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## **Part 1: Core Attributes of a Patient-Centric, Medical Cannabis Regulatory Program**

As more states legislatively address the topic of regulating retail marijuana access and distribution, there has been a shift away from patient-focused programs and toward more politically expedient policies. The political policies in Nevada are neither evidence-based nor do they adequately address patients' needs, rather a result of the corporate-marijuana industry

Investigators estimated that prescription drug savings would total more than \$468 million annually were cannabis therapy to be accessible in all 50 states

Nevada NORML and the Coalition for Patient's Rights contends that an effective, patient-centric, evidence-based medical cannabis program should include the following core tenets, but not limited to:

- 1. Access to whole-plant cannabis*
- 2. Limited taxes and fees*
- 3. Wide latitude for doctors to decide treatment regimens*
- 4. Personal cultivation rights*
- 5. Employment protections*
- 6. Access to medical treatment of choice*

### **Tenet 1- Patients must be able to obtain and possess herbal formulations of whole-plant cannabis & their therapeutic choices must not be limited by quantity**

Nevada NORML and the Coalition for Patient's Rights opposes arbitrary limitations on patients' choices. Limiting patients' options is not in their best interests.



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- Herbal cannabis contains more than 100 distinct cannabinoids (unique physiologically active components in the plant), many of which act synergistically with one another. Moreover, the plant's oils contain numerous terpenes that also possess a variety of therapeutic effects
- Restricting patients' access to various forms of cannabis limits their exposure to these therapeutic properties, as many of these constituents are no longer present in formulations produced following the extraction of individual cannabinoids
- Cannabis offers its most profound benefit as a whole plant
- Patients are being denied access to quantity of medicine needed for cancers, severe diseases/illnesses and pain because a due to low state purchasing limits
- Chronically ill patients need large dosing amounts (1-3g/day concentrated oil) daily

While concerns with regard to the potential risks associated with cannabis smoke exposure are understandable, they are largely not evidence-based. Cannabis smoke exposure, even over the long-term, is not associated with the same sort of detrimental health effects as is tobacco exposure.

- Trials do not show a causal link between cannabis smoke exposure and lung cancer, COPD, or detrimental effects on pulmonary function
- Patients' exposure to unwanted combusive gasses can be mitigated by the use of a vaporizer, which heats herbal cannabis to a point where cannabinoid vapors form, but below the point of combustion -- therefore, reducing the intake of combusive smoke
- Clinical trials have acknowledged that such devices are a "safe and effective" method for delivering cannabis to patients.

## **Tenet 2. Patients must not be forced to pay unreasonable taxes and fees**

Patients, many of whom are on disability or fixed income, should not be seen by lawmakers as a viable source of new tax revenue.

- Nevada patients are currently only exempt from the 10% retail excise tax but still pay sales and other applicable municipality taxes
- According to the Nevada Division of Public and Behavioral Health FAQs, there are no circumstances in which the registration fee can be waived, nor can payments be made. All fees must be paid in full with each submission of a completed application
- The fees are a 1-year registration term for \$50.00, and a 2-year registration term for \$100.00



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- VA/SSDI/Low Income patients unable to afford dispensary pricing and pushing patients back into the illicit market creating patient safety concerns.

Nominal taxes and regulatory fees, with the possibility of exemption in limited circumstances, will ensure that legal cannabis products remain accessible to patients. Further, it will ensure that market prices remain low enough so as to not incentivize patients to obtain cannabis from the black or grey market.

Other states, as well as Nevada, have recognized that prescriptions and other medical necessities should be exempt from taxes:

States that have enacted legislation that exempts patients from taxes on various forms of medical equipment	Nevada Ballot Initiative requiring an exemption from sales and use tax on prescribed medical equipment
23	Question 4 - Passed in 2018

### **Tenet 3. The approved list of qualifying conditions must be expansive and must allow physicians the option to recommend cannabis therapy for the treatment of chronic pain**

Cannabinoids have been shown to safely and effectively treat a wide range of symptoms, including a multitude of serious conditions such as:

- *Multiple sclerosis*
- *Tourette Syndrome*
- *Epilepsy*
- *Anxiety*
- *Opioid Dependency*
- *Crohn's disease*
- *IBS*
- *Spinal cord injury*
- *Lyme's Disease*
- *Autism*



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Consequently, physicians ought to be provided wide latitude and discretion with regard to which patients they believe in their expert opinion will benefit from cannabis treatment. Cannabis works synergistically with pain medications and both should be offered to patients for best outcome.

