

To: Senate Health & Welfare Committee
From: Jessa Barnard, Vermont Medical Society
Date: February 20, 2018
RE: S.216 – 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 express our concern regarding S.216, as amended by the Senate Judiciary Committee. Sec. 3. 18 V.S.A. § 4472 (C), as amended, would expand the definition of “debilitating medical conditions” in which medical marijuana could be deemed a qualified treatment. Specifically, this language would expand “debilitating medical conditions” to include:

“Other disease, condition, or treatment as determined in writing by a qualifying patient’s health care professional.”

VMS and AAPVT have grave concerns that this language would essentially qualify any medical condition, whether physical, emotional or psychological, as appropriately treated with medical marijuana. The Medical Society recommends that 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. In review of the witness list that has testified on S. 216, it does not appear that any health professional nor anyone from the Marijuana Review Board established under 18 VSA § 4473 has weighed in on this proposal. Also, it does not appear that the Committee received any evidence-based information regarding the effectiveness of medical marijuana on specific conditions, as outlined in the [2016 Health Impact Assessment from the Department of Health](#).

According to a [January 2017 review](#) of the evidence conducted by the National Academies of Science, Engineering and Medicine, while there is strong evidence that marijuana may alleviate symptoms for some conditions, such as chronic pain and chemotherapy-induced nausea, there is very limited evidence of its usefulness for a host of other conditions, specifically psychological conditions. Whereas, for some conditions, the sedative qualities of cannabinoids can provide therapeutic value, the study maintains, that for some patients and some conditions, the effects can be potentially adverse and undesirable.

Currently, [according to the NCSL](#), 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.

Marijuana contrasts with other medications which physicians can prescribe for any purpose, even those that are “off label.” 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. Further, it is difficult to coordinate 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, <http://www.vtmd.org/sites/default/files/VermontGuidetoHealthCareLaw2.28.17.pdf> .

We also have concerns regarding Sec. 4. 18 V.S.A. § 4474g, 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 suggest the patient stops use, or determine that other treatments are no longer appropriate
- 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

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.