



# WISCONSIN LEGISLATURE

P. O. Box 7882 Madison, WI 53707-7882

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## For Immediate Release

February 6, 2016

## For More Information, Contact:

Rep. Chris Taylor, 608-266-5342

Sen. Jon Erpenbach, 608-266-6670

## **Erpenbach and Taylor: Let the Public Decide on Medical Marijuana**

Introduces legislation calling for statewide referendum

MADISON – Today, Sen. Jon Erpenbach (D-Middleton) and Rep. Chris Taylor (D-Madison) introduced two pieces of medical marijuana legislation that had been circulating for co-sponsorship last month – the Compassionate Cannabis Care Act and legislation that would authorize a non-binding statewide referendum on legalizing medical marijuana. Joined by local physician Dr. David Olive, also currently undergoing treatment for stage 4 lung cancer, and Iraq War veteran Steve Acheson, Erpenbach and Taylor called on Republican leadership to advance their legislation immediately given two major health care crises currently facing Wisconsin – opiate abuse and needed mental health services for our veterans battling Post Traumatic Stress Disorder (PTSD).

Twenty-eight states have legalized marijuana for medicinal purposes, including Wisconsin's neighbors Minnesota, Michigan and Illinois. Proven effective at reducing opiate abuse, a 2016 University of Michigan study found patients using medical marijuana to treat chronic pain reported a 64 percent reduction in their use of opioid painkillers. In addition, a 2014 study in the *Journal of the American Medical Association* found states with legalized medical marijuana saw a 25 percent cut in opioid overdose deaths.

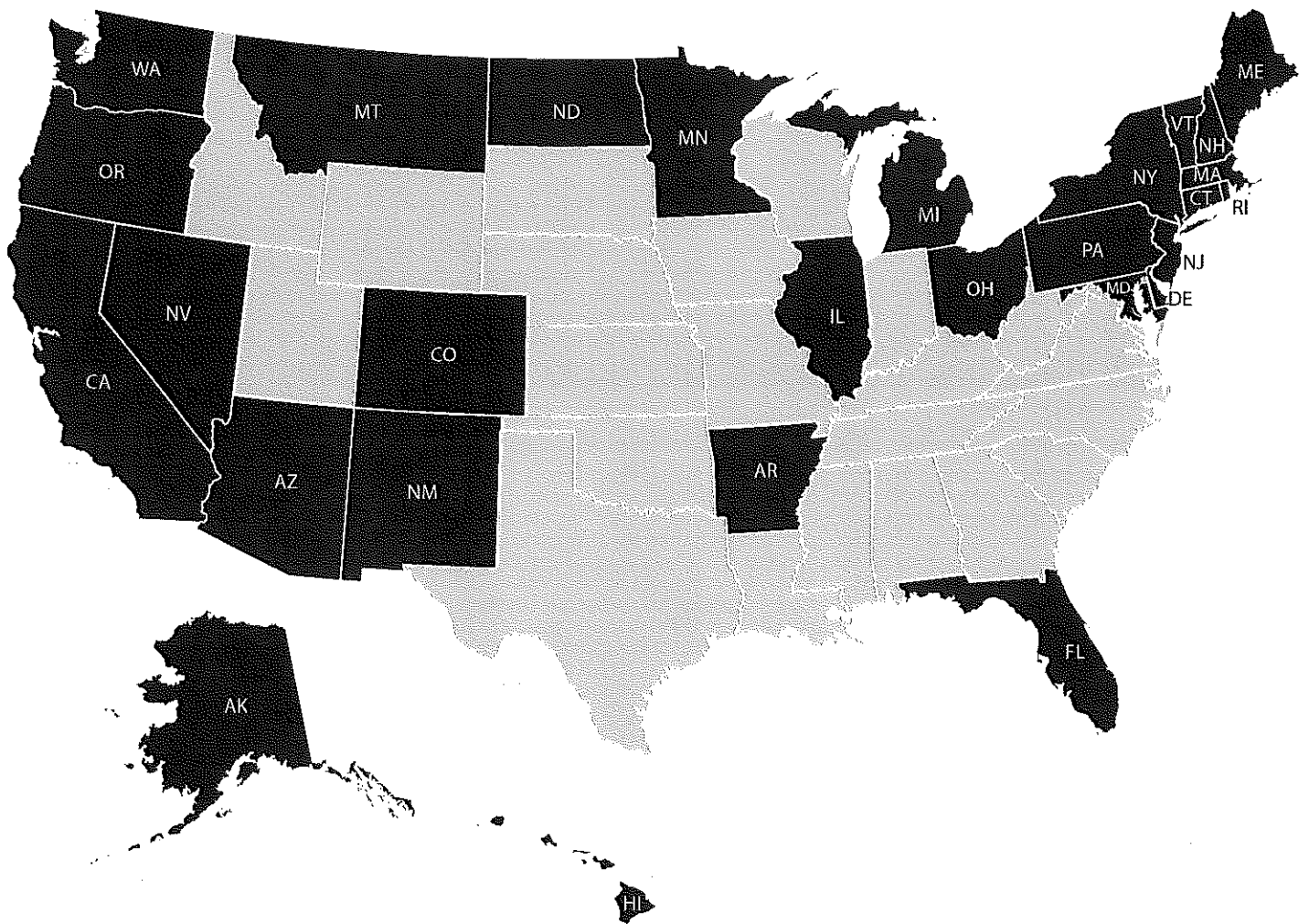
"When facing a growing opioid epidemic in Wisconsin, why on earth would we ignore a viable, commonsense solution that has been shown to dramatically reduce opioid abuse? Furthermore, why are we denying our veterans, who served our country and were willing to make the ultimate sacrifice for our freedom, access to the medical care they say they need?" Taylor asked. "While I am disappointed that my Republican colleagues have chosen to believe misinformation and outdated rhetoric, I sincerely hope they have the courage to listen to the people of Wisconsin who for years have supported medical marijuana and learn more about proposals by including our bills in their Special Session on opiate abuse."

