

Exhibit #20

DRAFT

BEFORE THE IOWA BOARD OF PHARMACY

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)	BOARD’S 2015 RECOMMENDATION
PETITION FOR AGENCY ACTION)	FOR THE SCHEDULING OF
)	MARIJUANA
)	

On July 7, 2014, Carl Olsen filed a Petition for Agency Action requesting that the Iowa Board of Pharmacy recommend to the Iowa General Assembly the removal of marijuana from Schedule I. The Board first considered this Petition at its August 2014 meeting. The Board tabled consideration of the Petition in August and appointed a special committee to further study the request. The committee met on November 17, 2014 and invited public comment on the Petition. Numerous government agencies, advocacy groups, and private citizens provided both written and oral comments at the November 17th meeting. Both the committee and the Board have thoroughly reviewed the Petition and the submitted information. On November 19, 2014, the Board met in open session to deliberate and render a decision on the Petition.

It is the Board’s 2015 recommendation to the Iowa General Assembly that marijuana be removed from Schedule I. The Board does not make this recommendation lightly. The Board’s decision is based on two primary considerations. First, Iowa Code section 124.203 requires that this Board recommend the removal of a substance from Schedule I if the Board finds: (1) the substance does not have a high potential for abuse, or (2) the substance has *some* accepted medical use in treatment in the United States. While the Board believes that marijuana has a high potential for abuse, in 2014 the Iowa General Assembly passed the Medical Cannabidiol Act. That Act permits the use of cannabidiol for patients suffering from intractable epilepsy. The passage of this Act is an affirmative recognition by the Iowa General Assembly that there is some medical use for marijuana. Continued placement of marijuana in Schedule I is not consistent with this Act. Second, marijuana is currently classified as both a Schedule I and

Schedule II controlled substance in Iowa. The dual scheduling is a holdover from experimental research programs authorized more than thirty years ago. The dual scheduling has understandably lead to confusion as to this Board's authority to promulgate rules authorizing the legal use of medical marijuana. The Board does not believe it was the intention of the legislature for the Board to unilaterally establish, design, and implement a medical marijuana program in Iowa. Removing marijuana from Schedule I and removing any reference to rules promulgated by the Iowa Board of Pharmacy will eliminate this confusion.

The Petition does not request or suggest what schedule marijuana should be placed in— only that it be removed from Schedule I. The Board, however, believes it has an obligation under the Controlled Substances Act to recommend the proper schedule should marijuana be removed from Schedule I. The Board believes that marijuana is properly classified as a Schedule II. Iowa Code section 124.205 establishes three criteria for inclusion in Schedule II. Marijuana meets each of these criteria as the Board believes marijuana (1) has a high potential for abuse, (2) abuse of marijuana may lead to severe psychic or physical dependence, and (3) marijuana currently has accepted medical use with severe restrictions in the United States.

The Board wants to caution Iowans on both the limitations on this recommendation and the limitations of any rescheduling of marijuana. The Board is not recommending the legalization of marijuana or even the legalization of a medical marijuana program in Iowa. The Board is simply recommending that marijuana be reclassified as a Schedule II controlled substance. The Board is further recommending, as it did in 2010, that a coalition of stakeholders be established to further study the potential medical uses of marijuana in Iowa, including further expansion of the use of cannabidiol oil. These stakeholders should include, but not be limited to, the Office of Drug Control Policy, the Iowa Boards of Medicine and Pharmacy, law enforcement

agencies, academia, addiction treatment specialists, patients, and the alike. It is incumbent that the establishment of any medical marijuana include the perspectives of all of these groups, as no single entity can determine what conditions medical marijuana could be used to treat, what safety measures are needed to prevent the unlawful consumption of marijuana, especially by children and teens, and the myriad of other concerns raised by the potential establishment of a medical marijuana program in Iowa. This Board, in particular, has genuine concerns about the ability of any program to establish the standardization of dosage and potency necessary to ensure patient safety and effective treatment.

The rescheduling of marijuana will not automatically result in the legalization of medical marijuana in Iowa. Subsequent legislation will be needed, like the Medical Cannabidiol Act, to authorize the specific medical use of marijuana or marijuana derivatives. The establishment of any medical marijuana program will take sufficient time. The Board acknowledges that this may be difficult to hear for the many Iowans who sincerely believe that medical marijuana will alleviate, or even cure, their or their loved ones ailments.

Finally, the Board cautions that any state medical marijuana program may be superseded by the federal government. Marijuana remains a Schedule I controlled substances under federal law. As a matter of policy, the federal government has allowed states to serve as laboratories of democracy and experiment with medical marijuana programs. This, however, is a matter of policy and not of law. The federal government could change that policy at any time, thereby nullifying any action taken by the State of Iowa.

EDWARD MAIER
Chairperson, Iowa Board of Pharmacy