How Georgia has avoided commercial medical marijuana thus far

National Families in Action
Atlanta, Georgia
2016
## Allowable THC & qualifying illnesses

<table>
<thead>
<tr>
<th>Year</th>
<th>Bill</th>
<th>Product Description</th>
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<tbody>
<tr>
<td>2014</td>
<td>HB 885</td>
<td>CBD Oil .3% THC (Three-tenths of one percent)</td>
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<td>2015</td>
<td>HB 1</td>
<td>CBD Oil 5% THC</td>
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<tr>
<td>2016</td>
<td>HB 722</td>
<td>Whole plant extracts - up to 100% THC</td>
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<table>
<thead>
<tr>
<th>Year</th>
<th>Bill</th>
<th>Illnesses</th>
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<tr>
<td>2014</td>
<td>HB 885</td>
<td>1 illness</td>
</tr>
<tr>
<td>2015</td>
<td>HB 1</td>
<td>8 illnesses</td>
</tr>
<tr>
<td>2016</td>
<td>HB 722</td>
<td>19 illnesses</td>
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What’s next?
In 2014, Georgia Representative Allen Peake introduced HB 885. This bill would have legalized artisanal CBD Oil containing three-tenths of one percent THC for the treatment of childhood epilepsy.

Due to intense lobbying by families who brought their epileptic children to the legislature to lobby legislators and by legalization advocates who were willing to exploit these desperate families, HB 885 drew nearly unanimous support from the House.

National Families in Action (NFIA) testified before the House Health and Human Services Committee to explain that a pharmaceutical version of CBD, Epidiolex, was being tested in clinical trials seeking Food and Drug Administration (FDA) approval and would be safer than artisanal CBD that HB 885 would legalize. Many artisanal CBD products in states that legalized marijuana for medical use were found to contain E coli, salmonella, pesticides, and other contaminants. None has been approved by FDA as safe or effective for marketing to the public.

The Senate attached an unrelated bill calling for insurance coverage for autism to HB 885 in the belief that the House would support it. But the House did not, and HB 885 went down to defeat.

As a result of NFIA’s work, Georgia Governor Nathan Deal financed a statewide FDA expanded access program to provide Epidiolex to any child in the state who suffered intractable seizures.

Others formed a coalition, Let’s Be Clear Georgia, which worked with two professional lobbyists. In preparation for the return of a new bill in 2015, a team was beginning to form to persuade legislators to adopt evidence-based solutions rather than legalize artisanal CBD and other marijuana components that were alleged to cure or relieve many illnesses and conditions.
In 2015, Georgia Representative Allen Peake introduced HB 1. This bill granted legal immunity to patients or their caregivers who 1) had a medical marijuana card from the Georgia Department of Public Health, and 2) possessed up to 20 ounces of oil containing up to 5 percent THC and 5 percent or more CBD for the treatment of eight conditions: end-stage cancer or chemotherapy-related nausea, amyotrophic lateral sclerosis (ALS), seizure disorders, multiple sclerosis, Crohn’s disease, mitochondrial disease, Parkinson’s disease, and sickle cell disease.

Notably, the House Judiciary Committee, Non-Civil, which approved HB 1 and sent it to the floor with a Do Pass recommendation, refused to hear from any scientists or doctors, although NFIA and Let’s Be Clear Georgia worked hard to persuade the committee otherwise. Instead, the committee heard from Colorado growers about the alleged safety and effectiveness of their artisanal CBD products.

HB 1 also created the Georgia Medical Cannabis Commission, specified state department heads to serve as commissioners, and instructed the Governor to appoint other commissioners. The Commission’s charge was to study ways to cultivate, process, and distribute medical marijuana in Georgia.

HB 1 drew nearly unanimous support from the House and Senate. Governor Deal signed the bill into law in April 2015 and appointed commissioners to serve on the Commission.
The Commission, chaired by Representative Allen Peake, met monthly with a charge to submit a report to the Governor and the chairs of key committees in the House and Senate by December 31, 2015. The report was to recommend how to grow, process, and distribute marijuana in Georgia.