Legislators and regulators should not unduly interfere with the sanctity of the doctor-patient relationship or in any way impede physicians from providing what they believe to be the best course of treatment for their patients.

## **Tenet 4. Nevada Patients deserve to have the legal option to cultivate personal quantities of cannabis in their own private residence**

Disallowing patients to engage in the personal cultivation of cannabis is an arbitrary prohibition that has no basis in public safety.

- Many patients respond best to specific strains of the cannabis plant. Permitting select patients the option to produce these specific strains at home, assures that they will have an uninterrupted and cost-effective supply of the medicine that is best suited to their own particular therapeutic needs
- Only 10% of all home growers succeed from seed to flower. Home cultivations are not a threat to profits of establishment licensees, and patients who grow at home also supplement with dispensary products due to failure in successful crops
- Allowing state-qualified patients the ability to home cultivate medical cannabis provides patients with the immediate access they need and deserve

It must be acknowledged that the timeline between the passage of the medical marijuana program and the operation of state-licensed retail dispensaries was several years in Nevada. Nevada Medical Marijuana Patients were within their legal right to cultivate their own cannabis for several years until the implementation of Medical Dispensaries in 2015, which was 15 years after voters approved medical marijuana.

### **Recommendations for Nevada:**

Allowing recreational home grows may provide a cover for the illicit market, this is intended for NV-MMJ Patients ONLY

1. Strictly Regulated, framework based on statewide standards set in statute, but authorized, controlled, and enforced by local jurisdictions
2. Absent a permit or falling into current Nevada regulatory standards, home cultivation is illegal



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3. Plant limit of 12 per patient, in order to preserve genetics and ensure a steady supply
4. Limit of no more than 36 total plants per household
5. Include a statutory provision that allows law enforcement to seize and destroy all plants possessed by a person if the person has more plants than the law allows
6. Include requirements for security, preventing youth access, preventing diversion, etc.

**Facts about other states:**

- Patients are legally permitted to cultivate personal use quantities of medical cannabis in half of the jurisdictions that regulate its use and distribution.
- In almost all cases, these provisions have led to few incidences of abuse or diversion.
- In no instance has a legislature moved to eliminate patients' home grow rights in a jurisdiction that has previously permitted such activity

Alaska	6 plants, 3 in flower, 12 per household	Legal since 2015
California	6 plants	Legal since 2016
Colorado	6 plants, 3 flowering	Legal since 2012
Washington D.C	6 plants	Legal since 2014
Maine	6 mature plants, 12 immature	Legal since 2017
Massachusetts	6 plants	Legal since 2016
Oregon	4 plants	Legal since 2014



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### International Policies:

Nation of Uruguay	6 plants	Legal since 2014
Nation of the Netherlands	5 plants	Tolerance Policy since 1972
Canada	Authorized by Physicians	Federal Court ruling in 2016

## **Tenet 5. Patients should not face either workplace discrimination or sanctions based solely upon their medical cannabis status**

Registered patients should not be forced to choose between their medicine and gainful employment.

- Just as employers would not be permitted to fire or to refuse to hire an employee due to their physician-authorized use of opioids or other conventional medications, those who legally engage in cannabis therapy should not face arbitrarily discrimination for activity that is unrelated to their work performance
- Testing positive for THC may be possible for several months post-abstinence on a drug screen.
- Connecticut and Massachusetts have upheld statewide legislative protections shielding employers from taking punitive actions against medical cannabis patients, and many states now impose similar provisions as part of their medical cannabis regulations.

## **Tenet 6. Patients should not be withheld medical treatment options in hospitals or elsewhere**

Being denied organ & tissue transplants or pain management treatment solely based upon status as a medical cannabis patient is discriminatory and unethical.

