

STATE OF NEW YORK

10001

IN ASSEMBLY

May 1, 2024

Introduced by M. of A. KELLES -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to establishing the endocannabinoid system awareness program

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. The public health law is amended by adding a new section
2 3309-c to read as follows:

3 § 3309-c. Endocannabinoid system awareness program. 1. There is hereby
4 established within the department the endocannabinoid system awareness
5 program which shall educate health care practitioners regarding the
6 endocannabinoid system and how it interacts with other bodily systems.

7 2. The commissioner, in consultation with the department of education
8 and the office of cannabis management, shall establish standards, review
9 and approve course work or training on the endocannabinoid system, and
10 publish information related to such standards, course work or training
11 on the department's website. The commissioner, the department of educa-
12 tion and the office of cannabis management may consider existing course
13 work or training, including course work or training developed by a
14 nationally recognized health care professional, specialty, provider
15 association or nationally recognized pain management association, when
16 establishing such standards and reviewing or approving such course work
17 or training.

18 3. The commissioner shall set the following minimum hours of course
19 work and training required to satisfactorily meet the criteria estab-
20 lished pursuant to subdivision two of this section:

21 (a) every person licensed under title eight of the education law shall
22 on or before July first, two thousand twenty-five and once every three
23 years thereafter, complete three hours of course work or training on the
24 endocannabinoid system which has been approved by the department.

25 (b) every person who shall receive a license on or after July first,
26 two thousand twenty-five under title eight of the education law, and
27 every medical resident, shall complete such course work or training

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

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1 within one year of gaining such status and once every three years there-
2 after.

3 4. The commission shall consider the following course work or training
4 topics as satisfactorily meeting the training standards established
5 pursuant to subdivision two of this section and shall include the
6 following topics and accompanying subtopics:

7 (a) the endocannabinoid system, including the following subtopics:

8 (i) the history of tetrahydrocannabinol (THC) pharmacology;

9 (ii) the clinical effects of the endocannabinoid system;

10 (iii) limitations of available research on the endocannabinoid system;

11 (iv) understanding how the endocannabinoid system is dependent on
12 lipid-based pharmacokinetics and pharmacodynamics;

13 (v) the components of the endocannabinoid system;

14 (vi) specific enzymes used by the endocannabinoid system;

15 (vii) ligands of the endocannabinoid system receptors;

16 (viii) ligands of the CB1 and CB2 receptors;

17 (ix) dynamics of the endocannabinoid system receptor expression;

18 (x) the location and function of CB1 receptors, and how such receptors
19 express themselves in bodily systems;

20 (xi) specific immune system functions of the endocannabinoid system;
21 and

22 (xii) specific physiologic functions related to the endocannabinoid
23 system;

24 (b) cannabinoids, chronic pain and opioids, including the following
25 subtopics:

26 (i) comparisons between the efficiency of non-opioid and opioid drugs
27 for chronic back pain;

28 (ii) the magnitude of the prescription opioid overdose epidemic;

29 (iii) how concomitant use of opioids and benzodiazepines have adverse
30 impacts on health;

31 (iv) the mechanisms by which cannabinoids impact the nociception
32 system and spasticity;

33 (v) receptors involved with cannabinoid effects on pain modulation;

34 (vi) general safety and adverse effects between opioids, non-steroidal
35 anti-inflammatory drugs, and cannabinoids;

36 (vii) common conditions in which medical cannabis should be recom-
37 mended;

38 (viii) negative side effects opioid sparing helps reduce;

39 (ix) the addition of cannabinoid medication to chronic opioid therapy;

40 and

41 (x) which form of cannabis a patient should use when tapering from a
42 slow-release opioid;

43 (c) pharmacogenetics and cannabis, including the following subtopics:

44 (i) how to identify patient access issues and strategies on how to
45 explain pharmacogenetics are no longer as expensive;

46 (ii) description of the variation of alleles;

47 (iii) identifying the principal organ responsible for metabolizing
48 medications;

49 (iv) the importance of how THC is metabolized;

50 (v) how cannabinoids act as drug metabolizing enzymes;

51 (vi) how cytochrome P450 (CYP) monooxygenases enzymes interact with a
52 comprehensive metabolic panel and the liver;

53 (vii) how to interpret genotype information for patient care;

54 (viii) the clinical application of cannabis with opioids;

55 (ix) which clinical conditions support the need for propoxyphene test-
56 ing;

