

Senator Hicken, Representative Supica and the members of the joint standing committee on veterans and legal affairs, my name is Lizzy Hayes, I am a medical cannabis caregiver and organic farmer, and I am here today in support of LD 929.

This bill would allow seniors to self-certify as qualifying patients using their state ID and veterans to use proof of veteran status such as a signifier on their driver's license or veteran ID card. Currently to participate in the medical program you need a physician to certify that upon medical review they believe the patient could benefit from cannabis. This would remove a barrier for populations who are shown to use cannabis at high rates and who are likely to have a condition that would qualify them for a medical certification such as chronic pain, PTSD, anxiety or sleep disorders.

There is a growing body of research demonstrating the benefits of cannabis use specifically in populations over 50 years of age: Medical Cannabis for Patients Over Age 50: A Multi-site, Prospective Study of Patterns of Use and Health Outcomes - PMC

"The results of this multi-site, prospective, longitudinal study of medical cannabis patients ages 50 years and older indicate that cannabis may be a relatively safe and effective treatment for chronic pain, sleep disturbances, and other conditions associated with aging, leading to subsequent reductions in prescription drug use and healthcare costs, as well as significant improvements in quality of life." Pearson B, Walker M, Tempero J, Ong K, Lucas P. Medical Cannabis for Patients Over Age 50: A Multi-site, Prospective Study of Patterns of Use and Health Outcomes. Cannabis. 2025 Feb 1;8(1):81-94. doi: 10.26828/cannabis/2024/000239. PMID: 39968489; PMCID: PMC11831900.

Many doctors who work for hospitals that take Medicare also aren't comfortable or told it is against hospital policy. Their patients must seek out an additional doctor in order to get a medical card. Individuals who choose to use cannabis can still discuss their medical or recreational use with their primary care physician, but they wouldn't need to rely on them for a written certification.

The Department of Veterans affairs website states that "VA healthcare providers may not recommend it (marijuana) or assist veterans to obtain it. Veteran participation in state marijuana programs does not affect eligibility for VA care and services. VA providers can and do discuss marijuana use with veterans as part of comprehensive care planning and adjust treatment plans as necessary."

There are many more medical stores and caregivers who can sell direct to patients than there are recreational stores because many municipalities don't allow recreational storefronts so this would result in increased access especially in the more rural parts of the state. This was discussed in the OCP committee orientation, the director referred to these as "cannabis deserts" where folks needed to travel over 50 or 75 miles to access legal cannabis.

According to a NORML fact sheet on the relationships between cannabis and opioids: "Cannabis access is associated with reduced rates of opioid use and abuse, opioid-related hospitalizations, opioid-related traffic fatalities, opioid-related drug treatment admissions, and opioid related overdose deaths."

I ask that the committee support this common sense solution to barriers to access that exist due to ongoing federal prohibition, and vote ought to pass. Thank you.



Relationship Between Marijuana and Opioids

Cannabis access is associated with reduced rates of opioid use and abuse, opioid-related hospitalizations, opioid-related traffic fatalities, opioid-related drug treatment admissions, and opioid-related overdose deaths

"Our sample comprised 186 patients with chronic pain using cannabis with an age ranging from 23 to 89 years old. ... In this population, 157 patients (84.4 percent) showed a decrease in Morphine Milligram Equivalents (MME) per month after starting cannabis use. Specifically, there was a 53.1 percent reduction. The mean MME/month in the period before cannabis use was 3832 MME/Month, and after starting cannabis we observed a mean of 1798 MME/Month. ... The results from this study align with previous literature indicating that medical cannabis can serve as an effective adjunctive therapy for chronic pain, leading to a significant reduction in opioid use."

Management Science Association, Inc., Impact of Cannabis on Opioid Prescriptions in Chronic Pain: Insights from Recent Research in Utah, 2024

"Our goal was to identify a difference in opioid utilization in patients with known cannabis use before anterior cervical discectomy and fusion (ACDF) compared with those that report no cannabis use. ... A total of 1,339 patients were included in each group. The number of patients filling prescriptions was lower in the cannabis group than in the control group at 3 days postoperatively. The average total MME (morphine milliequivalents) per day as prescribed was lower in the cannabis group than the control group at 60 days post-op (48.5 vs. 59.4, respectively)."

Cannabis use is associated with decreased opioid prescription fulfillment for single level anterior cervical discectomy and fusion (ACDF), North American Spine Society Journal, 2023

Cannabis access is associated with reductions in overall prescription drug activity

"We implement two-way fixed-effects regressions and leverage variation from eleven U.S. states that adopted a recreational cannabis law (RCL) between 2010 and 2019. We find that RCLs lead to a reduction in codeine dispensed at retail pharmacies. Among prescription opioids, codeine is particularly likely to be used non-medically. Thus, the finding that RCLs appear to reduce codeine dispensing is potentially promising from a public health perspective."

