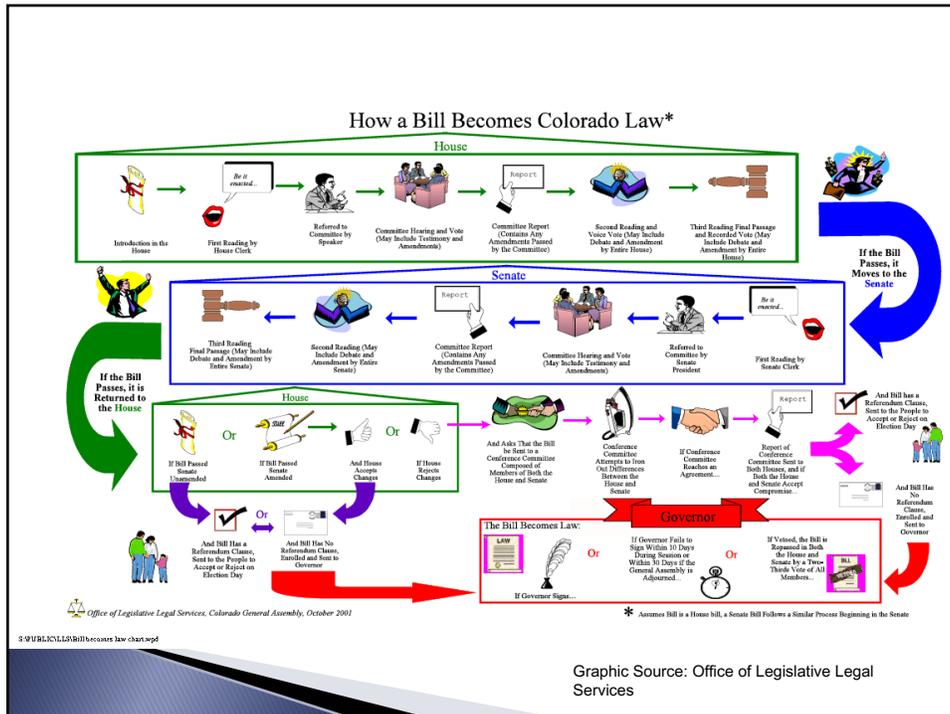


# National Foundation for Women Legislators

## Marijuana and Health Care in Colorado A Patient Lobbyist Perspective

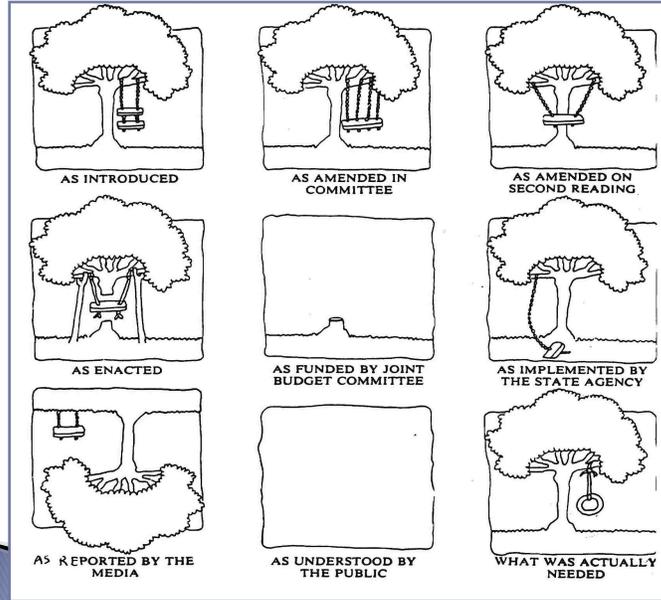


Cindy Sovine-Miller  
Cindy@sovinemiller.com  
720-290-5327



Graphic Source: Office of Legislative Legal Services

# How a Bill Becomes a Law



Graphic Source: Unknown

# What is a lobbyist?

▶ Someone who is employed to persuade elected officials to vote a certain way.

**LOBBYIST**

What my friends think I do.

What my parents think I do.

What the other side says I do.

What society thinks I do.

What I think I do.

What I actually do.

