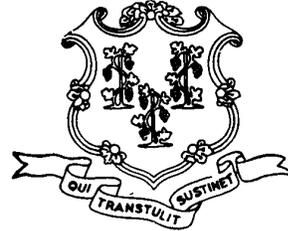


Department of Consumer Protection



Testimony of Michelle Seagull Deputy Commissioner of Consumer Protection

Judiciary Committee Public Hearing, March 13, 2015

Senate Bill 1064, “An Act Concerning the Palliative Use of Marijuana”

Sen. Coleman, Rep. Tong, Sen. Kissel, Rep. Rebimbas and Honorable Members of the Judiciary Committee, I am Michelle Seagull, Deputy Commissioner of Consumer Protection. Thank you for the opportunity to offer testimony in support of the Department’s bill, SB 1064, “An Act Concerning the Palliative Use of Marijuana.”

I am especially pleased to appear before the Judiciary Committee today, as it was this committee that first heard compelling testimony and ultimately supported Connecticut’s medical marijuana program in 2012. Members of this committee and the legislature at large produced a program aimed at helping patients by giving them access to a medicine they had not been able to lawfully obtain before. They entrusted the Department of Consumer Protection to promulgate regulations and administer a program based on genuine pharmaceutical standards and that emphatically is not an end-around to enable recreational use of marijuana. I strongly believe we are carrying out the duties and are fulfilling the mission this committee charged us with in 2012. We will continue to do so, and thousands of patients are today, and will be in the future, the beneficiary of this commitment.

As the program has begun to mature, the Department has carefully considered where we are today, and if there are any statutory changes that could improve our ability to administer the program and better serve the patient community. We have concluded that there are. Please note, however, that the changes we are seeking to the current medical marijuana statute are, in large part, a reflection of how successful the original statute was in creating a vision and framework for a marijuana program that is truly medical. The result is a program that Connecticut can be proud of and that is now a model for other states that want to treat marijuana as medicine.

Before summarizing the bill before you, I would like to provide a brief overview of the program and an update on its status. That background will provide a helpful context for why the changes we are requesting are important supplements to the law and will strengthen the core medical goals of the program.

First, there are a number of aspects to Connecticut's program that differentiate it from the looser programs that exist in many other states. Specifically, in Connecticut:

- Marijuana was moved to a schedule II controlled substance
- We regulate medical marijuana producers like manufacturers of pharmaceutical products
 - We require that all products be laboratory tested and labeled
 - We regulate dispensary facilities like pharmacies
 - We require that medical marijuana be dispensed by a Connecticut-licensed pharmacist
- We require that dispensers of medical marijuana utilize the prescription drug monitoring program

In most of these areas, Connecticut was the first state in the nation to incorporate these requirements within a medical marijuana program.

The benefits of creating a true medical model can be seen in the growing acceptance of the program by people who may have originally been skeptical about the product or never had considered trying it as a medicine. For instance,

- The number of Connecticut physicians who have chosen to register in the program has increased from 83 in May 2014 to 187 as of March 2015.

- The number of registered patients has increased from 1,325 in May 2014 to 3,027 as of March 2015.

Another benefit Connecticut has seen since the implementation of the program is the growth in new businesses and employment. This includes:

- Four medical marijuana producers, each of whom is now occupying a large building or warehouse that may otherwise be standing empty.
- Six dispensary facilities, each one becoming integrated into their respective communities.
- New employment opportunities. The four producers now currently employ a total of 184 people. The six dispensary facilities employ 45 people
- The opening of three new medical marijuana laboratories.
- In addition, many more jobs were created at the start of the program when each of these businesses had to build out their space; many turning empty warehouses into large manufacturing facilities or empty retail space into vibrant businesses.

Another positive outcome that flows from the creation of a medical marijuana program is that the businesses which were attracted to the program are ones that truly believe in the medicinal value of marijuana. This has brought to the forefront some areas where we think changes to the current law will further the medical goals of the statute.

Importantly, we believe the program is progressing well considering that the first producers were awarded licenses by DCP just over a year ago, and that their product began arriving at dispensary facilities for sale to registered patients within only the last few months. The changes we are proposing are not intended to change in any meaningful way the direction of the program. Rather, we are seeking ways to further advance the science behind both the program and the product and as such, have identified some areas where improved patient access to the product is needed and could be reasonably achieved.

With that background, I will briefly describe the key changes we are proposing.

