

[HF 732](#) Medical Cannabis Program

House Passage: 96-3, March 26, 2019

Senate Passage: 40-7, April 27, 2019

Total Dollars Vetoed: \$0

Vetoed: May 24, 2019

Background

[HF 732](#) makes these changes to the current medical cannabidiol program:

- Amends “debilitating medical condition” under Code definitions by replacing “untreatable pain” with “severe or chronic pain.”
- Allows licensed physician assistants and registered nurse practitioners to provide written certification attesting to a patient’s eligibility for the medical cannabis program.
- Removes the current 3% THC cap and replaces it with a maximum disbursement of 25 grams over 90 days.
- Removes the prohibition on certain felons applying for a medical cannabidiol registration card.
- Allows medical cannabidiol dispensaries to employ licensed pharmacists or pharmacy technicians.
- Creates a waiver process that allows a provider to certify a qualified patient to receive more than 25 grams of THC over a 90-day period if the health care practitioner determines 25 grams is not adequate or the patient’s debilitating condition is a terminal illness with life expectancy of less than one year.
- Directs the Iowa Department of Public Health to adopt rules for collecting and evaluating data on patient demographics, effective treatment options, clinical outcomes and quality-of-life outcomes to report on benefits, risks and outcomes for patients participating in the program.

Governor’s Veto Message

“[House File 732](#) would make a number of changes to expand Iowa’s medical cannabidiol (“CBD”) program. Our program was originally established to provide CBD as a treatment option for Iowans suffering from specific medical conditions. Since our program began, I have heard countless stories of the relief and remarkable improvements that CBD has offered Iowans. And I support our program and efforts to strengthen and improve the program, so that it continues to be a safe, rational, and compassionate medical CBD program.”

“Unlike some states, Iowa’s medical CBD program is not a medical marijuana program. To this end, current Iowa law limits the level of tetrahydrocannabinol (“THC”)—the psychoactive chemical in the cannabis plant—in medical CBD products to three percent. But recognizing the limited experience with medical CBD and potential questions surrounding the three percent limit, the Legislature had the foresight to establish a Medical Cannabidiol Board, primarily made up of medical experts. The Board is tasked with governing our program and advising the Legislature on potential statutory changes to the definition of medical CBD, including the THC limit. The Legislature was wise to understand that we were entering uncharted territory and could benefit from the Board’s expertise in navigating any potential expansion of the program.”

“Most of the changes included in [House File 732](#) were the result of the Legislature and the Medical Cannabidiol Board coming together to reach agreement on appropriate and positive improvements to our medical CBD program. I fully support these changes. But unfortunately, the bill would also remove the three percent limit on THC in medical CBD products and replace it with a limit of 25 grams of THC per 90-day period. This change was not recommended by the Board. And if approved, it would drastically expand Iowa’s medical CBD program far beyond its original scope of CBD-based treatments and could open the door to significant unintended consequences to the health and safety of Iowans.”

“I agree that there should be some change to the three percent THC limit. There appears to be consensus, including from the Board, that a gram-based limit would be more appropriate than a percentage-based limit. But I have not been able to discern any evidence-based justification for the specific 25-gram limit proposed in this bill. And after its review of the available evidence, the Board recommended a limit of only 4.5 grams per 90-day period.”

“It may be that a THC limit higher than 4.5 grams is appropriate. But the 25-gram limit in this bill would allow a person to consume more than 277 milligrams of THC per day—an amount higher than one would typically consume even with aggressive recreational marijuana use. This is all the more concerning because a participant in the program is not prescribed a particular dosage by a medical practitioner or monitored on an ongoing basis for any adverse health consequences. Iowa’s program only requires a practitioner to certify that the participant suffers from a qualifying condition on an annual basis.

“Ultimately, I believe Iowa must proceed cautiously to ensure that any expansion of our medical CBD program is thoughtful and deliberate—particularly because Iowa’s program is in its infancy and the body of research that analyzes the efficacy of medical CBD is limited. So I look forward to working with the Legislature and the Medical Cannabidiol Board to find an evidence-based THC limit that we can work to enact along with the rest of the provisions in [House File 732](#) that I support. The health and safety of Iowans is too important for us not to get this right.

“For these reasons, I respectfully disapprove of [House File 732](#) in its entirety.”