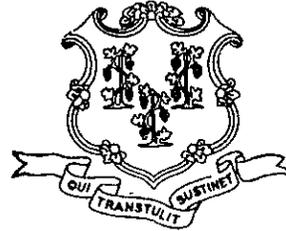


# Department of Consumer Protection



## Testimony of Michelle Seagull Deputy Commissioner of Consumer Protection

Public Health Committee Public Hearing, March 2, 2016

### *House Bill 5450, "An Act Concerning the Palliative Use of Marijuana"*

Senator Gerratana, Representative Ritter, Senator Markley, Representative Srinivasan and Honorable Members of the Public Health 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, HB 5450, "An Act Concerning the Palliative Use of Marijuana."

In 2012, the state legislature created Connecticut's Medical Marijuana Program (MMP) aimed at helping patients by giving them access to a medicine they had not been able to lawfully obtain. The Department of Consumer Protection was entrusted to promulgate regulations and administer a program based on genuine pharmaceutical standards that emphatically is not an end-around to enable recreational use of marijuana. The Department is carrying out those duties and is fulfilling the mission the legislature charged us with in 2012, and thousands of patients are today, and will be in the future, the beneficiary of this commitment.

As the MMP continues to evolve, the Department continuously evaluates what we can do to improve our ability to administer the program and better serve the patient

community. The bill before you today, HB 5450, makes statutory changes that will build on the success of the original statute while maintaining the vision and framework for a marijuana program that is truly medical. It is important to note that the Department has listened to, and worked with others, especially the Connecticut Chapter of the American Academy of Pediatrics to ensure our language addresses the needs of patients of all ages.

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 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; and
- 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 had never 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, shortly after the program launched, to 187 last year and 434 currently; and the number of registered patients has increased from 1,325 in May 2014 to 3,027 as of March 2015 and 8645 currently.

Also, 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 two years ago. The changes we are proposing are not intended to alter, 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 tetrahydrocannabinol THC, which is responsible for most of marijuana's psychological effects, but high in cannibal CBD, which is non-psychoactive. 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. Finally, because the brain development of those under 18 is something we also need to take very seriously, we have worked closely with the Connecticut Chapter of the American Academy of Pediatrics on this language, and we are adding a requirement at least one member of the Board of Physicians be a board certified pediatrician.

**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 specialities. We believe these restrictions 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 Director, Leslie O’Brien if you have any additional questions or comments.