Erpenbach and Taylor introduced their Compassionate Cannabis Care Act last session, but it did not receive a public hearing in either house. This session, the two Dane County elected officials included a new proposal that would authorize a non-binding statewide referendum on whether to legalize medical marijuana. Several high-profile Republicans have previously expressed public support for similar referendums – including Governor Scott Walker. Recent national polling from May 2016 shows that 89 percent of Americans support medical marijuana.

"While there has been a dramatic shift in public opinion on medical marijuana, I understand why some of my colleagues remain cautious. As elected officials, we are sent to Madison to represent our constituents. I am confident a statewide referendum would provide Governor Walker and legislators across Wisconsin with the support and peace of mind needed to advance this legislation. At a minimum, allow the public's voices to be heard," Erpenbach concluded.

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# 28 Legal Medical Marijuana States and DC





February 6, 2017

## WISCONSIN LEGISLATURE

P.O. BOX 8952 • MADISON, WI 53708

Governor Scott Walker  
Wisconsin State Capitol  
115 East Capitol  
Madison, WI 53703

Governor Walker:

We are writing to seek your support for our legislation that would authorize a non-binding, statewide referendum on legalizing medical marijuana.

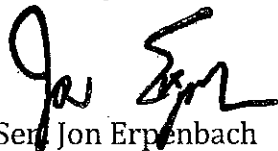
Throughout your lifelong career in public service, you have consistently stated that legalization is an issue that should be left to the state. In 2014, when 20 states had legalized medical marijuana, you were asked about legalization in Wisconsin and responded, "I don't think you're going to see anything serious anytime soon here, but if other states did, maybe in the next Legislative session there'd be more talk about it." Since that statement a little over two years ago, eight more states have legalized medicinal marijuana. With 28 states, including our neighbors Minnesota, Illinois and Michigan, and the District of Columbia having legalized marijuana for medicinal purposes – it is time for Wisconsin to act.

Wisconsin, like so many states, is suffering from rampant opioid addiction. You have made this a top issue for your administration, even calling for a Special Session on opioid abuse. As you may know, studies show that medical marijuana has been incredibly effective at reducing opiate abuse in states. A 2016 University of Michigan study found patients using medical marijuana to treat chronic pain reported a 64 percent reduction in their use of opioid painkillers, while a 2014 study in the *Journal of the American Medical Association* found states with legalized medical marijuana saw a 25 percent cut in opioid overdose deaths. There is no reason our medical marijuana legislation should not be included, at a minimum vetted with a public hearing, for your Special Session on opioid abuse.

In 2012, the Associated Press reported, "Republican Gov. Scott Walker said Friday he's not interested in legalizing marijuana. The only way he sees it happening is if state residents approve the idea in a referendum similar to Colorado and Washington." While there has been a tremendous amount of education on this issue, with the majority of Americans now supporting legalization, 89% in a May, 2016 Quinnipac University poll, we understand that there are still some who remain wary. We are the voice of the people and we should let the citizens of Wisconsin weigh in.

