

MMP-045

New Jersey Department of Health
Medicinal Marijuana Program
PO 360
Trenton, NJ 08625-0360

MEDICINAL MARIJUANA PETITION
(N.J.A.C. 8:64-5.1 et seq.)

INSTRUCTIONS

This petition form is to be used only for requesting approval of an additional medical condition or treatment thereof as a "debilitating medical condition" pursuant to the New Jersey Compassionate Use Medical Marijuana Act, N.J.S.A. 24:6I-3. Only one condition or treatment may be identified per petition form. For additional conditions or treatments, a separate petition form must be submitted.

NOTE: This Petition form tracks the requirements of N.J.A.C. 8:64-5.3. Note that if a petition does not contain all information required by N.J.A.C. 8:64-5.3, the Department will deny the petition and return it to petitioner without further review. For that reason the Department strongly encourages use of the Petition form.

This completed petition must be postmarked August 1 through August 31, 2016 and sent by certified mail to:

New Jersey Department of Health
Office of Commissioner - Medicinal Marijuana Program
Attention: Michele Stark
369 South Warren Street
Trenton, NJ 08608

Please complete each section of this petition. If there are any supportive documents attached to this petition, you should reference those documents in the text of the petition. If you need additional space for any item, please use a separate piece of paper, number the item accordingly, and attach it to the petition.

1. Petitioner Information

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____

Email Address: _____

2. Identify the medical condition or treatment thereof proposed. Please be specific. Do not submit broad categories (such as "mental illness").

LUMBAR SPINE: DISC HERNIATION, DEGENERATIVE DISC DISEASE and SCIATICA.

3. Do you wish to address the Medical Marijuana Review Panel regarding your petition?

Yes, in Person

Yes, by Telephone

No

4. Do you request that your personally identifiable information or health information remain confidential?

Yes

No

If you answer "Yes" to Question 4, your name, address, phone number, and email, as well as any medical or health information specific to you, will be redacted from the petition before forwarding to the panel for review.

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CHIEF OF STAFF

4/

**MEDICINAL MARIJUANA PETITION
(Continued)**

5. Describe the extent to which the condition is generally accepted by the medical community and other experts as a valid, existing medical condition.

I have had two Lumbar Microdiscectomy surgeries on [redacted]/2013 and [redacted]/2016. This is due to having the following:

- 2 herniated discs; L5 & S1
- Degenerative Disc Disease: L4/L5 & L5/S1
- Sciatica pain from buttocks all the way down to toes for both left and right side of body.

6. If one or more treatments of the condition, rather than the condition itself, are alleged to be the cause of the patient's suffering, describe the extent to which the treatments causing suffering are generally accepted by the medical community and other experts as valid treatments for the condition.

- I was given epidural shots back in 2009 & 2010 in Tennessee (Forth Campbell base)
- I have also gone to Chiropractors and it has been unsuccessful.
- I have had two Lumbar Microdiscectomy surgeries on [redacted]/2013 and [redacted]/2016.
- I was ordered physical therapy for sciatica pain and back pain in 2016. This was pre and post operation. It was painful and did not help with my symptoms and pain.
- I have been taking RX: Oycodine 15mg (180 pills/month) for the past 3 years. Taking this pill (rx) takes the pain a little, however there are way too many side effects for this. I feel dizzy, sleepy and it is not healthy taking these pills for so long.

7. Describe the extent to which the condition itself and/or the treatments thereof cause severe suffering, such as severe and/or chronic pain, severe nausea and/or vomiting or otherwise severely impair the patient's ability to carry on activities of daily living.

I have been suffering from back pain since the Army (2004). Due to this back pain and sciatica pain, I am unable to sit nor stand for a long period of time. I am also unable to walk for a long period of time. I also find myself in bed most of the day and even so, I am in a lot of pain due to not being able to lay down for too long. I am unable to lay on my side due to the sciatica pain on both sides and then laying on my back causes additional pain to my lower back.

I have been taking RX: Oycodine 15mg (180 pills/month) for the past 3 years. Taking this pill (rx) takes the pain a little, however there are way too many side effects for this. I feel dizzy, sleepy and it is not healthy taking these pills for so long.

8. Describe the availability of conventional medical therapies other than those that cause suffering to alleviate suffering caused by the condition and/or the treatment thereof.

I have gone to Chiropractors and treatment has been unsuccessful.

9. Describe the extent to which evidence that is generally accepted among the medical community and other experts supports a finding that the use of marijuana alleviates suffering caused by the condition and/or the treatment thereof.

[Note: You may attach articles published in peer-reviewed scientific journals reporting the results of research on the effects of marijuana on the medical condition or treatment of the condition and supporting why the medical condition should be added to the list of debilitating medical conditions.]

I have attached two CNN articles that provide very good information on the above.

