BILL & AMENDMENT SUMMARY

Medical Cannabis Expansion

HF 732

Status of Bill: House Calendar
Committee: Public Safety (21-0)
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Lead Democrat: Rep. Breckenridge
Floor Manager: Rep. Klein

Background

HF 524 (current law)

During 2017, the Senate passed HF 524 to correct Iowa's 2014 cannabidiol (SF 2360) and allow better access to cannabidiol. Under SF 2360, patients and primary care givers of patients with intractable epilepsy could receive a cannabidiol card that allowed up to 32 ounces of cannabidiol containing less than 3% THC. However, Iowa caregivers and patients had zero access to cannabidiol products within in the state.

HF 524 allows the Department of Public Health (DPH) to license two manufacturers (maximum) and allows at least five dispensaries to locate in the state. Products that are produced and sold within the state must not contain more than 3% THC. HF 524 expanded the number of eligible debilitating diseases to 9 and created the Medical Cannabidiol Board (Governor appointed board of eight medical practitioners and one law enforcement officer). This Board is responsible for working with the DPH regarding requirements and locations for and manufacturers and dispensaries; the form and quantity of allowable medicine; and reviewing petitions to add or remove debilitating diseases.

HF 524 required manufacturers to be selected and licensed by December 1, 2017, and begin supplying to dispensaries by December 1, 2018. Dispensaries are to be licensed by April 1, 2018, and begin selling on December 1, 2018.

SF 506 (Compassionate use of Medical Cannabis Act)

During the 2017 session, SF 506 passed 45-5 in the Senate and was referred to the House Ways and Means Committee. Despite receiving overwhelming Senate Republican support, Speaker Upmeyer refused to bring this version of the bill forward for debate. SF 506's language is considered less restrictive than HF 524 (current law) and has been used as an amendment for various bills during previous legislative sessions. The primary differences between HF 524 (current law) and SF 506 include:

Medical Cannabis

SF 506 would have expanded the allowable form of medical cannabis beyond cannabidiol to include any mixture or preparation of the whole genus cannabis plant species, extracts and resins. Forms beyond cannabidiol have been found to be more helpful for various medical conditions. The DPH would have been directed to promulgate administrative rules to establish the form and quantity of medical cannabis allowed to be dispensed. Smoking of medical cannabis would have remained prohibited.

Marijuana, including THC, would have been rescheduled from a Schedule I to a Schedule II controlled substance. A Schedule I substance is classified as a highly addictive substance with no accepted medical use. Schedule II is a highly addictive controlled substance that has accepted medical uses.

In contrast, under current law, cannabis/THC remains classified as a 'Schedule I' drug.

Health Care Practitioner's Certification

SF 506 would have required a health care practitioner to provide a written certification attesting to the patient's suffering from a debilitating medical condition that is eligible for the medical cannabis program prior to issuing a registration card. The health care practitioner must also provide explanatory information to the patient about the therapeutic use of medical cannabis.

Per HF 524, a Medical Advisory Board determines the eligible medical conditions for the medical cannabis program, which governs physicians issuing of registration cards to patients.

Eligible Conditions & Medical Advisory Board

SF 506 expanded the list of debilitating medical conditions beyond intractable epilepsy, and would have included: cancer, multiple sclerosis; epilepsy; AIDS/HIV; glaucoma; Hepatitis C; Crohn's Disease or ulcerative colitis; ALS; Ehlers-Danlos Syndrome; PTSD; Tourette's Syndrome; terminal illness; intractable pain; Parkinson's disease; muscular dystrophy; Huntington's disease; complex regional pain syndrome, Rheumatoid arthritis and Polyarteritis Nodosa.

HF 524's list of eligible medical conditions is narrower, and only includes: cancer, Multiple Sclerosis, Seizures/Epilepsy, AIDS/HIV, Crohn's disease, Amyotrophic lateral sclerosis, Parkinson's disease and untreatable pain.

SF 506 would have also required the Director of the DPH to establish a Medical Advisory Board consisting of nine practitioners the fields of neurology, pain management, gastroenterology, oncology, psychiatry, pediatrics, infectious disease, family medicine, and pharmacy, and three patients or primary caregivers with valid medical cannabis registration cards by August 15, 2017. The Medical Advisory Board could also recommend additional conditions and overall improvements to the program.

