STAND UP FOR KANSAS
PO BOX 781547 | WICHITA, KS 67278

Senate Committee of Federal & State Affairs
Testimony in Opposition to Senate Bill 555
March 28, 2024

Chairman Thompson and Members of the Committee:

My name is Katie Whisman and I serve as the Executive Director of *Stand Up For Kansas.*

Stand Up For Kansas is a nonprofit organization whose mission is to advocate for policies that seek to maintain and improve the standard indicators of quality of life for Kansans. These include wealth, employment, the environment, physical and mental health, education, recreation and leisure time, social belonging, religious beliefs, safety, security and freedom.

Perhaps the biggest threat we currently face to quality of life in Kansas is the possible legalization of marijuana for "medical" purposes.

SB 555 has been touted for months as a "highly restrictive, conservative and medically-centric pilot program." Anyone who has taken the time to read all 50 pages, line by painstaking line, will quickly realize it is none of those things.

Instead, SB 555 is dangerously broad, monopolistic, and unprecedented.

- It surreptitiously allows operators and laboratories to manufacture and distribute cannabis along with 79 different controlled substances and their analogs.
- It deceptively establishes a pharmacy distribution model that *will* default back to the monopoly operators for distribution of medical cannabis and medical cannabis products. *(See Attachment A.)*
- It creates a state sanctioned equivalent of a "pill mill" to prescribe medical cannabis products with an unlimited amount of THC without sufficient medical history, physical examination, diagnosis, or monitoring, and then exempts those physicians from liability related to injuries.
- By prohibiting a judge from considering the use of medical cannabis products - those with unlimited amounts of THC and the potential for containing other

dangerous drugs - it further threatens the health and safety of the most vulnerable among us: minor children who are considered “children in need of care” by a court as a result of documented abuse, neglect, or dangerous conduct.

SB 555 would more appropriately be numbered SB 666; *the devil is in the details*. I’m going to focus my testimony on exposing the implications of the interplay between the definitions and carve outs from article 57 of chapter 21 as written in Sections 42 through 44.

- New Section 42 exempts medical cannabis operators producing medical cannabis and *medical cannabis products* from unlawful manufacture of controlled substances.
- New Section 43 exempts medical cannabis operators and state contracted laboratories from unlawful distribution of controlled substances.
- New Section 44 exempts any person with a medical cannabis certificate from unlawful possession of controlled substances if the substance involved is medical cannabis or *medical cannabis products.*

If the aforementioned carve outs were specific to cannabinoids naturally derived from marijuana, and it was the will of the legislature to legalize medical cannabis, narrowly exempting persons engaged in authorized conduct from article 57 of chapter 21 would be warranted. However, such exclusions *are not limited* in that way but extend to several specific sections in article 41 of chapter 65, which is the Controlled Substances Act.

In order to understand the extent of these exemptions, one must first look closely at and seek to understand Section 43, which deals with certain subsections of Schedules I, II, III, and IV of the Controlled Substances Act.

- **The exemptions from Schedule I are not just related to marijuana and THC but also include a list of 54 hallucinogens with no demonstrated medical value and a high potential for abuse.** These include MDMA, also known as ecstacy or the “date rape drug”; LSD; psilocybin and psilocyn, which are the psychedelic compounds found in “magic mushrooms”; and a number of 25-NBOMe compounds, which are synthetic hallucinogens associated with severe intoxication and death.
- SB 555 also includes a specific exemption for two fentanyl analogs, which are potent synthetic opioids used as precursors in the illegal production of fentanyl.
- **The exemptions from Schedules II and III are specific to the FDA-approved cannabinoid based medications currently available by prescription.** These include Syndros®, Marinol®, and Cesamet®. The prescribing manuals for these

medications include a number of warnings related to adverse psychiatric reactions, including the exacerbation of mania, depression, and schizophrenia. While not without dangers, these medications have been researched and have demonstrated efficacy for the treatment of certain conditions at prescribed dosing recommendations that ensure patient safety and efficacy in treatment. SB 555 blatantly subverts the FDA-approval process, threatens the safety of patients, and provides physicians immunity from liability for resulting injury.

- **SB 555 includes exemptions from five specific subsections of Schedule IV, none of which contain compounds which naturally occur in marijuana.** They do, however, include a number of weight loss drugs, including two that have been withdrawn from the US market because safety clinical trials showed increased occurrences of cancer or cardiovascular events. They also include several CNS stimulants used as appetite suppressants to treat obesity, ADHD or Narcolepsy, and synthetic opioid analgesics used to treat pain.
    - One very targeted and incredibly concerning carve out is for *fenfluramine*; this was approved by the FDA in 2023 to treat seizures associated with **Dravet and Lennox-Gastaut syndrome in children**. SB 555 would presumably allow these operators and laboratories to produce fenfluramine for sale outside of the FDA-approval process.