Graphic Source: [www.thezaftigredhead.com](http://www.thezaftigredhead.com)

# About this lobbyist.



- ▶ Colorado Native –Grew up Farming and Ranching in eastern Colorado.
- ▶ Over 18 years of Government Relations Experience in Colorado at the local, state, and federal level.
- ▶ Background in Health Care in Early Childhood Education.
- ▶ Began supporting cannabis after my step–dad’s journey with Lymphatic Cancer and subsequent exposure to hundreds of medical marijuana patients.
- ▶ Now work to ensure patients have safe access to their medicine.



Photo source: Stacey Linn

## IMPACT Alliance

Emerged to unite healthcare professionals, researchers, and patient advocacy groups, representing thousands of medical marijuana patients statewide. Patients from across Colorado joined forces to defend their Constitutional right to access marijuana as medicine.

A very special thanks to:



### IMPACT Alliance Partners:



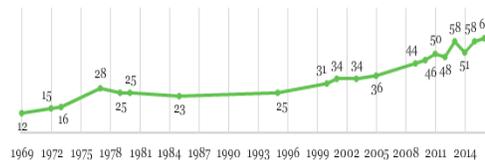
## Public Support for Legal Marijuana on the Rise

- ▶ **February 2015** – Quinnipiac University found that 58% of Colorado Voters still support Marijuana legalization more than two years after Coloradans voted to allow recreational marijuana use compared to 38% of state’s residents who are against legalization.
- ▶ **October 2016** – Gallup releases poll showing 60% support legalizing marijuana in the US. Up from 35% in 2005.

Americans' Views on Legalizing Marijuana

Do you think the use of marijuana should be made legal, or not?

■ % Yes, legal



GALLUP

Graphic Source: www.gallup.com

## Marijuana on the Ballot in 2016 The New State of Marijuana Reform



Source: www.drugpolicy.org

- Recreational & Medical States
- Medical Only States
- ✓ 2016 Election Victories



Following the November 2016 election, 28 states, and Washington DC allow medical marijuana or have voted to allow it. Eight have legalized recreational use.

# Legal Marijuana Creates \$2.4 Billion Impact in Colorado in 2015

In its first year of sales in 2015 the legal marijuana industry in Colorado:

- Created more than 18,000 new full-time jobs
- Generated \$2.4 billion in economic activity.
- Fastest growing business sector in the state.

Line	TAXES	January 2016	January 2015	Change		Year-to-Date	Year-to-Date	Change	
		Reported	Reported	\$	%	FY2015-16	FY2014-15	\$	%
1	Sales Tax Transfer to Marijuana Tax Cash Fund (2.9% rate) (2-7)	\$ 2,841,208	\$ 1,874,283	\$ 967,025	51.6%	\$ 17,939,141	\$ 12,219,878	\$ 5,719,263	46.7%
2	Medical Marijuana	1,097,227	899,249	207,978	23.1%	7,146,995	6,194,059	1,042,937	17.1%
3	Retail Marijuana	1,144,981	965,034	179,947	18.6%	10,784,045	6,115,829	4,668,216	76.3%
4	Retail Marijuana Sales Tax (10% rate) (3-6-7)	\$ 5,438,522	\$ 3,472,230	\$ 1,966,291	56.6%	\$ 36,906,479	\$ 21,341,444	\$ 15,565,036	72.9%
5	Local Government Distribution (12% of Total)	936,682	547,664	389,018	71.0%	5,554,118	3,399,551	2,154,567	78.6%
6	Marijuana Tax Cash Fund Transfer (8% of Total)	5,307,892	3,103,419	2,204,473	71.0%	31,473,142	18,130,888	13,342,254	73.6%
7	Collectors Net Tax Allowance*	(906,672)	(178,879)	(627,793)	350.6%	(326,791)	11,094	(337,785)	-197.6%
8	Retail Marijuana Excise Tax (18% rate) (9-10-11)	\$ 3,608,488	\$ 1,968,731	\$ 1,641,757	83.4%	\$ 21,399,975	\$ 10,326,161	\$ 11,064,814	107.2%
9	Public School Capital Construction Assistance Fund Transfer	3,939,162	1,972,855	1,977,307	101.3%	21,368,010	10,200,536	11,077,474	107.6%
10	Marijuana Tax Cash Fund Transfer	-	-	NA	-	-	-	-	NA
11	Collectors Net Tax Allowance*	(321,674)	12,874	(334,550)	-2598.2%	32,963	35,623	(2,660)	-81.5%
12	Total Marijuana Tax Transfers and Distributions (1-11)	\$ 11,888,317	\$ 7,212,244	\$ 4,676,073	64.8%	\$ 76,227,595	\$ 43,887,483	\$ 32,340,112	73.7%
LICENSES AND FEES									
13	License and Application Fees Transfer to Marijuana License Cash Fund (14-15)	\$ 3,359,117	\$ 3,245,897	\$ 113,220	3.5%	\$ 9,047,776	\$ 8,682,599	\$ 365,178	4.2%
14	Medical Marijuana	867,144	735,107	132,037	18.0%	5,719,640	5,497,819	221,821	4.0%
15	Retail Marijuana	491,373	510,790	(19,417)	-3.8%	3,328,126	3,184,789	143,336	4.5%
TAXES, LICENSES, AND FEES TOTALS									
16	Total Marijuana Tax and License Cash Fund Transfers (1-16) (17-17)**	\$ 9,898,217	\$ 6,223,619	\$ 3,674,598	59.2%	\$ 38,451,059	\$ 29,023,265	\$ 9,427,794	32.5%
17	Total All Marijuana Taxes, Licenses, and Fees (12-17)**	\$ 13,247,434	\$ 8,958,141	\$ 4,289,293	47.8%	\$ 85,275,571	\$ 52,870,081	\$ 32,405,490	61.3%

