

Chairman Thompson and Committee Members,

I want to first thank you for your dedication to serving our great state. I also wish to commend you for the ongoing support of Kansas' hemp program and for considering reforms to regulate other cannabis products for therapeutic purposes. As a lifelong Topekan and observational hemp researcher for over 20 years, I am honored to support emerging industries and sectors seeking to utilize the cannabis plant for its many proven purposes. At the same time, having been closely involved with legislation proposal development for the past nine years, it is now more important than ever that decisions are guided by evidence and public health protections.

Unfortunately, the proposed legislation before you is the result of an effort by a select few individuals who created a program with the intent of ensuring they not only had a place in the market, but that they controlled it. Other states have seen similar efforts carrying little evidence to back up overall proposals. Here I will list just a few concerns members of the public have expressed, and that I too share, after reviewing this bill:

1. Authority is solely given to KDHE with no involvement from any agencies, advisory board, etc.
2. "Distribution hub" is not a common or consensus based term used in any U.S. cannabis law or program, nor can it legally be a pharmacy due to current DEA scheduling of cannabis (with an unknown timeline on rescheduling.) For the record, Georgia is considered a low-THC oil state by the National Conference of State Legislators [NCSL.]
  - o "Neither marijuana nor THC can lawfully be possessed, handled, or dispensed by any DEA-registered pharmacy." – Source
3. Limits entire program to only 4 operators at \$50,000 per license and must be prior licensed industrial hemp growers for at least 2 years.
4. Includes medical cannabis flower, but prohibits smoking.
5. Requires operators to exist only in industrial zones, but can be within 500ft of a school, library or park.
6. Five medical providers to recommend medical cannabis for the entire state, does not define "reasonable geographic access."
7. Limits patients to 21 years of age and only allows patients and caregivers to purchase from one "hub" limiting access for patients and types of products available, and can only purchase elsewhere if strict criteria are approved.
8. Establishes tax on medical cannabis at excessive rate of 8% with 20% going to "research and education fund."

It is time Kansas enact a medical cannabis program that protects public health, takes into account lessons from other states, and that will pass this legislative body.

I am here to help by providing any insight or information I can to assist in the process, and I ask that you please consider other options as the concerns and potential risks of this bill do not outweigh its benefits.

Thank you,  
- Kelly Rippel

