 2152 is to legalize medical hemp preparation treatments for certain medical conditions. As of November 2016, 16 states have passed restrictive medical marijuana laws. Because many of these laws were passed within the last three years, to the best of our knowledge, there hasn't been any published research about the impacts associated with the passage of these laws.

See **Attachment 1** in your materials for a map of the medical marijuana laws in the United States, which also depicts 29 states including (Washington, D.C.) that have passed comprehensive medical marijuana laws.

We have reviewed laws similar to HB 2152 and would like to offer the following information about states with similar laws, which are considered “restrictive” for medical marijuana.

States with Restrictive Laws:

- Some states have passed more restrictive laws, including placing requirements on the type of marijuana allowed for medical purposes (e.g. oils only) and for the types of conditions or symptoms patients must have (e.g. epilepsy only).

- Most of the states define cannabidiol or “cannabis oil” (CBD) as a (nonpsychoactive) cannabinoid found in the plant *Cannabis sativa* L. or any other preparation thereof that is essentially free from plant material, and has a THC¹, the main psychoactive component of cannabis, level of no more than 3 percent.
- Most of these states limit the dispensing of marijuana for medical use to university medical centers or allow a small number of dispensaries to operate.
- All 16 of these states approve medical use of marijuana for either epilepsy or seizures.
- All 16 of these states limit the content of marijuana that can be used for medical purposes, ranging from requiring zero to less than 3 percent THC in the product.
- Ten out of 16 states have minimum requirements (between 5 and 98 percent CBD) for cannabidiol concentration².
- All 16 of these states allow use of cannabis oil by minors. One of the 16 states (Florida) requires approval from two doctors.

Furthermore, I would like to share some of the key findings from our 2015 health impact assessment to help inform your discussion on this issue. **Attachment 2** in your materials includes findings and recommendations regarding consumption, crime, driving under the influence, traffic accidents and accidental ingestion/overdose.

One of the primary impacts studied in the report was the impact of legalization of medical marijuana on access to and consumption of marijuana. Our research found that the legalization of medical marijuana may result in little to no impact on consumption of marijuana among the general population in Kansas. However, some increase in marijuana consumption for at-risk youth and individuals with approved medical conditions may occur. The level of this change would depend on regulation and law enforcement practices.

Accidental ingestion of marijuana products could increase, especially for young children, according to the research. However, it is important to note that the increase in accidental ingestion of marijuana might be relatively minimal compared to accidental ingestion of opioids, and growing evidence points to decreased opioid abuse and mortality in states that have legalized medical marijuana.

The study also examined the impact of medical marijuana legalization on crime. Based on the reviewed data and literature, states that legalized medical marijuana did not see broad increases in criminal activity; however, areas that are located in close proximity to dispensaries might

¹ Two of the principal chemicals found in cannabis are cannabidiol (CBD) and tetrahydrocannabinol (THC). Different preparations of cannabis materials may contain these chemicals in different concentrations. The levels of CBD and THC present in a cannabis preparation can change the drug’s effects upon consumption. THC is the main psychoactive component of cannabis and causes the ‘high’ often associated with recreational use. Limiting the amount of THC present in cannabis preparations can limit its psychoactive effects. However, clinical studies also suggest that THC also has therapeutic effects and may alleviate chronic pain and effects of multiple sclerosis.

² CBD has also been studied for its therapeutic potential and, in contrast to THC, is non-psychoactive.

experience increases in crime. That said, the areas where dispensaries are likely to establish may already have elevated crime rates.

Finally, the legalization of medical marijuana may result in an increase in driving under the influence of marijuana and related traffic accidents.

A few of the key recommendations from the HIA include:

- Requiring dispensaries to provide educational materials on the importance of not sharing medical marijuana with those who are not authorized to use it;
- Requiring dispensaries to implement safety measures to deter crime, such as video surveillance;
- Requiring medical marijuana products to have labels with detailed usage and warning information;
- Enacting regulations for child-proof packaging in order to prevent accidental ingestion of medical marijuana products; and
- Limiting the number and type of edibles, and requiring those that are allowed to be less attractive to children and youth.

We invite you to review the provided HIA executive summary and the attachments to this testimony for more detailed information about the findings and recommendations of our study.

Thank you for your time, and I will now stand for questions.

If you have any questions regarding today's information or the health impact assessment, please contact Tatiana Lin at (785) 233-5443 or tlin@khi.org.

Enclosures: Attachment 1: Map of states that have legalized medical marijuana, 2016.
Attachment 2: HIA Findings and Recommendations
Attachment 3: Executive Summary of the HIA: Potential Health Effects of Legalizing Medical Marijuana in Kansas, 2015.