

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, February 08, 2021  
**TIME:** 9:00 A.M.  
**PLACE:** Room EW20  
**MEMBERS:** Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew (Colwell), Rubel, Davis  
**ABSENT/  
EXCUSED:** None  
**GUESTS:** Liz Hattier, Greenwich Bio; Joe Evans, Citizen, Jon Basabe, Kind Idaho; Lori Duckworth and William Esbensen, Idaho Citizen's Coalition; Teresa Molitor, Marijuana Policy Project

**Chairman Wood** called the meeting to order at 9:00 a.m.

**MOTION:** **Rep. Lickley** made a motion to approve the minutes of the February 1, 2021, meeting. **Motion carried by voice vote.**

**Dr. Dan Zuckerman**, Medical Oncologist, Director, St. Luke's Cancer Institute, Past Chair, American Society of Clinical Oncology (ASCO) Clinical Practice Committee, presented information to the committee regarding medicinal cannabis. Dr. Zuckerman prescribes potent therapy drugs, all of which have side effects ranging from hair loss, nausea, fatigue, loss of nails, immune suppression, infection risks, to the possibility of death. Even the amazing immunotherapy drugs have their own side effects, which can be life threatening.

Sharing data, **Dr. Zuckerman** said the use of medical marijuana is supported by three-quarters of all oncologists, 72% of all Idahoans, and 84% of the participants in an ASCO national poll. In referring to several professional articles in national publications, he said the benefits of using medical marijuana for cancer pain, nausea, and vomiting related to chemotherapy have become very apparent. Some of the publication articles showed and demonstrated not only the benefits, but a decrease in opioid use. The evidence of pain reduction for adults, especially cancer pain, has become evident from the studies. Other states who have legalized medical use of marijuana are producing data which is showing a definite decrease in pain and nausea, although other side effects appear to be less impacted. Very important is the consistency appearing within the data.

**Dr. Zuckerman** described three of his patients' experiences from both chemo and radiation therapy. Their side effects produced obstructions and difficulties that required extreme medications, which did not always work well for the patients. Use of illegal marijuana relieved pain to improve their quality of life or their end-of-life. Dr. Zuckerman stated he did not know what marijuana formulation his patients used because it is not regulated. He also discussed the ingrained biases toward obtaining or use of marijuana and how patients must address this issue when seeking severe pain relief. Answering a committee question, Dr. Zuckerman said he would provide his statistical references to the committee.

**Jeremy Kitzhaber**, Legislative Communication Chairman, Veterans of Foreign Wars, Retired First Sergeant, U.S. Air Force, cancer patient, appeared before the committee. As a part of the Air Force's Civil Engineer and Disaster Preparedness Support Team, he dealt with radiation dispersal in lead lined boxes, which were erroneously thought to be safe at the time. He was also exposed to biological and chemical hazards. After retiring and experiencing stomach pain, he was diagnosed with a rare form of cancer and had to go to Omaha, Nebraska, where a specialist surgically removed many tumors, stripping them from his internal organs. Additional organs were removed during the same surgery and he was not washed with chemotherapy before the procedure was completed. He suffered serious complications due to the severity of the cancer and surgery, which was compounded by additional chemotherapy when he returned to Idaho.

After additional surgery, genomic testing revealed the use of an inhibitor drug would slow his cancer's growth. He suffers pain from the results of the surgeries and the tumors. Three types of opioids are part of his daily pain control regimen. Additional drugs address depression, anxiety, and possible allergic drug reaction. While receiving treatment in another state, it was suggested he use medical marijuana to avoid the opioids and their side effects. **Sergeant Kitzhaber** said he understands why Idahoans go to other states for this type of relief.

After extensive research and discussions with professionals and the public, he put together the legislation which **Reps. Rubel** and **Kingsley** will present. This proposed legislation will be well controlled, can be revised in the future, and will not lead to widespread abuse or recreational use. In contrast to other states, this proposed legislation lists fewer allowable types of medical cannabis with an indicated maximum dosage amount by condition. The THC level for raw cannabis is stipulated for pain relief and is much lower than levels producing recreational benefits. There is also a 21 years-of-age limit. The practitioner, not the patient, will dictate the dosage amount.

The proposed legislation does not legalize marijuana. It moves medical marijuana from a Schedule I to a Schedule II substance. Stipulation is made for purchase only from pharmacies authorized to sell Schedule II drugs. The program will be run by the Board of Pharmacy (BOP), with the Department of Health and Welfare (DHW) issuing the cards. Tracking will be through the Prescriptions Drug Monitoring Program (PDMP). Additional stipulations cover advertising, inappropriate use or sales, and leaving the state.

A two percent excise tax will be used to run the program. Protection is provided for those dispensing, prescribing, and consuming in compliance with the legislation. Stipulation is made for employers and circumstances when they might not allow use. Cardholders would face indefinite loss of privileges for any selling or sharing of the drug. There is no insurer coverage requirement.

Responding to questions, **Sergeant Kitzhaber** stated the change for any insurance coverage is a long process. To his knowledge there are no states currently requiring coverage for medical marijuana. The ability to have the appropriate dosage for pain maintenance is important. This is not available when purchasing over the border. Additionally, patients have regular contact with their oncologist teams, so obtaining a prescription is not a difficulty.

**RS 28413:**

**Rep. Rubel**, District 18, presented **RS 28413**, thanking **Sergeant Kitzhaber** for both his work on the proposed legislation and his service. A six percent sales tax plus the two percent excise tax will provide \$20M in positive revenue to cover the cost of administering the program. Even with the up-front program and card establishment costs, there will be a net positive impact to the state.

**Rep. Kingsley**, District 6, continued the presentation of **RS 28413**. He shared concerns expressed by friends in Lewiston regarding illegally crossing the border to purchase what they need for their pain maintenance. This is also a response to the opioid crisis, the addictive nature of such drugs, and the possible consequences of such addictions. It gives doctors the ability to prescribe something other than opioids.

**MOTION:** **Rep. Gibbs** made a motion to introduce **RS 28413**.

Answering committee questions, **Rep. Rubel** explained the program is under the BOP and will use their existing enforcement mechanisms. The two percent excise fee will go into a special fund to address administrative costs. The anticipated \$8M to \$11M from the excise tax will meet or exceed any costs. An application fee will be established through the BOP rule making procedure. The DHW will issue the cards. **Rep. Kingsley** said the states who have allowed medical marijuana have reported a 25% decrease in opioid usage and deaths. Rep. Rubel further explained the \$33M is based on data from the 22 states who have legalized medical marijuana use along with deploying the 28 eligible pharmacies within Idaho.

**Chairman Wood** requested the Legislative Services Office analysis be available to the committee for future presentation of this legislation.

**VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to introduce **RS 28413**. **Motion carried by voice vote.**

**ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 10:25 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary