

Date of Hearing: May 11, 2022

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Chris Holden, Chair

AB 1954 (Quirk) – As Amended April 20, 2022

Policy Committee: Business and Professions

Vote: 18 - 0

Urgency: No

State Mandated Local Program: Yes

Reimbursable: No

SUMMARY:

This bill prohibits a physician from automatically denying treatment or medication to a patient solely because of that patient's use of cannabis, without first completing an evaluation of that patient and determining that the patient's use of cannabis is potentially contraindicated or ineffective. This bill also prohibits a physician from being punished or denied any right or privilege for having administered treatment or medication to a patient using medical cannabis, as specified.

FISCAL EFFECT:

Minor and absorbable costs to the Medical Board of California and the Osteopathic Medical Board.

COMMENTS:

This bill is sponsored by the California Chapter of the National Organization for the Reform of Marijuana Laws (California NORML), which writes in support:

California NORML has heard innumerable complaints from chronic pain patients who say that physicians or clinics have denied them treatment with prescription opioids or other medications for no other reason than using or testing positive for medical marijuana...However, chronic pain patients in many instances cannot fully rely on cannabis for pain management, necessitating some reliance on opioids or other prescription drugs.

In California, many health plans, health systems, and hospitals require patients to sign agreements not to use illicit or controlled substances for the duration of their prescribed opioid treatment and agree to drug testing...An online survey by [California NORML] of nearly 600 patients found that 18.5% of respondents have been denied prescription medications due to their use of cannabis...Many physicians are wrongly under the impression that they cannot prescribe opioid medications to patients who test positive for cannabis, resulting in hundreds of chronic pain patients who are unfairly denied access to quality-of-life or life-saving medications.

Under California law, the use and cultivation of medicinal cannabis has been legal since 1996, and the cultivation and non-medical use of cannabis has been legal since 2016. While physician recommendations are no longer necessary to consume cannabis in California, many patients still obtain these recommendations and obtain additional state law protections, including those relating to organ donations and the ability of the terminally ill to consume cannabis in certain health facilities. To qualify, a physician must determine that the person's health would benefit from cannabis use in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine or any other illness for which cannabis provides relief.

In 1999, after medicinal cannabis was legalized in California, the Institute of Medicine of the National Academies of Sciences, Engineering, and Medicine issued a report stating that scientific data indicate the "potential therapeutic value of cannabinoid drugs, primarily tetrahydrocannabinol (THC), for pain relief, control of nausea and vomiting, and appetite stimulation." The report went on to state that the psychological effects of cannabinoids, such as anxiety reduction, sedation, and euphoria can influence their potential therapeutic value.

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