Annual Report on Safe Access Finds States Improving New emphasis on best practices, product safety regulations

Americans for Safe Access has issued its annual report on the status of safe access, “Medical Marijuana Access in the US: A Patient-Focused Analysis of the Patchwork of State Laws.” This year’s report uses a retooled rubric for evaluating state medical cannabis programs from the patients’ perspective and provides policy makers with model legislation and regulations. The new grading criteria put additional emphasis on quality assurance and product safety regulations that protect vulnerable consumers from pesticides and other potential risks.

“Our report provides state lawmakers with timely tools to ensure their medical cannabis programs truly meet the needs of the patients they are meant to serve,” said Mike Liszewski, ASA’s Policy Director. “The range of approaches taken by states has given us substantial evidence of what works and what doesn’t.”

Nineteen states introduced legislation to legalize medical cannabis in 2015. More than a dozen of the 23 states with robust programs passed legislation or adopted new regulations to expand or improve them, including California, which adopted a comprehensive regulatory approach and added civil protections.

“Too often, patients are denied life-saving treatments solely because they are using medical cannabis,” said California Assembly member Marc Levine, champion of the Medical Cannabis Organ Transplant Act (AB 258), which ended the widespread practice of denying transplants on the basis of cannabis use. “It is imperative for state lawmakers to take advantage of vital resources like ASA’s report to improve their state programs.”

The report evaluates each state medical cannabis program, for example, which is projected to begin serving patients in 2017, received the highest report grade for product safety by creating stringent safety and quality control measures that incorporate AHPA guidelines in the areas of cultivation, distribution and manufacturing.

“The tools provided by Americans for Safe Access and the Patient Focused Certification program have been tremendously helpful in creating product safety regulations that will ensure Maryland patients are receiving the highest quality products and medicine possible” said Hannah Byron, executive director of the Maryland Medical Cannabis Commission.

The most notable state trend in 2015 was the spread of comprehensive product safety rules, many based on the Recommendations to Regulators from the American Herbal Product Association (AHPA). Maryland’s medical cannabis program, for example, which is projected to begin serving patients in 2017, received the highest report grade for product safety by creating stringent safety and quality control measures that incorporate AHPA guidelines in the areas of cultivation, distribution and manufacturing.

“ASA worked closely with Maryland officials to achieve that, and ASA’s Patient Focused Certification program will be training state auditors responsible for compliance.

“The report highlights how best practice guidance such as the Cannabis Committee’s Recommendations to Regulators can assist states in establishing regulations that ensure the quality and safety of cannabis products,” said Michael McGuffin, AHPA President.

The 2016 letter-grades are: Alaska (D-), Arizona (B-), California (B+), Colorado (B), Connecticut (C+), Delaware (C), District of Columbia (C), Hawaii (B), Illinois (B+), Maine (B-), Maryland (B), Massachusetts (B), Michigan (D+), Minnesota (C), Montana (D-), Nevada (B), New Hampshire (C), New Jersey (C), New Mexico (B+), New York (C), Oregon (B), Rhode Island (C), Vermont (D+), and Washington (B).

Congressional Letter Urges VA to End Gag

A bipartisan group of 21 members of the House and Senate in January sent a letter to the Veterans Administration urging them to revise their medical cannabis policy. Current VA policy prohibits their doctors from providing documentation that veterans need to participate in state medical cannabis programs. VA policy even prohibits physicians from discussing potential benefits of medical cannabis with their patients. The Congressional letter points out that in November the Senate approved 93-0 a new policy that would allow veterans and their VA doctors to fully participate in state medical cannabis programs. The policy change was narrowly defeated in a House appropriations vote in April, but the 213-210 tally was an increase of 15 aye votes from last year’s attempt.

Puerto Rico Starts Limited Access Program

Following a May 4 executive order from Governor Alejandro Garcia Padilla, Puerto Rico’s health department issued regulations in January for the cultivation, manufacturing and distribution of medical cannabis. Health officials are limiting access to topical and edible medical cannabis products. Personal cultivation will remain illegal, as will inhalation as a route of administration. A seed-to-sale inventory tracking system is planned, with the Puerto Rico Health Department issuing licenses for commercial cultivation of cannabis and manufacture of products for distribution. Independent labs will test products for THC content and contaminants. The program is expected to be operational by the end of 2016.

