

MINUTES OF THE SENATE JUDICIARY COMMITTEE

The meeting was called to order by Chairman John Vratil at 9:30 A.M. on January 19, 2005, in Room 123-S of the Capitol.

All members were present except:

Barbara Allen- excused

Committee staff present:

Mike Heim, Kansas Legislative Research Department
Jill Wolters, Office of Revisor of Statutes
Helen Pedigo, Office of Revisor of Statutes
Carol Benoit, Legislative Assistant
Nancy Lister, Committee Secretary

Conferees appearing before the committee:

Tim Madden, Department of Corrections
Keven Pellant, Deputy Secretary of Community and Field Services, Kansas Department of Corrections
Bea Magathan, The Farm
Gloria Van Winkle
David Thomason, Director of the WIC, Kansas Department of Health and Environment
Gary Daniels, Acting Secretary, Social and Rehabilitation Services
Sister Therese Bangert, Kansas Catholic Conference
Kyle G. Smith, Special Assistant Attorney General and Special Agent, Kansas Bureau of Investigation
Colonel William Seck, Kansas Highway Patrol
Max Wilson, Regional Prevention Centers Association of Kansas (written submitted for Cristi Cain, State Coordinator, Kansas Methamphetamine Prevention Project)
Sheriff Lamar Shoemaker, Brown County Sheriff
Duane Simpson, Director of Government Relations, Kansas Agribusiness Retailers Association
Garry Winget, President, Kansans for Addiction Prevention
John L. Kiefhaber, Executive Director, Kansas Pharmacists Association
Kevin Kraushaar, Consumer Health Care Products Association

Others attending: See attached list.

Chairman Vratil called the meeting to order. He announced he would not take bill introductions today, due to the large number of conferees.

Chairman opened the hearing on **SB 30**.

SB 30-Exercising the state's option to provide an exemption to disqualification for public assistance to certain drug offenders

Proponents:

Tim Madden, Kansas Department of Corrections, stated the bill would provide needed assistance to eligible former drug offenders, while at the same time, preserving the public's interest in limiting that assistance to persons who have addressed their substance abuse through necessary treatment. (Attachment 1)

Kevin Pellant, Deputy Secretary of Community and Field Services, Department of Corrections, testified she served as Deputy Warden at the Topeka Correctional Facility for 13 years. Ms. Pellant stated it is important to help offenders coming out of incarceration (most are women) to receive the financial assistance, childcare support, and job training necessary so that they may succeed in reintegrating into the community. (Attachment 2)

Gloria Van Winkle testified that she was released from prison after being incarcerated for 12 years. With \$800 to start her new life, she rented an apartment, believing everything else would fall into place. However, two weeks later, when her prescriptions ran out, she could not afford to refill them. She went to Social and

CONTINUATION SHEET

MINUTES OF THE Senate Judiciary Committee at 9:30 A.M. on January 19, 2005, in Room 123-S of the Capitol.

Rehabilitation Services (SRS) for help but was denied assistance because of her drug crime. Ms. Van Winkle went to other agencies but was treated as though she was looking for a handout. Facing eviction, off her medications, and feeling like a failure, she contacted a crisis center, just wanting to go back to prison. It was through the crisis center that she finally received the necessary help to survive, received her medications, and learned about various agencies and websites that could help someone in her situation. Ms. Van Winkle stated that her situation was not unique and that if the rate of prison recidivism was to decrease, then passage of the bill would be one way to begin to turn things around.

Bea Magathan shared a personal experience from dealing with her brother, who had mental illness as a teenager that continued into adulthood. He was diagnosed as having Schizoaffective Disorder while incarcerated for possession of a controlled substance. Today, at age 33, he is unemployable and has been denied food stamps, Medicaid and housing assistance because of his drug conviction. He is not abusing drugs now, but because he is still mentally ill, his situation has caused a great financial burden on the family. Ms. Magathan asked for the bill to be passed to help her brother, and others worse off. (Attachment 3-4)

Dave Thomason, Director of the WIC Program, testified on behalf of the WIC Program and the Health and Human Services Team (task force) On Hunger Reduction in Kansas. They are concerned that denial of food and other assistance to persons with past drug convictions results in harm not only for the individual but also for their children and families. (Attachment 5)

Gary Daniels, Acting Secretary of Kansas Social and Rehabilitation Services, stated that the federal *Personal Responsibility and Work Opportunity Reconciliation Act of 1996*, places a lifetime ban on persons convicted of a drug felony from receiving food assistance, Temporary Assistance to Needy Families (TANF) cash and employment services, yet these services are available to felons convicted of other more violent types of offenses. Mr. Daniels stated this bill will help stabilize families and reduce prison recidivism. (Attachment 6)

Sister Bangert, Kansas Catholic Conference, shared information from a document entitled, "*Responsibility, Rehabilitation and Restoration - a Catholic Perspective on Crime and Criminal Justice*," released by the U.S. Conference of Catholic Bishops in 2000. It calls upon government to redirect public policy and public resources away from building more prisons and toward more effective programs aimed at crime prevention, rehabilitation, education efforts, substance abuse treatment, and programs of probation and reintegration. (Attachment 7)

Written testimony was supplied by Roger Werholtz, Secretary of the Kansas Department of Corrections, in support of **SB 30**. (Attachment 8)

Chairman Vratil closed the hearing on **SB 30**, and opened the hearing on **SB 27**.

SB 27--Unlawfully selling drug products containing Ephedrine or Pseudoephedrine, pharmacy controls; rebuttable presumption of intent if possession of more than nine grams.

Proponents:

Kyle Smith, Special Agent, testified on behalf of the Kansas Bureau of Investigation and the Kansas Peace Officers Association. He summarized that if access to the precursor chemicals that are used to make methamphetamine is controlled, it will ultimately save lives and taxpayer dollars. (Attachments 9-13)

Colonel William Seck, Kansas Highway Patrol, testified on behalf of the Highway Patrol and a task force, charged by Governor Kathleen Sebilius and the Kansas Criminal Justice Coordination Council. The task force was formed to identify how best to address the methamphetamine and other illegal drug problems in Kansas. Because the availability of methamphetamine is on the rise, the Patrol assists law enforcement agencies with investigations, which equate to many man hours spent dealing with this problem. (Attachment 14)

Larry Welch, Director of the Kansas Bureau of Investigation, gave a brief history of methamphetamine abuse in the State of Kansas. In 1994, law enforcement was primarily concerned with other controlled substances.

CONTINUATION SHEET

MINUTES OF THE Senate Judiciary Committee at 9:30 A.M. on January 19, 2005, in Room 123-S of the Capitol.

The KBI and local law enforcement seized four methamphetamine (meth) labs, which then was a state record. Since then, law enforcement continued to break records in meth lab seizures until it peaked at more than 800 seizures in 2001. Oklahoma has done everything Kansas has done to fight the meth lab problem, but it also enacted an equivalent bill to the proposed bill. With the bill passed into law, Kansas law enforcement could begin to direct more of its resources toward fighting imported meth drug traffic, which accounts for approximately 80 percent of the meth in Kansas (which primarily comes in from Mexico and California). (Attachment 15)

Max Wilson gave testimony on behalf of Cristi Cain, State Coordinator of the Kansas Methamphetamine Prevention Project. Meth addiction accounts for over 10 percent of all treatment admissions in Kansas, and over the past three years, more Kansans have entered treatment and at much younger ages. Kansas has seen an increase in children residing in homes where drugs are manufactured, distributed or abused. Some Kansas communities, specifically Shawnee County, have identified methamphetamine-exposed newborns as a serious problem. Analysis of the medical cost of one meth-exposed child over a lifespan has been estimated to be more than \$1.7 million dollars. (Attachment 16)

Sheriff Lamar Shoemaker, Brown County Sheriff, stated that his office has been involved with methamphetamine lab seizures and one where they seized a meth lab underneath a baby's crib. It is Sheriff Shoemaker's belief, with the meth law enacted in the state of Oklahoma, it is important that Kansas enact a similar law. (Attachments 17-18)

Duane Simpson, Director of Government Relations, Kansas Agribusiness Retailers Association, testified on behalf of fertilizer retailers and producers. Anhydrous ammonia, used in the cooking process for methamphetamine, is the preeminent fertilizer for wheat in Kansas. Theft of this valuable fertilizer is a serious problem for the industry and for customers. When Oklahoma passed its law, Kansas agribusiness retailers and producers noticed an increase in theft and damage along the border counties. They support all reasonable measures to restrict ephedrine products that can be used to produce methamphetamine. (Attachment 19)

Gary Daniels, Acting Secretary, stated that the Kansas Department of Social and Rehabilitation Services (SRS) received a federal grant two years ago that established the Kansas Methamphetamine Prevention Project, which produced partnerships between many state agencies, community organizations and private businesses. Several low cost initiatives under the Project involved working with pharmacies, grocery stores, discount stores and convenience stores to voluntarily place pseudoephedrine products behind the counter to avoid theft and purchases of large quantities used in producing meth. Although the funding is gone, the partnerships remain committed to addressing the issues of preventing production of this dangerous substance. (Attachment 20)

Garry Winget, President, Kansans for Addiction Prevention, stated reducing the supply and access would favorably impact the problem of addiction. (Attachment 21)

Written testimony in support of the bill was provided by: Officer Ed Drake, Olathe Police Department; Terry Holdren, Kansas Farm Bureau Governmental Relations; Chief Norman D. Williams, Wichita Police Department; Daryl Reece, Kansas Peace Officers Association; Sheriff Vernon Chinn, Pratt County Sheriff; Leslie Kaufman, Kansas Cooperative Council; Jerry Slaughter, Kansas Medical Society. (Attachments 22-28)

Neutral:

John Kiefhabner testified on behalf of the Kansas Pharmacists Association (KPhA). Pharmacists have cooperated with the MethWatch programs. There are several important points in the bill that the KPhA would like changed: preemption of local restriction on sales, the exclusion of multi-ingredient products from Schedule V, and the issue of package verses gram limits on sales. (Attachment 29)

Written testimony was provided by Representative Scott Schwab. (Attachment 30)

Opponent:

Kevin Kraushaar testified on behalf of the Consumer Health Care and Products Association (CHCPA), a trade

CONTINUATION SHEET

MINUTES OF THE Senate Judiciary Committee at 9:30 A.M. on January 19, 2005, in Room 123-S of the Capitol.

association based in Washington, D.C., made up of manufacturers and many of the distributors of non-prescription drugs and over-the-counter drugs. Mr. Kraushaar said there are many success stories around the nation, including Oklahoma. California and Washington have seen similar drops in meth labs without the restriction of access. Mr. Kraushaar requested some accommodation in the bill for products to be sold in non-pharmacy retail outlets. The CHCPA has long supported the comprehensive approach to the methamphetamine problem, but hopes its concerns will be addressed.

At the conclusion of testimony, the Committee had questions for conferees. Senator Donovan asked Mr. Kraushaar and Mr. Kiefhaber if the changes proposed by the KBI representative (in Attachment 13) helped their organizations' concerns. The consensus was that striking section three of the bill moves it in the right direction. It is better to have three packages than nine grams. Senator Goodwin asked if Mr. Kraushaar would provide to the Committee a written synopsis on some of the success stories in the other states he mentioned, and Mr. Kraushaar indicated he would.

Senator Bruce addressed whether there has been a lot of inventory shrinkage, and whether it is more pronounced in border communities. Mr. Kraushaar indicated that theft is an issue. Mr. Kiefhaber stated that there was a pharmacist present from the Kansas Pharmacists Association, Mr. Aaron Kropf, who might better address the issue. Mr. Kropf stated that the percentage of theft has gone down since many businesses are keeping the product behind the counters. Senator Umbarger asked that if the gel caplets and the liquid form of the drug provide the same relief as the hard tablet, then what is wrong with the language as it appears in the current bill. Mr. Kiefhaber answered that some products work more effectively on some people and it is a matter of preference. Senator Journey asked if any of the proponents objected to the striking of section three, as proposed by Mr. Smith. No proponents objected to striking section three.

Chairman Vratil announced the Committee intends to work this bill the following Monday, so if there are any proposed amendments to this bill, please provide them before then. Chairman Vratil adjourned the meeting at 10:30 A.M. The next meeting is scheduled for January 20, 2005.

SENATE JUDICIARY COMMITTEE GUEST LIST

DATE: 1-19-05

NAME	REPRESENTING
Marcus Lutz	Lawrence Co Sheriff's Office
Tom McBillin	Olathe Ks Police Dept
John Simmons	Lansing Police Dept.
Day/Reece	Johnson CO Sheriff's Office
Sgt. Scott Hecantony	Shawnee County Sheriff's Office
Bea Nagalthe	Self
Steve Solomon	The Farm, Inc.
Candy Shively	SRS
Gary Daniels	SRS
Lori Alvarado	SRS
JEREMY S BARCLAY	KDOC
KEVEN PELLANT	KDOC
GLORIA VANWINKLE	self
Lana Walsh	OJA
SCOTT SCHNEIDER	CITY OF WICHITA
Julia Butler	KSC
Amber Shaverdi	PNCA
Tom PALACE	PNCA
Sandy Barnett	KCSOV

Please Continue To Route

SENATE JUDICIARY COMMITTEE GUEST LIST

DATE: Jan 19, 2005

NAME	REPRESENTING
Sky Westerland	KNASW
Max Wilson	Reg. Prof. Centers Assn. of KS
Garry Winget	KANSAS for Addiction Prevention
Aliah Harrison	KAAAC
Savannah Meyer	KNASW Intern
David Johnson	KDHE
Jamie Rutherford	State Gov't Rel.
Wade H. Bowie, Jr	JJA
Terry Maple	KHP
William Suck	KHP
Larry Welch	KBT
Akiko Moteji	WU Intern
Dallas Bauer	Intern
Kevin Barone	KTLA
Diane Simpson	KARA
Ashley McMillan	Senate President
Tim Maddon	ICDOC
Martin Hanna	Hanna's Current Report
XXXXXXXXXX	XXXXXXXXXX

PLEASE CONTINUE TO Route to Guests

SENATE JUDICIARY COMMITTEE GUEST LIST

DATE: 1-19-05

NAME	REPRESENTING
Richard A. Samaniego	Kennedy & Assoc.
JARED MAAG	AG
Michael White	KCDAA
Debra Billingsley	KS Bd of Pharmacy
BOB GACHES	KPSC
Kevin Kraushaar	CHPA
Mike Huttles	CHPA
Jim Schieferecke	K.B.I
Aaron Kropf	KPHA
JULIE IS HOON	KFC
John Kieffhaber	Ks. Pharmacists Assoc.
JOYCE GROVER	KCSOU
Loretta Wyrick	KMPP
Eunie Domingiz	Sen. Allen.
Kelly Strempe	Governors Fellow
SOB BOTTENBORG	Horses Stable Ass'n
LAMAR SHOEMAKER	Brown Co. S.O.
Julienne Maslin	Gov office
Don Burns	Sharonne B. Smith's Office

continued →

Testimony on SB 30
to
The Senate Judiciary Committee

By Tim Madden
Senior Counsel to the Secretary
Kansas Department of Corrections

January 19, 2005

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Voice 785-296-3310 Fax 785-296-0014 <http://www.dc.state.ks.us>

Senate Judiciary

1-19-05

Attachment 1

SB 30 exercises Kansas' authority pursuant to 21 U.S.C. § 862a to allow otherwise eligible persons convicted of a controlled substance related felony to receive Temporary Assistance to Needy Families (TANF) and participate in the food stamp program. This allowance is contingent upon either an assessment by a licensed substance abuse treatment provider that the individual does not require substance abuse treatment, or that the individual is either participating in a licensed substance abuse treatment program or has successfully completed treatment.

Congress, in enacting the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, granted states the authority to provide assistance funds and food stamps to persons convicted of the felony possession, use, or distribution of controlled substances provided the state has elected to exclude this prohibition from the eligibility criteria applicable to state residents. Therefore, Kansas has authority to determine whether individuals who have been convicted of a felony drug offense pursuant to any state or federal law are eligible to receive assistance if the conviction was due to a drug crime committed after August 22, 1996. Thirty-one states have passed legislation to exercise their option to waive or modify this disqualification. SB 30 waives this disqualification contingent upon either the absence of a need for substance abuse treatment determined by a substance abuse treatment provider or the person's completion or participation in a licensed substance abuse program. Therefore, SB 30 directly relates waiver of the disqualification due to a drug offense conviction to the individual addressing his or her substance abuse.

Additionally, under current law, former offenders who have been convicted of violent or non-drug crimes are eligible for the benefits that are prohibited to those that have a felony drug history. Under current law, assistance is denied to former drug offenders who have overcome their substance abuse while other offenders are provided assistance.

Both the Department of Corrections and the Department of Social and Rehabilitation Services support SB 30. The Department's interest is derived from the significant number of female offenders being released from prison after service of sentences for drug offenses. The reintegration of these offenders with their children, with the full assistance offered by the federal Welfare Reform Act, is greatly enhanced and reduces one of the most significant criminogenic factors in recidivism. At the same time, through this assistance these offenders can access job training, which will further enable them to stabilize and reintegrate safely and successfully.

