From: Dawn Brooks
To: Phil Engelhardt
Subject: Testimony about SB 155 -
Date: Friday, February 17, 2017 10:54:13 AM

Comparison and contrast of,
The Compassionate Care Act and
The Kansas Safe Access Act

The Compassionate Care Act does allow for medical cannabis to be used by some patients with certain medical conditions. It does not however, allow ALL patients that could be treated efficiently, and effectively to do so. The decision for which patients should be able to use this medicine to treat their conditions should be met like any other medication and treatment plan by a a trained medical provider, not lawmakers who are unfamiliar with the clinical and scientific applications. A medical provider uses a set of criteria, standards, and scientific knowledge of disease and imbalances to prescribe the medication most effective for their patient. The Kansas Safe Access Act allows for and regulates that. Any patient that meets the current ADA standards, and that their personal medical provider who is familiar with their case believes would see a benefit from either in quality of treatment, or life, is eligible.

The Compassionate Care Act does not allow a compassion center to obtain medical cannabis from another source out side the state. The Kansas Safe Access Act does allow for this so that differing strains which treat different ailments can be obtained to better, and more effectively treat patients. It is regulated in the wording of the KSAA.

The Compassionate Care Act allows the state a lessor number of days than the Kansas Safe Access Act for the Kansas Department of Health to set forth rules, regulations, and governing process by half, and in most cases, those rules, regulations and that governing process is written in place in the Kansas Safe Access Act, the Compassionate Care Act gives little to no direction on how this may be accomplished, let alone carried out. The Kansas Safe Access Act does.

The Kansas Safe Access Act has carefully regulated and defined many things the Compassionate Care Act seems to have forgotten, or just not thought of entirely, which I see leading to larger issues if enacted. A compliance agency, in charge of all licensing, compliance, and regulation enforcement. ASTM certified child resistant packaging, the requirement of lock boxes, a compassion board who would report to the Department of Health and Environment, and be responsible for guiding policy on behalf of patients, medical providers, and the public with focus on continuous process improvement. The Compassionate Care Act forgot to define cultivation facilities, the regulation of them, the licensing of them, the security of them, it also leaves out definition or regulation of patient owned collectives, background checks on employees, a seed to sale tracking program, shipping containers, product labeling, waste materials, waste management, random product sampling , and material testing, potency variations, chemicals and pesticides allowed to be used in the growing process to keep the raw plant material and in turn the medicine free from products that could or would produce harm. The Kansas Safe Access Act does all of these things. The Kansas Safe Access Act has provisions, and regulations that dictate compassion centers be non for profit, and any profit that would be had is required to be given back to its patients or the community as a whole. Possibilities here are quite endless- they could give free or sliding scale medicine to palliative care patients, they could vote to bring a traveling nurse for the day so the entire community could benefit. Many of our small rural communities could see great benefit from that. Licensing of individuals working with product and patients, licensed training when applicable.

The Kansas Safe Access Act covers waste management, security, different medication delivery methods- it defines and regulates them as well. It covers water management. Something crucial to a bill of this nature, it covers the kinds of light bulbs for safety, energy sources that are allowed to be used to ensure the smallest impact on our environment. I will remind you again it limits and regulates what is allowed to be used on or around the medicine, and provides safety regulation for that and testing to assure no molds, mildews, unwanted microbials are contained thereby contaminating the medicine and making it unusable, it sets standards for each.

The Kansas Safe Access Act has met all of the recommendations of Kansas Health Institute, and the largest regulatory group in the industry. The Compassionate Care Act does not.

The KSAA provides for safe, clean, tested medication, and sadly the Compassionate Care Act does not.

I know that The Compassionate Care Act was written with good intentions 8 years ago. Today we know better. The Information is outdated, and archaic. The writers of the KSAA looked at the other 28 legal states, and the issues they faced before drafting it. They consulted with experts across the entire nation about everything from agriculture, to security and they included it in that bill.

If you will look at the two bills, even if you know nothing at all about the way the medicine works, nothing about the issues faced in the bill, nothing about the industry, nothing about the importance of testing standards, and these regulations the
right choice, becomes immediately clear . I support medical cannabis, I support the KSAA as written. I would tell you more, but my time has been limited.
Thank you for your time, consideration, and attention in this matter. I hope that the importance of this decision is not overlooked. Patients lives hang in the balance every single day.
Sincerely,
Dawn Brooks

Sent from my iPhone