NFIA testified before the Commission the last month it met. At the conclusion of this meeting, Commissioners voted not to cultivate marijuana in Georgia. However, Representative Peake rejected the Commission’s recommendation and promised to introduce a cultivation bill in 2016. Commissioners were not happy with this turn of events.
You decide. Here are smokable medicines

Pictured above are several strains of “medical” marijuana in a display case at a medical marijuana dispensary.

National Families in Action, Inc., 3
More smokables
Edibles
(Marijuana-infused foods)

All of these foods are infused with marijuana and sold as medicines in medical marijuana states.
Medibles

Toddlers and preschoolers are being rushed to emergency rooms after eating medicines like these.

National Families in Action, Inc., 6
Dispensaries
Where patients buy marijuana medicines
States have legalized medical marijuana to treat more than 250 different illnesses.

What does science say?

There have been no randomized, controlled trials (RCTs) of any legal medical marijuana product to demonstrate that it is a safe or effective treatment for any disease.

Not one marijuana medicine maker in any medical marijuana state has submitted his product to FDA for approval as safe and effective to market to the public.

None have been purified, tested in animals for safety, or tested in humans for efficacy.

Most states do not require testing for contaminants or potency. Random tests are finding mold, mildew, pesticides, E. coli, and salmonella in medical marijuana.
There are real medicines made from marijuana components.

**Marinol and Cesamet**
Synthetic THC.
Approved by FDA in the 1980s.

**Sativex**
Extracted THC (50%) and cannabidiol (50%).
Mouth spray to treat MS.
In FDA clinical trials for advanced cancer pain.

**Epidiolex**
Extracted cannabidiol (CBD) (98%)
Oil to treat rare forms of epilepsy.
In FDA clinical trials.
Available to children who can’t enroll in clinical trials via FDA expanded access program.
FDA Approved Medicines

- Pure
- Informed consent
- RCTs
- Safe
- Effective
- Recall system
- Doctors prescribe
- Pharmacies sell
- Pharmacists dispense

Legalized Marijuana Medicines

- No purity
- No informed consent
- No RCTs
- No safety
- No efficacy
- No recall system
- Doctors certify
- Dispensaries sell
- Budtenders dispense

National Families in Action, Inc., 10
Medical associations oppose legalizing marijuana for medical use

American Epilepsy Society
American Society of Addiction Medicine
American Cancer Society
American Glaucoma Foundation
National Multiple Sclerosis Society
American Academy of Pediatrics
National Eye Institute
American College of Physicians
National Institutes of Health
American Psychiatric Association
And many more
Pennsylvania medical associations oppose legalizing marijuana for medical use

Pennsylvania Medical Society
Pennsylvania Society of Anesthesiologists
American College of Physicians
Pennsylvania Allergy and Asthma Association
Pennsylvania Neurosurgical Society
Robert H. Ivy Society of Plastic Surgeons
Pennsylvania Society for Pulmonary Disease
Pennsylvania Rheumatology Society
Pennsylvania Chapter of the American College of Cardiology
Pennsylvania Occupational and Environmental Medical Society
Pennsylvania Academy of Otolaryngology
Pennsylvania Chapter of the American Academy of Pediatrics
Pennsylvania Psychiatric Society
Pennsylvania Chapter of the American College of Emergency Physicians
Past-Month Marijuana Use Has More Than Doubled Since California Legalized Marijuana for Medical Use in 1996

Must states legalize growing marijuana for kids with epilepsy? No. CBD oils are shipped to all 50 states & can be bought on Amazon.

A screen shot from www.CWBotanicals.com which ships Charlotte's Web oil to all 50 states.
Anticipating what was to come, Let’s Be Clear Georgia held several meetings in the fall of 2015 to educate members and prepare them to educate their legislators about key issues that might be in the new bill Rep. Peake promised. NFIA prepared “12 Myths about ‘Medical Marijuana’” as a tool to explain these issues.