The current disqualification has a significant impact on the dependent families of persons convicted of drug offenses. The impact on a household that is a single parent family with two children is a reduction of one-third of their potential benefits for a month. The Department's experience is that this type of situation places an extreme amount of stress on a family that is already undergoing the difficult task of successful reintegration.

SB 30 exercises an opportunity afforded by the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, to provide needed federal assistance to otherwise eligible former drug offenders, while at the same time preserving the public's interest in limiting that assistance to persons who have addressed their substance abuse through necessary treatment.

The Department urges favorable consideration of SB 30.



KANSAS

KANSAS DEPARTMENT OF CORRECTIONS
ROGER WERHOLTZ, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

Testimony on Senate Bill No. 30
By Keven Pellant
Deputy Secretary of Community and Field Services
Kansas Department of Corrections

January 19, 2005

Senate Bill 30 (SB 30) allows offenders who have been convicted of a controlled substance related felony to receive TANF or Temporary Assistance to Needy Families. This temporary assistance really means that offenders would be able to provide for their children's needs through food stamps and childcare while the offender was being trained for a work skill or beginning work after being incarcerated for their offense. Why should offenders have this opportunity? How else will an offender parent truly reintegrate into the community and take responsibility for their children and debts or restitution owed their victims?

The Kansas Department of Corrections' mission statement reflects that we believe that, as a part of the criminal justice system, we will contribute to public safety by supervising offenders in the community and encourage them to become

law-abiding citizens. I would suggest that not only would SB 30 assist the offender to "get on their feet" financially with such support, but would allow them to be accountable to their families and their victims. Without SB 30, offenders are unable to receive assistance to care for their children properly, particularly female offenders who more often than males regain custody of their children after incarceration. Children learn from their parents and from the community.

Until very recently when I became the Deputy Secretary of Community and Field Services, I had been the Deputy Warden at Topeka Correctional Facility (TCF) for 13 years. Male and female offenders were managed and contained at TCF. I learned that many of them who wanted to change needed some assistance to do so, rather than more barriers thrown in their faces. To be released from prison, without a job, with little property or even clothing to wear to interviews for employment, can seem pretty daunting, particularly to a mother. Offender's parents are raising many of our incarcerated parent's children. This Bill should assist those grandparents, aka taxpayers, who are tired and older and who have great hope that their incarcerated adult children will be responsible and take over care and costs of their own children upon release from prison. SB 30 can help the recently released offenders with financial support for the care of their children, childcare, and job training for themselves so that they can afford to maintain the family unit. Families in Kansas need your vote to approve SB 30 and allow Temporary Assistance to Needy Families, particularly those who are struggling as

newly released offenders working to change their lives and the lives of those they love and who love them.

Children of incarcerated parents are a major focus of federal legislation and attention. Assisting reintegrated families might save an offender from returning to prison in defeat, and more importantly, might encourage a child to believe that the community wants to keep them safe and well. Ms. Gloria Van Winkle, who has served time for drug related convictions, is here to talk with you about her release from prison and how receiving TANF assistance might have assisted her in keeping her family and responsibilities on the right track.

**Testimony in Support of Passing Senate Bill 30:
An act regarding public assistance and persons convicted of felony drug charges**

January 19, 2005

Submitted by
Bea Magathan

Good morning Members of the Senate Judiciary Committee. My name is Bea Magathan. I appreciate your time and I am grateful for the opportunity to share my personal reason for supporting Senate Bill 30 (SB30). I hope by sharing the experience of my family and how we have been affected by present policies you will understand the need to pass this bill. This act will allow Kansas to withdraw or modify how it adheres to Section 862a of Federal Title 21, a law that denies general assistance to individuals convicted of felony drug offenses. The present policy classifies drug offenders as undeserving poor and creates barriers to their successful rehabilitation and reintegration to their communities.

I will start with a little background information. I come from a hard working middle-class family. My step father, a US Army Sergeant, died of natural causes while on active duty in Korea. My mother, a dedicated military wife, worked hard to provide for her children. I have three brothers, the eldest of whom is presently a retired US Air Force Sergeant. My brother, who was a year older than I, was a Major in the US Army. He gave 17 years of dedicated service before his life was tragically ended just two short months ago during his second tour of duty in Iraq.

It is the story of my younger brother that is of interest regarding the bill before you today. He also wanted a military career, but the military determined he was not fit for service when he applied at age 18. As he had no physical concerns, I suspect he was declined due to elements of his mental illness that began to appear when he was a teenager. As a teenager he began hearing voices, experiencing hallucinations and having delusional thoughts. At age 15, he spent five months in psychiatric hospitalization. As an adult his mental illness continued to plague him and he had difficulty maintaining jobs. He refused to seek help. My family made several attempts to access mental health services over the years. We were told that help was not available if he would not seek treatment voluntarily, unless he became a danger to himself or others.

Senate Judiciary
1-19-05
Attachment 3

In Oklahoma, during 2000, he experienced a serious psychotic episode that resulted in his threatening my mother and older brother with a loaded weapon. Law enforcement was contacted. This call did not get him help. Despite repeated requests that he undergo a mental evaluation, he was simply arrested. He received probation, a fine and was told to attend anger management classes. Shortly thereafter, he violated the probation and the new charges involved possession of a controlled substance. His probation was revoked and he received a felony drug conviction. He served his full sentence. He was also diagnosed by the penal system as having Schizoaffective Disorder and received treatment for this, as well as substance abuse issues while incarcerated. He was released from prison in March of 2004 with a two-week prescription for numerous medications. No services were planned for him upon release.

My mother by this time had moved to Kansas to be closer to me. When he was released she brought him here. He is now 33 years old and in need of significant support. He is unemployed and unemployable. Stephens County Oklahoma still expects him to pay more than \$14,000 in court costs and fines or they will issue a warrant for his arrest. We helped him to apply for Social Security income (SSI), mental health services, food stamps, cash assistance, Medicaid, and housing assistance. The local Mental Health Center has been providing services at a reduced cost. He was denied food stamps, Medicaid and housing assistance all due to his drug conviction. He is not abusing drugs now, but he is still severely and persistently mentally ill. He wants to work, but his functioning has deteriorated following each attempt to do so. He was denied SSI twice. We appealed. Last week, ten months after he applied, my brother had his appeal hearing. The Judge determined he is disabled due to his mental illness.

SB30 must be passed as there are others in worse situations than my brother. According to the Bazelon Center for Mental Illness Law (2005), at the end of 2000, there were nearly one million individuals nationwide with mental illness in the criminal justice system. Many of these individuals may not have family able to provide support. If it were not for my brother having family support, he would have been homeless, hungry and without medication for the last ten months. He would likely

have become a danger to himself or others again. It is clear given this set of circumstances; he like thousands of others, would be at increased risk for re-entry into the penal system. It costs far more to incarcerate the mentally ill than to treat them and provide services in the community.

My brother's need for assistance has been a great financial burden on my family. My husband and I have two young children to support. My mother is a senior citizen on a fixed income. Caring for my brother has been depleting our resources and put our own financial well being at risk. So much so, that when my older brother died in November serving this country, my family had to ask for donations from our church and friends to be able to afford the expense of traveling to Texas for his funeral. It is truly disheartening to realize that my older brother gave his life for a country that has turned its back and ignored the basic human needs of his sick brother.

I am not speaking today out of anger. I am here today because I believe in our country as much as my older brother did. I believe one person speaking out and trying to make things better for people in this country can make a difference. I hope hearing this story will encourage you to pass SB30. Further, I hope as recommendations are made in the future regarding policies involving criminal justice, mental health reform, and services to the poorest in our nation; you will recall this story and make decisions that will help prevent individuals, like my brother, from falling through the cracks in our fragmented social systems. It is my firm belief that SB30 is not the only change that is needed to address problems faced by people like my brother, it is however a step in the right direction.

Thank you again for your time. Please let me know if you have questions regarding my testimony.

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Cell: 620-794-4091

Attachment to Testimony: Additional Points to Consider in Support of Passing Senate Bill 30

Submitted by: Bea Magathan

January 19, 2005

- According to the Bazelon Center for Mental Illness Law, “[twenty six states have already opted out or modified] the federal law’s ban on provision of TANF assistance and food stamps to persons with drug felony convictions” (2005). It is time for the State of Kansas to do the same by passing SB30.
- The State Comprehensive Mental Health Services Plan Act of 1986 and mental health policy initiatives since then, contain within them a value statement: we should be caring for the chronically mentally ill within our communities and not in institutions. It also implies that society should be responsible for ensuring they receive the treatment and services necessary to live within our communities. We have failed to do so, and it is evidenced by the numbers of chronically mentally ill housed in our penal systems and those living homeless on our streets. Passing SB30 will remove one of the barriers faced by the mentally ill with co-occurring substance abuse issues, by giving them access to food and other resources that will help to support them in the community.
- According to the Surgeon General Report (1999), “The U.S. mental health service system is complex and connects many sectors (public-private, specialty-general health, health-social welfare, housing, criminal justice, and education). As a result, care may become organizationally fragmented, creating barriers to access” (p. 429). The mentally ill suffer greatly from the fragmentation and failings of our system. “The evidence of our failure to help them is most apparent and most glaring on our nation’s streets, under our bridges, and in institutions like nursing homes and jail” (Iglehart, 2004, p.508).
- The vision statement made in the President’s New Freedom Commission on Mental Health (2003) reflects noble ideas and concepts for addressing the current needs. “We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports-essentials for living, working, learning, and participating fully in the community.” (*New Freedom*, 2003) Without funding and a national concerted effort to remove the barriers to successful treatment and services, these noble ideas will never be realized. Passing SB30 is just one small step toward facilitating progress in a greater plan.

Senate Judiciary

1-19-05

Attachment 4

References:

- Achieving the Promise: Transforming Mental Health Care in America. (2003). Washington, D.C.: President's New Freedom Commission on Mental Health, Department of Health and Human Services. (DHHS publication no. SMA-03-3832). Retrieved November 10, 2004 from <http://www.mentalhealthcommission.gov/reports/Finalreport/FullReport.htm>.
- Bazelon Center for Mental Illness Law: *Fact Sheets for Individuals with Serious Mental Illnesses who have been incarcerated*. Retrieved January 12, 2005 from <http://bazelon.org/issues/criminalization/factsheets/benefitsindex.htm>
- Bill Summary and Status. *Title V: State Comprehensive Mental Health Services Plan Act of 1986*. Retrieved October 29, 2004 from <http://www.thomas.loc.gov>.
- Iglehart, John K. (2004). The Mental Health Maze and the Call for Transformation. *The New England Journal of Medicine*, 350(5), pp. 507-512.
- U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. Retrieved October 20, 2004 from http://profiles.nlm.nih.gov/NN/B/B/H/S/_/nnbbhs.pdf.



K A N S A S

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

**Testimony on
Senate Bill 30
to
Senate Judiciary Committee**

Presented by: David Thomason

January 19, 2005

Chairperson Vratil and members of the Senate Judiciary Committee, I am pleased to appear before you today to support Senate Bill 30. My name is David Thomason, the Director of the WIC Program in the Kansas Department of Health and Environment.

Senate Bill 30 will allow former substance abuse offenders to receive assistance through state and federal programs such as Food Stamps and Temporary Assistance for Needy Families. Currently, drug felons are prohibited from ever receiving assistance unless the state passes legislation to opt out of the federal law. More than half of the states have passed state legislation to override this federal prohibition.

The Health and Human Services (HHS) BEST team on Hunger Reduction in Kansas, of which KDHE is a member, has noted that drug offenders leaving prison often experience difficulty in obtaining employment, housing, and providing food for their families. The team is concerned that denial of food and other assistance to persons with past convictions may result in harm such as poor nutrition and hunger not only for the individual (male or female) with a prior conviction, but also for their children and families. These noted assistance programs are designed to temporarily help individuals as they work to become self-reliant.

Thank you for the opportunity to appear before the Senate Judiciary Committee. I will be happy to respond to any questions you may have.

DIVISION OF HEALTH
Office of Health Promotion
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE.230, TOPEKA, KS 66612-1274
(785) 296-1207 Fax 785-296-8059 <http://www.kdhe.state.ks.us>

Senate Judiciary

1-19-05
Attachment 5

Kansas Department of

Social and Rehabilitation Services

Gary Daniels, Acting Secretary

Senate Judiciary Committee

January 19, 2005

**Public Assistance for Persons Convicted of a
Controlled Substance Felony
SB 30**

Gary Daniels, Acting Secretary
785-296-3271

For additional information contact:
Public and Governmental Services Division
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Senate Judiciary

1-19-05
Attachment 6

Kansas Department of Social and Rehabilitation Services
Gary Daniels, Acting Secretary

Senate Judiciary Committee
January 19, 2005

Public Assistance for Persons Convicted of a Controlled Substance Felony
SB 30

Mr. Chairman and members of the Committee, my name is Gary Daniels, Acting Secretary of the Department of Social and Rehabilitation Services. Thank you for the opportunity to testify in support of SB 30, a Department of Corrections proposal to stabilize families and reduce prison recidivism by allowing former drug felons to receive public assistance upon release from prison, if they are otherwise eligible.

The federal *Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA)*, also known as federal welfare reform, prohibits persons convicted of a drug felony from receiving both Food Assistance and Temporary Assistance to Needy Families (TANF) cash and employment services. Medical Assistance is not prohibited. This lifetime ban applies only to persons convicted of drug offenses but not to felons convicted of other more violent types of offenses.

Federal law also contains a provision which allows states to override the ban against drug felons. Thirty-three states have already passed legislation to override the ban in order to assist in stabilizing families when drug felons are released from prison. Without some type of assistance to reunite and stabilize the family, children may not be reunited with their parent, and recidivism to prison may be increased. States may specify the conditions under which they will provide TANF and food assistance. The Kansas proposal was crafted to limit assistance to drug felons who have completed or are participating in a licensed substance abuse program.

SRS supports this bill because women are the fastest growing prison population and much of this growth is due to nonviolent drug offenses, not involving manufacture or sale of drugs. Ninety-nine percent of single parent households receiving TANF are women. Often parents are released but do not have the resources to reunite with their children and obtain housing, food and utilities. By lifting the ban and providing TANF and food assistance when needed, parents leaving prison will be able to:

- Reestablish a home through receipt of a small cash grant for rent, utilities, and food
- Find a job, through job readiness, training, and job-seeking services
- Receive needed services such as substance abuse treatment, domestic violence services, and mental health counseling

There are currently 150 families in which the children receive TANF assistance, but the parent is disqualified due to a drug felony in their past. Enactment of this bill would increase the benefit and help these mothers stabilize the families during the period following prison release. Qualifying for TANF will also provide employment services which will help move these families toward independence and self-sufficiency.

Unlike TANF which is limited to families with children, Food Assistance is available to households without children. Lifting the federal ban against providing Food Assistance to former drug felons will help this population with nutritional needs during the period after release from prison.

This population typically has trouble gaining employment upon release. Without food and the other basic necessities of life during this transition period, the likelihood of returning to drugs or other criminal activity is increased.

While there will be some increase in state and federal costs, SRS supports this proposal because it is good public policy. There are already so many barriers to successful reintegration, it makes sense to remove the barriers we can control. Children of incarcerated parents are reported to be six times more likely to become incarcerated themselves. Giving these children a better opportunity to succeed and break the cycles of poverty and incarceration are good reasons to make the change.

This concludes my testimony. I will be glad to respond to questions.



6301 ANTIOCH • MERRIAM, KANSAS 66202 • PHONE/FAX 913-722-6633 • WWW.KSCATHCONF.ORG

Testimony to Senate Judiciary Committee
January 19, 2005
Senate Bill 30
Sister Therese Bangert - Kansas Catholic Conference

In December 2000, the United States Conference of Catholic Bishops released a document titled **Responsibility, Rehabilitation and Restoration – a Catholic Perspective on Crime and Criminal Justice**. This document is a reflection on the criminal justice system in the United States and a call to Catholics for action. The Bishops call us to act out of our faith in arenas of ministering to persons who are incarcerated and in calling for public policy that leads toward responsibility, rehabilitation and restoration.

Some quotes from this document:

We call upon government to redirect the vast amount of public resources away from building more and more prisons and toward better and more effective programs aimed at crime prevention, rehabilitation, education efforts, substance abuse treatment, and programs of probation and reintegration. (p. 39)

Our tradition insists that every person has both rights and responsibilities . . . Crime and corrections are at the intersection of rights and responsibilities. Those who commit crimes violate the rights of others and disregard their responsibilities. But the test for the rest of us in whether we will exercise our responsibility to hold the offender accountable without violating his or her basic rights . . . (p.23)

One area of criminal activity that seems to respond to treatment is substance abuse. More is being learned about how substance abuse and crime are linked in the United States. According to a National Institute of Justice report, at the time of their arrest two-thirds of adults and half of juveniles tested positive for at least one drug. Recent nationwide studies have concluded that drug treatment is reducing drug use, criminal activity, and physical and mental health problems, as well as increasing employment potential. (p.12)

The entire document is available for your perusal at www.usccb.org/statements.htm

SB 30 fits the spirit of the Bishops document. The Kansas Catholic Conference asks for your support of this bill.

