Legislation Details (With Text)

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Title: Resolution calling upon the New York State Legislature and the Governor to expand the Compassionate Care Act, which legalized the medicinal use of marijuana.

Sponsors:

Indexes:

Attachments: 1. Res. No. 221, 2. March 7, 2018 - Stated Meeting Agenda, 3. Hearing Transcript - Stated Meeting 03-07-18, 4. Minutes of the Stated Meeting - March 7, 2018, 5. Committee Report 4/10/19, 6. Hearing Testimony 4/10/19, 7. Hearing Transcript 4/10/19

Date	Ver.	Action By	Action	Result
3/7/2018	*	City Council	Introduced by Council	
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12/31/2021	*	City Council	Filed (End of Session)	

Res. No. 221

Resolution calling upon the New York State Legislature and the Governor to expand the Compassionate Care Act, which legalized the medicinal use of marijuana.

By Council Member Levine

Whereas, On July 7, 2014, New York Governor Andrew Cuomo signed into law the Compassionate Care Act (CCA), making New York the 23rd state to legalize medicinal marijuana; and

Whereas, This law recognizes and affirms progress in the medical community concerning the therapeutic value of medicinal marijuana; and

Whereas, The CCA is a historic step forward in providing vital medical assistance to New Yorkers suffering from debilitating and life-threatening medical conditions, such as cancer, HIV/AIDS, amyotrophic lateral sclerosis (ALS), Parkinson's Disease, multiple sclerosis, spinal cord damage, inflammatory bowel disease (Crohn's Disease), neuropathies, and Huntington's Disease; and

Whereas, However, the CCA has several restrictions that unnecessarily burden those in the most need from obtaining and using medicinal marijuana in an effective and timely way; and

Whereas, The CCA prohibits patients from choosing to administer their medicinal marijuana through smoking, leaving options such as edibles, oils, and vaporization up to the discretion of the New York State Department of Health (DOH); and

Whereas, DOH announced new regulations in December 2017 that would allow for the manufacturing and distribution of additional products including topicals such as ointments, lotions and patches; solid and semi-solid products, including chewable and effervescent tablets and lozenges; and certain non-smokable forms of ground plant material; and

Whereas, Administering medicinal marijuana through vapor requires the purchase of a vaporizer unit, which can cost hundreds of dollars, and thus be prohibitively expensive for patients desperately in need; and

Whereas, Smoking medicinal marijuana provides rapid and efficient delivery, according to a 2012 report authored by researchers at the Center for Medicinal Cannabis Research, University of California, San Diego, published in The Open Neurological Journal; and

Whereas, Smoking medicinal marijuana has not been proven to impair lung function, according to the Coronary Artery Risk Development in Young Adults (CARDIA) report, a twenty-year longitudinal study published in the Journal of the American Medical Association in January 2012; and

Whereas, Of the 28 other states that have legalized medicinal marijuana, Minnesota and West Virginia are the only other states to have banned smoking; and

Whereas, Based on evidence of its effectiveness and cost considerations, the CCA should be amended to allow physicians the ability to choose the method of administering medicinal marijuana, including the option of smoking it; and

Whereas, The CCA originally did not include debilitating and severe medical conditions such as post-traumatic stress disorder, Alzheimer's Disease, muscular dystrophy, dystonia, and rheumatoid arthritis, that are among the top medical conditions for which medicinal marijuana is prescribed; and

Whereas, The CCA gave DOH an 18-month period of consideration for the admission of these diseases but DOH has only added post-traumatic stress disorder from the list of reviewed conditions; and

Whereas, In 2017, chronic pain was also added to the list of conditions to qualify for medicinal marijuana; and

Whereas, While this is a positive step in the right direction, the Compassionate Care Act should be expanded immediately to include Alzheimer's Disease, muscular dystrophy, dystonia, and rheumatoid arthritis; and

Whereas, DOH originally permitted only five organizations a total of 20 dispensaries (four each) to produce and dispense medicinal marijuana to the entire geographic region of New York State, which is among the nation's largest, most densely populated state; and

Whereas, In 2017, the number of organizations and dispensaries permitted to produce and dispense medicinal marijuana was doubled, but these are being phased in over a lengthy two year period; and

Whereas, Acknowledging New York State's geographic size and population, the New York State Department of Health should increase the dispensary limit; and

Whereas, According to New York Physicians for Compassionate Care, a coalition of over 600 New York physicians, medicinal marijuana is more tightly regulated than any other medication, including more dangerous medications that are routinely prescribed; and

Whereas, Expanding the CCA will ensure patients find the relief they need by removing hurdles to obtaining a necessary medicine prescribed by their doctor; now, therefore, be it

Resolved, That the Council of the City of New York calls upon the New York State Legislature and the Governor to expand the Compassionate Care Act, which legalized the medicinal use of marijuana.

MGL/CP
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