

## **Judiciary Committee**

**LB 622**

**March 15, 2017**

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**Nebraska Department of Health and Human Services**

Good afternoon, Senator Ebke, and members of the Judiciary Committee. My name is Dr. Thomas Williams (T-H-O-M-A-S W-I-L-L-I-A-M-S) and I am the Chief Medical Officer and Director of the Division of Public Health in the Department of Health and Human Services (DHHS). I am here to testify in opposition to LB622.

There are many issues surrounding the use of “medical marijuana.” One of the most prominent is the lack of conclusive research. For example, in 2015 LB 390 created a pilot Project which provided funding for UNMC and Nebraska Medicine to conduct research using cannabidiol to study the safety and efficacy in treating intractable seizures and treatment resistant seizures. The outcome of this research will bring valuable information to the discussion, but the research is not yet complete. LB 390 sunsets October 1, 2019.

Also, Cannabidiol, and forms of marijuana, is not approved by the FDA at this time except for research. Because of the lack of conclusive research there is no existing standard for therapeutic dosing, dispensary marijuana has not been formally investigated for safety and efficacy and THC content varies, no monitoring for impurities (e.g. molds, herbicides) is performed and there is no post marketing surveillance.

There are a number of safety concerns related to the use of medical marijuana. Every drug or chemical substance has interactions with other drugs and has side effects, some of which may be detrimental or even life-threatening. The interaction between medical marijuana and the prescription drugs that a patient may be taking is an example of a safety concern.

Descriptions about the relationship between marijuana and various psychopathologies are abundant in medical literature. Anxiety, dysphoria, negative emotional responses, depression and suicidal ideation are a few, but cause and effect has not been conclusive. The relationship of marijuana to cognitive and psychotic disorders is not simple to study because effects might be non-existent, acute, transient, delayed, or persistent. It is also unknown about marijuana’s desirability and efficacy when the patient is addicted to legal or recreational drugs or alcohol.

There are also other factors of this bill that involve public health. Citing recent New England Journal of Medicine and World Health Organization publications, a Clinical Chemistry editorial this month (March 2017) notes, “In states with legalized cannabis, traffic safety has ascended the scale of immediate urgency, because cannabis associated traffic accidents and fatalities have risen rapidly”.

Also, unlike alcohol, the blood level of THC associated with impairment is highly individualized and no single blood or oral fluid “legal limit number” is currently known and probably will be unknowable. “Therapeutic” levels would be expected to be highly individualized as well. Urine drug tests currently used in most Nebraska clinical laboratories are useless to determine impairment. Oral testing (salivary) methods exist but results do not correlate with blood levels.

Laboratory Testing involving THC and metabolites is very complex and not generally understood. It is an area of personal interest as a pathologist subspecialty boarded in and practicing clinical chemistry.

At this time, it is unknown if the medical use of marijuana during pregnancy, in pediatrics, in adolescent populations, and in the older adult is safe. There does exist at this time an FDA approved synthetic THC (Marinol™) intended for use in AIDS associated anorexia and cancer associated nausea and vomiting.

Finally, LB 622 creates a complex infrastructure of a registry of patients, manufacturers, compassion centers and dispensaries, inspection provisions, formulations of cannabis allowed, and a seven member Compassion Board. This infrastructure gives extensive new authority, responsibility and development for DHHS Public Health Division which includes a significant fiscal impact and a very short implementation timeline.

Amendment 496 further complicates the bill allowing for additional insufficiently researched forms of marijuana. The amendment increases the number of processors and more than quadruples the number of potential sites requiring licensure and inspection, adding to the fiscal note.

Thank you for your time, and I’m happy to answer any questions you may have.