California Fixes Error that Triggered Bans

On Feb. 3, California Governor Jerry Brown signed an emergency medical cannabis bill that fixes a legislative mistake that had triggered a flurry of local bans. AB21 removes the March 1 deadline for local governments to regulate medical cannabis operations under the comprehensive regulations the legislature passed in September. That trio of bills, passed in the waning hours of the legislative session, inadvertently included language giving the state sole authority over medical cannabis operations in cities and counties that did not have regulations as of March 1. As a result, dozens of California cities took action in January to ban all cultivation and dispensaries.
CBD Found Effective in State Seizure Study

Early results of a study in Alabama indicate most patients whose seizures resist other treatments show significant improvement using cannabidiol (CBD) extracts. Researchers report that at least 50% of patients have had a reduction in seizures of more than 50%. Some who were experiencing multiple seizures every day have been seizure-free since starting the CBD extract. 90% of patients enrolled in the study have shown improvement, according to Dr. Jerzy Szafirski, the lead investigator.

When state legislators passed a narrow medical cannabis bill known as Carly’s Law, allowing cannabidiol (CBD) extracts of cannabis with less than 1% THC to be used with people with severe seizure disorders, they also directed the University of Alabama at Birmingham to study the treatment’s effectiveness. UAB researchers plan to present their findings next month at the annual meeting of the American Academy of Neurology.

Georgia Rep Says He Broke Law to Help Patients

Allen Peake, the state Representative who authored Georgia’s medical cannabis measure, Haleigh’s Hope Act (HB1), says he broke the law to provide cannabis to at least one patient. Georgia law makes no provision for obtaining any medical cannabis products but allows registered patients with certain medical conditions to legally use low-THC extracts containing primarily cannabidiol (CBD) and tetrahydrocannabinolic acid (THCA). As a result, qualified patients and their caregivers may only access medical cannabis in one of the few states that recognize out-of-state registry cards and bring it back to Georgia in violation of federal law.

Rep. Peake admitted to his crime in an interview with WSB-TV Atlanta, saying, “at some point there is a need for civil disobedience” and that he would do it again if he had to. Peake introduced HB 722 this year to allow production and distribution of the extracts in Georgia. If enacted, the bill would also expand the list of qualifying conditions to include HIV/AIDS, Alzheimer’s disease, intractable pain, and 14 other conditions. A November 2015 poll found that more than 84% percent of likely Georgia primary voters support such a measure.

ACTION ALERT: Join Us to Lobby Congress!

Register today to join us in Washington, D.C. to lobby Congress on the most comprehensive federal legislation on medical cannabis ever introduced.

On Tuesday, March 22, following our 2016 National Medical Cannabis Unity Conference, ASA staff and hundreds of patient advocates will hit Capitol Hill to urge our elected representatives to bring the CARERS Act to a vote. The CARERS Act would lift the threat of federal prosecution for anyone in compliance with state medical cannabis laws, remove barriers to research, and fix a host of other problems that are preventing the full implementation of state programs.

The Lobby Day follows three days of informative panels on best practices and other developments in the medical cannabis industry, as well as fun networking events with other patients, providers, activists, and medical and legal professionals from around the country. Register now online at NationalMedicalCannabisUnityConference.org!

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Chicago Bears Star Adds to Experts but Governor Rejects Adding Conditions

Another professional football player is speaking out on the effectiveness of medical cannabis. NFL great Jim McManahon, 56, went public last month about how it has helped him manage the painful legacy of his 15-year football career.

The former Chicago Bears quarterback says he has been able to substitute medical cannabis for prescription narcotics he took throughout his career. Before getting his medical cannabis card in Arizona, where he now lives, he was taking 100 Percocet pills a month.

“They were doing more harm than good,” McManahon told the media. “This medical marijuana has been a godsend. It relieves me of the pain — or thinking about it, anyway.”

McManahon returned to Illinois last month to celebrate the 30th anniversary of his team’s Super Bowl championship. The timing happened to coincide with Governor Bruce Rauner considering expanding the state’s qualifying conditions list. The state advisory board recommended adding eight new conditions, including intractable pain, and patient advocates had submitted a petition with 25,000 signatures urging the governor to expand the program. The governor rejected the recommendation of those experts late last month.

The head of the advisory board, Dr. Leslie Mendosa Temple, told reporters she was “deeply disappointed” by the decision but will try again this spring. Only about 4,000 patients have registered with the Illinois pilot program, far below projections.

Florida Initiative Qualifies for Ballot

Patient advocates in Florida announced at the end of January that they have again qualified a medical cannabis initiative for the state ballot. The measure, again known as Amendment 2, would amend the state constitution to allow patients with a broad range of serious medical conditions to use medical cannabis and obtain it from state-licensed dispensaries. A similar initiative in 2014 also sponsored by United for Care, received 58% support, but 60% is required for constitutional amendments in Florida.

Current state law, passed by the legislature in 2014, allows only high-CBD, low-THC cannabis extracts for a limited number of qualifying conditions. Implementation is underway, with cultivators having been selected but no medicine available for any patients.