

I wish to thank members of the House Human Services Committee for holding a hearing on this important matter and for considering my testimony.

My name is Carly Wolf and I am the State Policies Coordinator with The National Organization for the Reform of Marijuana Laws (NORML) – a Washington, DC based advocacy organization that opines in favor of evidence-based marijuana policy reforms.

I am providing testimony today in favor of the advancement of House Bill 1400, which provides doctors the discretion to recommend medical cannabis to any patient with a "condition a health care provider determines is appropriately treated by the medical use of marijuana," and allows qualifying out-of-state patients to access medical cannabis temporarily while they visit North Dakota.

NORML believes that, in the interest of promoting public health, the approved list of qualifying conditions must be expansive and must allow physicians the option to recommend cannabis therapy to any patient for whom they believe would benefit from its therapeutic use.

Doctors already possess this same discretion when it comes to the practice of recommending or prescribing other medications, many of which pose far greater risks to health than does marijuana (such as opioids). It is only fair that we allow medical professionals this same discretion for when it comes to authorizing medical cannabis therapy.

In short, a patient's treatment options should not be limited by government bureaucrats, but rather, it should be a decision that is made in confidence based upon the needs of the individual patients and the professional opinion of his or her physician.

Today, a majority of physicians endorse medical cannabis therapy.¹ This is because cannabinoids have been shown to safely and effectively treat a wide range of symptoms² and, in some cases, these compounds likely hold the potential to modulate the course of serious diseases. A recent literature review identifies over 140 controlled clinical trials evaluating cannabinoid therapy for a multitude of serious, chronic conditions — including multiple sclerosis, Tourette Syndrome, epilepsy, Crohn's disease, epilepsy, IBS, spinal cord injury, and others. Consequently, physicians ought to be provided wide latitude and discretion with regard to which patients they believe in their expert opinion will benefit from cannabis treatment. Legislators and regulators should not unduly interfere with the sanctity of the doctor-patient relationship or in any way impede physicians from providing what they believe to be the best course of treatment for their patients.

To date, the largest number of controlled clinical trials are specific to the use of cannabis to effectively mitigate chronic pain conditions, especially treatment-resistant neuropathy. A recent

¹ <https://www.webmd.com/pain-management/news/20140225/webmd-marijuana-survey-web#1>

² <https://norml.org/marijuana/library/recent-medical-marijuana-research/>

review of these scientific trials by the National Academy of Sciences, Medicine, and Engineering acknowledged that conclusive evidence exists to support the use of cannabis and cannabinoids “for the treatment of chronic pain in adults.”³ Multiple studies further show that patients with legal cannabis access often use it as a substitute for the use of more dangerous opioids. In fact, jurisdictions that regulate medical cannabis experience far lower rates of opioid-related mortality and overall prescription drug spending than those states that do not.⁴ Furthermore, longitudinal studies monitoring pain patients enrolled in state-specific cannabis access programs consistently report that these patients reduce or eliminate their use of opioids over time.⁵ As a result, no evidence-based medical cannabis program ought to place limitations with regard to the physicians-authorized use of cannabis as an analgesic agent.

Finally, NORML believes that patients visiting North Dakota from neighboring states with medical cannabis access should not lose this access while in North Dakota. These patients should not have to forgo their medicine while visiting the state, and North Dakota should provide reciprocity in these cases -- just as most states already do.

For these reasons, I urge members of the Committee to support HB 1400.

³ <https://www.nap.edu/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state>

⁴ Find dozens of these studies here:

<https://norml.org/marijuana/fact-sheets/relationship-between-marijuana-and-opioids/>.

⁵ Ibid.