MOST REVEREND GEORGE K. FITZSIMONS, D.D.
DIOCESE OF SALINA

MOST REVEREND JAMES P. KELEHER, S.T.D.
Chairman of Board
ARCHDIOCESE OF KANSAS CITY IN KANSAS

MOST REVEREND THOMAS J. OLMSTED, J.C.D., D.D.
DIOCESE OF WICHITA

MOST REVEREND RONALD M. GILMORE, S.T.L., D.D.
DIOCESE OF DODGE CITY

MOST REVEREND EUGENE J. GERRARD, S.T.L., D.D.

MOST REVEREND MARION F. FORST, D.D.
RETIRED

MICHAEL P. FARMER
Executive Director

MOST REVEREND I. Senate Judiciary

1-19-05
Attachment 7



KANSAS

KANSAS DEPARTMENT OF CORRECTIONS
ROGER WERHOLTZ, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

Testimony on SB 30
to
The Senate Judiciary Committee

By Roger Werholtz
Secretary
Kansas Department of Corrections

January 19, 2005

SB 30 exercises Kansas' authority pursuant to 21 U.S.C. § 862a to allow otherwise eligible persons convicted of a controlled substance related felony to receive Temporary Assistance to Needy Families (TANF) and participate in the food stamp program. This allowance is contingent upon either an assessment by a licensed substance abuse treatment provider that the individual does not require substance abuse treatment; or that the individual is either participating in a licensed substance abuse treatment program or has successfully completed treatment. SB 30 is a result of interagency meetings between the Department of Corrections and the Department of Social and Rehabilitation Services.

During the 2004 Legislative session an identical bill was introduced in the House, HB 2727. HB 2727 passed the House by a vote of 120 to 5.

Congress, in enacting the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, granted states the authority to provide assistance funds and food stamps to persons convicted of the felony possession, use, or distribution of controlled

substances provided the state has elected to exclude this prohibition from the eligibility criteria applicable to state residents. Therefore, Kansas has authority to determine whether individuals who have been convicted of a felony drug offense pursuant to any state or federal law are eligible to receive assistance if the conviction was due to a drug crime committed after August 22, 1996. Thirty-three states have passed legislation to exercise their option to waive or modify this disqualification. SB 30 waives this disqualification contingent upon either the absence of a need for substance abuse treatment determined by a substance abuse treatment provider or the person's completion or participation in a licensed substance abuse program. Therefore, SB 30 directly relates waiver of the disqualification due to a drug offense conviction to the individual addressing his or her substance abuse.

Additionally, under current law, former offenders who have been convicted of violent or non-drug crimes are eligible for the benefits that are prohibited to those that have a felony drug history. Under current law, assistance is denied to former drug offenders who have overcome their substance abuse while other offenders are provided assistance.

Both the Department of Corrections and the Department of Social and Rehabilitation Services support SB 30. The Department's interest is derived from the significant number of female offenders being released from prison after service of sentences for drug offenses. The reintegration of these offenders with their children, with the full assistance offered by the federal Welfare Reform Act, is greatly enhanced and reduces one of the most significant criminogenic factors in recidivism. At the same time, through this assistance these offenders can access job training, which will further enable them to stabilize and reintegrate safely and successfully.

The current disqualification has a significant impact on the dependent families of persons convicted of drug offenses. The impact on a household that is a single parent family with two

children is a reduction of one-third of their potential benefits for a month. The Department's experience is that this type of situation places an extreme amount of stress on a family that is already undergoing the difficult task of successful reintegration.

SB 30 exercises an opportunity afforded by the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, to provide needed federal assistance to otherwise eligible former drug offenders, while at the same time preserving the public's interest in limiting that assistance to persons who have addressed their substance abuse through necessary treatment.

The Department urges favorable consideration of SB 30.



Kansas Bureau of Investigation

Larry Welch
Director

Phill Kline
Attorney General

Senate Judiciary Committee

Testimony in Support of SB 25 ↗

Kyle G. Smith

Special Assistant Attorney General and Special Agent
Kansas Bureau of Investigation
January 19, 2005

I am pleased to appear on behalf of the Kansas Bureau of Investigation and the Kansas Peace Officers Association before this committee in support of SB 27, a long wished for effective weapon against meth manufacture.

The manufacture of methamphetamine is still the number one public safety problem in Kansas. Untrained 'cooks' mix these precursors with explosive, flammable and toxic chemicals, including sulfuric acid, red phosphorus, sodium metal, anhydrous ammonia, ether and sodium hydroxide. Besides long term health problems there are acute problems of fires and explosions. The fumes and residue damage and kill children present at these 'cooks'. Last year 120 children were found at these lab sites, some with serious health problems. Subsequent renters and motel users are also subject to exposure to these chemicals. Our water and soil are contaminated by the byproducts these 'cooks' dump on the ground. The resources of our law enforcement agencies are being sucked dry by the challenge of dealing with these deadly kitchens. There are still hundreds of meth labs being discovered across Kansas, causing deaths, fires and explosions, injuring children, endangering both officers and private citizens, poisoning our land and soil. The resulting strain on our treatment resources, law enforcement resources, courts, forensic laboratories, and prisons has been monumental, in the tens of millions of dollars. And federal dollars are dwindling as expected – the block grant program was cut by 30% and COPS and other DOJ grant programs are slated for reduction or termination as the federal government diverts more resources into homeland defense. Unfortunately, the states have been strapped for resources the last several years and Kansas, like most states, have become reliant on these grants for most of their anti-drug efforts. And while the number of reported meth labs has gone down the last two years, I fear this may not be direct proof of a decrease in the number of actual labs operating in Kansas. Why? In the July 2001 Legislative Post Audit Performance Audit on Methamphetamine, it was noted that there was a substantial under reporting by local agencies. Post Audit conducted a survey in 2000 and, the agencies responding reported 1,209 meth labs, compared to the 702 in the 'official' KBI numbers. Recent events may have aggravated that situation:

- In 2001 the KBI started training local agencies to handle meth labs, thanks to a million-dollar grant from the federal government. Tracking of the meth labs

seized also went to the local agencies. There is some basis to believe that local officers aren't bothering to fill out the four page federal form used to track meth lab seizures, since they know how many they had in their jurisdiction and aren't necessarily concerned with spending resources compiling the data for others.

- Recent legal decisions such as *St. v Frazier*, *St. v McAdam* and the appearance of lack of legislative concern have created a perception among some officers that I've heard expressed, that there is no reason to risk one's life working a difficult and hazardous case if no one else thinks it is a priority.

We are making progress and methamphetamine production is in fact down, but the extent of the reduction is probably less than the EPIC numbers suggest.

I've been working with the legislature since the mid-1980's on ways to address this problem. Illegal manufacture of meth has gone from a class A misdemeanor punishable by up to a year in jail to a level one drug felony with a minimum sentence of 11 years and 4 months. Yet the numbers of labs have increased. This is a highly addictive drug that can be made right here in your home after a quick trip to your local store. The KBI has worked with the Kansas Department of Health and Environment to create the "MethWatch" program – a voluntary educational effort with the Kansas Retail Association. MethWatch is an excellent program but we still have hundreds and hundreds of illegal meth labs. Education, punishment and millions of dollars have not solved this plague that is killing Kansans and draining our law enforcement agencies, courts and prisons of badly needed resources.

Yet, the solution has been obvious: we have to control access to the precursor chemicals that are used by the clandestine laboratories: ephedrine and pseudoephedrine. These precursors are to meth manufacture what flour is to bread making. Look at the attached chart, showing the molecular structure of ephedrine, pseudoephedrine and methamphetamine. See the difference? One oxygen atom. While other chemicals and methods may be used to strip off that atom, every meth lab in Kansas has either ephedrine or pseudoephedrine as the basic precursor. Until we get control of the basic precursors' availability we will never stop the meth lab problem. Everyone recognizes the legitimate uses of these drugs. But we also need recognize the need to balance legitimate commercial needs with society's legitimate need to protect itself.

Ephedrine and pseudoephedrine are not manufactured in the United States, but imported from the orient, primarily China. The illegal use of these precursors in recent years is shown by the DEA chart documenting the increased importation of the precursor pseudoephedrine from about 250,000 kilograms in 1993 to almost 700,000 kilograms in 2003. Does anyone really think the number of colds doubled or tripled in those ten years? Or has the market grown to meet the needs of illegal clandestine laboratories?

In 2001, Legislative Post Audit Performance Audit on meth labs (http://www.kslegislature.org/postaudit/audits_perform/01pa17a.pdf) reached the same conclusion:

To help ensure that law enforcement officials have the statutory provisions they need to help combat the methamphetamine problem, the House or Senate Judiciary Committees or other appropriate legislative committees should consider introducing legislation during the 2002 legislative session to do the following:

b. increase regulation of over-the-counter drugs containing pseudoephedrine.

Exactly how to do this without creating a massive bureaucracy or interfering with the public's need for these products has eluded the states until last year. The state of Oklahoma passed the "Trooper Nik Green Act" (named for the third trooper to die in methamphetamine related case in a year) also known as Oklahoma HB 2176. HB 2176 put tablet forms of pseudoephedrine (ephedrine was already a schedule 4 controlled substance under Oklahoma law) on schedule 5 – so only pharmacies could sell this precursor and photo identification and signature was required. **Oklahoma Bureau of Narcotics reports their lab seizures are down 80% since April.**

The essential features of this legislation are:

1. **SB 27 does not restrict access to cold medicines.** It does restrict access to the starch based pill forms, but the easier to swallow and faster acting versions are still totally unregulated. This is because the liquid, liquid tab and gel cap forms have not been used by meth cooks due to the precursor being dissolved in non-water based solution which is difficult to separate. So after SB 27 becomes law, citizens can get the liquid form any place and any time they can get it now.
2. **No prescription is required to get the pill forms of the precursor drugs.** By putting the meth precursors on schedule 5, all that is required to buy them is providing photo identification and signing a form.
3. SB 27 not only does not cost taxpayer dollars, it **should save millions of taxpayers dollars.** The 2001 Post Audit report estimated that Kansas spent over \$21 million in 2000 fighting meth – and that didn't count treatment dollars. If we can cut the number of labs in half, that means over 10 million dollars of precious, needed court, prison, treatment, prosecutor and law enforcement resources will be freed up.
4. By cutting down the number of meth labs, **we will be saving the lives and protecting the health of officers, first responders, the criminals themselves and, perhaps most importantly, their children.**

The only bad news is if we don't pass SB 27, and our neighboring states do. Arkansas, Missouri, Iowa and Nebraska were represented at a meeting I attended in St. Louis 5 weeks ago regarding this legislation. They are all pursuing legislation following the Oklahoma example. Since it is nearly impossible to get the precursors in Oklahoma now, we've seen a marked increase in fine Oklahoman citizens coming across the border to steal or purchase pseudoephedrine in Kansas. In Derby, Kansas, the Dillon's store reported a minibus from Oklahoma pulled in with about 20 apparently homeless people who came in and each bought the 3-package limit, got back on the bus. Information has been developed that the manufacturers are paying \$10 to each person on these meth junkets to buy the precursor. Wichita reports a 500

percent increase in the number of Oklahomans arrested for buying precursors. Here in Topeka, on July 7, state employee Mark Duncan was shot down at a car wash, in front of his wife and kids, by an Oklahoman trying to get money to buy precursors. We expect many labs will simply move north of the border to make production easier due to the ease of acquiring the ephedrine and psuedoephedrine in Kansas. **You don't want to be the low spot when your neighbors are draining their swamps!**

The bottom line is that by adopting this simple amendment to their controlled substances act Oklahoma has allowed people access to the product while cutting their meth labs in half, saved lives of first responders, law enforcement, meth cooks and their children, saved millions of dollars in law enforcement, prosecution, defense, court and prison resources and not cost the tax payers a single penny.

Given these facts, perhaps it is not surprising that law enforcement, public policy makers, treatment and prevention specialists and others have endorsed this legislation:

Governor Kathleen Sebelius
Attorney General Phill Kline's Law Enforcement Legislation Task Force
The Criminal Justice Coordinating Council's Methamphetamine Task Force
The Regional Prevention Centers of Kansas
The Kansas Peace Officers Association
The Kansas County and District Attorneys Association
The Kansas Sheriff's Association
The Kansas Association of Chiefs of Police
The Kansas Methamphetamine Prevention Project
Prevention and Recovery Services of Topeka
Kansas Farm Bureau

Amendments

We are aware that there have been some concerns raised by the Kansas Pharmacists Association and the Kansas Pharmacy Board. We have had several meetings and conversation to try and work out some acceptable changes to ease their concerns. As a result of those meetings and in an effort to keep the bill as simple and straight forward as possible, I would like to offer several amendments. They are contained in the balloon attached at the back of my testimony.

- Page 3, lines 11 and 14: strike the word "dispense" as under Kansas Board of Pharmacy-regulations, only a pharmacist can dispense, not techs or interns.
- Page 3, line 16: At the request of the board, strikes the word "clerk" and inserts "intern or student". This will maximize the number of qualified pharmacy personnel who can sell the precursors. Clerks were struck at the suggestion of the board, as they are not supervised or trained as well as technicians, students and interns.

- Page 3, Line 20 -22: Strikes the contents of what must be provided by a purchaser at a pharmacy. The board already has a form that person buying schedule 5 drugs must fill out. It was pointed out that the original draft of the bill actually required *less* information than was already being gathered by their form.
- Page 4, line 22, 25, 29: the names of the precursor drugs do not need to be capitalized.
- Page 4, line 22-23: At the request of the board, isomers and salts of ephedrine (but not psuedoephedrine) are struck, and left unregulated, as they have not been used to manufacture methamphetamine and are commonly found in other products.
- Page 4, line 28: The board also requested that we except out prescription medicines which contain the precursor drugs. Oklahoma has done this by regulation but would be simpler by statute.
- Page 4, lines 31-43, page 5, lines 1-31: All of section 3 is struck. The pharmacist association expressed concern that keeping track of what totals 9 grams might be difficult for the pharmacies and there was concern from at least one house member that the limits were too low. Finally, the KCDAA felt that the amendments to K.S.A. 65-7006 could be raise *Frazier* issues or result in undesirable 'lesser included' instructions without much substantive gain. As such, it was decided to simply strike both amendments to that statute, hence striking all of section 3.

Explanation of the bill

Section 1 amends K.S.A. 65-1643, which deals with restrictions on pharmacies and pharmacists, adds the requirement that products containing ephedrine and psuedoephedrine must be sold only by the pharmacist, a licensed technician or a student or intern. And when it is sold, a form in a log must be filled out by the purchaser and a photo ID provided. The log is to be available to the board of pharmacy and law enforcement.

Section 2, amends K.S.A. 65-4113 (schedule 5 of the controlled substances act, the lowest schedule containing drugs with the lowest potential for abuse) by adding ephedrine and psuedoephedrine but exempting out from regulation products in liquid, liquid capsule or gel capsule form. Pure forms of the precursors would still be controlled.

Objections and Responses to SB 27

1. "Just put single ingredient pills on schedule 5, as cold remedies with multiple ingredients aren't used to manufacture methamphetamine."

- Unfortunately this is false. In fact, meth cooks don't care what else is in their meth. Of course they would prefer pure psuedoephedrine but our forensic laboratory in Pittsburg Kansas, which does about 45% of all the

labs seized in Kansas, reports that 25-30% of the cases submitted were using multi-ingredient forms of the precursors.

- Attached is a photo of packages seized in a September raid at a meth lab by the KBI. You'll note they are multi-ingredient pseudoephedrine products.
- Meth cooks have cut their 'for sale' product with the left over binder and other drugs that were separated during manufacture.
- By not scheduling multi-ingredient products, which generally only contain 30 milligrams of precursor, all you are doing is boosting the profits of the drug companies, as meth cooks will have to buy 4 times the number of pills to make the same amount of meth.

2. **"This won't solve the methamphetamine problem as it will still be imported from Mexico."**

- The point of this proposal is to address the problem of Methamphetamine labs - the hazardous labs that blow up, poison the ground, damage our children. This is the problem we need help with, not importation. Law enforcement has great expertise and tools such as wiretaps, border searches, informants, financial records, etc., in working economically motivated drug organizations. It is these small, easy, personal use labs that can cook anywhere after a stop at their local hardware and convenience stores that we have been unable to stop and deter. This bill will reduce the number of these dangerous labs and make the resulting drug importation organizations more vulnerable to law enforcement.

3. **"Other restrictions, such as putting the packages behind counters and restricting the number of packages that can be sold, will work and be less intrusive."**

- Where has that been the case? Missouri and Illinois have the strictest 'gatekeeper' legislation in the nation and they both have more labs seized than we do! Perhaps even more telling is that both Missouri and Illinois are vigorously pushing the adoption of the Oklahoma approach in their legislatures this year.

4. **"This law will interfere with the public's access to needed medicine."**

- As noted, liquid forms of the drugs will still be available to all outlets. And the tablet forms will be treated the same as cough syrup with codeine - you just have to go to a pharmacist and sign for the drug. A survey conducted by the University of Northern Iowa shows that 79 percent of Iowans polled would support showing identification to buy the pseudoephedrine products. The same percentage said they would also be willing to ask a pharmacist or a clerk to purchase the products. Oklahoma has found indicators that more people are buying a package to have on hand in case they get sick but no other notable changes in consumer practices.

