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The Honorable Governor Nathan Deal  
Office of the Governor  
206 Washington Street  
111 State Capitol  
Atlanta, Georgia 30334

Subject: Lack of medical marijuana dispensaries and cultivation in Georgia.

**Introduction:**

Dear Mr. Deal,

As of April 16<sup>th</sup> 2015, HB 1 also known as Haleigh's Hope Act, gave much needed access to medical marijuana for patients suffering from cancer, seizure disorders, Parkinson's disease, mitochondrial disease, ALS, Crohn's disease, and sickle cell disease (Georgia's Hope, n.d.). Although these patients now have the ability to access and use medical marijuana, these patients have no way to legally obtain their medication in the state of Georgia. These patients must break federal law to obtain their medication from sources outside the state of Georgia. I understand your concern for not wanting to further endorse marijuana in the state of Georgia, even in the medical form, because according to the FDA Controlled Substances Act, marijuana is classified as a Schedule 1 drug (2009, section 812, subsection b.). I would like to try to ease your concerns regarding medical marijuana cultivation through the words of former Attorney General, Eric Holder. Mr. Holder stated "It will not be a priority to use federal resources to prosecute patients with serious illnesses or their caregivers who are complying with state laws on medical marijuana, but we will not tolerate drug traffickers who hide behind claims of compliance to mask activities that are clearly illegal" (United States Department of Justice: Office of Public Affairs, 2014). If medical marijuana cultivation was allowed in Georgia and signed into law these patients would be well within the legal scope of Mr. Holder's statement. Currently, to obtain medical marijuana, Georgia patients are placed in the same category as drug dealers by crossing state lines to obtain their medication. With no Georgia law on the books to dictate how medical marijuana will be obtained, patients are no longer within the legal scope of Mr. Holder's statement.

In my opinion, medical marijuana cultivation in Georgia should be a priority. In-state cultivation would be safer and more cost effective than simply leaving patients to obtain medical marijuana across state lines. Sadly, the in-state cultivation portion of HB 722 was stripped by the House Judiciary Non-Civil Committee (Georgia's Hope, n.d.). Rick Allen, director of Georgia Drugs and Narcotics Agency testified in 2014 that the state of Florida has faced a similar issue as Georgia regarding medical marijuana legislation (Georgia Senate Research Office & Georgia House Budget and Research Office, p. 11). Mr. Allen reported that Florida as of 2014 had moved legislation into place for medical marijuana access, but had no seed source to begin production of medical marijuana nor any administrative rules in place to oversee cannabis production (Georgia Senate Research Office & Georgia House Budget and Research Office, 2014). Currently, Georgia has no seed source for medical marijuana, but within HB 722 were strict administrative rules regarding marijuana cultivation and distribution. Contrary to Mr. Allen's statement, the

Florida Compassionate Medical Cannabis Act of 2014 directed the Florida Department of Health to establish an Office of Compassionate Use to implement and manage various aspects of the program including “authorizing the establishment of five dispensing organizations to ensure reasonable statewide accessibility and availability necessary for patients registered in the compassionate use registry” (Florida Department of Public Health: Office of Compassionate Use, n.d.). In the following pages I have provided two policy solutions to solve the Georgia medical marijuana dispensary problem.

## **Recommendation**

I propose the implementation of an in-state growing and dispensary program for medical marijuana as formerly outlined in HB 722. The Georgia medical marijuana program would still have physicians certify if a patient has one of the eight qualifying conditions, have patients register with the Georgia Department of Public Health, and obtain a medical marijuana card as outlined in HB 1. The only change would be allowing patients to obtain their medication within the state of Georgia. In-state cultivation would be strictly regulated by the Georgia Department of Public Health and business licenses would only be given to a minimum of two or a maximum of six medical cannabis producers (Georgians for Freedom in Healthcare; Georgia’s Hope; Hope United, n.d.). In-state cultivation would potentially bring more economic prosperity to Georgia by encouraging medical marijuana patients and their families to stay in Georgia rather than migrate to other states where their medication is legally obtainable. Medical marijuana patients and families in neighboring states, such as Alabama, that do not allow medical marijuana cultivation would also find refuge in Georgia (Americans for Safe Access, 2016). The cost out of the state budget to begin an in-state cultivation program is minimal. The Georgia Department of Public Health already oversees the registration process for medical marijuana cards. Aside from time and paperwork to encourage medical marijuana producers to come to the state of Georgia there is virtually no monetary cost. If more of an incentive is needed for medical marijuana producers perhaps tax credits for potential producers could be discussed, but only for the first two producers that agree to obtain a business license with the state of Georgia. The state of Minnesota only has two medical marijuana producers, but their program is doing exceedingly well with 1190 patients registered from their initial small registration number of 441 (Minnesota Department of Health: Office of Medical Cannabis, 2016, p. 2). Georgia voters are ready to help medical marijuana patients and their families gain access to medical marijuana without leaving the state of Georgia. From an Opinion Savvy Poll, 68.2% Georgia voters strongly support in-state cultivation and production of medical marijuana (2015, p. 4). The final version of HB 1 passed the Senate with 48 Yeas and the House with 160 Yeas (Georgia General Assembly Legislation, 2015). Our congressmen and women have already given support for medical marijuana patients and families through HB 1 by allowing patients to lawfully have possession of their medication. I believe that given the current state of patients and families having to break federal law to obtain their medication, our congressmen and women would want to finalize their efforts in helping these patients by allowing in-state cultivation for medical marijuana.