- States that have legalized marijuana for managing chronic pain have significantly fewer deaths from prescription painkiller overdoses each year, according to a new study published Monday in JAMA Internal Medicine.
- Chronic pain: Some animal and small human studies show that cannabinoids can have a "substantial analgesic effect." People widely used them for pain relief in the 1800s. Some medicines based on cannabis such as Sativex are being tested on multiple sclerosis patients and used to treat cancer pain. The drug has been approved in Canada and in some European countries. In another trial involving 56 human patients, scientists saw a 30% reduction in pain in those who smoked marijuana.

**MEDICINAL MARIJUANA PETITION
(Continued)**

10. Attach letters of support from physicians or other licensed health care professionals knowledgeable about the condition. List below the number of letters attached and identify the authors.

I only have a list of physicians that support the use of marijuana for back chronic pain that I researched. My primary care doctor works for the VA and therefore can not prescribe nor refer me to this treatment due to VA regulations.

Dr. Sanjay Gupta
Dr. Lynn Webster

I certify, under penalty of perjury, that I am 18 years of age or older; that the information provided in this petition is true and accurate to the best of my knowledge; and that the attached documents are authentic.

Signature of Petitioner 	Date 8/26/14
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Health +

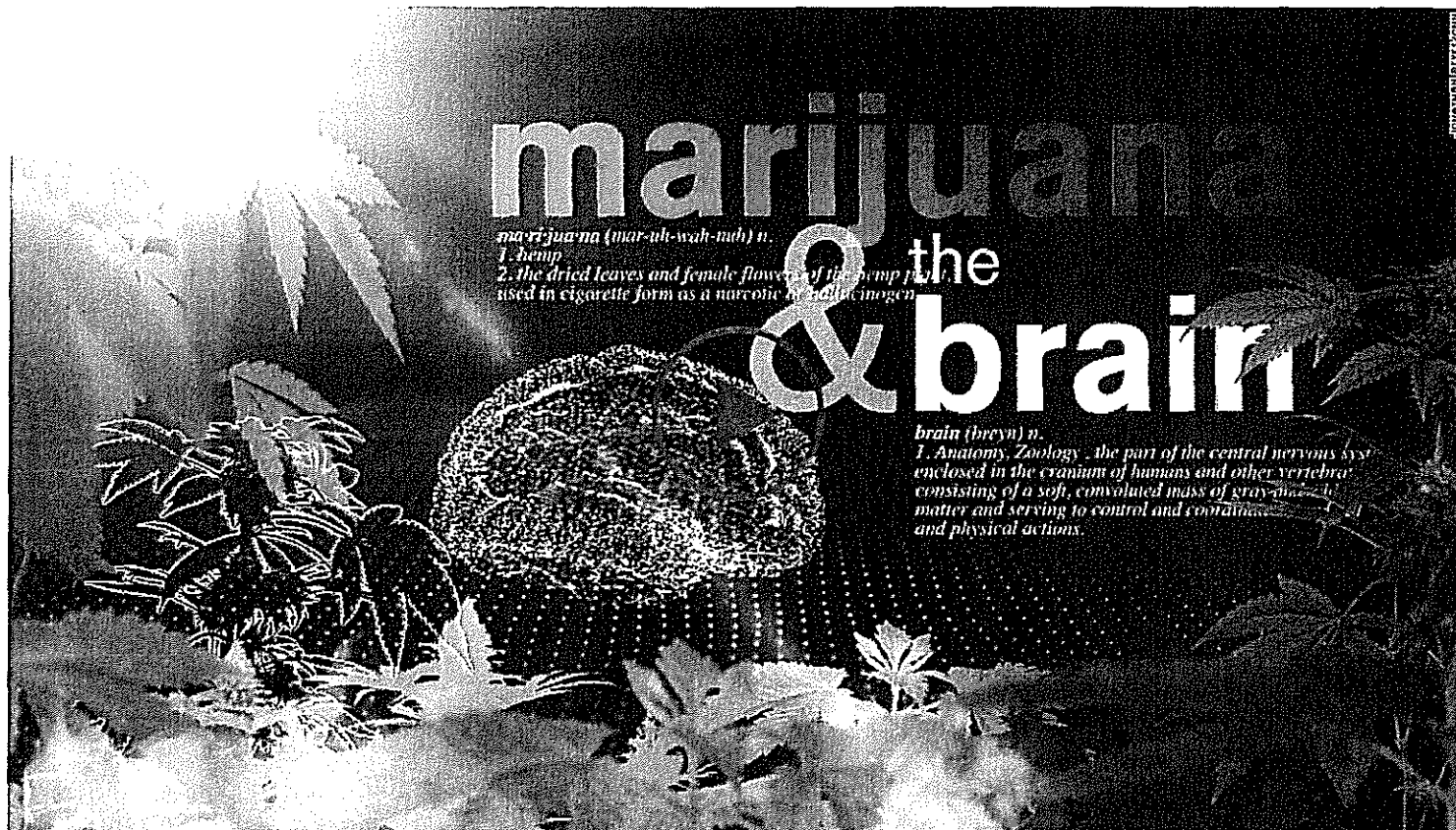
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10 diseases where medical marijuana could have impact

