

Comments regarding

2016 SB 489

Senate Committee on Health and Human Services

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Submitted by Children's Mercy Hospital and Clinics

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Children's Mercy Hospital and Clinics (CMH) is the only free-standing children's hospital between St. Louis and Denver. CMH provides comprehensive care for patients from birth to age 21. CMH consistently is ranked among the leading children's hospitals in the nation.

We appreciate the opportunity to provide neutral comment on SB 489.

CMH believes there is a growing body of evidence that cannabidiol is beneficial in the treatment of epilepsy, that being said we do have concerns with various parts of this bill and believe they should be addressed by the committee before working this bill. We would be happy to work with the revisor to see if language can be developed to address our concerns.

First, we believe this is a medical marijuana law. It is problematic, as we believe that the active antiepileptic component of the marijuana plant is cannabidiol not THC. By allowing 3% of THC in the preparations, a concentration more than adequate for the euphoric effects of THC to occur, the law essentially legalizes marijuana, not just cannabidiol or hemp oil. In addition, there is evidence that THC actually lowers the seizure threshold, thus allowing THC to be present in the preparation at such high concentration could actually be a medical hazard for our patients.

The bill is very vague on who can prescribe this drug. It appears that any physician can do so and that that physician can be licensed outside of KS. We believe there should be a registry of physicians who prescribe the medication so there can be oversight on overuse of the prescribing and that the prescribing is done in an appropriate and safe manner. Finally, it should be clear that dentist, naturopaths, chiropractors, nurse practitioners, and PAs (and others) are not allowed to prescribe.

The law should require that the labels include the percent cannabidiol and THC for all preparations. It should also state what type of laboratory facility is considered reliable in determining these contents. This is especially important, as using cannabidiol to treat epilepsy requires that we know how much of it is present in the preparation. Likewise, if we are calling this a "medication" (see page 9, line 15), the content of the drugs dispensed should be treated as such. This drug is not regulated by the FDA and, I believe, that we need to make sure that the drugs that we are giving our patients are safe and effective. Thus, while the content is supposed to have a maximum of 3% THC, there is nothing in here that states what else can be there. We must be adamant that no other drug is placed in this that can cause harm. Thus, the content of the drug dispensed should have gone through testing to ensure that this is the case.

Other concerns:

On page 2 line 7: Most of the qualifying medical conditions listed by the law do not cause seizures or epilepsy including: Alzheimer's disease, most cancers, multiple sclerosis, and post-traumatic stress disorder. The way the definition is written it implies that all those conditions cause epilepsy.

On page 6, line 20: Why would there be any edibles?

Page 7, line 1-4: Who decides what the qualifying medical conditions are? Is there a list of these medical conditions specified in the bill?

Page 7, line 5-12: Is this bill about hemp oil or the legalization of medical marijuana? Clarification is needed so that there is no confusion. Why would a visiting cardholder bring in cannabis?

Page 2 line 31: Visiting cardholder. Are we opening the floodgates to patients coming from all over the US to obtain marijuana?

Page 7, line 33-37: hemp preparations are not cannabis. This needs to be clarified. Does this line mean that someone using medical marijuana is also exempt from disciplinary action?

Page 7, line 42: This appears to allow anyone can to sell hemp paraphernalia to a cardholder. Are there going to be any regulations?

Page 9, line 18: Should there be some assurances that the parent has a prescription for medical hemp oil. There should also be wording that ensures that the parents could be cited for endangerment if they have behaviors consistent with recreational use of marijuana. This is a slippery slope that crosses into illegal drug use and can adversely affect the child.

Page 12, line 3: This should be a mandatory requirement rather than optional for anyone that is a cardholder. All information should be placed in a registry and therapeutic effects should be documented.

While we appreciate the effort put forth to help address seizures suffered by children, we believe this bill has flaws that should be addressed before passing this legislation. We will be happy to work with the revisor and other interested parties to address our concerns.