Will you please support our legislation (LRB 1481/1 and LRB 1565/2) authorizing a non-binding, statewide referendum on whether Wisconsin should legalize medical marijuana? If you have any questions, please do not hesitate to contact either of our offices.

Sincerely,



Sen. Jon Erpenbach



Rep. Chris Taylor



## Medical Marijuana Overview

Medical marijuana is a safe and effective treatment option for a broad range of serious medical conditions. Support from the medical community, state and federal lawmakers, and the public — combined with a large and growing body of scientific research — has led to 28 states and the District of Columbia enacting effective medical marijuana programs over the last 20 years. These laws, where they have been fully implemented, are working well and protecting patients.

### Medical Marijuana Is a Safe and Effective Treatment Option

- Hundreds of thousands of patients suffering from HIV/AIDS, glaucoma, cancer, multiple sclerosis, Crohn's disease, seizure disorders, chronic, severe and persistent pain, and other debilitating illnesses find that marijuana provides relief from their symptoms. Although the federal government has made research marijuana's medical value uniquely difficult, dozens of studies in both the U.S. and abroad have shown what these patients have found to be true: medical marijuana works.
- **Available prescription drugs, like opiates, often come with far more serious side effects than marijuana.** Marijuana's side effects are modest compared to many prescription drugs' risks, and it appears to be impossible to fatally overdose on whole plant cannabis — unlike opiates and other dangerous medications that are prescribed every day. Research shows marijuana can allow pain patients to reduce or eliminate their use of dangerous opiates, and medical marijuana laws are linked with a 25 percent decrease in fatal overdoses from opiate-based painkillers in the first year. After five years, that number climbs to 33 percent.
- **Many patients who find relief from marijuana simply do not respond to prescription medications.** As the Institute of Medicine noted in its extensive report on medical marijuana, "there will likely always be a subpopulation of patients who do not respond well to other medications." Indeed, some children suffering from intractable seizure disorders have been able to significantly reduce or completely eliminate seizures by using marijuana in addition to or in place of other medications. Studies have also found that patients whose neuropathic pain did not respond to other medications found relief from cannabis.
- **Some opponents seek to limit medical marijuana access to oils or pills, but like any medication, doctors and patients should have access to all safe and effective options that exist.** Smoking and vaporizing marijuana are much more effective delivery methods than pills for many patients, because they can assess the effect immediately and increase dosage in small increments. Manufactured edibles are another important option, because they are easier for some patients to ingest. With proper regulation, the products will produce consistent effects with each treatment.

### Federal Law Does Not Stand In the Way

- **Federal law does not prevent states from removing state criminal penalties for the medical use of marijuana.** Nothing in the U.S. Constitution or federal law prohibits states from enacting penalties that differ from federal law.

- President Barack Obama and his Department of Justice have said that the federal government will not prosecute patients in compliance with state medical marijuana laws, and Congress' 2015 and 2016 appropriations acts included riders to prevent federal funds from being used to interfere with medical marijuana laws. Donald Trump has signaled his intention to allow state medical marijuana programs to continue without interference.
- A federal appellate court ruled that the federal government cannot punish — or even investigate — physicians for discussing or recommending the medical use of marijuana with patients.

### **There Is Overwhelming Support for Allowing Medical Marijuana**

- National polls consistently find 60-89% of Americans support medical marijuana.
- **The majority of states recognize the medical value of marijuana.** In addition to the 28 state medical marijuana laws, 16 other states have passed laws that recognize the medical value of at least some cannabis preparations.
- In February 2013, the New England Journal of Medicine reported that 76 percent of surveyed physicians would recommend medical marijuana to a patient.
- The American Medical Association, the Institute of Medicine, and The American College of Physicians have all acknowledged the potential benefits of medical marijuana. In addition, several other major U.S. health organizations support access to medical marijuana, including the American Public Health Association, the American Nurses Association, the American Academy of HIV Medicine, the Leukemia and Lymphoma Society, the Lymphoma Foundation of America, the Epilepsy Foundation, and the state medical societies of New York, Rhode Island, and California.