As defined in SB 555, "*medical cannabis product*" contains cannabinoids extracted from plant material and intended for administration to a patient. **There is no limit on the amount of THC that such products may contain and, pursuant to the exclusions granted by Section 43, no prohibition against certain Schedule I, II, III, and IV compounds from being added to such medical cannabis products.**

The net effect of the definitions and the surreptitious exclusions from criminal prohibitions is that SB 555 functionally allows medical cannabis operators and state contracted laboratories to legally operate as state sanctioned clandestine laboratories to manufacture and distribute an unprecedented list of dangerous and illicit substances. Section 44 legalizes possession of the same 79 controlled substances and their analogs when contained in a *medical cannabis product*. **The conclusion we can draw is that SB 555 is far more than a "medical cannabis bill".**

There can't possibly be much profit in a kosher medical cannabis industry so we have to ask: *Why is a group of Wichita developers so vigorously pursuing passage of SB 555?* Because the real profit is dependent on the creation of a new and unique brand of "designer drugs" - *medical cannabis products* with any number of otherwise controlled substances - for nationwide distribution. It's profit over people and SB 555 is their recreational vehicle.

No pun intended, but I hope this isn't the "high bar" we want Kansas to set.

If the goal for Kansas policymakers is truly to "deliver real medicine while avoiding the myriad problems those other states have experienced", no legislative action is necessary. There are real medicines that exist today; the attached sheet provides an overview of those currently available by prescription.

SB 555 being characterized as highly restrictive, conservative, or medically-centric was a shrewd and deceptive attempt to gain broad support - both publicly and legislatively - before the late introduction of a bill that is, in reality, filled with surreptitious exclusions and mirages.

SB 555 is an expansive and dangerous drug legalization proposal and is arguably among the most broad nationally, to date. It is an absurd misrepresentation to call this legislation "conservative" or "medically-centric".

After truly dissecting and seeking to understand the impact of SB 555, I can't imagine how anyone - regardless of their personal or ideological beliefs - could support this bill. It will create a recreational market of untold proportions and it will wreak havoc on Kansas.

As I have stated before, marijuana is not medicine - it is a *marketing ploy* designed to institutionalize drug dealers. We oppose the legalization of any "medicine" that subverts traditionally held processes which ensure drug efficacy and patient safety. We oppose the creation of another *addiction-for-profit* industry in Kansas and we unequivocally oppose SB 555.

I pray that you categorically reject SB 555.

###

ATTACHMENT A: DEA GUIDANCE TO PHARMACIES DISPENSING THC

Guidance to Pharmacies on the Dispensing of Certain Tetrahydrocannabinols (THC)

November 27, 2023

Dear DEA-Registered Pharmacy:

Recently, the State of Georgia provided guidance to pharmacies on the dispensing of certain tetrahydrocannabinols (THC).

All DEA registrants, including DEA-registered pharmacies, are required to abide by all relevant federal laws and regulations. A DEA-registered pharmacy may only dispense controlled substances in Schedules II-V of the Controlled Substances Act. Neither marijuana nor THC can lawfully be possessed, handled, or dispensed by any DEA-registered pharmacy. Under federal law, products derived from the cannabis plant with delta-9-THC content above 0.3% are considered marijuana, a Schedule I controlled substance. Further, products that contain any amount of a synthetically produced THC are considered to be tetrahydrocannabinols, likewise a Schedule I controlled substance.

Sincerely,

Matthew J. Strait
Deputy Assistant Administrator
Diversion Control Division

ATTACHMENT B: FDA-APPROVED CANNABINOIDS

The following FDA-approved cannabinoid based medicines are currently available by prescription in Kansas:

Syndros (dronabinol)

- Syndros is a schedule II substance dispensed in liquid form and contains nearly 50% alcohol by volume
- Contains synthetic THC
- Used to treat severe nausea and vomiting caused by cancer chemotherapy
- May be a better option for individuals with severe nausea that have difficulty swallowing solid dosage forms such as tablets or capsules
- May cause new or worsening psychosis

Marinol (dronabinol)

- Marinol is a schedule III substance available in capsule form
- Contains synthetic THC
- Used to treat severe nausea and vomiting caused by cancer chemotherapy
- Used to treat loss of appetite (anorexia) that causes weight loss in AIDS patients
- Available generically
- May cause new or worsening psychosis

Cesamet (nabilone)

- Cesamet is a schedule II substance available in capsule form
- Contains a chemical derivative of THC
- Used to treat severe nausea and vomiting caused by cancer chemotherapy

Epidiolex (cannabidiol)

- Epidiolex is a de-scheduled substance available in liquid form, usually taken by mouth
- Contains CBD extracted from the cannabis plant
- Used to control severe, debilitating seizures in people 1 year or older with Lennox-Gastaut syndrome, Dravet syndrome, or tuberous sclerosis complex
- May cause changes in mental health

Future approvals by FDA:

- Kansas law broadly exempts FDA approved drug products from the definition of marijuana, ensuring any future pharmaceuticals containing cannabinoids will be available by prescription, so long as they are approved by the FDA.

As of March 2024