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General Law Committee

Thursday, March 2, 2017

Public Hearing

2:30 P.M. in LOB Room 1B

Testimony In Support Of

Senate Bill 866 AN ACT CONCERNING CANNABIDIOL PRESCRIPTION MEDICATION

Good afternoon Chairmen Baram, Leone, Witkos, Vice Chairs, Ranking and distinguished members of the General Law Committee. For the record, my name is Representative Emmett Riley from the 46th District and I respectfully submit testimony in support of SB-**866** An Act Concerning Cannabidiol Prescription Medication.

I am here today in support of children with rare, life threatening forms of epilepsy, specifically Dravet Syndrome and Lennox-Gastaut Syndrome (LGS). These epilepsy syndromes are catastrophic and devastating, both to patients and their families. As many as 80-90% of patients with these rare disorders do not respond to available medications, and unfortunately their uncontrolled seizures result in cognitive impairment and loss of developmental skills. Children never outgrow these syndromes and most will need life-long care.

It is my understanding that a purified cannabidiol (CBD) pharmaceutical product is being studied in FDA-approved clinical trials for the treatment of Dravet and LGS, and that the results have been positive. Currently there are no U.S. Federal Drug Administration (FDA) approved treatments for Dravet Syndrome. Patients with these types of medication resistant epilepsies need access to new FDA approved therapies as soon as possible. The FDA pathway has been established over the past 100 years to protect public health and safety, and to ensure that medications are both safe and effective for their intended use.

Because products that contain CBD have a component derived from the marijuana plant, all CBD products fall under Schedule I at the federal level. This means that if the FDA approves a CBD- based product, the DEA will reschedule the product so that it can be prescribed for patient use.

Currently in Connecticut, marijuana (and CBD) is a Schedule 2 product. Because Schedule 2 designation is reserved for substances with high abuse and physical and psychological dependence, Schedule 2 products are more restricted than Schedules 3-5.

If, after reviewing the scientific evidence, the FDA and DEA determine that prescription CBD products should be moved from Schedule 1 to a Schedule 3, 4 or 5, I believe CT should similarly schedule these products. This should be done to minimize any restrictions or barriers to patient access.