

**Testimony before the Public Health Committee  
March 2, 2016**

Good Afternoon Senator Gerratana, Representative Ritter and members of the Public Health Committee. My name is Margherita Giuliano. I am a pharmacist and Executive Vice President of the Connecticut Pharmacists Association, a professional organization representing close to 1,000 pharmacists in the state. We also represent the Academy of Medical Marijuana Dispensaries which is comprised of the six facilities serving registered patients today.

I am here today to support HB *5450 An Act Concerning the Palliative Use of Marijuana*.

It is interesting to reflect back and see that it is almost 5 years to the day when our association first appeared before the Judiciary Committee to support legislation that would approve the medical use of marijuana in the State of Connecticut. I want to applaud legislators and the Department of Consumer Protection for the premiere program that we have finally achieved.

The program has not been without its growing pains. But patients are able to purchase product to address symptoms related to the specified disease states defined in the law. There are now many different dosage forms available and product goes through required testing, so it is very exciting times for the Producers, Dispensaries, and especially patients.

The CPA and its Academy of Medical Marijuana Dispensaries support the recommended changes to current legislation. We support the changes to the definition of debilitating medical condition to include uncontrolled intractable seizure disorder, irreversible spinal cord injury with objective neurological indication of intractable spasticity, cerebral palsy, cystic fibrosis or terminal illness requiring end-of-life care,. We support the availability of medical marijuana for qualifying patients under eighteen years of age, for terminal illness requiring end-of-life care, irreversible spinal cord injury with objective neurological indication of intractable spasticity, cerebral palsy, cystic fibrosis, severe epilepsy or uncontrolled intractable seizures. Please note that our support of the patients under age 18 is for usage of the product in certain forms only (non smokable).

We support the change in legislation **to allow access to medical marijuana for palliative care to assist patients to maintain their current therapy or as an alternative therapy in end of life care**. We also support the changes **to allow for product to be used for research purposes**. The dispensaries have just had Institutional Review Board approval for a research project with Yale University School of Medicine. It is through research and studies that we can confirm the medicinal value of this controversial product.

We support the addition of Sec. 3 (b) that would subject a person with a valid registration certificate found to be in possession of marijuana that did not originate from their selected dispensary to a hearing before the Commissioner for possible enforcement action. This closes a loophole in the law that previously allowed qualified patients to continue to purchase marijuana on the streets.

In a nutshell, the patient registration card should be linked directly to Dispensary products only. A lot of time, energy and resources have been put into building this model program. The integrity of the program is compromised and tax revenue is lost when we allow patients to continue to purchase marijuana on the streets. It will also impact the integrity of any future research projects that are planned by raising questions as to the actual effectiveness and safety of Medical Marijuana in our patients. As you are aware, the product produced by the manufacturers is medical grade and can control the levels of THC.

Section 6d adds a requirement for dispensaries to report data to the Department of Consumer Protection relating to the types, mixtures and dosages of palliative marijuana dispensed by such dispensary. The dispensaries currently submit all prescription information into the Prescription Monitoring Program. Additional reporting as defined here seems duplicative and unnecessarily burdensome for the dispensaries.

Thank you for your consideration as we continue to work together to improve and strengthen this program.