



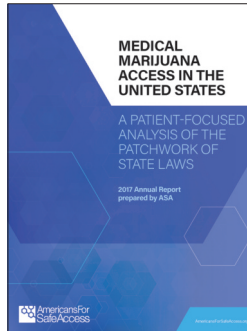
Annual Report on State Programs Finds Improvements

ASA's scoring of state medical cannabis programs was released this month. The annual report shows that no state yet fully meets the needs of patients, but many have improved dramatically.

The report, *Medical Marijuana Access in the United States: A Patient-Focused Analysis of the Patchwork of State Laws*, assigns letter grades to all 44 state programs and the District of Columbia based on how well each meets the needs of patients. The programs are graded according to a matrix of multiple factors that assess patient's rights, legal constraints, and overall accessibility to medical cannabis, with separate scoring for each factor.

The report provides each state with recommendations on their medical cannabis programs as well as ways for states to compare

themselves to other state programs and identify ways to improve.



As of 2017, no state cannabis laws are within the 'A' range. Over the past year, 23 states followed ASA's recommendations for improvement. Last year, only 11 states obtained a B or above; however, in this new report, 19 states received a B or

above. In the area of patient rights, only eight states obtained grades above 80% in 2016, in the 2017 report, 12 states were above 80%. In all, 16 states improved their programs, as measured by ASA's patient-focused rubric.

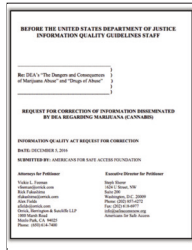
"Medical cannabis laws are moving in a positive direction, but only a handful of the 44 medical cannabis states are truly meeting the needs of patients, and there are still six states where cannabis remains completely illegal for patients," said ASA Executive Director Steph Sherer. "Only a small number of programs currently include the protections and rights all patients should be afforded under the law."

Improvements in grades were due to several factors, depending on the state. Among the changes were new legal protections for patients, including parental rights, pediatric access and protection from civil discrimination, and implementation or expansion of dispensary systems. More states authorized independent testing of medical cannabis products, and more products are available at lower prices.

"*Medical Cannabis Access in the US* is a great tool for elected officials," said State Senator Michael Folmer (R) of Pennsylvania. "The model legislation and regulations take the guesswork out of drafting laws that will help patients, and the grades give legislators and regulators a roadmap for improvement."

DEA Yields, Removes Misinformation

After months of public pressure, the Drug Enforcement Administration (DEA) early last month removed factually inaccurate information about cannabis from its website. The change comes after Americans for Safe Access filed a legal request with the Department of Justice demanding that the DEA remove it immediately from their website and materials.



ASA's petition, which has not received a formal response from the DEA, argues that the more than 25 false statements on the DEA's website about cannabis constituted a violation of the Information Quality Act (aka Data Quality Act) which requires that administrative agencies not provide false information to the public and that they respond to requests for correction of information within 60 days.

One publication, "Dangers and Consequences of Marijuana," contained 23 of the 25 factual inaccuracies in violation of the IQA. Such inaccuracies included claims that cannabis was a gateway drug, caused irreversible cognitive decline in adults, and contributed to psychosis and lung cancer. That publication has now been removed.

"The DEA's removal of these popular myths about cannabis from their website could end

the Washington gridlock," said Steph Sherer, ASA Executive Director.

ASA's victory was not total, however. The deadline to respond to ASA's legal petition is well past, and the DEA is still spreading false information about cannabis.

"We are hopeful the DEA will also remove the remaining statements rather than continue to mislead the public in the face of the scientifically proven benefits of medical cannabis," said Vickie Feeman of Orrick, Herrington & Sutcliffe, the law firm that worked pro bono on the petition with ASA.

Americans for Safe Access argues that correcting false information about cannabis is especially important now that the Department of Justice is led by newly-confirmed Attorney General Jeff Sessions. Sessions has been a staunch supporter of the DEA and cites their publications and opinions about marijuana to justify his opposition to medical cannabis policy reform.

In the wake of the DEA's removal of misinformation, ASA sent a memo to Congress asking them to use the facts when making policy that affects medical cannabis. The memo notes that Congress relies on the DEA to provide information about cannabis and alerts them to four important changes that could impact on legislation this session.

House Bills Introduced, Senators Pressure AG



In Congress, two new bills were introduced last month that would have a major impact on patients, and 11 Senators sent a letter to the new Attorney General urging respect for state laws.

Reps. Tom Garrett (R-VA) and Tulsi Gabbard (D-HI) introduced H.R. 1227, the Ending Marijuana Prohibition Act of 2017, to remove cannabis from the Controlled Substances Act. If enacted, the bipartisan bill would leave regulation of cannabis to states and end federal penalties related to the plant.

The bipartisan Respect State Marijuana Laws Act was also reintroduced by Rep. Dana Rohrabacher (R-CA) with six Republican and Six Democrat cosponsors. If enacted it would provide immunity for individuals in compliance with state cannabis laws.

The bipartisan Senate letter to Attorney General Jeff Sessions said it is "essential" that he provide "immediate assurance" that state programs will be respected. The 11 senators represent eight medical cannabis states.

