



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Secretary of Health

Jennifer Dillaha, MD, Director

Transcribed from the Petition to add Female Orgasmic Disorder as a Medical Marijuana in Arkansas public hearing held Wednesday, September 11, 2024, from 9:00 a.m. to 10:00 a.m. at 4815 West Markham, auditorium.

Charles Bedell

Good morning. Welcome to this public hearing session here at the Arkansas Department of Health on the issue of a petition to have a certain medical condition as a qualifying condition to those that are already online in the rules governing the medical marijuana program in the state of Arkansas. It is a part of the deliberative process that when petitions or suggestions are entertained from the public to have a change or an amendment to our rules or programmatic implementation, the public's input is sought as part of that deliberative process. And so, we at this time we would like to open the floor to provide an opportunity for members of the public at large to make their petitions so that those comments or those suggestions can be read into the record and we can assure you that as a state and as an agency, we will do the best that we can to make sure that those petitions, those comments are heard are entertained and are incorporated to the best of the States and the agencies decision making process. So thank you and welcome. The floor is now open.

Jordan Davis

Good morning. My name is Jordan Davis. I am a resident, lifelong resident of Fort Smith, Arkansas. I'm also a licensed medical cannabis patient. I hold a Bachelor of Science in Biochemistry and a Master of Science in medical cannabis science and therapeutics. I'm also a member of the Association of Cannabinoid Specialists and work in the cannabis industry. First, I want to read a prepared statement by Doctor Susan Suzanne Mulvehill.

Dear Arkansas Department of Health, as a woman who suffered from female orgasmic disorder for more than 30 years and who finally found treatment through medical cannabis, I'm writing to ask that you approve female orgasmic disorder as a condition of treatment with medical cannabis. I'm the director, executive director of the Female Orgasm Research Institute, a 501 (C)(3) nonprofit.

I sold my international company in 2020 to return to school for my PhD in Clinical Sexology and to conduct a study evaluating women with and without orgasm difficulty who use cannabis. I discovered more than 50 years of cannabis and sex research with evidence that helped that cannabis helped women orgasm. Doctors Eric Goode, William Cough, Hallitus and Weller were the early cannabis and sex researchers who found all cannabis helping women. Barbara Lewis wrote a book in 1970 titled The Sexual Power of Marijuana, with an entire chapter dedicated to cannabis and frigidity. Frigidity is an old term for women who could not orgasm. In my study that included the survey and interviews, 52% of the women reported an orgasm, difficulty with an orgasm during partnered sex. My study revealed statistical evidence that cannabis improved orgasm frequency, ease and satisfaction. I interviewed a woman who was raped and had never orgasmed in her life until she used cannabis. I interviewed



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several women who had sexual abuse histories and learned to orgasm with cannabis. I interviewed women who had surgeries who had lost the ability to orgasm and got their orgasm back with cannabis. Doctors and sex therapists are recommending cannabis to treat female orgasmic disorder. Doctor Becky Lim, a St. Louis, Missouri, based gynecologist, published her cannabis and female orgasm research in 2019. She reported that women who use cannabis more frequently were twice as likely to report orgasm satisfaction. Doctor Jordan Tishler, a Harvard trained doctor and president of a medical practice in Boston, has treated more than 12,000 patients with cannabis medicine, specifically addressing sexual dysfunctions. Sex therapists such as San Francisco based Diane Erman recommends cannabis to treat this disorder.

Connecticut became the first state to approve female orgasmic disorder as a condition of treatment with medical cannabis in June 2024. The Illinois Medical Cannabis Board unanimously approved adding FOD in March 2024. A number of other states have been petitioned.

We cannot ignore this problem just because it is uncomfortable to talk about. We must accept that it is stigmatized and shamed, that women are suffering from it, that there are no conventional treatments, and that there is scientific evidence proving that cannabis can help women with FOD. Please approve female orgasmic disorder has the condition of treatment with medical cannabis to help the women of Arkansas who suffer from this condition. Sincerely Suzanne Boulder Hill, PhD.

Do I need to do anything before I move on to mine? (Jordan Davis began with his own comments)

I'm here today to voice support for adding female orgasmic disorder, which is abbreviated as FOD as a qualifying condition for medical cannabis treatment. Women who experience FOD face significant mental and physical health challenges. These include higher rates of mental health diagnosis, PTSD, childhood sexual abuse, diabetes, even pelvic floor disorders. FOD effects up to 40% of women globally, causing distressing difficulties in achieving orgasm despite adequate sexual stimulation. The emotional toll of this condition can be significant. It often contributes to anxiety, depression and PTSD, but unfortunately, there have been few advancements in treatments for FOD over the past 50 years, and there are no conventional medications which contributes to why the percentage of these women affected by FOD has not changed.

Medical cannabis offers a valuable, evidence-based option to alleviate the symptoms of FOD. Research shows that cannabis, especially as therapeutic doses, can reduce anxiety, increase blood flow and enhance sensitivity. These are critical in overcoming barriers to orgasm. By making medical cannabis an approved treatment option, we can enhance access to treatment, improve Women's Health and help break the stigma. What's most important to understand is this is not merely a matter of sexual gratification for any one person or couple. This is about mental health, emotional well-being, and overall quality of life in adults managing this condition. The stigma of FOD only adds to the noise. Women with anorgasmia, a type of FOD where women have never experienced an orgasm, often experienced



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significant emotional distress, and it can affect relationships and overall happiness. Medical cannabis can provide a safe, effective and noninvasive option to manage this disorder and improve lives.

I also want to emphasize that there is a disparity in how sexual dysfunctions are treated. While men with conditions like erectile dysfunction or delayed ejaculation have access to multiple treatment options, women with FOD are often left without similar resources. By allowing medical cannabis as a treatment for FOD, Arkansas would help bridge that gap, providing women comprehensive healthcare they need to manage their condition effectively.

I recognize the privilege I have to stand here and speak on this matter. Treatment for me, might include a vasodilator, testosterone supplementation, or even an inflatable penile implant in severe cases, the females have limited and non efficacious options. I also feel it's my responsibility to advocate for this issue on behalf of those who may not feel empowered to do so. These women deserve access to proven treatment options that can significantly improve their health and well-being.

In conclusion, I respectfully urge the Arkansas Department of Health to approve female orgasmic disorder as a qualifying condition for medical cannabis. The evidence supporting cannabis is a treatment for FOD is compelling, and the potential benefits for Women's Health are clear. Approving this measure would allow many women to access a solution that has been shown to help them reclaim their health and live fuller, more satisfying lives. Break the stigma associated with FOD and bridge a gap in comprehensive healthcare. Thank you for your consideration.

Charles Bedell

May I have your attention. The time is now 10:00, the public hearing is now concluded. Thank you.