

CONFIDENTIAL
LEGISLATIVE BILL REVIEW FORM: 2015

Bill Number: H.253 Name of Bill: An act relating to adding post-traumatic stress disorder to the list of qualifying conditions for therapeutic use of cannabis ...

Agency/Dept: DPS/VCIC Author of Bill Review: Jeffrey Wallin

Date of Bill Review: 2/26/2015 Related Bills and Key Players: _____

Status of Bill: (check one)

Upon Introduction As passed by 1st body As passed by both bodies

Recommended Position:

Support Oppose Remain Neutral Support with modifications identified in # 8 below

Analysis of Bill

1. **Summary of bill and issue it addresses.** *Describe what the bill is intended to accomplish and why.*
This bill proposes to add post-traumatic stress disorder (PTSD) to the list of qualified medical conditions as they relate to the marijuana registry (maintained by the Department of Public Safety). Additionally this bill would waive the six-month professional-patient requirement for veterans diagnosed with PTSD provided the patient provides a documented diagnosis from the U.S. Department of Veterans' Affairs (VA).
2. **Is there a need for this bill?** *Please explain why or why not.*
Currently PTSD is not a qualifying condition as it relates to the marijuana registry (current conditions include Cancer, AIDS/HIV, MS, and/or symptoms including wasting syndrome, severe pain, nausea, or seizures). For an individual diagnosed with PTSD to qualify for the registry they would need to meet specific conditions (see #7 below).
3. **What are likely to be the fiscal and programmatic implications of this bill for this Department?**
In jurisdictions (states) where PTSD is included on the list of qualifying conditions it may make up a significant percentage of the overall qualifying population (estimates range up to 40%). Thus including PTSD as a qualifying condition is expected to have fiscal and programmatic implications for the Department/Registry due to an increase in application/qualifying patients. However, given the unique nature of each state registry (where applicable) it is difficult to estimate the exact number of new patients that would apply to the registry due to this change. Even a modest increase (10%) would lead to over 150 new patients with the registry, compounding the continued increase in applications seen over the past several years.
Additionally the requirement to collect documentation from the Veterans' Administration would mark a significant change in the administration of the registry. Currently the registry does not collect medical documentation but verifies certification forms completed by/with health care providers. As current VA practices does not allow for the completion of these forms (due to the continued federal prohibition on marijuana) this could place the registry in a position to actually collect and analyze medical records.
4. **What might be the fiscal and programmatic implications of this bill for other departments in state government, and what is likely to be their perspective on it?**
As the registry is primarily managed by the Department of Public Safety it is not anticipated that significant fiscal or programmatic changes for other departments within state government.

5. What might be the fiscal and programmatic implications of this bill for others, and what is likely to be their perspective on it? (for example, public, municipalities, organizations, business, regulated entities, etc)

The dispensaries would likely see additional patients traffic from any increases in patient population due to this bill. Additionally, they may also be required to diversity their product lines to treat non-physical symptoms.

6. Other Stakeholders:

6.1 Who else is likely to support the proposal and why?

Veterans Groups, Mental Health Professionals and Advocates – As a way to increase treatment options for a highly visible subset of the population.

6.2 Who else is likely to oppose the proposal and why?

Law Enforcement, Mental Health Professionals – This bill could be seen as widening the number of individuals with access to marijuana and the efficacy of marijuana for treatment of PTSD is unclear.

7. Rationale for recommendation: *Justify recommendation stated above.*

Currently an individual with PTSD who exhibits qualifying symptoms (wasting syndrome, severe pain, nausea or seizures) would qualify for inclusion on the registry (assuming they met all other conditions such as residency etc.). However, to move from the current ‘physical expression’ model of qualification (physical conditions or symptoms) to one including mental health issues is a significant policy shift. Specifically it may lead to further pressure to include other mental health issues including anxiety, bipolar, and depression related disorders (whether care is provided by the VA or another qualified health care provider).

Additionally this bill would only allow the waiver of the six-month provider-patient relationship for veterans who provide VA documentation and not other individuals with a PTSD diagnosis (including Veterans who are not utilizing VA services).

8. Specific modifications that would be needed to recommend support of this bill: *Not meant to rewrite bill, but rather, an opportunity to identify simple modifications that would change recommended position.*

9. Gubernatorial appointments to board or commission?

Secretary/Commissioner has reviewed this document



Date: 3/5/15