

Judiciary Committee
LR 293CA
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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 LR293CA.

There are many issues surrounding the use of “medical marijuana.” One of the most prominent is the lack of conclusive research. Studies have produced at best, inconsistent findings. A large Journal of the American Medical Association (JAMA) meta-analysis published in 2015 concluded that “further, large, robust, randomized clinical trials are needed to confirm the effects of cannabinoids” and to evaluate cannabis itself. A National Academy of Sciences report published in 2017 reached the same conclusion and opined, “...patients may be unaware of viable treatment options [and] providers may be unable to prescribe effective treatments.”

Also, Cannabinoid, and forms of marijuana, are not approved by the FDA at this time except for research. There are potential risks for the product(s). Because of the lack of conclusive research there is no existing standard for therapeutic dosing, dispensary marijuana has no national standards for safety and efficacy, and THC content varies (in a 2015 JAMA study, greatly, with both overdosing and underdosing found in edibles). This study noted that edibles can contain much more THC than the natural plant, increasing the risk of unexpected side effects, such as: decreased short term memory, panic, paranoia and even acute psychosis. The FDA has approved synthetic cannabinoids Marinol and Syndros for therapeutic uses in the United States, including for the treatment of anorexia associated with weight loss in AIDS or cancer patients.

The lack of physician knowledge regarding cannabis prescribing is a significant emerging problem. For example, a report aired just this month on NPR details virtual absence of knowledgeable prescribers in Massachusetts where medical marijuana has been legal for six years, noting that both Dana Farber Cancer Institute and Massachusetts General Hospital Cancer Center said they had no experts on staff to speak with authors of the report.

As a prescription medication, currently it would be required for medical marijuana and patient / prescriber information to be reported into the Nebraska Prescription Drug Monitoring Program.



LR 293CA provides for the people of Nebraska to “have the right to use or consume medical cannabis products, regardless of form, to treat or relieve any medical condition or illness...” It is unclear how the public will be protected if this resolution and subsequent vote were to pass.

Finally, possession and use of marijuana is prohibited by federal law and a vote for or against this resolution does not change that fact.

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