5. **“There simply isn’t space for all the thousands of such products behind the counter”**

- While there are undoubtedly thousands of products in the world with these precursors, stores don’t carry them all. I checked of an actual drug store and they carried about 36 products that will be covered by this legislation. Do we need to sacrifice our children, the lives of police officers and public health just so we have more choices? Given the massive damage caused by these products, making these drugs a priority for controlled delivery seems a reasonable balance. Since all pharmacies will be under the same rules, there won’t be any competitive advantage.

6. **“Pharmacists don’t have time to dispense these cold medicines.”**

- We have been meeting with pharmacists since September and several amendments have been made to try and minimize the inconvenience to pharmacists. But, with all due respect, these meth precursors are dangerous drugs. The state has always told pharmacists how dangerous drugs are to be dispensed. Based on the Oklahoma experience, most customers will switch to the liquid forms and this will work. I met with the Kansas Board of Pharmacy back in September and have been in contact with them as the bill developed. The Board of Pharmacy has no objection to SB 27. I think they recognize that the inconvenience to pharmacists must be balanced against the horrific damage that meth manufacture does to our public health and safety.

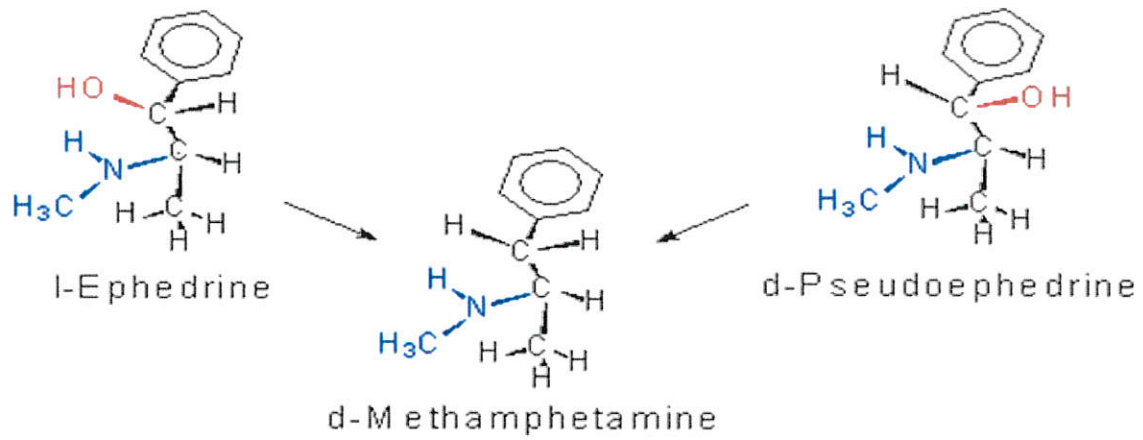
7. **“This legislation is unnecessary as the industry is close to perfecting a ‘molecular lock’ which will prevent pseudoephedrine from being used in the manufacture of methamphetamine.”**

- This claim was raised in 1999 when we first suggested some restrictions on the precursors and 5 years later it is still only a dream. Pfizer Pharmaceuticals was leading this research and has abandoned it. It might be worth noting that Pfizer, probably the largest seller of pseudoephedrine in the U.S., did not appear in opposition to the Oklahoma law and has recently stated that they support states taking this action if warranted in a particular state. See attached Jan. 17, 2005 AP article.

8. **“This legislation is unnecessary as education, such as in the MethWatch program, can reduce meth labs.”**

- MethWatch is a very good program and a very good tool. But it is only one tool against an incredibly destructive force. While many ‘good citizen’ retailers have voluntarily set limits on how many precursors they will sell, that doesn’t solve the problem of ‘smurfing’. The Dillon’s in Derby Kansas reported last week that vans from Oklahoma are coming up with 15 – 20 apparently homeless persons who then come in and buy the limit of pseudoephedrine. Allegedly they are being paid \$20 each for their efforts. Nor does education address the retailers that are not ‘good citizens’ – the ones that are making thousands of dollars by selling pseudo by the case and winking. While reported

meth labs seizures in Kansas have gone down the last two years, this appears to be explained by the switch from the KBI to local agencies being equipped to handle meth labs due to a million dollar federal grant – they simply too busy and see little value in filling out the 4 page federal form on each lab. This explanation is supported by the fact that submissions of meth lab seized for examination by the KBI's forensic laboratory hasn't tracked the supposed drop in seizures.



Submitted by
KYLE SMITH

Submitted by
KYLE Smith

Other States See Hope In Oklahoma's Meth Prescription (AP)

By KELLY KURT

The Associated Press, January 17, 2005

TULSA, Okla. -- After years of locking up methamphetamine makers only to see homemade drug labs multiply on urban stovetops and country roads, Oklahoma got tough.

It locked up the meth makers' cold medicine.

Two months after the state ordered common nasal decongestants like Sudafed and Claritin-D placed behind pharmacy counters, law officers were finding half as many labs. Ten months later, meth lab seizures are down more than 80 percent.

State officials believe many clandestine cooks have closed their kitchens for good now that pseudoephedrine, the key ingredient in meth, cannot be sold over the counter.

"To see the sort of diminution we've seen, there is absolutely no other reason," said Lonnie Wright, who heads Oklahoma's drug agency and fields the calls from other states where leaders are now looking to lock up pseudoephedrine, too.

Several states have tried to limit the amount of pseudoephedrine sold at one time, but Oklahoma's law went further by requiring the drug to be dispensed by a pharmacist and that consumers sign for it.

Oklahoma averaged 105 meth lab busts a month before the law took effect last April, said Wright, director of the Bureau of Narcotics and Dangerous Drugs Control. By November, the number had dropped to 19.

Those numbers convinced Missouri Attorney General Jay Nixon to push for a largely identical measure there.

"This is a relatively small discomfort for the public," said Nixon, whose state limited how much pseudoephedrine a customer could buy but only saw the number of labs surge.

The nasal decongestant can no longer be sold in Oklahoma grocery and convenience stores, along with other retail outlets. Signs on empty drug store shelves direct people looking for relief from stuffy heads to the pharmacist.

Oklahoma's law applies only to pills containing pseudoephedrine. Gel and liquid forms, which normally not found in meth-making, are available over the counter.

Some people grumble when told they'll also have to show an ID to receive their tablets, said Jim Brown, owner of Freeland-Brown Pharmacy in Tulsa.

"But when you tell them why," he said, "they really don't object."

Senate Judiciary

1-19-05

Attachment 11

Rough-and-ready meth making has left ugly scars on communities large and small in Oklahoma.

Children have been found playing among the volatile and highly toxic waste of their parents' drug making. Addicts haunt farmland looking to steal anhydrous ammonia fertilizer, which they use to convert pseudoephedrine into a potent high.

Oklahoma's law bears the names of three state troopers who were killed in situations involving suspected meth users.

Trooper Nik Green used to weep over the people he had arrested who were caught in meth's iron grip, his widow said.

"He said, "I really feel like this is one of Satan's tools,"" said Linda Green, who helped push for the law soon after Green was shot while investigating a suspicious vehicle on a rural road.

Along with Missouri, lawmakers in neighboring states of Arkansas, Kansas and Texas also are looking to restrict over-the-counter pseudoephedrine.

Arrests and police intelligence indicate Oklahoma meth makers are crossing the state line to buy the drug, said Tom Cunningham, drug task force coordinator for the Oklahoma District Attorneys Council.

"When you see Arkansas, Kansas, Missouri and Texas get on board with the controls," he said. "I think you'll see Oklahoma's numbers drop again."

Leaders in Washington, Idaho, Minnesota, Indiana, Iowa, Kentucky, Connecticut and Georgia have advocated laws requiring pharmacists to dispense pseudoephedrine or will be considering such legislation this year.

Oregon's pharmacy board in October approved new cold medicine restrictions that are patterned after the Oklahoma law. And Illinois began this month requiring retailers to lock pseudoephedrine tablets in cabinets or behind counters.

Pfizer Inc., the maker of Sudafed, does not oppose limiting access to the medication, said spokesman Jay Kosminsky.

"Every state has got to get the balance right between access to legitimate consumers and preventing access to criminals," he said.

But the company believes it's possible to secure the drug in grocery stores and other outlets _ not just pharmacies, he said. Meanwhile, Pfizer plans to introduce a new form of Sudafed this month made without pseudoephedrine.

The National Association of Chain Drug Stores doesn't "necessarily think the Oklahoma law is the way to go," said Mary Ann Wagner, the group's vice president of pharmacy regulatory affairs.

Consumers miss out on hundreds of pseudoephedrine products that can't be displayed behind the pharmacy counter, she said.

The group believes the law's apparent success may have more to do with impeding backdoor sales of cases of pseudoephedrine by rogue retailers, she said.

The head of the U.S. Drug Enforcement Administration has referred to Oklahoma's "hard hitting" law in urging states to help fight small labs. But a spokesman said the agency wants more data before drawing conclusions about the approach's success.

Oklahoma is now working on a computer network that will enable authorities to catch people who try to exceed the state's 30-day nine gram pseudoephedrine limit by pharmacy-hopping.

Investigators who were once overwhelmed by scattered mom-and-pop meth labs are now focusing on busting traffickers of Mexican meth, Wright said.

No one knows for sure where the former cooks are turning for their supply, but because meth is so powerfully addictive the search for a new recipe is likely on, he said.

"Somebody," Wright said, "is trying to figure out how to make it out of air or something."

Submitted by
KYLE Smith



Submitted by
KYLE Smith

Senate Judiciary
1-19-05
Attachment 13

SENATE BILL No. 27

By Senators D. Schmidt, Apple, Barnett, Barone, Bruce, Donovan, Em-
ler, Gilstrap, Goodwin, Hensley, Jordan, Kelly, Lee, Morris, Pine,
Schodorf, Steineger, Taddiken, Teichman, Umbarger, Vratil, Wilson
and Wysong

1-10

12 AN ACT concerning controlled substances; relating to schedule V sub-
13 stances; unlawful acts; amending K.S.A. 65-1643, 65-4113 and ~~65-7006~~
14 and repealing the existing sections.
15

16 *Be it enacted by the Legislature of the State of Kansas:*

17 Section 1. K.S.A. 65-1643 is hereby amended to read as follows: 65-
18 1643. It shall be unlawful:

19 (a) For any person to operate, maintain, open or establish any phar-
20 macy within this state without first having obtained a registration from
21 the board. Each application for registration of a pharmacy shall indicate
22 the person or persons desiring the registration, including the pharmacist
23 in charge, as well as the location, including the street name and number,
24 and such other information as may be required by the board to establish
25 the identity and exact location of the pharmacy. The issuance of a regis-
26 tration for any pharmacy shall also have the effect of permitting such
27 pharmacy to operate as a retail dealer without requiring such pharmacy
28 to obtain a retail dealer's permit. On evidence satisfactory to the board:
29 (1) That the pharmacy for which the registration is sought will be con-
30 ducted in full compliance with the law and the rules and regulations of
31 the board; (2) that the location and appointments of the pharmacy are
32 such that it can be operated and maintained without endangering the
33 public health or safety; (3) that the pharmacy will be under the supervision
34 of a pharmacist, a registration shall be issued to such persons as the board
35 shall deem qualified to conduct such a pharmacy.

36 (b) For any person to manufacture within this state any drugs except
37 under the personal and immediate supervision of a pharmacist or such
38 other person or persons as may be approved by the board after an inves-
39 tigation and a determination by the board that such person or persons is
40 qualified by scientific or technical training or experience to perform such
41 duties of supervision as may be necessary to protect the public health and
42 safety; and no person shall manufacture any such drugs without first ob-
43 taining a registration so to do from the board. Such registration shall be

A-13

1 subject to such rules and regulations with respect to requirements, sani-
2 tation and equipment, as the board may from time to time adopt for the
3 protection of public health and safety.

4 (c) For any person to distribute at wholesale any drugs without first
5 obtaining a registration so to do from the board.

6 (d) For any person to sell or offer for sale at public auction or private
7 sale in a place where public auctions are conducted, any drugs without
8 first having obtained a registration from the board so to do, and it shall
9 be necessary to obtain the permission of the board in every instance where
10 any of the products covered by this section are to be sold or offered for
11 sale.

12 (e) For any person to in any manner distribute or dispense samples
13 of any drugs without first having obtained a permit from the board so to
14 do, and it shall be necessary to obtain permission from the board in every
15 instance where the samples are to be distributed or dispensed. Nothing
16 in this subsection shall be held to regulate or in any manner interfere
17 with the furnishing of samples of drugs to duly licensed practitioners, to
18 mid-level practitioners, to pharmacists or to medical care facilities.

19 (f) Except as otherwise provided in this subsection (f), for any person
20 operating a store or place of business to sell, offer for sale or distribute
21 any drugs to the public without first having obtained a registration or
22 permit from the board authorizing such person so to do. No retail dealer
23 who sells 12 or fewer different nonprescription drug products shall be
24 required to obtain a retail dealer's permit under the pharmacy act of the
25 state of Kansas or to pay a retail dealer new permit or permit renewal fee
26 under such act. It shall be lawful for a retail dealer who is the holder of
27 a valid retail dealer's permit issued by the board or for a retail dealer who
28 sells 12 or fewer different nonprescription drug products to sell and dis-
29 tribute nonprescription drugs which are prepackaged, fully prepared by
30 the manufacturer or distributor for use by the consumer and labeled in
31 accordance with the requirements of the state and federal food, drug and
32 cosmetic acts. Such nonprescription drugs shall not include: (1) A con-
33 trolled substance; (2) a prescription-only drug; or (3) a drug product in-
34 tended for human use by hypodermic injection; but such a retail dealer
35 shall not be authorized to display any of the words listed in subsection
36 (u) of K.S.A. 65-1626 and amendments thereto, for the designation of a
37 pharmacy or drugstore.

38 (g) For any person to sell any drugs manufactured and sold only in
39 the state of Kansas, unless the label and directions on such drugs shall
40 first have been approved by the board.

41 (h) For any person to operate an institutional drug room without first
42 having obtained a registration to do so from the board. Such registration
43 shall be subject to the provisions of K.S.A. 65-1637a and amendments

1 thereto and any rules and regulations adopted pursuant thereto.

2 (i) For any person to be a pharmacy student without first obtaining
3 a registration to do so from the board, in accordance with rules and reg-
4 ulations adopted by the board, and paying a pharmacy student registration
5 fee of \$25 to the board.

6 (j) For any person to operate a veterinary medical teaching hospital
7 pharmacy without first having obtained a registration to do so from the
8 board. Such registration shall be subject to the provisions of K.S.A. 65-
9 1662 and amendments thereto and any rules and regulations adopted
10 pursuant thereto.

11 (k) *It shall be unlawful for any person to dispense, sell or distribute*
12 *in a pharmacy a controlled substance designated in subsection (e) or (f)*
13 *of K.S.A. 65-4113, and amendments thereto, unless:*

14 (1) *Such controlled substance is dispensed, sold or distributed by a*
15 *licensed pharmacist, a registered pharmacy technician or a pharmacy*
16 *clerk supervised by a licensed pharmacist or registered pharmacy tech-*
17 *nician; and*

intern or student

18 (2) *any person purchasing, receiving or otherwise acquiring any such*
19 *controlled substance produces a photo identification showing the date of*
20 *birth of the person and signs a written log or receipt showing the date of*
21 *the transaction, name of the person and the amount of the controlled*
22 *substance. The log, receipt book or database shall be available for inspec-*
23 *tion during regular business hours to the board of pharmacy and any law*
24 *enforcement officer.*

*and completes
in a form approved by the board.*

25 Sec. 2. K.S.A. 65-4113 is hereby amended to read as follows: 65-
26 4113. (a) The controlled substances or drugs, by whatever official name,
27 common or usual name, chemical name or brand name designated, listed
28 in this section are included in schedule V.

29 (b) Unless specifically excepted or unless listed in another schedule,
30 any material, compound, mixture or preparation containing the following
31 narcotic drug or its salts:

32 Buprenorphine 9064

33 (c) Any compound, mixture or preparation containing limited quan-
34 tities of any of the following narcotic drugs which also contains one or
35 more nonnarcotic active medicinal ingredients in sufficient proportion to
36 confer upon the compound, mixture or preparation valuable medicinal
37 qualities other than those possessed by the narcotic drug alone:

38 (1) Not more than 200 milligrams of codeine or any of its salts per
39 100 milliliters or per 100 grams.

40 (2) Not more than 100 milligrams of dihydrocodeine or any of its salts
41 per 100 milliliters or per 100 grams.

42 (3) Not more than 100 milligrams of ethylmorphine or any of its salts
43 per 100 milliliters or per 100 grams.

1 (4) Not more than 2.5 milligrams of diphenoxylate and not less than
2 25 micrograms of atropine sulfate per dosage unit.

3 (5) Not more than 100 milligrams of opium per 100 milliliters or per
4 100 grams.

5 (6) Not more than .5 milligram of difenoxin (9168) and not less than
6 25 micrograms of atropine sulfate per dosage unit.

7 (d) Unless specifically excepted or unless listed in another schedule,
8 any material, compound, mixture or preparation which contains any quan-
9 tity of the following substances having a stimulant effect on the central
10 nervous system, including its salts, isomers (whether optical, position or
11 geometric) and salts of such isomers whenever the existence of such salts,
12 isomers and salts of isomers is possible within the specific chemical des-
13 ignation:

14 (1) Propylhexedrine (except when part of a compound used for nasal
15 decongestion which is authorized to be sold lawfully over the counter
16 without a prescription under the federal food, drug and cosmetic act,
17 so long as it is used only for such purpose)..... 8161

18 (2) Pyrovalerone..... 1485

19 (e) ~~Unless specifically excepted or unless listed in another schedule,~~
20 ~~any product containing as its single ingredient the substance Ephedrine.~~
21 ~~Except as provided in subsection (g), any compound, mixture or prepa-~~
22 ~~ration containing any detectable quantity of Ephedrine, its salts or optical-~~ e
23 ~~isomers, or salts of optical isomers.~~

24 (f) ~~Except as provided in subsection (g), any compound, mixture or~~
25 ~~preparation containing any detectable quantity of Pseudoephedrine, its~~ p
26 ~~salts or optical isomers, or salts of optical isomers.~~

27 (g) ~~The scheduling of the substances in subsections (e) and (f) shall~~
28 ~~not apply to any compounds, mixtures or preparations which are in liquid,~~ e
29 ~~liquid capsule or gel capsule form if Ephedrine or Pseudoephedrine is not~~ p
30 ~~the only active ingredient.~~

31 Sec. 3. K.S.A. 65-7006 is hereby amended to read as follows: 65-
32 7006. (a) ~~It shall be unlawful for any person to possess ephedrine, pseu-~~
33 ~~doephedrine, red phosphorus, lithium metal, sodium metal, iodine, an-~~
34 ~~hydrous ammonia, pressurized ammonia or phenylpropanolamine, or~~
35 ~~their salts, isomers or salts of isomers with intent to use the product to~~
36 ~~manufacture a controlled substance.~~

37 (b) ~~It shall be unlawful for any person to market, sell, distribute, ad-~~
38 ~~vertise, or label any drug product containing ephedrine, pseudoephed-~~
39 ~~rine, red phosphorus, lithium metal, sodium metal, iodine, anhydrous~~
40 ~~ammonia, pressurized ammonia or phenylpropanolamine, or their salts,~~
41 ~~isomers or salts or of isomers if the person knows or reasonably should~~
42 ~~know that the purchaser will use the product to manufacture a controlled~~
43 ~~substance.~~

(1) products containing pseudoephedrine or ephedrine that are dispensed pursuant to a valid prescription by a licensee; or
(2) to

1 ~~(e) It shall be unlawful for any person to market, sell, distribute, ad-~~
 2 ~~vertise or label any drug product containing ephedrine, pseudoephedrine,~~
 3 ~~or phenylpropanolamine, or their salts, isomers or salts of isomers for~~
 4 ~~indication of stimulation, mental alertness, weight loss, appetite control,~~
 5 ~~energy or other indications not approved pursuant to the pertinent federal~~
 6 ~~over-the-counter drug final monograph or tentative final monograph or~~
 7 ~~approved new drug application.~~

8 ~~(d) It shall be unlawful for any person to purchase, receive or oth-~~
 9 ~~erwise acquire more than nine grams of any controlled substance desig-~~
 10 ~~nated in subsection (e) or (f) of K.S.A. 65-4113, and amendments thereto,~~
 11 ~~within any thirty-day period.~~

12 ~~(e) Except as provided in this subsection, possessing, purchasing, re-~~
 13 ~~ceiving or otherwise acquiring a drug product containing more than nine~~
 14 ~~grams of Ephedrine, Pseudoephedrine or Phenylpropanolamine, or their~~
 15 ~~salts, isomers or salts of isomers shall constitute a rebuttable presumption~~
 16 ~~of the intent to use the product as a precursor to methamphetamine or~~
 17 ~~another controlled substance. The rebuttable presumption established by~~
 18 ~~this subsection shall not apply to the following persons who are lawfully~~
 19 ~~possessing drug products in the course of legitimate business:~~

- 20 ~~(1) A retail distributor of drug products or wholesaler;~~
 21 ~~(2) a wholesale drug distributor, or its agents, licensed by the board~~
 22 ~~of pharmacy;~~
 23 ~~(3) a manufacturer of drug products, or its agents, licensed by the~~
 24 ~~board of pharmacy;~~
 25 ~~(4) a pharmacist licensed by the board of pharmacy; and~~
 26 ~~(5) any person licensed by the state board of healing arts under the~~
 27 ~~Kansas healing arts act possessing the drug products in the course of~~
 28 ~~carrying out such person's duties.~~

29 ~~(f) A violation of this section subsection (a), (b) or (c) shall be a drug~~
 30 ~~severity level 1 felony. A violation of subsection (d) shall be a class A~~
 31 ~~nonperson misdemeanor.~~

32 Sec. 4. K.S.A. 65-1643, 65-4113 and 65-7006 are hereby repealed.

33 Sec. 5. This act shall take effect and be in force from and after its
 34 publication in the Kansas register.

(renumber sect



K A N S A S

WILLIAM R. SECK, SUPERINTENDENT

KANSAS HIGHWAY PATROL

KATHLEEN SEBELIUS, GOVERNOR

Testimony on SB 27 Senate Judiciary Committee

Presented by
Colonel William Seck
Kansas Highway Patrol

January 19, 2005

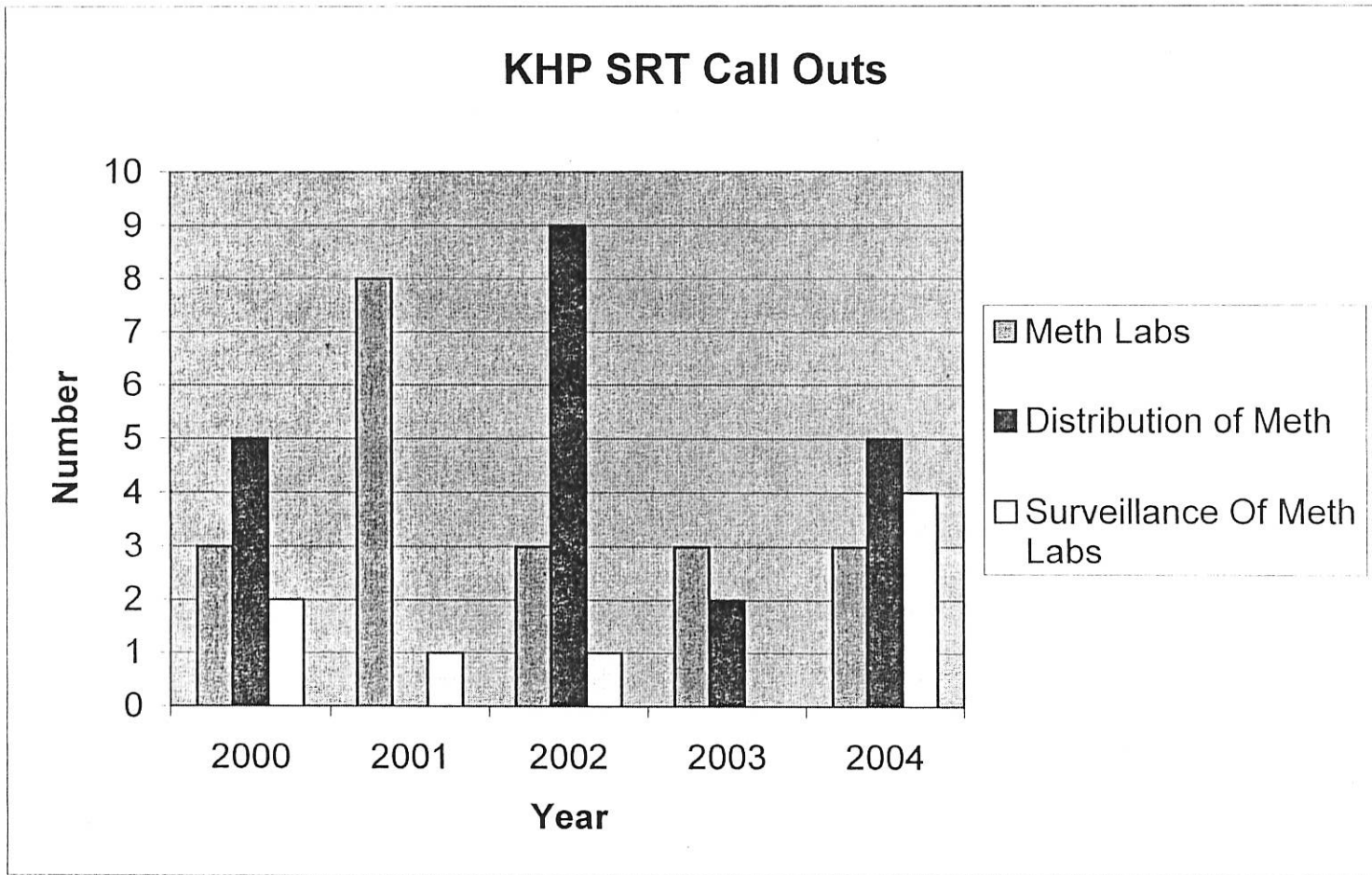
Good morning, Mr. Chairman and members of the committee. My name is Colonel William Seck, and I appear before you on behalf of the Kansas Highway Patrol to support SB 27.

As members of the law enforcement community, we have seen the consequences methamphetamine and other illegal drugs can cause to families and communities. Unfortunately, local community resources are stretched thin. Therefore, a task force, charged by Governor Kathleen Sebelius and the Kansas Criminal Justice Coordinating Council, was formed to identify how best to address the methamphetamine and other illegal drug problems in Kansas.

As Co-Chairs of this task force, KBI Director Larry Welch and I felt our first focus should be methamphetamine. It should be no surprise to any of us that the availability of meth is on the rise. I quickly see this when reviewing the drug seizures made by Kansas troopers. Routinely, troopers discover large quantities of meth in vehicles traveling Kansas roadways. In your handouts, I've included statistical information for your review. This information shows that from 1993 to 2004, our agency has seized over 643 pounds of meth. And by looking at the amount seized each year, its clear that the amount of this illegal drug has increased significantly over the last decade. And this doesn't take into account the number of rolling meth labs we find in vehicles and / or meth precursors.

The Patrol also assists local, State and Federal law enforcement agencies with meth related crimes and investigations. The Patrol's Special Response Team or SRT has primarily addressed outside requests for agency resources in three areas: surveillance for other agencies, warrant execution for meth distribution, and warrant execution for meth labs. Overall, the number of requests for assistance in these three areas has totaled 49 since 2000. Exact numbers are listed in your materials. Simply put, these instances equate to many hours spent by law enforcement agencies in dealing with this problem.

Year	Meth Labs	Distribution of Meth Labs	Surveillance of Meth Labs
2000	3	5	2
2001	8	0	1
2002	3	9	1
2003	3	2	0
2004	3	5	4





Kansas Bureau of Investigation

Larry Welch
Director

Phill Kline
Attorney General

**Senator John Vratil, Chairman
Senate Judiciary Committee
State Capitol
123-South
January 19, 2005**

KANSAS "METH" FACTS

Director Larry Welch
Kansas Bureau of Investigation

- "Raiding a clandestine drug laboratory (clan lab) has become one of the most dangerous operations a law enforcement officer can undertake. Officers sometimes refer to clan labs as 'chemical time bombs' because they contain highly flammable and explosive materials, lethal chemicals, and even mechanical or chemical booby traps. Law enforcement has found these makeshift laboratories in apartments, hotel rooms, mobile homes, outdoor sites, and in all types of vehicles."

The FBI Law Enforcement Bulletin, April, 2000

- "Drugs and crime are unraveling rural America ... Crime, fueled by a methamphetamine epidemic that has turned fertilizer into a drug lab component and given some sparsely populated counties higher murder rates than New York City, has so strained small-town police budgets that many are begging the federal government for help. The rate of serious crime in Nebraska, Kansas, Oklahoma and Iowa is as much as 50 percent higher than the states of New York and New Jersey ... Drug-related homicides fell by 50 percent in urban areas, but they tripled over the last decade in the countryside. We have serious drug crime in places that never used to have it."

The New York Times, Sunday, December 8, 2002

- The KBI, since 1996, of necessity, has focused a disproportionate percentage of our resources on methamphetamine in general and “meth labs” in particular, forensically and investigatively.
- Kansas, since 1996, has annually ranked in the top five, and/or top ten states in the number of “meth lab” incidents and seizures of operating laboratories.
- The KBI has trained, equipped and certified approximately 300 local Kansas law enforcement officers as “meth lab” first-responders and investigators.
- The KBI has provided “meth lab” recertification training and additional equipment to more than 200 officers previously certified by the KBI and/or DEA.
- The KBI has provided methamphetamine awareness training to at least 3,300 Kansas first-responders, i.e., fire fighters, EMS personnel, officers, et al.
- Almost 75 percent of all KBI arrests relate to narcotics. Primarily methamphetamine.
- Almost 80 percent of all KBI criminal convictions relate to narcotics. Primarily methamphetamine.
- The KBI is an active participant in 8 drug-related task forces across the state, with methamphetamine usually the emphasis.
- From 1997 through 2004, the KBI made 2,362 meth-related arrests. 1,859 were for manufacturing.
- From 1997 through 2004, the KBI obtained 1,326 meth-related convictions. 1,013 were for manufacturing.

- Kansas law enforcement “meth lab” incidents:
 - 1994 - 4 *
 - 1995 - 7 *
 - 1996 - 71*
 - 1997 - 99 *
 - 1998 - 189 *
 - 1999 - 511 *
 - 2000 - 702 *
 - 2001 - 846 *
 - 2002 - 728
 - 2003 - 649
 - 2004 - 550 (Projected; we’re still sorting out reports)

*** new state record**



Despite the extraordinary efforts and achievements cited above, the KBI estimates 75-80 percent of Kansas methamphetamine is actually imported from Mexico, and/or California, and not manufactured locally. If Kansas law enforcement could accomplish a more dramatic reduction in the number of “meth labs”, we could better address the importation and trafficking of methamphetamine, as well as cocaine, crack, marijuana, etc.

Based on the Oklahoma experience, Senate Bill 27 would appear to be the appropriate vehicle with which to accomplish the dramatic reduction.



Submitted by
MAX Wilson

**Testimony for the Kansas Senate Judiciary Committee
SB 27
Cristi Cain
State Coordinator
Kansas Methamphetamine Prevention Project
January 19, 2005**

The Kansas Methamphetamine Prevention Project was implemented in October 2002 in response to the devastating consequences Kansas communities were experiencing from methamphetamine production and usage. The following information is provided to demonstrate the impact methamphetamine is having in Kansas, including data specific to the counties bordering Oklahoma, which implemented Schedule V legislation in April 2004.

2004 Methamphetamine-Related Headlines from Kansas

- "Prosecutor says money for meth apparent motive in killing of KDHE employee"—Topeka
- "Citizen report leads to discovery of meth lab in trees"—Wellington
- "Oklahomans arrested after Sudafed purchase"—Wichita
- "Man accused of selling meth takes his own life"—Medicine Lodge
- "Father and son arrested for meth lab; Phosgene gas found"—Emporia
- "Soldier accused in shooting death previously charged with meth manufacturing"—Clay Center
- "Johnson County police bust large meth operation"—Lenexa
- "Suspected meth lab found in apartment; 4 year old child at scene"—Lawrence
- "Mother of 3 dies from severe burns in meth manufacturing incident"—Coffeyville
- "Mother sentenced in infant's meth-related death"—Emporia
- "15 month old poisoned by methamphetamine"—Wichita
- "4 young children found sleeping close to active meth lab"—Geneseo
- "Meth lab found at Hyatt"—Wichita
- "Suspected meth lab found near school"—Great Bend
- "Death likely caused by meth chemicals"—Salina
- "Half million dollars of meth seized on I-70"—Topeka

Methamphetamine Problem Effects Kansas Counties Bordering Oklahoma

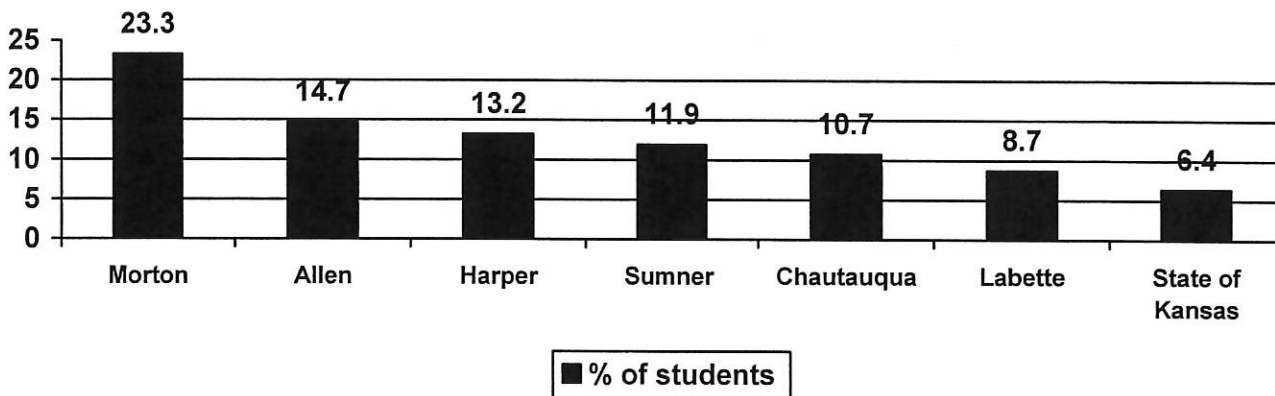
In late 2003, the Kansas Methamphetamine Prevention Project (KMPP) implemented the Border County Initiative in response to the significant meth problem in counties bordering Oklahoma, due in part to the new Oklahoma law which requires pseudoephedrine products, the main

ingredient in methamphetamine manufacture, to be removed from the shelves and sold only by licensed pharmacists. Since that time, numerous law enforcement agencies in counties near the Oklahoma border have reported a significant increase in Oklahoma residents coming to Kansas to purchase or steal the products. A town hall meeting will be held in each county to increase awareness about methamphetamine. Communities will be provided with training and resources by KMPP to implement methamphetamine prevention initiatives such as Meth Watch. As demonstrated by the graphs below, the rates of meth usage by high school seniors in some of the targeted counties are significantly higher than the state average. Three of the counties (Cherokee, Crawford and Allen) experienced a substantial increase in lab seizures in 2004. Additionally, twenty-two Kansas newspapers published articles discussing the impact of the Oklahoma law on Kansas border counties in the summer of 2004.

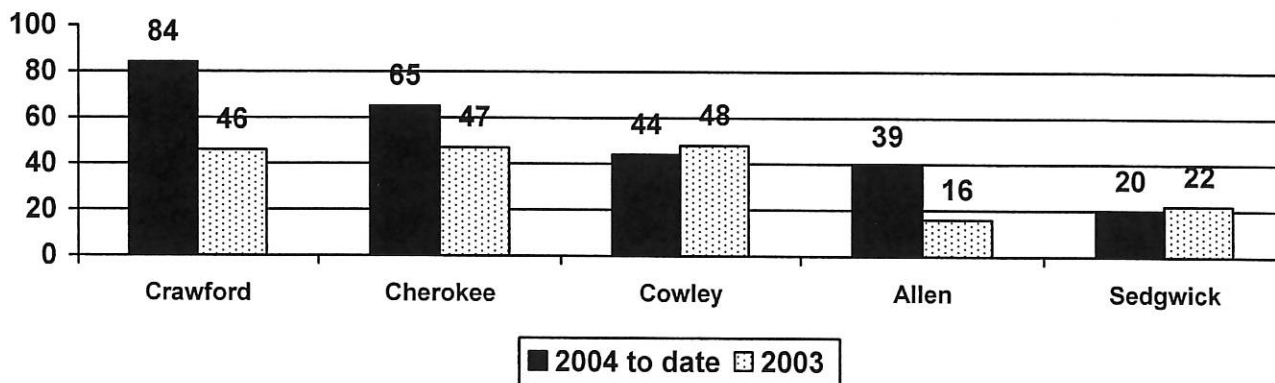
Target Counties for Initiative:

Allen	Barber	Chautauqua	Cherokee	Clark	Commanche
Cowley	Crawford	Harper	Labette	Meade	Montgomery
Morton	Sedgwick	Seward	Stevens	Sumner	

2004 Lifetime Meth Usage for 12th Graders in Target Counties



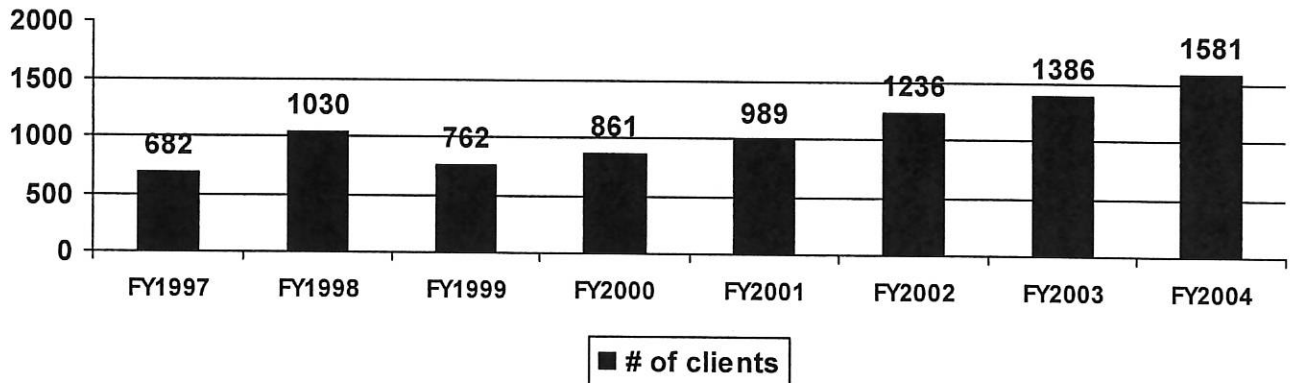
Reported Meth Lab Seizures in Target Counties



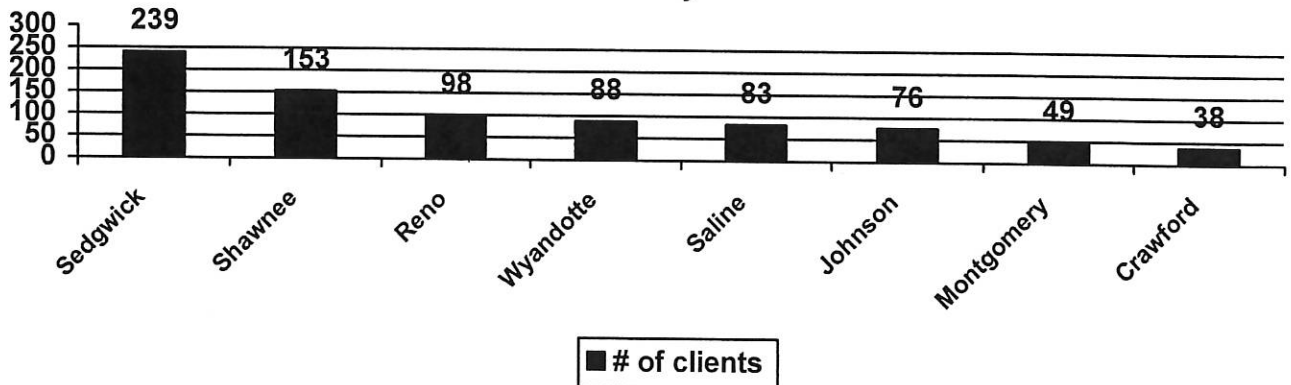
Methamphetamine Treatment Issues in Kansas

Kansas has experienced a significant increase in the number of residents seeking treatment with methamphetamine as their primary problem at admission. Meth addiction accounts for over ten percent of all treatment admissions. The graphs below show the number of Kansas residents seeking treatment for meth addiction (state-funded treatment facilities only), the breakdown by resident county, and the breakdown by age at admission. Unfortunately, over the past three years, Kansans have entered treatment at much younger ages, one indicator that use is an increasing problem among young Kansans. (Source: Kansas Social and Rehabilitation Services Health Care Policy Division)

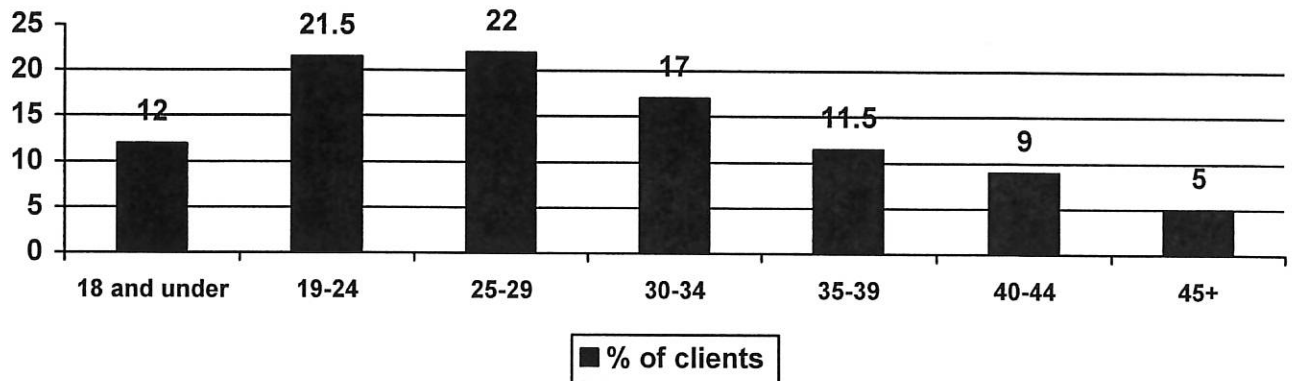
Kansas Methamphetamine Treatment Admissions



FY 2004 Methamphetamine Treatment Admissions by Resident County



FY 2004 Kansas Methamphetamine Treatment Admissions by Age



Drug Endangered Children

Some Kansas communities (specifically Shawnee County) have identified methamphetamine-exposed newborns as a serious problem. The following cost analysis is based on information from Dr. Dennis Embry, Paxis Institute. Utilizing information from one Shawnee County hospital, it estimates the cost to a community of one child who is born exposed to methamphetamine.

Cost of One Meth-Exposed Child Over the Lifespan

■ Pre-birth and infancy	\$326,000
■ Early childhood years	\$34,300
■ Elementary school years	\$47,400
■ Secondary and teen years	\$475,700
■ Adult years	\$894,000
■ Total cost	\$1,777,400

Many Kansas communities have seen an increase in children residing in homes where drugs are manufactured, distributed or abused. Twenty communities have established Drug Endangered Children programs, which address the issues and challenges accompanying the identification, rescue and treatment of drug endangered children in the community. The following counties have active DEC programs through assistance from KMPP:

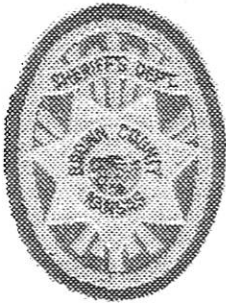
Cherokee	Cheyenne	Crawford	Ellis
Finney	Ford	Greenwood	Harvey
Johnson	Labette	Neosho	Reno
Rice	Russell	Sedgwick	Shawnee
Sumner	Thomas	Wilson	Wyandotte

Kansas Counties Which Have Implemented Methamphetamine Prevention Efforts With Assistance from the Kansas Methamphetamine Prevention Project

Atchison	Clay	Cheyenne	Cowley	Cherokee	Crawford
Decatur	Ellis	Finney	Ford	Franklin	Gove
Graham	Grant	Greenwood	Harper	Harvey	Haskell
Jefferson	Johnson	Kingman	Labette	Leavenworth	Logan
Lyon	Marshall	McPherson	Miami	Mitchell	Morris
Neosho	Osage	Osborne	Pottawatomie	Rawlins	Reno
Rice	Riley	Rooks	Russell	Saline	Scott
Sedgwick	Seward	Shawnee	Sheridan	Sherman	Stevens
Sumner	Thomas	Wallace	Washington	Wilson	Wyandotte

Project Partners

Kansas Regional Prevention Centers; K-State Research and Extension; Kansas Bureau of Investigation; Kansas Department of Health and Environment; Midwest HIDTA; Kansas Social and Rehabilitation Services—Addiction & Prevention Services & Children and Family Policy Division; Kansas National Guard; Shawnee Regional Prevention and Recovery Services; Safe Streets; Kansas Family Partnership/RADAR Network; Kansas Farm Bureau; Sedgwick County District Attorney's Office; United States Attorney's Office-Wichita; Community Systems Group; University of Kansas



Brown County Sheriff's Dept.

706 UTAH HIAWATHA, KS 66434

PHONE (785)-742-7125

FAX (785)-742-3058

Lamar Shoemaker-Sheriff



01-14-05

TO: SENATE COMMITTEE

I WOULD LIKE TO VOICE MY SUPPORT FOR SENATE BILL #27. AS I DEAL WITH METH LABS ON A RE-OCCURRING BASIS, I BELIEVE THIS BILL COULD ACTUALLY IMPACT THE LAB PROBLEM.

THIS IS A PRIORITY FOR OUR AREA DUE TO THE DANGER ASSOCIATED WITH THE MANUFACTURE OF METH. RECENTLY, A DEPUTY STOPPED A CAR AND A SUSPECT FLED ON FOOT. IN THE BACK SEAT WAS AN OPERATING METH LAB. DURING THE ARREST, AN ACCIDENTAL DISCHARGE OF AN ANHYDROUS TRANSFER HOSE RESULTED IN THE HOSPITALIZATION OF A DEPUTY.

ANOTHER INCIDENT WAS A SUSPECT STEALING ANHYDROUS AMMONIA AND WAS SPRAYED IN THE FACE AND BODY. HE IS NOW GOING BLIND.

A DEPUTY CHASED A CAR DOWN RURAL ROADS AND THEY ATTEMPTED TO THROW THE OPERATING LAB OUT THE WINDOW. THE ACID BURNS ON THE SUSPECT WERE MEDICALLY TREATED.

THE INCIDENT THAT SHOCKED DEPUTIES WAS A METH LAB IN A SMALL TOWN IN A FAMILY RESIDENCE. IT WAS CONCEALED (AND COOKING) UNDERNEATH THE INFANT'S BABY CRIB. THESE LABS CONTAIN ACIDS, GAS, IODINE, ANHYDROUS AND OTHER TOXIC CHEMICALS DEPENDING ON THE MANUFACTURE METHOD.

ALL OF THESE INCIDENTS AND MANY MORE EXIST IN MOST AREAS OF KANSAS. IN CONSIDERATION OF LAW ENFORCEMENT AND PUBLIC SAFETY, ANY REDUCTION OF LABS EQUALS A SAFER SOCIETY.

EPHEDRINE AND PSEUDOEPHEDINE ARE A COMMON INGREDIENT WITH MOST RECIPES OF METH. AS OKLAHOMA RESULTS HAVE SHOWN, THE SIMPLE REDUCED DISTRIBUTION OF THIS INGREDIENT WOULD IMPACT LABS. THIS MAY NOT REDUCE METH ON THE STREETS BUT WOULD INCREASE SAFETY FOR THE PUBLIC BY REDUCING CONTACT TO TOXINS.

OKLAHOMA HAS REPORTED AN 80% REDUCTION IN LABS AND THIS WOULD BE A WELCOME FIGURE TO OUR AREA.

IF A COUNTY OF 12,000 HAS ALL OF THESE ISSUES, I COULD ONLY GUESS THE ACTUAL IMPACT OVER THE AREA. I UNDERSTAND THAT NEBRASKA, IOWA AND OTHER STATES ARE PRESENTING SIMILAR LAWS WHICH WOULD AFFECT KANSAS BY TRANSIENT EPHEDRINE PURCHASES AND, STATISTICALLY SPEAKING, INCREASE KANSAS'S PROBLEM BY THEM COOKING HERE.

IN ORDER TO KEEP MY TESTIMONY SHORT, I HAVE LEFT OUT OTHER FACTS THAT MAY BE CONSIDERED BUT ASK THAT YOU SUPPORT BILL #27 AND THANK YOU FOR YOUR TIME.

SHERIFF LAMAR SHOEMAKER

Senate Judiciary

1-19-05

Attachment 17

Senate Judiciary Committee
Lamar Shoemaker
Brown County Sheriff's Office
In Support of SB 27
January 19, 2005

SENATOR VRATIL AND MEMBERS OF THE COMMITTEE,

I WOULD LIKE TO VOICE MY SUPPORT FOR SENATE BILL #27. AS I DEAL WITH METH LABS ON A RE-OCCURRING BASIS, I BELIEVE THIS BILL COULD ACTUALLY IMPACT THE LAB PROBLEM.

THIS IS A PRIORITY FOR OUR AREA DUE TO THE DANGER ASSOCIATED WITH THE MANUFACTURE OF METH. RECENTLY, A DEPUTY STOPPED A CAR AND A SUSPECT FLED ON FOOT. IN THE BACK SEAT WAS AN OPERATING METH LAB. DURING THE ARREST, AN ACCIDENTAL DISCHARGE OF AN ANHYDROUS TRANSFER HOSE RESULTED IN THE HOSPITALIZATION OF A DEPUTY.

ANOTHER INCIDENT WAS A SUSPECT STEALING ANHYDROUS AMMONIA AND WAS SPRAYED IN THE FACE AND BODY. HE IS NOW GOING BLIND.

A DEPUTY CHASED A CAR DOWN RURAL ROADS AND THEY ATTEMPTED TO THROW THE OPERATING LAB OUT THE WINDOW. THE ACID BURNS ON THE SUSPECT WERE MEDICALLY TREATED.

THE INCIDENT THAT SHOCKED DEPUTIES WAS A METH LAB IN A SMALL TOWN IN A FAMILY RESIDENCE. IT WAS CONCEALED (AND COOKING) UNDERNEATH THE INFANT'S BABY CRIB. THESE LABS CONTAIN ACIDS, GAS, IODINE, ANHYDROUS AND OTHER TOXIC CHEMICALS DEPENDING ON THE MANUFACTURE METHOD.

ALL OF THESE INCIDENTS AND MANY MORE EXIST IN MOST AREAS OF KANSAS. IN CONSIDERATION OF LAW ENFORCEMENT AND PUBLIC SAFETY, ANY REDUCTION OF LABS EQUALS A SAFER SOCIETY.

PSUEDOEPHEDRINE AND EPHEDRINE ARE THE COMMON INGREDIENT IN ALMOST ALL RECIPES OF METH. AS OKLAHOMA RESULTS HAVE SHOWN, THE SIMPLE REDUCED DISTRIBUTION OF THIS INGREDIENT WOULD IMPACT LABS. THIS MAY NOT REDUCE METH ON THE STREETS BUT WOULD INCREASE SAFETY FOR THE PUBLIC BY REDUCING CONTACT TO TOXINS. OKLAHOMA HAS REPORTED AN 80% REDUCTION IN LABS AND THIS WOULD BE A WELCOME FIGURE TO OUR AREA. IF A COUNTY OF 12,000 HAS ALL OF THESE ISSUES, I COULD ONLY GUESS THE ACTUAL IMPACT OVER THE AREA. I UNDERSTAND THAT NEBRASKA, IOWA AND OTHER STATES ARE PRESENTING SIMILAR LAWS WHICH WOULD AFFECT KANSAS BY TRANSIENT PSUEDO AND EPHEDRINE PURCHASES AND, STATISTICALLY SPEAKING, INCREASE KANSAS'S PROBLEM BY THEM COOKING HERE.

IN ORDER TO KEEP MY TESTIMONY SHORT, I HAVE LEFT OUT OTHER FACTS THAT MAY BE CONSIDERED BUT ASK THAT YOU SUPPORT BILL #27 AND THANK YOU FOR YOUR TIME.

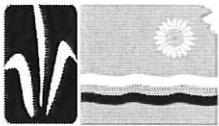
SHERIFF LAMAR SHOEMAKER

Senate Judiciary

1-19-05

Attachment 18

KANSAS AGRIBUSINESS RETAILERS ASSOCIATION



KARA is
*"Committed to
Professional
Development
and Business
Viability for
the Retail Crop
Production
Industry"*

Statement of the
Kansas Agribusiness Retailers Association

Presented to the
Senate Judiciary Committee

In support of
Senate Bill 27

Senator John Vratil, Chairman

January 19, 2005

Presented by:

Duane Simpson
Director of Government Relations

Kansas Agribusiness Retailers Association
(785) 234-0463

Senate Judiciary
1-19-05
Attachment 19

Chairman Vratil and Members of the Senate Judiciary Committee, I am Duane Simpson appearing on behalf of the Kansas Agribusiness Retailers Association (KARA). KARA's membership includes over 700 agribusiness firms that are primarily retail facilities that supply fertilizers, crop protection chemicals, seed, petroleum products and agronomic expertise to Kansas farmers. KARA's membership base also includes ag-chemical and equipment manufacturing firms, distribution firms and various other businesses associated with the retail crop production industry. I appear before you in support of SB 27.

Anhydrous ammonia (NH_3) can be used in the cooking process for methamphetamine. NH_3 is a commonly used plant nutrient that has added billions of dollars in yield improvement returns to producers around the globe for many years. In Kansas, approximately 235,000 tons of NH_3 is used per year. It is the preeminent fertilizer for wheat in Kansas.

The theft of this valuable fertilizer and the property damage done by the theft is a serious problem for our industry and for our customers. Since Oklahoma passed similar legislation, our members have reported an increase in NH_3 thefts and attempted thefts in counties that border Oklahoma. Clearly, "meth cooks" would prefer to get all of their ingredients in the same area. Those who are no longer able to get ephedrine products in Oklahoma have set up shop in Kansas. Since, Missouri and Nebraska are considering similar legislation, failure to act in Kansas could result in a dramatic increase in methamphetamine related crime.

In 1999, our Association supported HB 2469 which made it a felony to possess anhydrous ammonia in a non-approved container. The bill was passed during the Veto Session and signed into law by Governor Graves. It was a major step forward in fighting the manufacture of methamphetamine. Unfortunately, one provision of that bill was removed late in the legislative session. That provision would have restricted the sale of ephedrine and pseudoephedrine in a similar manner to SB 27. Our Association supported restricting access to these precursors in 1999 and we still support them today.

Our industry strongly supports taking all reasonable measures to restrict ephedrine products that can be used to produce methamphetamine. We support SB 27 and urge this committee to do the same. Thank you for your time and I will stand for any questions the committee may have.

Kansas Department of

Social and Rehabilitation Services

Gary Daniels, Acting Secretary

Senate Judiciary Committee
January 19, 2005

Support of Senate Bill 27
An Act Concerning Controlled Substances

Division of Health Care Policy
Gary J. Daniels, Acting Secretary

For additional information contact:
Public and Governmental Services Division
Kyle Kessler, Director of Legislative and Media Affairs

Docking State Office Building
915 SW Harrison, 6th Floor North
Topeka, Kansas 66612-1570
phone: 785.296.0141
fax: 785.296.4685
www.srskansas.org

Senate Judiciary

1-19-05

Attachment 20

**Kansas Department of Social and Rehabilitation Services
Gary Daniels, Acting Secretary**

Senate Judiciary Committee
January 19, 2005

**Support of Senate Bill 27
An Act Concerning Controlled Substances**

I am Gary Daniels, Acting Secretary of the Department of Social and Rehabilitation Services. I want to express the agency's support for Senate Bill 27, which seeks to place mandatory controls on psuedoephedrine products.

Background

Kansas continues to place near the top of the list nationally for methamphetamine production as is evident by the number of methamphetamine labs seized each year. Many of the proponents of the bill will share those statistics with the committee; the consequences of the amount of methamphetamine produced in the state places children and families at risk.

SRS received a federal grant two years ago from the Center of Substance Abuse Prevention (CSAP), a division of the Substance Abuse and Mental Health Services Administration, which is part of the Department of Health and Human Services. This grant established the Kansas Methamphetamine Prevention Project (KMPP), which formed a strong partnership between state and private partners. The partners include: SRS, Kansas Department of Health and Environment, Kansas State Research and Extension, Kansas Bureau of Investigation as well as the Kansas Grain and Feed Association, High Intensity Drug Trafficking Administration, treatment providers, Kansas National Guard, Kansas Family Partnership, Kansas Agricultural Retailers Association and Kansas Farm Bureau. This project then offered mini-grants to communities, which strengthened local partnerships between local law enforcement, social service agencies, agricultural retailers, research and extension, Regional Prevention Centers and others interested in curtailing the production of methamphetamine. The project offered several low cost initiatives that communities could adopt to address methamphetamine production. One of the initiatives under the project involved working with pharmacies, grocery stores, discount stores and convenience stores to voluntarily place psuedoephedrine products behind the counter to avoid theft and purchases of large quantities of this product, which is vital to the production of methamphetamine.

The funding for this project lasted only one year, but the partnership remains in tact. The agencies involved all remain committed to addressing the issues of production of this dangerous substance.

Social Service Issues

SRS remains committed to this partnership and supports this bill primarily because of the far reaching social consequences involved in the production and use of this drug. SRS sees the consequences of this issue in terms of:

- Child abuse and neglect
- Addiction
- Domestic violence
- Crime
- Poverty
- Health care costs because of injury and respiratory problems

The bill would limit large purchases of these products, as well as require showing identification to make purchases. SRS believes this would help thwart the production problem, since it would limit large quantities of pseudoephedrine which is required to make methamphetamine. I know some of the proponents of this bill are concerned with the interference of the common citizens' ability to obtain these products. However, the bill would not limit access to quantities that are reasonable in fighting common illnesses, such as colds, allergies and sinus problems. However, when faced with the dangers of meth labs, which involve not only the social issues discussed earlier, but also include contamination to water and soil, explosions, injuries and crime, they seem to outweigh the inconvenience caused by this legislation.

Conclusion

I remain concerned about the problem of methamphetamine labs and the costs associated with clean up, treatment for addiction, out of home placements, health care and other issues arising from this problem. The agency will remain engaged in its partnerships to address methamphetamine both at a state level from policy development and at the local level through education, support and technical assistance. Because this type of legislation has proven effective in other states, SRS supports the bill.

Thank you for your time. I will stand for any questions.

KANSANS FOR ADDICTION PREVENTION (KAP)
Garry Winget, President, P.O. Box 16774, Wichita, KS 676211

Testimony on Senate Bill 27
January 19, 2005

KAP supports the adoption of this bill. There are two basic ways to reduce addictions: first we can educate and inform the potential user, and second we can reduce or eliminate the source of the substance. Since methamphetamine is already illegal, we must be about the task of enforcing its prohibition. In a capitalist society, everything is cost responsive. If the substance becomes more expensive, **fewer new users will be exposed**. Since Meth is incredibly addictive with approximately 98% of all people who use meth becoming addicted, we know that raising the street cost will keep youth from buying it. **If it is addictive, it is destructive.**

It may be an unusual step to control a chemical just because it is used in the manufacture of an illegal substance. Farmers are learning that they must keep their fertilizer from being stolen so it can not be used in making Meth. Will we be taking away someone's freedom or rights to privacy if we control cold medicines? Those considerations are insignificant in their relative importance of the need to prevent the manufacturing of Meth. In fact, we believe that addictions are a far greater threat to freedom and privacy than any part of this proposed law.

Democracy is at risk! How in the world can we raise the issue of democracy in a testimony on methamphetamine (or any other) addiction? James Madison in the Federalist Papers as he concluded the proponents of democracy said, "rest all of our political experiments on the capacity of mankind for self-government." Taylor Branch reasoned, "Someone who is addicted is by definition not self-governing. That's the definition of addiction...you are not self-governing." The addiction of individuals takes away far more freedom than this law would ever do. We can not for a moment let the inconvenience that we might experience to prevent us from saving individual lives, families, and prevent the tremendous social destruction associated with addictions.

On the back of this testimony we have included a quick reference guide about the addiction to methamphetamine that we have previously printed in our prevention newsletter.

Senate Judiciary

1-19-05
Attachment 21

Short term effects of meth use:

1. False sense of well being.
2. Convulsions, twitching, jerking.
3. Increased heart rate.
4. Aggressive/violent behavior.
5. Loss of appetite.
6. Extreme rise in body temperature.
7. Acne or sores.
8. Pupil dilation.
9. Paranoia.
10. Hallucinations.
11. Insomnia and exhaustion.
12. Increased muscle tension.
13. Impaired speech.
14. Dry itchy skin and pasty color.
15. Nausea, vomiting, diarrhea.
16. Bad teeth.

Long term effects of Meth use:

1. Malnutrition.
2. Liver and brain damage.
3. Nasal damage.
4. Collapsed veins, track marks, bruises.
5. Severe weight loss.

6. Fatal kidney and lung disorders.
7. Loss of pleasure.
8. Insomnia.
9. Permanent psychological conditions.
10. Abuse and addiction.
11. Stroke—Coma—**Death.**

Reasons for Meth use:

1. Used by people who want to lose weight.
2. Used for workers on extended hours.
3. Athletes use it for heightened physical and mental performance.
4. Recreational use to stay at high energy levels at parties and social events.
5. Peer pressure.

Effects on the brain and personality of Meth use:

1. Disturbed sleep.
2. Excessive talking.
3. Panic and severe depression.
4. Anxiousness.
5. Nervousness.
6. Irritability.
7. Memory loss
8. False senses of confidence and power.
9. Delusions of grandeur.

10. Uninterested in family and friends.
11. Increased sexual cravings.
12. Loss of social life.

Common slang/street names:

- Crank
- Crystal Meth
- Glass
- Dope
- Speed
- Tee
- Zip
- Quartz
- Junk
- Go fast
- Rocket Fuel
- Chalk
- Zoom
- Stuff
- Christy
- Annie



City of Olathe

To: Kansas Senate Judiciary on HB 27
From: Officer Ed Drake Olathe Police Dept
Subject: Hearing on Meth Lab Precursor Chemicals
Date: 01/14/2005

Honorable members,

As in many other parts of the United States, clandestine methamphetamine laboratories have been a huge public safety and law enforcement problem for years. The City of Olathe Kansas is no exception. From my experience, I have seen these cancers grow exponentially within the Kansas City Metropolitan area.

I have personally been involved in the investigation, processing, cleanup, and prosecution of more than 25 clandestine methamphetamine labs within Johnson County Kansas. I have assisted in the investigation of numerous others in the quad state area. I am a certified Drug Enforcement Agency (DEA) Clandestine Lab and Site Safety investigator. I will now summarize these areas as they relate to affecting manpower, logistical resources, overtime, and court time for a law enforcement agency. While assigned to the Olathe Narcotics Unit, in 2002 and 2003, we investigated 12 clandestine methamphetamine labs each year. The Olathe Police Department seized two cold process cooking labs in one home on January 8, 2005 in a densely populated Olathe neighborhood cul de sac. The methamphetamine cook arrested in this case admitted to cooking three times in that home in the recent months.

Logistical Resources

Training

With the inherent physical dangers to investigators proper training is mandatory for officer and public safety. Federal (OSHA) guidelines dictate that investigators be certified through the DEA and private contractors to meet this criteria before processing any clandestine lab.

Equipment

The equipment needs consist of Self Contained Breathing Apparatus (SCBA), Air purifying Respirator (APR), and personal protective clothing that meet federal guidelines for hazardous

Senate Judiciary

1-19-05

Attachment 22

material handling, evidence processing equipment to include hazardous material representative sample bottles, sampling kits, field testing equipment, photography equipment, fingerprinting equipment, and access to hazardous removal and destruction contractors.

Lab Processing

Manpower and Overtime

The processing of a methamphetamine lab typically requires a minimum of two investigators. I cannot give a specific time amount that is required to properly process a lab, but I can say that in my experience I have spent an average of eight (8) hours from start to finish on site with a single lab.

The subsequent time spent processing lab evidence for chemical analysis, fingerprint examination, and prosecution is on average eight (8) hours.

The investigation time spent interviewing suspects and witnesses, gathering peripheral evidence (e.g. tracking down the precursor chemical sources), corroborating suspect and witness statements, evaluating physical evidence, and writing reports is on average twenty-four (24) hours.

Investigation

The preliminary investigation into a clandestine methamphetamine lab requires a huge amount of time. Some of the preliminary investigation areas include: debriefing information sources, surveillance of suspects, identifying lab component and precursor sources, and collaborating with other law enforcement agencies. The amount of time for this varies. On average I spent sixteen (16) hours of preliminary investigation on any single lab.

Prosecution

As with any major investigation there is a significant amount of time spent meeting with prosecutors detailing the case for successful prosecution. This time amount is difficult to measure for a variety of reasons. The subsequent court time spent in arraignments, suppression hearings, and trial is also difficult to measure.

Conclusion

I would like to thank the members of this committee for giving your time to receive this information. It is my hope that this information provides you with at least some insight as to how quickly law enforcement resources can be overwhelmed with the discovery of a clandestine methamphetamine lab.

Respectfully,

Officer Ed A. Drake

Olathe Police Department

PUBLIC POLICY STATEMENT

SENATE COMMITTEE ON JUDICIARY

Re: SB 27—Acquisition of Ephedrine and Pseudoephedrine.

January 19, 2005
Topeka, Kansas

Written Testimony by:
Terry D. Holdren
Local Policy Director
KFB Governmental Relations

Chairman Vratil, Vice-Chairman Bruce, and members of the Senate Judiciary Committee, thank you for the opportunity to share our support for this approach to reduce the production of methamphetamines in Kansas. As you know, Kansas Farm Bureau is the state's largest general farm organization representing more than 40,000 farm and ranch families through our 105 county Farm Bureau Associations.

Kansas Farm Bureau has long encouraged its members to be actively engaged in efforts to prevent and fight the production of methamphetamines on agricultural lands. Despite those efforts and the commitment of law enforcement professionals across the state, production of methamphetamine continues to affect thousands of landowners, families, and individuals each day.

KFB members recently considered possible solutions to this crisis and determined that this proposal, despite its intrusions into personal liberties, has yielded significant improvements to public safety elsewhere, after similar provisions have been enacted. It should be given serious consideration as a solution in Kansas.

Our member adopted policy supports efforts to reduce the ability of criminals to access many of the ingredients used to manufacture methamphetamine, including Ephedrine and Pseudoephedrine. KFB policy also supports uniformity of laws with our neighboring states and the aggressive prosecution of individuals charged with manufacturing and distribution of methamphetamines.

Thank you for the opportunity to provide comments on this proposal. We are confident that SB 27 will yield significant reductions in the production and distribution of methamphetamine in Kansas and ask that the committee act favorably when it considers this legislation.



Submitted by
NORMAN WILLIAMS

WICHITA POLICE DEPARTMENT

Senator John Vratil, Chairman
Senate Judiciary Committee
State Capitol, Room 123S
Topeka, Kansas

Subject: Written testimony in Support of Senate Bill 27 – Controlled Substance

The City of Wichita supports law enforcement efforts to stop the production and sale of methamphetamine. The Legislature could assist in this effort by continuing education and training programs directed at retailers, by enacting restrictions on the availability and sale of certain over-the-counter medicines used in the production of methamphetamine, by providing additional funding and training to law enforcement agencies, and by shifting the responsibility for costs of clean up to the offender(s) and/or property owner(s) where the drugs are manufactured.

Current Practice/Statistics

In the late 1980s crack cocaine busted onto the scenes of our communities nationwide. With this highly addictive drug came an unprecedented level of violence, which devastated families and communities. In the 1990s the City of Wichita and State of Kansas witnessed the emergence of yet another devastating drug called methamphetamine. During the last three years, the Wichita Police Department has investigated 72 clandestine methamphetamine laboratories and arrested 81 suspects involved with these laboratories. In 2004, 107 individuals were arrested for manufacturing methamphetamine in the city of Wichita. Also in 2004, 331 individuals were arrested for either using or selling methamphetamine in our city.

Since April 6, 2004, when the State of Oklahoma enacted Legislation restricting the sale of pseudoephedrine, the city of Wichita has seen a drastic increase in the number of cases involving the sale/theft of pseudoephedrine involving suspects from the state of Oklahoma, as illustrated in the following table:

Investigated pill cases 01/01/03-12/31/03	52
Cases involving Oklahoma Suspects	2
Total known Oklahoma Suspects	3

Investigated pill cases 01/01/04 – 04/05/04	2 7
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Cases involving Oklahoma Suspects	1
Total known Oklahoma Suspects	2
Total Oklahoma Suspects charged	2

Investigated pill cases 04/06/04 – 12/31/04	8
	2
Cases involving known Oklahoma Suspects	3
	9
Total known Oklahoma Suspects	6
	9
Total known Oklahoma Suspects charged	5
	8

During the 15-month period from January 1, 2003, through April 5, 2004, the Wichita Police Department worked 79 pseudoephedrine pill cases. Of the 79 cases investigated, three cases and five suspects involved individuals from Oklahoma.

During the nine-month period from April 6, 2004, through December 31, 2004, 69 individuals from Oklahoma were identified as suspects in pseudoephedrine pill cases. Of the 82 pill cases investigated during this time period, 39 cases involved individuals from Oklahoma, in which 69 suspects (held at least one day in Sedgwick County Jail pending charges) were identified, and 58 were formally charged.

It is estimated that it costs the Kansas Department of Corrections about \$19,478 to house one prisoner for one year in a Kansas prison. If all of the charged Oklahoma suspects (58) spent one year in a Kansas prison, the projected cost to the taxpayers of this state would be approximately \$1,129,724.

If each of these defendants spent just one day in the Sedgwick County jail, the cost would be approximately \$2968 (58 x \$51.18 per day). If these individuals spent a year in the Sedgwick County Jail it would cost Kansas taxpayers approximately \$1,083,320 (\$51.18 per day x 365 days x 58 prisoners).

Current Practice/Scene Administration

The initial police response to a call of a clandestine methamphetamine laboratory requires one police Sergeant and a minimum of four police Officers. Once the Sergeant determines that it is a clandestine methamphetamine laboratory, the Department's Meth Team is activated. This team is made up of one Lieutenant and four Detectives who must suit up in appropriate equipment such as self-contained breathing apparatus, level B suits and other protective gear. If the crime scene is large, then the number of responding Police Officers is increased to ensure that the scene is secured.

The following information provides a cost analysis regarding the investigation of a clandestine methamphetamine laboratory:

- Police Officer (one) 6 hours x \$25/hour = \$150
- Police Sergeant (one) 2 hours x \$28/hour= \$ 56
- Police Lieutenant (one) 6 hours x \$29/hour = \$174
- Police Detective (four) 6 hours x 4 x \$27/hour = \$648

Total cost for an initial methamphetamine laboratory investigation: \$1,028*

*The above figure does not include potential personnel over-time costs or the expense of disposable equipment necessary for the processing of the lab.

Conclusion

The Wichita Police Department supports Senate Bill 27. We view this bill as a proactive and preventive mechanism to dissuade potential suspects from purchasing/stealing excessive amounts of pseudoephedrine for the purpose of manufacturing methamphetamine. This proposed Legislation is also an investment in the lives of our children, who often live in these clandestine methamphetamine environments, and experience long-term health, behavioral and cognitive problems.

Sincerely,

Norman D. Williams
Chief of Police
Wichita Police Department

ARYL REECE, President
Johnson County Sheriff's Dept.
Olathe, KS 66061

KEVIN CAVANAUGH, President Elect
Johnson County Sheriff's Dept.
Olathe, KS 66061

JOHN GREEN, Vice-President
Sedgwick County Sheriff's Dept.
Wichita, KS 67202

ALVIN THIMMESCH
Secretary Treasurer KPOA
Wichita, KS 67201

TOM PRUIETT, President at Arms
Derby Police Dept.
Derby, KS 67037

BOARD OF GOVERNORS

GOVERNORS AT LARGE

- TIM CRONIN
Ottawa Police Dept.
Ottawa, KS 66067
- HOWARD KAHLER
Marion Police Dept.
Marion, KS 66861
- CARL ALVANO
Johnson County Sheriff's Office
Olathe, KS 66061
- LARRY THOMAS
KBI
Topeka, KS 66612
- DISTRICT 1
- MARK SCHMIDT
Miami County Sheriff's Dept.
Paola, KS 66071
- CHUCK MATHEWS
BNSF Railroad Police
Kansas City, KS 66101
- THOMAS MCGILLIN
Olathe Police Dept.
Olathe, KS 66061

DISTRICT 2

- DONALD BURNS
Shawnee County Sheriff's Dept.
Topeka, KS 66603
- RAY LUNDIN
KBI
Topeka, KS 66612
- LANE RYNO
Emporia Police Dept.
Emporia, KS 66801

DISTRICT 3

- DAVE SMITH
Ellsworth Police Dept.
Ellsworth, KS 67139
- JOHN NACHTMAN
Dickinson County Sheriff's Office
Abilene, KS 67410

DISTRICT 4

- CHESTER LEACH
Union Pacific Railroad Police
Chapman, KS 67431

DISTRICT 4

- JIM BRAUN
Hays Police Dept.
Hays, KS 67601
- TROY THOMSON
Norton County Sheriff
Norton, KS 67654
- DELBERT HAWEL
KBI
Hays, KS 67601

DISTRICT 5

- JOHN ANDREWS
Finney County Sheriff's Dept.
Garden City, KS 67946

DISTRICT 5

- TERRY GROPP
KDWFP
Scott City, KS 67871

DISTRICT 6

- JASON OTT
Liberal Police Dept.
Liberal, KS 67901

DISTRICT 6

- WARREN PETERSON
Barton County Sheriff's Dept.
Great Bend, KS 67530

DISTRICT 6

- BRUCE MELLOR
KBI
Great Bend, KS 67530

DISTRICT 7

- VERNON "SONNY" RALSTON
St. John Police Dept.
St. John, KS 67576

DISTRICT 7

- JAMES PRUNIER
Sedgwick County Sheriff's Dept.
Wichita, KS 67202

DISTRICT 7

- RANDY STULTS
Newton Police Dept.
Newton, KS 67114

DISTRICT 7

- SCOTT MAYFIELD
KHP
Valley Center, KS 67147

DISTRICT 8

- SANDY HORTON
Crawford County Sheriff
Girard, KS 66743

DISTRICT 8

- LYNN FIELDS
Girard Police Dept.
Girard, KS 66743

DISTRICT 8

- KEITH RATHER
KDWFP
Chanute, KS 66720

Kansas Peace Officers' Association

INCORPORATED

TELEPHONE 316-722-8433

FAX 316-722-1988

P.O. BOX 2592 • WICHITA, KANSAS 67201

January 18, 2005



The Honorable John Vratil
Chairman, Senate Judiciary Committee
Kansas State Senate

Dear Senator Vratil:

As president of the Kansas Peace Officers Association (KPOA), the largest law enforcement association in the state, I am writing in behalf of the membership which, as you probably know, is comprised of representatives from city, county, state, and federal law enforcement agencies. Members include city police officers and deputy sheriffs of various ranks, as well as chiefs and sheriffs. Officers and agents from state and federal agencies likewise comprise the membership of KPOA. It is also from the perspective of my position as a lieutenant with the Johnson County Sheriff's Office and from my years of experience assigned in the Street Drug Unit that I am expressing the concerns contained in this correspondence.

The purpose of this letter is to let you know that we (KPOA) strongly advocate the passage of Senate Bill 27 which addresses the issue of access to precursor drugs used in the manufacture of methamphetamine. This bill is modeled after the Oklahoma statute signed last April requiring the display of a photo ID and the signing of a log at a pharmacy to obtain these precursor drugs. In advocating the passage of Senate Bill 27, we would simply refer to the comments of Kyle Smith in his testimony before the Joint Committee on Corrections and Juvenile Justice on October 7, 2004, when he stated:

The bottom line is that by adopting this simple amendment to their controlled substances act Oklahoma had allowed people access to the product while cutting their meth labs in half, saved lives of first responders, law enforcement, meth cooks and their children, saved millions of dollars in law enforcement, prosecution, defense, court and prison resources and not cost the tax payers a single penny.

Thus the Kansas Peace Officers Association respectfully request your support of Senate Bill 27.

Sincerely,

Lieutenant Daryl Reece
Johnson County Sheriff's Office
President, Kansas Peace Officers Association

In Unity There Is Strength

Senate Judiciary

1-19-05

Attachment 25

PRATT COUNTY SHERIFF

Vernon Chinn, Sheriff



Norman Bennett, Undersheriff

(620) 672-4133 Phone
1-888-860-1609 Toll Free

303 S. Oak Street Pratt, KS 67124

Fax (620) 672-2571
Emergency 911

January 15, 2005

Written testimony on SB 27

Chairman John Vratil
Senate Judiciary Committee

Chairman Vratil,

I would like to take this time to urge you to support SB27 and my reasons for the need of this legislation.

While it may not cut down on the use of methamphetamines, it will certainly cut down on the labs that are springing up all over our towns and country side, and depositing the toxic waste in our communities. We have worked nearly 100 meth related cases in Pratt County in the last 5 years. Here are some of the ways it has affected Pratt County.

One lab was in the basement of a house, with a 2 & 3 year old within a few feet of the lab. Their grandmother lived upstairs.

Another lab our officers were nearly overcome by fumes and had to immediately vacate the premises.

We had one suspect burnt stealing anhydrous ammonia, resulting in increased medical costs while they are incarcerated. While in another case a local citizen found a discarded gassing generator from a lab site along side the road, she checked it out and was immediately overcome by fumes which affected her breathing for over three days. It was a miracle she did not collapse on the spot and die.

Controlling the Sudafed product will cut down on these dangerous home labs and I feel it's an urgent priority, before we have tragic consequences.

Thank you for your time, and feel free to contact me if you have questions.

Sincerely,


Vernon Chinn
Pratt County Sheriff

vec

Senate Judiciary

1-19-05
Attachment 26



KANSAS COOPERATIVE COUNCIL
816 S.W. Tyler, Suite 300 — Topeka, Kansas 66612
Phone: 785-233-4085 — Fax: 785-233-1038 — Toll Free: 888-603-COOP (2667)
www.kansasco-op.coop — Email: council@kansasco-op.coop

Submitted by
Leslie Kaufman

Senate Judiciary Committee

January 19, 2005
Topeka, Kansas

SB 27 – limiting the amount of ephedrine/Pseudoephedrine that may be sold at one time

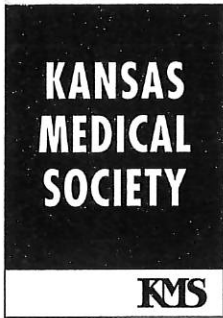
Chairman Vratil and members of the Committee, thank you for the opportunity to share comments on behalf of the Kansas Cooperative Council in support of SB 27. I am Leslie Kaufman and I serve the Kansas Cooperative Council as Governmental Relations Director. The Council includes more 223 cooperative business members. Together, they have a combined membership of nearly 200,000 Kansans.

A significant number of our members are agricultural cooperatives that handle a variety of crop inputs, including anhydrous ammonia. As you are well aware, thefts and attempted thefts of anhydrous have occurred across the state. Both agricultural producers and input providers have been victims of these criminal activities.

The Kansas Cooperative Council believes that if it is more difficult in Kansas to obtain one of the components needed to mix with the anhydrous to produce methamphetamine, hopefully that will translate into a decrease in unlawful attempts to acquire anhydrous. Passage of this bill is another tool to help diminish Kansas' attractiveness as a place of operation for meth producers. We respectfully encourage this committee to act favorably on SB 27. Thank you.

Senate Judiciary

1-19-05
Attachment 27



623 SW 10th Avenue
Topeka, KS 66612-1627
785.235.2383
800.332.0156
fax 785.235.5114

www.KMSonline.org

To: Senate Judiciary Committee

From: Jerry Slaughter
Executive Director

A handwritten signature in black ink, appearing to read "Jerry Slaughter", is written over the printed name and title.

Date: January 19, 2005

Subject: SB 27; concerning ephedrine

The Kansas Medical Society appreciates the opportunity to appear in support of SB 27, which is designed to make ephedrine and ephedrine-like substances which are used in the manufacture of methamphetamine more difficult to obtain in large quantities. Experience from other states shows that making these products more difficult to obtain may significantly reduce the number of methamphetamine labs which are operating in rural areas such as Kansas.

Senate Judiciary

1-19-05

Attachment 28



TESTIMONY

Before the Senate Judiciary Committee

Concerning Senate Bill 27

By John L. Kiefhaber, Executive Director

KANSAS PHARMACISTS ASSOCIATION

Chairman Vratil and members of the Committee:

The 1,300 professional pharmacists of the Kansas Pharmacists Association (KPhA) appreciate the opportunity to speak to the Committee concerning **Senate Bill 27: An Act concerning controlled substances; relating to schedule V substances.**

Kansas pharmacists stand ready to do their part in law enforcement's campaign against methamphetamine production in Kansas. Controlling the sale of the meth precursors ephedrine and pseudoephedrine to protect the public fits right in with the pharmacist's ethical code to protect and to serve the patient standing before him or her. Many Kansas pharmacists have cooperated with the successful MethWatch program in the last few years to try to rid our communities of this scourge. After discussions concerning the provisions of Senate Bill 27, KPhA members are not opposed to the control of meth precursors.

We have reviewed and discussed with representatives of the KBI and the Attorney General's office several important points in the bill that we believe could be changed without interfering with the intent of this proposed legislation. These include preemption of local restrictions on sales, the exclusion of multi-ingredient products from Schedule V and the issue of package v. gram limits on sales. These specific provisions only represent fine tuning of the bill's language to KPhA. These changes are needed because the administration of the provisions of Senate Bill 27 will be especially hard on larger drug stores that carry many more brands and products and serve larger populations. Pharmacists in those stores still want to do their part in fighting the meth war.

Along with Mr. Aaron Kropf, a pharmacist and a member of KPhA, I would be glad to take any questions.

STATE OF KANSAS

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TOPEKA

HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENTS
MEMBER: HEALTH & HUMAN SERVICES
INSURANCE
TAXATION
TOURISM AND PARKS

Dear Members of the Committee,

As a Legislator, someone who has worked in the Pharmacy industry for nearly a decade, and married to a Pharm. D., I have some deep concerns about the bill before you today.

Now this is not to say I'm advocating Meth. But if we are going to do something about a drug problem in Kansas, let's do it right.

Last Friday, my wife got a call from a patient who had not yet received his phalidomide for his cancer. The script was written 11 days previous. The insurance company was dragging their feet on the approval process because the drug costs \$5000 per dispense. When the approval came that afternoon, it was too late, because the approval for Thalomid is only good for 7 days, according to the FDA. So she had to page the Doctor at home, because his office closes at 2:30 pm on Fridays. The Doc had to come into the office to get a new approval number. She then had to resubmit the claim to insurance. This time it cleared. Then the company called her for a conference call on how to "problem solve this issue" while she had a line going out the door. Cutting the call as short as she could, she then called her wholesaler to emergency deliver the drug. The wholesaler closes at 3:30 on Fridays. The patient had to wait through the weekend.

This is just one of many typical interruptions she deals with between regulation, practicing medicine, and making sure reimbursements happen. By placing all Psuedoephedrine as a class 5 and ordering the Pharmacist to dispense these Over The Counter pharmaceuticals, you are adding to the confusion of an already complex medical system. If you want her, and other pharmacists to Police Psuedoephedrine, then what are you going to take off her task list so she can get it done? There are only so many hours in a day. There is only so much monitoring that a Pharmacist can do.

You will also increase her liability, because now she has to make sure that patient, who she may not normally dispense to, does not have a reaction to the Psuedoephedrine, or is taking another prescription that can cause it.

These are just some issues that need to be addressed. There are other ingredients to meth that need to be scrutinized as well. Pharmacy is under enough of an attack, should we really put more stain on it as this bill does?