



September 28, 2022

Opposition to mandated coverage/reimbursement of non-FDA-approved cannabis products

Dear Sen./Reps:

On behalf of the Mid-Atlantic Regional College of Occupational and Environmental Medicine (MARCOEM), a component society of the American College of Occupational and Environmental Medicine (ACOEM), I am writing in opposition to New Jersey [A3248 or S313], a bill that would require workers' compensation carriers and health insurance plans to cover the cost of dispensary-purchased 'medical' cannabis and cannabis-derived products.

The vision of MARCOEM is to provide leadership to promote the optimal health and safety of workers, workplaces, and environments by educating health professionals and the public, enhancing the quality of practice, guiding public policy, stimulating research, and advancing the field of occupational and environmental medicine. ACOEM is the pre-eminent physician-led organization that champions the health of and safety of workers and workplaces. The College and its members are dedicated to improving the care and well-being of workers through science and the sharing of knowledge.

Employers have legal and ethical responsibilities to protect employees from workplace illness or injury, and to prevent impaired workers from endangering themselves, their co-workers, and/or the public. ACOEM acknowledges that anecdotal reports attribute potential therapeutic benefits to medical marijuana, yet cannabis-based products may cause significant toxicity, due to plant constituents and route of administration (oral or inhaled), and impairment with clear abuse and dependence potential, notably products containing THC.

Before New Jersey mandates coverage/reimbursement, we urge you to consider the implications of non-U.S. Food and Drug Administration (FDA)-regulated cannabis and cannabis-derived products on public and workplace health and safety.

MARCOEM joins other prominent physician organizations, including the Medical Society of New Jersey, the New Jersey Society of Interventional Pain Physicians, the New Jersey Orthopaedic Society, and the American Medical Association in expressing serious apprehensions about bills that will have the deleterious public health effect of promoting, endorsing, and tacitly

encouraging patients to use, for medical purposes, cannabis products not subject to evaluation and ongoing monitoring by the FDA for safety, efficacy, and quality.\*

**New Jersey Workers, Particularly Those Who Require Medical Care, Deserve Better**

Mandating coverage ahead of peer-reviewed, scientific evidence supporting the use of cannabis-based products is, at best, risky; at worst, it's dangerous. As Kathleen Brady, MD, wrote in an editorial, "Medical Marijuana: Putting the Cart Before the Horse" published in the *American Journal of Psychiatry* (July 2020), "...the medicinal benefits of medical marijuana and cannabinoids should be evaluated by the same standards that we apply to every other medication before being prescribed or recommended by physicians, and advertised to the public."

**We believe that the standards referenced by Dr. Brady should apply to coverage and reimbursement decisions on cannabis-derived drugs as well. As proposed, the medical community is concerned insurance coverage/reimbursement will encourage patients to forgo use of evidence-based treatments backed by safety and efficacy data in favor of unproven, non-FDA-regulated cannabis-derived products.**

Cases in point: in New Jersey, glaucoma and post-traumatic stress disorder (PTSD) are "approved qualifying medical conditions" under the New Jersey Medicinal Cannabis Program (NJMCP). (see <https://www.nj.gov/cannabis/medicinalcannabis/patients/>). Concerning glaucoma, the American Academy of Ophthalmology (AAO) states (see <https://www.aao.org/eye-health/tips-prevention/medical-marijuana-glaucoma-treatment>): "Until more research is done, the AAO does not recommend marijuana or other cannabis products for the treatment of glaucoma. That's because eye pressure must be managed 24 hours a day to effectively treat glaucoma. It's simply not practical to use marijuana constantly, [and] marijuana can damage the optic nerve in people with glaucoma. Several current, effective treatments for glaucoma are more reliable and safer than marijuana."

As to PTSD, the American Psychiatric Association (APA) states (see <https://www.psychiatry.org/getattachment/0b3cc852-bc22-45ce-b9dc-9b98747889e7/Position-Cannabis-for-PTSD.pdf>): "[t]here is no current scientific evidence that cannabis is in any way beneficial for the treatment of any psychiatric disorder. Current evidence supports, at minimum, a strong association of cannabis use with the onset of psychiatric disorders." The U.S. Veterans Administration (see [https://www.ptsd.va.gov/professional/treat/cooccurring/marijuana\\_ptsd\\_vets.asp](https://www.ptsd.va.gov/professional/treat/cooccurring/marijuana_ptsd_vets.asp)) "recommends against treating PTSD with cannabis...due to the lack of evidence for [its] efficacy. Preliminary evidence that natural and synthetic cannabinoids is offset by the significant side effects, including tolerance, dependence, withdrawal syndrome, psychosis, cognitive deficits, and respiratory symptoms if smoked."