### **Medical Marijuana Laws Are Working Well**

- **No state that has enacted medical marijuana legislation has later repealed it.** In fact, after seeing that the laws were working and not causing problems, many states have expanded their programs to include more qualifying conditions and regulated dispensing, lower fees for patients, and more types of practitioners who can issue recommendations.
- **Medical marijuana laws do not lead to increased teen marijuana usage.** In 22 states where programs have been fully implemented, government surveys have produced before-and-after data on teens' marijuana use. In 19 of those states, the data shows overall decreases, 12 of which were outside confidence intervals.
- In states with medical marijuana laws, it is not uncommon for law enforcement to initially be wary of or opposed to the proposal; but post-enactment, they often recognize that it is not causing problems. For example, the Minnesota Police and Peace Officers Association executive director, Dennis Flaherty, had strenuously opposed allowing medical marijuana. However, a year after enactment, he did not oppose adding intractable pain to the program. As a local paper reported, Flaherty "said police are unaware of any problems with the current cannabis program and do not expect any now that pain will be included."

# **MEDICAL MARIJUANA ENDORSEMENTS AND STATEMENTS OF SUPPORT**

## **Leading National and International Medical, Religious, and Legal Organizations Supporting Physician-Supervised Access to Medical Marijuana:**

- The American Academy of HIV Medicine (AAHIVM)
- American Anthropological Association
- The American Bar Association (ABA)
- American Civil Liberties Union (ACLU)
- The American Nurses Association (ANA)
- The American Public Health Association (APHA)
- Arthritis Research Campaign
- British Medical Association
- HIV Medicine Association of the Infectious Diseases Society of America
- The Lymphoma Foundation of America (LFA)
- The National Association for Public Health Policy
- National Black Police Association
- The National Nurses Society on Addictions
- The Episcopal Church
- The Presbyterian Church USA
- The United Church of Christ
- The United Methodist Church's Board of Church and Society
- The Union of Reform Judaism
- The Unitarian Universalist Association

## **State/Local Medical Marijuana Endorsements and Statements of Support:**

- AIDS Care Ocean State
- AIDS Foundation of Chicago
- AIDS Project Rhode Island
- Alaska Nurses Association
- Associated Medical Schools of New York
- California Academy of Family Physicians
- California Legislative Council for Older Americans
- California Medical Association
- California Nurses Association
- California Pharmacists Association
- Florida Medical Association
- Hawaii Nurses Association
- Iowa Democratic Party
- King County Bar Association (Washington)
- The Medical Society of the State of New York
- Michigan Democratic Party
- Minnesota Nurses Association
- Minnesota Public Health Association
- Minnesota AIDS Project
- Minnesota Senior Federation
- Mississippi Nurses Association
- Multiple Sclerosis California Action Network
- New Jersey State Nurses Association
- New Mexico Medical Society
- New York AIDS Advisory Council
- New York AIDS Coalition

- New York County Medical Society
- New York State AIDS Advisory Council
- New York State Hospice and Palliative Care Association
- New York State Nurses Association
- New York Statewide Senior Action Council
- North Carolina Nurses Association
- Physicians for Social Responsibility (Oregon)
- Rhode Island ACLU
- Rhode Island Medical Society
- Rhode Island State Nurses Association
- San Francisco Medical Society
- Senior Agenda Coalition (Rhode Island)
- Texas Democratic Party
- Texas Medical Association
- Texas Nurses Association
- United Nurses and Allied Professionals (Rhode Island)
- Virginia Nurses Association
- Whitman-Walker Clinic
- Wisconsin Nurses Association
- Wisconsin Public Health Association