- There are numerous examples of patients being arbitrarily denied medical treatment from hospitals because of their status as medical cannabis patients. In many cases, patients requiring organ transplants are refused services



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- Patients are not placed on waiting lists until they test negative for THC, which can take months to achieve
- Scientific reviews find no negative association between a cannabis use history and organ transplant survival rates.
- Various states -- such as California and Maine -- have in recent years enacted statutory language explicitly prohibiting hospitals from arbitrarily withholding services from patients solely because of their medical cannabis status
- A qualified patient's authorized use of cannabis should be considered the equivalent of the authorized use of any other medication used at the direction of a physician, and should not constitute the use of an illicit substance
- Pain Management Providers are also denying pharmaceutical drugs to patients if THC is in their system, forcing patients choose Pharmaceuticals vs. Cannabis in an all or none sense. Cannabis works synergistically with pain medications and both should be offered to patient for best outcome
- Providers are stopping all narcotics/barbiturates 'cold turkey' without titration (slowly removing them off medications safely) creating unsafe practices to patients who are at risk for severe symptoms such as but not limited to heart attack and death.



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## **Part 2: Unintended consequences needing immediate remedy**

Though the Nevada 79th Legislature addressed many issues relating to marijuana, some actions, or lack of action on behalf of the government have had effects that are unintended towards Nevada Medical Marijuana patients. Some of these unanticipated consequences are, but not limited to:

- 1. Inadequate rights to consume cannabis as medicine*
- 2. Lacking protections for Nevada patients & their families*
- 3. DUID laws*

### **Tenet 1- Right to Consume. Patient expansions added to public consumption regulations**

Just like handicap access, Nevada Medical Marijuana Patients need protection and areas to consume their medicine away from their home. It is our position that anywhere cigarette smoking is permitted, marijuana combustion and other methodologies of consumption should be considered as legal for patients, or other accommodations put in place to assure a patient can medicate legally.

- Gaming facilities exempt due to Schedule 1 laws, thus smoking NOT allowed in casinos or gaming areas due to federal conflicts

#### **Recommendations for Nevada include, but not limited to:**

- It becomes a right for patients to use the treatment option of their choice and have the ability to consume at places such as: State or County schools, Assisted-Living Facilities, Hospitals, Rehabilitation Centers, Hospice Centers Property, etc.
- Facilities will acknowledge and respect the patient's decision to utilize the treatment option of their choice
- Medical marijuana patients and their designated caregivers are protected to administer medical marijuana in the equivalent of the authorized use of any other medication used at the direction of a physician and shall not constitute the use of an illicit or illegal substance
- Accommodations will be made for patients to consume the treatment option of their choice
- Providers (doctors/nurses/etc.) will chart patient's cannabis use in the patient's chart without bias





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- Legislation is pending in NY to permit children and developmentally disabled individuals with serious conditions for which medical marijuana has been recommended, to have their medicine administered at schools and other facilities, and require school districts and facilities to create policies for medical marijuana administration.

## **Tenet 2: Protections for Nevada patients, families and caregivers**

Patients should not face loss of child custody solely based upon their status as a medical cannabis patient. To avoid incrimination and family separation, protections for parents and children are necessary to avoid conflict with parental rights.

The smell of marijuana is no longer an indication of illegal activity in the State of Nevada. Neither is the presence or cultivation of marijuana in the home or employment in the marijuana industry. Those who choose to consume cannabis, whether medically or recreationally, are not criminals or child abusers and should not be treated as such.

*“Neither the presence of cannabinoid components or metabolites in a person’s bodily fluids, nor conduct related to the medical use of cannabis by a custodial or noncustodial parent, grandparent, pregnant woman, legal guardian, or other person charged with the well-being of a child, shall form the sole or primary basis for any action or proceeding by a child welfare agency or in a family or juvenile court.”*

- Cannabis consumption or cultivation is routinely used as a wedge issue in child custody cases.
- Having a medical marijuana registry card should protect medical patients from Child Protective Services or Family Court, from being classified as having “habitual or continual illegal use of controlled substances” when testing positive for marijuana under NRS453A, or when acting as an employee or agent of a medical cannabis establishment
- The medicinal status should not be a disqualifier to become a foster/adoptive parent through the state or private adoptions. As it stands, caring adults are kept from being foster parents, even to family members, if they consume cannabis
- Children that qualify for medical marijuana need to be able to consume as patients without the threat of their parent facing criminalities or prosecution.

