

**Final Media Release****CONTACT:**

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FOR RELEASE:

Tuesday, September 20, 2016

Patients Unite Against State and Local Government Attacks on Medical Marijuana

DENVER – Patients across Colorado have joined forces to defend their Constitutional right to access cannabis as medicine. IMPACT Alliance has emerged to unite healthcare professionals, researchers, and patient advocacy groups, representing thousands of medical marijuana patients statewide.

“Most patients turn to medical marijuana out of desperation when traditional medications have failed to relieve their suffering. When they find relief, they learn their fight is really just beginning because of the stigma they now face in their community” said Stacey Linn, a founding member of the IMPACT Alliance and Executive Director of the CannAbility Foundation, which passed Jack’s Law, which ensures medically fragile children have access to medical marijuana at school.

The group’s formation comes in response to a series of state and local government restrictions on medical marijuana. IMPACT Alliance members are concerned that the new medical marijuana regulations from the Department of Revenue’s Marijuana Enforcement Division (MED) have the potential to stifle research and development on cannabis as medicine, as well as restrict outreach and education to patients. We believe the ambiguous regulations concerning mold, mildew, and contaminant testing could present serious harm to the patients. “The Marijuana Enforcement Division (MED) met with government regulators and other stakeholders to determine the fate of patients, but did not talk to patient groups for input on how the rules would impact them,” said Bridget Seritt of Cannabis Patient Rights Coalition. “We ask that the MED hold final adoption until the patient voice is represented in this discussion.” The rules are currently scheduled for final adoption on October 12th 2016.

Additionally, the Department of Public Health’s Board of Medical Examiners (BME), has begun pulling the licenses of physicians who are recommending a patient try medical marijuana for severe medical conditions that require extended plant counts. “They used no scientific evidence or research to support the decision to pull these physician’s licenses, nor have they offered guidance on what plant counts they believe are appropriate for each condition so physicians have guidance moving forward,” said Michele Ross, PhD, cannabinoid medicine expert. Last year the Department of Health issued a statement restricting physicians from recommending cannabis to more than 30% of their patients or potentially face action against their license. “How do you make a doctor choose which 3 out of 10 cancer patients deserve access to cannabis treatment?” questioned Dr. Ross. “What is the scientific basis for this decision?”

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Across Colorado, local governments are now enacting bans on the number of plants a patient can grow. This ensures no chronically ill patients or their caregivers can grow their own medicine. This inserts elected officials into the doctor-patient relationship and disrupts patient care. We believe taking away a patient's right to grow their own plant-based medicine not only contradicts the voter's intent for medical marijuana, it also leaves patients with limited options: the dispensary model, which is often unaffordable for many chronically ill patients or obtaining it illegally.

The members of IMPACT Alliance do not believe the voters envisioned a Colorado where doctors are too afraid to recommend medical marijuana for fear of losing their license. Nor do we believe they envisioned an environment where patients have nowhere to grow or access the medicine they were granted by the Constitution. This is the environment that is being created by not including patients in the policy dialogue. "We are here to be a resource to policy makers. We want to work together to protect our communities and patients," said Ms. Linn. "We are asking for inclusion, reason and compassion in this discussion."

For more information about the goals and mission of IMPACT Alliance, or to get become involved in our quest to protect access to medical marijuana, please visit: <http://impactalliance.us>

(OVER)

IMPACT Alliance Partners:



Stacy Linn, Executive Director
CannAbility
cannabilityfoundation.org



Stacy Linn, Director CannaMoms -
Denver Chapter cannamoms.com



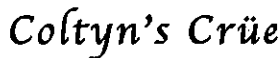
Jason Cranford, Founder
floweringhopefoundation.org



John Franks, Director & Lead Trainer
Heroespack.org



Zach Phillips, CO Chapter President
Weed for Warriors Project
www.wfwproject.org



Wendy Turner, Executive Director
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Women Grow Denver



Katie Hogan & Matt Fox
Show Me Kindness, Founders



Margarita Waters, Owner
Hemplements.com



Regina Nelson, B.A., M.L.S., Ph.D.
MyECSTherapy.org



FAQ on IMPACT Alliance

Who is the IMPACT Alliance?

IMPACT Alliance is a coalition of non-governmental organizations (NGOs) who are assembling to protect patient's access to medical marijuana on local, state, and federal levels. With our collective impact, we are guaranteed a seat at the table in future discussions helping to ensure that patients have representation when it comes to cannabis policy.

Why was the IMPACT Alliance formed?

IMPACT Alliance was formed to provide education to patients, the community, businesses, and elected officials with the intention of normalizing the medical use of cannabis. We work to preserve the patient's ability to grow their own marijuana, educate patients on current legal happenings, and to end the public stigma surrounding the medical use of cannabis. By collaborating with patients, the community, elected officials, and businesses, IMPACT Alliance hopes to form a united front to end prohibition, usher in normalization, and raise awareness about issues facing patients who make cannabis a part of their treatment plans.