Recreational cannabis and opioid distribution, Health Economics, 2023

"We conducted an anonymous, cross-sectional online survey in May 2021 for seven days with adult Canadian federally-authorized medical cannabis patients (N = 2697) registered with two global cannabis companies to evaluate patient perceptions of Primary Care Provider (PCP) knowledge of medical cannabis and communication regarding medical cannabis with PCPs, including PCP authorization of licensure and substitution of cannabis for other medications. ... Overall, 47.1% of participants reported substituting cannabis for pharmaceuticals or other substances (e.g., alcohol, tobacco/nicotine)."

Healthcare provider and medical cannabis patient communication regarding referral and medication substitution: The Canadian context, Journal of Cannabis Research, 2022

The adjunctive use of cannabis augments the analgesic properties of opioids

"This Phase II study evaluated analgesia, abuse liability, and cognitive performance of hydromorphone and oral delta-9-tetrahydrocannabinol (THC; dronabinol) using a within-subject, double-blind, randomized, placebo-controlled, human laboratory trial. ... Analgesia only improved in the



hydromorphone + dronabinol 2.5 mg condition. ... These data suggest that dronabinol may enhance the analgesic effects of a *low dose* of hydromorphone, indicative of possible opioid-sparing effects, but that this effect only occurs within a narrow dose range beyond which hyperalgesia, increased risk for AEs [adverse events], and abuse liability are more likely to occur."

Within-subject, double-blinded, randomized, and placebo-controlled evaluation of the combined effects of the cannabinoid dronabinol and the opioid hydromorphone in a human laboratory model, *Neuropsychopharmacology*, 2021

Patients often use cannabis as a substitute for other controlled substances, including prescription medications, alcohol, and tobacco

"The Canadian Cannabis Patient Survey (CCPS) is a large cross-sectional survey of authorized medical cannabis patients in Canada. This publication summarizes the results of the CCPS 2021, with a focus on age-related outcomes and the elderly sub-population. ... Overall, study participants reported that cannabis had a high degree of efficacy in alleviating their illness/symptoms, and many reported a reduction in their use of prescription opioids, alcohol, tobacco, and other substances."

Age-related patterns of medical cannabis use: A survey of authorized patients in Canada, *Cannabis*, 2024

Chronic pain patients are less likely to abuse medicinal cannabis as compared to opioids

"Generally, rates of problematic use of MC (medicinal cannabis) among MC users seem lower than rates of problematic use of opioids among those prescribed opioids."

Problematic use of prescription opioids and medicinal cannabis among patients suffering from chronic pain, *Pain Medicine*, 2016

Cannabis use is associated with greater rates of opioid use treatment retention and may mitigate opioid-related cravings

"We investigated the relationship between cannabis use and cessation of unregulated opioid use among people who use drugs (PWUD) living with chronic pain. ... Daily cannabis use was positively associated with opioid cessation (adjusted hazard ratio 1.40). In the sex-stratified sub-analyses, daily cannabis use was significantly associated with increased rates of opioid cessation among males (adjusted hazard ratio 1.50). ... Participants reporting daily cannabis use exhibited higher rates of cessation compared to less frequent users or non-users. ... Our findings add to the growing evidence supporting the potential benefits of cannabis use among PWUD, underlining the need for further research."

Cannabis use and illicit opioid cessation among people who use drugs living with chronic pain, *Drug and Alcohol Review*, 2025



Marijuana and Veterans Issues

Veterans consume cannabis at rates far higher than the general population, and many report using it for medical purposes

"Among 24,089 eligible respondents, 420 (1.7 percent) reported a current clinical diagnosis of post-traumatic stress disorder. In total, 106 (28.2 percent) people with post-traumatic stress disorder reported past-year cannabis use, compared to 11.2 percent of those without post-traumatic stress disorder."

Does cannabis use modify the effect of post-traumatic stress disorder on severe depression and suicidal ideation? Evidence from a population-based cross-sectional study of Canadians, *Journal of Psychopharmacology*, 2019

Among military veterans who acknowledged using cannabis within the past year, 41 percent classified their marijuana use as medical – a percentage that is twice as high as is reported by adults in the general population.

Recent cannabis use among Veterans in the United States: Results from a national sample. *Addictive Behaviors*, 2018

Many veterans report substituting medical cannabis for prescription drugs and alcohol

"A total of 510 veterans of US military service participated in the survey. ... A majority of participants (463; 91%) reported that medicinal cannabis treatment helped them to experience a greater quality of life, fewer psychological symptoms (407; 80%), and fewer physical symptoms (371; 73%). Many more reported using less alcohol (236; 46%), fewer medications (229; 45%), less tobacco (120; 24%), and fewer opioids (105; 21%) as a result of medicinal cannabis use."

