STATE OF DELAWARE
STATE COUNCIL FOR PERSONS WITH DISABILITIES
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August 26, 2015

Ms. Jamie Mack
Division of Public Health
Jesse Cooper Building
417 Federal Street
Dover, DE 19901

RE: 19 DE Reg. 91 [DPH Emergency Medical Marijuana Regulation] and 18 DE 116 [DPH Proposed Medical Marijuana Regulation]

Dear Ms. Mack:

The State Council for Persons with Disabilities (SCPD) has reviewed the Division of Public Health's (DPH's) proposal to adopt some discrete amendments to the State of Delaware Medical Marijuana Code. The new standards appear in the August 1, 2105 Register of Regulations as both an emergency regulation at 19 DE Reg. 91and proposed regulation at 19 DE Reg. 116. The primary impetus for the revisions is the recent enactment of S.B. 90. Background on that legislation is contained in the attached May 14, 2015 News Journal article and summary published in the Delaware Senate Republican Caucus newsletter. As these sources indicate, the primary focus of the legislation was to amend the medical marijuana law to allow children under age 18 to use medical marijuana-based oils to treat seizures.

SCPD has the following observations.

First, it would be preferable to permit an adult with a qualifying condition to receive marijuana oil as juxtaposed to traditional dried-plant-based marijuana. The regulation ostensibly disallows adults from acquiring marijuana oil. See §7.2.8.3.1.4. Indeed, it is defined as "Pediatric Medical Marijuana Oil". Consider the following:

A. Ingesting an oil would not have the adverse lung effects of smoking marijuana.

B. A minor turning 18 for whom the oil is effective must categorically stop using the oil. See §5.3.8. It is difficult to imagine that the efficacy of the oil would change on someone's birthday.

C. The May 14, 2015 article suggests that other states allow adults access to the oil-based marijuana:

> Fourteen states have approved cannabis oil for the treatment of epilepsy and other serious conditions. The list includes Virginia, where lawmakers earlier this year passed legislation allowing residents, including children, to use marijuana oils to treat seizures.

D. The synopsis to S.B. 90 posits that age of the user should be immaterial:

> These oils don't have enough "active ingredient" to get someone high. Therefore, there is no reason whatsoever not to allow its use for treatment of these conditions, no matter what the age of the person needing its help.

E. The text of S.B. 90 does not limit access to marijuana oils to minors. The definition of "usable marijuana" is amended to include "marijuana oil" and adults are eligible to receive "usable marijuana".

Second, it's unclear how much marijuana oil can be dispensed (to a child or adult). Section 7.2.8.3.1.2 limits dispensing to no more than 3 ounces of usable marijuana during a 14 day period. Three ounces of a liquid oil may be quite different than three ounces of a dried plant product. The Division may wish to assess whether the 3-oz. cap should apply to oils.

Third, the definition of "Responsible Party", second sentence, merits correction for grammar. There is a plural pronoun ("their") with a singular antecedent ("Party"). Consider substituting "Responsible Party's" for "their".

Fourth, an adult with a qualifying condition for whom a guardian has been appointed could participate in the program with the guardian serving as the "Responsible Party". However, §3.3.3 categorically presumes that anyone with a guardian will be a minor. Thus, only pediatric physicians are authorized to certify eligibility. The requirement that a pediatric physician certify the eligibility of an adult with a guardian should be corrected. Note that the reference to pediatric physicians in §3.3.3 may be redundant anyway given the definition of "Physician".

Fifth, §3.3.3.2 should be reviewed. Since there is a plural pronoun ("they") with a singular antecedent ("patient"), consider substituting "the patient has" for "they have". Moreover, the term "seizures" should be inserted after "nausea;". Compare S.B. No. 90, §4902A(3)b. There could be seizures without "painful and persistent muscle spasms".

Sixth, the grammar in §3.3.5 should be corrected. Substitute "Parties" for "Party's".

Seventh, the grammar in §5.3.8, first sentence, should be corrected. Consider the following substitute: "When a registered qualifying pediatric patient ~~passes their 18th birthday~~ attains 18 years of age, ~~they~~ the patient may...."

Eighth, §7.2.6 adopts more flexible standards for the maximum inventory of marijuana that can be maintained by a compassion center. This change is consistent with a recommendation in the attached article, M. Lally, "What's in Store for Delaware's First Medical Cannabis Dispensary" at p. 23:

> In addition, Delaware law prohibits a registered compassion center from having more than 150 marijuana plants, irrespective of the stage of grow, or from possessing more than 1,500 ounces of usable marijuana, regardless of formulation. These restrictions may adversely impact the ability of registered dispensaries to produce enough medicine.

Adopting a more flexible standard is ostensibly a prudent amendment.

Ninth, instead of having a limit on the amount of medical marijuana determined by regulation (which is not individualized) it should be treated like other drugs and DPH should consider allowing physicians the ability to prescribe the amount and periodicity of medical marijuana administration.

Thank you for your consideration and please contact SCPD if you have any questions or comments regarding our observations on the proposed regulation.

Sincerely,

Daniese McMullin-Powell, Chairperson
State Council for Persons with Disabilities

cc: The Honorable Ernesto Lopez
Mr. Mark Lally, First State Compassion Center
Ms. Karyl Rattay, DHSS-DPH
Ms. Debbie Gottschalk, DHSS
Mr. Brian Hartman, Esq.
Developmental Disabilities Council
Governor's Advisory Council for Exceptional Citizens

19reg91 dph emergency medical marijuana 8-26-15

# Bill would allow marijuana oils for kids with seizures

JONATHAN STARKEY
THE NEWS JOURNAL

3-14-15
NJ

Rylie Maedler's seizures started after a 2013 surgery to remove a benign but aggressive tumor that spread from her jaw to the palate of her mouth.

Now Maedler's seizures come and go, but can have a devastating impact.

They leave the Rehoboth Beach 9-year-old dizzy, her legs numb and immobile, and with headaches that can last for days.

But drugs used to treat the seizures have had their own troubling effects. One of the medicines doctors prescribed made her lethargic and unwilling to participate in normal activities.

"Like a zombie," says Janie Maedler, Rylie's mother.

Another drug's symptoms were even more concerning.

The medicine caused her to become extremely agitated, and fight bouts of depression that caused changes in her personality.

"With all of the health issues that she has, the pharmaceuticals actually work against her health issues," Maedler says, adding the drugs also worsened Rylie's jaw pain and caused degeneration in her teeth.

Now the Maedlers are helping to change the law in Delaware to allow children to legally access marijuana-extracted oils for the treatment of seizures.

Maedler said allowing legal access to marijuana oils "means a chance at a normal life" for Rylie.

Across the country, some parents have turned to marijuana oils to help treat seizures, even though there is little scientific evidence to back up its anecdotal therapeutic benefits.

Delaware Sen. Ernie Lopez, a Lewes Republican, is sponsoring the legislation that would narrowly open Delaware's medical marijuana program to minors by allowing access to the oils.

Lopez's bill would specifically allow doctors to certify minor patients to use marijuana for the treatment of intractable epilepsy or "involuntary muscle contractions that cause slow, repetitive movements or abnormal postures."

The proposal would allow Delaware children to use two oils extracted from marijuana to help treat seizures – cannabidiol oil and THC-A oil. Children would not become intoxicated from using the oils, advocates say.

CHUCK SNYDER/SPECIAL TO THE NEWS JOURNAL
Rylie Maedler, 9, of Rehoboth Beach, plays with brother Korban, 3. Rylie suffers from epileptic seizures.

Delawareans younger than 18 are blocked from using marijuana under the state's current medical marijuana program.

If lawmakers pass the measure, which also would allow adults with epilepsy to obtain medical marijuana, parents could seek certification from a Delaware doctor and obtain the oils from medical marijuana dispensaries licensed by the state.

The first dispensary is scheduled to open next month outside of Wilmington.

Two dozen lawmakers, including Democrats and Republicans and members of leadership, are backing Lopez's measure.

Fourteen states have approved cannabis oil for the treatment of epilepsy and other serious conditions.

The list includes Virginia, where lawmakers earlier this year passed legislation allowing residents, including children, to use marijuana oils to treat seizures.

Lopez's bill was modeled after the Virginia legislation.

Lawmakers on the Senate Health and Social Services Committee approved Lopez's bill Wednesday, moving it to the full Senate for consideration. Lopez expects it will go before the full Senate in early June.

The Medical Society of Delaware also is remaining neutral, saying they are awaiting scientific evidence that marijuana oils can be beneficial.

Contact Jonathan Starkey at (302) 983-6756, on Twitter @jwstarkey or at jstarkey@delawareonline.com.

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# Delaware Plummets In Ranking

Delaware's economic outlook ranks in the bottom third of the country, according to a national study released recently.

Delaware was rated 38th, based on taxing, spending and regulatory practices tracked by the non-partisan policy center American Legislative Exchange Council (ALEC).

Delaware fell 11 spots in the rankings from a year ago, the second largest drop of any state in the country.

The Economic Outlook Ranking is a measure of how each state can expect to perform economically based on 15 policy

*With bill sponsor Sen. Ernie Lopez by her side, Rylie Maedler, left, testifies this week at a Senate hearing.*

# Cannabis Oil Bill Passes First Test

## 'Rylie's Law' Seen As Relief For Children Suffering From Epileptic Seizures

**DOVER** - A bill that would make it legal for Delaware children under the age of 18 to use medical marijuana-based oils to treat debilitating medical conditions is headed to a vote of the full Senate after being approved this week in the Senate Health and Social Services Committee.

The bipartisan measure, sponsored by Sen. Ernie Lopez (R-Lewes) and co-sponsored by more than 20 others, would expand the state's medical marijuana laws to allow physicians to certify the use of cannabis oil to treat children who suffer from intractable epilepsy and dystonia. Currently no form of medical marijuana is legally available for those under the age of 18.

Said Sen. Lopez during Wednesday's committee hearing: "My fellow Senators the time has come for Delaware to join our sister states in allowing our children - children who suffer from unconscionable pain, children who suffer by no fault of their own, children who suffer because our laws here at home do not allow helpful medicine that other states have long since adopted . . . to ease that pain, ease the suffering that's consumed them and held them back from the joys that you and I take for granted."

Intractable epilepsy is defined as epilepsy that does not respond to traditional drugs. Disorders such as dystonia are characterized by involuntary muscle contractions. The medical marijuana oil, also known as cannabidiol oil, has been proven to help people with intractable epilepsy and dystonia.

The legislation is named after Rylie Maedler, a 9-year-old from Rehoboth Beach who is recovering from surgery to remove a bone tumor in her face. After the surgery she started suffering seizures.

Rylie's mother testified that the medicine prescribed to treat the

areas that have proven, over time, to be the best determinants of economic success.

Generally speaking, according to the study, states that spend less and tax less experience higher growth rates than states that tax and spend more.

"Bottom line, the biggest deficiency in Delaware, as we see it, are that there are too many taxes and those taxes are too high," said ALEC Research Analyst William Freeland. "Across the board the taxes are ugly. In addition, not embracing right to work, a pretty important metric as we measure it, is also hurting Delaware."

Adding to the state's shaky financial standing is a string of projections by the Delaware Economic and Financial Advisory Council of falling state revenues. After last month's DEFAC report, revenue estimates are down about $67 million since Gov. Jack Markell proposed his budget in January. The panel is scheduled to meet again on Monday.

"This independent report is further proof that our state's legislative policies of higher taxes and increased spending, as determined by the majority party, have failed to turn our economy around," said Senate Republican Leader Gary Simpson (R-Milford). "We have continued to present new ideas to stimulate the economy and reduce the cost of government. We have introduced legislation to reform our state's prevailing wage and right-to-work laws. It's time the governor and majority party realize what they're doing isn't working."

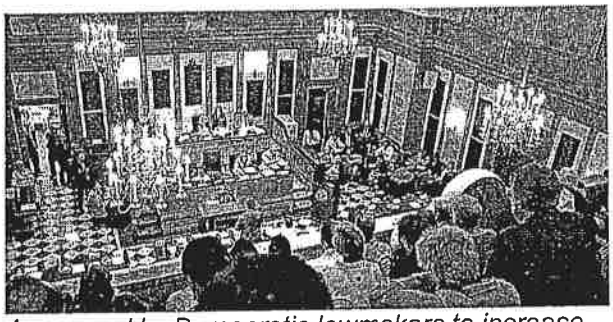
seizures and other symptoms is not working. She said medical professionals and families in similar situations across the country have advised her of the benefits of cannabis oil.

