

1  
2  
3 Title: Publish the Contents of Cannabis  
4  
5 Introduced by: Annette Mercatante, MD, for the St. Clair County Delegation  
6  
7 Original Author: Anup Lal, MD  
8  
9 Referred to: Reference Committee D  
10  
11 House Action: **APPROVED AS AMENDED**  
12

---

13  
14 Whereas, cannabis is becoming increasingly popular, and

15  
16 Whereas, legislative efforts to legalize cannabis are on the rise, and

17  
18 Whereas, cannabis formulations lack specificity and details about the actual contents such as  
19 tetrahydrocannabinol (THC) and cannabidiol (CBD)<sup>1,2</sup>; therefore be it

20  
21 RESOLVED: That MSMS work with state legislators to establish clear labelling of medical (and  
22 or recreational) marijuana products, including content of Tetrahydrocannabinol (THC) & Cannabidiol  
23 (CBD), percent of potency of THC, as well as clear warnings of use on adolescents and other vulnerable  
24 populations and other known risk factors, i.e. (driving under the influence, and potential effects on an  
25 unborn fetus.)  
26

---

27  
28 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

### Relevant AMA Policy:

#### Cannabis and Cannabinoid Research H-95.952

1. Our AMA calls for further adequate and well-controlled studies of marijuana and related cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease.
2. Our AMA urges that marijuana's status as a federal schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. This should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product.
3. Our AMA urges the National Institutes of Health (NIH), the Drug Enforcement Administration (DEA), and the Food and Drug Administration (FDA) to develop a special schedule and implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research involving cannabis and its potential medical utility. This effort should include: a) disseminating specific information for researchers on the development of safeguards for cannabis clinical research protocols and the development of a model informed consent form for institutional

---

<sup>1</sup> Potter DJ, Hammond K, Tuffnell S, Walker C2 Di Forti M. Potency of  $\Delta^9$ -tetrahydrocannabinol and other cannabinoids in cannabis in England in 2016: Implications for public health and pharmacology. *Drug Test Anal.* 2018 Feb 14. doi: 10.1002/dta.2368.

<sup>2</sup> Havig SM, Høiseth G, Strand MC, Karinen RA, Brochmann GW, Strand DH, Bachs L, Vindenes V. THC and CBD in blood samples and seizures in Norway: Does CBD affect THC-induced impairment in apprehended subjects? *Forensic Sci Int.* 2017 Jul;276:12-17. doi: 10.1016/j.forsciint.2017.04.006

review board evaluation; b) sufficient funding to support such clinical research and access for qualified investigators to adequate supplies of cannabis for clinical research purposes; c) confirming that cannabis of various and consistent strengths and/or placebo will be supplied by the National Institute on Drug Abuse to investigators registered with the DEA who are conducting bona fide clinical research studies that receive FDA approval, regardless of whether or not the NIH is the primary source of grant support.

4. Our AMA supports research to determine the consequences of long-term cannabis use, especially among youth, adolescents, pregnant women, and women who are breastfeeding.

5. Our AMA urges legislatures to delay initiating the legalization of cannabis for recreational use until further research is completed on the public health, medical, economic, and social consequences of its use.

#### **Cannabis Legalization for Recreational Use H-95.924**

Our AMA: (1) believes that cannabis is a dangerous drug and as such is a serious public health concern; (2) believes that the sale of cannabis for recreational use should not be legalized; (3) discourages cannabis use, especially by persons vulnerable to the drug's effects and in high-risk populations such as youth, pregnant women, and women who are breastfeeding; (3) believes states that have already legalized cannabis (for medical or recreational use or both) should be required to take steps to regulate the product effectively in order to protect public health and safety and that laws and regulations related to legalized cannabis use should consistently be evaluated to determine their effectiveness; (5) encourages local, state, and federal public health agencies to improve surveillance efforts to ensure data is available on the short- and long-term health effects of cannabis use; and (6) supports public health based strategies, rather than incarceration, in the handling of individuals possessing cannabis for personal use.

#### **Cannabis Legalization for Medicinal Use D-95.969**

Our AMA: (1) believes that scientifically valid and well-controlled clinical trials conducted under federal investigational new drug applications are necessary to assess the safety and effectiveness of all new drugs, including potential cannabis products for medical use; (2) believes that cannabis for medicinal use should not be legalized through the state legislative, ballot initiative, or referendum process; (3) will develop model legislation requiring the following warning on all cannabis products not approved by the U.S. Food and Drug Administration: "Marijuana has a high potential for abuse. This product has not been approved by the Food and Drug Administration for preventing or treating any disease process."; (4) supports legislation ensuring or providing immunity against federal prosecution for physicians who certify that a patient has an approved medical condition or recommend cannabis in accordance with their state's laws; and (5) believes that effective patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions.