

SUBJECT: Expanding eligibility for patients' medical use of low-THC cannabis

COMMITTEE: Public Health — committee substitute recommended

VOTE: 10 ayes — S. Thompson, Wray, Allison, Coleman, Frank, Guerra, Ortega, Price, Sheffield, Zedler

0 nays

1 absent — Lucio

WITNESSES: For — Tracy Thompson and Jennifer Ziegler, Patients For Stem Cells; Edward Fox, Texas Neurologic Society; Linda Litzinger, Texas Parent to Parent; and 10 individuals; (*Registered, but did not testify*: Bob Kafka, ADAPT; Candis Dyer, Cannabis Open Carry Walks; LaTonya Whittington, Cannabis Reform of Houston; Karen Reeves, CenTex Community Outreach; Chase Bearden and Dennis Borel, Coalition of Texans with Disabilities; Jesse Williams, Educating Texans; John Pitts Jr., Epilepsy Foundation of Texas; Simone Nichols-Segers, National MS Society; Catherine Cranston, Personal Attendant Coalition of Texas; Wayne Delanghe, San Antonio Fire Department Local 624; Susan Hays, TEAMM; Susan Dantzler, Texas Nationalist Movement; Stacy Suits, Travis County Constable Pct. 3; Elias Jackson, Vyripharm; Lindsey Fenton, We the Parents Coalition; and 32 individuals)

Against — (*Registered, but did not testify*: Jose Ramon, Cannabis Open Carry Walk; Jim Skinner, Sheriffs' Association of Texas; Richard Ramirez, Stafford Police Department; John Chancellor, Texas Police Chiefs Association; Daulton O'Neill; Christy Zartler)

On — Jody Ladd, Cannabis Open Carry Walks; Terri Carriker, Blaire McBurney, and Thalia Seggeling, Mothers Advocating Medical Marijuana for Autism (MAMMA); Luis Nakamoto, Mother's Botanicals; Lora Taylor, Texas Council for Developmental Disabilities; David Bass, Texas Veterans for Medical Marijuana; Adrienne Askew; Nathaniel Czerwinski; Piper Lindeen; Lance Seggeling; (*Registered, but did not*

testify: Mandi Hughes, COCW; Steve Moninger and Wayne Mueller, Texas Department of Public Safety; Debbie Branch, Amy Fawell, Bonnie Jensen, Michael Ozmun, Allison Rogers, Karin Schuetze, and Deborah Tolany, Mothers Advocating Medical Marijuana for Autism; Jaclyn Finkel, Texas NORML; Kelly Myers; Erin Robinson; Tony Sieli)

BACKGROUND: Health and Safety Code ch. 487 establishes the Texas Compassionate Use Act, which is administered by the Department of Public Safety and allows certain licensed organizations to dispense low-THC cannabis.

Occupations Code sec. 169.001 defines low-THC cannabis as the plant *Cannabis sativa* L., and any compound, manufacture, salt, derivative, mixture, preparation, resin, or oil of that plant that contains no more than 0.5 percent by weight of tetrahydrocannabinols (THC) and at least 10 percent by weight of cannabidiol. Sec. 169.002 authorizes certain licensed physicians to prescribe low-THC cannabis to patients with intractable epilepsy.

Health and Safety Code ch. 481, subch. G authorizes the Health and Human Services Commission to establish a controlled substance therapeutic research program for examining the supervised use of THC for medical and research purposes.

DIGEST: CSHB 3703 would expand patient eligibility for low-THC cannabis prescriptions and establish a research program. It also would amend the definition of low-THC cannabis to remove the requirement it contain a minimum percentage by weight of cannabidiol.

Prescriptions. The bill would allow licensed physicians to prescribe low-THC cannabis to patients with epilepsy, multiple sclerosis, or spasticity if the physician was licensed, dedicated a significant portion of clinical practice to the evaluation and treatment of a patient's medical condition, and met certain other requirements.

Research program. The bill would require the executive commissioner of the Health and Human Services Commission (HHSC) by rule to

establish a low-THC cannabis research program to be conducted by one or more health-related institutions. In the adopted rules, the executive commissioner could provide:

- procedures for a health-related institution to apply to the commission for a permit to conduct low-THC cannabis research under the program;
- criteria for granting a permit;
- any applicable fees for a permit to conduct low-THC cannabis research;
- limitations on which medical conditions could be researched under the program;
- restrictions about facilities where the research could occur; and
- any other conditions necessary to comply with federal law.

The executive commissioner would assist a health-related institution seeking to conduct research under this program to make all necessary applications to appropriate federal agencies to establish the program in compliance with federal law.

HHSC would not have to establish the research program if a registration or license required by federal law to operate the program could not be obtained.

The bill would repeal the controlled substance therapeutic research program established under Health and Safety Code ch. 481, subch. G.

Dispensing. The bill would allow a licensed dispensing organization to operate more than one dispensing location under one license if the Department of Public Safety (DPS) determined that more than one location was necessary to meet patient access needs.

A dispensing organization would have to provide a suitable testing sample of low-THC cannabis to DPS upon request.

Other provisions. The bill would exempt a public school student for

whom low-THC cannabis was prescribed from suspension, expulsion, placement in a disciplinary alternative education program, or any other form of discipline solely because the student possessed, used, or was under the influence of the low-THC cannabis.

The bill would take effect September 1, 2019.

**SUPPORTERS
SAY:**

CSHB 3703 would help Texans with severe medical conditions by expanding access to low-THC cannabis for patients with multiple sclerosis, spasticity, and all forms of epilepsy. This would give Texans with these conditions another treatment option if other treatment failed.

The bill would apply only to low-THC cannabis, a form of cannabis that does not produce a euphoric effect, has a low propensity for abuse, and has no street value on the black market. Recent data has shown low-THC cannabis to be effective at easing the suffering of some individuals with debilitating illness. Many states have legalized this treatment, but in Texas low-THC currently may only be prescribed for intractable epilepsy. Texans seeking this treatment for other serious medical conditions sometimes move to other states in order to obtain low-THC cannabis.

The bill also would help more Texans in urban and rural areas access low-THC cannabis by clarifying that licensed entities could dispense low-THC cannabis at multiple locations. The bill would increase the market for low-THC cannabis, which currently is very limited, by increasing the number of conditions for which this treatment could be prescribed. This would allow dispensing organizations to manufacture low-THC cannabis in larger quantities and help decrease costs for patients.

**OPPONENTS
SAY:**

CSHB 3703 could increase the risk of harming patients by allowing them to be prescribed a treatment that has not yet been approved by the Food and Drug Administration as safe or effective. The side effects of low-THC cannabis for medical conditions are relatively unknown, and patients wishing to use low-THC cannabis should wait for this treatment to be fully tested.

The bill also could create opportunities for individuals who were not prescribed the treatment to use low-THC cannabis, which also could be sold on the black market.

OTHER
OPPONENTS
SAY:

CSHB 3703 should expand the list of qualifying conditions for the medical use of low-THC cannabis to include autism and other conditions.