\* Indicates those receipts that have posted to the accounting system but have not yet been reconciled in the relevant sales excise tax return. These receipts may affect the precision of the calculations to transfer or distribute the sales excise taxes to their proper disposition.  
 \*\* May not sum to total due to rounding.  
 Source: Colorado Department of Revenue  
 Prepared by: Office of Research and Analysis, dor\_ora@state.co.us

Source: Colorado Department of Revenue

## Overview

Three Legal Avenues to Obtain Marijuana in Colorado:

1. Licensed Marijuana Dispensaries
2. Licensed Retail Marijuana Dispensaries
3. Caregivers

## Overview of Medical Marijuana

**Amendment 20:** Constitutional right to medical marijuana approved by the voters in 2000.

- Authorized limited amounts of medical marijuana for patients and their caregivers, but did not expressly authorize retail operations
- Legislature addresses medical shops springing up organically in the 2010 legislative session creating a regulatory structure with a dual licensing scheme
- Colorado Department of Public Health and Environment regulates Doctors, Patients and Caregivers.
- Department of Revenue (Marijuana Enforcement Division) licenses medical marijuana dispensaries.

### Colorado Red Card Qualifying Conditions:

Severe Chronic Pain  
 Muscle Spasms  
 Multiple Sclerosis  
 Severe Nausea  
 Cancer  
 Seizures (Epilepsy)  
 Cachexia  
 Glaucoma  
 HIV/AIDS

## Overview of Retail Marijuana

**Amendment 64:** Constitutional right to recreational marijuana approved by the voters in 2012.

- Retail Sales began on January 1, 2015.
- Department of Revenue (Marijuana Enforcement Division) licenses retail marijuana businesses.

# Medical vs. Retail Marijuana

## Different regulatory schemes:

- You must have a 'Red Card' to Purchase Medical Marijuana
- Physician must recommend use of medical marijuana for designated conditions; assigns an specific number of plants for treatment the condition. Must have two independent physician recommendations for patients under age 18.
- Patients must register with CDPHE and designate a caregiver or dispensary
- Medical dispensary's medical marijuana plant count is determined by patients' plant counts
- Purchase Limits –1 oz for retail; 2 oz for medical
- Different serving sizes for retail
- Taxes –Total marijuana tax revenue includes:
  - 2.9% retail and medical marijuana sales tax
  - 10% retail marijuana special sales tax
  - 15% marijuana excise tax
  - Retail/Medical marijuana application and license fees

## Legislative and Regulatory Environment for Marijuana is Constantly Changing

### 2016 session

- SB40– Allows for out of state investors to own marijuana businesses in Colorado
- Retail MJ Sunset bill – Many changes to retail regulations
- HB 1373 – “Jack’s Law” requires students be able to have their medical marijuana in school.



Photo Source: Stacey Linn

## 2017 Legislative Session

### What is coming next?

- Modify the definition of assist for home grows.
- Ban online advertising on Craigslist and other online sites to go after the grey market.
- Include PTSD as a covered medical condition for a recommendation for medical marijuana.
- Develop a MJ curriculum that could be used by public schools that would focus on students understanding the difference between rec and medical.
- Land use in residential areas.