By Jen Christensen, CNN

Updated 12:11 PM ET, Thu April 16, 2015



Your brain on weed 01:39

Story highlights

Government requires several layers of approval before researchers can study marijuana

Nearly half the states allow medical marijuana, but little is known about its long-term impact

Some of these patients though were starting to feel better. They also seemed much more present. She wanted to know what was making a difference. They told her they found an alternative to all those medicines.

They were self-medicating with marijuana.

Dr. Sanjay Gupta puts medical marijuana under the microscope again with "WEED 3: The Marijuana Revolution" at 9 p.m. ET Sunday on CNN.

(CNN) — Dr. Sue Sisley noticed an unexpected trend among her patients. The psychiatrist works with veterans who struggle with post-traumatic stress disorder, also known as PTSD. Many don't like how they feel on all the meds they take to manage their anxiety, sleeplessness, depression and the flashbacks.

"There's just a few medications on the market that work, and even these can be inadequate," Sisley said. "They end up getting stuck on eight, 10, 12 different medications, and after taking so many, suddenly they're like zombies."

"I was really stunned and more and more patients were coming out of the shadows and disclosing to me that they were having some useful experiences with the marijuana plant," Sisley said.

U.S. Edition + menu

Dr. Sanjay Gupta: It's time for a medical marijuana revolution

She appreciated the progress they said they were making, but like any good scientist she didn't want to rely on anecdotal evidence. She wanted documented proof, clinical trials of large patient populations that run in the gold standard of a peer-reviewed journal that marijuana was the right approach to treating PTSD, or any other ailment for that matter. People use it to treat a variety of medical issues, such as multiple sclerosis, arthritis, epilepsy, glaucoma, HIV, chronic pain, Alzheimer's, cancer and others.

With medical marijuana legal in nearly half of the states, more doctors are wondering what impact this drug really has on people. They ask for dosage information. They want to know about its long-term impact on patients.

It's 2015: Is weed legal in your state?

Sisley looked for answers to these questions in medical research, but she didn't see much. When she decided to do the studies herself and applied for federal approval, she was met with miles of red tape and resistance -- like many other researchers before her.

That's because marijuana is one of the tightest-controlled substances under federal law. The U.S. government considers it a Schedule I drug, meaning the Drug Enforcement Administration considers it to have no medical value. It's right up there with heroin and LSD. To do research on marijuana, scientists need approval from several federal departments. And that approval is rare.

Most marijuana studies focus on the harm caused by the plant. The studies on its medicinal qualities are small, early stage or observational at best. "Mainstream physicians won't come near the stuff, even if they hear that it works, because without the research, without it approved in legitimate practice guidelines, they are going to worry about their license and their professionalism," Sisley said. "That's why it is key to have randomized control trials for this to work."

Medical marijuana stalls after Arizona researcher let go

A bipartisan bill -- from Rand Paul, R-Kentucky, Cory Booker, D-New Jersey, and Kirsten Gillibrand, D-New York -- called the Compassionate Access, Research Expansion, and Respect States Act of 2015 was introduced in the Senate in March that would ease some of those restrictions and make it easier to study the drug. But the legislation is in committee at the moment. If it does ever pass, and scientists can begin studying the drug in earnest, there are several areas they may target in addition to PTSD.

Here are 10 of them, based on the ailments people commonly use medical marijuana to treat. Again, because there is such limited research on this topic, these areas are based on results that CNN would typically not report on because the work is in a far too early stage to see if it really works. But that is the point some doctors and medical researchers are making.

AIDS/HIV

In a human study of 10 HIV-positive marijuana smokers, scientists found people who smoked marijuana ate better, slept better and experienced a better mood. Another small study of 50 people found patients that smoked cannabis saw less neuropathic pain.

Alzheimer's

Medical marijuana and some of the plant's chemicals have been used to help Alzheimer's patients gain weight, and research found that it lessens some of the agitated behavior that patients can exhibit. In one cell study, researchers found it slowed the progress of protein deposits in the brain. Scientists think these proteins may be part of what causes Alzheimer's, although no one knows what causes the disease.

Arthritis

A study of 58 patients using the derivatives of marijuana found they had less arthritis pain and slept better. Another review of [health](#) concluded marijuana may help fight pain-causing inflammation. U.S. Edition + menu

Asthma

Studies are contradictory, but some early work suggests it reduced exercise-induced asthma. Other cell studies showed smoking marijuana could dilate human airways, but some patients experienced a tight feeling in their chests and throats. A study in mice found similar results.