The security and facility management of an in-state medical marijuana program is outlined by the following: dispensary consultation to determine the THC/CBD ratio, medication distributed only by a pharmacist, tested in a third party lab, and the facility in which the marijuana is grown and dispensed would be highly secured (Georgians for Freedom in Healthcare et al., n.d.). Additional security measures outlined in former HB 722 for medical

marijuana producers would include an identification tag for every marijuana plant in the dispensary and seed to sell tracking systems for every marijuana product.

Opponents of in-state cultivation and dispensaries may argue that allowing in-state cultivation and dispensing of medical marijuana is a task that Georgia law enforcement is simply not ready to regulate. However, strict security measures have already been outlined within the above mentioned paragraph for medical marijuana producers. If further regulation of medical marijuana production was needed, we could look to the state of Arizona. The state of Arizona's medical marijuana cultivation law goes as far as mandating each medical marijuana dispensary agent to first register with the Arizona Department of Health Services before even being able to hold a job at a medical marijuana dispensary (Arizona State Legislature, 2007). A second concern may be that an in-state cultivation program will lead to more recreational marijuana usage in Georgia. However, the rules regarding access to medical marijuana will remain the same eight conditions as detailed under HB 1, and smoking marijuana would still be illegal. The only forms of marijuana that producers would be allowed to grow and administer would be in the pill, oil, and liquid form (Georgians for Freedom in Healthcare et al., n.d.). Another issue opponents might argue is the lack of equity for all qualified patients to access medical marijuana. Currently, we charge a \$25 registration fee to register with the Georgia Department of Public Health as a medical marijuana patient and to receive an access card (n.d., paragraph 8). The actual price for medical marijuana that producers charge varies from state to state. In order to obtain true equity for all patients perhaps a cap on what producers may charge in the state of Georgia for medical marijuana would be in order. This cap would be based on the average selling price for medical marijuana in other states.

### **Alternatives:**

#### ***Sole Medical Marijuana Dispensary Facility***

This alternative is aimed towards better control over regulation for law enforcement. States with medical marijuana dispensaries have already had an increase in patients registered and participating in their programs. Cultivation would still not be allowed in the state of Georgia, leaving the sole dispensary in the same situation that current medical marijuana patients are in by having to obtain their product from across state lines which is a felony.

### **Conclusion**

The lack of access to medication is a real issue for Georgia medical marijuana patients and families. No law abiding citizen wants to commit a federal crime by obtaining their medication from across state lines. I strongly recommend the implementation of the strictly secured medical marijuana cultivation program formerly outlined in HB 722. Patients need access to their medication and Georgia has the potential to benefit from the economic prosperity of more medical marijuana patients and families moving here for our cultivation program.

## Comparison of Medical Marijuana Dispensary Program Alternatives

Criteria	Alternative 1	Alternative 2
	To implement strictly regulated medical marijuana growers and dispensaries in Georgia.	To allow for a sole dispensary of medical marijuana in Georgia.
<b>Effectiveness</b> 1. Is intervention shown to have measurable increase for medical marijuana dispensary access? 2. Any unintended consequences?	1. Yes, in the state of Minnesota for example the start of their medical marijuana dispensary program started with 441 registered patients and has increased to 1190 as of March 2016. 2. No. The problem would be if there were lack of regulation on which companies could dispense medical marijuana and where marijuana could be grown.	1. Evidence from other states with medical marijuana dispensaries show an increase in access to medical marijuana. 2. Without an instate grower the dispensary is potentially breaking federal law by obtaining medical marijuana.
<b>Political Feasibility</b> -is the program likely to appeal to key stakeholders?	Moderate to high. 68.2% of Georgia voters strongly support in-state medical marijuana dispensaries and production and GGA already passed HB1.	Likely to be high, may be chosen over alternative 1 for better control over regulation.
<b>Economic feasibility</b> Are funds likely to be available to support the program?	Program is predominately self-funded by private growers and dispensaries obtaining business licenses with the state of Georgia and agreeing to abide by Georgia laws. Low administrative cost for the medical marijuana cards, but GA already has a system for medical marijuana cards in place through the Department of Public Health.	Program is predominately self-funded by a private dispensary by obtaining a business license with the state of Georgia and agreeing to abide by Georgia laws. Low administrative cost for the medical marijuana cards, but GA already has a system for medical marijuana cards in place through the Department of Public Health.
<b>Efficiency</b> - is the program likely to achieve maximum social welfare?	Moderate to high individual and societal benefit, must have one of 8 medical conditions to qualify, reduction in number of patients breaking federal law to obtain medication. Current cost for medical marijuana card in GA-\$25	Moderate, the potential problem being no actual production only a dispensary.
<b>Equity</b> -is the program likely to reach all individuals in need of its services?	Potential inequity for patients who cannot afford the medical marijuana card, or cost for medication	Potential inequity due to only one dispensary location. Geographic location may be an issue as well in keeping up with the supply and demand of medical marijuana.

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