



## Summary

- Increases the number of medical cannabis permits:
  - From 10 growers to 50
  - From 10 processors to 50
  - From 30 dispensaries to 165
- Allows vertical integration (growers can also be processors and/or dispensaries)
- Allows the department to pre-register patients before July 1, 2019, but doesn't allow them to get an ID card or legal protections earlier
- Adds requirements for a practitioner recommending cannabis:
  - The practitioner would have to determine the patient doesn't have any past or current medical condition or medication(s) that constitute a contraindication.
  - The practitioner must have determined the patient "is experiencing ***serious pathophysiological discomfort, disability or dysfunction*** that may be attributable to a serious medical condition and may possibly benefit from cannabis treatment ***when current medical research exhibits a moderate or higher probability of efficacy.***"
  - The practitioner must have educated the patient about cannabis and its safe use.  
— Article 4, Sec. §16A-4-3 (a) (5-7)

## Suggested Changes

- Strike all of the new practitioner obligations — Article 4, Sec. §16A-4-3. These are significant hurdles to participation that are not included in other medical cannabis laws. There is already a problem with low physician participation in some medical cannabis states, and this language will discourage West Virginia doctors from certifying patients.
  1. Because of the limited medical research on contraindications, physicians may not be able to make any definitive statement about contraindications. Therefore, that requirement may serve as a deterrent to physician participation, thus steering patients to more dangerous opioids.
  2. Requiring physicians to also independently certify that "current medical research exhibits a moderate or higher probability of efficacy" for each certification would require an extensive amount of study that will deter participation. Also, medical research is

limited due to federal obstruction of medical research, further complicating the unnecessary restriction.

3. The legislature should not seek to further limit who can receive a medical cannabis recommendation by requiring the physician to determine that the individual patient “is experiencing serious pathophysiological discomfort, disability or dysfunction” in addition to having a qualifying, serious illness. This would, for example, prevent a recommendation from being issued to someone with Crohn’s if it was already successfully in remission due to cannabis (meaning the patient would then have to become ill again before being allowed to continue treatment).
  4. Since cannabis is still federally illegal, it is important that physicians not be required to do more than certify patients. It is more appropriate to allow trained dispensary staff to educate patients than to require education by physicians.
- The bill should be amended to include various important improvements to the program found in SB 487, such as:
    - Allowing cannabis in its natural, plant form, rather than limiting it to more costly extracts
    - Allowing edibles, if they are approved by the bureau
    - Removing language limiting “severe chronic or intractable pain” to certain cases, which steers patients towards opioids
    - Removing requirement that physicians register with the state and take a four-hour training course (both of which reduce participation)
    - Providing that the board will determine the amount of cannabis patients are allowed, rather than expecting physicians to do so, which could put them at legal risk under federal law and deter participation
    - Allowing deliveries to patients’ and caregivers’ residences
    - Allowing pre-registered patients to receive ID cards prior to July 1, 2019
    - Perhaps allowing secure home cultivation