Medicinal cannabis use and an alternative to prescription and over-the-counter medication use among US veterans, *Clinical Therapeutics*, 2023

Veterans often report using cannabis to treat symptoms of chronic pain and mood disorders, like post-traumatic stress. Clinical data supports the use of cannabis treatment for these indications.

"Among veterans with chronic pain in VA primary care enrolled in a pragmatic trial, a new NP [natural products] survey revealed prevalent use of multiple NPs concurrently, and in some cases, as substitutes for prescribed medications. ... 40% (of respondents) reporting using cannabis products. Indications for cannabis among those reporting use were pain or mobility (81%), sleep (62%), PTSD or anxiety (43%), stress (43%), and depression (29%)."

Natural products for chronic pain: A new survey of patterns of use, beliefs, concerns, and disclosures to providers, *Global Advances in Integrative Medicine and Health*, 2025

"In this retrospective naturalistic study, we followed 14 relatively mature (32-68 years of age), treatment-resistant, chronic combat post-traumatic patients who remained severely symptomatic despite treatment with many lines of conventional treatment prior to receiving medicinal cannabis. ... To the best of our knowledge, this is the first published study examining long-term cannabis efficacy in



chronic combat treatment-resistant PTSD patients. ... After treatment with cannabis, total sleep score, subjective sleep quality, and sleep duration significantly improved. ... Total PTSD symptom score and its subdomains (intrusiveness, avoidance, and alertness) showed [also] improvement. ... Future research should clarify the long-term effects of cannabis on different groups of patients suffering from PTSD." Medical cannabis treatment for treatment-resistant combat PTSD, *Frontiers in Psychiatry*, 2023

"This study investigates health-related quality of life (HRQoL) changes and adverse events in patients prescribed CBMPs [cannabis-based medicinal products] for PTSD. Of 162 included patients, 144 were current/previous cannabis users. HRQoL was assessed at 1-, 3-, and 6-months using validated patient reported outcome measures. ... This observational study suggests an association between CBMP treatment and improvement in PTSD-specific, HRQoL [health-related quality of life], sleep, and anxiety outcomes at up to 6-month follow-up. CBMPs were well-tolerated and adverse events manageable. ... [T]his study can serve to inform future randomized placebo-controlled trials with the aim of confirming these promising effects, whilst informing current clinical practice."

Assessment of clinical outcomes in patients with post-traumatic stress disorder: Analysis from the UK Medical Cannabis Registry, *Expert Review of Neurotherapeutics*, 2023

In states where medical cannabis is legal, opioid-related mortality has fallen significantly

"[M]edical marijuana laws reduce the misuse of prescription opioids, as reflected in treatment admissions and overdose deaths, primarily through the allowance and opening of dispensaries." Do medical marijuana laws reduce addictions and deaths related to pain killers? *Journal of Health Economics*, 2018

"Colorado's legalization of recreational cannabis sales and use resulted in a 0.7 deaths per month reduction in opioid-related deaths. This reduction represents a reversal of the upward trend in opioid-related deaths in Colorado."

Recreational cannabis legalization and opioid-related deaths in Colorado, 2000-2015, 2017

Studies of pain patients eligible for medical marijuana access find that most subjects significantly reduce or eliminate their use of opioids following cannabis therapy

"Between August 1 – December 31, 2016 a total of 2290 patients were enrolled in the program under the qualifying condition of intractable pain; 45 of these patients were previously enrolled in the program under an additional qualifying condition. This report focuses on the 2245 patients who were certified for intractable pain and enrolled in the program for the first time during this interval. ... A large proportion (58%) of patients on other pain medications when they started taking medical cannabis were able to reduce their use of these meds according to health care practitioner survey results. Opioid medications were reduced for 38% of patients (nearly 60% of these reduced at least one opioid by ≥50%), benzodiazepines were reduced for 3%, and other pain medications were reduced for 22%. If only the 353 patients (60.2%, based on medication list in first Patient Self-Evaluation) known to be taking opioid medications at baseline are included, 62.6% (221/353) were able to reduce or eliminate opioid usage after six months."

Minnesota Department of Health, Intractable Pain Patients in the Minnesota Medical Cannabis Program: Experience of Enrollees During the First Five Months, 2018



Cannabis Use by Older Adult Populations

The self-reported use of cannabis by older adults and/or seniors has grown significantly in recent years

Nationwide, an estimated nine percent of those ages 50 or older report having consumed cannabis within the past year.

Comparing older nonmedical and medical cannabis users: Health-related characteristics, cannabis use patterns, and cannabis sources, *The American Journal of Drug and Alcohol Abuse*, 2021

Between 2016 and 2018, the self-reported use of cannabis among those ages 65 to 69 years old nearly doubled to 8 percent among men and to nearly 4 percent among women.

