Dear UMA Physicians,

**Medical Marijuana Compromise Bill**

As you are aware the Utah Medical Association (UMA), following policies established by our House of Delegates (HOD), has been fighting against Proposition 2 – the Utah Medical Cannabis Act because it is not medical in how it is written and how it would be implemented. Despite its opposition to proposition 2, UMA is not opposed to medical marijuana and would consider legislation that would further expand the medical marijuana that the Legislature, along with UMA, has already brought into the State.

UMA through the years has slowly worked with the Legislature to bring medical marijuana into the state in a way that closely echoes medicine or provides an opportunity for research during treatment for patients while following federal law.

In the last few weeks, while fighting Proposition 2, UMA has been discussing a compromise medical marijuana bill with the proponents of Proposition 2, leaders of the House, leaders of the Senate, the Governor’s office and the LDS Church as well as specific others that House or Senate leaders brought into the discussion as needed for specific parts of the bill. The goal of the compromise bill is to bring medical marijuana into the state in a way that closely mirrors how other medicine is given and dispensed while still restricting recreational use and allowing law enforcement the ability to tell the difference between recreational marijuana and medical. This compromise bill makes it so a physician, an MD or DO, diagnoses the patient, recommends a medical marijuana product, doses how much medical marijuana and what type of medical marijuana to give the patient then sends the recommendation through to a central fill pharmacy or a specialty pharmacy to be filled. The patient then picks up that dosed medicine at a county health department or at the specialty pharmacy. If the physician does not know what dose to give the patient, the physician can recommend the marijuana and the patient can then go to the specialty pharmacy where the pharmacist in conjunction with the recommending physician can determine the dose. Under this bill, physicians will be held to the same standard of care that they have for all treatments and care that they give patients.

This bill is still in the beginning stages of negotiation and will be heard and debated before being voted on by the Utah Legislature in a special session the Governor has announced he will call after the November midterm election. Since it is a compromise bill, there are parts of the bill that UMA still has some issues with, but as with all compromises, we may not be able to get everything that we want and support.

UMA still opposes Proposition 2, will continue the push to defeat it, and urges physicians and their patients to push for the defeat of Proposition 2. We will continue to work on the compromise bill as the process moves forward. Most of the issues have been worked out but a few may have been missed.

**Attached is a chart that explains some of the main differences between the compromise bill and Proposition 2**, particularly as it relates to the medical side of the bill. There are many other issues that
deal with law enforcement, control by cities and towns, how the growing and processing works, etc., that are not delineated in the table. We have a copy of the bill and a flow chart and summary which can be accessed on the UMA website at www.utahmed.org.

Please see attached table for comparison.

Sincerely,

Michelle S. McOmber, MBA, CAE
CEO