Cancer

Animal studies have shown some marijuana extracts may kill certain cancer cells. Other cell studies show it may stop cancer growth, and with mice, THC, the psychoactive ingredient in marijuana, improved the impact of radiation on cancer cells. Marijuana can also prevent the nausea that often accompanies chemotherapy treatment used to treat cancer.

Chronic pain

Some animal and small human studies show that cannabinoids can have a "substantial analgesic effect." People widely used them for pain relief in the 1800s. Some medicines based on cannabis such as Sativex are being tested on multiple sclerosis patients and used to treat cancer pain. The drug has been approved in Canada and in some European countries. In another trial involving 56 human patients, scientists saw a 30% reduction in pain in those who smoked marijuana.

Crohn's disease

In a small pilot study of 13 patients watched over three months, researchers found inhaled cannabis did improve life for people suffering from ulcerative colitis and Crohn's disease. It helped ease people's pain, limited the frequency of diarrhea and helped with weight gain.

Epilepsy

Medical marijuana extract in early trials at the NYU Langone Medical Center showed a 50% reduction in the frequency of certain seizures in children and adults in a study of 213 patients recently.

Glaucoma

Glaucoma is one of the leading causes of blindness. Scientists have looked at THC's impact on this disease on the optic nerve and found it can lower eye pressure, but it may also lower blood pressure, which could harm the optic nerve due to a reduced blood supply. THC can also help preserve the nerves, a small study found.

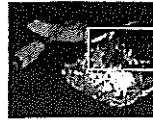
Multiple sclerosis

Using marijuana or some of the chemicals in the plant may help prevent muscle spasms, pain, tremors and stiffness, according to early-stage, mostly observational studies involving animals, lab tests and a small number of human patients. The downside -- it may impair memory, according to a small study involving 20 patients.





T. rex skull found in Montana



No. 1 killer: Cancer is catching up to heart disease

How should you talk to loved ones about their weight?

Heroin laced with elephant tranquilizer hits the streets

Medical marijuana laws may reduce painkiller overdoses

By **Saundra Young**, CNN

Updated 3:24 PM ET, Tue August 26, 2014



Photos: Photos: A guide to (legal) pain relief

Acetaminophen - This compound can ease minor muscle, back, tooth and joint pain and reduce fever. Solc names such as Tylenol, Liquiprin and Panadol, it works by regulating the part of your brain that controls yo temperature and inhibits the synthesis of prostaglandin in the central nervous system. A study has found th reduce pleasure as well. Too much of the drug can cause rashes, liver failure and even death.

1 of 8

Story highlights

23 states and Washington have legalized medical marijuana in some form

States that have legalized marijuana for managing chronic pain have significantly fewer deaths from prescription painkiller overdoses each year, according to a new study published Monday in JAMA Internal Medicine.

Researchers looked at medical marijuana laws and death certificate data in all 50 states between 1999 and 2010. During that time, just 13 states had medical marijuana laws in place.

Study finds 25% lower rate of prescription painkiller overdose deaths in states with these laws

Health +

"We found there was about a 25% lower rate of prescription painkiller overdose deaths on average after implementation of a medical marijuana law," lead study author Dr. Marcus Bachhuber said.

Drug overdoses have become the leading cause of injury death in the United States

In 2010 alone, he said, states with medical marijuana laws had approximately 1,700 fewer overdose deaths than would have been expected based on the numbers before such laws were passed.

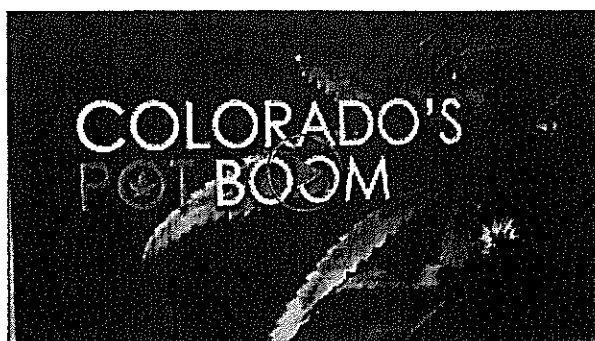


Related Video: Medical marijuana changes young girl's life 01:44

Bachhuber, a primary care doctor at the Philadelphia Veterans Affairs Medical Center, has treated many chronic pain patients.

"It can be challenging for people to control chronic pain, so I think the more options we have the better," he said. "But I think it's important, of course, to weigh the risks and benefits of medical marijuana."

Opioid analgesics are a class of drug that includes painkillers like morphine, oxycodone and methadone. According to the study, the number of patients in the United States with chronic pain who get prescriptions for one of these drugs has nearly doubled over the last 10 years, and overdose rates have risen dramatically.



