



## Ease access to medical marijuana

**Gina Moreno, Commentary**

**February 2, 2016**

Last month marked the historic launch of New York's medical marijuana program. Years of political wrangling and tireless advocacy have led up to this long-awaited moment when patients in New York will finally be able to legally purchase medical marijuana, including an unprecedented offering of kosher-certified medicine.

Producers have worked for five months to meet the ambitious deadline set by Gov. [Andrew Cuomo](#), and the state has ensured that the implementation of the program follows the letter of the law.

But has it done enough to ensure patient access to compassionate medical care? What should be a momentous moment for patients, including those who have tirelessly advocated for the legalization of medical marijuana, is instead marked by more uncertainty and further delays.

Access to medical marijuana treatment is contingent on whether doctors are already trained and registered to recommend it to qualified patients. Scores of patients however, have noted that their doctors are resistant to even considering medical marijuana as a form of legitimate treatment. Physicians, many being naturally conservative, seem reluctant to separate the stigma from the science. Their reluctance is compounded by marijuana's federal classification as an illegal substance.

Doctors should rest assured, however. New York's program offers robust legal protection, and doctors in 22 other states have been offering medical marijuana to their patients without interference from the federal government.

Regardless of whether they intend to recommend it, doctors should expect inquiries from patients, so they need to be adequately informed in order to provide the best possible medical care. By refusing to even consider medical marijuana, physicians are depriving patients of their right to explore a treatment that could work for them. Patients, frustrated from having to wait and in desperate need of pain relief, will likely resort to marijuana sold on the street, which, besides being of questionable quality and illegal, thoroughly defeats the purpose of establishing a medical marijuana program. The best way to ensure patient safety is to have as many trained and registered doctors as possible.

Several other significant barriers could potentially thwart access for New York's neediest patients. Those who qualify for treatment run the real risk of being excluded from the program simply because they live too far from a dispensary or cannot afford treatment. Even 20 dispensaries up and running would not be enough to cover a state of nearly 20 million people over 54,000 square miles. For instance, the only two dispensaries serving eight counties in Western New York are located in Amherst. This places a harsh burden on patients, many of whom are disabled and low income.

Furthermore, medical marijuana treatment is not covered by any insurance carrier, and details on financial assistance remain discouragingly sparse.

Finally, due to a limited number of qualifying conditions, many New Yorkers will be excluded from accessing potential medical relief despite compelling evidence of marijuana's efficacy for treating a number of serious conditions like PTSD and rheumatoid arthritis.

Experiences from 22 other states offer valuable lessons that should galvanize New York to avert similar problems regarding patient access. For parents with children suffering from life-threatening seizures, imagine learning that your child will have to continue waiting for access to lifesaving medication that has proven beneficial to hundreds of patients in other states. For these children, any delay could be life threatening. As patients continue to wait, many are questioning the state's commitment to providing fair and equitable access to compassionate medical care, a commitment undertaken by the commissioner himself shortly after the Compassionate Care Act was signed into law. We hope New York's medical marijuana program can soon deliver on this noble promise.

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