

46th Town Hall Meeting

May 2015

At the request of constituents,
ongoing meetings have been
scheduled as a result of the initial
meetings held in July 2011.

Representative
Pamela A. DeLissio

Listen. Consider. Represent.

Goals of my Town Hall Meetings

1. Inform constituents about how the legislative process works.
2. Dialogue about current legislative initiatives.
3. Identify other state related concerns.

Committee Assignments 2015-2016

- o Aging and Older Adult Services
- o Agriculture and Rural Affairs
- o Children and Youth
- o Health
- o State Government

Our Discussion

Legalizing Medical Cannabis And PA State Budget Updates

History of Marijuana

- o **1619** – Virginia Assembly passed legislation requiring every farmer to grow hemp* (Marijuana is the mixture of dried, shredded flowers and leaves that comes from the hemp plant). Allowed to be exchanged legally in VA, **PA**, & MD.
- o **1890s** – Marijuana was a popular ingredient in medical products and was sold openly in public pharmacies.
- o **1910** – After Mexican Revolution, immigrants flooded the U.S. and introduced recreational use of marijuana. Marijuana garnered a bad reputation due to fear of immigrants – “MJ Menace”

* Hemp is a commonly used term for high-growing varieties of the Cannabis plant and its products, which include fiber, oil, and seed. Hemp is refined into products such as hemp seed foods, hemp oil, wax, resin, rope, cloth, pulp, paper, and fuel.

History of Marijuana

- o **1930s** – Great Depression – Unemployment + fear/resentment of immigrants = public and governmental concerns around marijuana.
 - o Research linked marijuana with violence, crime & other deviant behaviors by primarily “racially inferior” and lower socioeconomic classes.
 - o By **1931**, 29 states outlawed marijuana.
- o **1937** – Marijuana Tax Act was passed by Congress and essentially criminalized and banned the use and sale of marijuana.

History of Marijuana

- o **1944** – Contradictory to earlier research, NY Academy of Medicine's *La Guardia Report* found marijuana less dangerous.
- o **1951-56** – Mandatory federal sentences for drug-related offenses, including marijuana.
 - o A first-offense marijuana possession carried a minimum sentence of 2-10 years with a fine of up to \$20,000.
- o **1970s** – National Organization for the Reform of Marijuana Laws (NORML) founded. NORML's mission is to move public opinion to legalize the responsible use of marijuana by adults and to serve as an advocate for consumers to assure they have access to high quality marijuana that is safe, convenient and affordable.

History of Marijuana

- o **1970** – Controlled Substances Act (CSA) signed into law by President Nixon. The CSA is the federal U.S. drug policy regulating the manufacture, importation, possession, use and distribution of certain substances. This legislation created the five drug schedules.
- o **1972** – (former PA Governor) Shafer Commission
 - o Bipartisan
 - o Appointed by President Nixon
 - o Considered laws regarding marijuana and determined personal use should be decriminalized
 - o **President Nixon rejected this recommendation, and determined marijuana as a Schedule 1 drug**
 - o Regardless, 11 states decriminalized marijuana in the 1970s and others reduced penalties

History of Marijuana

- o **1986** – Anti-Drug Abuse Act signed into law by President Reagan
 - o Mandatory sentences for drug-related crimes
 - o Federal penalties for marijuana possession and dealing based on how much involved:
 - o 100 marijuana plants = 100 grams of heroin
- o **1989** – Bush's (41) War on Drugs
- o **1996** – California voters passed Proposition 215 allowing for the medical use of marijuana for patients with AIDS, cancer, and other serious and painful diseases. This law stands in tension with federal laws prohibiting possession of marijuana.

