

## **BILL ANALYSIS**

C.S.H.B. 1805  
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Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

There have been calls to update a physician's authority to prescribe low-THC cannabis for medical use. C.S.H.B. 1805 seeks to do so by expanding the medical conditions for which low-THC cannabis may be prescribed and revising what constitutes low-THC cannabis.

### **CRIMINAL JUSTICE IMPACT**

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that rulemaking authority is expressly granted to the Department of State Health Services in SECTION 2 of this bill.

### **ANALYSIS**

C.S.H.B. 1805 amends the Occupations Code to change the cap on the amount of tetrahydrocannabinols that may be contained in cannabis to be considered low-THC cannabis for medical use from one percent by weight to 10 milligrams in each dosage unit. The bill includes among the medical conditions for which a qualified physician may prescribe low-THC cannabis to an otherwise eligible patient a diagnosis of the following:

- a condition that causes chronic pain, for which a physician would otherwise prescribe an opioid; or
- a debilitating medical condition designated by the Department of State Health Services (DSHS).

The bill authorizes DSHS to designate by rule the debilitating medical conditions for which a physician may prescribe low-THC cannabis under that provision.

### **EFFECTIVE DATE**

September 1, 2023.

### **COMPARISON OF INTRODUCED AND SUBSTITUTE**

While C.S.H.B. 1805 may differ from the introduced in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute changes the nature of the cap on the amount of tetrahydrocannabinols that may be contained in cannabis to be considered low-THC cannabis for medical use. Whereas the introduced raised the cap from one to five percent by weight, the substitute changes the cap to 10 milligrams in each dosage unit.