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\*Please see list of attachments on page 2 of this letter.

We know a great deal about marijuana. We know that the psychoactive THC found in products containing cannabis can significantly impair judgment, motor coordination, and reaction time. We know about its toxicity, its potential use – both intentional and unintentional – by adolescents and toddlers. We know about its addiction potential. We know about cannabis-induced apathy and related loss of productivity. And yet, with an abundance of evidence demonstrating all these problems, there is not sufficient evidence that indicates non-standardized, non-FDA-approved cannabis and cannabinoids have any well demonstrated application for medically necessary treatment of any medical condition. And that should cause us to conclude that the effect of mandating coverage and reimbursement of dispensary purchased products will be to further increase the risk of on-site accidents and impaired job performance by workers in New Jersey.

Furthermore, if New Jersey and other states mandate insurance coverage for cannabis products without requiring those products to demonstrate safety and efficacy through comprehensive clinical study, it will discourage future investment in New Jersey and elsewhere in the high-quality research necessary to understand our scientific understanding of cannabis and its true therapeutic potential. After all, cannabis manufacturers will have no remaining incentive to invest in comprehensive clinical studies and subject their medicines to a higher standard of scrutiny, *i.e.*, the FDA drug regulatory pathway. As a result, fewer approved cannabis-derived medicines with proven product profiles will be available to consumers; physicians will have less clinical information available to assist patients in making better informed treatment decisions; and patients will be at risk of serious debilitating adverse effects associated with cannabis use.

### **A Dangerous Trend in New Jersey and Nationwide**

Our members, employers, the FDA, and other regulatory agencies are concerned about medical marijuana and cannabis-derived product markets making unsubstantiated claims that put people's health and lives at risk. In and outside the workplace, consumers are vulnerable to what many call "predatory marketing practices."

Making a dangerous situation worse are online medical marijuana patient certification services that deploy aggressive advertising with messages such as, "*Get Your New Jersey Medical Marijuana Card Online in 15 Minutes.*" These services, widely referred to as "card mills," lure consumers with claims of access to medical-only cannabis dispensaries, the gateway to lower costs, lower taxes, lower age restrictions, higher limits on purchase quantities, and, most disturbing to physicians, products with more potent THC concentrations.

High potency 'medical' marijuana endangers the health and well-being of workers and patients. According to a recent peer-reviewed study, "Association of cannabis potency with mental ill health and addiction: a systematic review," (July 2022) published in a leading medical journal, *The Lancet*, (see [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(22\)00161-4/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(22)00161-4/fulltext)) "Overall, the evidence suggests that the use of higher potency cannabis, compared with lower potency cannabis, is associated with an increased risk of psychosis, and this risk is higher in people who use cannabis daily. The findings from this systematic review suggest that

exposure to greater doses of THC from consumption of higher potency cannabis is associated with poorer mental health outcomes.”

There is an argument put forth by the cannabis industry with which we agree: Reduced prices by way of lower taxes and fees will encourage more individuals to more frequently use higher-potency cannabinoids. Where we differ is that many cannabis dispensaries and marketing companies see this as a road to huge profits; we see it as a path fraught with danger to users and their co-workers. And if lower-cost, non-FDA-regulated cannabis products can yield these dangerous health outcomes, it is reasonable to expect low- or zero-co-pay policies will detrimentally expand their use.

ACOEM, our parent organization, highlighted in its 2019 statement, Legalization of Marijuana-Implications for Workplace Safety ([https://acoem.org/acoem/media/PDF-Library/Public\\_Affairs/Marijuana-Position-10-3-2019.pdf](https://acoem.org/acoem/media/PDF-Library/Public_Affairs/Marijuana-Position-10-3-2019.pdf)), ... it is critical that safety be at the forefront of any policy discussions regarding the use of cannabis and non-FDA-regulated cannabis products sold from medical marijuana dispensaries, will have a significant negative impact on the health and safety of the public and the state’s workers.

We thank you for considering our viewpoint and those represented in the attachments to this letter. We urge you to vote NO.

Sincerely,

A handwritten signature in black ink, appearing to read 'Karl Auerbach', with a horizontal line extending to the right.

MARCOEM Secretary,  
Karl Auerbach, MD, MS, MBA, FACOEM  
(Certified Medical Review Officer)