Drug Schedule

o Schedule 1

- o “Schedule I drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse. Schedule I drugs are the most dangerous drugs of all the drug schedules with potentially severe psychological or physical dependence. Some examples of Schedule I drugs are:
 - o heroin, LSD, marijuana (cannabis), Ecstasy, methaqualone, and peyote”
 - o From U.S. DEA -- <http://www.dea.gov/druginfo/ds.shtml>

Medical Marijuana Uses

- o National Conference of State Legislatures (NCSL)
- o Scientific data indicate the potential therapeutic value of cannabinoid drugs for:
 - o Pain relief
 - o Control of nausea and vomiting
 - o Appetite stimulation
- o The psychological effects of cannabinoids, such as anxiety reduction, sedation, and euphoria can influence their potential therapeutic value. Those effects are potentially undesirable for certain patients and situations and beneficial for others.
- o Further studies have found that marijuana is effective in relieving some of the symptoms of:
 - o HIV/AIDS
 - o Cancer
 - o Glaucoma
 - o Multiple sclerosis

SB 3

o Medical Cannabis Act

- o Introduced in the Senate by:
 - o 15 Democrats
 - o 12 Republicans
- o Timeline:
 - o Referred to State Government committee – January 26, 2015
 - o Amended & first consideration – April 21, 2015
 - o Re-referred to Appropriations committee – April 22, 2015
 - o Re-reported as amended – May 4, 2015
 - o Second consideration – May 5, 2015
 - o Amended on third consideration – May 11, 2015
 - o Third consideration & final passage – May 12, 2015
 - o Referred to House Health committee – May 14, 2015

SB 3

o Medical Cannabis Act

- o “Medical Cannabis” defined as:
 - o “Plants containing cannabidiol, tetrahydrocannabinol (THC)*, or delta-9-tetrahydrocannabinol acid or any part of a cannabis plant, including cannabis processed by extracting oil from the plants, intended for medical purposes.”
 - o The term includes oils, ointments, tinctures, liquids, gels, pills and similar substances.

***THC is the chemical responsible for most of marijuana's psychological effects. It stimulates cells in the brain to release dopamine, creating euphoria.**

SB 3

o Medical Cannabis Act

- o 3 types of medical cannabis strains:
 - o Cannabis sativa
 - o Cannabis indica
 - o Hybrid created by the combination of both cannabis sativa and cannabis indica.

SB 3

o Medical Cannabis Act

- o “Medical Use” is defined as:
 - o “The acquisition, possession or use of medical cannabis by a registered patient or patient representative.”
 - o The term does not include the smoking of cannabis – the smoking of cannabis is prohibited.

SB 3

o **Medical Cannabis Act**

- o Qualified medical conditions for medical cannabis usage in SB 3 are:
 - o Cancer
 - o Epilepsy and seizures
 - o Amyotrophic lateral sclerosis (ALS)
 - o Cachexia/wasting syndrome
 - o Parkinson's disease
 - o Traumatic brain injury and postconcussion syndrome
 - o Multiple sclerosis (MS)
 - o Spinocerebellar Ataxia (SCA)
 - o PTSD

SB 3

o **Medical Cannabis Act**

- o Qualified medical conditions for medical cannabis usage in SB 3 are (continued):
 - o Severe fibromyalgia
 - o HIV/AIDS
 - o Glaucoma
 - o Chronic or intractable pain where other methods of treatment no longer have therapeutic or palliative benefit
 - o Crohn's disease
 - o Diabetes
 - o A condition authorized by the Department of Health

SB 3

o Medical Cannabis Act

- o SB 3 would allow patients or patient representatives who have a recommendation from their doctor to apply for a medical cannabis access card
 - o Access cards can be renewed on an annual basis

SB 3

o Medical Cannabis Act

- o Access card holders can then purchase and use medical cannabis from dispensaries licensed by a to-be-created State Board of Medical Cannabis Licensing
- o Patient representatives who are access card holders may transport a registered patient and/or medical cannabis from a dispenser on behalf of an authorized patient
 - o They may also prepare and administer medical cannabis to a registered patient

SB 3

o Medical Cannabis Act

- o The entire process would be regulated by licensing:
 - o Medical cannabis growers (not more than 65)
 - o Medical cannabis processors (not more than 65)
 - o Medical cannabis dispensers (not more than 130)
 - o Cannot dispense more than 2.5 ounces to a patient or patient representative in a 14-day period unless the patient has a quantity waiver from the Dept. of Health
- o Licensees shall be geographically dispersed throughout the Commonwealth
- o Electronic Verification and Tracking Systems