Representative Peake introduced HB 722 in 2016. This bill would add to current law (HB 1) by

- legalizing marijuana cultivation, processing, and sales
- removing any THC limits
- legalizing “whole plan extracts”
- adding 12 more qualifying illnesses and conditions, and
- providing legal immunity in Georgia for marijuana producers in medical marijuana states who shipped their products to Georgia patients
- eliminated the 1:1 CBD to THC ratio

By now, NFIA, Let’s Be Clear Georgia, and others were in full swing. They told legislators in the House about provisions HB 722 contained. NFIA created “What HB 722 Calls For,” which follows, to show legislators what those provisions looked like. This presentation was so widely circulated that Rep. Peake produced a counter-point document and circulated it to House members.

NFIA sent “6 Reasons to Vote No on HB 722” which follows “What HB 722 Calls For,” to all members of the Judiciary, Non-Civil Committee.

The Committee ended up submitting a substitute to HB 722 that eliminated cultivation, dispensaries, and unlimited THC amounts but retained the additional illnesses and 5% THC. The substitute passed the House and went to the Senate Health and Human Services Committee.
12 Myths about “Medical Marijuana”

**Myth 1—Doctors can prescribe pot medicines.**
Doctors **cannot prescribe drugs** that the Food and Drug Administration (FDA) has not approved as safe and effective for marketing to the public.

**Myth 2—FDA has approved pot medicines.**
Not one maker of pot medicines sold in states that have legalized marijuana for medical use has applied to FDA for approval of its product. Therefore, doctors cannot **prescribe** pot medicines sold in these states.

FDA has approved Marinol and Cesamet, synthetic versions of a marijuana chemical, to treat chemotherapy-related nausea and AIDS wasting. Doctors can prescribe these drugs.

Two extracts of marijuana, Sativex and Epidiolex, are currently undergoing FDA clinical trials for treating pain and epileptic seizures, respectively. Doctors will be able to prescribe these drugs if FDA approves them.

**Myth 3—Marijuana is the same thing as cannabidiol (CBD).**
Marijuana contains more than 750 chemicals. About 100 are cannabinoids, chemicals unique to the cannabis plant. Cannabidiol (CBD) is one cannabinoid. Delta-9-tetrahydrocannabinol (THC) is another.

The promise of marijuana’s potential use in medicine lies in the cannabinoids, either individually or in combination with others. It is highly unlikely that FDA will ever approve the whole plant for medical use because most of its chemicals have not been studied and some that have are known to be harmful.

**Myth 4—Only pediatric neurologists can recommend CBD oils to children with epilepsy.**
Few of the doctors who recommend pot medicines to patients are trained in **any** specialty. Even fewer are actually MDs. Doctors of Osteopathy and Naturopathic doctors are over-represented among those recommending pot medicines to patients.

**Myth 5—“Marijuana doctors” are qualified to certify that someone has a disease that pot medicines will help.**
Entrepreneurs have set up networks of “marijuana doctors” to examine patients over the Internet, certify them to obtain a “medical marijuana” card, or, like MDHerb, serve as a “trusted medical resource for cannabis health.” The chief medical officer of this group is a chiropractor. Chiropractors are not licensed to prescribe (or recommend) medicine.

**Myth 6—5% THC won’t make you high.**
Georgia passed HB1 in 2015. HB1 provides legal immunity to people who possess up to 20 ounces of CBD oil that may contain up to 5% THC. Legislators were told that 5% THC is such a low amount it will not produce a high. But Americans were getting high on marijuana containing less than 5% THC in the 1960s, 1970s, 1980s, and 1990s. Street marijuana didn’t reach 5% THC until the late 1990s.
Myth 7--States that legalize pot medicines test for impurities.
Most states do not test pot medicines for contaminants. Random testing has shown marijuana plants can contain mold, mildew, pesticides, E. coli, and salmonella. Colorado’s governor was forced to issue an executive order in December 2015 to destroy all marijuana plants containing unapproved pesticides after the Denver Post tested marijuana products and found high levels of pesticides in marijuana and marijuana-infused foods.