ASA Activist Profile: Dana Ulrich, Caregiver, Pennsylvania

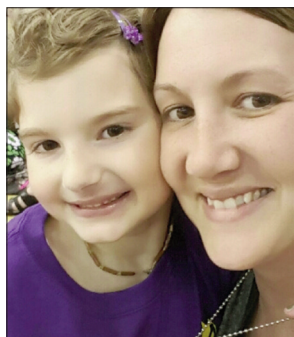
It was four years ago this month that Dana Ulrich reached the end of the proverbial rope with her five-year-old daughter's doctors. A rare genetic mutation meant Lorelei was experiencing 700-1,000 seizures every day, and all the pharmaceutical drugs they had tried were not controlling it. Dana's little girl was heavily sedated and experiencing other debilitating side effects but still suffering seizures.

In desperation, Dana did as many do and looked to the internet and other families for alternative treatments. She quickly found information on using cannabis to control seizures but could only think: "I'm not going to have my kid smoke pot -- she's five!" Since they lived in Pennsylvania, there were also no legal protections in 2013.

Then Dr. Sanjay Gupta's first CNN Special Report on cannabis aired, and Dana saw Charlotte Figi's story of using CBD oil to treat Dravet Syndrome, another severe seizure disorder. Dana contacted her state representatives the next day. She set up a facebook page, Legalize for Lorelei, to get their story out. She began to network with other families, and a parents group coalesced that would become Campaign for Compassion.

Dana also made the decision to try treating Lorelei with cannabis oil. The improvement was immediate. Not only did it reduce the number and severity of Lorelei's seizures by 80-90 percent, it improved her quality of life and helped her achieve better focus.

Convinced of the efficacy of medical cannabis, Dana and others began working on legislation in Pennsylvania, quickly finding an ally in State



Senator Mike Folmer. The state had seen several medical cannabis bills proposed but go nowhere. Meetings with Sen. Folmer led them to write a new medical cannabis bill from scratch.

Three years later, on April 17, 2016, those efforts culminated in the signing of Act 16, which establishes a medical cannabis program in the state and safe harbor for patients such as Lorelei until the program is fully operational. State lawmakers told Dana that the three-year turnaround was "lightning speed" for legislation, to which she could only reply, "Not when you're talking about children's health or cancer." Nor is she enthusiastic about the bill as it was eventually passed.

"I'm very grateful for what we have achieved, but this is not the bill we really wanted," she says. "Much was lost in amendments."

The state has now sent a "safe harbor" letter certifying Lorelei as a qualifying patient, so her family has some measure of legal protection for possessing and administering cannabis oil, though there is still no legal means of obtaining medical cannabis in Pennsylvania.

Now, Dana, along with many advocates in Pennsylvania, is focusing on making their state program better. They are asking the state to expand the qualifying condition list and add

whole plant material to allowed forms of cannabis. Dana is also pressing for reciprocity with other states so patients are not trapped in their state of residence.

Dana and other Pennsylvania advocates recognize how much time and work it can take to create, pass and implement legislation, but the progress made is already palpable.

"Medical cannabis is no longer controversial or taboo in the way it was. People can tell their stories," says Dana. "People are looking to our program with great anticipation, but there is still work to do. Cannabis should be a first-line treatment, not a medicine of last resort."

ASA/PFC to Contribute to International Standards



International standards for cannabis operations may soon be developed by a 119-year-old international organization with input from ASA and Patient Focused Certification (PFC).

A meeting to form the ASTM International Cannabis Committee took place early this month at ASTM headquarters in Pennsylvania, with PFC's Chief Auditor, Jahan Marcu, PhD in attendance, along with more than 50 representatives from the scientific and standards community.

Subcommittees will be responsible for standards in such areas as personnel training, laboratory testing, cultivation, processing, transportation, terminology and security. The ASTM board is expected to approve the committee this month, with a board of directors installed by late April. ASTM member applications and trainings are available online.

The cannabis committee will be one of more than 140 standards-writing committees at ASTM, which sets best-practice standards for more than 12,000 products ranging from children's toys to commercial spacecraft.

LA Voters OK Regulation



Early this month, voters in Los Angeles overwhelmingly approved an initiative to regulate cannabis distribution. More than 79% voted yes on Proposition M, giving the mayor and city council oversight of a comprehensive taxation and regulatory approach to commercial cannabis projected to bring in more than \$50 million next year for the nation's second largest city.

First in line for permits under Prop M will be the 135 medical cannabis dispensaries currently operating under the 2013 initiative Prop D. Those operators will have 60 days to apply once applications are available. The LA City Council expects to have regulations complete by Sept 30. Prop M goes into effect Jan 1.

ACTION ALERT: Send ASA's Report to State Officials

ASA's report, *Medical Marijuana Access in the US*, shows improvement this past year, but no state is yet fully meeting patient needs. Each of us needs to press our state officials for better access. ASA's report not only provides a valuable tool for evaluating your state's program, but it helps your legislators and officials identify how to improve it or create a sound program from scratch. Send it today! www.safeaccessnow.org/statereport

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