Related Video: Dad: Medical marijuana is a 'miracle' 05:27

Statistics from the Centers for Disease Control and Prevention tell the story of a problem they say is now an epidemic: Deaths from drug overdose have been rising steadily over the past two decades and have become the leading cause of injury death in the United States. In 2011, 55% of drug overdose deaths were related to prescription medications; 75% of those involved opioid analgesics.

"Prescription drug abuse and deaths due to overdose have emerged as national public health crises," said Colleen Barry, a senior author on the study and associate professor at Johns Hopkins Bloomberg School of Public Health. "As our awareness of the addiction and overdose risks ... grows, individuals with chronic pain and their medical providers may be opting to treat pain entirely or in part with medical marijuana."



Twenty-three states and the District of Columbia currently have medical marijuana laws on the books. They address a gamut of conditions -- from cancer, HIV, multiple sclerosis to glaucoma -- where cannabis provides relief. In most states, chronic or severe pain is the primary reason.

According to the American Academy of Pain Medicine, more than 1.5 billion people worldwide suffer from chronic pain, including 100 million Americans.

The academy's website describes chronic pain this way: "Chronic pain persists. Pain signals keep firing in the nervous system for weeks, months, even years. There may have been an initial mishap -- sprained back, serious infection, or there may be an ongoing cause of pain -- arthritis, cancer, ear infection, but some people suffer chronic pain in the absence of any past injury or evidence of body damage."

Related Video: Dr. Gupta doubles down on medical pot 07:13
Health +

Dr. Lynn Webster, a past president of the academy, said he's not surprised by the study results or that marijuana might be a safer alternative to opioids for some people.

"AAPM believes that we need to do research on cannabinoids to determine its safety and efficacy," he said. "The problem with

medical marijuana is that we never know using marijuana what chemicals are being ingested. That makes it really unpredictable, but the use of cannabinoids may well have a place in the treatment of pain and other diseases. The AAPM believes that the DEA should reschedule cannabinoids from Schedule I to Schedule II so that it will make it easier for research to be conducted."

Kevin Sabet, director of the University of Florida's Drug Policy Institute, called the study flawed. He says although the study controlled for other possible explanations for the lower opiate death rate in medical marijuana states, it left out some of the most critical possible alternative explanations.

"The study failed to examine the influence of expanded methadone and buprenorphine programs in states, or the possible influence of major law enforcement interventions (e.g. pill mill shut downs and major operations by DEA in states like Florida), or even Naltrexone utilization," Sabet wrote in an e-mail to CNN. "The study also did not take into account prevention campaigns or strategies."

The researchers say the link between medical marijuana laws and overdose deaths is not completely clear, and admit there were some limitations to the study. For example, death certificates may not classify overdose deaths correctly and opioid analgesics reporting on these certificates may differ state-to-state.

Bachhuber said more research is needed before any recommendations can be made.

"We can't know directly the underlying mechanism of our findings, but based on what we know, we think it could be due to safer treatment of chronic pain," Bachhuber said. "We found that medical marijuana laws might provide unexpected benefits to public health. As more states pass these laws, it will be important to continue collecting information to see if what we found may be happening in other states as well."