"Rylie's days are a struggle for her," said Janie Maedler. "She has dizziness, severe headaches, pain, inflammation and debilitating seizures. To not allow her a natural medicine that would address these issues without side effects feels like a life sentence that she does not deserve. Cannabis can bring her quality of life back to almost what it was before her health issues. We can only imagine how many children there are that it could benefit and give them their childhood back."

Rylie also addressed the Senate committee.

"I am scared that one day I will have a seizure and it would never stop," she said. "I hope you pass this law because I just want a chance to be normal."

Sen. Lopez emphasized the oil does not contain enough THC - the active chemical in marijuana - to get someone high. The bill could be placed on the Senate agenda as early as Tuesday.



*A proposal by Democratic lawmakers to increase motor vehicle fees to pay for road improvements has cleared the House.*

# State House Approves DMV Fee Increases

## Republicans Push For Alternatives

**DOVER** - As House Democrats pushed through a bill hiking 14 vehicle-related fees, General Assembly Republicans are advocating for a bipartisan, holistic approach to solving the state's transportation funding challenges.

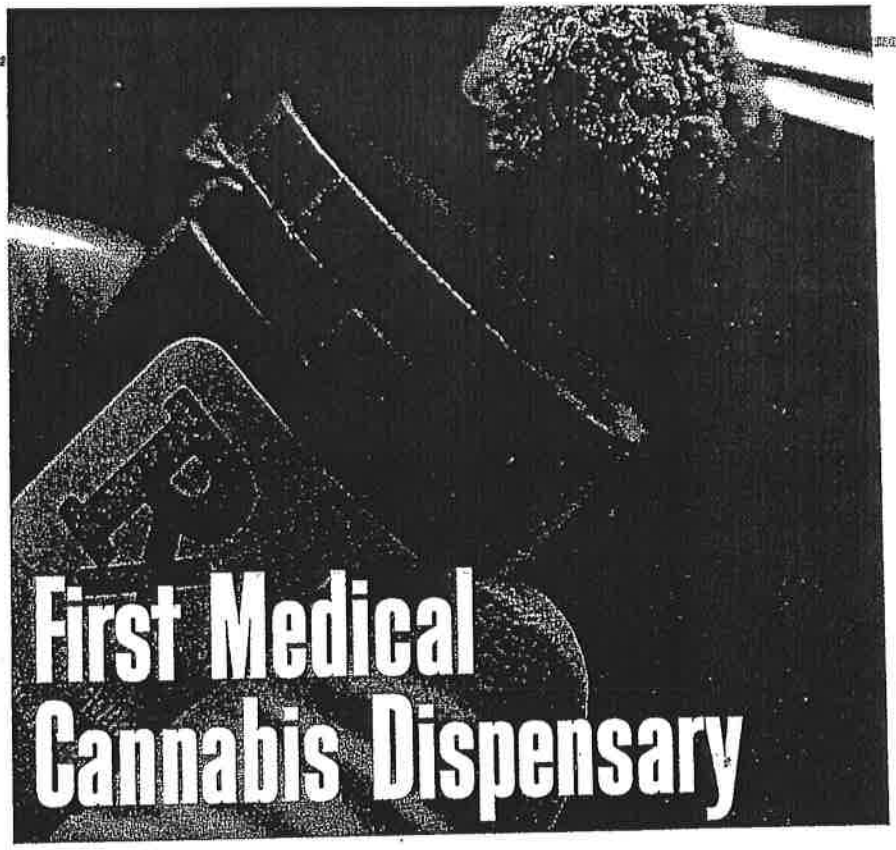
House Bill 140, which would impose $24 million in additional annual costs on Delaware residents and businesses, passed along party lines late Thursday, 25 to 16. It now heads to the Senate for consideration.

General Assembly Democrats abruptly filed the measure unilaterally last Friday, despite negotiations Republican and Democratic lawmakers have been engaged in since early this year to find a long-term answer to the transportation dilemma.

The state's ailing Transportation Trust Fund (TTF) - financed by

FEATURE

Mark S. Lally
*CEO, First State Compassion Center*



# What's in Store for Delaware's First Medical Cannabis Dispensary

Though authorized in Delaware, dispensing cannabis for medical purposes is adversely affected by restrictive federal laws.

The First State Compassion Center ("FSCC") will open its doors in Wilmington this Spring. For the first time in modern history, Delawareans with serious medical conditions that may benefit from administration of medical cannabis will have a sanctioned resource within their home state.

Delaware law now authorizes the use of medical cannabis to treat or alleviate symptoms of several qualifying conditions including amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), cancer, AIDS/HIV, chronic pain and post-traumatic stress disorder.

The FSCC holds the first of three medical cannabis licenses awarded as part of the Delaware Division of Public Health's ("DDPH") implementation of the Delaware Medical Marijuana Act ("DMMA"), which became effective July 1, 2012.[1] FSCC is committed to creating a facility that provides safe access to high-quality, affordable medical cannabis to licensed patients who are Delaware residents. The FSCC will include industry-leading protocols for security, patient access, compassionate care and regulatory compliance.

DDPH Director Dr. Karyl Rattay has stated: "FSCC has assembled an experienced team with a high level of competency in the field of medical marijuana." FSCC selected its team and undertook the other steps necessary to opening a medical cannabis dispensary with guidance from MariMed Advisors, a national consulting firm specializing in assisting state-licensed companies in the designing and building of state-of-the-art, regulatory compliant dispensaries and cultivation centers. The MariMed consultants developed the Thomas C. Slater Compassion Center in Rhode Island, which serves as a model of excellence for the industry.

### Federal Prohibition Against Marijuana Remains

FSCC shares the challenges faced by all state-licensed cannabis facilities around the country. It must navigate past many obstacles in its path to be able to open and operate, not the least of which is that medical cannabis remains classified by the United States federal government as a Schedule 1 drug, the most restrictive of five groups established by the Controlled Substances Act of 1970 ("CSA").[2] Other drugs in this category include heroin, LSD and ecstasy.

The Schedule 1 classification means such drugs are deemed to have no accepted medical use in the United States, have a high potential for abuse and are subject to tight restrictions on scientific study. In short, they remain flatly prohibited and subject to criminal punishment under federal law.

This federal law is in direct conflict with statutes legalizing medical cannabis passed by 23 states and the District of Columbia (as well as statutes in four states – Delaware is not among them – legalizing recreational marijuana). Nevertheless, following the scaling back by the United States Department of Justice ("DOJ") of its enforcement efforts over several years, on December 16, 2014, the federal prohibition on medical cannabis was further eroded when President Obama signed legislation that prohibits the DOJ from using federal funds to prevent such states from implementing their own medical cannabis programs.[3]

Even with the advent of this more favorable enforcement environment, existing federal law discourages many qualified individuals from applying for licenses or working in the cannabis industry as an employee or consultant. Many professionals and healthcare providers have been reluctant to participate in aspects of working with companies such as FSCC. These deterrents impede efforts to establish and grow this type of business. The opposition and difficulties to being in the industry have been described as horrific.

### Financial Challenges Abound

Imagine the challenge of opening up a company and not being able to have a bank account? How do you pay your bills? How do you deposit your retail receipts? How do you get the use of credit cards? How do you secure bank loans or lines of credit?

Most banks are registered and licensed through the federal banking system. That allows them to process transactions through the funds transfer system operated by the United States Federal Reserve Banks. This system enables financial institutions to electronically move funds between its participants. Further, banks are insured by an independent agency of the federal government. Accordingly, most banks are particularly sensitive to the need to remain in compliance with federal law.

Historically, banks that did business with marijuana distributors were at risk of civil and criminal penalties for money laundering and other violations of federal law. Many cannabis businesses do not always disclose that they are in this business. Indeed, one Colorado state bank known for allowing dispensary clients terminated more than 300 accounts after the DOJ warned in 2011 that it would pursue money-laundering charges.[4] Without a bank account, dispensaries have no traditional means of paying employees or banking. They must operate exclusively in cash.

