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Feb 22, 2021

Committee on Federal and State Affairs
24 February, 2021; Room 346-S—Statehouse

RE: HB 2184

Chairman Barker and committee members:

My name is Dr. Wendy Askew. I am a Diplomate of the American Board of Obstetrics and Gynecology and specialize in the treatment of women's health.
As the states move forward in crafting the safest medical cannabis programs that meet the widely varying needs of their patient populations while maintaining some form of regulatory compliance and protecting families without the presence of a unified supervisory body many factors should be considered. These programs present a new set of challenges for each state, as they try to enact policies that work best for their unique needs.

One of the first considerations must be an accredited, possibly state-certified educational curriculum for medical cannabis prescribers, since there is currently minimal to no formal training in medical school or residency programs on cannabinoid medicine or the endocannabinoid system. A state-certification system for physicians that requires a minimum of 20 hours for initial certification and the passage of a written exam, as well as 10 hours annually for maintenance of in order to demonstrate a commitment to proper understanding of cannabis medicine and appropriate use of cannabis medicine, and continuing education about cannabis medicine applications. Patients being prescribed medical marijuana should be seen very regularly after initiation of therapy to ensure tolerance, appropriate dosing and improvement in the condition being treated, and all of these parameters should be documented in the patients medical records to ensure that medical marijuana is having a positive impact on the patients condition. Monthly visits for a period of 3 to 6 months could be appropriate initially, then once adequate improvement and control are documented, follow up visits could be spaced out so as not to impose an undue burden on patients.

State supervised, CLIA-certified laboratories must be selected or established to perform testing on a random sampling of every processed unit of cannabis documenting content by percentage

weight volume of cannabinoids including delta-9-tetrahydrocannabinol, cannabidiol, and the various terpenes present, as well as testing for solvent residues, heavy metals, pesticide and fungicide residue and common contaminants. Genetic testing and fingerprint identification of each grow, can be performed to document and trace a product to its source from seed-to-sale, to ensure strains meet compliance with prescribed recommendations a target therapeutic range; and to ensure that prescribed cannabis is coming from certified dispensaries and reduce risk of contaminated products from the 'black market'

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It is of the utmost importance for families who are using medical cannabis in an appropriate, legally-prescribed fashion to be protected from claims of abuse, distribution of controlled substances to minors, and from threats of any action to separate children from parents who are medicating lawfully. Parents who are either using medical cannabis legally or themselves or who are administering medical marijuana to their children lawfully should not have to live under any fears of separation or custodial actions as long as they are being appropriately supervised and not posing any risk or threat to their children's safety. Periodic reviews by appropriately trained DCF-staff, performed quarterly (or at some appropriately designated interval) inspecting the home environment for family members who are regularly using medical marijuana and documenting a safe, nurturing environment could be considered. In situations involving custody disputes the DCF and attorneys are not allowed to use MC patient status in a derogatory manner or as grounds to remove a child from a custodial parent relationship unless some finding of harm or negligence not attributed to administering prescribed medical cannabis to a minor child has been observed and documented. Adults who are prescribed medical cannabis should not place children in their care at risk of harm by performing activities that could result in injury (such as driving while impaired) due to use of a prescribed controlled substance.

The metabolism of cannabis is slow and unpredictable. Unlike other substances that may cause impairment, there are currently no methods of measurement nor of any specific metabolites that can pinpoint or accurately link use of medical cannabis with precise timing of an event. It is a limitation with respect to the inability to link an episode (accident, event) with a measurable, physiologic parameter indicating impairment. Impairment testing may be, for now, the only method for determining the degree of impairment for an individual. That is not to say that a person cannot be deemed to have been performing an activity while 'impaired', but rather to specify that medical cannabis patients are given some limited protection from being charged with use of controlled substances as the cause of impairment. It is well described that many things can result in impairment (fatigue, anxiety, emotional distress, other prescription medications) but medical cannabis patients should not be subject to potential charges of using controlled substances illegally if they are in fact using them lawfully and in an appropriately supervised manner. Law enforcement officials must undergo formal training with annual training refresher courses to ensure knowledge of and acknowledgment of the fact that metabolites in a person's blood, urine, hair or other bodily sources is not a reliable indicator of impairment at any specific point in time.

Medical cannabis in the form of edible products must be properly labeled as containing medical cannabis, and to be consumed ONLY in the quantity prescribed and at the intervals prescribed. Packaging should be child-resistant, and potentially in an opaque container, such that medical cannabis edibles are not visible through the packaging to pose an enticement to children.

Appropriate warning labels on medical cannabis packaging must reflect that the medicine contained within poses risks of impairment, including hallucinations, and nausea and vomiting, and heart racing, if it is not consumed only by the patient it is prescribed to, and in the manner prescribed.

Thank you for your willingness to consider the implementation of a medical cannabis in Kansas.

Sincerely,

Wendy Askew, M.D.
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