SB 3

o Medical Cannabis Act

o Civil Penalties

- o Operating without a current license or occupation permit or for other violations
- o Growing, processing or dispensing medical cannabis to an unauthorized patient or patient representative
- o Unlawful activities and criminal penalties and fines

SB 3

o Medical Cannabis Act

o Prohibitions:

- o No individual may smoke medical cannabis
- o No individual may undertake any task under the influence if it would constitute negligence or professional malpractice
- o No individual may operate or drive a motor vehicle, aircraft, motor boat, or heavy machinery with more than 10 nanograms of THC in their system

Where We Are Now

- o National Conference of State Legislatures (NCSL)
- o California was the first state in 1996 to allow the medical use and sale of marijuana.
- o 23 states, District of Columbia, and Guam have public medical marijuana and cannabis programs.
 - o 13 initiated by voter ballot
 - o 12 initiated by legislative bodies
- o It takes about 6-18 months to get a program up and running.

Where We Are Now

- o National Conference of State Legislatures (NCSL)
- o Similarities between programs include:
 - o Patient registries
 - o Grower/caregiver registries
 - o Dispensaries
 - o Specific conditions
 - o Recognizing patients between states
 - o Possession limits
 - o Local zoning procedures
 - o Hard or limited number of dispensaries

*Licensing/registry processes vary widely

Where We Are Now

- o National Conference of State Legislatures (NCSL)
- o “Low THC” programs
 - o Very low in Tetrahydrocannabinols (THC), which is the psychoactive ingredient in cannabis and high in Cannabidiols (CBD), a compound with anti-inflammatory and antioxidant properties.
 - o 0.3% to 5-15% by weight
- o 11 states passed these bills in 2014 and they vary widely
- o Since they are so new, there is no existing program to model yet

Where We Are Now

- o National Conference of State Legislatures (NCSL)
- o August 2013 – U.S. Dept. of Justice issued update to their marijuana enforcement policy:
 - o “The statement reads that while marijuana remains illegal federally, the USDOD expects states like Colorado and Washington to create ‘strong, state-based enforcement efforts.... and will defer the right to challenge their legalization laws at this time.’ The department also reserves the right to challenge the states at any time they feel it's necessary.”

Testimony

- o Charles Cutler, MD - Pennsylvania Medical Society
- o PAMED discussed medical marijuana at their February Board of Trustees meeting:
 - o “PAMED Board voted unanimously to advocate that the state legislature **delay** legalizing marijuana for medical use and instead fund more research and work with federal authorities to make it easier for scientists and researchers to further study the safety and efficacy of medical marijuana.”
 - o Concerns with SB 3 include physician liability – should be akin to the Commonwealth’s liability – both not being held responsible for “deleterious” outcomes, a more robust patient registry, and the overall magnitude of the legislation.

Testimony

- o Thomas Trite, PD, R.Ph (Pharmacist)
- o “I have seen the costs of severe, adverse effects; toxic overdoses and addiction from pharmaceuticals especially those in the opiate, pain, sleep, antianxiety, anti-epileptics and antipsychotic therapeutic categories...but I have never seen a patient with medical cannabis have life threatening effects, let alone death”
- o “I want to impress on the committee the importance of medicinal cannabis as a tool in the health care of so many in need”
- o “States with approved medical cannabis have seen significant reduction in cases of opiate overdose deaths; in some states as much as 25%”
- o “Patients relying on the opportunity to use medical cannabis find current therapies either ineffective or with terribly negative side effects”

Testimony

o James Walsh – PA Fraternal Order of Police

- o “We are very concerned about conflicts between state and federal law in which a drug deemed to have “no current medical use” by the federal government is classified by PA as a drug that is acceptable for medical use”
- o “PA FOP does not oppose the exploration of a **highly-regulated system** of medical cannabis prescription for PA. Any such system would need to satisfy the following:
 - o Legislation must be specific as to the medical conditions for which medical cannabis treatment is permissible
 - o If ‘off label’ use is allowed, it’s approval should not be limited to the discretion of one doctor, but subject to review and approval by a board or committee
 - o Administration should be limited to medically-approved methods only, i.e., smoking prohibited
 - o Any medical cannabis system should be subject to strict inventory & quality controls, from grower end to user.”

