

Professions and Public Health Subcommittee

Tuesday, February 16, 2021
10:00 AM - 12:00 PM
Webster Hall (212 Knott)

Amended Action Packet

Chris Sprowls
Speaker

Will Robinson
Chair

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Professions & Public Health Subcommittee

Start Date and Time: Tuesday, February 16, 2021 10:00 am

End Date and Time: Tuesday, February 16, 2021 12:00 pm

Location: Webster Hall (212 Knott)

Duration: 2.00 hrs

Medical use of marijuana implementation update by Christopher Ferguson, Director, Office of Medical Marijuana Use, Florida Department of Health

Briefing on the effects of high-potency marijuana by Bertha Madras, PhD, Professor of Psychobiology, Harvard Medical School

This meeting will be live-streamed on https://thefloridachannel.org/. As no filed bills or draft legislation will be considered at this meeting, public testimony will not be solicited and seating will be limited to the Members, invited presenters, and the press. As always, you may contact any Representative prior to the start of the meeting. Contact information may be found at https://www.myfloridahouse.gov/Representatives.

NOTICE FINALIZED on 02/09/2021 4:06PM by Osborne.Erin

COMMITTEE MEETING REPORT

Professions & Public Health Subcommittee

2/16/2021 10:00AM

Location: Webster Hall (212 Knott)

Summary: No Bills Considered

COMMITTEE MEETING REPORT

Professions & Public Health Subcommittee

2/16/2021 10:00AM

Location: Webster Hall (212 Knott)

Attendance:

	Present	*Absent*	*Excused*
William Robinson (Chair)	X		
Robert Andrade	X		
Kristen Arrington	X		
Anna Eskamani	X		
Juan Fernandez-Barquin	X		
Sam Garrison	X		
Michael Gottlieb	X		
Sam Killebrew	X		
Randall Maggard			X
Thomas Maney	X		
Stan McClain	X		
Michele Rayner	X		
Alex Rizo	X		
Bob Rommel	X		
Tyler Sirois			X
Kelly Skidmore	X		
Carlos Smith	X		
Kaylee Tuck	X		
Totals:	**16**	**0**	**2**

COMMITTEE MEETING REPORT

Professions & Public Health Subcommittee

2/16/2021 10:00AM

Location: Webster Hall (212 Knott)

Presentation/Workshop/Other Business Appearances:

Ferguson, Chris (State Employee) (At Request of Member, Committee or Staff)
Office of Medical Marijuana Use
Director
4052 Bald Cypress Way Bin M-01
Tallahassee FL 32399
Phone: 800-808-9580

Madras, Bertha (General Public) (At Request of Member, Committee or Staff)
Harvard Medical School
Professor of Psychobiology
115 Mill St
Belmont MA 02477
Phone: 617-855-2406

2/11/2021

Attn: Joint Committee on Medical Marijuana
% Florida Board of Medicine
4052 Bald Cypress Way
Tallahassee, FL 32399-3253

Dear Doctors,

I have read and agree with the Smokable Practice Standard Recommendations as drafted by Drs. Beasley and Gordon.

Respectfully,

_____

Physician Name: _____
License number: _____
Number of active FL Medical Cannabis Patients:_____
Practice Name: _____
Practice Address: _____

2/11/2021

Attn: Joint Committee on Medical Marijuana
% Florida Board of Medicine
4052 Bald Cypress Way
Tallahassee, FL 32399-3253

Dear Doctors,

We represent a group of over fifty Florida Medical cannabis ordering physicians that serve upwards of fifty thousand medical cannabis patients, as well as several Florida MMTC medical directors. Many of us have met bimonthly over the last six months to discuss both medical and scientific issues related to medical cannabis. We would like to give feedback and recommendations related to Smokable Cannabis practice standards.

We understand this committee was tasked in section 381.986, F.S to adopt by rule practice standards for the certification of smoking as a route of administration. As physicians, we understand many of you are adverse to recommending smoking of any substance, yet must provide these standards by July 1,2021 per the current statute.

