

New Year, New Rules?: Oversight committee tackles issues in medical marijuana program

RI's medical marijuana program has undergone several iterations since it was made into law in 2006, evolving from a program widely known for supporting patient rights and access to one dominated by money and politics. Recent proposed changes to the program would increase the number of compassion centers to nine from three, which is a step in the right direction for patient access, but the new rules offer little to protect the patients who are supposed to be at the core of this important program. At a recent public hearing held by the Department of Business Regulation, patients were loud and clear about what matters most to them: cost. By law, the compassion centers are supposed to be "not for profit," yet the state charges exorbitant licensing fees (\$500,000 — the highest in the country), and offers no rules or procedures to make sure that medicine stays affordable for RI's almost 19,000 patients, a third of whom qualify as low income.

When RI first authorized the compassion centers in 2009, the law called for the formation of a **Medical Marijuana Legislative Oversight Committee**, composed of patients, health professionals, law enforcement and others (although none were appointed by Speaker Mattiello until 2017, when the committee met for the first time). The oversight committee is tasked with evaluating and reporting on "patients' access to medical marijuana, efficacy of compassion centers, physician participation in the medical marijuana program, the definition of qualifying medical condition and research studies regarding health effects of medical marijuana for patients." By law, the committee should produce a public report on its findings by January 1 of each even-numbered year, which happens to be, like, now. (Happy New Year!)

Despite the inactivity of the oversight committee in the past, its role remains important. Most recently, committee members have organized to draft and release a report detailing issues with the current program as well as some proposed solutions, and is working with committee co-chairs **Representative Scott Slater** and **Senator Josh Miller** to formally submit the report at the beginning of 2020. The financial burden to patients remains at the top of the list of urgent issues they identified, as well as a lack of competition among dispensaries, a lack of testing requirements, restrictive qualifying criteria and exclusion of people with prior drug convictions from the program.

It's clear that for these committee members, the central focus of the medical marijuana program has veered off course over the years. Long-time patient, committee member and advocate Ellen Smith commented: "Compassion centers are supposed to be not-for-profit, and the program is supposed to be about helping patients who struggle with debilitating health conditions. Instead what we're seeing are a lot of discussions about who's going to control the industry and how much the state will make in revenue from fees and taxes. I think a lot of people in the state have forgotten that this program is about providing a better quality of life to people who are suffering, not making a profit."

Philip Diamond, another member of the oversight committee, added, "We've held hearings. We've gathered data and information. We've testified at committee hearings. But it seems that our efforts to reform the program have fallen on deaf ears. We're not going to sit on the sidelines any longer. It's time to put patients back in the center of these conversations."

To many patients, it feels like the medical marijuana program has been treated like a cash cow in recent years, a far cry from the patient-centered "compassionate care" program that it was intended to be. If the state wants to make revenue and build businesses on cannabis sales, then we should tax and regulate it for adult use, not place the burden on patients who depend on it for medicine.