Why is Medical Marijuana Under Attack?

In the state of Colorado, medical marijuana is under attack. Spearheaded by non-patient based interests, there are three main lines of attack:

1. New Marijuana Enforcement Division (MED) rules for retail (recreational) and medical marijuana. Over the last few years, new regulations have been introduced in small increments impeding the implementation of Amendment 20. Ultimately the regulatory system Colorado is moving towards hurting the very people that Amendment 20 was meant to help. While regulations are necessary and welcome, many of the ones being put in place are stifling the system rather than improving it.
2. In the last year, multiple cities and counties have either severely restricted plant limits and spacing in home grows or banned them all together. Colorado Springs, Boulder, Douglas County, El Paso County, Park County, Canon City, and more have already passed such limitations and Longmont is contemplating banning outdoor home grows. Both Pueblo County and the city of Pueblo are voting on two possible bans in November.
3. Physicians that recommend medical marijuana are being targeted and intimidated using criteria that has no scientific or patient based evidence. Multiple doctors have had their license suspended for writing an arbitrary number of recommendations for increased plant count, or for recommending marijuana to more than 30% of their patients. This creates a climate of fear in which physicians will have to choose which of their patients get to use cannabis to treat their illnesses. Extended plant counts can be legitimately recommended for much more than cancer, and most patients with moderate to severe diseases need increased counts to properly incorporate cannabis as a medicine. When it becomes too risky to be a medical marijuana doctor, many will drop out leaving patients with fewer physicians to choose from. This could leave patients waiting months to see a doctor for access to medical marijuana, which could be life and death for the patient.

What are some of the issues with the new MED rules?

1. Medical and retail marijuana companies are banned from sponsoring events where more than 30% of attendees are children, even if it is a nonprofit education or health event. For example, it would be illegal for a product maker like The Flowering Hope Foundation to sponsor an event for CannAbility Foundation, American Medical Refugees, or even the Epilepsy Foundation.
2. Mold, mildew, and contaminant testing requirements are extremely confusing, and there is a section that implies that this testing is not mandatory. In addition to this, the MED included a clause where moldy and contaminated cannabis can be used in the making of some concentrates. Many patients have contaminant sensitivities and need uncontaminated medicine.

Other Key Issues to be addressed by IMPACT Alliance

1. Child Welfare Issue
2. Expanding Colorado's Qualifying Conditions

Important Dates!

September 20th at 11am at the West steps of the Capitol building for IMPACT Alliance's press launch. There is metered street parking and a paid parking lot nearby.

September 21st is the third and final Cost-Benefit Analysis of Legalized Marijuana in Colorado Hearing. Leaders from IMPACT ALLIANCE groups should be available to testify between 11:30am and 1pm. While we would like to plan, public testimony will happen after each bill is proposed. There's no guarantee for a specific time to speak. Information on all 3 meetings can be found here: <https://www.colorado.gov/pacific/cga-legislativecouncil/2016-interim-study-committee-cost-benefit-analysis-legalized-marijuana-colorado>

September 27th is the hearing for Longmont rules on home grows. The draft ordinance would prohibit grows:

- located anywhere other than a primary residence
- with more than six plants per residence
- outdoors
- not in a secure location or accessible to people under 21 years old
- using compressed flammable gas (butane)
- smells strongly enough that it is "detectable by a person with an ordinary sense of smell" from any adjoining property or public right-of-way
- does not follow the rest of Longmont's city codes.

<http://www.denverpost.com/2016/09/07/longmont-city-council-debates-marijuana-home-grow-rules/>

The new MED rules are scheduled to go into effect on October 12th. Ideally, we would like to delay this effort until testimony from patient stakeholders has been heard and/or the rules are amended.

How do I join IMPACT Alliance?

Please contact alliance@theimpactnetwork.org with your organization's name, website, email and contact information and a member from our Board will get back to you within 3-5 days.

IMPACT Alliance
1290 Williams St. Ste #4
Denver, CO 80219
Email: alliance@theimpactnetwork.org

Current US Patents or Patents Pending

October 7, 2003

US Patent 6,630,507 *Cannabinoids have been found to have antioxidant properties, unrelated to NMDA receptor antagonism. This new found property makes cannabinoids useful in the treatment and prophylaxis of wide variety of oxidation associated diseases, such as ischemic, age-related, inflammatory and autoimmune diseases. The United States holds this Patent*

<http://patft.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PALL&p=1&u=%2Fnetahhtml%2FPTO%2Fsrchnum.htm&r=1&f=G&l=50&s1=6,630,507.PN.&OS=PN/6,630,507&RS=PN/6,630,507>

