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Memorandum to the Ohio House Government Oversight Committee

From: The Ohio Council of Behavioral Health & Family Services Providers
Date: March 24, 2022
Subj: Interested Party Testimony and Recommendations on SB 261

Chairman Wilkin, Vice Chair White, Ranking Member Brown, and members of the House Government Oversight Committee, thank you for the opportunity to offer this testimony and share the perspective of the Ohio Council on Senate Bill 261. We appreciate the sponsor of this bill, Senator Steve Huffman, and his goal to update and improve the operations of the medical marijuana program – however, as drafted, the Ohio Council has concerns with certain provisions of SB 261.

First, we are concerned with the wholesale transfer of responsibilities and duties from the Board of Pharmacy (BOP) to the newly created Division of Marijuana Control (DMC) within the Department of Commerce, for purposes of regulating and administering the medical marijuana control program. While we understand and appreciate that the intent of the legislation is to make the medical marijuana control program more operationally efficient, we are concerned that the BOP's expertise with respect to the regulation of controlled substances and the oversight of the safe distribution to patients may be lost. At the very least, we encourage the committee to maintain some controlled substance related health and safety responsibilities within the BOP.

Second, we have reservations with the provision that allows licensed dispensaries to advertise without receiving prior approval. We encourage the committee to amend this provision and maintain the existing advertising approval process.

Lastly, and most importantly, we are concerned with the expanded list of approved conditions for which medical marijuana can be recommended and used. Specifically, we are concerned that SB 261 includes the condition of "opioid use disorder" and the overly broad provision allowing a physician to recommend marijuana for treatment for any condition if the physician. The Ohio Council recommends the removal of both the matters – the provision granting physicians the authority to recommend medical marijuana for any condition; and OUD as a specific condition from the bill.

No credible evidence exists that demonstrates that medical marijuana is an effective treatment for OUD. It may address chronic pain in certain patients but it is not a recognized treatment for opioid use disorder. Indeed, in some states that have included OUD as a condition, [we see some dispensaries marketing their product as a "treatment" for OUD](#) as an alternative to the FDA approved medications that are evidence based. This could be very harmful to many seeking

treatment for their addiction challenges. Patients can access medical marijuana for chronic pain and myriad other conditions but OUD should not be one of them. At the very least, the committee should wait for the Medical Board to determine whether any evidence exists to support the inclusion of OUD as an eligible condition within Ohio's medical marijuana program.

Lastly, we hear from some proponents of the bill that they would prefer Ohioans use medical marijuana rather than heroin, opioids, or opioid-based medications – unfortunately, this is a flawed understanding of drug seeking behavior. It's not an either-or situation. Indeed, if approved, people living with addiction will most likely seek and use both medical marijuana and opioids rather than just choosing one.

The Ohio Council of Behavioral Health and Family Services Providers appreciates the opportunity to offer our perspective on SB 261. We look forward to working with the committee to improve the legislation and provide guardrails to the medical marijuana control program.