**Selected Quotes from Endorsements and Statements of Support:**

- "[A] federal policy that prohibits physicians from alleviating suffering by prescribing marijuana for seriously ill patients is misguided, heavy-handed, and inhumane." — Dr. Jerome Kassirer, "Federal Foolishness and Marijuana," editorial, *New England Journal of Medicine*, January 30, 1997
- "[The AAFP accepts the use of medical marijuana] under medical supervision and control for specific medical indications." — American Academy of Family Physicians, 1989, reaffirmed in 2001
- "Based on much evidence, from patients and doctors alike, on the superior effectiveness and safety of whole cannabis (marijuana) compared to other medicines for many patients — suffering from the nausea associated with chemotherapy, the wasting syndrome of AIDS, and the symptoms of other illnesses ... we hereby petition the Executive Branch and the Congress to facilitate and expedite the research necessary to determine whether this substance should be licensed for medical use by seriously ill persons." — American Academy of Family Physicians, 1995
- "[We] recommend ... allow[ing] [marijuana] prescription where medically appropriate." — National Association for Public Health Policy, November 15, 1998
- "Therefore be it resolved that the American Nurses Association will: — Support the right of patients to have safe access to therapeutic marijuana/cannabis under appropriate prescriber supervision." — American Nurses Association, resolution, 2003
- "The National Nurses Society on Addictions urges the federal government to remove marijuana from the Schedule I category immediately, and make it available for physicians to prescribe. NNSA urges the American Nurses' Association and other health care professional organizations to support patient access to this medicine." — National Nurses Society on Addictions, May 1, 1995
- "[M]arijuana has an extremely wide acute margin of safety for use under medical supervision and cannot cause lethal reactions ... [G]reater harm is caused by the legal consequences of its prohibition than possible risks of medicinal use." — American Public Health Association, Resolution #9513, "Access to Therapeutic Marijuana/Cannabis," 1995
- "When appropriately prescribed and monitored, marijuana/cannabis can provide immeasurable benefits for the health and well-being of our patients ... We support state and federal legislation not only to remove criminal penalties associated with medical marijuana, but further to exclude marijuana/cannabis from classification as a Schedule I drug." — American Academy of HIV Medicine, letter to New York Assemblyman Richard Gottfried, November 11, 2003

- "[The LFA] urges Congress and the President to enact legislation to reschedule marijuana to allow doctors to prescribe smokable marijuana to patients in need ... [and] urges the US Public Health Service to allow limited access to medicinal marijuana by promptly reopening the Investigational New Drug compassionate access program to new applicants." — Lymphoma Foundation of America, January 20, 1997
- "The American Medical Student Association strongly urges the United States Government ... to reschedule marijuana to Schedule II of the Controlled Substance Act, and ... end the medical prohibition against marijuana." — American Medical Students Association, March 1993
- "[T]he use of marijuana may be appropriate when prescribed by a licensed physician solely for use in alleviating pain and nausea in patients who have been diagnosed as chronically ill with life threatening disease, when all other treatments have failed; ..." — The Medical Society of the State of New York, May 4, 2004
- "[T]here is sufficient evidence for us to support any physician-patient relationship that believes the use of marijuana will be beneficial to the patient." — Rhode Island Medical Society, 2004
- "[The] CMA continue[s] to support scientifically rigorous research, including all FDA-approved Phase II and Phase III clinical trials and examine the current science concerning the therapeutic role of cannabinoid-based pharmaceuticals" — California Medical Association, October 30, 2006
- "[The] CMA continue[s] to support the ability of physicians to discuss and make recommendations concerning the potential benefits or harm to the patient of smoked herbal cannabis consistent with state and federal law and oppose criminal prosecution of patients who possess or use smoked herbal cannabis for medical reasons upon the recommendation of a physician" — California Medical Association, October 30, 2006
- "The SFMS takes a support position on the California Medical Marijuana Initiative [legalizing medical marijuana]." — San Francisco Medical Society, August 1996
- "Present evidence indicates that [cannabinoids] are remarkably safe drugs, with a side-effects profile superior to many drugs used for the same indications..." — British Medical Association, November 1997
- "[We] support pharmacy participation in the legal distribution of medical marijuana." — California Pharmacists Association, May 26, 1997
- "We think people who use cannabis to relieve the pain of arthritis should be able to do so." — Arthritis Research Campaign, October 23, 2001
- "The evidence is overwhelming that marijuana can relieve certain types of pain, nausea, vomiting and other symptoms caused by illnesses like multiple sclerosis, cancer and AIDS — or by the harsh drugs sometimes used to treat them. And it can do so with remarkable safety. Indeed, marijuana is less toxic than many of the drugs that physicians prescribe every day." — Former U.S. Surgeon General Joycelyn Elders, M.D., "Myths About Medical Marijuana," Providence Journal, March 26, 2004
- "We must make sure that the casualties of the war on drugs are not suffering patients who legitimately deserve relief." — Scott Fishman, president of the American Academy of Pain Medicine, February 2006
- "It [medical marijuana] should be an option for patients who have it recommended by knowledgeable physicians." — Dr. Jesse L. Steinfeld, former U.S. Surgeon General, July 2003
- "Whitman-Walker Clinic supports the valid use of marijuana, under a physician's supervision, to help alleviate AIDS wasting syndrome and nausea associated with treatment regimes." — Whitman-Walker Clinic, April 1998
- "[I]t cannot seriously be contested that there exists a small but significant class of individuals who suffer from painful chronic, degenerative, and terminal conditions, for whom marijuana provides uniquely effective relief." — HIV Medicine Association of the Infectious Diseases Society of America; American Medical Students Association; Lymphoma Foundation of America; Dr. Barbara Roberts; and Irvin Rosenfeld, Amicus Curiae brief filed in the U.S. Supreme Court (in the case of *Gonzales v. Raich*), October 2004
- "Marijuana, in its natural form, is one of the safest therapeutically active substances known ... The evidence in this record clearly shows that marijuana has been accepted as capable of relieving the distress of great numbers of very ill people, and doing so with safety under medical supervision. It would be unreasonable, arbitrary and capricious for DEA to continue to stand between those