## Underlying Theme: Medical Access Under Attack

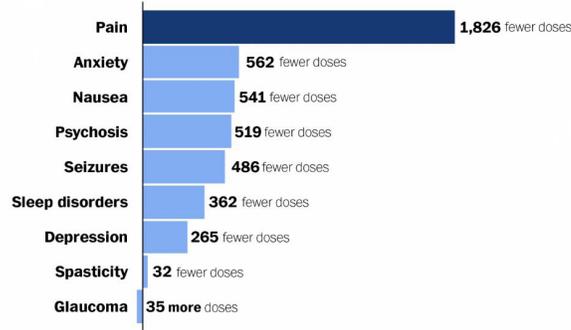
- ▶ Physician license removal without warning for plant counts recommendations
  - Four Doctors suspended in July.
  - Board of Medical Examiners have created an artificial 75 plant limit.
  - In 2015, physicians were limited to making medical recommendations to 30% of their patients or less or face review by the Board of Medical Examiners.
- ▶ Discouraged use of Medical Cards under Recreational Environment

# Why is this happening?

Medical Marijuana Laws Reduce Prescription Medication Use In Medicare Part D

## Fewer pills prescribed in medical pot states

Difference between annual drug doses prescribed per physician in medical marijuana states, and in states without medical marijuana laws, by drug category



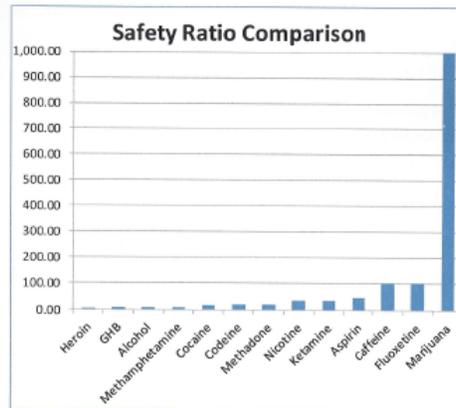
WAP0.ST/WONKBLOG

Source: Bradford and Bradford, Health Affairs, July 2016

Source: [www.washingtonpost.com](http://www.washingtonpost.com)

# Cannabis Natural Drug Discovery

Figure 12: Safety ratios of commonly abused psychoactive drugs



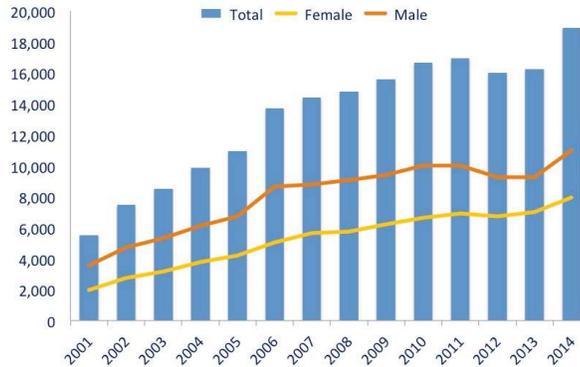
Graphic Source: Medical Cannabis Primer, 2014 L. Bultman and K. Kinglsey

