



Federal Budget Impasse Again Imperils Patient Protections



Congress has again extended temporary protections for medical cannabis patients and providers, though only until Feb. 8. That's when the fourth Continuing Resolution, which includes the bipartisan medical marijuana amendment that prevents the Department of Justice (DOJ) from interfering in state programs, expires. Those protections, in place since 2014, lapsed briefly during the few days of government shutdown last month.

Since Attorney General Jeff Sessions rescinded the Obama Administration's guidance on not prosecuting state-compliant medical cannabis

patients and providers, Congress has shown intensifying interest in amendments to limit federal enforcement actions and legislation to directly resolve the problem.

The Rohrabacher-Blumenauer Amendment to the Commerce-Science-Justice FY2018 appropriations bill, which passed the Senate but was blocked from coming to a vote in the House, is part of conference committee negotiations.

The amendment's language to protect state programs from federal meddling has been included each year since 2014.

A different bipartisan amendment that would prevent interference with any state cannabis laws, including adult-use access, now has the support of 69 members of Congress who signed on to a letter to House leaders urging it be added. In April it had only 16.

DOJ Action Spurs New Support for Legislation



New cosponsors rushed to join several federal cannabis bills following Attorney General Jeff Session's January decision to rescind guidance

for federal prosecutors. More than two dozen cannabis-related reform bills are pending in the House, the Senate or both, including the reintroduced bicameral, bipartisan CARERS Act, introduced by Cory Booker (D-NJ) in the Senate and Steve Cohen (D-TN) in the House.

Bills finding new support include House Bill 975, the Respect State Marijuana Laws Act of 2017, which went to 42 sponsors after 18 new Representatives added their names to the bill. House Bill 1227, the Ending Marijuana Prohibition Act of 2017 also gained 18 new cosponsors, bringing it to 32. And House Bill 1841, the Regulate Marijuana Like Alcohol Act, is up to 23 cosponsors with the addition of four new Representatives.

Members of Congress also urged continuation of the banking guidance established in 2014 for cannabis businesses. Bipartisan groups in both the House and Senate sent letters to the U.S. Treasury's Financial Crimes Enforcement Network (FinCEN) explaining the importance of the guidance in providing stability for state medical cannabis markets.

The similar letters, signed by 15 senators and 31 House members, respectively, note the risks associated with changing policy, with the House version stating that "attempts to disrupt this market are dangerous and imprudent."

A bill that would allow cannabis businesses better access to banks also gained new support from a bipartisan group of attorneys general from 17 states and two US territories who sent a joint letter to Congress urging passage. HR 2215, the Secure and Fair Enforcement (SAFE) Banking Act has been introduced twice before but has yet to receive a hearing.

Virginia Advocates Help Pave Way to Historic Bill

The Virginia House of Delegates and Senate have each unanimously passed bills to expand the commonwealth's restrictive medical cannabis law. Virginia currently allows for possession and production of only CBD and THC-A oils and limits access to patients with intractable epilepsy. The bill passed on a unanimous vote in the state Senate Monday, February 5. The House of Delegates had already approved its version unanimously.



Advocates at the Virginia Capitol

The bills, if signed into law as expected, will expand the existing law to any condition deemed appropriate by a patient's physician. More than a dozen states have highly restric-

tive medical cannabis laws like Virginia's that protect only a small portion of patients in the state or allow only some types of the medical cannabis products or delivery methods known to be effective. Patient advocates at the Virginia capitol

The legislative action comes after Virginia patient advocates, including ASA government affairs director Beth Collins (pictured standing center), went on January 24 to the General Assembly to lobby for Senate Bill 726, introduced by Senator S. Dunnavant (R-District 12), and its companion House Bill 1251, introduced by Delegate B. Cline (R-District 24).

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VA Rejects Congressional Pressure on Cannabis Studies



Department of Veterans Affairs Secretary David Shulkin has rejected a plea for medical cannabis research from 10 members of the House committee that oversees his department. The Veterans' Affairs Committee members had sent a letter to Shulkin asking the VA to study the role medical cannabis might play in treating PTSD and chronic pain.

Shulkin replied in a letter to Rep. Tim Walz (D-Minn.), the committee's ranking member, that the VA's ability to research medical cannabis is hampered by the fact that the drug is illegal federally, and that federal law "restricts the VA's ability to refer veterans to such projects."

Experts were quick to dispute Shulkin's claim, as federally approved clinical studies of medical cannabis have been conducted for decades, many with government funding, despite its status under federal law. Rep. Walz, who is a veteran, called Shulkin's response "disappointing and unacceptable" in a public statement, saying that his claims about the law were "a disheartening attempt to mislead me, my colleagues and the veteran community."

The one approved study of cannabis as a treatment for PTSD among veterans has struggled to recruit participants because the VA facilities where the study is located, have refused to help researchers contact veterans or VA staff.

