



**Testimony of Connecticut Children's Medical Center  
to the Public Health Committee regarding  
*HB 5450 An Act Concerning the Palliative Use of Marijuana*  
March 2, 2016**

Senator Gerratana, Representative Ritter, members of the Public Health Committee, thank you for the opportunity to share our thoughts about *HB 5450 An Act Concerning the Palliative Use of Marijuana*. I am William Zempsky, MD, MPH, Head of the Division of Pain and Palliative Medicine at Connecticut Children's Medical Center and Professor of Pediatrics at the University of Connecticut School of Medicine.

Connecticut Children's is a nationally recognized, 187-bed not-for-profit children's hospital serving as the primary teaching hospital for the University of Connecticut School of Medicine Department of Pediatrics. Connecticut Children's is consistently named among the best in the nation for several of its pediatric specialties in the annual *U.S. News & World Report* "Best Children's Hospitals" rankings.

A comprehensive array of pediatric services are available at our hospitals in Hartford and Waterbury, with neonatal intensive care units in Hartford (Level 4) and the University of Connecticut Health Center (Level 3), along with a state-of-the-art ambulatory surgery center, five specialty care centers and 10 practices across the state and in Massachusetts. Our Level 1 Pediatric Trauma Center and Primary Care Center are the busiest between Boston and New York. Connecticut Children's has more than 2,400 employees with a medical staff of nearly 1,100, practicing in more than 30 subspecialties.

If the State of Connecticut wants to maintain access to the full spectrum of pediatric health care services for all of its children, there must be a relationship between Medicaid cost coverage for the services Connecticut Children's provides and Medicaid volumes. While the number of children served by Connecticut Children's has risen, Medicaid cost coverage has decreased since 2008 from 91% to a projected 65% in 2016. This has resulted in Connecticut Children's Medicaid shortfall increasing from \$7.6 million to \$65 million per year during the same time period.

At Connecticut Children's, our interdisciplinary team uses a range of evidence-based methods to treat pain in infants, children and adolescents. Our pain specialists work directly with children and their families to manage pain using an array of treatments that may include medication, physical, behavioral and complementary (massage, hypnosis, and yoga) therapies. Our Division has been identified as a national and international leader having been designated a Center of Clinical Excellence by the American Pain Society in 2014 and one of the first 4 hospitals in the world certified by ChildKind International. Dr. Zempsky is a co-editor of the Oxford Textbook of Pediatric Pain and is Chair of the Pediatric Special Interest Group of the American Pain Society.

Since the approval of the medical marijuana law in Connecticut I have reviewed the literature regarding cannabis extensively. While clearly there is more research necessary to understand how best to use this agent, it is become clear to me that there are some of our most vulnerable patients who would truly benefit from the use of medical marijuana. However, they do not have access to it solely due to their age. In my clinical practice I care for children with chronic disease who are at the end of life, or who have life limiting conditions, and who suffer daily from intractable pain. For these patients we try a wide range of agents such as powerful opioids which are often ineffective and cause untenable side effects. These children's quality of life is severely affected and they cannot enjoy time with family and friends. Parents of these children come to me and ask about medical marijuana and I tell them it is not available for their child. They often choose to look elsewhere for it. While medical marijuana is not a panacea, for some of the children I care for it may provide relief from pain. I would also suggest that you consider adding chemotherapy associated nausea and cancer-related pain in patients under age eighteen to the definition of "Debilitating medical condition" in the bill. With this addition, I ask that you approve this bill so we may ease their suffering.

I would be happy to serve as a resource for you as you debate this proposed legislation.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Jane Baird, Connecticut Children's Director of Government Relations, at 860-837-5557.