Opinion: Why marijuana's moment has arrived

Federal marijuana bill would legalize some cannabis strains

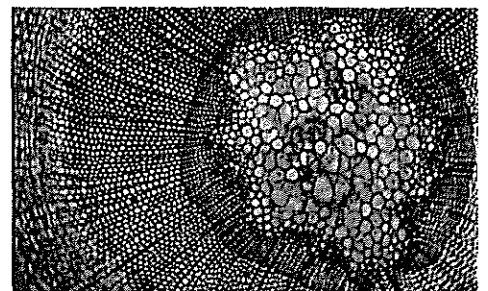
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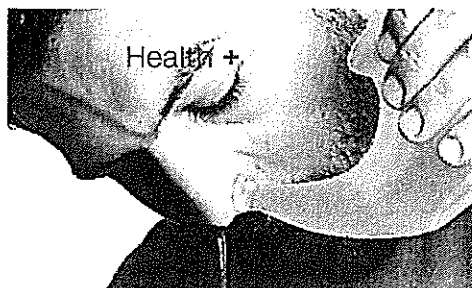
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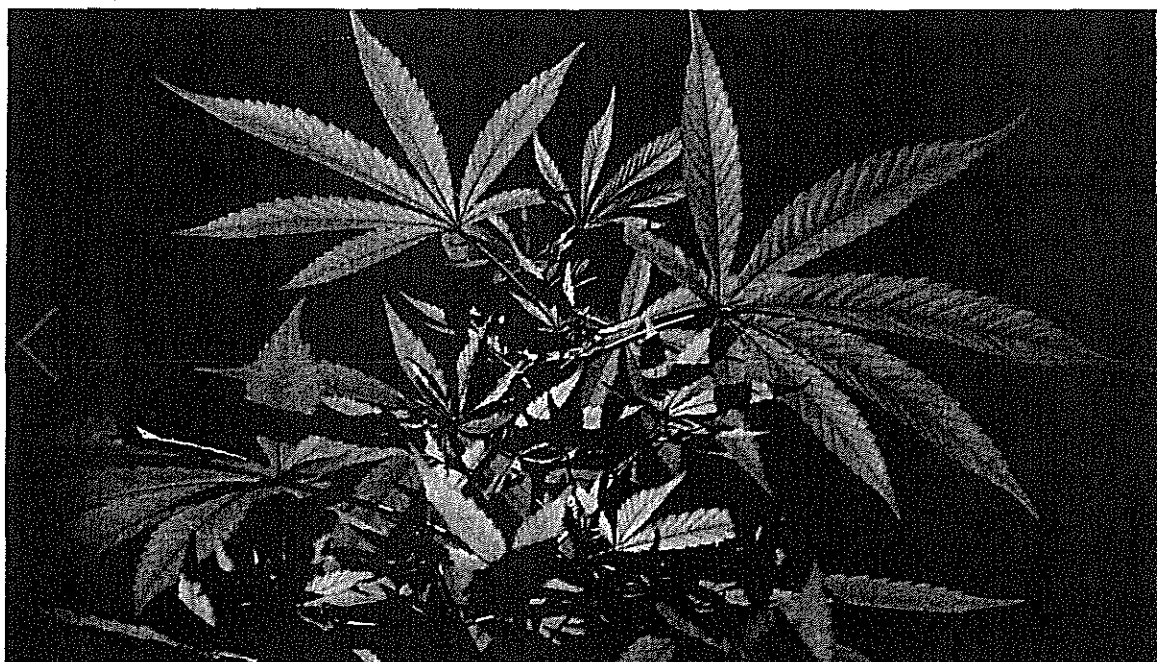
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Dr. Sanjay Gupta: It's time for a medical marijuana revolution

By **Dr. Sanjay Gupta**, Chief Medical Correspondent

Updated 9:27 AM ET, Mon April 20, 2015



Photos: 7 uses for medical marijuana

Between its outlaw image, controversial legal status and complex makeup -- the cannabis plant contains more than 400 individual chemicals -- marijuana's action in the brain and body is in many ways a mystery. The vast majority of studies on the drug have examined potential harm, as opposed to potential benefits. Even so, some medical uses are widely accepted and others are the subject of serious research. Here's a look at some potential uses of marijuana as medicine.

1 of 8

Hide Caption ^

Story highlights

CNN's Dr. Sanjay Gupta says we should legalize medical marijuana now

Dr. Sanjay Gupta puts medical marijuana under the microscope again with "Weed 3: The Marijuana Revolution" at 9 p.m. ET Monday on CNN, followed by "High Profits" at 10 p.m., a CNN Original Series exploring the business of legal, recreational cannabis in Breckenridge, Colorado.

(CNN) —

He says he knows how easy it is do nothing "because I didn't do anything for too long"

I see signs of a revolution everywhere.

