Federal and State Affairs Committee
Topic: HB: 2184
Hearing Date: February, 24, 2021
From: Kansas Cannabis Patient Association - KCPA

To the Committee Members and the Chair,

We thank the chair and the committee for this hearing and the opportunity to discuss the benefits of bringing a regulated medical cannabis program to Kansas patients.
Our board of directors is composed of doctors, nurses, business owners and patient advocates. Our doctors and nurses have many hours of specialized training in cannabis medicine. We have organized to be a medically educated voice that can address the needs and concerns of Kansas patients who would benefit from safe and legal access to cannabis medicine.

Many others will address the many financial benefits that will be brought to our state and our citizens by a regulated medical cannabis program. We wish to focus on the importance of protecting patient's safety, health, access to care and their rights.

Among our concerns:
A patient's ability to access cannabis as a treatment protocol should be based solely on the recommendation of their medical provider. We do not support time constraints on these relationships as those will inevitably exclude those who have recently moved to our state, those living here for project work, those who have been unemployed and without health insurance.. This pandemic has left many in just such a situation.
We do not support a list of qualified conditions but believe that every patient should be guided by the medical expertise and oversight of their medical provider. Any treatment plan should remain between a qualified medical professional and their patient.
All licensed medical providers should be allowed to recommend cannabis, and should include nurse practitioners and physician assistants who provide a large percentage of care in rural areas and low-income areas.
Patients should not face discrimination for their status as a patient whether at work, in school, from DCF, in custody cases, or in housing. Their status as a licensed patient should be protected medical information.
Parents of pediatric patients should be protected from DCF action based solely on their child's status as legal patient.
Employers are empowered to not allow cannabis on their property nor tolerate impairment at work but a person's status as a licensed patient should be protected medical information and should not be singular grounds for sanction nor dismissal.
Patient's Second Amendment rights should be protected.
Pediatric patients should have access to medicine at school via their school nurse as they do with all other medications.

Pediatric patients should not face discrimantion from school activities and extracurricular activities.
College students should also be protected in extracurricular activities, housing and access.
Patients should be protected from unfounded prosecution. The presence of either of the two cannabis metabolites does not equal impairment. This is a matter of science and also legal precedent. Several state supreme courts have ruled that presence of metabolites alone does not equal impairment. One metabolite denotes use within the past 24 hours and the other can be from use as much as 7 months in the past.
It is imperative that patients are not restricted from access based on income, age, residence facility or geographical constraint. The research shows that when patients have limited and restricted access the overall benefit to patients and to the state is decreased as patients retreat from participation in the regulated market. Many will turn to the unregulated illicit market which places them at risk on several levels. Unregulated cannabis can contain many contaminants such as mold, heavy metals and other pathogens that can be deadly to patients with compromised immune systems. Unregulated products could also be contaminated with drugs that carry a risk of adverse reaction and overdose. Exposure to the illicit market can also put them at risk for physical harm.
Data shows that patients who return to the illicit market are driven by three overriding factors: price, geoavailabilty and quality, or lack of product diversity within the retail space. Medical cannabis is not yet covered by medical insurance. For rural patients and those of low income or fixed income, medical cannabis from a retail location may be financially out of reach. This may be because the tax rate is too steep, the only retail location is too far away and they cannot budget the fuel expense, lack transportation based on health restrictions or they may not be able to manage the extra expense at all. We advocate for licensed and regulated patient cultivation as well as caregiver cultivation to alleviate these hurdles to patient access of regulated and safe cannabis.
We also advocate for telemedicine access for the rural and the disabled, as well the accommodation of home delivery, as is available for all other medications.
Patients across our country, and even across the globe, have been given access at nursing homes, hospitals and even within correctional facilities and correctional supervision programs.
Access to a medication should never be based on anything more than the determination of need by that patient's medical provider.
Fees and taxes should be kept low. Fees should utilize sliding scales based on income.
Patient license renewals should occur every two years to prevent financial hardship on rural and low income patients.
We do not support adding the extra financial and logistical burden onto parents of special needs children by demanding two separate recommendations from two separate medical providers, which will require two office visits and two copays. This extra burden is not required for other medications and there is no data to support placing this additional burden on the families of special needs children.
Patients should not lose access to any other medication simply because of their status as a legal cannabis patient.

