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January 13, 2011

Ruth Charbonneau, Director
Office of Legal & Regulatory Affairs
Office of the Commissioner
New Jersey Department of Health & Senior Services
P.O. Box 360
Trenton, New Jersey 08625-0360

Re: PRN 2010-293; Medicinal Marijuana Program Rules; Proposed at 42 *N.J.R.*
2668 (November 15, 2010)

Dear Director Charbonneau:

The Medical Society of New Jersey (MSNJ) appreciates the opportunity to comment on the New Jersey Department of Health & Senior Services' (the Department) proposed rules governing the medicinal marijuana program. MSNJ represents approximately 8,000 physicians in the state of New Jersey and has been active in the development of the proposed regulations.

MSNJ supports the Department's proposal to implement a medical model for the dispensing and use of medicinal marijuana. We commend the Department for thoroughly researching and conferring with other state officials whose laws permit the use of marijuana for medicinal purposes. MSNJ believes that the proposed regulations strike the necessary balance between providing relief to patients with debilitating conditions and ensuring that medical marijuana is not diverted to illegal use. The Department has established safeguards to ensure that the use of medical marijuana is limited to therapeutic treatment for specific debilitating medical conditions, consistent with the New Jersey Legislature's intent.

It is noteworthy that MSNJ did not take a position on the enabling legislation because our official policy calls for more research on the efficacy of smoked marijuana through the National Cancer Institute and other academic and research institution. We continue to have concerns about the lack of scientifically based dosage guidance and efficacy studies. Nevertheless, once the Legislature established a medical model, we worked with the Department to ensure that the law would be implemented to fulfill the limited medical uses authorized with appropriate safeguards against fraud and criminal diversion to non-medical uses, currently a problem in other states.

Ruth Charbonneau, Director- Legal and Regulatory Affairs
Office of the Commissioner, NJ Department of Health & Senior Services
MSNJ Comment RE: PRN-2010-293

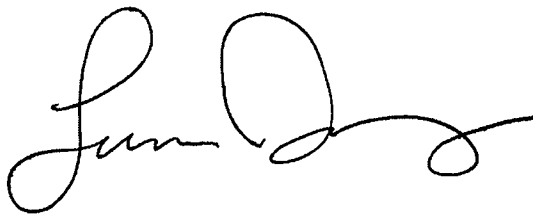
MSNJ's support hinges on a number of elements in the proposal. First, we agree that the program should be limited to patients with established *bona fide* relationships with physicians and that the care be ongoing to monitor the underlying debilitating conditions. The proposal's definition of a *bona fide* relationship is specific enough to ensure a physician-patient relationship (requiring a year long relationship or four visits for the specific debilitating condition), yet flexible enough to allow a patient's access to medicinal marijuana where the physician assumes responsibility for management and care after a comprehensive medical history, physical examination, and personal review of medical records maintained by other treating physicians that reflect the patient's unresponsiveness to conventional medical therapies. N.J.S.A. 8:64-1.1.

Second, we agree that medicinal marijuana should only be available to patients with the specified debilitating conditions and findings, memorialized in a physician certification, that the patient's diagnosis is a debilitating medical condition specified by statute *and* that the patient has not responded to conventional medical treatment as defined by evidence-based algorithms of care and may benefit from the use of medicinal marijuana. N.J.A.C. 8:64-2.5.

Third, MSNJ agrees that the names of patients and caregivers under the program should be confidential.

Finally, MSNJ supports the establishment of a review panel to consider and approve additional debilitating medical conditions, so long as those conditions continue to meet the statutory and regulatory intent. We agree that at least two annual reports should be made to the Department before additional debilitating conditions are considered by the review panel. This should give the Department an opportunity to evaluate the strengths and weaknesses of the program, allowing an informed decision on whether the program should be extended to other debilitating medical conditions. We also agree that the majority of the review panel should be physicians. N.J.A.C. 8:64-5.1.

Respectfully submitted,



Lawrence Downs, Esq.
General Counsel
Medical Society of New Jersey