

Chairman Thompson and committee members,

Thank you for your work leading up to this week's meetings, the ongoing process, and opportunity to share information about the important topic of regulating medicinal cannabis in our state. My name is Kelly Rippel, by trade I serve Kansas farmers as a crop adjuster in the agricultural insurance sector. I serve as an advisor to Kansas Cannabis Coalition and hold certificates in drug policy from University of Geneva, Human Rights Council and Ontario Drug Policy Network. Previously, I was a contractor with Kansas Department of Health and Environment where I trained under Centers for Disease Control and Prevention in data science and risk communication, among other topics. Since enactment of the industrial hemp law in 2018, I have served as an appointed member of the Industrial Hemp Advisory Board under the Department of Agriculture. There are numerous important lessons I gained from that endeavor which I believe are worth discussing further, so I invite any questions or additional engagement on the topic.

I have been directly involved with introductions of proposed cannabis legislation since 2015. One year we submitted too many regulations, the next not enough and this has gone on for close to ten years. No bill has ever been "good enough" from the advocates who research this topic relentlessly, but now that big corporations are here everyone seems to think things will somehow magically be fine. At least we can now agree this is a first step that must be taken to end the unreasonable prosecution of people seeking treatment through medical cannabis – and how those laws have been weaponized to target marginalized and vulnerable Kansans.

While the bill before you and information deliberated on has been nearly exhaustive, when looking at the overall weight of evidence surrounding the regulation of cannabis, there are two critical issues not being addressed by current options. I wish to address those potential pitfalls now:

1. Sustainability of any program enacted by law requires comprehensive data to back it up, and thus far nothing has been shared or discussed about environmental impacts or lessons learned by other states that have legalized cannabis medicinally or for adult use. From lighting and HVAC for indoor cultivation facilities to water and waste disposal, there must be requirements in place in order to ensure long-term environmental and program protection. With our water scarcity in Kansas, yet also opportunities in renewable energy with solar, I recommend reviewing the NCIA Sustainability document, a widely-cited state guide for best practices, report from Resource Innovation Institute along with Kansas specific data and recommendations for regulators. *Procedures can be created separately through rules and regulations, but just as the cases from labs and packaging to workplace and employer provisions – the direction to establish rules and regulations must first be written into statute. If bill language is necessary, we have it.*
2. I now wish to share latest insights from failures in other states undermining the goal of avoiding another monopolistic industry such as alcohol or tobacco. I am specifically referring to caregivers or micro-cultivation licensing. In recent years some law enforcement officials and legislators inaccurately chose to call this concept "home grow," equating it to personal cultivation for recreational use. But contrary to perceived fears and bias, under a controlled program similar to Missouri, models are showing successful results in accomplishing the goals they were set out to achieve. *If firsthand expertise in this area would be helpful, I am happy to connect you with a leading licensed caregiver currently cultivating in Missouri.*

- a. According to Marijuana Policy Project, regulated cultivation is not causing problems:
- Equitable participation of various sizes of cultivation operations helps displace illicit markets, ensuring secure availability and revenue for the program itself.
 - Regulated cultivation does not have a serious impact on states' tax receipts. More of a specialized hobby like gardening, it is not a serious competitor with sales on a state level.
 - Caregiver and small scale cultivation are especially important for patient access in rural and frontier counties. As a personalized therapy working through the endocannabinoid system, specific conditions and symptoms require varying ratios of cannabinoids and other naturally-occurring compounds. Not all dispensaries within easily accessible distances may offer the products required for a patient's condition. The closest state will be the next option.
 - In states that have reasonable safeguards — such as limiting the number of plants per grow site and requiring plants to be secure and out of the public view —cultivation of cannabis simply has not been a problem. No state has repealed home cultivation, and there has never been a serious push to do so. In 2020, around 20 states allowed caregiver or patient cultivation.
- b. The following information comes directly from this year's 3rd edition of How to Regulate Cannabis: A Practice Guide from Transform Drug Policy Foundation in Bristol, UK:
- "It makes little practical or legal sense to try to operate a complete ban on self-cultivation for personal use once possession for personal use is legal, and other legal supply sources have been established..."
 - There must be consideration for small scale cultivation and/or immediate reciprocity given the fact that until legal dispensaries are producing and established, Kansas patients will go out-of-state to obtain cannabis when it could be produced in-state and competing with illicit markets or potential monopolies.

Recommendations

- Establishing protocols for evaluating standard operating procedures, and providing resources to offer licensees based upon available data to adhere to environmental sustainability best practices and the most updated codes.
- In addition to restrictions on flowering canopy size, restricting a number of patients per caregiver/micro license within the tiered licensing structure. Number of patients within micro category: 3-9, 10-29, 30-50
- In order to protect public health and safety of patients, all sizes of licensed cultivators must have access to affordable testing from laboratories operating in the state. Fees for testing should be based on the use of material, quantity, and type of testing done. If subsidizing testing is possible through an existing or new funding mechanism, it would be beneficial. Programmatic education to encourage testing of cannabis and cannabis derived products will help prevent adverse incidents.