

February 22, 2021

Special Committee on Federal and State Affairs

Attention: Connie Bahner

RE: HB 2184

Chairman Barker and committee members:

Thank you for allowing me the opportunity to provide testimony in support of medical cannabis.

I am Cheryl Kumberg, and I am a registered nurse with 30 years of hospital experience and 26 years of experience in the alternative health care field. I have 6 years of focused cannabis education, am active in two national cannabis nursing organizations, and the Kansas Nurses Association. I hold board positions in a state hemp organization as well as the Kansas Cannabis Patient Association. I have also been recognized nationally for my volunteerism by the American Cannabis Nurses Association. I am co-owner of Green Healing Solutions LLC, a nurse owned cannabis education business which focuses on cannabis education for healthcare professionals as well as the general public. I am an advocate of plant medicine and patient freedom because everyone deserves the right to choose how they maintain their health, their wellness, and what products they use to heal.

Medical Cannabis has long been recognized for its therapeutic effects. It continues to rise in popularity within the medical community as science and research support its efficacy for healing or improving many health conditions. As a nurse it is my duty to support and fight for patient rights. As a Kansan I can no longer stand by while suffering is ignored because cannabis therapeutics is so misunderstood. Did you know that the National Institute of Health has been sending money for over 50 years to Israel for cannabis research? (1) Did you know that the US Department of Health and Human Services has held a patent on CBD since 2003? (2) Are you aware that Kansas has a long history with the cannabis plant and that cannabis was never banned because it was dangerous, it was banned because of racism and greed? (3) Nurses are one of the most trusted medical professionals and I along with other Kansas cannabis nurses talk with multitudes of cannabis users across the state. We could easily estimate that thousands of Kansans are currently using cannabis medically right now. Who uses it? You might be surprised, they are business and community leaders, people holding state licenses along with other hard working productive citizens of our state. They are grandparents, mothers and fathers, brothers, sisters and your neighbors. Generally, you would never know who uses and who does not because they are discreet and using to heal not get high. The age group over 50 years old is the largest group of new users and it is well documented across the US. (4) One dispensary in Colorado close to the Kansas border stated 65% of their business is from Kansas. 65%? Imagine how much money is being spent there. I am in South Central KS and I dare say Kansas dollars spent in Oklahoma is more than what is being spent in Colorado because they will issue 30-day temporary license. Obtaining one is very easy.

The time has come for Kansas to recapture the millions of dollars walking across state lines and offer safe, tested plant medicine to people who choose to use it. When passing cannabis legislation, it is imperative to remember who the bill is for and take into consideration that patients need many forms of cannabis products. There is no "one size fits all" product. A successful, profitable cannabis program must offer affordable and easily obtained products. Cannabis costs are totally on the patients because

there are no reimbursements for the cost of products. Patients will need access to plant material, tinctures, suppositories, edibles, topicals and at the very least non-combustible inhaled products. Access to plant materials is imperative because it will allow consumers to buy in bulk and make their medicine at home if manufactured products are not affordable. It will also allow consumers to use flower to make salves, tinctures, butters, edibles and use plant bud materials in non-combustible vaporizers. (5) Below is a quick guide to products and how they work.

**Non-combustible oils or plant materials** are used for quick symptom relief. It usually works in 5-15 minutes and can last up to 4 hours. Patients use this for breakthrough severe pain or if they are unable to take anything orally.

**Tinctures** are used by mouth and can be felt in 30 min--2 hours. Their effects can last 6-8 hours. This route of administration is not effective for fast pain relief especially if severe symptoms are felt and you are one of those people who take a longer time to feel the effects.

**Edibles** are used for longer relief but can take up to 3 hours to work. They can last up to 8 hours.

**Suppositories** are used rectally or vaginally for pain and symptom relief from conditions like prostate and rectal cancer in men and all types of female reproductive problems. They are also used for people who are unable to take other cannabis products by mouth or inhalation.

**Topical** products are placed on the skin. They are often used by people with conditions like psoriasis, and arthritis, however there are many other conditions that respond to topical application of cannabinoids.

Kansas has a unique opportunity to pass a medical cannabis program that will not only benefit patients but the state as well. Legislators must take a hard look at failed/struggling programs in other states where restrictions hampered revenue and patient access and avoid repeating the same mistakes. (6,7,8) I urge you to understand that safe use depends on education. The relationship between the physician, nurse, patient and ancillary trained professionals will ensure safe use. Requiring lengthy relationships with one physician to get a recommendation for cannabis use is unrealistic for many reasons. The biggest barriers I see that prevent patients from seeking medical care are economic, being uninsured or underinsured, and moving because of work. I myself suffered while being uninsured for the first time in my life after my husband lost his job and I got COVID-19. Many Kansas Physicians will be prohibited from recommending cannabis to their patients due to their association with large corporate medical groups. Ensuring access to qualified cannabis physicians will be very important to both patients and the state.

Medical professionals and data continue to support the safe use of plant medicine and Kansas can no longer ignore this fact. Nor can it afford to support neighboring states coffers while ours decline. We can no longer watch Kansas businesses tired of waiting for cannabis legislation step over state lines taking all they offered in the way of jobs and tax revenue with them. We will continue to lose residents and businesses if things don't change. Can we afford that? Data continues to support the facts that legalization does not promote crime, teen use, and social decline after it is legalized. (9,10,11) Lastly, you can no longer condone human suffering when there is proven plant-based relief as well as overwhelming support from constituents across the state imploring you to legalize medical cannabis.

In closing, I would like you to know that cannabis nurses are here to answer your questions about cannabis use, benefits, and risks. We can help educate you using solid, science-based data. All of us working within the cannabis industry and patient care arena will agree that cannabis is not the answer for every ill. Plant medicine will not be for everyone, and data supports that. We are here for you and want the decisions you make that affect all Kansans who use cannabis to be based on current science and data, not outdated left-over reefer madness misinformation. All you need to do is reach out, we are here to help.

Sincerely,

Cheryl Kumberg RN, CMT

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1. [The Outsourcing of American Marijuana Research \(newsweek.com\)](#)
2. [US6630507B1 - Cannabinoids as antioxidants and neuroprotectants - Google Patents](#)
3. Kansas's history with cannabis including prohibition history written by Kelly Rippel. [Kansas must pass a fully regulated medicinal cannabis program | Kansas Reflector](#)
4. [Marijuana use is now as common among baby boomers as it is among teens, federal data shows - The Washington Post](#)
5. [How to Save Money on Marijuana | Marijuana Doctors 3rd mandatory recall for Ohio's barely 2-month old medical marijuana program offers lessons in risk | NCRMA](#)
6. [Ohio's medical marijuana program still struggling to meet patient preferences, OSU study finds \(news5cleveland.com\)](#)
7. [3rd mandatory recall for Ohio's barely 2-month old medical marijuana program offers lessons in risk | NCRMA](#)
8. [Marijuana Lawsuits Cost Missouri \\$1.3 Million With No Medical Sales Yet - The Fresh Toast](#)
9. [Marijuana Regulation and Crime Rates - NORML](#)
10. [Marijuana Regulation and Teen Use Rates - NORML](#)
11. [The Social Impact of Cannabis Legalization in the United States | Cannabiz Media](#)