

SUBJECT: Authorizing medical use of low-THC cannabis for certain conditions

COMMITTEE: Public Health — committee substitute recommended

VOTE: 10 ayes — Klick, Campos, Jetton, A. Johnson, J. Jones, V. Jones, Oliverson, Price, Smith, Tinderholt

0 nays

1 absent — Collier

WITNESSES: For — Jokubas Ziburkus, Bluebonnet Wellness; J Canciglia, Coalition of Texans with Disabilities; Chase Bearden, Coalition of Texans with Disabilities and Texas Patients First Foundation; and six individuals (*Registered, but did not testify*: Nkem Okeke, Bluebonnet Wellness; Allison Francis, CHCS; M Paige Williams, Dallas County Criminal District Attorney John Creuzot; Michelle Wittenburg, KK125 Ovarian Cancer Research Foundation; Kevin Hale, Libertarian Party of Texas; Lyssette Galvan, NAMI Texas; Trent Townsend, Pharmacann; Byron Campbell, TexaRx; Sarah Reyes, Texas Center for Justice & Equity; David Reynolds, Texas Chapter American College of Physicians; Tom Holloway, Texas Neurological Society; Nico Richardson, Texas Original Compassionate Cultivation; Ashley Ford, The Arc of Texas; Susan Hays, Village Farms; Lisa Pittman; Susan Stewart; Jesse Williams)

Against — (*Registered, but did not testify*: Cindi Castilla, Texas Eagle Forum)

On — (*Registered, but did not testify*: Dr. Manda Hall, Department of State Health Services)

DIGEST: CSHB 1805 would revise the definition of "low-THC cannabis" from containing not more than one percent by weight of THC to containing not more than 10 milligrams of THC in each dosage unit.

The bill would expand the conditions for which a physician could

prescribe low-THC cannabis to include a condition causing chronic pain for which a physician would otherwise prescribe opioids or a medical condition designated by rule as debilitating by the Department of State Health Services (DSHS).

The bill would take effect September 1, 2023.

**SUPPORTERS
SAY:**

CSHB 1805 would allow more people with severe medical conditions to access medical cannabis as treatment. The bill would allow physicians to prescribe low-THC cannabis to people with chronic pain as an alternative to opioids, which could offer these patients similar pain relief while being less addictive and dangerous. By including medical conditions designated as debilitating by DSHS, the bill also would provide flexibility to DSHS to extend low-THC cannabis as a treatment to other serious medical issues that arise without having to return the issue to the Legislature.

CSHB 1805 would change the definition of low-THC cannabis from being based on weight to being based on volume. Under current law, dispensaries are required to create products that are diluted with carrier oils. Certain people may have to consume multiple products diluted in carrier oils for the dose they have been prescribed, which can cause gastrointestinal issues. This also requires people to buy more products to receive the dose of THC that they have been prescribed, which can be prohibitively expensive. Switching to a volumetric system would ensure that individuals with severe medical issues do not leave the state or turn to the black market to acquire their prescribed dose of THC to adequately address their pain.

**CRITICS
SAY:**

CSHB 1805 could allow for a psychoactive amount of cannabis to be prescribed to patients. Psychoactive substances, including cannabis, have been linked to psychological and psychiatric disorders. The potential benefits of expanding the use of medical cannabis are not worth the risk until more research on long-term effects can be conducted. The authority given to DSHS by the bill is too broad and could allow for medical cannabis to be prescribed for too many types of medical conditions.