ASA’s 2015 YEAR IN REVIEW

Congress Renews Ceasefire on Medical Cannabis

The federal “cease fire” in the 20-year war on state medical marijuana programs was extend in December. That’s when Congress passed and President Obama signed the FY 2016 omnibus appropriations bill, which contains the Rohrabacher-Farr Amendment prohibiting the Department of Justice (DOJ) from interfering with state medical cannabis laws (Sec. 542, page 223). Congress passed the Rohrabacher-Farr Amendment for the first time in December 2014 for fiscal year 2015.

The 2016 version names the additional states that have passed medical cannabis laws since then. It passed the House by an even wider margin than last year (242-186) and has been approved by the Senate Appropriations Committee (21-9). Thanks to the dedication of patients and providers, the DOJ has taken a narrower interpretation. While the amendment was being debated in 2014, DOJ officials sent a memo to members of Congress saying its passage would prevent all marijuana prosecutions, as the measure’s authors maintain, but the DOJ now claims it only prevents them from bringing legal challenges to state laws.

The legal effect of the amendment is still being decided by the courts. Federal judges have disagreed on its applicability to criminal cases. In the case of the Kettle Falls Five in Washington State, the court rejected a motion to dismiss based on the amendment. By contrast, a senior district judge in California, Charles Breyer, lifted a federal order that had shut a dispensary, ruling in October that a “plain reading of [the Amendment] forbids the Department of Justice (DOJ) from enforcing this injunction.”

Bipartisan Medical Cannabis Bills in Congress

Congress took an historic step March 10 with comprehensive bipartisan medical cannabis legislation in both houses. Senators Rand Paul (R-KY), Cory Booker (D-NJ), and Kirsten Gillibrand (D-NY) introduced the Compassionate Access, Research Expansion, and Respect States (CARERS) Act (S. 683). A bipartisan companion bill (HR 1583) was introduced in the House by Rep. Steve Cohen (D-TN-9) and Don Young (R-AK). The CARERS Act is now up to 15 bipartisan co-sponsors in the Senate and 29 in the House.

The new legislation would allow states to set their own medical cannabis policies without violating federal law. The bill would also change federal law to allow banks to provide financial services to licensed medical cannabis businesses, allow Veteran Affairs physicians to recommend medical cannabis to their patients, and enable the cannabis extract cannabidiol (CBD) to be imported to states that have legalized its use. In addition, the CARERS Act would reclassify marijuana from its current Schedule I status as a highly dangerous drug with no medical value to Schedule II, recognizing it as a medicine, as well as removing bureaucratic barriers to research and allowing for more production of research cannabis.

New State Medical Cannabis Laws Passed

**VIRGINIA** In February, Virginia passed a limited medical cannabis bill restricted to extracts rich in cannabidiol (CBD), the second most prevalent cannabinoid in the plant. The new law provides an affirmative defense only for patients with severe forms of epilepsy who use oils with CBD and THC-A, the non-psychoactive version of THC. The medicine remains illegal, but patients with written permission from their doctors can present that as a defense if charged. The law makes no provision for producing or distributing the cannabis extracts, and transport remains illegal.

**GEORGIA** With the passage of HB1 in Georgia in April, the state became the 36th with some form of medical cannabis protections. The act was approved by both the Georgia House and Senate at the end of March and was swiftly signed by Gov. Nathan Deal. While the new law does provide legal protections for possession and use for therapeutic purposes by patients, there is no legal means for patients to purchase or grow their own medicine. Georgia patients must travel out of state to acquire their medicine. Under HB1, patients are not allowed to inhale cannabis through combustion or vaporization and may not possess or use cannabis with more than 5% THC.

**TEXAS** Lawmakers in Texas approved the medical use of a cannabis extract for limited conditions. Texas Gov. Greg Abbott (R) signed a bill June 1 that will allow legal use of CBD medicines by those with severe forms of epilepsy that have not responded to other treatments. The bill directs the Texas Department of Public Safety to license at least three dispensaries in the state by September 2017. To qualify, patients must have tried at least two conventional treatments unsuccessfully and have recommendations from two doctors who are either neurologists or epilepsy specialists.

**LOUISIANA** A limited medical cannabis bill was signed in June by Gov. Bobby Jindal. Under the bill (SB 143), qualified patients can register to obtain limited forms of cannabis medicines from one of 10 dispensaries that would be established in the state alongside existing pharmacies. Qualifying conditions are restricted to glaucoma, spastic quadriplegia and side effects of chemotherapy, but the medical board is directed to recommend other qualifying conditions to be added in the next session. The new law gives three state agencies responsibility for establishing regulations. The new measure has a five-year “sunset provision” that means it will have to be reauthorized in 2020.
White House Removes Barrier
A bureaucratic barrier to medical cannabis research fell in June when the Obama Administration dropped a review requirement that researchers working with no other drug faced. The Office of National Drug Control Policy (ONDCP) announced that new cannabis research will no longer have to pass review by the Public Health Service (PHS) as well as the Food and Drug Administration. In May, a bipartisan group of lawmakers had sent a letter to Health and Human Services calling for an end to the PHS review requirement. For the past 16 years, research studies on cannabis have been the only ones for which the government has required the extra step.

INTERNATIONAL DEVELOPMENTS

New Patient Coalition Lobbies UN
Medical cannabis patients from 13 countries established the International Medical Cannabis Patient Coalition (IMCPC) last month while at a conference in Prague. IMCPC member countries include Bulgaria, Canada, Czech Republic, Estonia, France, Israel, Italy, Latvia, Poland, Slovenia, Spain, United Kingdom, and the United States, represented by ASA’s executive director, Steph Sherer.

The first action of the IMCPC was to ratify a declaration urging the UN General Assembly Special Session on Drugs to reclassify cannabis for medical use, convene a UN Special Convention on Cannabis, or simply exclude cannabis from the UN Single Convention on Narcotics. The IMCPC declaration was delivered to the UN Commission on Narcotic Drugs in Vienna by Pavel Bem, the Czech representative to the Global Commission on Drug Policy.

Israel Expands to Pharmacies
Long a leader in cannabis research, Israel will soon make medical cannabis available through pharmacies in the country and expand the number of physicians who are authorized to prescribe it. The announcement was made by Israel’s deputy health minister, Yaakov Litzman, head of an ultra-orthodox party.

Italy’s Army Cultivating Cannabis
The Italian army is currently growing medical cannabis, with plans to make 100 kilos available to patients by the end of 2015. Medical cannabis has been legal in Italy since 2007, but imports cannabis from the Netherlands for distribution through Italian pharmacies.

Scientific Society Launches Group
Cannabis research and testing standards are the focus of a new initiative by the American Chemical Society (ACS), the world’s largest scientific group with 150,000 members. The ACS last month established a Cannabis Chemistry Subdivision. Comprised of experts with over 100 years of collective experience in cannabis, the subdivision will provide a symposium for research and facilitate the development and use of best practices. Since 2011, the number of cannabis testing laboratories has grown from two to more than two dozen, some of which provide product testing required by state law. Jahan Marcu, ASA senior scientist, is the CANN subdivision vice chair.

STATE LAW CHANGES

WASHINGTON STATE ADOPTS NEW RULES
Several medical cannabis bills were passed in an attempt to harmonize the state’s medical cannabis program with the new law that allows all adults access to cannabis. SB 5052 brings most medical cannabis operations under the new adult-use regulations but allows qualified patients to continue personal cultivation and possess larger quantities. To qualify, patients must register in the state’s new database. The bill also expanded the qualifying conditions but creates restrictions that will shut many of the state’s existing medical cannabis businesses.

MARYLAND TAPS ASA TO TRAIN INSPECTORS
Maryland officials tasked with watching over the state’s emerging medical cannabis program will be trained by the Patient Focused Certification (PFC) program, a project of Americans for Safe Access Foundation. The PFC-trained auditors will ensure medical cannabis businesses operating in Maryland comply with new state regulations. Maryland has adopted seed-to-consumption quality control measures, including those of the American Herbal Product Association and the American Herbal Pharmacopoeia. The PFC program was developed following a collaboration between ASA, AHPA and the AHP to address safety and quality control standards for the medical cannabis industry. PFC has trained thousands of employees of the medical cannabis industry.

CALIFORNIA ENACTS REGULATION BILL
On October 9, California Governor Jerry Brown signed a trio of interconnected bills that will establish commercial regulation of medical cannabis cultivation, manufacturing, and transportation, as well as a state-level licensing system. Americans for Safe Access lobbied to exempt patients’ personal cultivation rights from commercial regulatory rules and to move oversight to a newly created Bureau of Medical Marijuana Regulation within the Department of Consumer Affairs. ASA also successfully opposed a state-wide production tax on commercial cultivation.

STATE BARS TRANSPLANT DISCRIMINATION
An ASA-sponsored bill in California to prevent medical cannabis patients from being denied life-saving organ transplants was enacted this summer. On June 22, the California Senate approved AB 258, the Medical Cannabis Organ Transplant Act, by a vote of 33 to 1 after 200 patients and advocates visited Senate offices in support of it as part of ASA’s California Citizen Lobby Day. Medical cannabis patients in California have been routinely removed from the organ transplant waiting list if they test positive for cannabis use. The first medical cannabis patient to make use of the protections of the law was added back to a transplant list in December.

ACTION: Renew Today and Recruit a Friend!
We achieved so much in 2015, our goal of safe and legal access to medical cannabis for everyone who needs it is close at hand. We know what we need to do, but we need the resources to do it. You can help make 2016 the year in which the final barriers fall, and this safe, effective medicine becomes accessible to all Americans.

Renew your membership and recruit a friend to join today. ASA is the largest medical cannabis patient advocacy group because of the grassroots support of people like you. www.safeaccessnow.org/membership.

DONATE TODAY!

YES! Please accept my donation

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