Laboratory testing: An important differentiator for Connecticut's program is the requirement that all medical marijuana batches be laboratory tested to ensure that there is no contamination and so that each product can be labeled with its active ingredients. The changes we are proposing are intended to simplify the process for licensees to work with the labs and to have their products tested. It will also enable research organizations to work with labs in connection with their research programs.

Research: A number of organizations, including health care facilities, academic institutions and licensees in the program have expressed interest in engaging in research to better understand the effects of medical marijuana. In addition, feedback we hear from the medical community, particularly those who are still somewhat uncomfortable with the product, is that there is a lack of rigorous research in this area. We, therefore, are proposing changes that would allow the Department to approve bona fide research programs and to provide immunity to those conducting the research or otherwise participating in the research program. The medical marijuana program and the patients it serves can only benefit from more research. This can help not only to validate, or possibly invalidate, the anecdotal evidence, but also assist in identifying the best dosage forms and active ingredient profiles to treat different debilitating conditions. An example of how this could be beneficial is that we have heard that for many patients the use of medical marijuana allows them to reduce or eliminate their use and dependence on other strong pharmaceuticals such as opioids. If more testing, right here in Connecticut could be done to confirm this, it is certainly possible that more doctors may see medical marijuana as a viable and even preferable option for some patients who would otherwise be prescribed pain medication.

Nurse immunity: If a health care facility chooses to allow patients to use medical marijuana, we want the nurses working in that facility to be able to administer the medication as they would any other medications for a patient, without risk of state

penalties – criminal or civil. Our proposal, therefore, extends immunity from prosecution to nurses who administer medical marijuana.

In-Patient Care Facilities: A concern the Department has heard from a number of people is that it is difficult for patients in hospice or other inpatient care facilities to benefit from medical marijuana even though many people in these facilities are at a point in their disease progression where the palliative use of marijuana could be particularly helpful. Sadly, for example, for people in on-site hospice care, their life expectancy may be only a few days. Many believe that access to medical marijuana could alleviate their pain or other symptoms enough to make those last few days more bearable. Our proposal is intended to make it easier for these patients to get medical marijuana by allowing the product to be delivered directly to the hospice and other inpatient care facilities from a dispensary facility.

Age change: Compelling stories are coming from other states regarding the use of medical marijuana by patients under the age of 18, particularly those with seizure disorders who have reported significant and life-changing benefits from the use of particular strains of the product. Most notable is the story of a young girl named Charlotte, who reportedly went from hundreds of seizures a week to just a handful of seizures after being treated with a cannabis product that is low in THC, but high in CBD. With this improvement she was able to get her life back. To the extent there are children in Connecticut suffering from this or other debilitating medical conditions, the Department feels that providing doctors with the option to use medical marijuana as a treatment is the right thing to do. Moreover, because we are hearing that patients using medical marijuana are often able to eliminate, or drastically reduce, their use of other more powerful medications such as Oxycodone, the availability of this product for younger patients is particularly compelling. At the same time, we are sensitive to the possibility that some individuals may attempt to misuse the program for the purpose of using the product recreationally. To address this, we have included added protections to ensure that the program is not misused by those underage. Specifically, anyone under 18 must have approval from their parent, pediatrician and a second doctor who specializes in

their debilitating condition. Thus, two doctors and a parent will serve as gatekeepers to make certain that anyone under 18 obtaining medical marijuana is truly in need of the product and their parent will oversee its possession and use.

Board of Physician qualifications: Finally, the Department has benefited from the knowledge and expertise of the current members of the Board of Physicians that was created in the initial statute. However, we note that the statutory language is highly restrictive on the qualifications of board membership with regard to specific medical specialties. We believe these restrictions are unnecessary and are serving as an impediment to us finding and selecting doctors to serve on this board. We suggest removing the restrictive requirements of needing certain medical specialties, while keeping language that requires members to be “physicians or surgeons who are knowledgeable about the palliative use of marijuana.”

I would be remiss in closing to fail to thank you again for entrusting the Department of Consumer Protection with the authority to administer this important program at which our staff works so hard and faithfully. They are truly the best in the business and Connecticut’s legislators and our fellow citizens should be proud of their dedication and accomplishments.

Thank you for providing me this opportunity to report on the status of the program today and to outline the legislative proposal we have submitted for your consideration.

I would be happy to respond to any questions you have today.

Following that, please feel free to contact me, Commissioner Jonathan Harris, or DCP’s Legislative Program Manager, Gary Berner if you have any additional questions or comments.