The above would be among our top concerns regarding patient access and fully protecting patient rights.

We thank the committee for this hearing and are available to answer any questions.

The Kansas Cannabis Patient Association.
kcpa.action@gmail.com

References:

METABOLITES

11-Hydroxy-Δ^9-tetrahydrocannabinol (11-OH-THC), usually referred to as 11-hydroxy-THC, is the main active metabolite of tetrahydrocannabinol (THC), which is formed in the body after decarboxylated cannabis is consumed.[1][2]

Both compounds can be glucuronidated and mainly excreted into urine. Both compounds, along with THC, are assayed in blood tests

https://en.wikipedia.org/wiki/11-Hydroxy-THC

For this reason, any positive result using immunoassay must be confirmed by chromatographic techniques (75, 78).Cannabis has a long half-life in humans (67 days) (57). In chronic cannabis users, it is particularly difficult to determine whether a positive result for cannabis represents a new episode of drug use or continued excretion of residual drug (62). Algorithmic models have been devised to determine whether THC levels represent new use or the carry-over from previous use (62, 64). However, these models are not very accurate in discriminating new use and carry-over in chronic users (66). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3570572/

CDC Advisory-
Only blood-sample measurements are likely to correlate with a person's degree of exposure (3); attempts to correlate urine concentration with impairment or time of dose are complicated by variations in individual metabolism, metabolite accumulation in the chronic user, and urine volume changes due to diet, exercise, and age. Therefore, a positive result by the urine cannabinoid test indicates only the likelihood of prior use. Smoking a single marijuana cigarette produces THC metabolites that are detectable for several days with the cannabinoid assay (4). THC can accumulate in body fat, creating higher excretion concentrations and longer detectability. If an affect on performance is the main reason for screening, the urine cannabinoid test result alone cannot indicate performance impairment or assess the degree of risk associated with the person's continuing to perform tasks. If a history of marijuana use is the major reason for screening, the urine test for cannabinoids should be able to detect prior use for up to 2 weeks in the casual user and possibly longer in the chronic user. https://www.cdc.gov/mmwr/preview/mmwrhtml/00000138.htm

LabCorp
A positive test for cannabinoids indicates the presence of cannabinoid metabolites; 11-nor-9-carboxy-δ-9-THC is the major metabolite (carboxy THC) in urine but is not related to source, time of exposure, amount, or impairment. Unless the test is confirmed by MS, a positive result is presumptive and an unconfirmed test should not be used in workplace drug testing programs. Urine may contain carboxy THC for a week or 10 days after light or moderate use and as long as a month to six weeks after heavy use. Rapid storage of THC metabolites in body fat occurs after use. These substances are then released from storage sites slowly over time.
https://www.labcorp.com/test-menu/21831/cannabinoid-thc-screen-and-confirmation-urine

Labs were not checking in a person’s blood or urine for the presence of hydroxy-THC because hydroxy-THC does not last very long in a person’s system – usually only a couple of hours before it metabolizes into carboxy-THC. With the new ruling that came out from the Arizona Supreme Court, it’s possible that prosecutors are going to talk to the labs and see if they can actually test for the presence of hydroxy-THC to see if there is still an impairing metabolite of marijuana in a person’s system.
https://www.arizdui.com/arizona-dui-defense/drug-metabolites/definition-of-metabolite/

Arizona Supreme Court Case
https://law.justia.com/cases/arizona/supreme-court/2014/cv-13-0056.html

As shown in the following graph, detection times for chronic users typically range from one to three weeks but can extend much longer. In this study by Ellis [04], chronic users were tested at 20 ng/ml and 100 ng/ml, but not at the normal standard of 50 ng/m http://www.canorml.org/healthfacts/drugtestguide/drugtestdetection.html

[04] G Ellis et al, "Excretion patterns of cannabinoid metabolites after last use in a group of chronic users," Clin. Pharmacol. Ther. 38:572-8 (1985).

