

January 13, 2022

The New Jersey General Assembly
The State House
Trenton, NJ 08625

Dear Members of the New Jersey General Assembly:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing in opposition to Assembly Bill (A.B.) No. 1708, a bill that would require workers' compensation and other insurance carriers to provide coverage for the medical use of cannabis. The AMA urges you to vote "No" on A.B. 1708 for the reasons explained below.

The AMA opposes this bill because it would require insurance coverage for products that have not had the necessary clinical trials to assess their safety. Moreover, the bill does not recognize that cannabis has a high potential for abuse, or that nearly all cannabis products have not been approved for use by the U.S. Food and Drug Administration (FDA). The bill also would extend coverage to delivery devices such as bongs, pipes, vapes, tinctures, oils, papers, and other products that have not been evaluated for safety and likely would increase smoking and lead to other harms.

We understand that New Jersey has made the use of cannabis for medicinal purposes legal, but that does not change the fact that cannabis products and cannabis delivery devices still have not undergone the type of necessary clinical review necessary to ensure their safe use. Diverting the state's limited health care dollars to pay for unproven treatments does not make sound policy sense.

The AMA also is concerned that the first legislative finding in A.B. 1708 suggests that the "scientific data" concerning cannabis show "significant medical value" for specific conditions, yet the bill itself does not limit coverage to those conditions. Moreover, as detailed in reports from the AMA Council on Science and Public Health in 2017¹ and 2020,² the evidence is much more complicated and nuanced than the legislation suggests, including significant negative effects of cannabis use. Thus, while cannabis for medicinal use may have been authorized by the legislature, it does not change the fact that there are only a small handful of FDA-approved cannabis-containing or cannabis-derived products. The FDA makes clear, furthermore, that, "To date, the FDA has not approved a marketing application for cannabis for the treatment of any disease or condition."³ It follows that the AMA does not believe that the legislature should circumvent the role of the FDA and clinical experts—and why the AMA opposes A.B. 1708.

¹ "Clinical Implications and Policy Considerations of Cannabis Use." Report 5 of the AMA Council on Science and Public Health, November 2017. Available at <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/specialty%20group/csaph/i17-csaph-report5.pdf>

² "Public Health Impacts of Cannabis Legalization." Report 4 of the AMA Council on Science and Public Health, November 2020. Available at <https://www.ama-assn.org/system/files/2020-10/nov20-csaph04.pdf>

³ "FDA and Cannabis: Research and Drug Approval Process." U.S. Food and Drug Administration. Last accessed January 3, 2022. Available at <https://www.fda.gov/news-events/public-health-focus/fda-and-cannabis-research-and-drug-approval-process> The FDA has "approved one cannabis-derived drug product: Epidiolex (cannabidiol), and three synthetic cannabis-related drug products: Marinol (dronabinol), Syndros (dronabinol), and Cesamet (nabilone). These approved drug products are only available with a prescription from a licensed healthcare provider. Importantly, the FDA has not approved any other cannabis, cannabis-derived, or cannabidiol (CBD) products currently available on the market."

The AMA also opposes the premise for A.B. 1708 that increased cannabis use will somehow reduce the risks and harms associated with New Jersey's drug overdose epidemic. New Jersey, like every other state in the nation, has seen significant reductions in opioid prescribing, but it has not seen reductions in drug overdose mortality. From 2011 to 2020, opioid prescriptions in New Jersey decreased by 47 percent.⁴ Yet, drug-related mortality in New Jersey continues to be primarily due to illicitly manufactured fentanyl and cocaine. Heroin-related mortality, which thankfully is decreasing in New Jersey, also kills more people than prescription opioid-related mortality.⁵ Increasing the use of cannabis by mandating insurance coverage of cannabis products will not address the realities of New Jersey's drug overdose epidemic.

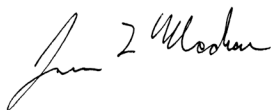
We appreciate that the General Assembly wants to help patients with pain and those with other medical conditions cited in A.B. 1708, but there are other ways to accomplish this. A more straightforward approach, for example, would be to increase coverage and remove barriers to care for actual, evidence-based treatments approved by the FDA and supported by clinical experience.

The data cited by the cannabis industry are not the same as treatments evaluated in peer-reviewed journals and used by the FDA to assure patient safety. Those treatments, including physical and behavioral modalities, surgical interventions, opioid- and non-opioid pharmacologic options, are generally subject to a myriad of administrative barriers imposed by health insurance companies and other insurers. Physicians and patients routinely face prior authorization, fail first and step therapy protocols, cost-prohibitive co-pays, and limited benefit design.

If the General Assembly truly wishes to help patients with pain and the other conditions listed in A.B. 1708, the AMA strongly recommends removing barriers to evidence-based care as noted above. Mandating coverage for cannabis products will increase the use of cannabis products, but it will have limited, if any, medical benefit for patients. Simply put, the absence of sufficient clinical evidence of safety and efficacy for dispensary cannabis products puts patients at increased risk of adverse outcomes—factors that argue strongly against state-mandated reimbursement. We therefore urge you to vote “No” on A.B. 1708.

If you have any questions, please contact Daniel Blaney-Koen JD, Senior Legislative Attorney, Advocacy Resource Center, at daniel.blaney-koen@ama-assn.org or 312-464-4954.

Sincerely,



James L. Madara, MD

cc: Medical Society of New Jersey

⁴ “Opioid prescriptions decrease for 10th consecutive year.” American Medical Association. Available at <https://end-overdose-epidemic.org/wp-content/uploads/2021/09/IQVIA-opioid-prescription-trends-chart-Sept-2021-FINAL.pdf>

⁵ See provisional data from the U.S. Centers for Disease Control and Prevention. Available at <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>