December 4, 2003

US Patent Application 20030225156 *Anti-nausea and anti-vomiting activity of cannabidiol compounds*

<http://appft.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PG01&p=1&u=%2Fnetahhtml%2FPTO%2Fsrchnum.html&r=1&f=G&l=50&s1=%2220030225156%22.PG NR.&OS=DN/20030225156&RS=DN/20030225156>

September 20, 2005

US Patent 6,946,150 *Using a pump action spray to administer cannabinoids via the mucosal surfaces.*

<http://patft.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PALL&p=1&u=%2Fnetahhtml%2FPTO%2Fsrchnum.htm&r=1&f=G&l=50&s1=6,946,150.PN.&OS=PN/6,946,150&RS=PN/6,946,150>

May 3, 2007

US Patent 6,410,588 *Use of Cannabinoids as Anti-inflammatory Agents*

<http://appft.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PG01&p=1&u=%2Fnetahhtml%2FPTO%2Fsrchnum.html&r=1&f=G&l=50&s1=%2220070099987%22.PG NR.&OS=DN/20070099987&RS=DN/20070099987>

May 3, 2007

US Patent Application 20070099987 *Treating or Preventing Diabetes with Cannabidiol*

<http://appft.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PG01&p=1&u=%2Fnetahhtml%2FPTO%2Fsrchnum.html&r=1&f=G&l=50&s1=%2220070099987%22.PG NR.&OS=DN/20070099987&RS=DN/20070099987>

August 6, 2009

US Patent Application 20090197941 *The invention relates to the use of a combination of cannabinoids for the treatment of Chronic Obstructive Pulmonary Disease (COPD)*

<http://appft.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PG01&p=1&u=%2Fnetahtml%2FPTO%2Fsrchnum.html&r=1&f=G&l=50&s1=%2220090197941%22.PGNR.&OS=DN/20090197941&RS=DN/20090197941>

October 5, 2010

US Patent 7,807,711 *The invention relates to an acidic cannabinoid for medical use and to a cannabis extract comprising an acidic cannabinoid*

<http://patft.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PALL&p=1&u=%2Fnetahtml%2FPTO%2Fsrchnum.htm&r=1&f=G&l=50&s1=7,807,711.PN.&OS=PN/7,807,711&RS=PN/7,807,711>

February 11, 2010

US Patent Application 20100035978 *The present invention relates to the use of a combination of cannabinoids in the treatment of neuropathic pain, in particular peripheral neuropathic pain*

<http://appft.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PG01&p=1&u=%2Fnetahtml%2FPTO%2Fsrchnum.html&r=1&f=G&l=50&s1=%2220100035978%22.PGNR.&OS=DN/20100035978&RS=DN/20100035978>

July 8, 2014

US Patent 8,771,760 *Deals with the use of cannabinoids for constipation*

<http://patft.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PALL&p=1&u=%2Fnetahtml%2FPTO%2Fsrchnum.htm&r=1&f=G&l=50&s1=8,771,760.PN.&OS=PN/8,771,760&RS=PN/8,771,760>

July 29, 2014

US Patent 8,790,719 *Phytocannabinoids in the treatment of cancer*

<http://patft.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PALL&p=1&u=%2Fnetahtml%2FPTO%2Fsrchnum.htm&r=1&f=G&l=50&s1=8,790,719.PN.&OS=PN/8,790,719&RS=PN/8,790,719>

April 28, 2015

US Patent 9,017,737 *For the use of CBD and other cannabinoids to prevent or treat psychotic disorders*

<http://patft.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PALL&p=1&u=%2Fnetahtml%2FPTO%2Fsrchnum.htm&r=1&f=G&l=50&s1=9017737.PN.&OS=PN/9017737&RS=PN/9017737>

October 27, 2015

US Patent 9,168,278 *For the use of the cannabinoid THCV as an appetite suppressant in a weight loss medication*

<http://patft.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PALL&p=1&u=%2Fnetahtml%2FPTO%2Fsrchnum.htm&r=1&f=G&l=50&s1=9,168,278.PN.&OS=PN/9,168,278&RS=PN/9,168,278>

September 6, 2016

US Patent 9,433,601 *Covers the prevention and treatment of neural degeneration with a pharmaceutical formulation of cannabis obtained by running the plant through a common carbon dioxide (CO2) extraction method. The patent lists all the usual active components of cannabis: THC, CBD, terpenes, sterols, triglycerides, alkanes, flavonoids, etc.*

<http://patft.uspto.gov/netacgi/nph-Parser?Sect1=PTO2&Sect2=HITOFF&p=1&u=%2Fnetahtml%2FPTO%2Fsearch-bool.html&r=1&f=G&l=50&co1=AND&d=PTXT&s1=%22GW+Pharma%22&OS=%22GW+Pharma%22&RS=%22GW+Pharma%22>