



# Van H. Wanggaard

Wisconsin State Senator

June 3, 2015

## **Testimony in support of Assembly Bill 228**

Thank you Madam Chair, and members of this committee for today's hearing on Assembly Bill 228.

A little over a year ago, the Wisconsin Legislature passed Act 267, also known as "Lydia's Law." Lydia's Law allowed for a doctor or pharmacist to dispense CBD Oil, and set up a mechanism for the state to help with the availability of CBD Oil in Wisconsin.

Unfortunately, in the last year, we have discovered that despite its best intentions, the 2013 Legislature has had little impact on the availability of CBD Oil. Because of the regulatory hurdles involved with CBD Oil, and, the lack of a current clinical trial in Wisconsin for CBD, and, frankly, a lot of the misinformation about CBD Oil, those that need this potential life-changing medicine are still unable to obtain it.

Assembly Bill 228 is narrowly drafted to help address one of the hurdles that a family seeking CBD oil will face. The bill specifies that CBD Oil without a psychoactive effect is not a Schedule One Drug – with or without a prescription. The remainder of Lydia's Law remains in place.

The intent of the bill is simple – if a person possesses CBD Oil without a psychoactive effect, they need not fear prosecution from local authorities. And I do not want this bill to go further.

There is a lot of misinformation about this bill and about CBD in general, so it important for me to specify what this bill does NOT do.

- This bill does not legalize marijuana
- This bill does not legalize medical marijuana
- This bill does not allow for the growing of marijuana in Wisconsin
- This bill does not allow for the cultivation of marijuana in Wisconsin
- This bill does not allow for the manufacture of CBD oil in Wisconsin
- This bill does not allow for the sale or transfer of CBD oil in Wisconsin.
- This bill will not lead to street corner drug sales of CBD oil.

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This bill only allows a person to possess CBD Oil in Wisconsin. There are still federal hurdles to overcome. But if an individual is willing to risk violation of those other federal laws, we should not prosecute them for possessing a drug that does not give them a high and eliminate seizures in a child.

Thank you for your attention and I'll be happy to answer any questions.



# Wisconsin Medical Society

Your Doctor. Your Health.

TO: Assembly Committee on Children and Families  
Representative Jessie Rodriguez, Chair

FROM: Mark Grapentine, JD – Senior Vice President of Government and Legal Affairs

DATE: June 3, 2015

RE: Opposition to Assembly Bill 228

On behalf of more than 12,500 members statewide, the Wisconsin Medical Society thanks you for this opportunity to share our testimony opposing Assembly Bill 228, which alters the definition of tetrahydrocannabinols.

The Society's physicians share the goal behind this bill's introduction, which is identical to last session's goal within 2013 Assembly Bill 726 (eventually enacted as 2013 Act 267): find ways to ease the suffering of children with severe forms of epilepsy. While this goal is reached unanimously, opinions on how to attain this goal diverge.

We believe eliminating the requirement created just last session that CBD oil (cannabidiol) would need to be dispensed by an approved pharmacy or physician could have unintended consequences. First, the bill eliminates physicians from the role they would have played in helping patients find treatments for their conditions – an essential piece of 2013 Act 267. In striking the reference to WI STATS s. 961.38 (1n), the bill removes Act 267's requirement that the CBD oil be part of an investigational drug permit issued by the federal Food and Drug Administration (FDA). While the time it sometimes can take to develop a new drug can be frustrating – and useless for parents of children who are currently suffering from terrible conditions – this process is rooted in providing safe and effective products.

A second concern: the bill as currently drafted would remove CBD oil products from Schedule I in the state's Controlled Substances Act. This would mean granting legal authenticity to products portrayed as "CBD only" – raising questions of label accuracy and how to verify and/or enforce such labeling claims to ensure whether said product truly is free of any THC, the hallucinogenic part of marijuana. As marijuana-related laws continue to develop around the country, concerns mount over marijuana-derived consumables, both for truth in labeling and potential marketing to children. The Society is concerned that Assembly Bill 228 could loosen regulations that might open Wisconsin to these risks.

The Society believes research and science should lead the evolution of policy regarding any potential medicinal uses for marijuana-derived substances. The American Medical Association's policy in this area (included below) distills this science/research-based stance quite well, including how reexamining marijuana's status as a federal Schedule I drug could help foster more research. This memo also includes other items we came across during research on this issue; the Committee may find them interesting.

Thank you again for this opportunity to provide the Society's testimony on Assembly Bill 228. Please feel free to contact the Society on this and other health-related issues; we look forward to continued collaboration with the state's policymakers on enhancing Wisconsin's health care system.

### **Further Information**

#### AMA policy: **H-95.952 Cannabis for Medicinal Use**

(1) Our AMA calls for further adequate and well-controlled studies of marijuana and related cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease.

(2) Our AMA urges that marijuana's status as a federal schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. This should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product.

(3) Our AMA urges the National Institutes of Health (NIH), the Drug Enforcement Administration (DEA), and the Food and Drug Administration (FDA) to develop a special schedule and implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research involving cannabis and its potential medical utility. This effort should include: a) disseminating specific information for researchers on the development of safeguards for cannabis clinical research protocols and the development of a model informed consent form for institutional review board evaluation; b) sufficient funding to support such clinical research and access for qualified investigators to adequate supplies of cannabis for clinical research purposes; c) confirming that cannabis of various and consistent strengths and/or placebo will be supplied by the National Institute on Drug Abuse to investigators registered with the DEA who are conducting bona fide clinical research studies that receive FDA approval, regardless of whether or not the NIH is the primary source of grant support.

(4) Our AMA believes that effective patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions. (CSA Rep. 10, I-97; Modified: CSA Rep. 6, A-01; Modified: CSAPH Rep. 3, I-09; Modified in lieu of Res. 902, I-10; Reaffirmed in lieu of Res. 523, A-11; Reaffirmed in lieu of Res. 202, I-12; Reaffirmed: CSAPH Rep. 2, I-13)

South Carolina: CBD oil from hemp; legislation

<http://www.wtoc.com/story/29097564/sc-mom-legally-making-and-selling-strain-of-medical-marijuana>  
[http://www.scstatehouse.gov/sess120\\_2013-2014/bills/839.htm](http://www.scstatehouse.gov/sess120_2013-2014/bills/839.htm)

Texas: Passes CBD bill – requires physician approval; legislation

[http://www.huffingtonpost.com/2015/06/01/texas-legalizes-marijuana\\_n\\_7486232.html](http://www.huffingtonpost.com/2015/06/01/texas-legalizes-marijuana_n_7486232.html)  
<https://legiscan.com/TX/bill/SB339/2015>

Marijuana-derived edibles: retail promotion

[http://www.huffingtonpost.com/the-new-england-journal-of-medicine/marijuana-edibles\\_b\\_7347814.html](http://www.huffingtonpost.com/the-new-england-journal-of-medicine/marijuana-edibles_b_7347814.html)

Marijuana Extract for Children Questioned

<http://www.wsj.com/articles/marijuana-extract-for-children-with-epilepsy-is-questioned-1427148386>