



FINAL REPORT OF THE JOINT COMMISSION ON LOW THC MEDICAL OIL ACCESS

Commission Members:

Senator Matt Brass, Co-Chair
District 28

Representative Micah Gravley, Co-Chair
District 67

Senator Butch Miller, President Pro Tempore
District 49

Representative David Clark
District 98

Senator Ben Watson, MD
District 1

Representative Alan Powell
District 32

Mr. Dale Jackson
Lt. Governor Appointee

Ms. Shannon Cloud
Speaker of the House Appointee

Sheriff James Woodruff, Troup County
Lt. Governor Appointee

Ms. Susan McWhorter Driscoll
Speaker of the House Appointee

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STUDY COMMISSION FOCUS, CREATION, & DUTIES

The Joint Study Commission on Low THC Medical Oil Access was created with the passage of House Bill 65, sponsored by Representative Allen Peake of the 141st and Senator Matt Brass of the 28th during the 2018 Legislative Session. The Commission was charged with undertaking a study of access of low THC oil and related issues, including but not limited to options for growing, manufacturing, and dispensing this medical product in Georgia. Specifically, the Commission was tasked with identifying how to ensure proper security safeguards and systems for evaluating qualifications of potential licensees, and implement a plan to ensure that low THC oil is readily available in all parts of the state at an affordable price to patients and caregivers who are properly registered in Georgia.

Senator Matt Brass of the 28th and Representative Micah Gravley of the 67th co-chaired the Commission, which held five public meetings at locations throughout the state. The hearings were held as follows:

- August 29, 2018, at the State Capitol, Atlanta, Georgia;
- September 18, 2018, at the University of West Georgia, Carrollton, Georgia;
- October 5, 2018, at the University of Georgia Center for Continuing Education & Hotel, Athens, Georgia;
- November 14, 2018, at the Coverdell Legislative Office Building, Atlanta, Georgia; and
- December 21, 2018, at the State Capitol, Atlanta, Georgia.

In addition to the co-chairpersons, the Commission was comprised of two members of the Senate and two citizen members, appointed by the President of the Senate: Senator Butch Miller of the 49th, Senator Ben Watson of the 1st, Mr. Dale Jackson, and Sheriff James Woodruff of Troup County; and two members of the House and two citizen members, appointed by the Speaker of the House: Representative David Clark of the 98th, Representative Alan Powell of the 32nd, Ms. Shannon Cloud, and Ms. Susan McWhorter Driscoll.

The following individuals provided formal testimony to the Commission: Representative Allen Peake; Jillian Bramblett, mother of a child with Dravet epilepsy; Darryl Rodgers, youth motivational speaker and author of *A Life Half Lived*; Kim Hedzik, mother of a child with seizures; Jimmy Wages, father of a child with physical complications; Dr. Gregg Raduka, Executive Director and Chief Executive Officer of Let's Get Clear Georgia; Ginny Helms, President and CEO of LeadingAge Georgia; Virginia Galloway, Regional Field Director for the Faith and Freedom Coalition; Terri Thrower, neuropathy patient who also suffers from blindness; Terry Norris, Executive Director of the Georgia Sheriff's Association; Sheriff Gary Long of Butts County; Sheriff Donnie Pope of Jasper County; Pete Skandalakis, Executive Director of the Prosecuting Attorney's Council of Georgia; Anthony Laborde, Owner of Discount Nutrition; Greg Reybold, Government Relations Director and Legal Council for Georgia Pharmacy Association; Robert Bowles, Retired Pharmacist and patient with Lewy body dementia; Dr. Jessica Spencer, Ed.D; Justin Kirnon, Senior Government Relations for Georgia Municipal Association; Wesley Dunn, Attorney at Law; David Bradford, Economist at the University of Georgia; Neil Brigham, Chief Operating Officer of Surterra; and Joshua Littrell, Founder and Chief Executive Officer of Veterans for Cannabis.

BACKGROUND

HB 1, Haleigh's Hope Act, was passed by the General Assembly during the 2015 Session and allowed patients with certain qualifying medical conditions to seek treatment with low tetrahydrocannabinol (THC) oil. The bill created a Medical Cannabis Patient Registry within the Department of Public Health (DPH) and requires physicians to register with DPH before being able to issue a recommendation that a patient should be treated with low THC oil. The registry provides cards to adult patients or to minor patients' parents who are being treated with the low THC oil. The DPH issued card provides immunity from state prosecution for the possession of low THC oil for qualifying conditions so long as the patient has registered with the state, the quantity is less than 20 ounces, and the oil cannot exceed more than 5% THC. HB 1 allowed for low THC oil to be used for the treatment of seizures, cancer, Lou Gehrig's disease, multiple sclerosis, Crohn's disease, Parkinson's disease, mitochondrial disease, and sickle cell disease.

The state expanded the law during the 2017 Session with the passages of SB 16 that provided reciprocity for other states where there is a requirement to have a state issued card, but limits immunity to Georgia's possession and THC percentage limitations. Moreover, the law reduced the onerous reporting requirement to DPH, from quarterly to semi-annually for physicians. The law also expanded the list of qualifying conditions to also include Alzheimer's disease, AIDS, autism spectrum disorder, Tourette's syndrome, peripheral neuropathy, epidermolysis bullosa, and for those in hospice care.