[05] F Grotenhermen et al., "Developing limits for Driving

Excretion patterns of cannabinoid metabolites after last use in a group of chronic users
George M Ellis Jr Marian A Mann BA Barbara A Judson MS N Ted Schramm MA Agop Tashchian CPT MC, USNR

HOSPITALS

State laws in Connecticut and Maine permit the use of medical marijuana by hospitalized patients and give some state-level legal protection for clinicians who administer it.
https://acphospitalist.org/archives/2017/01/marijuana-policies-hospital.htm

Medical providers at Children's Colorado do not prescribe or recommend medical marijuana outside of clini-cal trials at this time. However, if a family chooses to explore the use of medical marijuana, we want to con- tinue to provide care to their children. Most of these families have children with very complex medical needs, and Children's Colorado wants to continue to see them to help monitor them and the side effects they experience.
In addition, we strongly suggest baseline testing prior to the administration of medical marijuana to further aid in the objective monitoring of seizure activity.
https://www.childrenscolorado.org/conditions-and-advice/marijuana-what-parents-need-to-know/medical-marijuana/medical-marijuana-and- epilepsy/

According to Syracuse.com, the state will soon let patients use medical cannabis in hospitals.
Under a regulation proposed by the state Health Department, hospitals will finally be allowed to implement policies that allow patients to use medical cannabis tinctures, or have their caregivers administer it.
https://www.marijuanatimes.org/patients-in-ny-hospitals-will-be-permitted-to-use-some-forms-of-medical-cannabis/

A California hospital has taken steps to allow patients to use medical marijuana at its facility.
http://www.modernhealthcare.com/article/20160916/news/160919926

Bill would allow nursing homes to give medical cannabis
https://apnews.com/article/4d2c7ea0857803fe1e24b9637670053c

NURSING HOMES

The Nursing Home With A Medical Cannabis Program The Feds Can Live With

https://www.forbes.com/sites/abbierosner/2019/02/19/the-nursing-home-with-a-medical-cannabis-program-the-feds-can-live-with/?sh=3677aa1a2d40

Legislation that allows nursing homes to administer medical cannabis gains momentum
https://www.mcknights.com/news/clinical-news/legislation-that-allows-nursing-homes-to-administer-medical-cannabis-gains-momentum-2/

CORRECTIONS AND SUPERVISION

A state district judge in Albuquerque has ruled this week that the Bernalillo County Metropolitan Detention Center should not penalize medical marijuana patients under its custody or supervision for using the drug.
https://www.ktsm.com/news/albuquerque-inmates-right-to-medical-marijuana-affirmed/

The Montana House on Friday passed a bill to allow people on probation or parole to use medical marijuana if they suffer from a debilitating medical condition.
https://helenair.com/news/state-and-regional/crime-and-courts/montana-house-passes-measure-on-medical-pot-for-probationers/article_90d417f8-8cc1-5e11-8b79-967b344b1836.html

With over 200,000 people on probation in Florida, many of those probationers are likely suffering from conditions that medical marijuana could help treat. The Florida Department of Corrections, the department responsible for the oversight of probationers, has confirmed it is accepting medical marijuana cards under certain circumstances.
https://www.cannamd.com/florida-patients-on-probation-may-use-medical-marijuana/

TELEHEALTH
Medical Marijuana Telehealth Gets Green Light During COVID Pandemic
https://www.medpagetoday.com/infectiousdisease/covid19/86254
Telehealth prescribing for medical marijuana patients takes step forward
https://njbiz.com/telehealth-prescribing-medical-marijuana-patients-takes-step-forward/
How Telemedicine is reshaping the Medical cannabis industry?
https://insightscare.com/telemedicine-reshaping-medical-cannabis-industry/

DELIVERY
Coronavirus Lockdown Gives Cannabis Delivery Company a Surge That May Last
https://www.phoenixnewtimes.com/marijuana/coronavirus-lockdown-gives-arizona-cannabis-delivery-firm-a-surge-11468321
Delivery Services Are Right Rx for Medical Marijuana
BONNI GOLDSTEIN, M.D.
Essential for patients who are too ill to travel or who have mobility issues, delivery services let them receive their medicine in the privacy of their homes
https://www.njspotlight.com/2018/06/18-06-27-delivery-services-are-right-rx-for-medical-marijuana/