Live TV

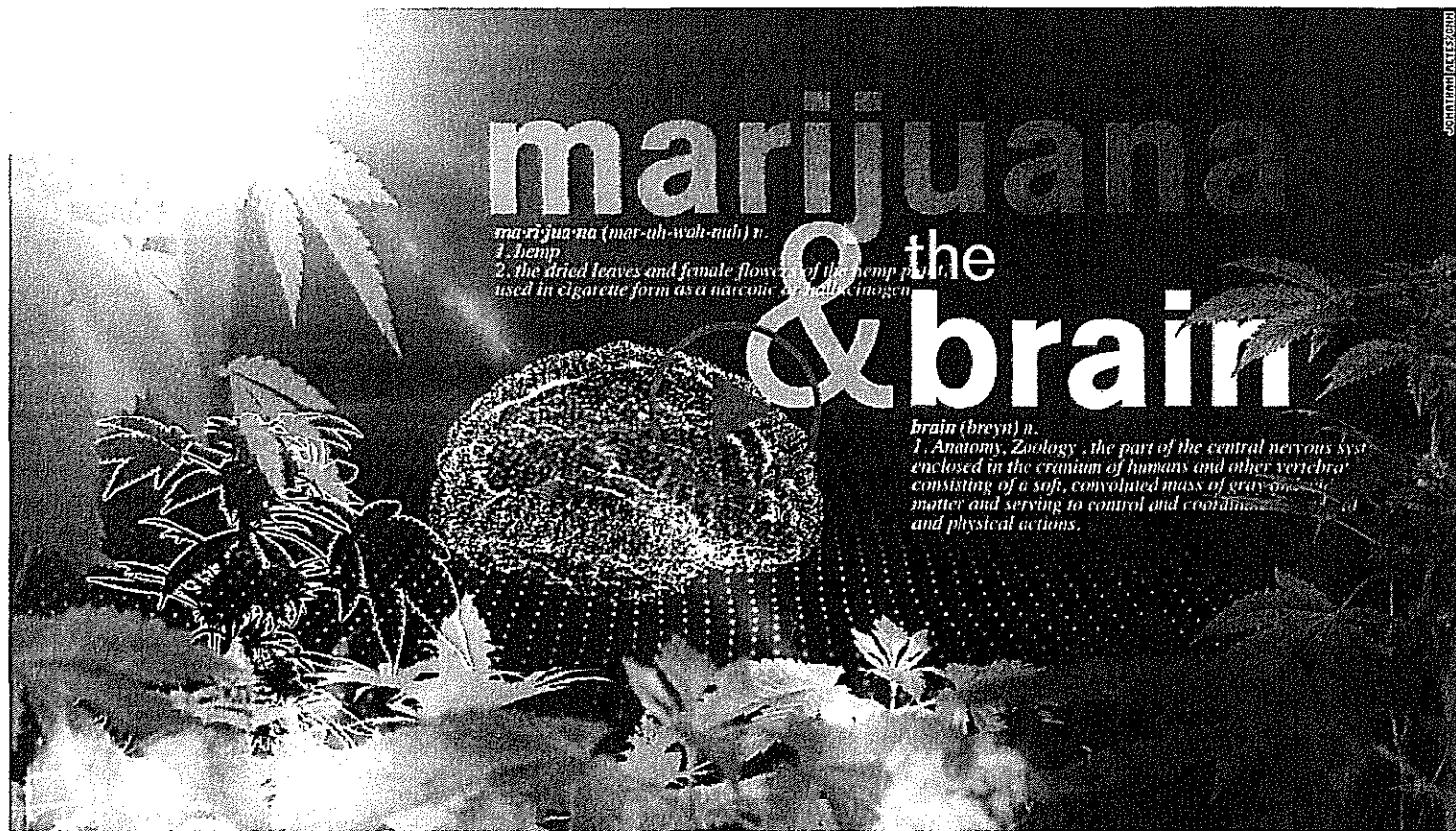
U.S. Edition + menu

I see it in the op-ed pages of the newspapers, and on the state ballots in nearly half the country. I see it in politicians who once preferred to play it safe with this explosive issue but are now willing to stake their political futures on it. I see the revolution in the eyes of sterling scientists, previously reluctant to dip a toe into this heavily stigmatized world, who are diving in head first. I see it in the new surgeon general who cites data showing just how helpful it can be.



I see a revolution in the attitudes of everyday Americans. For the first time a majority, 53%, favor its legalization, with 77% supporting it for medical purposes.

Dr. Sanjay Gupta puts medical marijuana under the microscope.



Your brain on weed 01:39

Support for legalization has risen 11 points in the past few years alone. In 1969, the first time Pew asked the question about legalization, only 12% of the nation was in favor.

I see a revolution that is burning white hot among young people, but also shows up among the parents and grandparents in my kids' school. A police officer I met in Michigan is part of the revolution, as are the editors of the medical journal, Neurosurgery. I see it in the faces of good parents, uprooting their lives to get medicine for their children -- and in the children themselves, such as Charlotte, who went from having 300 seizures a week to just one or

two a month. We know it won't consistently have such dramatic results (or any impact at all) in others, but what medicine can do is +

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I see this medical marijuana revolution in surprising places.

Girl's seizures spur medical marijuana legislation in Georgia

Among my colleagues, my patients and my friends. I have even seen the revolution in my own family. A few years ago, when I told my mother I was investigating the topic for a documentary, I was met with a long pause.

"Marijuana...?" She whispered in a half questioning, half disapproving tone. She could barely even say the word and her response filled me with self-doubt. Even as a grown man, mom can still make my cheeks turn red and shatter my confidence with a single word. But just last week she suddenly stopped mid-conversation and said, "I am proud of you on the whole marijuana thing." I waited for the other shoe to drop, but it didn't. Instead, she added, "You probably helped a lot of people who were suffering."



I don't think we had ever had a conversation like that one. At that moment, I saw a revolution that can bring you to tears.

The word revolution, comes from the Latin *revolutio*, to "turn around."

I had my own turn around a couple of years ago, and at the time it was a lonely place to hold a supportive position on medical marijuana. Hardly any government officials would agree to sit down and be interviewed on the topic. Even patients I spoke to were reluctant to share their stories.

Photos: History of marijuana in America

It can be tricky, I learned, to be on the right side of science but on the wrong side of ideology.

the first "Weed" documentary on television in August 2013, I didn't know if anyone would watch our yearlong investigation. Even worse, I didn't even know if they would care.

