TRUCE.

TOGETHER FOR RESPONSIBLE USE AND CANNABIS EDUCATION

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Let Doctors Play Doctor

There are currently two bills in the Utah legislature regarding medical cannabis. On Monday, SB211 passed out of the Senate Subcommittee, joining HB130. After careful reading and consideration, TRUCE cannot support either of the bills in their present form. We believe they will be detrimental to patients and their medical needs.

SB211 is focused entirely on regulation for a nonexistent product. TRUCE board member Doug Rice agrees with members of the HHS committee, stating SB211 is like “selling tires to a guy that doesn’t own a car”. The bill mandates that all cannabis products be approved by a review board, yet this bill fails to approve a single cannabis-based product. Without anything to recommend, the whole bill falls apart, as it offers nothing to patients.

TRUCE members also take issue with the arbitrary cap placed on doctors that limits the number of patients for whom a doctor can recommend medical cannabis. A surgeon or specialist is not limited in the number of opiates that they can prescribe, and TRUCE feels that doctors need the freedom to be able to provide each patient with his or her ideal treatment plan.

TRUCE echoes the sentiments expressed by **MPP** and encourages the legislature to heed the words of Representative Brad Daw to “let the doctors play doctor.”

TRUCE is a non-profit organization focused on educating the community about the medicinal benefits of cannabis as a tool for minimizing patient suffering and as a legitimate alternative to opioids. For more information please visit our website TruceUtah.org or follow us on Facebook or Twitter.

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Summary of Utah S.B. 211 Points of Concern

- **No Product**

The bill allows only products approved by the legislature, but it fails to name any actual products. This means there is an entire framework being built which currently offers zero products, even CBD oil for patients under 18 (line#859) that is currently approved under Utah law appears to be excluded. The bill (line# 847,848) requires all future products to go through IRB and FDA approval, it must pass the product review board and then legislative approval. This impedes doctors' ability to decide which treatment methods are best for his or her patients.

- **Payment Processor**

This senate bill requires the state to have a single, specific payment processor licensed by the State of Utah. Cannabis payment processors must be able to handle all transactions electronically. They must also meet licensing requirements as established by the State. This includes an application, a sizable posted bond, and a detailed operation plan that meets State standards. This places extreme restrictions on a state that prides itself on being "business friendly".

Like other states with cannabis programs, TRUCE suggests allowing the patient and retailer to determine the best method for their purchase of cannabis products. Language should be added that offers patient consumer protection against data collecting of such personal and sensitive information.

- **Driving Penalties**

Cannabis is metabolized in the system differently than other substances that may cause impairment. Cannabis metabolite can be found in the system for 30 days or more after consumption but the possibility of impairment from cannabis declines rapidly over several hours. As SB211 reads now, allowing to penalize for metabolite, (line# 936-938) forces a patient to choose between their driver's license and their medication.

- **No Whole Plant Access**

Whole plant access is not permitted. The large majority of medical cannabis research is whole plant specific. The legislature states that they need research before they are willing to pass legislation, and yet the section outlining the permitted cannabinoid products is not justified by research.

26-59-103. Medical dosage form. (1) For the purpose of this chapter, any of the following is a qualifying medical dosage form for a cannabinoid product: (a) a tablet; (b) a capsule; (c) a concentrated oil; (d) an injectable; (e) a transdermal preparation; and (f) a sublingual preparation. (2) A registered patient may not purchase, use, or possess a cannabinoid product unless the cannabinoid product is prepared in a medical dosage form.

As early as 2008, the American College of Physicians noted the analgesic effects of cannabis were more effectively delivered by inhaling: In its 2008 position paper on medical marijuana, the American College of Physicians noted, “Oral THC is slow in onset of action but produces more pronounced, and often unfavorable, psychoactive effects than those experienced with smoking.”
With inhalation recognized as an efficient delivery method by prominent medical groups, TRUCE believes it should be allowed for Utah patients.

- **Tracking and Monitoring from Seed to Consumption**

SB211 aims to create an electronic monitoring system for all cannabinoid products. The purpose of this system is threefold. 1) Track patients who use cannabinoid products. 2) Track health care workers who provide these products. 3) Track in real time the movement of cannabinoid product from growth to end use by patient. There is no language in SB211 that will protect patient confidentiality when a card is issued.

Personal information on the State's cannabinoid card registry should be exempt from disclosure under the State’s public records law. Singling patients out based on their medical needs is unacceptable.

- **License Applicants**

Businesses are required to post a large bond before receiving their license. If it is ever revoked, they will lose their bond. As a result, finding a company that is willing to insure them may be difficult. This could be trouble for the whole program, as it would be difficult for any program to
receive proper licensure.

- **Health Department Limits Doctors**

The conditions list for who can obtain a cannabis card is already restrictive, funneling most of the patients to specialists in a certain area of expertise and placing an arbitrary limit on the amount of patients for whom a doctor is permitted to recommend cannabis. This would mean some patients would potentially be excluded from receiving the best care available simply because their doctor had another patient using the same method.
As the population of Utah increases, the number of patients a specialist sees will also increase, along with the need for those additional patients to have access to cannabis as an alternative medication. Doctors should not be limited in the amount of options they have to treat patients simply by the number of other patients needing a similar treatment.

Summary:

As discussed above, SB 211 raises serious concerns about whether it would be able to operate and ever deliver “cannabinoid products” to many or any actual patients. Beyond that, the bill does not offer what would be considered a medical cannabis program in any of the 28 states and D.C. now successfully serving hundreds of thousands of patients.

Rather than the type of program based on the results of many thousands of scientific studies, and favored by a large majority of Utahns from all walks of life, the sponsors of this bill and of HB130 purport to offer a new approach, “Cannabinoid Product Medicine.”

The distinction between this and "Medical Cannabis" is more important than it may seem at first glance. While claiming to offer a more scientific approach than other programs, in fact, the sponsor’s approach is based on far less research than that supporting the medical cannabis programs now available to over half of the US population, and allows political concerns and procedures to enter what is properly a medical and scientific matter.

As we see it, then, SB211 is less a move toward legal medical cannabis, rather, more a move away for reasons not in the best interests of patients and not consistent with achieving the best medical outcomes available.