Whole plant cannabis was labeled in the Florida statute as "Smokable Cannabis". In actuality, dried flower buds from C. Sativa (hereafter referred to as "whole flower") can be used in forms other than smoking. The composition of whole flower is more complete compared to other processed forms of cannabis. Flower, when harvested, has on average 500 different components (Dewey, 1986). When processed, many of these components are inadvertently lost to evaporation or degraded by the use of solvents. Because of the substantially different chemical makeup, the processed product often does not provide the same relief that the whole flower provides. This is known in the cannabis literature as the Entourage Effect (Ben Shabat, 1998).

Additionally, it is important for this committee to realize the cost difference in whole flower products compared to other processed forms. Cannabis flower averages $0.04-$0.07/mg while vaporizer cartridges ($0.12/mg), tinctures ($0.14/mg), edibles ($0.25/mg) and transdermal patches ($0.75/mg) are much more expensive. With no health insurance coverage and many patients on fixed incomes due to retirement or disability, we think it is important as physicians to be sympathetic to our patients' financial constraints when recommending cannabis products.

With the above considerations, our recommendations are as follows:

1. **Dosage recommendations-** Cannabis dosing between patients can vary widely, and is not necessarily related to age or body mass. Regardless of route of use, cannabis patients should always be encouraged to use the lowest effective dose. We recommend products with both CBD and THC, although ratios may vary. Because whole flower does vary in potency, even in the same cultivar across harvests, we recommend always starting with 1-2 inhalations of any inhaled product. Inhalational methods may require repeat dosing in 2-4 hours, but would suggest PRN instead of scheduled dosing. If a patient is requiring frequent inhalational dosing (whether smokeable or vapor), we often recommend a baseline/maintenance oral dose, and then the patient may add an inhalational method for breakthrough symptoms.

2. **Contaminant Risk** Whole flower cannabis does have infectious risks that are not present in more processed products. Certain molds and mildews can contaminate cannabis plants during growing, processing, and storage both at dispensaries and in patient's homes. These contaminants can pose health risks to patients, particularly those immunosuppressed due to their disease states or their disease treatments. While the State of Florida does require third-party testing, there is wide variability between MMTCs on the availability of these testing results to the physicians and patients. Additionally, there have been instances where the contaminated test results do not reach the OMMU for action until after the product has been sold to patients at the retail level. Because of these concerns, we recommend the OMMU and/or the FAMU's Medical Marijuana Education and Research Initiative (MMERI) provide education to all MMU registered patients, via email or website link which would include digital images to help the patients learn to identify pathogens. Additionally we support more consistent, transparent access to 3rd party Certificates of Analysis for all medical cannabis products,ideally through the use of QR codes on individual product packaging as well as access through the OMMU website.

3.**Physicians qualifying patients for medical cannabis should explain the dangers of secondhand and thirdhand smoke to other household members** . Medical cannabis patients should be counseled never to smoke cannabis around other family members, especially children. Patients should be encouraged to smoke outside to allow adequate ventilation and mitigate dangers of secondhand smoke. Additionally, cannabis should never be smoked inside vehicles or other small spaces that children will occupy, even if the children are not present at the time the products are used.(Herrmann, 2015)

4.Physicians qualifying patients for medical cannabis should specifically inquire if there is any oxygen use in the household, by the patient or other household members. Those patients using oxygen will be counseled not to use smokeable products, and those with oxygen in the home will be specifically counseled not to use any smokeable products in the vicinity of the oxygen use.

5. Physicians qualifying patients for medical cannabis should first explain alternative ways to use whole flower other than smoking before qualifying patients for the smokeable route. These routes could include use of dried flower in teas, extracting the cannabinoids from the flower into butter or other oils,grinding the dried flower into recipes, and homemade tinctures. The doctor patient relationship remains sacred and unique, and the opportunity to educate during any office visit can have a significant impact on patient choices. Many patients will be open to trying non-smoking alternatives if educated in these other options by their physician. Additionally, we would encourage the OMMU and FAMU MMERI to institute web based or pamphlet education modules to reinforce these points.