Testimony

o Irvin Rosenfeld – Federal Medical Cannabis Patient

- o “I am the longest surviving of the final four Federal Medical Cannabis patients in the United States. The Federal Government has been supplying me 10 Medical Cannabis cigarettes per day for over 32 years for my severe bone tumor disorder.”
- o He has spoken publicly and to politicians in 20 states (some states more than once), and has been covered by numerous television and print media outlets.
- o He has been a successful financial consultant for 27 years in South Carolina, and previously owned a furniture and bedding store. He volunteers teaching mentally, physically, & economically challenged children and adults to sail, is a board member of the “Patient’s Out of Time” 501 C-3 organization, and co-founder of “The Silver Tour,” and has documented his life story in his book “My Medicine: How I convinced the U.S. Government to Provide my Marijuana & Helped Launch a National Movement.”
- o “I have been able to do all this because I have the right medicine for my severe bone tumor disorder. We need to give every patient with a debilitating disorder the same privilege.”

PA Budget Updates

Governor's Proposed Budget

- o Comprehensive reform
 - o Schools that Teach
 - o Jobs that Pay
 - o Government that Works
- o Pension Solution
- o Liquor Modernization
- o Property Tax reform
- o Reduction of corporate taxes

Bills by the Numbers

In the 2013-2014 session:

- o Total Number of Bills Introduced:
 - o House: 2,554
 - o Senate: 1,514
 - o Total: **4,068**
- o Total Number of Bills Signed into Law:
 - o **337** signed by Governor

Resolutions by the Numbers

In the 2013-2014 session:

o Total Number of Resolutions

Introduced:

o House: 1,098

o Senate: 503

o Total: **1,601**

Bills by the Numbers

So far in the 2015-2016 session:

- o Total Number of Bills Introduced:

- o House: 1,164

- o Senate: 781

- o Total: **1,945**

Resolutions by the Numbers

So far in the 2015-2016 session:

o Total Number of Resolutions

Introduced:

- o House: 345
- o Senate: 135
- o Total: **480**

Campaign Finance

- o www.Campaignfinance.state.pa.us
- o The PA Dept. of State's Campaign Finance Website receives and posts campaign finance reports filed by candidates for statewide, legislative and judicial offices, and political committees registered in PA. Reports filed by local candidates or political committees can be viewed by contacting the county Board of Elections.

Voter Registration

Where It All Begins

- o October 5, 2015 – Deadline to REGISTER
- o October 27, 2015 – Last day to apply for absentee ballot
- o October 30, 2015 – Last day absentee ballot must be RECEIVED
- o November 3, 2015 – Election Day

**Civic engagement begins where we live. Are
you a member of your local civic?**

Application forms in the back.

**Initiative for Civic Associations in the 194th
Internship project**

<http://www.pahouse.com/DeLissio>

Apprise Health Insurance Counseling

**Call our office to schedule an
appointment.**

1-800-368-6868

How We Voted

www.legis.state.pa.us

Updates on Budget

www.pahouse.com/HACD - Democrat

www.pabudget.com - Republican

<http://www.budget.state.pa.us/> - Governor

June 11, 2014

**State House & Senate
Sessions
Committee Hearings &
State Judiciary
proceedings on PCN
Comcast - 186
Verizon - 9**

June 1, 2014

Shadow Pam

o To set up a date to shadow Pam
in Harrisburg, call her
Harrisburg office

717-783-4945

June 1, 2014

Follow me on Facebook and Twitter!

Website:

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Next Town Hall:
Stay tuned for June's
TeleTown Hall Meeting
announcement!