Currently, the Medical Advisory Board is restricted to eight Governor appointed medical practitioners and one law enforcement officer.

Manufacturers & Dispensaries

SF 506 required DPH to select up to four medical cannabis manufacturers and license to possess, cultivate, supply, and transport medical cannabis within the state. Twelve dispensaries were to be licensed by the DPH across the state for the purpose of selling medical cannabis to patients and caregivers who possess a medical cannabis registration card. The locations of the dispensaries were to be based on the geographic need across the state. The DPH would have been directed to solicit applications and license four to 12 manufacturers by December 1, 2017. Licenses were to be approved or re-issued by December 1 of each year. Dispensaries required licensing by April 2, 2018, and must have agreed to begin supplying medical cannabis to patients by July 16, 2018.

Last session, Representative Hall filed an amendment (H-8505 to H-8481) to the Standings bill (HF 2501), which: (1) contained SF 506 language; (2) would have replaced the current 3% THC cap with 90 grams over 90 days; and (3) would have amended current code language to include 'chronic or severe pain'. The amendment failed 55-33 despite having overwhelming Senate Republican support.

Currently, MedPharm and Iowa Relief are the only cannabis manufacturers licensed to operate within the state. MedPharm began selling products this December at five licensed dispensaries, including tinctures, capsules, and creams, to legally registered patients. These dispensaries are located in Waterloo, Council Bluffs, Windsor Heights, and Sioux City. Iowa Relief is projected to begin selling their products July 1, 2019.

According to the DPH, currently 1,466 patients and caregivers have been issued registration cards and 363 applications have been approved but not issued. Despite Iowa's restrictive cannabis rules, four firms applied this past year for a medical marijuana production permit. Based on the increase in manufacturing interest, both MedPharm and Iowa Relief continue to strongly advocate for the state to expand Iowa's current list of medicinal ailments and raise the 3% THC cap so Iowans may have easier access to pain relief.

Bill Summary

HF 732 would make the following changes to the current medical cannabidiol program (mCBD):

- Amend "debilitating medical condition" under Code definitions by replacing "untreatable pain" with "severe or chronic pain".
- Allow licensed physician assistants and registered nurse practitioners to provide written certification attesting to patients' eligibility for the medical cannabis program.
- Removes the current 3% THC cap and replaces this with a 20 gram over 90-day period maximum disbursement.
- Removes prohibition on certain felons applying for medical cannabidiol registration card.
- Allows medical cannabidiol dispensaries to employ licensed pharmacists or pharmacy technicians.
- Directs DPH to adopt rules for collecting and evaluating data relating to patient demographics, effective treatment options, clinical outcomes, and quality of life outcomes for reporting on benefits, risks, and outcomes for patients participating in the program.

Fiscal Impact

LSA estimates there will be an increase in patient qualification; healthcare practitioner certifications for eligible conditions; and increased applications to the DPH for mCBD registration due to HF 732 expansion of the cannabidiol program. Depending on the application volume increase, DPH may need to hire additional registration clerks at $47,000 for every 3,000 applications received per year. The community health consultant addition would be an estimated $70,000 increase in mCBD program expenditures. Required expenditures for the Seed-to-Sale system changes are estimated to cost $350,000 and would be appropriated through the FY19 Technology Reinvestment Fund.

Amendment Summary

H-1073 (Shipley): This strike-after amendment adds the following to the bill's original language:

- Expands the list of eligible medical conditions.
- Places the current card registration process under DPH oversight instead of the Department of Transportation.
- Allows DPH to issue a medical cannabidiol registration card to individuals receiving inpatient hospice care and increases the number of dispensaries in the state from five to thirty.

H-1074 (Prichard): This amendment creates a "waiver" process that allows a provider to certify a qualified patient to receive more than 30 grams of THC over a 90-day period. This waiver is only applicable to the following debilitating medical conditions: (1) severe or chronic pain; (2) ALS; and (3) cancer.

H-1080 to H-1074 (Prichard): This amendment makes HF 732 effective upon enactment; changes dosage to 25 grams; adds "terminally ill" diagnosis to the waiver's list of debilitating medical conditions; and directs the Board of Medicine to promulgate rules that creates a procedure to process waivers in a timely manner.