

## **Expand list of eligible conditions**

## Kate Hintz and Gina Moreno, Commentary

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Last week, Gov. <u>Andrew Cuomo</u> announced his office will sign off on recommendations in the state <u>Health Department</u>'s recent two-year report evaluating the rollout and status of New York's medical marijuana program.

While it was encouraging to see the Health Department recommend a series of much-needed changes to improve the program, advocates were disappointed with the lengthy time frames and noncommittal language. Without immediate change, New York's program continues to fail countless patients that could benefit from having access to medical marijuana.

The Health Department announced it will be undertaking a review of the evidence on the medical use of marijuana for chronic pain, with no guarantee that it will be included as a qualifying condition.

Studies have found that states with medical marijuana laws have fewer opioid overdose deaths and lower prescription drug use, which should provide the impetus and urgency to embrace medical marijuana. Other states have taken heed, and recently Minnesota and Vermont added intractable pain and chronic pain as qualifying conditions.

With only 10 qualifying conditions, New York's program excludes thousands of patients who could obtain much-needed relief from medical marijuana. Regrettably, the Health Department made no mention of other severe, debilitating conditions, like PTSD, for which there is a growing body of scientific evidence attesting to the efficacy of medical marijuana as part of treatment.

There is certainly need. A survey conducted by the <u>Drug Policy Alliance</u> and Compassionate Care New York in June found that 35 percent of patients who did not qualify for medical marijuana in New York reported suffering from PTSD. Adding PTSD and other conditions that affect thousands of New Yorkers should be a clear next step for the health commissioner.

We welcome the DOH's decision to allow nurse practitioners to certify patients, given that an alarming 27 counties across the state have zero registered physicians, or just one. Beyond that

step, advocates call on the Health Department and the Cuomo administration to address the problem of locating a registered physician to obtain a medical marijuana certification.

In New York, there is no publicly accessible list of participating doctors — a significant hurdle to patients seeking access to medication. The <u>DPA/CCNY</u> survey found that more than half of eligible patients had not yet found a doctor to certify them; among them, 60 percent have spent three to four months trying to locate a registered physician. The Health Department should immediately eliminate this front-end barrier to treatment by publicizing a list of participating health care providers.

While 7,000 patients may be registered with the program, it is unclear how many have been able to purchase and consistently access medicine. Since the program's launch, many news reports have drawn attention to how costly medicine is for the average patient, who has to pay out of pocket (since insurance does not cover the cost of medical marijuana). Our survey found that, of the patients who had purchased medicine, 77 percent said they would not be able to afford the monthly cost.

For New York's program to succeed, medications should be comparably priced with products available in other states. Additional brands and administration methods should also be made available.

It is encouraging to see the Health Department commit to implementing these changes. This is a pivotal moment for New York to reaffirm its commitment to providing access to compassionate medical care. If implemented, the changes have the potential to expand patient access to treatment and relief.

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