Myth 8--To stop intractable seizures, children need THC as well as CBD.
THC can cause seizures and should not be given to children under any circumstances. Because of this, purified pharmaceutical-grade CBD in FDA clinical trials is 98% CBD and contains less than two-tenths of one percent THC.

Myth 9--Patients obtain pot medicines at pharmacies.
Just as doctors cannot prescribe pot medicines, pharmacies cannot sell pot medicines either. In most states, pot medicines are sold in dispensaries by budtenders who have no medical training.

Myth 10--Doctors recommend diseases and conditions that should qualify for pot-medicine treatment.
In most pot-medicine states, legalization advocates and sometime patients make such recommendations, not doctors.

Myth 11--Most medical associations support legalizing marijuana for medical use.
Most medical associations oppose legalizing marijuana for medical use. They say there is not enough evidence to support medical pot claims. These include the American Academy of Pediatrics, American Cancer Society, American Epilepsy Society, American Glaucoma Society, American Medical Association, American Society of Addiction Medicine, American Psychiatric Association, and the National Eye Institute of the National Institute of Health, among many others.

Myth 12--Georgia must grow marijuana so patients won’t have to break federal law to get it from a pot-medicine state.
There is no need to grow marijuana in Georgia. Producers are shipping CBD oils to all 50 states and selling them on their websites, on Amazon, and on Etsy.
What HB 722 Calls For

Legalizes whole plant extracts & resins (see page 2).

Prohibits smoking but allows vaping (see page 3).

Legalizes cultivation, processing, and sale of marijuana in Georgia. Legalizes 24 dispensaries to sell whole plant extracts & resins (see page 3).

Allows 19 illnesses including intractable (chronic) pain, which is tantamount to recreational legalization (see page 4).

Colorado legalized whole plant extracts in 2009, suffering significant consequences since then (see page 5).

No one liable for negative outcomes, overdoses, or deaths.

Exempts manufacturers from Board of Pharmacy licensure and regulatory requirements.

Exempts pharmacists from civil, disciplinary action for selling whole plant extracts.

Employers must hire medical pot patients, even those who fail pre-employment drug tests.

Schools must enroll & landlords must rent to medical pot patients.

Parents who use whole plant extracts cannot be denied custody of a child.

Commissioner adds delivery methods, illnesses via public requests.

Marketing, advertising whole plant extracts & resins not prohibited.

No legal level of intoxication for drivers.

HB 1 Medical Cannabis Commission opposed growing marijuana in Georgia.

GA children with seizures can access pharmaceutical CBD through Governor Deal’s FDA expanded access program.
What are whole plant extracts and resins?

HB 722 legalizes whole plant extracts and resins. Whole plant extracts are marijuana concentrates. Resins are hashish concentrates. Both contain 80% to 90% THC.

They are called names like wax, shatter, and bubble hash. Patients inhale them with vape pens and pipes. They are not Low THC CBD Oils.

Learn more about whole plant extracts: http://www.medicaljane.com/2014/01/23/whole-plant-cannabis-concentrates-could-offer-broad-spectrum-benefits/
What is vaping?

HB 722 prohibits smoking but legalizes vaping. Pictured above is a vape pen. It holds a container of oil made from whole plant extracts or resins with 80% to 90% THC. Below the vape pen are pictures of people vaping these marijuana products. To see how this works, go here: https://www.youtube.com/watch?v=f7ulvmB4jQ&feature=youtu.be

What is a marijuana dispensary?

