

Testimony Regarding Medical and Research Bills  
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Joint Committee on Cannabis Policy

Submitted by:

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Dear Chairman Donahue, Chairwoman Chang-Diaz, and Members of the Committee:

Thank you for the opportunity to provide input on medical and research bills. When I have information to contribute, it is always worth my time to provide it to this Committee as you have consistently listened to public feedback and considered it thoughtfully.

First, I support data collection efforts on public health impacts. More data collection is a good thing, especially if you are taking a long-term view. The state and national future of the cannabis industry is unclear. Having data now will be useful to compare to later. It's important for public health and corporate accountability to track the impact of legal cannabis products being available over time.

With five years of experience with research and reports, it may be helpful to speak with the Commission's research experts to find out what further data would be useful to reach the state's goals and where that data might come from. For example, we can see data on emergency room visits, but we don't know what products those visits are related to. If it's a particular type of packaging, for instance, that is correlated with higher rates of accidental ingestion, we should know that and the Commission can adjust regulations accordingly. If marketing or packaging rules need to be stricter, it would be helpful for the Commission to have evidence to inform that. It would also help to know if people who are using cannabis and reporting effects are using legal or illicit cannabis products. This was a crucial factor during the EVALI crisis when legal vape products were banned, but illnesses were being caused by illicit, unregulated vape products. The more specific the data, the better.

Second, I support veteran access to medical cannabis, specifically H.179 and S.70. Disabled veterans receiving healthcare from the Veterans Administration should be allowed to access medical cannabis.

When I was a commissioner, the last time we changed our regulations, I served on a working group focused on medical regulations with a cross-section of members of our medical program team to licensing and enforcement team to outreach team, and we looked into the issue of qualification for disabled veterans. We ultimately didn't recommend any changes due to the limitations in the statute (that the bill you are considering would address). But in the course of reviewing the policy, we spoke to staff in Illinois who implemented the policy that this bill is based on. I believe it is fully within the commission's ability to implement this change, with

appropriate additional staff time, and I believe such a change would further our collective mission to serve veterans. This experience informs and strengthens my support of this bill.

In the course of serving on that working group, I talked to many patients who felt that they were experiencing price gouging. We ended up recommending and passing a requirement for providers to take into account low-income patients, more in line with the original compassion goals of the medical cannabis statute. I mention this as someone with no financial interests in these matters: it's important to understand when reviewing feedback that a financial ecosystem developed when the medical cannabis law passed in 2012. There are business models that rely on keeping policies the same even if it doesn't make sense anymore. Disabled veterans over 21 could access cannabis easily in recreational stores. It's not some substance that's impossible to get without a \$300+ evaluation. Rather, this is largely about letting veterans access the benefits that lawmakers and regulators have put in place for patients, such as not paying sales tax, accessing a wider variety of products, and not having to stand in line.

No one deserves those benefits more than disabled veterans. In my opinion, I would say to disabled veterans, if you've fought for your country and become disabled and you use medical cannabis, you deserve those conveniences. It's not your fault our federal government is omitting an important part of your health care.

Finally, I support removing the requirement for vertical integration of medical marijuana businesses, but it is equally crucial to impose an initial exclusivity period similar to the exclusivity period that the Commission has put in place for delivery. In other words, medical business licenses should be issued only to social equity, economic empowerment, and microbusinesses for the first 3-5 years. Please consider that the medical cannabis law as currently in effect does not have an equity mandate as the adult-use cannabis law does, and it is important to make the two laws consistent.

Thank you for time and consideration and please don't hesitate to contact me if I can provide any additional information or context.