

Good morning Chair Larson and members of the Judiciary Committee. My name is Jason Wahl, Director of the Division of Medical Marijuana within the Department of Health. I am here to oppose and provide information on Senate Bill 2134 related to proposed changes to language within the Medical Marijuana chapter of state law.

The major changes to state law included in the bill relate to the authorization of registered qualifying patients to grow their own marijuana plants. Currently, registered qualifying patients are only authorized to purchase dried leaves and flowers and marijuana products at a registered dispensary. The bill would allow up to nine live plants and authorize a registered qualifying patient to possess three ounces of self-grown dried leaves or flowers. We oppose these changes to law for several reasons; most reasons directly relate to the health and safety of the qualifying patients as well as the public.

Under Senate Bill 2134, there are no requirements or regulations related to the testing of self-grown marijuana. Thus, qualifying patients with certain medical conditions are at risk of consuming marijuana that may contain harmful contaminants. Given the medical conditions of certain qualifying patients, certain contaminants could have an adverse impact on their health. Rather than being helpful, the marijuana may be detrimental to them. Contaminants could be in the growing medium, water, fertilizers, or the seeds

or clones obtained for growing without a registered qualifying patient knowing they exist. Since the bill does not address regulations on where and how the seeds or clones are obtained, there is a risk they may be contaminated as well.

With no testing requirements related to potency, individuals using self-grown marijuana also do not have laboratory verified THC (tetrahydrocannabinol) amounts. While marijuana strains have a typical range of THC, the actual THC in dried leaves or flowers can vary greatly depending on growing mediums, lights, nutrients, and other cultivation methodologies. This may impact the effectiveness of the use of marijuana for medical purposes if the THC percentage is significantly less than expected. On the other hand, 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.

Under the provisions of the bill, the amount of dried leaves or flowers a registered qualifying patient may possess doubles the current possession amount. A registered qualifying patient could still possess up to three ounces of dried leaves or flowers purchased from a dispensary as well as the three ounces from their self-grown marijuana. Doubling possession limits may lead to increased abuses or misuse of marijuana under the program. In addition, since self-grow marijuana has no packaging or labeling requirements, it may

be difficult to determine if the registered qualifying patient is in possession of self-grown marijuana or illegally purchased marijuana.

While the proposed changes allow a registered qualifying patient to grow nine marijuana plants, the legal amount allowed in possession is three ounces. One marijuana plant may yield more than three ounces of dried leaves and flowers. It is unclear how a registered qualifying patient will remain within the possession limit when they harvest even one plant. This too may lead to an increased risk of diversion.

Extraction methods can involve various explosive materials and, if not done correctly, could lead to a concentrate with harmful chemicals in it. Nine self-grow marijuana plants may provide enough dried leaves and flowers to make a home extraction process viable and we are concerned registered qualifying patients may attempt their own extraction processes. Home extractions increase risks for the registered qualifying patient, those in the same residency and the public. Under the current laws, the amount of dried leaves and flowers purchased would not typically be sufficient to attempt a home extraction process.

The changes in the bill establish limited to no regulation or required monitoring related to self-grown marijuana. Outside of the provision of not growing within 1,000 feet of a school and using an enclosed, locked facility, no additional requirements exist for self-growing up to nine marijuana plants. The plants could be grown in multiple locations or on various properties with no

means to determine what the total plant count is for a registered qualifying patient. This could lead to an increase risk of diversion.

While the bill requires an enclosed, locked facility to be used for self-grow, there is no monitoring requirements of the facility being used. Thus, it is unclear how compliance with the requirements to use an enclosed, locked facility will be accomplished. Also, while a registered qualifying patient may have a lock on the door, there is still risk for someone within the residency, including a child, to locate a key and access the room.

The number of proposed plants allowed under the provisions of this bill also creates concerns. Multiple registered qualifying patients may reside within the same home which potentially increases the number of plants in the residency. The bill does not address a maximum number of plants in one specified location. The bill also does not specify how many of the plants can be immature or mature or place any restrictions on the size of a plant. This may lead registered qualifying patients to grow very large plants. This could increase the likelihood of mold, mildew, or other problems with the plants that could have a negative impact on a qualifying patient.

Regarding pricing of products under the current Medical Marijuana Program, while the Department of Health has no regulating authority on pricing, we will be monitoring pricing and mark-up information. Manufacturing facilities and dispensaries are required by state law to have plans for making dried leaves and flowers and marijuana products available on

an affordable basis to registered qualifying patients with limited financial resources. Each of the entities selected to be a registered manufacturing facility or dispensary will be monitored to ensure compliance with this requirement.

Allowing self-grown marijuana plants under the program may have an impact on the manufacturing facilities and dispensaries. If self-grow were to reduce demand, the operations of a manufacturing facility or a dispensary may be negatively impacted. This may lead to price increases or impact the ability of a manufacturing facility or dispensary to continue to operate. A dispensary closing could negatively impact access for registered qualifying patients who do not self-grow plants.

The bill appears to only allow registered qualifying patients to self-grow marijuana (Section 1, Lines 14 and 15). However, Section 4 and certain other sections of the bill appear to be contradictory to this. We would like to clarify whether a designated caregiver could grow for or assist a registered qualifying patient with growing. If designated caregivers are allowed to grow for up to five registered qualifying patients, the Department of Health would be concerned that a designated caregiver could be legally growing up to 45 plants and in possession of 30 ounces of dried leaves or flowers.

The Department of Health was requested to provide a fiscal note related to Senate Bill 2134. No additional regulations are established for the self-grow provisions for the Department to monitor or enforce. The bill does

eliminate the requirement for a health care provider to authorize the use of dried leaves or flowers. This, in turn, would eliminate the requirement for a registry identification card to include whether the qualifying patient is authorized for dried leaves or flowers. While we would need to have changes made to the information technology system used for the program, the Department feels the cost of these changes would be minimal.

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