HB 722 legalizes up to 24 marijuana distribution centers, or dispensaries. Pharmacies cannot legally sell legalized medical pot products because none have been approved by FDA. Pharmacists cannot dispense them either, but HB 722 exempts pharmacists for violating Georgia’s Board of Pharmacy licensure and regulatory requirements.
Adding uncontrollable pain is tantamount to recreational legalization

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<th>AZ</th>
<th>CO</th>
<th>MT</th>
<th>NV</th>
<th>NM</th>
<th>OR</th>
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<td>10.7%</td>
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<td>8.2%</td>
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<td>.5%</td>
<td>3.7%</td>
<td>1.3%</td>
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<td>1.6%</td>
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<td>96%</td>
<td>93.4%</td>
<td>90%</td>
<td>24%</td>
<td>91%</td>
<td>62%</td>
<td>91.2%</td>
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<td>Muscle Spasms</td>
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<td>20%</td>
<td>17%</td>
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<td>25%</td>
<td>31%</td>
<td>20%</td>
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<td>Nausea</td>
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<td>12.2%</td>
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<td>17.3%</td>
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<td>0%</td>
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<td>0%</td>
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<td>7.8%</td>
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<td>0%</td>
<td>7.4%</td>
<td>0%</td>
<td>0%</td>
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<td>Alzheimer’s</td>
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<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0.1%</td>
<td>0.2%</td>
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<td>0.72%</td>
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<td>0%</td>
<td>0%</td>
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<td>0%</td>
<td>0%</td>
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<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>1.4%</td>
<td>0%</td>
<td>0%</td>
<td>0.03%</td>
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<td>Hospice</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0.32%</td>
<td>0%</td>
<td>0%</td>
<td>0.01%</td>
</tr>
<tr>
<td>ALS</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0.1%</td>
<td>0%</td>
<td>0%</td>
<td>0.00%</td>
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<tr>
<td>Total Patients</td>
<td>19,430</td>
<td>126,816</td>
<td>26,492</td>
<td>3,388</td>
<td>5,235</td>
<td>49,220</td>
<td>2,177</td>
<td>234,075</td>
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</tbody>
</table>

Except for New Mexico, patients could select more than one condition, so percentages do not add up to 100%. Source: Sabet & Grossman. “Why do people use medical marijuana?” *Journal of Global Drug Policy and Practice.*
Medical Associations Oppose Legalizing Marijuana for Medical Use

American Medical Association
American Epilepsy Society
American Society of Addiction Medicine
American Cancer Society
American Glaucoma Foundation
National Multiple Sclerosis Society
American Academy of Pediatrics
National Eye Institute
American College of Physicians
National Institutes of Health
American Psychiatric Association
And numerous state medical associations across the nation

Colorado legalized commercial medical marijuana in 2009, inaugurating whole plant extracts, resins, and vaping.

- Colorado now has the highest rates of marijuana use among all age groups in the nation.
- Drug-related school suspensions have doubled.
- Marijuana-related traffic deaths have increased 92%.
- Positive screens for cannabinoids increased 400%.
  (787 in 2009—2,841 in 2014)
- Marijuana-related hospitalizations nearly doubled.
  (6,305 in 2011—11,439 in 2014)
- Marijuana-related ER admissions more than doubled.
  (8,197 in 2011—18,255 in 2014)

Source: Rocky Mountain HIDTA Report, September 2015
6 Reasons to Vote No on HB 722
(and any of its substitutes)

1. Once a state legalizes the cultivation of marijuana for medical use, a commercial industry emerges can’t be controlled (no matter how often you are told it can).
   - Colorado legalized medical pot in 2000 but did not legalize cultivation until 2009. In just 3 years (2012) Colorado went from less than 5,000 to 108,530 registered patients and from 0 to 532 medical pot dispensaries.
   - Arizona legalized medical pot in 2010. In 2014 alone, there were 1,433,808 transactions resulting in the sale of 9.14 metric tons (more than 20,000 pounds) of medical pot.
   - In Oregon, 22 doctors account for 85% (60,908 of 77,155 registered patients) of all marijuana recommendations. (Data from reports compiled by state administrative agencies.)