With the passage of HB 65 during the 2018 Session, the state again added to list of qualifying conditions, now 16 total, to include post-traumatic stress disorder (PTSD) and intractable pain. The bill also created the Joint Study Commission on Low THC Medical Oil Access, which is currently having meetings throughout the state to investigate and recommend action regarding the lack of access to safe low THC oil in Georgia.

Nationally, 46 states have some form of medical cannabis law in their code. Of those, 31 allow some form of cultivation within their states, including Florida. The other 15 states have possession only laws similar to Georgia's, including Tennessee, Alabama, and South Carolina.

As of July 2018, Georgia's low THC oil registry includes 646 physicians and 5,425 patients. The registry averages approximately 300 new patients each month and projects the number of patients to grow to approximately 10,000 by the end of the year.

Covered Condition	% of Patients	Covered Condition	% of Patients	Covered Condition	% of Patients
Seizures	24%	Autism	5%	Mitochondrial	2%
Cancer	21%	Crohn's	5%	Sickle Cell	2%
Peri. Neuro.	20%	Parkinson's	4%	PTSD	1%
MS	11%	Int. Pain	3%	Other	2%

FINDINGS AND RECOMMENDATIONS

Over the course of this interim study, the Commission received extensive testimony and public comment from patient advocates, the medical community, law enforcement agencies, and industry experts on the barriers to accessing low THC oil in Georgia as well as best practices for in-state manufacturing and dispensing a safe and affordable product. This testimony built and expanded upon the significant volume of testimony presented on versions of House Bill 65, sponsored by Representative Peake, during the 2017-2018 Legislative Session. The scope of this study was narrowly focused on the issues related to the access of low THC oil in Georgia and did not extend to topics such as the legalization of marijuana for recreational use or access to smoke-able forms of cannabis for medicinal use.

After careful consideration of the issues, the Commission recommends the following measures:

1. Federal law classifies THC as a Schedule I drug. Although several states have revised state criminal laws to allow marijuana to be sold and used for medicinal purposes, such state laws remain in conflict with federal law. Since the Supremacy Clause makes clear that federal law controls in cases where state law is in conflict, the Commission urges the federal government to modify federal law to allow for the distribution of low THC medical oils derived from marijuana by simply moving THC from Schedule I to Schedule II. This would allow the state to work within federal law to ensure registered Georgia patients have proper access.
2. In the case that the federal government fails to act, the Commission recommends that the General Assembly pass legislation during the 2019 Legislative Session that meets certain criteria outlined below:
 - The in-state cultivation process should consist of minimum standards and best practices from other medical only states such as Florida, Iowa, or Minnesota for the security and control of all aspects of the process from acquisition and planting of seeds to final destruction of any unused portion of the plant. It is crucial that access to federal funding not be endangered in this process. Therefore, the Commission recommends that legislation be carefully drafted to exempt the Georgia Seed Law and to prohibit the use of pesticides in any part of the cultivation process.
 - Each licensee must abide by minimum standards that encompass all aspects of dispensing the final product, including but not limited to security, competency of the dispensing staff, training on dosing, and proper delivery methods.
 - *License Specifications:* The state should offer 10 grow licenses, 10 manufacturing licenses, and an adequate number of dispensing licenses to ensure access for the entire state; with half of the licenses granted to large capital investment entities and half to smaller capital investment entities. In doing so, the legislature must take into account the number of patients registered under the Low THC Oil Patient Registry that is administered by DPH to ensure demand drives supply and supports competition within the Georgia market. In the event that an operation is not up and running one year following the licensee's payment of the award fee, such license shall be revoked

from the entity. In addition, licenses shall not be transferable except for the reorganization or restructuring of an entity holding such license.

- To ensure quality control throughout the manufacturing process, Georgia should establish and require uniform product labeling and independent lab testing procedures with minimum standards for product purity and safety. The Commission recommends that all licensees in Georgia be required to use the same, state-designated lab(s).
 - *Oversight and Regulation:* DPH should have oversight of licensing, manufacturing, and dispensing including product testing to ensure no pesticides were used, the product is safe, and under the 5% THC concentration authorized under current law. The estimated costs for upgrading current equipment and staff for this effort is roughly \$500,000, the cost of which will be covered by application and licensing fees. The Georgia Bureau of Investigation may require the same equipment upgrade and staff. DPH may designate a public entity or entities to oversee lab testing and there should be an adequate number of labs to keep up with the demand.
 - *Grow Limitations:* The use of pesticides and insecticides by grow facilities will not be allowed and the Georgia Department of Agriculture shall have authority to stop any grow operation that is found utilizing such substances. In addition, the state may revoke the grow license and prohibit reapplication by the entity for at least three years.
3. Through testimony, the Commission learned that several states began with legalizing the use of medical marijuana and eventually legalized the use of marijuana altogether. There should be an improved system of checks and balances for making any changes to the current list of diagnoses if the state should want to avoid the use of marijuana other than the use of low THC medical oil allowed under current state law.

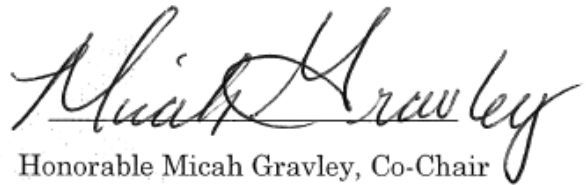
Respectfully Submitted,

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MEDICAL OIL ACCESS**



Honorable Matt Brass, Co-Chair

Senator, District 28



Honorable Micah Gravley, Co-Chair

Representative, District 67