

The House Federal and State Affairs Committee Hearing on HB2184
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Mr. Chairman,

As an expert in Internal Medicine, Pain, and Addiction Medicine practicing 36 years and as a representative of the Kansas Medical Society, I am speaking in opposition to HB 2184.

My concerns are as follows:

- 1) Legislating a medicine bypasses the safety and regulatory function of the Food and Drug Administration. No other substance has been given the standing to bypass the FDA. It is a dangerous and reckless precedent. "Recommendations" are NOT the same as prescriptions and must be clearly and openly represented to patients.
- 2) This legislation is NOT advanced by legitimate mainstream medicine. It is developed and advanced by the marijuana industry.
- 3) The list of qualifying conditions listed on page 2 is a grab bag which have minimal medical research supporting them with the possible exception of neuropathic pain. I urge that all of the disorders that allegedly would benefit be deleted with the exception of pain under the direct supervision of a physician with expertise in pain management and with all the required documentation for those managing pain. I have provided a recent review of medicinal applications of marijuana. Only pain has reasonable science.
- 4) The Legislation has inadequate requirements for **warnings and precautions** such as posting concern about pregnancy, refusal to allow patients with a mental illness history or history of PTSD or violence or criminal behaviors or arrests to obtain recommendations.
- 5) The use of marijuana should be tracked by the Prescription Drug Monitoring Program, and providers recommending marijuana should maintain the same level of documentation and care required for opiate prescribing. Several of the states that have allowed medicinal marijuana or legalized it, have seen steady and significant increases in the opiate overdose rates.
- 6) Page 22-23 the allowance of 35% THC content or extracts of 70% are extremely high and may result in psychotic reactions. The THC concentrations should not exceed 5-15%.
- 7) Page 32 line 10 protections for a recommending physician should be exactly the same as any other physician or provider providing opiates or other strong medicines.
- 8) It is misleading and frankly wrong to suggest that allowing marijuana for medical use and then taxing it will create some sort of bail out for Medicaid. In Colorado **social costs were \$4.5 for every tax dollar brought in**. We have rarely ever increased alcohol or tobacco taxes and they certainly do not pay for their cost to society. Please see attached, and the most recent HIDTA report from Colorado show marijuana only accounted for 0.8% of the tax base.