ASA Activist Profile: Scott Roberts, Sacramento

The twitches in Scott Roberts' head started when he was just 12. His involuntary head movements were misdiagnosed as Tourette's Syndrome, and for 17 years he took medication prescribed for that condition, as the twitches progressed to violent twists that affected his whole back. Even his gait was affected, pulling him to the right. By 2008 the symptoms had become so severe that he need assistance walking, and, at age 27, he had to start using a wheelchair and take a medical leave from work that would stretch to two-and-a-half years.



The battery in his chest is visible under the skin.

During that leave, Scott's physician determined that it was not Tourette's at all that was producing his problems but a rare disorder called cervical dystonia or spasmodic torticollis that most often occurs in middle-aged women. The severity of the involuntary muscle contractions, twisting his back so hard he would fall, made it even rarer. Cervical dystonia is a newer diagnosis, only recognized in the past 30 years or so. That, combined with the rarity of the condition, mean patient numbers are low and studies are few. So, for six months, his doctors tried medication after medication to control his symptoms, but nothing worked.

"They were dumping toxins in me. I felt like a guinea pig," says Scott. "Nothing against the doctors. I understand that's just how it is."

All the doctors could offer were a host of opioid narcotics for the pain. After exhausting the pharmaceutical options, the next step was deep brain stimulation surgery to implant an electrode that would block the signals that

were causing muscles to contract.

The surgery to place the implant in the brain and the battery in the chest is a long one, taking 10-12 hours. Unfortunately for Scott, the surgery left him with a life-threatening MRSA infection, so the device was removed and they tried again. The second attempt worked, but six months later a battery change surgery resulted in another infection that required the whole thing to be removed and replaced again. The pain put him out of work again from June 2016 to April 2017. All in all, Scott was out of work for more than three years, battling pain and, as he girlfriend describes it, "walking around like a zombie" from all the opioids and other medications.

"Instead of flooding myself with pharmaceuticals, I decided to give medical cannabis a try," Scott says. It worked. Soon, he was reducing or eliminating the other medications and experiencing pain relief. When Scott went back to work as a county employee in April 2017, he decided he needed to comply with workplace medication rules, so he's again taking a "host of pharmaceuticals."

"I know what works, but it's promotion time," he says. "People respect my work, but they don't know my personal story."

Scott has lobbied his elected officials for real employment protections for patients in California and a change to federal law.

"It's the stigma that people have, but this is real medicine," Scott says.

ASA Training Programs Range from Raids to CME



Preparing for raids was the focus of a recent training by ASA's Patient Focused Certification program in Fulton, Maryland. In this unique two-day training, participants learned what to do in the event of everything from the paramilitary-style raids of federal Drug Enforcement Administration (DEA) agents to the interventions of local regulatory agencies. The class viewed footage of actual raids on cultivation sites and dispensaries from the past five years. ASA Staff dissected the videos and broke down the Do's and Don'ts for raids by the DEA, IRS and ICE, as well as burglaries and robberies.

PFC's work with ASTM International on developing the first international standards for cannabis operations took a step forward at their meeting in New Orleans last month. Guiding documents will be made public soon that will be used by groups for certifying businesses, cultivation, dispensing and education. PFC Director Jahan Marcu, PhD chairs the subcommittee responsible for training, assessment and credentialing standards.

On March 1, ASA will be presenting at a Medical Cannabis Seminar in Canada on the Endocannabinoid System and Cannabis Pharmacology, in which medical professionals will be offered Continuing Medical Education (CME) credits through ASA's Cannabis Care Certification (CCC) Medical Professional program. This is the first live training via webinar offered by CCC. An in-person training is to be conducted in Edmonton this spring. CCC medical cannabis trainings for medical professionals and patients are all available online at www.CannabisCareCertification.org.

Check the ASA Events page for all the upcoming training and education opportunities: <http://safeaccessnow.org/events>.

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Among the advocates participating in the meetings were families and patients who have been instrumental over the past four years in passing the existing laws, as well as several new advocates participating for the first time.

For Tamara Netzel, a patient living with Multiple Sclerosis, it was her first time at the Virginia General Assembly, and she ended up not only participating in meetings, but testifying for the bill before the House Criminal Law subcommittee and subsequently being interviewed by several media outlets.

The House bill passed unanimously out of House Criminal Law subcommittee, one of the most conservative committees in the General Assembly, and both Senate and House versions were heard again in the Senate and House Courts of Justice Committees, where each passed without a single vote opposing.

ACTION ALERT: Protect Medical Cannabis Patients!

The ONLY thing protecting participants in state medical cannabis programs from federal raids and arrests is an amendment to the Commerce, Justice, Science and Related Agencies budget that prohibits the Department of Justice from spending any funds to prosecute individuals who are in compliance with their state's medical cannabis laws. Contact your member of Congress and urge them to ensure protections for patients are in the budget for 2018. Take action at safeaccessnow.org/cjsamendment.

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