# Cannabis can disrupt the status quo for many!



## National Overdose Deaths

Number of Deaths from Prescription Opioid Pain Relievers

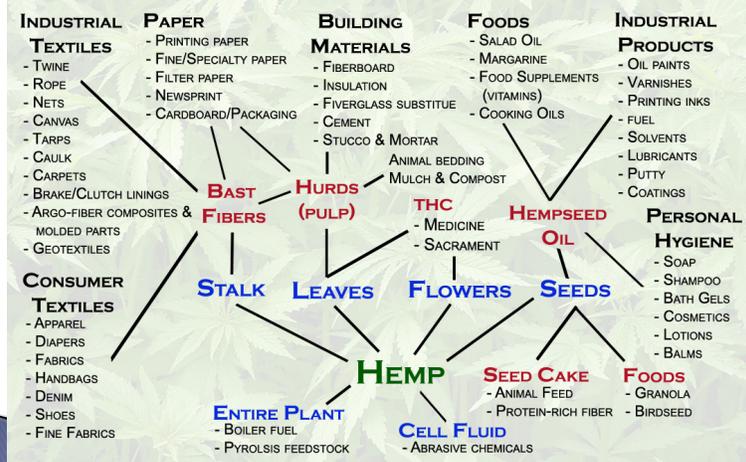


Source: National Center for Health Statistics, CDC Wonder

Graphic Source: www.drugabuse.gov

# Cannabis is disrupting the status quo for many!

## MODERN DAY USES FOR HEMP



Graph Source: www.azmarijuana.com

## A Very Brief History of Cannabis

- ▶ **8000 BCE** Cannabis fiber, seeds, and oil used for food in China.
- ▶ **4000 BCE** Textiles made of hemp are used in China and Turkestan.
- ▶ **2737 BCE** First recorded use of cannabis as medicine by Emperor Shen Neng of China.
- ▶ **2000–800 BCE** Bhang (dried cannabis leaves, seeds and stems) is mentioned in the Hindu sacred text *Atharvaveda* (Science of Charms)
- ▶ **100–0 BCE** The psychotropic properties of Cannabis are mentioned in the newly compiled herbal *Pen Ts'ao Ching*.
- ▶ **500–600** The Jewish *Talmud* mentions the euphoria properties of Cannabis
- ▶ **1533** King Henry VIII fines farmers if they *do not* raise hemp for industrial use.
- ▶ **1764** Medical marijuana appears in *The New England Dispensatory*.
- ▶ **1794** Medical marijuana appears in *The Edinburgh New Dispensary*.
- ▶ **1800–** Marijuana plantations flourished in the US in Mississippi, Georgia, California, South Carolina, Nebraska, New York, and Kentucky
- ▶ **1840** In America, medicinal preparations with a Cannabis base are available.
- ▶ **1850** Cannabis is added to *The U.S. Pharmacopoeia*.
- ▶ **1850–1915** Marijuana was widely used throughout United States as a medicinal drug and could easily be purchased in pharmacies and general stores.
- ▶ **1915–1927** In the U.S. cannabis begins to be prohibited for nonmedical use. Prohibition first begins in California (1915), followed by Texas (1919), Louisiana (1924), and New York (1927).
- ▶ **1919** The 18th Amendment to the U.S. Constitution banned the manufacture, sale, and transportation of alcohol and positioned marijuana as an attractive alternative leading to an increase in use of the substance.

Adapted from the following sources:  
[www.scientificamerican.com](http://www.scientificamerican.com)  
[en.wikipedia.org/wiki/Medical\\_cannabis](http://en.wikipedia.org/wiki/Medical_cannabis)  
[www.safecassnow.org](http://www.safecassnow.org)  
[www.pharmacytechs.net/blog](http://www.pharmacytechs.net/blog)  
[www.skunked.co.uk/articles](http://www.skunked.co.uk/articles)  
[www.druglibrary.org](http://www.druglibrary.org)  
[www.tristric.com](http://www.tristric.com)  
[www.cannabiscity.us](http://www.cannabiscity.us)

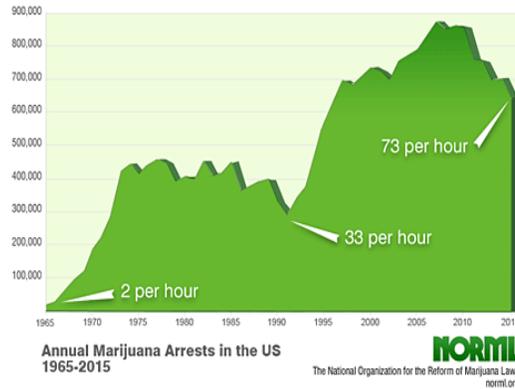
## A Very Brief History of Cannabis

- ▶ **1915–1927** In the U.S. cannabis begins to be prohibited for nonmedical use. Prohibition first begins in California (1915), followed by Texas (1919), Louisiana (1924), and New York (1927).
- ▶ **1933** The U.S. congress repealed the 21st Amendment, ending alcohol prohibition; 4 years later the prohibition of marijuana will be in full effect.
- ▶ **1937** U.S. Congress passed the Marijuana Tax Act which criminalized the drug. In response Dr. William C. Woodward, testifying on behalf of the AMA, told Congress that, "*The American Medical Association knows of no evidence that marijuana is a dangerous drug*" and warned that a prohibition "*loses sight of the fact that future investigation may show that there are substantial medical uses for Cannabis.*" His comments were ignored by Congress.
- ▶ **1941** Cannabis is removed from the *U.S. Pharmacopoeia* and it's medicinal use is no longer recognized in America.
- ▶ **1977–1981** U.S. President Carter pushed for decriminalization of marijuana.
- ▶ **1986** President Reagan signed the Anti-Drug Abuse Act, reinstating mandatory minimums and raising federal penalties for possession and distribution and officially begins the U.S. international "war on drugs."
- ▶ **1996** California (the first U.S. state to ban marijuana use, see 1915) became the first U.S. State to then re-legalize medical marijuana use for people suffering from AIDS, cancer, and other serious illnesses.
- ▶ **1997** The American Office of National Drug Control Policy commissioned the Institute of Medicine (IOM) to conduct a comprehensive study of the medical efficacy of cannabis therapeutics. The IOM concluded that cannabis is a safe and effective medicine, patients should have access, and the government should expand avenues for research and drug development. The federal government completely ignored its findings and refused to act on its recommendations.
- ▶ **Nov 2012** The States of Colorado and Washington legalize marijuana / cannabis for recreational use