Recent trends in cannabis use in older Americans, *Annals of Internal Medicine*, 2021

An increasing percentage of older adults are turning to the use of cannabis exclusively for therapeutic purposes

In a survey of Medicare recipients, 21 percent of respondents reported that they were current users of cannabis for medical purposes. Survey respondents were most likely to report using cannabis products to address symptoms of anxiety, chronic pain, depression, glaucoma, and HIV/AIDS.

1 in 5 Medicare Recipients Use Medical Marijuana, *Medicareplans.com*, 2022

Nearly 20 percent of those US adults ages 50 and older who report consuming cannabis within the past year define their use as medicinal.

Recent trends in cannabis use in older Americans, *Annals of Internal Medicine*, 2021

Among a cohort of seniors (ages 65 or older) residing in a legal state (California), 78 percent of those who reported consuming cannabis within the past three years defined their use as medical. "Most older adults in the sample initiated [their] cannabis use after the age of 60 years and used it primarily for medical purposes to treat pain, sleep disturbance, anxiety, and/or depression."

Cannabis: An emerging treatment for common symptoms in older adults, *Journal of the American Geriatric Society*, 2020

An increasing body of scientific data shows that the use of cannabis by older adults is associated with improvements in their overall quality of life

"To the best of our knowledge, the present report describes one of the largest longitudinal study of authorized older medical cannabis patients to date. Given current population trends suggesting significant growth in aging populations and longer lifespans overall, finding safe, efficacious, and cost-effective treatments for geriatric care is a priority. The results of this multi-site, prospective, longitudinal study of medical cannabis patients ages 50 years and older indicate that cannabis may be a relatively safe and effective treatment for chronic pain, sleep disturbances, and other conditions associated with aging, leading to subsequent reductions in prescription drug use and healthcare costs, as well as significant improvements in quality of life."

Medical cannabis for patients over age 50: A multi-site, prospective study of patterns of use and health outcomes, *Cannabis*, 2025



"We aimed to document the characteristics, outcomes and prescribing patterns of individuals aged 65+ years receiving prescribed cannabis compared to younger individuals receiving prescribed cannabis. ... Self-report ratings of quality of life, general health, mood, and sleep were available at treatment entry and at a 3-month follow-up. ... Older aged individuals experience considerable improvement in health and well-being when prescribed cannabis-based medicinal products. ... These findings accord with a growing body of observational and real-world evidence from jurisdictions that have legalized medicinal cannabis that cannabis is effective for improving sleep, mood and quality of health across multiple primary conditions."

Prescribed medical cannabis use among older individuals: Patient characteristics and improvements in well-being: Findings from T21, Drugs & Aging, 2024

"We conducted a prospective observational study of patients aged 65 years or older that initiated cannabis treatment for different indications, mostly chronic non-cancer pain, during 2018–2020 in a specialized geriatric clinic. The outcomes assessed were activities of daily living (ADL), instrumental activities of daily living (IADL), pain intensity, geriatric depression scale, chronic medication use, and adverse events at six months. ... In this prospective cohort study of older adults treated with medical cannabis, we have shown that cannabis treatment for six months was associated with improvements in IADL and GDS [Geriatric Depression Scale], as well as a reduction in pain and opioid use."

Medical cannabis is not associated with a decrease in activities of daily living in older adults, Biomedicines, 2023

"In this prospective study, we describe the characteristics and outcomes of approximately 10,000 patients treated with medical cannabis. ... Quality of life (QOL) was assessed both at intake and at 6 months in 4,143 patients. While only 12.9% of patients reported good QOL prior to treatment initiation, 69.9% reported good QOL at 6 months. ... Results showed high adherence, high safety with a low incidence of adverse events, and a high rate of effectiveness in the prescribed treatment, as well as a decrease in pain levels, improvement in QOL, and a reduction in the consumption of concomitant medications."

Adherence, safety, and effectiveness of medical cannabis and epidemiological characteristics of the patient population: A prospective study, Frontiers in Medicine, 2022

Cannabis use by older subjects is associated with greater rates of physical activity

"Data were obtained from the 2005–2006 National Health and Nutrition Examination Survey. A total of 2,092 participants (ages 20–59; 48.8% female) had accelerometer-measured sedentary behavior, light physical activity, and moderate-to-vigorous physical activity. Participants were classified as light, moderate, frequent, or non-current cannabis users depending on how often they used cannabis in the previous 30 days. ... Frequent cannabis users engaged in more physical activity than non-current users. ... Findings tended to be stronger among adults over 40 and those who did not smoke cigarettes. ... Our findings do not support the mainstream perception of cannabis users as living sedentary lifestyles."

Cannabis use, sedentary behavior, and physical activity in a nationally representative sample of US adults, The Harm Reduction Journal, 2021