In addition to the above recommendations, we would like to include one suggestion for what **NOT** to include in the committee's smokeable practice standards. In the last two legislative sessions, there have been attempts to limit cannabis flower to 10% THC. These recommendations are based on a single poorly designed study that purportedly showed increased psychosis in cannabis products over 10% THC (Diforti, 2019). Despite the poor design and lack of reproducible results, the study is still being used by special interest groups opposed to medical cannabis to support the 10% limit. There are studies that show increased risk of psychosis with higher THC percentages in THC-ONLY concentrates. Whole flower contains many other cannabinoids, some of which can reduce symptoms of psychosis and other mental health symptoms. This is another reason why whole flower potency should

not be limited. These components work better together, and can be safer than other extracted products for mental health (Schubert, 2011).

As physicians, we realize that patients often require a certain milligram dose of medication to have physiologic benefit. For example, consider a patient that requires 40 mg of lisinopril for hypertension control. Assume tablets are $5/tab regardless of potency. If a pharmaceutical company discontinues 40 mg tablets and only offers 20mg tablets, the patient's cost has now doubled. This is what decreasing whole flower cannabis potency to a max of 10% THC would do to a majority of Florida cannabis patients.

If the State of Florida artificially limits THC percentage, the state is simply increasing medicine prices to the patients, likely to be equivalent to a 50% tax, as cannabis flower in the current market is often in the 20% range. Medical cannabis in Florida's vertically integrated system is already more costly compared to most other medically legal states. There is a certain production price to grow and process cannabis. Decreasing potency will increase production costs as more physical space and manpower will be required to produce higher volumes of lower potency products. The patient will be the one to absorb these costs. As stated above, the medical cannabis patient population is often on fixed incomes and insurance coverage of these products is prohibited. In the approximately 22 months since dried flower cannabis became available in Florida, none of this group's physicians have had reports of increased adverse events related to dried flower compared to other modalities.

Thank you for the opportunity to share our experience and recommendations. Please feel free to reach out to any of us if you have further questions or concerns. We look forward to assisting your committee and Boards in maintaining a safe,thriving medical cannabis program for our patients.

Respectfully for the group,

Michelle G. Beasley

Michelle Gilmore Beasley MD

ME82008

Barry M. Gordon MD

ME124847

References

Ben-Shabat S, Fride E, Sheskin T, Tamiri T, Rhee MH, Vogel Z, Bisogno T, De Petrocellis L, Di Marzo V, Mechoulam R., (1998). An entourage effect: inactive endogenous fatty acid glycerol esters enhance 2-arachidonoyl-glycerol cannabinoid activity. *Eur J Pharmacol.* 353(1):23-31. doi: 10.1016/s0014-2999(98)00392-6

Dewey W. (1986) Cannabinoid pharmacology. *Pharmacol Rev* 38: 151–178

Di Forti,M.,Quattrone,D.,Freeman,T., Tripoli,G., Gayer-Anderson,C., Quigley,H. (2019). The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): a multicenter case control study, *The Lancet Psychiatry*, Volume 6, Issue 5, Pages 427-436. doi https://doi.org/10.1016/S2215-0366(19)30048-3

Herrmann,E.S., Cone,E.J., Mitchell,J.M., Bigelow,G., LoDico,C., Flegel,R., Vandrey,R (2015)..Non-smoker exposure to secondhand cannabis smoke II: Effect of room ventilation on the physiological, subjective, and behavioral/cognitive effects. *Drug and Alcohol Dependence*,Volume 151,2015,Pages 194-202

Schubart, C. D., Sommer, I. E., van Gastel, W. A., Goetgebuer, R. L., Kahn, R. S., & Boks, M. P. (2011). Cannabis with high cannabidiol content is associated with fewer psychotic experiences. *Schizophrenia research*, *130*(1-3), 216–221. https://doi.org/10.1016/j.schres.2011.04.017