When we put



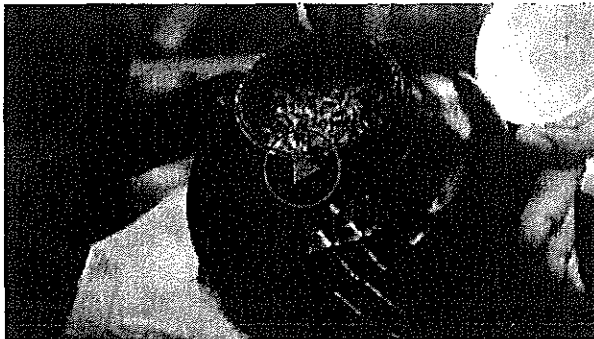
It can be tricky to be on the right side of science, but on the wrong side of ideology.

Is weed legal in your state?

Just two years later, in "Weed 3," we are eyewitnesses to a revolution in full swing. You will ride along with us for the dawn of the first federally approved clinical study on the use of marijuana for PTSD. You will meet patients such as Sean Kiernan, an

Dr. Sanjay Gupta

accomplished investment banker, and Amelia Taylor, a stay-at-home mom.



They are the remarkable and surprising faces of this revolution -- smart, successful and suffering -- unwilling to accept the fact that commonly prescribed medications often used to treat PTSD can be worse than the underlying disorder itself. Sean Kiernan nearly died, trying to get better.

You will see what weed really does to your brain, in crystal clear images. This time around, you will hear from the heads of government agencies earnestly sharing their point of view, both Democratic and Republican senators, and even the President of the United States.

Related Video: 'I never thought I'd be smoking weed in the hospital' 05:24

Opinion +

This is what a revolution looks like.

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Your medical marijuana questions answered

When "Weed 2: Cannabis Madness" aired in March 2014, Boston researcher Rick Doblin believed the right people were watching.

Just four days later, Doblin received a letter in the mail he had been waiting on for seven years that finally provided federal approval for his marijuana study. The federal farm where Doblin would have to obtain his marijuana is on the campus of Ole Miss in Oxford, Mississippi. In anticipation of a scientific revolution, the production of research-grade marijuana there has increased 30-fold in just the past year.

Make no mistake, we have plenty of evidence that the approval and support of the federal government can fast track a revolution at a faster pace than we have yet seen.

It was the National Institute of Allergy and Infectious Diseases that spearheaded the research into a cure for AIDS, as well as stopping the spread of West Nile Virus. They were also responsible for the awesome task of eradicating polio and smallpox. Other successful federally backed programs include the human genome project, the BRAIN initiative and the Precision Medicine Initiative. There are no shortage of examples where the federal government has been a guardian of our public health needs, and you could argue that medical marijuana would also qualify as a worthwhile investment.

10 diseases where medical marijuana could have impact

There is now promising research into the use of marijuana that could impact tens of thousands of children and adults, including treatment for cancer, epilepsy and Alzheimer's, to name a few. With regard to pain alone, marijuana could greatly reduce the demand for narcotics and simultaneously decrease the number of accidental painkiller overdoses, which are the greatest cause of preventable death in this country.



As I sat across from Sens. Kirsten Gillibrand (D-New York) and Cory Booker (D-New Jersey), I knew something extraordinary was happening.

They were reciting the story of Charlotte Figi and countless other children. They were quoting back the data we had shared from our earlier investigations. They were extolling the potential virtues of the plant, and all of that was before the interview even started. There was an impatience about them, and they seemed in a hurry to make a large dent in marijuana reform.

They want marijuana to be rescheduled. They want it now.

They want doctors to be able to prescribe it at VA hospitals all over the country. They want it now.

They want research dollars freed up to study the plant. They want it now.

They want their fellow lawmakers at the state and national level to acknowledge what most of the world, including the citizens of the United States, have known for a long time: Marijuana is a medicine, that should be studied and treated like any other medicine.

And they want all of it now.

I spent much of our interview challenging them. I needed to remind them that people, long before me or them, have been trying to do many of these same things for 40 years, and had been rejected every time. I reminded them that politicians have a hard time winning elections on the issue of marijuana but less difficulty losing them. I challenged them every step of the way. "This time will be different," Booker confidently told me as he walked out of the room.

Is marijuana as safe as -- or safer than -- alcohol?

Opinion +

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I know how easy it is do nothing because I did nothing for too long. Take a good look at the data, educate yourself and talk to the patients, who are often out of options and find their hope in the form of a simple plant.

Journalists shouldn't take a position. It makes sense. Objectivity is king. But, at some point, open questions do get answered. At some point, contentious issues do get resolved. At some point, common sense prevails.

So, here it is: We should legalize medical marijuana. We should do it nationally. And, we should do it now.

9 things to know about legal pot



T. rex skull found in Montana



Italy quake highlights our vulnerability to disaster

How Trump's health smear of Clinton backfired

How people around the world are saying no to France's burkini ban