

The New York Medical Marijuana Program: 2016 Bill Summaries



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Since the launch of New York's medical marijuana program on January 7th, patient access to medicine has been significantly hampered due to the program's various restrictions, resulting in too few patients who have registered with the program and accessed medical relief. Due to low patient demand and high production costs, medical marijuana products currently sold in dispensaries are too expensive for a majority of patients. A series of bills has been introduced to fix some of the program's most pressing problems and to expand patient access to compassionate medical care. The list below summarizes these problems and the bills that address them. For more information on the individual bills, refer to page 2 and beyond.

Issue: Too few doctors have registered with the Department of Health

Support bill **A9510/S6998**, which authorizes nurse practitioners and physician assistants to certify patients for medical marijuana use.

Issue: Too few qualifying conditions are covered by the program

Support bills **A9562/S6999**, which adds 8 qualifying conditions, and **A9514-A/ S7249-A**, which adds severe chronic pain.

Issue: Too few dispensaries for a state of nearly 20 million people over 54,000 square miles

Support bills **A9747-A/ S7467**, which increases the number of producers and dispensaries, and **S7042**, which doubles the number of dispensaries across the state.

Issue: Difficulty in locating a physician registered to certify medical marijuana

Support bill **A10123**, which requires the Department of Health to publicly disclose, with consent, a list of registered physicians

Issue: Limits on the forms and types of medicine that producers are allowed to sell and patients can choose from

Support bills **A9517/S7251 and A9562/S6999**, which allows for more forms and types of medicine that producers can manufacture and sell to patients.

Issue: No formal means to include expert, patient, and caregiver feedback

Support bill **A9553/S7000**, which establishes an advisory committee of patients, caregivers, and other stakeholders.

Issue: Doctors are not adequately educated or informed about medical marijuana as a treatment option

Support bills **A9747-A/S7467** and **S7042**, which allow state-licensed producers to directly reach out to doctors and educate them about the medical uses of cannabis.

Issue: Visiting out-of-state patients are not recognized by New York's program

Support bill **A9553/S7000**, which requires New York's program to recognize out-of-state patient certifications

Issue: All state-licensed producers have to be vertically integrated and are prohibited from selling to each other

Support bill **A9507/ S7250**, which eliminates the requirement that dispensaries have to be run by the same company that grows and manufactures medical marijuana products, thereby allowing smaller businesses to enter the industry as well as allows producer-to-producer sales.

On January 7, 2016, New York's medical marijuana program was officially launched after an eighteen month implementation process. Since the launch of the program, however, patient access has been significantly hampered due to the program's restrictive regulations. In response, to date Assemblyman Richard Gottfried and Senator Diane Savino introduced a total of eight bills that would fix some of the problems with program and improve safe and legal access to compassionate medical care for patients in New York.

Bills can be introduced in either the Assembly or the Senate but to become law, the same bill must pass both houses and then be signed by the Governor. If a bill has both an Assembly and a Senate number, this means that same bill has been introduced in both houses.

Please note that this information is subject to change as bills get amended and/or additional bills get introduced. For the most current information, check our website at <http://www.compassionatecareny.org>.

Bills Introduced in Both the Assembly and Senate

BILL A9510/S6998 *authorizes nurse practitioners and physician assistants to recommend marijuana in addition to doctors.*

- **The problem:** The current set of regulations restricts the kinds of healthcare providers who can recommend medical marijuana to physicians only. This means that nurse practitioners and physician assistants cannot recommend medical marijuana to their patients even though they can prescribe many other medications. With a low number of physicians enrolling in the program, the physician-only restriction has created patient access problems.
- Nurse practitioners and physician assistants would have to take the same training course that physicians do in order to be able to recommend medical marijuana. A patient should not be denied access to compassionate medical care if s/he is being treated by a nurse practitioner or a physician assistant who has the appropriate training and is working within the legally defined scope of practice.

BILL A9514-A/S7249-A *allows the use of cannabis for severe or chronic pain.*

- **The problem:** Opioids remain the most commonly prescribed medicine to treat severe, chronic pain and are an important tool in the medical arsenal. However, many people do not want to take opioids given the side effects and risks associated with their use. Cannabis, effective in treating certain kinds of pain, would afford new options. A recent study published in the Journal of the American Medical Association found that states with medical marijuana laws are associated with a significant reduction in mortality from opioid abuse¹.
- Several elected officials, including Senator Elizabeth Warren and Congressman Earl Blumenauer, have recently expressed their support for the use of medical marijuana to treat chronic pain as a way to help address the opioid overdose problem. Given medical

¹Bachhuber, M. A., Saloner, B., Cunningham, C. O., & Barry, C. L. (2014). Medical cannabis laws and opioid analgesic overdose mortality in the United States, 1999-2010. *JAMA internal medicine*, 174(10), 1668-1673.

marijuana's pain relieving benefits, it presents a promising solution to reducing the morbidity and mortality associated with prescription opioid use in New York State, creating broader access to medical marijuana for patients in need, and should be included as a qualifying condition in its medical marijuana program.

BILL A9562/ S6999 *adds eight qualifying medical conditions and lifts the dosage limits on medical marijuana.*

- **The problem:** the current regulations cover only ten conditions, and in order to qualify for medical marijuana use, a patient in New York must not only have one of the ten qualifying conditions² but an associated condition³ as well. Unfortunately, this restriction fails to acknowledge that medical cannabis may have a therapeutic or palliative benefit for patients suffering from medical conditions not presently included in the law.
- Bill A9562/S6999 adds the following conditions: Alzheimer's disease, traumatic brain injury, dystonia, muscular dystrophy, wasting syndrome, post-traumatic stress disorder, rheumatoid arthritis and lupus. There is a growing base of promising research evidence attesting to medical marijuana's efficacy in treating these conditions, and some of them such as PTSD and muscular dystrophy, are currently treated with medical marijuana in other states.
- **The problem:** Placing a limit of ten milligrams of tetrahydrocannabinol (THC) per dose of medical marijuana needlessly restricts the types of medicine available to some patients who might benefit from medical marijuana products with higher THC content.
- Bill A9562/ S6999 would remove this dosage limit and allow doctors to recommend a dose most appropriate for the patients in their care.

BILL A9747-A/ S7467 *authorizes the Health Commissioner to license 5 additional medical marijuana producers and allow each of the resulting 10 registered organizations to operate 8 dispensaries, adding a total of 60 more dispensaries throughout New York State. Bill A9747A also clarifies the ability of producers to directly educate physicians on New York's medical marijuana program and the science behind medical use of cannabis.*

- **The problem:** At present only 5 producers have been licensed by the state, with each being allowed to operate 4 dispensaries. A total of 20 dispensaries are insufficient for a state of nearly 20 million people spanning more than 54,000 square miles. This creates the problem of geographic access for some patients who may be too poor or sick to travel long distances to purchase medicine.

² The currently covered conditions are: cancer, HIV/AIDS, ALS, Parkinson's disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication or intractable spasticity, epilepsy, inflammatory bowel disease, neuropathies, and Huntington's disease

³ Current associated conditions are: cachexia or wasting syndrome; severe or chronic pain; severe nausea; seizures; severe or persistent muscle spasms

- Bill A9747-A/S7467 authorizes the Commissioner to add 5 more producers and in doing so, to consider applications submitted during the licensing process last year, in 2015. The bill also directs the Commissioner to prioritize underserved areas when determining dispensary locations.

BILL A9553/ S7000 *establishes an advisory committee to assist the Commissioner of Health in the implementation of the New York’s medical marijuana law and also directs the program to recognize visiting patients’ out-of-state medical marijuana certifications.*

- The problem: Implementing the Compassionate Care Act in a way that is reasonable, compassionate, and consistent with legislative intent is inherently complex and necessitates the inclusion of relevant and informed feedback from a variety of stakeholders. No mechanism currently exists for formally including this feedback in the implementation process nor is there any opportunity for patients and caregivers to help shape the program.
- Bill A9553/S7000 will create an advisory committee of 15 members representing stakeholders, such as health care practitioners, patients with serious conditions or their representatives, experts in controlled substance regulation, medical marijuana industry professionals, and law enforcement. The bill also establishes a subcommittee of medical experts to provide specialized clinical advice to the Commissioner. This is necessary because the field of medical marijuana research is rapidly growing, and expert opinion is crucial in ensuring that New York’s medical marijuana program reflects the evolving uses and standards for medical marijuana.
- The problem: New York currently does not recognize out-of-state patients who are certified for medical marijuana use in the other twenty-two states and the District of Columbia where medical marijuana is legal, and, thereby greatly disadvantages visiting patients who need timely and consistent care.
- Bill A9553/S7000 requires New York’s medical marijuana program to recognize certifications from these out-of-state patients and permits patients to obtain medical marijuana as long as they have a medical condition covered by New York’s law and have been certified by state-approved healthcare provider.

BILL A9507/S7250 *eliminates the rule that cannabis dispensaries have to be run by the same companies that grow and manufacture the products sold and also allows state-licensed producers to sell, deliver, distribute, and receive medical marijuana from other state-licensed producers.*

- The problem: Under the current law, only 5 producers (known as “registered organizations”) each owning four dispensaries have been authorized to operate in New York. Twenty state-licensed dispensaries in a state of 19.7 million and more than 54,000 square miles is insufficient to meet the needs of patients across the entire state. This problem is exacerbated by the fact that, at present, regulations prohibit the use of delivery services without the prior written approval of the Health Commissioner. Such limited access has created real problems for sick, disabled, or housebound patients.

- Bill A9507/S7250 eliminates the requirement that all state-licensed producers be vertically integrated, thereby allowing producers to contract out parts of the manufacturing and distribution process. This could improve the cost-effectiveness of their business model and ultimately lower the cost of producing medicine. It would also allow smaller businesses, including local women and minority owned businesses, to more easily join the industry.
- Moreover, this bill would allow state-licensed producers to sell, deliver, distribute and receive medical marijuana from other registered organizations. For example, if a dispensary does not offer the particular strain for which a patient has been certified, the producer in question can easily arrange to receive medicine from another producer. This would help relieve the burden of travelling long distances to obtain medicine. This would also mean that someone could open a dispensary (without also being producer) and purchase their products from existing producers in New York.

BILL A9517/ S7251 *lifts the limits on permissible forms of medical marijuana by allowing producers broader discretion in what products they can produce and sell and allowing for smokable forms of medical marijuana (except in any place where tobacco smoking is currently prohibited).*

- The problem: As the law currently stands, all forms of medical marijuana sold in New York must be approved the Health Commissioner. He has excluded any forms of whole plant medicine as well as edibles so that the only forms of medical marijuana that are allowed are liquids and oils that can be vaporized or placed under the tongue, as well as capsules that can be taken orally. Moreover, processed extracts can be expensive to produce and will likely drive up the cost of the medicine. Smoking is prohibited by statute.
- There is simply no good medical or scientific rationale for requiring patients to use processed oils and extracts. There are important therapeutic compounds that can be lost during the extraction processes, which could interfere with the synergistic, entourage effect of cannabis known to be medically beneficial. In addition, little is known about the long-term health effects of processed oils and extracts, and some patients and providers prefer natural, unprocessed products.
- Smoking medical marijuana is widely agreed upon as the cheapest and most efficient way of consumption for many medical conditions. It enables patients to effectively titrate and monitor the dose they are receiving, so they may best relieve their painful symptoms. New York is currently one of only two medical marijuana programs in the country that prohibit smoking as a delivery method.

Assembly-only Bill(s)

Bills A10123 *requires the Department of Health to publicly disclose the information of doctors trained and registered to certify patients for medical marijuana use.*

- The problem: Locating a physician who has registered with the State in order to certify patients for medical marijuana use, is a major, initial barrier that patients are currently

facing. As a result, some patients are waiting for weeks to schedule a consultation visit with a registered doctor and in the meanwhile, have been forced to cold-call doctors or resort to potentially unreliable sources of information online.

- Bill A10123 would [require the Health Department to make publicly available the information of trained and registered doctors who have consented to being listed, and also provides an option for doctors who do not wish to be listed, to opt-out.](#)

Senate-only Bill(s)

BILL S7042 allows registered organizations (producers) to contact healthcare providers directly to educate them about the medical use of marijuana as well as doubles the number of dispensaries currently-licensed producers are allowed to operate from four to eight.

- The problem: The regulations currently place some limits on the advertising and marketing of medical marijuana by registered organizations.
- Bill S7042 would allow registered organizations to advertise and market medical marijuana directly to healthcare providers in order to educate more about the medical uses of marijuana.
- The problem: Twenty state-licensed dispensaries are insufficient for a state of nearly twenty million people spanning more than 54,000 square miles. This creates the problem of geographic access for some patients who may be too poor or sick to travel long distances to purchase medicine.
- Bill S7042 would begin to address this problem by doubling the number of dispensaries that each of the five registered organizations can operate, from four to eight, which would result in a total of forty dispensaries located throughout New York State.

How can I help support these bills and improve NY's medical marijuana program?

- Call your New York State Assembly person and ask them to co-sponsor Assembly bills: A9510, A9514-A, A9517, A9507, A9562, A9553 and A9747-A, A10123. You can find your State Assemblyperson here: <http://assembly.state.ny.us/mem/search/>
- Call your New York State Senator and urge them to support bills S6998, S6999, S7000, S7042, S7249-A, S7250, S7251 and S7467. You can find your State Senator here: <https://www.nysenate.gov/find-my-senator>
- Call your Assemblyperson or Senator and tell him or her why you support these bills and ask them to join as a co-sponsor of the legislation if they seem supportive. Be sure to have the bill numbers handy.
 - If you have time, ask for an in-person meeting to discuss why this issue is so important to you or your loved ones.
- Spread the word. Ask your friends and family to contact their elected officials and encourage them to support these bills to expand patient access.

- Follow Compassionate Care NY's Facebook page for the latest updates, including potential lobby days in Albany or contact us at compassionatecareny@gmail.com
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