VERMONT MEDICAL SOCIETY

Date: **April 26, 2018**

To: **House Human Services Committee**

From: **Jessa Barnard, VMS Executive Director**

Re: **Opposition to Sections 3 & 4 of S. 216, An act relating to the administration of Vermont's Medical Marijuana Registry**

On behalf of our 2,000 physician and physician assistant members of the Vermont Medical Society (VMS) and the American Academy of Pediatrics Vermont Chapter (AAPVT), we would like to state our opposition to Sections 3 and 4 of S.216, as passed by the Senate.

Section 3 would expand the definition of "debilitating medical conditions" allowing a patient to qualify to join the marijuana registry based on any *"Other disease, condition, or treatment as determined in writing by a qualifying patient's health care professional."*

VMS and AAPVT oppose the qualification of any medical condition, whether physical or psychological, as appropriately treated with medical marijuana. Rather conditions should only be added to the Marijuana Registry program if peer-reviewed scientific research demonstrates that marijuana is safe and effective for a specific condition. See our 2017 Resolution on this topic here: http://www.vtmd.org/sites/default/files/2017MedicalMarijuana.pdf. For this reason, VMS worked with Representative Keefe this session to introduce H. 803, which would involve the Marijuana Review Board in reviewing the scientific evidence before adding debilitating medical conditions to the registry.

Unfortunately, the Senate Judiciary Committee did not receive testimony from any health professionals in considering making this change to S. 216 nor did the Committee receive any evidence-based information regarding the effectiveness of medical marijuana on specific conditions or symptoms. According to both a January 2017 review of the evidence conducted by the National Academies of Science, Engineering and Medicine[1] and a 2016 Health Impact Assessment from the Department of Health[2] there is evidence that marijuana may alleviate symptoms for some conditions, such as chronic pain and chemotherapy-induced nausea. However, there is a lack of evidence of its usefulness for a host of other conditions, specifically psychological conditions, and in fact, marijuana use may exacerbate many symptoms.

Currently, according to the NCSL,[3] a total of 29 states, the District of Columbia, Guam and Puerto Rico provide comprehensive public medical marijuana programs. Twenty-eight of those states list specific conditions to qualify for medical marijuana treatment.

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[1] http://nationalacademies.org/hmd/~/media/Files/Report%20Files/2017/Cannabis-Health-Effects/Cannabis-chapter-highlights.pdf

[2] http://www.healthvermont.gov/sites/default/files/documents/2016/12/ADAP_HIA_Marijuana_Regulation_in_Vermont_Exec_Summary.pdf

[3] http://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx#3

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Marijuana contrasts with other medications which physicians can prescribe. Given marijuana's continued status as a schedule I drug at the Federal level and restrictions on the ability to study marijuana, there is limited information regarding efficacy, indications for use and potential side effects. And, even FDA-approved medications are not approved or prescribed for "any" purpose a physician thinks appropriate – rather they are approved for specific indications. Because state law creates the marijuana for symptom relief program and the legislature has determined the conditions that qualify, physicians look to the program to provide the guidance of acceptable uses.

Opening the program to all conditions is complicated by the difficulties coordinating care involving marijuana use even for medicinal purposes – it does not show up in the Vermont Prescription Monitoring System, may not be documented in an EHR, and dose, type and mode of administration may be difficult or impossible to know. If one clinician is filling out the paperwork for any condition this may be unknown to all other clinicians involved in the care of the patient. For example, last year psychiatrists testified about the difficulty of following side effects of marijuana use for patients with mental health conditions when other clinicians are completing the marijuana registry paperwork.

Finally, physicians must be cautious about crossing the legal line to "recommending" or "prescribing" marijuana. Having an undefined category of "any other" condition would put physicians closer to the line of documenting that they have made a determination that they are recommending marijuana for a given condition. We do not recommend that the legislature put physicians in this legal gray area. For more information on the legal and regulatory barriers that remain when physicians consider their participation in the program, see the VMS Guide to Health Care Law.[4]

We also have concerns regarding Section 4 of S. 216, which proposes:

"The use of marijuana by a registered patient shall not disqualify the patient from any needed medical procedure or treatment, including organ and tissue transplants."

VMS maintains physicians have multiple critical considerations to make in determining the appropriateness of any medical procedure or treatment and should not be legally prohibited from weighing certain factors that may impact the appropriateness of a treatment, especially in the complex and sensitive area of organ and tissue transplants.

In more detail, our concerns include the following:

- Marijuana should be able to be given the equivalent weight in a clinical judgment regarding whether services are appropriate as the use of other substances, both prescribed medications and, if smoked, other products like tobacco that may have negative implications for the success of treatment because of the route of administration.
- It may be clinically appropriate for continued marijuana use to preclude other treatments – for example, if the clinician believes that its use is having negative implications on a patient's mental health treatment for a certain condition, the provider should be able to

[4] http://www.vtmd.org/sites/default/files/VermontGuidetoHealthCareLaw2.28.17.pdf

suggest the patient stops use, or determine that other treatments are no longer appropriate. The current language applies to *any* treatment and not just organ donations.

- This suggested language may put federally-funded health care facilities at risk. The current language could suggest that use of marijuana on-site at a health care facility is required. However, many health care providers have determined that possession or use of marijuana on their premises jeopardizes their federal funding

Other states that have considered this issue have been clear in their statues that marijuana use can be considered equivalent to the use of other medications. Without such qualifying language, S. 216 ties the hands of physicians making extremely complex decisions about the appropriateness of care.

VMS urges the Committee to be very cautious about legislating standards of medical care when there is not significant evidence that there is a problem. If the Committee desires to move forward in this area, we suggest limiting the issue to transplants and making it clear that physicians can consider marijuana use as they would any other medical or lifestyle factor. For example:

For purposes of organ and tissue transplants, the fact that a patient is listed on the Marijuana Registry shall not be the sole disqualifying factor in determining the patient's suitability for care. This does not preclude a health care professional from giving the registered patient's use of marijuana the equivalent clinical consideration as the use of other legal substances.

Thank you for considering our concerns. We respectfully request that these sections be removed from the bill. Please let VMS know if you have any questions regarding our comments.

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