sufferers and the benefits of this substance." — Francis L. Young, DEA Chief Administrative Law Judge, 1988

- "[The American Bar Association] recognizes that persons who suffer from serious illnesses for which marijuana has a medically recognized therapeutic value have a right to be treated with marijuana under the supervision of a physician." — American Bar Association, May 4, 1998
- "I consider the most important recommendation made by the IOM (Institute of Medicine) panel [to be] that physicians be able to prescribe marijuana to individual patients with debilitating or terminal conditions ... I believe such compassionate use is justified." — Andrew Weil, M.D., July 1999
- "Cannabinoids and THC also have strong pain-killing powers, which is one reason medical marijuana should be readily available to people with cancer and other debilitating diseases." — Dean Edell, M.D., March 2, 2000
- "I'm an oncologist as well as an AIDS doctor, and I don't think that a drug that creates euphoria in patients with terminal diseases is having an adverse effect." — Dr. Donald Abrams, 2005
- "Cannabis will one day be seen as a wonder drug, as was penicillin in the 1940s. Like penicillin, herbal marijuana is remarkably nontoxic, has a wide range of therapeutic applications and would be quite inexpensive if it were legal." — Dr. Lester Grinspoon, professor of psychiatry at Harvard Medical School, Los Angeles Times, May 5, 2006
- "In states where patients are permitted to use marijuana medicinally for serious and/or chronic illnesses and a patient's physician has recommended its use in accordance with that state law and that state's medical practice standards, the patient should not be subject to federal criminal penalties for such medical use." — HIV Medicine Association, October 30, 2006
- "Well-designed and scientifically rigorous research, including all FDA-approved Phase II and Phase III clinical trials that lead to investigation into the potential therapeutic role and commercial licensure of prescription marijuana should be encouraged, and that production facilities that meet all regulatory requirements should be licensed by the DEA to produce pharmaceutical-grade marijuana for use exclusively in federally approved research." — HIV Medicine Association, October 30, 2006
- "Not everybody needs marijuana for medical illness. But for those who really do, it's very helpful. As more and more states are taking medical marijuana — New Mexico just did it the other day — eventually it will just be overwhelming. And it will happen. But I'm shocked that it's taken this long." — Dr. Thomas Ungerleider, Professor Emeritus of Psychiatry at UCLA and member of President Nixon's National Commission on Marijuana and Drug Abuse, "3rd Degree," interview, LA City Beat, March 29, 2007
- The United Methodist Church's Board of Church and Society has said, "Licensed medical doctors should not be punished for recommending the medical use of marijuana to seriously ill people, and seriously ill people should not be subject to sanctions for using marijuana if the patient's physician has told the patient that such use is likely to be beneficial."
- The Presbyterian Church supports "the use of cannabis sativa or marijuana for legitimate medical purposes as recommended by a physician."
- The Episcopal Church urges "the adoption by Congress and all states of statutes providing that the use of marijuana be permitted when deemed medically appropriate by duly licensed medical practitioners."
- The United Church of Christ has stated, "We believe that seriously ill people should not be subject to arrest and imprisonment for using medical marijuana with their doctors' approval."
- The Unitarian Universalist Association issued a resolution in support of ending "the practice of punishing an individual for obtaining, possessing, or using an otherwise illegal substance to treat a medical condition."
- The Union of Reform Judaism passed a resolution to "advocate for the necessary changes in local, state and federal law to permit the medicinal use of marijuana and ensure its accessibility for that purpose."
- The American Bar Association (ABA) "recognizes that persons who suffer from serious illnesses for which marijuana has a medically recognized therapeutic value have a right to be treated with marijuana under the supervision of a physician."