2. Legalizing medical pot led growers to begin extracting and selling cannabis oils from the marijuana plant.
   - Cannabis oils are marijuana concentrates containing up to 80% to 90% THC.
   - They are totally different from CBD oils that contain less than 1% THC, which can cause seizures.
   - Processors make recklessly high THC cannabis oils for people to inhale with vaporizers and they infuse them into cookies, candies, and fruit-flavored “soft” drinks.
   - People, especially children, are overdosing on these high THC products.
   - **More than 65 percent of medical-pot users have experienced an overdose.** (Christian Science Monitor, 2.18.2016)

3. No marijuana products sold in medical pot states are approved by FDA. Some make people desperately ill.
   - In a letter to Pennsylvania legislators, Dr. Amy Brooks-Kayal, professor of pediatrics and neurology, University of Colorado, and president of the American Epilepsy Society, writes:
   - “The families and children coming to Colorado are receiving unregulated, highly variable artisanal preparations of cannabis oil prescribed, in most cases, by physicians with no training in pediatrics, neurology, or epilepsy. As a result, the epilepsy specialists in Colorado have been at the bedside of children having severe dystonic reactions and other movement disorders, developmental regression, intractable vomiting and worsening seizures that can be so severe they have to put the child into a coma to get the seizures to stop. . . . not a single pediatric neurologist in Colorado recommends the use of artisanal cannabis preparations.”
4. Past-month recreational marijuana use in medical pot states is nearly double that in Georgia.

- The National Survey on Drug Use and Health shows past-month marijuana use in all states combining data from 2013 and 2014, including the following medical pot states and Georgia. (Recreational marijuana in Colorado did not become effective until 2014.)

<table>
<thead>
<tr>
<th>Medical Pot State</th>
<th>Ages 12-17</th>
<th>Ages 18-25</th>
<th>Ages 26 and older</th>
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</thead>
<tbody>
<tr>
<td>Colorado</td>
<td>13%</td>
<td>31%</td>
<td>12%</td>
</tr>
<tr>
<td>Maine</td>
<td>10%</td>
<td>28%</td>
<td>11%</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>11%</td>
<td>29%</td>
<td>10%</td>
</tr>
<tr>
<td>Vermont</td>
<td>11%</td>
<td>31%</td>
<td>10%</td>
</tr>
<tr>
<td>Non-Medical Pot State</td>
<td>Georgia</td>
<td>6%</td>
<td>18%</td>
</tr>
</tbody>
</table>

5. Cities & counties in medical pot states don’t want medical pot cultivators, processors, or dispensaries in their communities. Georgia’s won’t either.

- Three-fourths of Colorado’s cities and counties have banned medical (and recreational) pot businesses within their borders.
- About half of California’s have banned medical pot businesses.

6. There is a better, safer way to help hurting Georgians.

- Establish and finance a program for researchers at Georgia’s academic institutions to conduct research.
- Enroll hurting Georgians in blinded randomized crossover trials to determine the safety and effectiveness of marijuana’s components.
- Obtain medical cannabis from the University of Mississippi marijuana farm.
- Under a federal contract from the National Institute on Drug Abuse, the university supplies contaminant-free, research-grade marijuana and purified cannabinoids to 85 percent of the world’s marijuana researchers.
- In doing so, you will protect hurting Georgians from the known harms of marijuana.
- You will contribute knowledge to safe and effective medicines made from marijuana components.
- You will lead the way for 49 other states to follow.
The Senate committee declined to hear HB 722 because there was not enough time to consider it carefully, in effect killing the bill. But Rep. Peake “stole” another active bill, SB 145, that the Senate passed last year but the House did not, gutted it, and inserted HB 722 with a few embellishments he added. This infuriated many in the House (and no doubt the Senate). The House Government Affairs Committee removed the embellishments and sent SB 145 to the House for a vote, which approved it at about 5 PM the last day of the session. SB 145 went back to the Senate for a floor vote.

