

ACADEMY OF MEDICAL MARIJUANA DISPENSARIES

Testimony Before the General Law Committee
March 2, 2020

GOVERNOR'S BILL 16 AN ACT CONCERNING THE ADULT USE OF CANNABIS

Senator Winfield and Representative Stafstrom and members of the Judiciary Committee:

Thank you for this opportunity to provide testimony regarding Governor's Bill 16 An Act Concerning the Adult Use of Cannabis. The Academy of Medical Cannabis Dispensaries (AMMD) is a special interest academy within the Connecticut Pharmacists Association and represents the majority of the 17 active medical cannabis dispensaries in the state. Together, Connecticut's dispensaries serve the health and wellness of nearly 40,000 patients. Medical cannabis is currently approved for 36 qualifying conditions in adults and 10 in patients under 18.

Connecticut's medical cannabis program is widely considered the gold standard for such initiatives because of its stringent regulations and adherence to medical standards. A major factor of the program's success is its requirement that a licensed pharmacist be onsite to consult and counsel patients and to dispense the product. In other words, unlike the "wild west" approach of other states, each patient in Connecticut engages directly with an expert in the science, technology, pharmacology, pharmacokinetics, side effects, medical attributes, and administration of marijuana-based therapeutics.

In other states, the introduction of retail cannabis has significantly weakened medical programs. In Colorado, for instance, since the peak of summer 2011 when the state's medical marijuana program boasted over 116,000 patients, more than 33,000 patients have fallen off the medical marijuana registry.¹ And since recreational stores opened in that state in 2014, the registry has fallen more than 30 percent,² according to Colorado Department of Public Health and Environment data.

Even as you consider establishing a retail cannabis market, we ask that you assure the continued integrity, strength, and viability of the medical cannabis program.

¹ Colorado Medical Marijuana Sales Take A Nosedive. Is The End Nigh? <https://www.cpr.org/2018/08/15/colorado-medical-marijuana-sales-take-a-nosedive-is-the-end-nigh/>

² Medical Marijuana Registry Program Statistics, January 2020. <https://drive.google.com/file/d/177A38q9omRDJjYNXo5oN3Ye0IRHhRIQL/view>

KEY ELEMENTS SUPPORT THE MEDICAL PROGRAM

We appreciate that the Governor’s proposal includes a number of elements that may help to ameliorate the impact of a retail marketplace on the medical program, including:

- **Sec 24 (11)** (lines 1585-1591), which seeks to minimize the cost difference between legal and medical marijuana and prioritizes access to medical marijuana and products.

Because medical marijuana patients use this product to combat a wide range of qualifying indications, medical marijuana dispensaries should be guaranteed first access to available supply, especially if the existing production facilities will be supplying both the medical and retail markets—patients come first;

- **Sec 24 (15)** (lines 1602-2603), which eliminate the registration fee imposed on medical marijuana patients and caregivers.

In recent years, several legislative proposals have aimed to eliminate registration fees. Though the sale of medical marijuana products is currently sales tax-free, these fees essentially punish patients for their medical need as an unstated usage/access tax;

- **Sec 24 (42)** (lines 1718-1720), which requires DCP to “establish a modified process to solicit and review applications” for current producers and dispensaries to attain retail licenses.

Currently-operating medical dispensaries have already established robust security measures, delivery protocols, tracking systems, etc. required for safe and responsible distribution;

- **Sec 24 (47)** (lines 1743-1740), which requires DCP to “establish responsibilities of [medical] licensees ... to maintain priority access of product to qualifying patients. Such recommendations may include a recommendation regarding the colocation” of a medical dispensary with retail dispensary.

As noted earlier, for medical marijuana dispensaries, patients come first.

- **Sec 30** (lines 1923-1926), which permits research on the medical uses of marijuana;

Connecticut’s medical dispensaries are already storehouses of vast amounts of information about the safety, efficacy, and other factors of medical marijuana, and this information can and should be put to beneficial use for healthcare.

- **Sec 32 (a)** (lines 1965-1971), which allows DCP to determine whether medical marijuana patients to “be permitted to purchase cannabis products of higher potency and in a larger amount than are generally available for retail purchase”.

The legal level of THC in retail marijuana should be lower than that of medical marijuana. Because edible products can produce the most adverse reactions as they metabolize more slowly in the human body than marijuana flower, these products in particular should be carefully tested and labeled with THC content. The pharmacists of AMMD have extensive experience in understanding and regulating THC levels and would be an excellent resource in identifying appropriate levels and developing regulatory guidelines for THC potency for different product types.

- **Sec 37** (lines 2111-2121), regarding electronic payments and banking procedures, which should also apply to medical dispensaries.

Because of federal restrictions, for medical marijuana dispensaries, banking, employee benefit programs, payment systems, etc., are difficult to develop and maintain, and they should be relieved of these sorts of basic business problems that do not affect most other industries.

- **Sec 49 (b)(3)** (lines 2697-2699), requires that employers “make reasonable accommodations for an employee who uses cannabis for medical purposes”, which is both sensible and fair;

and

- **Sec 54 (120)** (lines 2994-2998), codifies medical marijuana as a non-prescription drug.

POTENTIAL IMPACT OF PERSONAL CULTIVATION AND INADEQUATE *PER TRANSACTION* PURCHASE LIMITS

However, from a healthcare standpoint, there are elements of the current bill that we urge you to reconsider:

- **Sec 36 (1)** (lines 2097-2107) provides for the potential introduction of personal-use cultivation of cannabis for both consumers and qualifying medical marijuana patients.

As we have already noted, one of the hallmarks of Connecticut’s medical marijuana program is its requirement that a licensed pharmacist consult with and counsel patients about their medical needs, including formulations, drug interactions, delivery systems, dosing, and potency, all of which can impact the success of a medical marijuana regimen.

So-called “grow-your-own” would eliminate this responsible and evidence-based oversight and pharmacological counseling, potentially causing harm to patients due to self-dosing or utilizing a product inappropriate to their particular medical need.

- **Sec 46** (lines 1729-1733) enables DCP to set *per transaction* retail purchase limits.

Currently, medical patients are allowed to purchase 2.5 ounces *per month*. We encourage you to consider the impact to the medical system if retail purchase limits exceed those for medical need. For example, if a retail customer were allowed to purchase 1.5 ounces of product every day for 30 days, they would obtain 45 ounces of product during the same time frame that a medical marijuana patient could only buy 2.5 ounces. An adult use customer would only have to visit a retail facility twice in order to exceed the amount available to a medical patient (even if the potency of the medical-grade product were higher). In essence, retail customers would have access to unlimited supply, thus greatly increasing the risk of diversion or misuse.

CHALLENGES OF PRODUCT SUPPLY AND DCP FUNDING

There are, however, two significant issues which are not addressed in the current legislation.

While the present bill does prioritize medical patient access to marijuana products over retail access, this will only work if there is a broad and robust supply system capable of supporting both programs simultaneously. We are concerned that the current number of producers may not be able to consistently maintain sufficient output for such a large enterprise and suggest expanding the number of producer licenses to assure that medical-grade cannabis products are always fully and readily available.

Finally, it appears that, in his revised budget, the governor has proposed adding \$275,362 to DCP funding to support the initial costs to develop a regulatory structure for retail marijuana, including two permanent and one durational position and associated other expenses. While this is a welcome addition, it is clear that going forward the department will require significantly more investment and manpower than this for adequate enforcement and regulation.

But in order to continue to support the medical cannabis program, DCP will also need significantly increased funding just to keep up with the administrative and regulatory aspects of the medical program as the number of patients and qualified indications continues to grow.

If SB 16 moves forward, we encourage you to call upon the medical and pharmacological expertise of the pharmacists in the medical dispensary community, who have been the core of the medical program's success, in order to protect and serve Connecticut's tens of thousands of medical cannabis patients.

Thank you for the opportunity to comment.

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