Additionally, provisions should be made so that a parent can be a caregiver to their child, even if the parent is a Nevada Medical Marijuana Patient. A vital flaw can be seen within caregiver policy, as currently caregivers may only be a provider to one person.

- There is a need to allow caregivers to provide for more than one patient, as some families have grandparents, parents, children, and grandchildren all living in single-family homes



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## Tenet 3: Changes to DUI Laws

*A responsible cannabis consumer does not operate a motor vehicle or other dangerous machinery while impaired by cannabis. Public safety demands not only that impaired drivers be taken off the road, but that objective measures of impairment be developed and used. Acute cannabis intoxication may influence in a dose-related manner, certain psychomotor skills, such as reaction time, necessary to operate a motor vehicle safely.*

### **Evidence supports the following:**

- Changes in performance are most acute in naïve users
- Influence upon performance is typically dose-related
- Higher THC potency is generally associated with greater variations in drug-influencing effects
- Inhaled cannabis' influence upon performance is typically short-lived
- Experienced users tend to become tolerant to many of cannabis' performance-impairing effects, especially patients
- These effects are far less dramatic than changes in psychomotor performance associated with drivers under the influence of alcohol. By contrast, THC positive drivers, absent the presence of alcohol, typically possess a low, or even no, risk of motor vehicle accident compared to drug-negative drivers
- When the drug-positive variable was separated into marijuana and other drugs, only the latter was found to contribute significantly to crash risk
- With the approaching legalization of the recreational use of marijuana, there is a substantial, and currently unmet, need for impairment testing to supplement drug testing

Provisions should be made to create protection from erroneous prosecution and incrimination of people who have demonstrated little to no signs of impairment.

### **Recommendations for Nevada include, but not limited to:**

- Increase THC Blood Level thresholds, or
- A medical marijuana registry program participant protected from being considered as operating a vehicle 'under the influence' solely for having cannabis metabolites in their system, or for being in possession of cannabis
- Officials must provide documented impairment on video and/or by more than one officer



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- At Fault Clause: if the other driver is at fault yet is fatal, then this needs to be weighted heavily during the investigation



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## More Information

### Cannabis & Opiates

- The notion that cannabis is a gateway drug has been disproven--and is actually an exit drug from harder drugs, including opioids. There is research, both qualitative and quantitative that speaks to this
- Nationally, we have seen states with medical marijuana programs on average have **25% fewer opioid related overdose deaths** than in states with no medical marijuana programs
- Survey data indicates that the use of cannabis is common among patients with chronic pain and patients who use it for this indication typically report it to be an effective treatment. Majorities further report that cannabis possesses fewer side effects than conventional pain medications and that it provides greater symptom management than opioids

### Cannabis & Benzodiazepines

- Patients authorized to legally use medical cannabis frequently substitute it in place of benzodiazepines
- Approximately 45% of patients successfully discontinued their pre-existing benzodiazepine therapy in a recent study as of February 2019
- Reports of improved pain, health, and fewer side effects were explained as rationale for substituting
- Studies suggest that cannabis may be an effective analgesic and potential substitute for an array of other pharmaceuticals

### Cannabis for Veterans

- Among military veterans who acknowledged using cannabis within the past year, 41% classified their marijuana use as medical, which is twice as high as is reported by adults in the general population
- According to nationwide survey data compiled by the group Iraq and Afghanistan Veterans of America, 75 percent of military veterans "would be interested in using cannabis or cannabinoid products as a treatment option if it were available."
- Evidence is increasingly accumulating that cannabinoids play a role in fear extinction and anti-depressive effects. This may dampen the emotional impact of traumatic memories through synergistic mechanisms that make it easier for people with PTSD to rest or sleep and to feel less anxious and less involved with flashback memories



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