



March 12, 2026

House Committee on Health and Human Services
Rhode Island State House

Re: Testimony supporting House Bill 7535, with AMENDMENTS

Dear Chair Donovan and Honorable Committee Members,

Thank you for the opportunity to submit this testimony in support of **House Bill 7535, with amendments**, to allow the use of medical cannabis for patients with **debilitating medical conditions** in **long-term care** facilities.

ABC-RI stands for the rights and interests of Rhode Islanders residing in long-term care facilities. We support HB 7535 because patients in long-term care facilities should have the same right to treatment as patients residing in the community. Many patients with debilitating conditions experience serious symptoms that can only or most effectively be treated with medical cannabis, and many of these patients require care in a facility. To deny them this treatment is cruel and unnecessary.

Three significant concerns we have regarding the bill as written:

- 1) The definition of "healthcare facility" used in § 23-15-2 does not include **assisted living facilities**. We know that many individuals with terminal illnesses and debilitating conditions reside in assisted living facilities, with and without hospice support, and that most facilities do not allow them to use medical cannabis.
- 2) The bill as written defines a patient as "an individual who is terminally ill." The Edward O. Hawkins and Thomas C. Slater Medical Marijuana act set forth in chapter 28.6 of title 21 bases eligibility on whether a person has a "**debilitating medical condition**," which is defined as covering three categories: named conditions like cancer, glaucoma, HIV, AIDS, Hepatitis C, PTSD, or the treatment of those conditions; a chronic or debilitating disease or medical condition that produces cachexia or wasting syndrome, severe debilitating chronic pain, severe nausea, seizures, or severe and persistent muscle spasms, including those characteristic of multiple sclerosis or Crohn's disease, or agitation of Alzheimer's disease; and a catch-all for any other medical condition or its treatment approved by the Department of Health. None of these categories require that the condition be terminal. A person with chronic pain or epilepsy, for example, qualifies on the same footing as someone with a terminal cancer diagnosis. **The statute's focus is on the debilitating nature of the condition and its symptoms, not its prognosis or life expectancy. The same criteria should apply here.**
- 3) The bill as written does not include a **provision for patients who are unable to manage and self-administer their own medications**, as is the case with many nursing home, assisted living, and hospice residents. Rather than extend the right to compassionate care only to residents who are able to manage and self-administer their own medications, **we recommend including**

language regarding the institutional management and administration of medical cannabis mirroring that of Schedule II medications.

With these amendments, H7535 will give long-term care facility residents with debilitating conditions the right to the same compassionate treatment allowed for residents in the community.

Thank you for your time and consideration.

Sincerely,
Kathleen Gerard,
ABC-RI