Marijuana businesses have had to find back doors into the banking system. Some dispensary owners have set up holding companies with names that obscure the nature of their businesses, while others have opened personal accounts to be able to bank. However, once the bank learns the account is connected to a medical marijuana business, they close it. Some dispensaries are trying to form their own banking cooperative to skirt these restrictions.

Medical cannabis businesses without a banking relationship are further challenged by their inability to secure traditional bank loans. They may also have difficulty borrowing funds from nontraditional lenders, and are forced to self-finance from family, friends and private investors or through creative financing.

In addition, medical marijuana entrepreneurs have not been able to open credit card accounts and some may have been blacklisted from any credit card use. Historically, most major credit card companies have kept away from the medical marijuana industry, refusing to process transactions at dispensaries and even closing merchant accounts for medical marijuana centers. Many dispensaries set up credit and debit processing in affiliated companies to meet this challenge and navigate around another roadblock.

Existing federal law also creates unique tax challenges for a medical cannabis business. The IRS will not allow deductions for ordinary and necessary business expenses for sale of drugs deemed illegal by federal law.[5] Therefore, marijuana businesses have not been able to deduct any of their business-related expenses even though they pay taxes. This has made medical marijuana businesses very expensive to operate.

The FSCC and others entering or operating in the medical marijuana field now have reason for cautious optimism in view of recent steps by the federal government to eliminate interference in states' efforts to implement their own laws legalizing and regulating medical marijuana. It will take some time, however, for the changing legal environment to have a concrete impact on how medical cannabis dispensaries are operated.

### Medical Research Has Been Stunted

Another frustrating issue created by the classification of marijuana as a Schedule 1 drug is that it has made independent medical research next to impossible. Research is critical for precise dosing, strain selection and delivery methods. Such research also is critical in determining the effectiveness of it on specific symptoms and disease states.

To obtain cannabis legally, according to a recent *New York Times* article, researchers must apply to the Food and Drug Administration, the Drug Enforcement Administration ("DEA") and the National Institute on Drug Abuse ("NIDA").[6] NIDA, citing a 1961 treaty obligation, administers the only legal source of the drug for federally sanctioned research, at the University of Mississippi.

Since 1968, the United States has had a federally funded medical marijuana farm and production facility at the University. The resulting cannabis cigarettes and other purified elements from this site are used for NIDA-approved research. NIDA also manages the distribution of cannabis to the seven surviving medical patients grandfathered into the U.S. government's medical marijuana research program, Compassionate Investigational New Drug program (established in 1978 and cancelled in 1992). The program offered relief to AIDS patients, as well as those suffering with other diseases like glaucoma and bone tumors.

It is evident that the patient population would benefit from further independent research concerning medical cannabis. For example, Mahmoud ElSohly, Ph.D., the head of the marijuana research program at the University of Mississippi since 1981, is working on a new method of administering delta-9-tetrahydrocannabinol ("THC"), the main therapeutic component in marijuana. A small transmucosal patch will be put inside the mouth above the gum line. It is believed that this means of delivering THC will promote better absorption with less variability, thereby overcoming problems some patients experience with taking the drug other forms.

Ironically, even though the CSA deems marijuana not to have any legitimate medical use, the U.S government owns one of the only patents on marijuana as a medicine. The patent, commonly known as "the 507 Patent," claims exclusive rights on the use of cannabidiol ("CBD"), one of the cannabinoids identified in cannabis, for treating neurological diseases conditions, such as Alzheimer's disease, Parkinson's disease and strokes, as well as diseases caused by oxidative stress, such as heart attacks, Crohn's disease, diabetes and arthritis.[7]

KannaLife Sciences currently holds an exclusive license agreement with the National Institutes of Health – Office of Technology Transfer for the commercialization of this patent. The existence of this patent – issued more than a decade ago – and its licensing for commercial purposes mean that the federal government is at least nominally aware of the potential health benefits of CBD.

