

Good afternoon. Thank you for allowing me to speak on the extremely important issue before you today. The definition in this bill states "Cannabis" means all parts of all varieties of the plant cannabis sativa L. not exceeding 3% tetrahydrocannabinol by weight.

I believe it should also say it does not include :

the mature stalks of the plant, fiber produced from the stalks, oil or cake, made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture or preparation of the mature stalks, except the resin extracted therefrom, fiber, oil, cake or the sterilized seed of the plant, which is incapable of germination. Again this bill states: The definition in this bill states "Cannabis" means all parts of all varieties of the plant cannabis sativa L. not exceeding 3% tetrahydrocannabinol by weight.

So let me ask you this, what are the possibilities of the ratio of this as medicine then ? Can you answer that? This act does not mention the level of CBD allowed, which seems almost negligent, because it limits THC to 3%. Can you tell me what a correct treating dose of medical cannabis is for any of the conditions listed in the bill? Can you tell me the treating ratio for the conditions listed? Can you tell me if there is a regulated, or specified training in this bill for this prescribing this medication? Can you tell me if there is a regulated or specified training for dosing and ratios? If you do not regulate this process, you are leaving a large grey area for errors and issues. I stipulate that the reason there are no regulations for training of prescribers, and no regulated training for dosage and ratios, is because not enough information was known by those responsible for writing this bill. I further stipulate that in serving in your capacity as legislators, even if some of you are medical professionals, you are likely not familiar with cannabis dosing schedules. As such should not be charged with the duty of declaring what is efficient, sufficient, and safe dosing for many different conditions; in many different patients of varying age, size, and chemical makeup. That should be left to trained medical personal, who are trained in the dosing and correct ratios of this medicine. Maybe you're comfortable with that... I'll move on.

Cannabis is a very complex plant. It has over 500 chemical compounds and 113 cannabinoids and terpenoids total which work together in what is called the entourage effect. CBD is only one. There is also CBDA, CBG, CBN, CBC, THC, THCa, THCV to name a few. "Whole plant medicine" is a term used to describe medicines utilizing the full spectrum of therapeutic compounds cannabis has to offer. A glimpse of the most abundant cannabinoids is included in the graph I have provided in written testimony. As you will see, each of these therapeutic agents that are processed out of CBD-only medicines have so much to offer patients treating a wide breadth of symptoms and conditions.

Basically it would be like baking a cake using only the eggs and oil. You have limited the ingredients. You aren't going to get cake- you're going to get mayonnaise. Still technically a food product- but it's not cake. This is what happens when you limit the amounts of cannabinoids, it still a medicinal product, but it's not whole plant medicine. In doing so you limit who is treated, and how well each patient is therefore medically treated. That again should be left to a qualified medical provider who is trained in the science. If you limit those medical providers here, with cannabinoid amounts, you are limiting the scope of their ability to effectively treat patients, and the number of patients that can be treated. Again, I'll move on.

This bill does not regulate water usage, potency variation testing, growing conditions or banned chemicals and pesticides necessary to keep the medicine safe, seed to sale tracking, or overages. It calls for, but does not regulate; security, waste management disposal, pesticides and contaminants, packaging and labeling, security, lighting, or a number of other things. This either leaves that decision to this committee, or it throws those decisions back on the department tasked with so many other things in this bill that roll out will likely exceed the time allotted, and make their job extremely difficult. Again I will move on.

You have before you in this committee HB 2348, The Kansas Safe Access Act. An 87 page bill that I personally helped to write. It has not received a hearing. This bill is comprehensive, it is progressive, it has met all recommendations of KHI, and the industry regulatory leader. (Focus) It covers all patients who has been diagnosed by a medical provider as having a debilitating medical condition and, as such, have qualified for coverage under the Kansas Safe Access Act, whether a temporary disability or illness, due to injury or surgery, or a permanent disability or illness which substantially limits the ability of the person to conduct one or more major life activities, as defined in the Americans with disabilities act of 1990 ADA) (public law 101-336), or if not alleviated, may cause serious harm to the patient's safety or physical or mental health. Not just a select few.

I am asking you to amend the wording of this bill. To cut all current language, and amend it with the language of HB 2348 as written, in its entirety. Thank you again for your careful consideration.