Adapted from the following sources:  
[www.scientificamerican.com](http://www.scientificamerican.com)  
[en.wikipedia.org/wiki/Medical\\_cannabis](http://en.wikipedia.org/wiki/Medical_cannabis)  
[www.safecassnow.org](http://www.safecassnow.org)  
[www.pharmacytechs.net/blog](http://www.pharmacytechs.net/blog)  
[www.skunked.co.uk/articles](http://www.skunked.co.uk/articles)  
[www.druglibrary.org](http://www.druglibrary.org)  
[www.tristric.com](http://www.tristric.com)  
[www.cannabiscity.us](http://www.cannabiscity.us)

## Issues That Should Be Considered in Legalization:

- ▶ Possession Decriminalization
- ▶ Consumption vs. Intoxication
- ▶ Child Welfare
- ▶ Substance Treatment and Harm Reduction
- ▶ Safe Access
- ▶ Research
  - Therapeutic Benefits
  - Actual vs. Perceived Risks



Graphic source: [www.norml.org](http://www.norml.org)

## The Line Between Medical and Retail Is Perforated

The line between Medical and Retail Marijuana is not straight – its broken.

Despite the regulatory silos between the two, many people access marijuana for medical purposes through the retail market.

- Must be a Colorado resident to get a red card (medical refugee)
- Does not fall within the allowable conditions, ex PTSD
- Privacy concerns around the database
- Increased difficulty finding a qualified physician to recommend marijuana
  - ✓ Four doctors had their license suspended for recommending excessive plant
  - ✓ 2015 CDPHE Bulletin states physicians should not recommend marijuana to more than 30% of patients or face review and potential action by the Board of Medical Examiners

Intellectual credit for the "The Line is Perforated" concept goes to my fellow Colorado MJ lobbyist Saskia Young: [saskiayoung@gmail.com](mailto:saskiayoung@gmail.com)

## The Line Is Perforated

### Ramifications for Public Policy:

- I. **Consumption vs Impairment:** Distinction between impairment and presence of THC.
  - a. Can test only for the presence of marijuana metabolites, not for inebriation.
  - b. Metabolites can linger in the body for days after the drug's effects wear off — sometimes weeks.
  - c. Implications for law enforcement, DUI, drug testing in the work place, child welfare and more...
  
- II. **Potency Limits:** Legislative and ballot proposals have attempted to cap potency of marijuana.
  - a. Attempts to cap potency in legislative arena and ballot.
  - b. No science to show that a line should be drawn.
  - c. Limits products available to individuals using marijuana medical patients.
  - d. If consumers are used to a range of percentages, and that is removed or limited, there a stronger likelihood of increased black market activity.

## The Line Is Perforated

### Ramifications for Public Policy:

- I. **The Role of the Caregiver:** Patients may grow their own plants or designate a caregiver (either a dispensary or individual registered with the state).
  - a. Not all patients served by the licensed dispensary model. Affordability, geographic access, and specific strain availability for certain conditions are reasons why a patient may choose to use a caregiver.
  
- II. **Grey Market Activity:** Colorado has a robust regulatory infrastructure for licensed marijuana businesses; diversion of marijuana out of state remains an issue.
  - a. Hiding in plain site: Laws that allow medical marijuana patients or their designated caregivers to grow their own medicine have also made it difficult for law enforcement to curb illegal activity.
  - b. SB 15-14 sets a 99 plant limit for caregivers and requires that they register with CDPHE
  - c. Local Governments using zoning laws to further limit the number of plants that can be grown in residential areas.