1 (x) the potential risk of cannabis dependency; and
2 (xi) the history of psychosis induced by THC use; and
3 (d) food and drug administration (FDA) approved cannabinoid medica-
4 tions, including the following subtopics:

5 (i) identifying the currently approved FDA cannabinoid drugs;
6 (ii) the history behind the first synthetic THC medications originally
7 approved by the FDA to treat clinical conditions;
8 (iii) the clinical conditions for which the FDA approved the plant
9 extract isolate of CBD;
10 (iv) the two thousand seventeen report by the national academies of
11 sciences on the clinical use of cannabinoids;
12 (v) pharmacokinetics of nabilone and THC analogues such as dronabinol;
13 (vi) conditions that dronabinol have been used for that are not FDA
14 approved and common side effects; and
15 (vii) education on how nabiximols are administered.

16 5. Every person licensed or in the process of being licensed pursuant
17 to subdivision three of this section shall attest to the department that
18 such licensed person or person in the process of being licensed shall
19 have completed the necessary course work or training required by this
20 section on a form prescribed by the commissioner.

21 6. The department shall establish a procedure for allowing licensees
22 an exemption from the requirements of this section if any licensed
23 person establishes that:

24 (a) the licensed person or person in the process of being licensed
25 clearly demonstrates to the department's satisfaction that there would
26 be no need for such licensed person to complete such course work or
27 training; or

28 (b) the licensed person or person in the process of being licensed
29 completed course work or training deemed by the department to be equiv-
30 alent to the course work or training approved by the department pursuant
31 to subdivision two of this section.

32 7. Nothing in this section shall preclude such course work or training
33 about the endocannabinoid system from counting toward the continuing
34 education requirements under title eight of the education law or the
35 continuing requirements of a nationally accredited medical board to the
36 extent acceptable to such board.

37 § 2. The public health law is amended by adding a new section 3309-d
38 to read as follows:

39 § 3309-d. Endocannabinoid system work group for public awareness. 1.
40 The commissioner of public health shall establish an endocannabinoid
41 system work group (referred to in this section as the "work group").
42 Such work group shall be established no later than one year after the
43 effective date of this section. Such work group shall be composed of
44 experts with significant knowledge and expertise related to the endocan-
45 nabinoid system, and shall include, but not be limited to, consumer
46 advisory organizations, health care practitioners and providers, and
47 pharmacists and pharmacies. Members of such work group shall receive no
48 compensation for their services but shall be allowed the actual and
49 necessary expenses in the performance of their duties pursuant to this
50 section.

51 2. The work group shall report to the commissioner regarding the
52 development of recommendations and model courses for continuing medical
53 education, refresher courses, and other training materials for licensed
54 health care professionals related to the endocannabinoid system and
55 continuing education requirements for pharmacists related to the endo-
56 cannabinoid system. Such recommendations, model courses, and other

1 training materials shall be submitted to the commissioner, who shall
2 make such information available for use in medical education, residency
3 programs, fellowship programs, and in continuing medication education
4 programs no later than January first, two years after the effective date
5 of this section.

6 3. No later than January first, two years after the effective date of
7 this section, the work group shall provide outreach and assistance to
8 health care professional organizations to encourage and facilitate
9 continuing medical education training programs for their members related
10 to the endocannabinoid system.

11 4. On or before September first, one year after the effective date of
12 this section, the commissioner of health, in consultation with the
13 office of cannabis management, the commissioner of the department of
14 education, and the executive secretary of the state board of pharmacy,
15 shall have the authority to add additional members to the work group as
16 appropriate to provide guidance in furtherance of the implementation of
17 the work group's efforts.

18 5. The work group shall be responsible for developing a public aware-
19 ness campaign to be provided to the commissioner of health, such public
20 awareness campaign shall include information and resources about the
21 endocannabinoid system and be available on the department of health's
22 website with active weblinks to materials for the public to access.

23 6. The commissioner shall have the power to direct the work group to
24 consider and research any issue on the endocannabinoid system deemed
25 relevant under their discretion.

26 7. The commissioner shall report to the governor, the temporary presi-
27 dent of the senate and the speaker of the assembly no later than two
28 years after the effective date of this section and annually thereafter
29 on the work group's findings in regard to its continuing education
30 efforts, the status of the public awareness campaign, and any other
31 issues deemed relevant by the commissioner on the endocannabinoid
32 system.

33 § 3. This act shall take effect immediately.