The contradiction of the federal government holding a patent that touts the therapeutic applications of a cannabis-derived compound while simultaneously classifying cannabis as a Schedule 1 controlled substance has not escaped the notice of the popular press. For example, CNN's Chief Medical Correspondent, Dr. Sanjay Gupta, recently questioned: "How can the government deny the benefits of medical marijuana even as it holds a patent for those very same benefits?"[8]

### The Continuing National Trend Toward Legalization Of Medical Cannabis

Recent legislative activity strongly suggests that there is now a broadening awareness in Congress of the federal government's incompatible positions on medical marijuana and, perhaps, the political will to address them. On February 20, 2015, the *Huffington Post* reported that two congressmen have filed separate House bills that together would legalize, regulate and tax marijuana at the federal level, effectively ending the U.S. government's decades-long prohibition against the plant.[9]

One of these bills, the Regulate Marijuana Like Alcohol Act,[10] introduced by Rep. Jared Polis (D-Colo.), would remove marijuana from the CSA's schedules, transfer oversight of the substance from the DEA to the Bureau of Alcohol, Tobacco, Firearms and Explosives, and regulate marijuana in a manner similar to the regulation of alcohol in the United States.

If this bill passes, it will enable scientists to begin intensive research on this promising medicine that could help millions of citizens who suffer from disabling diseases. In addition, it will remove the fear many physicians have that the federal government will take away their ability to prescribe narcotics if they recommend medical marijuana.

At a local level, with the passage of the DMMA and the DDPH's implementation of its Medical Marijuana Program, Delaware has taken an important step forward by providing its citizens with another treatment choice for serious illnesses and conditions. Yet, as currently written and applied, the Delaware law is not perfect. For instance, it prohibits individuals under the age of 21 from working in a dispensary. This eliminates the opportunity for most college students to have internships and learn about this emerging field.

In addition, Delaware law prohibits a registered compassion center from having more than 150 marijuana plants, irrespective of the stage of grow, or from possessing more than 1,500 ounces of usable marijuana, regardless of formulation. These restrictions may adversely impact the ability of registered dispensaries to produce enough medicine.

Despite these obstacles and challenges, the FSCC anxiously looks forward to opening this spring to serve the citizens of Delaware. It will bring the highest level of professionalism, the tightest security, the most knowledgeable staff, the highest quality medicine and a state-of-the-art facility that will be a replicable model of best practices for the rest of the country.

The State of Delaware has committed itself to support the FSCC in the implementation of this pilot program as it deems necessary to support the legislation and to provide the best medical cannabis products to qualified patients in a safe, secure and professional manner. ✦

FOOTNOTES

1. *See* Del. Code tit. 16, ch. 49A.
2. 28 U.S.C. § 801 *et seq.*
3. *See* Consolidated and Further Continuing Appropriations Act, 2015, Pubic Law No. 113-235, § 538 (2014).
4. *See* John Ingold, *Last Bank Shuts Doors on Colorado Pot Dispensaries*, Denverpost.com (Oct. 1, 2011, at 1:00 a.m. MDT, updated Oct. 19, 2013, at 11:11 a.m. MST), http://www.denverpost.com/news/marijuana/ci_19016660.
5. *See* 28 U.S.C. § 280E ("No deduction or credit shall be allowed for any amount paid or incurred during the taxable year in carrying on any trade or business if such trade or business ... consists of trafficking in controlled substances ... which is prohibited by Federal law ....").
6. *See* Serge F. Kovaleski, *Medical Marijuana Research Hits Wall of U.S. Law*, N.Y. Times, Aug. 9, 2014.
7. Cannabinoids As Antioxidants And Neuroprotectants, U.S. Patent No. 6,630,507 B1 (issued Oct. 7, 2003).
8. Dr. Sanjay Gupta, *Medical Marijuana*, CNN.com (March 6, 2014, at 8:40 a.m. ET), http://www.cnn.com/2014/03/05/health/gupta-medical-marijuana.
9. *See* Matt Ferner, *Two House Bills Would End Federal Prohibition Of Marijuana*, The Huffington Post.com, Inc. (Feb. 20, 2015, at 4:27 p.m. ET, updated Feb. 20, 2015, at 4:59 p.m. ET), http://www.huffingtonpost.com/2015/02/20/marijuana-legalization-congress_n_6722686.html.
10. H.R. 1013, 114th Cong. (2015).