Key issues remaining in SB 145 were the additional illnesses, the 5% THC allowed in CBD for toddlers, children, and adolescents, and the removal of the 1:1 CBD to THC ratio. Let’s Be Clear Georgia led the educational effort in the Senate, providing the following charts that compared similar “Limited Access” legislation in other states to what Georgia was proposing.

The courage of key Senators in leadership positions, who understood the dangers inherent in SB 145, made certain that the bill never made it to the floor before the end of the 2016 session. SB 145 went down to defeat. Had it come up for a vote, there were enough votes in the Senate to lower the THC content to 3% and to allow only two more conditions.
<table>
<thead>
<tr>
<th>States w/ Limited Access Marijuana Product Laws</th>
<th>Conditions Specified for Use of Low THC/High CBD-Cannabidiol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>debilitating epileptic conditions or life-threatening seizures</td>
</tr>
<tr>
<td>Florida</td>
<td>cancer, medical condition or seizure disorders that chronically produce symptoms that can be alleviated by low-THC products</td>
</tr>
<tr>
<td>Georgia</td>
<td><strong>Current law under HB 1: 8 Conditions</strong> end stage cancer, ALS, MS, seizure disorders, Crohn's, mitochondrial disease, Parkinson's, Sickle Cell disease <em>(SB 145 includes 21 conditions – see attached)</em></td>
</tr>
<tr>
<td>Iowa</td>
<td>Intractable epilepsy</td>
</tr>
<tr>
<td>Idaho—<strong>VETOED BY GOVERNOR</strong></td>
<td>The possessor has, or is a parent or guardian of a person that has cancer, amyotrophic lateral sclerosis, seizure disorders, multiple sclerosis, Crohn's disease, mitochondrial disease, fibromyalgia, Parkinson's disease or sickle cell disease</td>
</tr>
<tr>
<td>Kentucky</td>
<td>Intractable seizure disorders</td>
</tr>
<tr>
<td>Louisiana</td>
<td>Specifies Conditions (no further information available)</td>
</tr>
<tr>
<td>Mississippi</td>
<td>debilitating epileptic condition or related illness</td>
</tr>
<tr>
<td>Missouri</td>
<td>intractable epilepsy that has not responded to three or more other treatment options</td>
</tr>
<tr>
<td>North Carolina</td>
<td>intractable epilepsy</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>People under 18 (minors) Minors with Lennox-Gastaut Syndrome, Dravet Syndrome, or other severe epilepsy that is not adequately treated by traditional medical therapies</td>
</tr>
<tr>
<td>South Carolina</td>
<td>Lennox-Gastaut Syndrome, Dravet Syndrome, also known as severe myoclonic epilepsy of infancy, or any other form of refractory epilepsy that is not adequately treated by traditional medical therapies.</td>
</tr>
<tr>
<td>Tennessee</td>
<td>intractable seizure conditions</td>
</tr>
<tr>
<td>Texas</td>
<td>intractable epilepsy</td>
</tr>
<tr>
<td>Utah</td>
<td>Yes, intractable epilepsy that hasn't responded to three or more treatment options suggested by neurologist</td>
</tr>
<tr>
<td>Virginia</td>
<td>Intractable epilepsy</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>Seizure disorders</td>
</tr>
<tr>
<td>Wyoming</td>
<td>Intractable epilepsy or seizure disorders</td>
</tr>
</tbody>
</table>

Limited Access Medical Marijuana States
Maximum THC % Allowed by state


Note: for Virginia, the only condition that THC is allowed for is intractable epilepsy.

Limited Access states without numerical levels per se:
Louisiana: THC shall be reduced to the lowest acceptable therapeutic levels available through scientifically acceptable methods
Wisconsin: Allows for possession of cannabidiol (CBD) without a psychoacti