

Good morning Madam Chair Lee and members of the Human Services Committee. My name is Jason Wahl, Director of the Division of Medical Marijuana within the Department of Health. I am here to support and provide information on House Bill 1364 related to adding edible products to the Medical Marijuana Program.

Currently, qualifying patients have access to the following types of marijuana and marijuana products:

- Dried leaves or flowers (with a health care provider's authorization)
- Concentrates
- Tinctures
- Capsules
- Transdermal patches
- Topicals

Under House Bill 1364, edible products would be added to the list and made available to all qualifying patients. We support the addition of edible products to the program as we are concerned about the safety of the qualifying patients. Since edible products are not allowed, patients may attempt to make products at home with the marijuana purchased at a dispensary. While a qualifying patient could continue to do so, this bill would provide an option to qualifying patients of edible products that have been

tested and has the correct concentration amounts, serving size, and other information included on a label.

Making edibles at home may result in potential harmful effects. With no testing requirements, a homemade edible may contain an inappropriate amount of THC (tetrahydrocannabinol). If the THC percentage is significantly higher than expected, unanticipated results may occur. For example, according to the Centers for Disease Control and Prevention, signs of using too much marijuana may include extreme confusion, anxiety, paranoia, panic, fast heart rate, delusions or hallucinations, increased blood pressure, and severe nausea or vomiting.

Inappropriately made edibles may also lead to a qualifying patient not receiving a proper dosage amount or having the wrong serving size. This could adversely impact the benefits a qualifying patient could receive from a product.

Adding edible products under the program does provide another option to qualifying patients to consume marijuana. For certain qualifying patients, edible products may provide an easier method to consume marijuana. In addition, edible products may have a longer, more sustainable effect throughout the whole body due to the way it passes through the digestive system.

The bill allows a patient to possess up to 50 milligrams of a cannabinoid edible product. This may lead to qualifying patients having to make several trips to a dispensary in a month to make purchases. Given our rural state's population, the Committee may want to consider increasing the possession limit of edible products.

While the Department of Health does support adding edible products to the Medical Marijuana Program, we do want to identify there are certain risks and additional costs to the state in making this change. First, edible products are certainly more appealing to children. While House Bill 1364 does place restrictions on the types of edible products, such as not having the food in an animal or cartoon character shape, edible products are at a higher risk of being inappropriately ingested by children when not properly stored.

Edible products typically have a slower activation time. This can lead to a qualifying patient consuming too much as they don't feel the effects immediately. Rather than waiting the appropriate time in between consuming an edible product, multiple servings may be ingested at once or over too short of a time frame.

The Department of Health was asked to provide a fiscal note regarding implementation of House Bill 1364. The fiscal note provided identified the costs associated with an additional FTE position (general fund of approximately \$180,858) as additional regulations regarding edibles would need to be added and properly monitored. However, the Department of

Health's appropriation bill was not amended to include an additional FTE and funding. We would have a difficult time properly implementing House Bill 1364 at our current staffing level.

Edible products will require additional resources to monitor the new processes that will be used by manufacturing facilities as well as track the additional inventory types. The food items made in-house or delivered to the manufacturing facility increases risks to the patient. To ensure the health and safety of the qualifying patients, we anticipate an increase to the number of on-site inspections that will occur. While we are attempting to make the Medical Marijuana Program self-sustaining by paying expenses with the fees collected in the upcoming biennium, an additional FTE would require us to request a general fund appropriation. The fiscal note also includes an estimated cost associated with making the necessary changes to the information technology system (special funds of approximately \$20,000).

This concludes my testimony. I am happy to answer any questions you may have.